INFECTION CONTROL ISOLATION / MDRO

POLICY AND PROCEDURE

Department: Nursing
Subject: Infection Control Isolation
Policy Initiated: 1/2007
Revised: 5/2020

Mission Statement
Seacrest Village, a quality adult health care community, is committed to providing comprehensive health care to its residents and members.
The owners, staff and volunteers are guided by our moral and ethical responsibility to our fellow man.
Seacrest Village will provide the services necessary to enhance the physical, emotional, recreational, social and spiritual needs of our residents, members, and family members.

Vision Statement
Seacrest Village will plan and develop a continuum of health care services for older adults in a community setting. We will affiliate, network and associate with other health service organizations to meet our goal of a seamless health care community.

Line listing for Norovirus – separate attachment in manual - not available on CD-ROM

STANDARD PRECAUTIONS

Purpose: It is the intent of this facility that: 1) all resident blood, body fluids, excretions and secretions other than sweat will be considered potentially infectious; 2) Standard Precautions are indicated for all residents.

BARRIERS INDICATED IN STANDARD PRECAUTIONS

A. Gloves - gloves should be worn whenever exposure to the following is planned or anticipated

- Blood/blood products/body fluids with visible blood
- Urine
- Feces
- Saliva
- Mucous membranes
- Wound drainage
- Drainage tubes
- Non-intact skin
- Amniotic, cerebral spinal, pericardial, pleural, peritoneal, synovial fluids
- Performing venipuncture or invasive procedures

B. Masks and eyewear (or face shields) - should be worn during procedures that are likely to generate droplets/splashing of blood/body fluids.

C. Gowns/Aprons - should be worn when there is potential for soiling clothing with blood/body fluids.

D. Private Room - consider when resident hygiene is poor or in cases where blood/body fluids cannot be contained.

E. Handwashing/hand hygiene – Current CDC recommendations regarding hand hygiene will be followed

F. Resuscitation Equipment – mouthpieces or other ventilation devices should be available as alternatives for mouth to mouth resuscitation.

G. Sharps Precautions – safety engineered sharps should be used and used sharps should be placed in an appropriately labeled puncture resistant container.

H. Lab Specimens – should be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. If outside contamination of the primary container occurs, it should be placed within a second container.

I. Blood Spills – spills of blood or other body fluids should be removed and the area decontaminated using the facility-approved blood spill kit. Gloves should be worn during cleaning and decontamination. The manufacturer's directions will be followed for use of the product in cleaning and decontaminating spills.

J. Linen – soiled linen should be handled as little as possible. Gloves should be worn to handle linen wet with blood or body fluids. Isolation linen should be washed last after all the routine linen is laundered. PPE including a mask, gown and gloves when handling isolation linen. Water is set at a temperature of 160 or greater and washed in hot water.
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K. Waste – waste should be bagged in impervious bags.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is provided to all employees. Each employee is responsible for knowing where the equipment is kept in the department.

A. When a resident is placed on isolation precautions, an isolation set up will be provided and set up outside the resident's room.

B. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.

C. PPE available includes gloves, gowns or aprons, masks and eye protection (or face shields), and resuscitation devices.

CONTACT PRECAUTIONS

Purpose: It is the intent of this facility to use contact precautions for residents known or suspected to have infectious diseases or epidemiologically significant pathogens transmitted by direct resident contact or by contact with items in the resident's environment. Residents who require Neutropenic precautions will adhere to the same standards as contact precautions and a private room will be utilized.

BARRIERS INDICATED FOR CONTACT PRECAUTIONS

Contact Precautions shall be used in addition to Standard Precautions for residents with specific infections that can be transmitted by direct and indirect contact.

RESIDENT PLACEMENT

A. Resident may be placed in a private room. If a private room is not needed/not available, the resident may be placed in a room with a resident(s) who has active infection with the same organism but with no other infection (cohorting).

