IPAC MANITOBA ANNUAL CONFERENCE DAY

MHSAL Guidelines for the Prevention and Control of Antimicrobial Resistant Organisms (AROs)

ARO Working Group

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Revised ARO Guidelines

- Standardization of IP&C practices for AROs
- RHAs to develop regional policies/procedures
- Screening/placement of patients may be enhanced based on epidemiological trends, outbreaks and available resources
- Guiding principles
  - Limit transmission of AROs
  - Minimize infections with AROs
  - Promote patient safety
  - Achieve goals fiscally responsible
  - Provide evidence based best practice recommendations
  - Updated in a timely matter, as required

OPTIMAL IP&C MEASURES

- Organizational priority for Routine Practices
- Comprehensive hand hygiene strategy
  - Education for staff
  - Senior leaders encouraging/supporting education and training
  - Product availability including ABHR at point of care/service delivery
  - Practices audited and shared
  - Compliance rates maintained according to guidelines and standards
  - Communication of rates throughout organization
- Development/implementation of antimicrobial stewardship
- Comprehensive environmental control program
  - Policies/procedures
  - Staff education
  - Quality assurance program

Antimicrobial Stewardship

- Facility/RHA have antimicrobial stewardship in place
- Key component to preventing antimicrobial resistance
  - Optimize clinical outcomes
  - Minimize unintended consequences of antimicrobial use
- Infectious Diseases Society of America (IDSA)
- Society for Healthcare Epidemiology of America (SHEA)

Routine Practices and Additional Precautions

- Follow Routine Practices and Additional Precautions
  - MHSAL Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care
  - Acute care, LTC, ambulatory care, prehospital care and home care settings
- Differences between acute care/LTC
  - LTC is resident’s home
  - AROs do not endanger health of LTC workers/residents
  - Infected/colonized residents are a potential reservoir for acute care
  - Modifications outlined in MHSAL Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care

MRSA

- Admission screening for acute care
  - Admitted to or directly transferred from health care facility including personal care homes within or outside Canada within previous 6 months, where they were admitted for more than 24 hours
    - Patient with exposure outside Canada-isolated pending results
    - Patient who received dialysis in another province/country must be isolated if current screening results obtained within 7 days of admission to site are negative
  - Inter-facility Transfer Form indicated admission screening to be done
  - Once MRSA Positive and whose positive status is unknown
    - Patient must be isolated pending results of screening tests
  - MRSA Positive in the flagging system
  - MRSA Contact
  - MRSA Suspect

MRSA

- Admission Screening for Acute Care
  - Starting dialysis, new to dialysis, new to dialysis unit or returning to the unit after receiving dialysis in another unit
  - Residing in a correctional setting or in a communal living setting (e.g. group home)
- Long Term Care
  - No admission screening recommended
  - Do not screen a LTC resident upon admission/transfer or return to their PCH/LTC facility

MRSA

- Surveillance Cultures
  - Anterior nares (both nares-1 swab)
  - Open wounds
    - Incisions
    - Invasive device insertion sites (e.g. central lines)
    - Do not culture closed wounds/lesions/incisions/invasive device
- Refusal of screening
- Management of neonates born to MRSA Positive mothers
- Patients requiring recreational therapy
- Management of pet/animal visitor
- Modifications
  - LTC/ambulatory care/home care

VRE

- VRE is neither more pathogenic nor more virulent than other enterococci
- Historically
  - Concern VRE would cause deaths, be untreatable or share it’s resistance genes
  - 20 years of experience
    - Colonization common but infections infrequent
    - Several effective antimicrobials available
    - Transfer of resistance genes to MRSA seldom observed
- Extensive Consultation
  - Canadian jurisdictions/change of practice
  - Cost savings/impact
- Impact
  - Systems in place to monitor Impact-no major issues
  - Improved access to patient beds
  - More time to address other IP&C issues
  - Implemented IP&C related programs with cost savings

CPE

- CPE
  - Routine screening is not recommended
  - Patients screened must be isolated pending results
  - Admitted or directly transferred from facilities within or outside Canada known to have endemic transmission as identified by IP&C.
    - Must be admitted for more than 24 continuous hours
  - Identified as CPE Positive and no documentation of positive culture. Consult previous facility IP&C for clarification.
  - CPE Suspect
  - CPE Contact

ESBLS/AMR-GNB

- ESBLs
  - Routine Practices/no Additional Precautions/hand hygiene
- AMR-GNB
  - Selected GNBs
    - *Acinetobacter*, *Pseudomonas aeruginosa*
  - Minimal evidence they are transmissible
  - Contact Precautions
  - Flagging/deflagging not necessary
  - Screening
    - Outbreak-in discussion with IP&C and laboratory
  - Modifications
  - Treatment-consultation with ID
  - Screening
    - Not recommended for contacts or persistent carriage

Manitoba

Community Care
Occupational Health

- No major revisions in community care
- Criteria for CA-MRSA
  - Hospitalized or in a health care facility for less than 48 hours
  - No previous history of MRSA
  - Not admitted to a hospital or no LTC admission in the past 12 months
  - No reported use of indwelling catheter or medical device in the past 12 months.
- Occupational Health
  - Based on WRHA OESH/IP&C Protocol
    - HCW exposed to ARO
    - HCW infected with ARO

ARO Surveillance Fact Sheets

- Surveillance
  - Colonization and infection surveillance
  - VRE-bacteremias
  - Health care associated infection definitions will be used to determine infections
  - Colonizations/infections -analyzed and reported separately
  - CNISP definitions-MRSA/VRE
  - Modified CNISP definition-CPE
- Fact Sheets
  - Generic for patients and health care workers
  - MRSA/VRE/CPE

Conclusions

- ARO Document Working Group collaboration
- Streamline document
- Reflect Current Practice
  - MHHLS RP/AP document
- VRE
  - Extensive consultation
  - Reduction of measures
- Completion and posting of document
- Ongoing revision and updates