

Clean hands help save lives

**Summary of Changes to HS IC 002:
Contact Precautions Isolation, effective July 1, 2014**

**Patients who have MRSA or VRE
will NO LONGER require
Contact Precautions (gloves/gowns)**

**Visitors are no longer required to follow
Contact or Contact/Spore Precautions**

Practice hand hygiene 100% of the time

**Chlorhexidine gluconate (CHG) bath treatment
will be done for all patients >2mo old**

(except post-partum women after vaginal births, NICU and Resnick patients)

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Currently, patients who are MRSA or VRE infected or colonized require Contact Precautions.

On July 1, 2014, patients who have MRSA or VRE will NO LONGER require Contact Precautions (gloves/gowns).

Why are we making this change?

- Studies have not shown added benefit of gloves/gowns over hand washing for preventing transmission of MRSA and VRE.
- There can be consequences to Contact Precautions, including poorer quality of care and healthcare workers spending less time with patients. Contact Precautions should only be used when necessary.
- Studies have shown the benefit of additional efforts, including daily chlorhexidine gluconate (CHG) bathing, in reducing healthcare-associated infections.

Major HS IC 002 Policy Changes

	Healthcare Worker	Visitor
Contact Precautions for MRSA/VRE		
Contact Precautions for other pathogens such as resistant Gram negative bacteria, certain URI pathogens	(on room entry) X	
Contact/spore Precautions for <i>C. difficile</i>	(on room entry) X	
Droplet and Airborne Precautions	(on room entry) X	(on room entry) X
Practice Standard Precautions	X	X
Wash hands with alcohol rub or soap/water	X	X

Frequently Asked Questions

How can I keep my patients, visitors and myself safe?

- Wash your hands 100% of the time, including on room entry and after leaving the room.
- Wash hands with alcohol hand rub (rub until dry) or the provided soap and water frequently (wash for 15 seconds).
- Alcohol hand rub should be used preferentially except for *C. difficile* or when your hands are visibly soiled.

What if my patient has a draining wound, diarrhea or URI symptoms?

Practicing Standard Precautions is very important and will not change with the HS IC 002 policy change. Standard Precautions assumes that all blood and body fluids may be infectious.

Assess the patient's symptoms and decide what type of personal protective equipment you need (gloves, gowns, mask, eye protection).

Will other bacteria/viruses require Contact Precautions for healthcare workers?

Many bacteria/viruses will require Contact Precautions such as resistant Gram negatives and Parainfluenza. Please refer to the HS IC 002 policy for more information.

When should healthcare workers put on PPE for Contact, Contact/spore, Droplet and Airborne precautions?

The new recommendation is to put on PPE (gloves, gown or masks) *upon room entry*.

Why do visitors no longer need to follow Contact and Contact/spore Precautions?

Unlike healthcare workers, visitors are less likely to spread organisms/infection from patient to patient.

When should visitors wear gloves or gown?

If they are performing direct patient care, such as helping change a wound, diaper, etc.

Do I still need to screen certain high-risk patients for MRSA?

Yes, MRSA screening for high-risk patients is a California law. But, if a patient has a positive MRSA screen, he or she will no longer need Contact Precautions.

How do I clear my patient from MRSA and VRE precautions?

Clearance of MRSA and VRE precautions will no longer be necessary.

What additional measures will prevent infection in our patients?

Patients >2mo old (except post-partum women after vaginal birth, NICU, Resnick patients) will be offered daily CHG bath treatment. Select rooms are cleaned with UV light (Xenex) upon discharge.

Who do I contact if I have additional questions about the policy change?

Talk to your nurse unit leadership. You can also call Infection Prevention RRUCLA 4-0187 or SMUCLA 9-8537.