B. When a private room is not available and cohorting is not an option, consider the organism and resident population when determining placement. A decision will be made on a case by case basis regarding the safety of placing the resident in a room with another resident. Examples of residents that may require a private room include residents with resistant organisms who have copious drainage from a wound, residents with poor hygiene and behavior that cannot be positively influenced, etc.

GLOVES AND HANDWASHING

- Gloves should be worn when entering the room and while providing care for a resident.
- Gloves should be changed after having contact with infective material (e.g. fecal material and wound drainage).
- Gloves should be removed before leaving the resident's room and hand hygiene should be performed immediately.
- After glove removal and hand hygiene, hands should not touch potentially contaminated environmental surfaces or items.

GOWNS

- A gown should be worn when entering the room, it is anticipated that clothing will have substantial contact with the resident, environmental surfaces, or items in the resident's room, or if the resident is incontinent or wound drainage is not contained by a dressing.

- If a gown is worn, it should be removed before leaving the resident's room.

- After removal of the gown, clothing should not contact potentially contaminated environmental surfaces.

RESIDENT TRANSPORT

- Activities of the resident may need to be limited.

- If the resident leaves the room, precautions should be maintained to minimize the risk of transmission of microorganisms to other residents and contamination of environmental surfaces or equipment.

RESIDENT CARE EQUIPMENT

- Dedicated resident-care equipment should be considered for the resident.

- If use of common equipment or items is unavoidable, the items should be adequately cleaned and disinfected before use for another resident.

CONTACT PRECAUTIONS MAY BE CONSIDERED FOR (EXAMPLES):

- Multi-drug resistant organisms (e.g. VRE, MRSA, ESBL's)
- Scabies
- Clostridium difficile
- Norovirus

INFLUENZA or COVID-19

DROPLET PRECAUTIONS

Purpose: It is the intent of this facility to use droplet precautions to decrease the risk of droplet transmission of infectious agents.

BARRIERS INDICATED FOR DROPLET PRECAUTIONS
Influenza or COVID-19

Droplet Precautions shall be used in addition to Standard Precautions for residents with infections that can be transmitted by droplets such as Influenza and COVID-19 .Droplet transmission involves contact of the conjunctiva or mucous membranes of the nose or mouth of a susceptible person with large-particle droplets containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets may be generated by the resident's coughing, sneezing, talking, or during the performance of procedures, e.g. suctioning.

RESIDENT PLACEMENT

A. Resident may be placed in a private room. If a private room is not available, the resident may be placed in a room with a resident(s) who has active infection with the same organism but with no other infection (cohorting). If possible the residents will be separated on a specific wing or on a unit and the staff will care only for those residents with the infection. Staff who have immunity either through immunization or prior infection and are completely recovered will be cohorted. Staff at high risk for complications will be avoided.

B. Special air handling and ventilation are not always available. The door must remain closed to the room except when entering and exiting. Window should be partially open weather permitting.

C. Residents that are under investigation.

MASKS

A. A surgical mask gown and gloves should be worn when entering the room of the resident. The resident should also wear a mask while care is being rendered to decrease the spread of respiratory secretions or if transport of the resident is necessary. N95 masks that are available are universal sized. They are to be worn when clinically indicated, or as a form of additional protection based on supply availability.

DISINFECTION OF SURFACES

A. Disinfection of the room during routine room cleaning and paying attention to high contact surface areas using a EPA registered approved product for the prescribed dwell time that is effective against the respiratory pathogen

B. All equipment should be designated to the resident on isolation (i.e. glucometer, stethoscope, BP cuff). In the event that a piece of equipment cannot be patient specific the equipment should be disinfected covering all surface areas for the prescribed dwell time with a EPA registered product

DROPLET PRECAUTIONS MAY BE CONSIDERED FOR (EXAMPLES):

- Influenza and Covid 19 infection when aerosolizing procedures are not being performed.
- Mycoplasma Pneumonia
- Streptococcal Pharyngitis or Pneumonia
- Staphylococcal (Staph aureus) Pneumonia
- Norovirus during episodes of vomiting whereby aerosolization and subsequent microscopic ingestion of virus may occur.

