

# HACKETTSTOWN REGIONAL MEDICAL CENTER

## Removal of Transmission- Based Precaution

Effective Date: 1/2004  
Cross Referenced: CDC: Isolation Guidelines  
Reviewed Date: 11/2013  
Revised Date: 11/2013

Policy No: IC006  
Origin: Infection Prevention  
Authority: Infection Prevention  
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### SCOPE

All employees of HRMC hospital.

### PURPOSE:

To provide a guideline and a process to remove *Transmission Based Isolation Precautions* from patients with multidrug resistant organisms. As of 4/2013 the CDC states that the duration of Contact Precautions for patients who are colonized or infected with MDROs remains undefined and determination of the best strategy awaits the results of additional studies. HRMC ICP will monitor any new recommendations and update policies as needed to reflect current best practice.

#### **Guidelines in this policy reflect:**

- Recommendations from CDC/HCPAC, 2007.
- HRMC MDRO risk assessment.
- Community demographics of elderly patient population.
- Consideration of documented negative patient well-being while being maintained on Isolation precautions. (<http://www.ncbi.nlm.nih.gov/pubmed/20619929>)

### DEFINITIONS

1. **Colonization:** The presence of bacteria on a body surface (like on the skin, nares, mouth, intestines or airway) without causing disease.
2. **Immunocompromised patients:** Those patients whose immune mechanisms are deficient because of congenital or acquired immunologic disorders (e.g., human immunodeficiency virus [HIV] infection, congenital immune deficiency syndromes), chronic diseases such as diabetes mellitus, cancer, emphysema, or cardiac failure, ICU care, malnutrition, and immunosuppressive therapy of another disease process [e.g., radiation, cytotoxic chemotherapy, anti-graft rejection medication, corticosteroids, monoclonal antibodies directed against a specific component of the immune system]).
3. **Infection:** Invasion and multiplication of microorganisms in body tissues, especially that causing local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response.
4. **Multi-drug Resistant Organism (MDRO):** MDROs are defined as microorganisms – predominantly bacteria – that are resistant to one or more classes of antimicrobial agents.
5. **Standard Precautions:** include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices.
6. **Transmission Based Precautions:** Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. There are three categories of Transmission-Based Precautions: Contact Precautions, Droplet Precautions, and Airborne Precautions.

*At times, case by case determination of MDRO status resolution will be necessary in conjunction with Infection Prevention and Infectious Disease Specialists.*

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### POLICY

#### **I. MRSA: Methicillin Resistant Staphylococcus Aureus.**

1. Initiate Contact Precautions for colonization and infection.
2. Patient & visitor education regarding isolation precautions and MRSA. Education can be located on *S:\Performance Improvement Dept\INFECTION CONTROL\Patient EDUCATION*
3. Patient status flagged in Cerner until termination protocol is achieved.

#### **ii. Colonization:**

##### **A. Termination of precautions for MRSA Nares Colonization:**

1. **Two** NEGATIVE cultures obtained from original positive sites at least one week apart.

#### **iii. Infection**

##### **A. MRSA Bloodstream Infection:**

Appropriate antibiotic treatment completed. **THEN 72 hours later:**

1. Collect ONE negative blood culture & ONE negative Nares Swab.
  - If **both** are negative remove isolation precautions.
  - If MRSA Nares returns positive: refer to removal process for *MRSA Colonization* above.

##### **B. MRSA Urine/ Wound Infection:**

1. Appropriate antibiotic treatment completed. **THEN 72 hours later:**
2. **Two** NEGATIVE cultures obtained from original positive sites at least one week apart **AND** one NEGATIVE NARES CULTURE isolation precautions can be removed.
3. If MRSA Nares returns positive: refer to removal process for *MRSA Colonization* above.

##### **C. History of MRSA Wound: Treated and healed:**

If wound was treated and healed (closed, dry skin, scarring) AND no other open wounds exist:

- Collect ONE MRSA Nares swab for culture. If Negative- Isolation can be removed.
- If MRSA Nares returns positive: refer to removal process for *MRSA Colonization* above

#### **II. MDROs: Extended Spectrum BetaLactamase, vancomycin resistant enterococcus, carbapenem-resistant enterobacteriaceae**

1. **ESBL+ Gram Negative Organisms,** Any organism of concern with resistant pattern of sensitivity.

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**A. Blood: History or current infection.**

After appropriate treatment for infection:

1. One NEGATIVE Blood Culture.

**B. Urine or Wound:**

After appropriate treatment for infection;

1. Two NEGATIVE cultures from original positive site collected one week apart.

**C. HISTORY wound- Treated and Healed:**

If wound is healed and no other open wounds exist:

1. Remove isolation precautions.

**2. VRE:**

Any patient with Vancomycin Resistant Entrococci will remain on isolation indefinitely. Patients can be cohorted with other VRE organisms.

**Criteria for removal:** VRE suggested discontinuation of Contact Precautions after three stool cultures obtained at weekly intervals are negative.

**3. CPO/KPC: (carbapenem-resistant enterobacteriaceae)**

Any patient with Carbapenem Resistant Organism will remain on isolation indefinitely in a private room. Removal will be discussed on a case by case basis with ID and Infection Control.

### III. Clostridium Difficile

*Please refer to IC-024 C.Diff Management and Prevention Policy*

REMOVAL IS BASED ON SYMPTOMOLOGY-3 NEGATIVE TESTS ARE NOT RECOMMENDED.

**A. History of C.diff:**

1. Any patient with a history of C.diff that has completed 10 day course of appropriate treatment **AND** has at least 72 hours without any liquid stool- can be removed from precautions.

**B. Patients with new diagnosis and active diarrhea:**

1. Place patient on contact ENTERIC precautions
2. Patient to complete appropriate antibiotic therapy.
3. After treatment **AND** at least 72 hours without any liquid stool- patient can be moved to a clean room and current room cycle cleaned.

### IV. MULTIPLE MDROs (current and history)

**Patients with history of multiple MDROs and sites of infection/colonization;**

1. Consult with **Infection Prevention** for case by case review of Isolation Precaution Removal.

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#### V. Documentation of MDRO Status:

- A. Infection Prevention and nursing will be responsible for entering the computer flag for drug resistant organisms in Diagnosis/Problems and in PM Conversation Infection Control.
- B. To RESOLVE a status:
  1. Open up problems and diagnosis tab. Double click on appropriate MDRO. Change “ACTIVE” status to “RESOLVED”- and place the resolution date in the date space.
  2. Open up PM conversation: Infection Control. Remove appropriate MDRO from box and change precaution need to “STANDARD” .

Related Policies:

**IC-024** C.Diff Management and Prevention Policy

**IC-003** Transmission Based Isolation Precautions

#### REFERENCES

Guideline for Isolation Precautions: Preventing Transmission of Healthcare Settings 2007. Siegel J, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. Centers for Disease Control and Prevention, June 2007. [http://www.cdc.gov/ncidod/dhqp/gl\\_isolation.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation.html)

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Abad, C. *Adverse effects of isolation in hospitalised patients: a systematic review*. Hosp Infect. 2010 Oct;76(2):97-102. doi: 10.1016/j.jhin.2010.04.027.

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