

**SOUTHERN ILLINOIS UNIVERSITY
SCHOOL OF MEDICINE
INFECTION CONTROL POLICY**

**CATEGORY: INFECTION CONTROL PRECAUTIONS IN PATIENTS WITH
MULTI-DRUG RESISTANT ORGANISMS IN THE CLINIC SETTING**

PURPOSE: To define Multi-Drug Resistant Organisms, also known as MRO's, describe how Various diseases are transmitted, and prevent transmission of same in the clinic Setting. Because of the propensity for MRO's to spread from patient to healthcare Personnel, or patient to patient by either direct or indirect route (e.g. via hands of Healthcare workers or contaminated environmental surfaces and patient care Equipment), SIU SOM has established a protocol for management of MRO Patients in the clinic setting.

**IT IS IMPORTANT TO NOTE THAT MOST INFECTIONS ARE SPREAD IN
THE RECEPTION AREAS OF THE CLINICS**

**IT IS EVEN MORE IMPORTANT TO NOTE THAT THE SINGLE BEST
PREVENTIVE MEASURE THAT PATIENTS, VISITORS, AND EMPLOYEES
CAN TAKE TO PREVENT THE SPREAD OF ALL INFECTIONS IS GOOD
HAND HYGIENE!!**

- 1) MRSA – Methicillin Resistant Staphylococcus Aureus
 - 2) VISA – Vancomycin Intermediate Saphylococcus Aureus
 - 3) VRSA – Vancomycin Resistant Staphylococcus Aureus
 - 4) VRE – Vancomycin Resistant Enterococcus
 - 5) Multi-drug resistant gram negative organisms – these organisms are resistant to two or more classes of antibiotics, including cephalosporins, or, if the gram negative organism is known to produce ESBL (extended spectrum beta-lactamase).
MDR Pseudomonas, Acinetobacter, Klebsiella, Enterobacter, E.coli, etc.
- I. Educate Healthcare workers (HCW's) and patients on MRO precautions. Bacteria are able to multiply across species lines without difficulty and they share resistance genes thus creating new MRO's. This is based on bacterias' "survival of the species".
- A. Misuse, under-use and overuse of antibiotics contribute to MRO's surviving and spreading from One individual to others, and at times, MRO's change their genes to become even more resistant to other drugs.
 - B. The reception area is an ideal place to educate patients on preventive precautions of all infectious Diseases, especially MRO's. This can be accomplished by flyers, posters, etc.

- C. Individuals sneezing and coughing should be encouraged to cover their mouths and noses with disposable tissues or, even better, to wear a mask in the presence of others. Proper disposal of used tissues and good hand washing are to be encouraged. Best case scenario is to place a potentially infectious patient who is coughing and sneezing in an exam room as soon as possible when the individual checks in at reception.

UNIVERSAL/STANDARD PRECAUTIONS SHOULD BE USED FOR ALL PATIENTS.

Treat all individuals as though they are infectious.

MASKS, GOWNS, AND GOGLES ARE INDICATED FOR ANTICIPATED SPLASHING, SPLATTERING, OR AEROSOLIZATION OF BODY FLUIDS FROM **ANY** PATIENT.

- II. Personal Protective Equipment – All HCW's must routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated.
- A. Gloves must be worn for touching blood and body fluids/secretions, mucous membranes, or non-intact skin of all patients. (cuts, scratches, rashes, scaling, lesions, etc.)
1. Gloves are worn:
 - a. When handling items or surfaces soiled with blood or body fluids.
 - b. If the HCW has cuts, scratches, or other breaks in his/her skin.
 - c. In situations where the HCW judges hand contamination may occur (uncooperative patients or patients with poor personal hygiene).
 - d. For performing finger and/or heel sticks on infants and children or adults.
 - e. For all phlebotomy.
 - f. For administering infusions, central catheter care and starting peripheral IV's.
 2. Gloves need not be worn when contact with the patient is unlikely to result in exposure to blood or other body fluids.

Examples are:

 - a. Shaking hands
 - b. Delivering oral medications
 - c. Giving prescriptions and other educational or discharge information.
 3. Rationale:
 - a. Provide protective barrier to employee.
 - b. Reduce the likelihood of personnel to transmit organism to another patient or employees.
 - c. Reduce likelihood of transmission from fomite to HCW. Gloves are disposable single use, and should be disposed after a single use.
 - d. Hands are to be washed before putting gloves on and immediately after removing Gloves.
 - e. Gloves should be changed after handling blood/body fluids before continuing care of the patient to prevent cross-contamination from one site to another on that patient.

- B. Disposable gowns or apron must be worn during procedures that are likely to generate Splashes of blood, body fluids, or organisms to personnel clothing.
- C. Masks and protective eyewear must be worn during procedures that are likely to generate Droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
 - 1. Eyewear may be washed with soap/water and approved disinfectant between uses, unless gross soiling of eyewear is observed. Personnel must wear gloves to wash and disinfect eyewear.
 - 2. Eyewear grossly soiled – discard and replace with new pair.

III. Patient Care Equipment/Supplies and Other General Principles.

- A. When available, disposable items/supplies are used and disposed of after use.
- B. If disposables are not available, used items/devices are cleaned of all visible debris and disinfected between each patient use (e.g. stethoscopes, blood pressure cuffs, etc.)
- C. Preferably, items are cleaned with disinfectant prior to removal from exam rooms. If this is not possible, the soiled items are to be taken from the exam room in a plastic bag which has been marked “contaminated articles for disinfecting”, to the area where the disinfection can be performed.

IV. Clinic/Patient Exam Rooms for Evaluation of Patients with MRO’s

- A. Patients with known MRO infection/colonization need to be identified at the reception area.
 - 1. Such patients should be directed/transferred to a designated room/rooms in the clinic
 - 2. Patients should be given gown and gloves and instructed to sit or lie on the exam table only.
 - 3. Patients should be instructed to minimize their mobility/activity in the clinic to minimize the transmission of MRO.
- B. Ideally, a room with only necessary items to perform the patient assessment/evaluation should be available in each clinic.
 - 1. No additional items such as books, magazines, pamphlets, etc. should be where the patient could potentially contaminate these types of items.
 - 2. If items such as those listed above are in the patient room, the items should be discarded in a plastic bag clearly marked with MRO contaminant and removed from the patient exam room.
- C. All surfaces in the patient room that has potentially come in contact with the patient should be disinfected with an approved disinfectant after the patient has been discharged from the room. These surfaces include the exam room doorknobs, sink, & faucet handles, exam table, blood pressure cuff, countertops, etc. (any surfaces the patient may have potentially contaminated).
- D. DO NOT place another patient in an exam room where an MRO patient was evaluated without It cleaned thoroughly with the appropriate disinfectant.

- V. Identifier for MRO infected/colonized patients, although not available in the current SMS system, Efforts will be made for provision to identify patients with known infection or colonization be flagged on the computer at the time of registration at reception.

VI. Procedure to remove MRO labeling for patients who have had MRO infection/colonization:
(Refer to SIU “Surveillance Cultures to Discontinue Isolation Status of Patients Policy”)