COMPLIANCE MONITORING

PURPOSE: To provide a system of monitoring to insure that employees are following established policies regarding infection control practices.

POLICY: The Infection Control Practitioner will establish the methods for compliance monitoring for infection control. She will use the following to evaluate compliance.

A. OBSERVATION

Each new employee providing direct resident care will be observed during orientation. Specific problems will be discussed with the individual employee involved immediately, and noted on the employee orientation check list. Any on going problems will be evaluated by Infection Control Preventionist and incorporated into the infection control report. The infection control report is prepared by the Infection Control Preventionist and presented to the Infection Control Committee.

HANDLING AND/OR DISPOSING OF USED NEEDLES

PURPOSE: To provide guidelines for the safe handling and disposal of used needles.

I. EQUIPMENT AND SUPPLIES

A. Safer sharps devices;

B. Sharps container;

C. Gloves (as indicated); and

D. Other as necessary or appropriate.

B. SAFETY PRECAUTIONS

A. After use, discard the needle after activating the safety feature and without recapping by hand, into the sharps container. Needles and syringes are for single use only.

B. Used needles must be placed in the sharps container. Do not bend, break, or cut needles. When the sharps container is ¾ filled, the container must be stored until picked up by a licensed vendor for proper disposal.

C. Recapping of needles is acceptable only for sterile needles.

D. Needles, used or unused, may not be discarded into trash receptacles.

E. In the event of a needlestick injury, the employee should:

1. Immediately wash the wound with soap and running water;

2. Cause the injured site to bleed;

3. If desired, apply alcohol or hydrogen peroxide to the wound; and

4. Notify the designated Infection Control person and the on call nurse of the incident immediately. .

USING GLOVES

PURPOSE: To provide guidelines for the use of gloves for resident and employee protection.

I. EQUIPMENT AND SUPPLIES

A. Gloves

II. MISCELLANEOUS

A. When gloves are indicated, disposable single-use gloves should be worn.

B. Used gloves should be discarded into the waste receptacle inside the room.

C. Sterile gloves are indicated only in performing sterile procedures (e.g. foley insertion).

D. **Non-sterile** gloves should be used primarily to prevent the contamination of the employee's hands when providing treatment or services to the resident and when cleaning contaminated surfaces.

E. Perform hand hygiene after removing gloves. Gloves do not replace hand hygiene.

F. Disposable (single-use) gloves must be replaced immediately when contaminated, torn, and punctured, they exhibit signs of deterioration, or when their ability to function as a barrier is compromised.

II. WHEN TO USE GLOVES

A. Gloves should be used:

1. When touching a resident when excretions, secretions, blood, body fluids, mucous membranes or non-intact skin;
2. When the employee's hands have any cuts, scrapes, wounds, chapped skin, dermatitis, etc.;
3. When cleaning up spills or splashes of blood or body fluids;
4. When handling potentially contaminated items;
5. When it is likely that hands will come in contact with blood, body fluids, or other potentially infectious material;
6. When performing phlebotomy or starting or hanging an IV.

III. PROCEDURE GUIDELINES

A. Putting on sterile gloves:

1. Obtain gloves. (NOTE: If gowning procedures are used, put gloves on **after** putting on the gown so that the cuff of the gloves can be pulled over the sleeve of the gown.)
2. Open the package. Do not touch the gloves.
3. Perform hand hygiene.
4. With one hand, grasp a glove by the inside of the cuff. Insert opposite hand into the glove. Leave the cuff turned down.
5. Pick up the remaining glove with gloved hand. Insert ungloved hand into the second glove.
6. Pull up cuffs.

II. B. Removing Gloves

1. Using one hand, pull the cuff down over the opposite hand turning the glove inside out.
2. Discard the glove into a designated waste receptacle.
3. With the ungloved hand, pull the cuff down over the opposite hand turning the glove inside out.
4. Discard the glove and glove package into the designated waste receptacle.
5. Perform hand hygiene.

