

MRSA: Summary of Infection Control Precautions (Standard and Contact) for Healthcare Facilities

To minimize the transfer of MRSA to healthcare staff and other patients/residents, infection control precautions that should be considered for MRSA in healthcare facilities (for staff **and** visitors) include Standard and Contact precautions. This typically includes:

- Gown and gloves for room entry

Wear gloves (clean, nonsterile gloves are adequate) when entering the room. During the course of providing care for a patient, change gloves after contact with blood, body fluids, secretions, excretions, and other infective material that may contain high concentrations of microorganisms (e.g., fecal material and wound drainage). Put on clean gloves before touching mucous membranes and non-intact skin, and between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before leaving the patient's room or going to another patient. Wash hands immediately with an antimicrobial agent or a waterless antiseptic agent (see below). After glove removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

Wear a gown (a clean, non-sterile gown is adequate) when entering the room. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments. Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces.

- Mask and eye protection

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

- Hand hygiene

Wash hands (10-15 seconds) if blood, body fluids, secretions, excretions, or any contaminated items is touched. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

- Use a plain (non-antimicrobial) soap for routine handwashing.

- Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyperendemic infections), as defined by the infection control program.

Note: Use only bar soap that is well drained, or liquid soap. Wash out liquid soap containers before refilling. Paper towels or a clean towel should be used to dry hands and turn off faucets.

Note: the correct process for removing personal protective equipment would be: 1) If a mask was used, remove and discard; 2) Remove gloves using “glove-to-glove, skin-to-skin” technique and discard; 3) Perform hand hygiene; 4) If a gown was used, a) untie neckties first, then waist ties on the gown, b) place fingers of one hand under the opposite cuff and pull cuff over hand, c) use the gown-covered hand, pull the gown down over the other hand, d) pull the gown down off the arms, being careful that the hands do not touch the outside of the gown, e) hold the gown away from the body and roll it up with contaminated side inside in a way that minimizes air disturbance, and f) dispose of gown into garbage or laundry hamper; 5) Perform hand hygiene.

Laundry workers should also be provided with protective equipment and instructed regarding its use. Used linen soiled with blood, body fluids, secretions, and excretions should be handled, transported, and processed in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to staff, other patients, and the environment.

- Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
- Limit the amount of reusable patient-care equipment that is brought into colonized or infected patient rooms; whenever possible use single-use disposable items or dedicated medical equipment for care of the patient (e.g., cloth tape, cloth-covered blood pressure cuff). Ensure that single-use items are discarded properly.

If equipment cannot be dedicated to a particular patient, clean and disinfect items before removal using a low to intermediate level disinfectant, or place the reusable items in a plastic bag for transport to another site for subsequent cleaning and disinfection.

Unused medication (e.g., multidose vials containing diluents) or supplies (e.g., alcohol swabs) taken to the patient’s room should only be used for that patient and should not be returned to a common clean area or used with other patients. Do not use common medication carts to deliver medication to the patient.

- Single-patient rooms are preferred for patients who require Contact Precautions. Highest priority should be give to those patients who have conditions that may facilitate transmission, e.g., uncontained secretions or excretions. When a single-patient room is not available, consultation with infection control is necessary to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with

an existing roommate, placement in a room with patients who are at low risk for acquisition and associated adverse outcomes from infection and are likely to have short lengths of stay).

Note that cohorted individuals can generally be permitted to ambulate in other sections of the facility and socialize with other patients if the patient does not have MRSA pneumonia or heavy respiratory colonization, provided involved sites can be well covered, and the patient understands and practices basic hygiene. Ambulation may be limited to the cohort area for patients with poor impulse control.

- Prioritize room cleaning of patients on Contact Precautions. Focus on cleaning and disinfecting frequently touched surfaces (e.g., bedrails, bedside commodes, bathroom fixtures in the patient's room, doorknobs) and equipment in the immediate vicinity of the patient. Clean and disinfect surfaces and equipment that may be contaminated, including those that are in close proximity to the patient (e.g., bed rails, over bed tables) and frequently-touched surfaces in the patient care environment (e.g., door knobs, surfaces in and surrounding toilets in patients' rooms) on a more frequent schedule compared to that for minimal touch surfaces (e.g., horizontal surfaces in waiting rooms).

Surfaces should be cleaned with an EPA-registered hospital detergent/disinfectant, in accordance with label instructions, or a freshly-prepared dilute bleach [note: a dilution of 1:64, such as ¼ cup bleach in 1 gallon water, is adequate to kill *S. aureus* including MRSA; however, a stronger concentration, such as 1 ¾ cups bleach in 1 gallon water (1:9), is recommended for disinfection when possible to ensure killing of more resistant organisms such as norovirus as well as MRSA].

- Minimize the number of persons with access to colonized and infected patient, and dedicate specific healthcare workers to provide one-on-one care for MRSA colonized or infected patients.
- Limit the movement and transport of the patient from the room to essential purposes only. If the patient is transported out of the room, take precautions to prevent the risk of transmission of MRSA to other patients and environmental surfaces or equipment.
- Minimize the transfer of the case patient within or between facilities, and if transfer is necessary, fully inform the receiving institution or unit of the patient's colonization/infection status and appropriate precautions.
- A patient with MRSA pneumonia may require additional precautions (e.g., use of a mask to contain respiratory secretions during transport).