

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

## The Infection Prevention and Control Perspective

IPAC Manitoba Annual Conference 2016

# The New Provincial ARO Guidelines – an IP&C Perspective



What are the **changes**

What is **new**



**Impact** on IP&C



# What are the **changes**?

## Admission Screening

VRE - **None**  
ESBL - None



MRSA – Continue with high risk screening  
in acute care

# What are the **changes**?

## Additional Precautions

**VRE**  
**ESBL**

- **Routine practices**

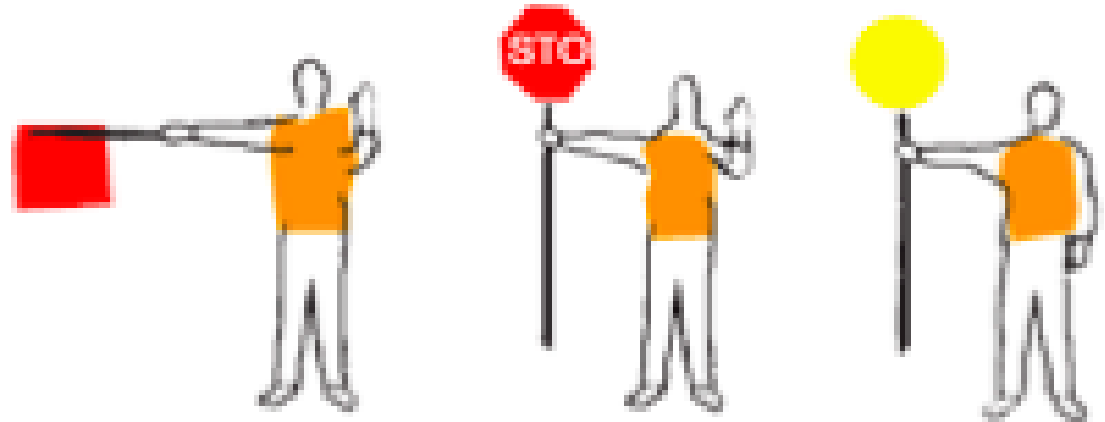


MRSA – Continue with contact precautions for known positives in acute care

# What are the **changes**?

## Flagging and Deflagging

VRE - **No flagging**  
ESBL - No flagging



MRSA – Continue flagging and deflagging in acute care

# What are the **changes**?

## Surveillance and Reporting

**VRE - Bacteremias**

**ESBL – No recommendations**

**MRSA – Continue to report positives to IP&C**

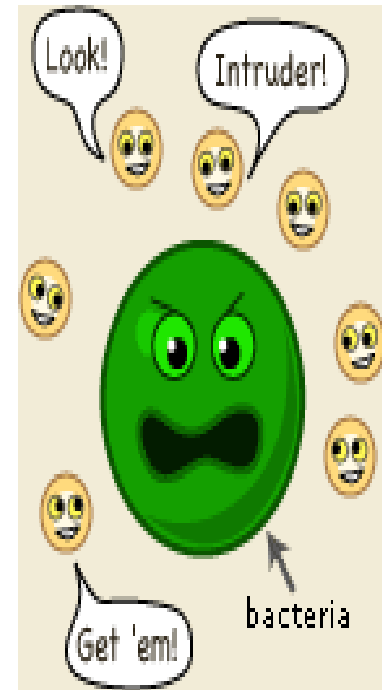


# What are the **changes**?

## Outbreak Management

VRE  
ESBL

- **Outbreak unlikely to be declared**
- **Colonization is no longer a concern**



MRSA - Outbreak would be declared if increased numbers of HAIs and/or colonizations were identified

# What is **new**?

Carbapenemase-Producing Enterobacteriaceae  
(**CPE**)

Other **Antimicrobial-Resistant** Gram Negative  
Bacilli (**GNB**)



# What is **new**?

## Screening

- CPE** - On admission, not routinely recommended
- Screen patients who meet criteria in acute care
  - Specimen collection - Rectal or ostomy swab
  - Screening of contacts after consultation

**R-GNB** - Routinely is not required on admission



# What is **new**?

## Additional Precautions

- CPE - Contact precautions in acute care**
- Pending screening culture results
  - Once identified as CPE positive or CPE suspect
  - Can cohort patients with the same strain
  - Maintain contact precautions for duration of admission and all subsequent admissions
- R-GNB - Not routinely recommended**

# What is **new**?

## Flagging and Deflagging

**CPE** - Flag positives & suspects

- Once a positive, always a positive - do not deflag
- Flag and deflag suspects



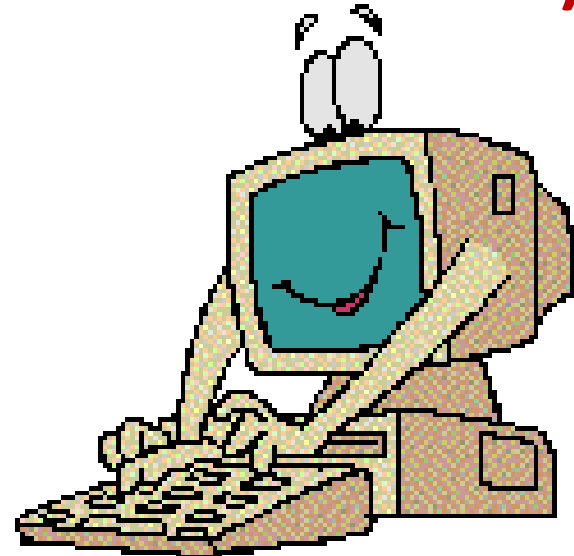
**R-GNB** - Not routinely required

- In selected cases may choose to flag/deflag a specific patient record.

# What is **new**?

## Surveillance and Reporting

- CPE** - **Maintain data on patients screened**
- **Have a real time data repository identifying every CPE positive (colonized or infected) and CPE suspect patients**
  - **According to definition**



# Impact on IP&C

## Savings

Time & money - ↓ screening & swabbing



- ↓ lab reports

- ↓ additional precautions

- ↓ flagging & deflagging

- ↓ database entry/management

- ↓ outbreak management

# Impact on IP&C

## Challenges

- Change - Re-education – staff and patients
- Education re: CPE and R-GNB
  - Revising of policies & procedures
  - Revising of ARO screening tools
  - Do we remove existing flags
  - How will monies and human resources time be reallocated



# Conclusion

Shift in thinking and practice

**VRE & ESBL - No longer requires additional resources**

**MRSA – Continues to require additional resources**

**CPE – Requires additional resources**