CLOSTRIDIUM DIFFICILE

PURPOSE: To prevent transmission of ***Clostridium difficile*** in the long term care facility.

POLICY:

I. GENERAL MEASURES

A. The Administrator, Director of Nursing, Infection Control Practitioner (ICP) or designee, and the Infection Control Committee (ICC) should be alerted to any case of ***C. difficile.***

B. Surveillance data should be maintained on cases of ***C. difficile*** infection.

C. Continuing education on ***C. difficile*** may assist in limiting its spread.

II. ISOLATION PRECAUTIONS

A. Residents with diarrhea caused by ***C. difficile*** should be in private rooms or in the same room with other residents with ***C. difficile***. If neither of the above rooming situations is available, contact the Infection Control Practitioner or other designee to review the specific resident situation to determine if a semi-private room with a low risk roommate is acceptable. If a semi-private room is used, a decision needs to be made as to which resident will use the bathroom and which resident will use the commode. The resident with ***C. difficile*** must be instructed to ask for help from a staff member after having a bowel movement (if continent) as contamination of the bathroom door handles and faucets may occur. Bleach wipes will be kept in the resident's bathroom to provide immediate disinfection.

B. Gloves should be worn to enter and work in the room of a resident or work with a resident who has diarrhea caused by ***C. difficile***.

C. A gown is needed to enter the room of a resident who has diarrhea caused by ***C. difficile*** if substantial contact with the resident or environmental surfaces is anticipated.

D. Gowns and gloves should be removed before leaving the resident's room and hands must be washed immediately with soap and water as per current CDC hand hygiene guidelines. Alcohol rubs are **not** effective as ***C. difficile*** is a spore producing organism.

E. Items such as stethoscope, sphygmomanometer, and thermometer should be dedicated to use on that resident only with **C. difficile.**

F. Isolation may be discontinued once diarrhea has ceased.

G. Special cleaning practices of the bathroom and bedroom items are necessary using a 1:10 or 1:50 solution of sodium hypochlorite (bleach). Other disinfectants/sanitizers do not penetrate the ***C. difficile*** spores and bleach is the only effective environmental cleanser to date. The environment is very easily contaminated and meticulous care must be paid to cleaning.

NOROVIRUS

Norovirus previously known as "Norwalk" virus or "winter vomiting disease" is prevalent amongst nursing home residents and outbreaks occur every year in multiple facilities across the nation. Person to person spread via the fecal-oral route and airborne transmission from ingestion of microscopic particles of vomitus is the main source of infectivity. ***Norovirus*** has the propensity for survival in the inanimate environment, living on surfaces and objects for up to a month after the outbreak or index case. ***Norovirus*** can result in rapid dehydration in LTCF residents as the vomiting and diarrhea associated with the disease is profuse. The key to halting transmission of ***Norovirus*** in a healthcare facility is rapid detection of a possible cluster/outbreak, instituting immediate Infection Control measures including isolation, and sound administrative decisions in an expedient manner. This includes halting new admissions quarantining residents and restricting visitation until the outbreak has subsided. A potential outbreak of Gastrointestinal disease must be dealt with as soon as the fist case is suspected or identified (stool and vomitus can be sent to the State Health Department for identification with the help of some Local Health Departments).

PURPOSE: To prevent transmission of ***Norovirus*** in the long term care facility.

POLICY:

I. RECOMMENDATIONS FOR NOROVIRUS IN LONG-TERM CARE SETTINGS (Adapted from recommendations for Norovirus handling by the Montgomery County Health Department, PA – January 2007)

The Administrator, Director of Nursing, Infection Control Preventionist (ICP) or designee, and other appointed personnel must be alerted to any cases of sudden onset of nausea, vomiting (can be projectile), stomach cramps and diarrhea. Timely detection and reporting of increased illness to the local Health Department is valuable in prevention of outbreaks.

