

Infection Control Guidelines for Management of Multidrug-Resistant Organisms (MDROs) in Acute Care Facilities

Administrative Measures	Education	Judicious Antimicrobial Use	Surveillance	Infection Control	Environmental Measures	Decolonization
<p>Make prevention and control of MDROs an organizational priority.</p> <p>Provide administrative, fiscal and human resource support to prevent and control MDRO transmission.</p> <p>Identify experts who can provide consultation and expertise in analyzing data or devising effective control strategies, as needed.</p> <p>Apply systems to:</p> <ul style="list-style-type: none"> • Implement a multidisciplinary process to monitor and improve adherence to recommended practices associated with standard and contact precautions. • Assure that the presence of a MDRO is communicated to administrative point(s)-of-contact and staff providing direct patient care. • Alert appropriate staff when patients are known to be colonized or infected with a MDRO upon admission, transfer or discharge to another healthcare facility/setting. <p>Provide data and feedback, at least annually, to clinicians and administrators regarding changes in the prevalence and incidence of MDRO as part of performance improvement (PI).</p>	<p>Address MDRO prevention and control during staff orientation and as a part of ongoing education for all staff, including contracted staff and volunteers.</p> <p>Emphasize compliance with standard precautions, including hand hygiene and glove use.</p> <p>Educate staff about criteria for implementation of additional precautions (e.g., contact precautions).</p>	<p>Ensure that a process is in place to review local antimicrobial susceptibility patterns to foster appropriate antibiotic use.</p> <p>Carefully review bacterial culture and sensitivity reports to: ensure appropriate antibiotic use; identify epidemiologically important organisms; detect links, trends, clusters, outbreaks; and identify new organisms not previously identified in the facility.</p> <p>Provide clinicians with a facility antimicrobial susceptibility report at least annually (e.g., antibiogram) to help inform institutional antimicrobial prescribing practices.</p>	<p>Use standardized laboratory methods to determine antimicrobial susceptibilities.</p> <p>Establish systems to ensure that microbiology laboratory staff promptly notifies infection control staff or the infection control medical director of novel resistance patterns.</p> <p>Develop and implement a laboratory protocol for storing isolates for molecular typing when needed.</p> <p>Establish laboratory-based systems to detect and/or communicate evidence of MDROs in clinical specimens.</p> <p>Prepare a facility-specific antibiogram report as recommended by CLSI and JCAHO. Segregate antibiogram data by specialty care units (e.g., intensive care, burn, transplant, HIV/AIDS, and oncology units) if resources permit.</p> <p>Analyze surveillance data to identify patients colonized or infected with MDROs and assess the hospital's prevalence of MDROs.</p> <p>Identify, when possible, patients who become colonized or infected with a MDRO and implement appropriate measures to control transmission.</p>	<p>Utilize standard precautions for all patient care activities regardless of MDRO status.</p> <p>Implement contact precautions for patients colonized or infected with MDROs.</p> <p>Contact precautions should address patient room placement, environmental cleaning, use of dedicated equipment, and use of personal protective equipment (PPE) for facility ancillary staff, volunteers and patient visitors.</p> <p>Private or isolation rooms are preferred; give highest priority to highly vulnerable or immunocompromised patients and to patients with conditions that may facilitate transmission of the organism (e.g., those with uncontained secretions/excretions). When single patient rooms are not available, cohort patients in rooms with patients with the same MDRO. If a private room or cohorting is not an option, place with patients who are low-risk for acquiring an infection (e.g., those with intact skin, no invasive devices) and who are likely to have short lengths of stay.</p>	<p>Follow recommended cleaning, disinfection and sterilization guidelines for patient-care areas and equipment.</p> <p>Focus on cleaning and disinfecting the area in close proximity to the patient and the frequently touched surface areas (e.g., bed rails, bedside tables, commodes, bathroom fixtures, and doorknobs).</p> <p>Dedicate reusable patient care items (e.g., blood pressure cuff, or stethoscope, thermometer, IV poles) to individual patients with MDRO(s) or use disposable patient care items.</p> <p>Clean, disinfect and/or sterilize all equipment from infected and colonized patients per hospital policy.</p>	<p>Not routinely recommended. May consult with experts on a case-by-case basis.</p>

Additional Resources:

1. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006 (CDC), available at <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>
2. Investigation and Control of Vancomycin-Intermediate and –Resistant *Staphylococcus aureus* (VISA/VRSA): A Guide for Health Departments and Infection Control Personnel (CDC), available at http://www.cdc.gov/ncidod/dhqp/pdf/ar/visa_vrsa_guide.pdf