A. Residents Symptomatic for Norovirus

- All residents that are symptomatic for Norovirus need to be segregated from "well residents" until at least 2 days after resolution of symptoms or until the outbreak has ended completely.
- Separate or "dedicated" bathrooms is encouraged be used for ill residents as contamination of the environment is a key factor in the spread of the virus.
- No or limited activities for the residents must be adhered to for at least 2 days after resolution of illness or until the outbreak has ended completely.
- Cohorting of employees covering sick residents should be considered.
- New admissions must be restricted until at least 2 consecutive days without any illness has passed. The elderly are extremely susceptible to dehydration and possible death due to dehydration, and protection of uninfected residents is essential.

Visitors should be asked to stay away if they are ill with any viral syndrome including a G.I. type virus, and in order to protect them from sick residents during a Norovirus outbreak.

B. Isolation Precautions

Contact precautions must be adopted by personnel coming into direct contact with ill persons including non direct care givers (such as housekeeping etc). Contact precautions include the use of disposable gloves at all times and wearing of gowns when contamination of clothing with fecal material or vomitus is possible.

Dedicated equipment such as blood pressure kits, thermometers, etc. must be used for infected residents. Decontamination of shared equipment with a bleach cleaner is recommended.

Droplet precautions i.e.: masks for all personnel exposed to a person actively vomiting are recommended. Norovirus is the only G.I. virus that can aerosolize and be ingested microscopically. Very few particles of Norovirus are needed to infect others. In addition, housekeeping should wear masks when cleaning up the vomit as it can aerosolize from the environment and infect those personnel too.

Hand Hygiene is imperative as it is the most effective way to decrease the risk of person to person transmission.

- A hand washing procedure followed by rinsing and drying is most effective.
- Alcohol hand sanitizer is not the method of hand disinfection of choice with Noro Virus with a concentration of 71% or greater of Ethanol or >62% alcohol hand rub is a good substitute in addition to hand washing. However, strict hand washing remains the number one defense.
- All residents and staff should be instructed to undertake strict hand washing after using the bathroom.
- Strict hand washing must be enforced before handling food and utensils.
- Strict hand washing must be enforced before eating and/or drinking.
- Staff should assist residents with hand washing procedures at all times, however, particularly during an outbreak of a G.I. virus. Vigilant adherence to these procedures will almost always shorten the duration of the outbreak.

C. Environmental Cleanup of Norovirus

Environmental surfaces, foods and drinks can very easily become contaminated with nor virus since an infected person sheds an extremely large amount of virus in feces and vomitus (> 1 million virus particles/ml). This contamination can be a source of infection due to the low dose needed to cause illness – it is estimated that fewer than 100 norovirus particles can make a person sick. Contamination can occur either by direct contact with soiled hands or environmental surfaces that are contaminated with stool or vomit, or by tiny droplets from nearby vomit that can travel through air to land on food. Although the virus cannot multiply outside the human body, once food, water, or fomites (environmental surfaces which may include: furniture, railings, carpeting, doors, etc) are contaminated they can cause illness. People who are sick with norovirus illness can often vomit violently or have explosive diarrhea without warning. Therefore staff responding to an incident (housekeeping, kitchen, maintenance, emergency medical and law enforcement) has a greater risk of exposure to norovirus than the general population and the following precautions need to be taken:

- The area needs to be cleared of all non-essential persons.
- Personal Protective Equipment (PPE) should include:
    1. **Disposable gloves**
    2. **Face Mask and gowns.**

- All surfaces near the vomit should be promptly cleaned and disinfected.
- Visible debris cleaned up with disposable absorbent material (double bag and discard).
- Area within immediate radius disinfected by the following methods or with products containing one of the following active ingredients (follow label instructions):

Chlorine (1000-5000 ppm)

- 1000 PPM: 1/3 cup of 5.25% bleach per gallon of water
- 5000 PPM: 1 2/3 cups of 5.25% bleach per gallon of water
- High concentrations of chlorine may be damaging to some materials. Bleach wipes are effective.
- Ensure solution is changed/remade on a regular basis to maintain disinfectant properties

Heat ≥170ºF

Quaternary ammonia compounds MAY NOT BE EFFECTIVE for norovirus disinfection.

- Hard to clean and/or heavily soiled areas (ambulances, cabins, etc) may require additional disinfection

- Linens (including clothes, towels, tablecloths, napkins) soiled to any extent with vomit or stool should be promptly washed and dried separately at high temperatures (drier temperature >170ºF).

- Don't forget to clean and disinfect ice buckets or any other container used for food purposes – people will grab the nearest container when they get sick.

- Food items that may have become contaminated with norovirus should be thrown out.

- All equipment used in the cleanup should be disinfected.

D. **Employees symptomatic for Norovirus**

- Employees who develop G.I. symptoms must not report to work until 2-3 days after the cessation of symptoms. It is imperative that when a staff member calls out sick that she/he is asked to provide accurate information to the supervisor if the reason for the "call out" is due to G.I. illness. Refer to the facility's specific "Employee Sick/Well" policy.

- If an employee becomes ill while on the job, he/she should be sent home as soon as possible in order to "isolate" that person.

- Strict hand hygiene must be practiced upon return from the illness particularly those employees having direct resident contact and food service workers.

- Food service workers need to wear gloves at all times while working in the kitchen environment and strict hand hygiene must be adhered to at all times.

E. **Surveillance data** such as a line listing GI Line listing is very important in order to determine the extent of the outbreak and swift handling of such. Timely detection and reporting of increased illness to the Local Health department will assist the facility in controlling the outbreak. The line listing will assist all officials both internally and externally.

MULTI-DRUG RESISTANT ORGANISMS (MDRO'S)

CLASSIFICATION OF MDRO'S

I. Methicillin Resistant Staphylococcus Aureus (MRSA)

II. Vancomycin Resistant Enterococcus (VRE)

III. Extended Spectrum Beta Lactamases (ESBL's) which includes resistant gram negative bacilli – Klebsiella pneumoniae, Eschericia coli, Enterobacter species, Acinetobacter species, Pseudomonas species

Multi-drug resistant organisms are potential problems for Long Term Care Facilities. Universal Precautions need to be taken with all resistant organisms regardless of the type of organism. Residents colonized or infected with any multi-drug resistant organism should remain on precautions customized to each one's specific condition/state for the duration of their stay at the facility. Active Surveillance cultures are not implemented at Seacrest Village. Enhanced Barrier Precautions will be implemented for residents with the targeted MDRO's based on risk determined by the interdisciplinary team. Enhanced Barrier Precautions signs will be placed in the resident's room to promote resident privacy while providing direction to staff on a need to know basis. Seacrest Village implements interventions including high contact surface area cleaning audits reported monthly and random hand hygiene audits to minimize the spread of MDRO's

Precautions	Applies to:	PPE used for these situations:	Required PPE	Room restriction
Enhanced Barrier Precautions	All residents with *any of the following*: • Infection or colonization with a novel or targeted MDRO *when Contact Precautions do not apply*. • Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) *re gardless of MDRO colonization status* who reside on a wing or assignment where a resident known to be infected or colonized with a novel or targeted MDRO resides.[4]All attempts will be made to separate the residents assigned staff. In the event it is unavoidable universal precautions will be used to protect the non infected resident • Seacrest Village Will consider applying Enhanced Barrier Precautions to residents infected or colonized with other epidemiologically-important MDROs after a care plan meeting that determines the need. The meeting will be documented in the IDC team note. • The resident will be care planned for the Enhanced Barrier Protection Program. (EHP) program. In the event of an off hour need for implementation the DON, Administrator, ADON and • Infection Control	During high-contact resident care activities: • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator • Wound care: any skin opening requiring a dressing	Gloves and gown prior to the high-contact care activity (change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None

	Practitioner will be made aware and a meeting will occur on the next business day.			
Contact Precautions	All residents infected or colonized with a novel or targeted multidrug-resistant organism *in any of the following situations*: • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • On units or in facilities where ongoing transmission is documented or suspected	Any room entry	Gloves and gown (don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

PURPOSE: To prevent transmission of ***Methicillin Resistant Staphylococcus aureus*** (MRSA) in the long term care facility.

POLICY: In caring for residents with MRSA, precautions will be observed.

A. The Administrator, Director of Nursing, Infection Control Practitioner (ICP), and the Infection Control Committee (ICC) should be alerted to any case of MRSA.

B. Surveillance data must be maintained on cases of MRSA colonization and infection (MDRO line listing).

C. Continuing education on MRSA may assist in limiting the spread.

I. CONTACT PRECAUTIONS

a. MRSA infected residents should ideally be in private rooms or in the same room with other residents (cohorting) with MRSA. If neither of the above rooming situations is available, contact the Infection Control Practitioner or other designee to review the specific resident situation to determine if a semi-private room with a **low risk roommate** is acceptable (see algorithm on Resident room placement – last page of this section in manual only).

b. Gloves should be worn to enter the room of a resident who is MRSA infected and the infection is not contained.

c. A gown is needed to enter the room of a MRSA infected resident if substantial contact with the resident or environmental surfaces is anticipated, if the resident is incontinent, has diarrhea, a colostomy, or wound drainage not contained by a dressing.

d. Gowns and gloves should be removed before leaving the resident's room and hands must be washed immediately with an antiseptic soap.

e. Items such as stethoscope, sphygmomanometer, and thermometer should be dedicated to use on that resident of VRE residents.

II. HAND HYGIENE

Thorough hand hygiene, following the hand hygiene guidelines, will be done after caring for the resident.

III. ROOM ARRANGEMENTS

It is preferable for residents with MRSA to be cohorted (share a room or be in a specific area with MRSA residents) or they may room with a low risk roommate (intact skin, no invasive devices). A private room may be needed in special circumstances, e.g. copious drainage not contained by a dressing and/or productive coughs. Confinement to the room will depend on the resident's condition, personal hygiene and ability to comply with instructions. **See algorithm in printed manual at the end of this policy for resident room assignments.**

IV. MASKS

Masks would be needed for face to face contact with MRSA positive residents who are coughing.

V. GOWNS OR APRONS

Gowns or aprons are indicated if it is likely that the clothing will be soiled with the infectious material (e.g. sputum, wound drainage, urine).

VI. GLOVES

Gloves should be worn when touching the infectious material is anticipated.

VII. TRASH/LINEN

Trash and linen will be handled in the same manner as all trash and linen in the facility.

VIII. ENVIRONMENTAL CLEANING

The resident's environment should be cleaned daily and when visibly soiled with a facility approved disinfectant. .

IX. SURVEILLANCE CULTURES

In Seacrest Village active surveillance cultures (ACS) of residents or personnel (nares, axilla, and groin) are not routinely performed. . The Infection Control Committee may order surveillance cultures on the non colonized roommate. Surveillance cultures for MRSA are not routinely done in the Long Term Care setting, however, they are becoming more common in acute care facilities..

VANCOMYCIN RESISTANT ENTEROCOCCUS (VRE)

PURPOSE: To prevent transmission of ***Vancomycin Resistant Enterococcus*** (VRE) in the long term care facility.

POLICY: The following guidelines should be observed for VRE.

II. GENERAL MEASURES

A. The Administrator, Director of Nursing, Infection Control Practitioner (ICP), and the Infection Control Committee (ICC) should be alerted to any new case of VRE.

B. Surveillance data must be maintained on cases of VRE infection.

C. Continuing education on VRE may assist in limiting the spread of VRE.

III. CONTACT PRECAUTIONS

A. VRE infected residents should be in private rooms or in the same room with other residents with VRE. If neither of the above rooming situations is available, contact the Infection Control Practitioner or other designee to review the specific resident situation to determine if a semi-private room with a **low risk roommate** is acceptable (see algorithm on Resident room placement – last page of this section in manual only).

B. Gloves should be worn to enter the room of a resident who is VRE infected and the infection is not contained...

C. A gown is needed to enter the room of a VRE infected or colonized resident if substantial contact with the resident or environmental surfaces is anticipated, if the resident is incontinent, has diarrhea, a colostomy, or wound drainage not contained by a dressing.

D. Gowns and gloves should be removed before leaving the resident's room and hands must be washed immediately with an antiseptic soap.

E. Items such as stethoscope, sphygmomanometer, and thermometer should be dedicated to use on that resident only or a cohort of VRE residents.

IV. ENVIRONMENTAL CLEANING

The resident’s environment should be cleaned daily and when visibly soiled with a facility approved disinfectant.

V. SURVEILLANCE CULTURES

In certain facilities, the Infection Control Committee may choose to do active surveillance cultures (ACS) of residents or personnel although unlike MRSA, this practice is virtually non existent in Long Term Care. Surveillance cultures for VRE are not routinely done in the Long Term Care setting but are becoming more common in acute care facilities.

EXTENDED SPECTRUM BETA LACTAMASES (ESBL's)

PURPOSE: To prevent transmission of ***Extended Spectrum Beta Lactamase (ESBL's)*** organisms in the long term care facility.

POLICY: The following guidelines should be observed for ESBL's.

I. GENERAL MEASURES

A. The Administrator, Director of Nursing, Infection Control Practitioner (ICP), and the Infection Control Committee (ICC) should be alerted to any case of ESBL's.

B. Surveillance data must be maintained on cases of ESBL's infection (MDRO line listing).

C. Continuing education on ESBL's may assist in limiting the spread.

II. CONTACT PRECAUTIONS

A. An ESBL infected resident should be in private rooms or in the same room with other residents (cohorting) with ESBL. If neither of the above rooming situations is available, contact the Infection Control Practitioner or other designee to review the specific resident situation to determine if a semi-private room with a **low risk roommate** is acceptable (see algorithm on Resident room placement – last page of this section in manual only).

B. Gloves should be worn to enter the room of a resident who is ESBL infected and the infection is not contained..

C. A gown is needed to enter the room of a ESBL infected resident whose infection is not contained, if substantial contact with the resident or environmental surfaces is anticipated, if the resident is incontinent, has diarrhea, a colostomy, or wound drainage not contained by a dressing.

D. Gowns and gloves should be removed before leaving the resident's room and hands must be washed immediately with a soap.

E. Items such as stethoscope, sphygmomanometer, and thermometer should be dedicated to use on that resident only or a cohort of ESBL residents.

III. ENVIRONMENTAL CLEANING AND SURVEILLANCE CULTURES

The resident's environment should be cleaned daily and when visibly soiled with a facility approved disinfectant. No cultures recommended.

RESPIRATORY HYGIENE/COUGH ETIQUETTE PROGRAM

A respiratory hygiene/cough etiquette program is recommended (but not required or mandated) whenever residents or visitors have symptoms of respiratory infection to prevent the transmission of all respiratory tract infections in long-term care facilities. It remains the decision of each individual facility to introduce such a program.

Respiratory hygiene/cough etiquette programs include the following:

- Posting visual alerts instructing residents and persons who accompany them to inform health-care personnel if they have symptoms of respiratory infection and discouraging those who are ill from visiting the facility.

- Providing tissues and alcohol-based hand rubs in common areas and waiting rooms.

- Ensuring that supplies for handwashing are available where sinks are located and providing dispensers of alcohol-based hand rubs in other locations.

- Encouraging coughing persons to sit at least 3 feet away from others, if possible. Residents with symptoms of respiratory infection should be discouraged from using common areas where feasible.