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	Vancomycin-Resistant <i>Staphylococcus Aureus</i> (VRSA) <i>Staphylococcus Aureus</i> With Intermediate Level Resistance to Vancomycin (VISA)	Supersedes	03/01

POLICY

If VRSA emerged, it would be a prevalent, virulent, and transmissible bacterium for which no effective therapy would be available. Due to the severity of this organism, this policy will go into effect immediately on the identification of VISA/VRSA colonization or infection at Johns Hopkins Hospital. Recommendations within this document also applies to any *Staphylococcus aureus* isolate with glycopeptide resistance.

RESPONSIBILITIES

Clinical/Support Personnel	Must follow the requirements of this policy.
Supervisor/Department Management	Ensure employees comply with this policy.
Microbiology Laboratory	Must alert HEIC, the attending physician or designee, and the Infectious Disease Consult Service when a patient is identified with VISA/VRSA.
Hospital Epidemiology/Infection Control	Shall monitor compliance with Special Precautions and must approve the discontinuation of precautions. Must keep a database of VISA/VRSA patients to identify the need for precautions on re-admission. Can assist staff in decisions of patient placement.
Nurse	Shall place patients on Special and Droplet Precautions and obtain cultures from patients.
Physician	Ensure compliance by all staff with special precautions.
Environmental Services	Replace room curtains/privacy curtains. Clean patient areas daily to decrease environmental contamination.
Escort Services VISA/VRSA patients.	Clean patient transport equipment after use on


I. Assessment/Indications for Use

A. Identification

1. The microbiology lab shall immediately notify Hospital Epidemiology and Infection Control (HEIC), the attending physician or covering attending physician, the nursing unit and the Infectious Disease Consult Service when VISA/VRSA is isolated from a patient specimen.

B. Isolation/Precautions


1. All patients with VISA/VRSA shall be placed in a private room on Special Precautions and Droplet Precautions.
2. Special and Droplet Precautions shall be discontinued for VISA/VRSA patients **only** when approved by HEIC.

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3. A log of individuals entering the patient's room (staff and visitors) shall be maintained on nursing unit.

II. Procedures

- A. Patients shall be identified (in the SMS and EPIC outpatient computer system) and, when re-admitted or seen in the outpatient setting, will be placed on Special and Droplet Precautions (*see Re-Admission of Patients Requiring Isolation/Precaution Policy and Control Measures for Resistant Organisms in the Outpatient Setting*).
- B. Patients must have an Infectious Disease (ID) consult. ID will review the patient's management.
- C. HEIC will determine if therapy with intranasal mupirocin is needed.
- D. The number of healthcare workers (HCWs) who come in contact with the VISA/VRSA patient shall be limited.
- E. Healthcare workers with non-intact skin shall not care for patients with VISA/VRSA. Questions regarding specific situations should be directed to HEIC.
- F. Names of all employees, students and volunteers who come in contact with VISA/VRSA patients must be monitored by the unit.
- G. All HCWS caring for the patient shall have surveillance cultures as organized by HEIC based on the individual circumstances surrounding the patient and his/her care.
- H. Hand Hygiene
 1. Personnel must cleanse their hands with an approved antimicrobial soap or alcohol based waterless hand cleaner when gloves are removed, before and after patient care, and after contact with environmental surfaces.
- I. Equipment/Supplies
 1. Limit quantities of disposable supplies that are brought into a room. Dispose of all supplies that remain in the room after the patient is discharged.
 2. If a patient is transferred to another unit the supplies shall go with the patient.
 3. Noncritical unit based equipment should be cleaned with an approved germicide before leaving the room.
 4. Use disposable thermometers, stethoscopes, and blood pressure cuffs. Discard upon discharge.
 5. Disposable equipment/supplies i.e. stethoscopes, and blood pressure cuffs may move with patient to procedure areas.
- J. Transportation of Patient
 1. Receiving areas must be notified in advance that patient will be arriving so that preparations can be made.
 2. When possible, all procedures shall be done at the bedside. If it is medically necessary for the patient to leave the room, the patient must have clean linens and all equipment must be wiped down with an approved germicide prior to leaving the room.
 3. After use, the escort messengers are responsible for cleaning the transportation equipment (i.e. stretcher, wheelchair). In situations where escort messengers are not utilized the sending unit will clean the transportation device.

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- K. Liberties While In Isolation
 - 1. Receiving areas must be notified in advance that patient will be arriving so that preparations can be made.

- L. Terminal Room Cleaning
 - 1. Cleaning supplies should be dedicated to the room.
 - 2. When a patient is discharged, the precautions sign must stay on the door until the room is cleaned. The room will be terminally cleaned and privacy curtains (around the bed) will be removed and sent to the laundry. Window curtains will be cleaned if soiled. Disposable supplies will be discarded.

- M. Transport of Specimens
 - 1. Keep clinical specimens in a leak-proof plastic bag for transport.
 - 2. Do not contaminate the outside of the bag.
 - 3. Do not place requisitions in the bag with the specimen.
 - 4. Specimens should be delivered to the lab directly and immediately; **they should not be sent through a pneumatic tube system** or through the central receiving area. They should be prominently labeled and double-bagged.

- III. Surveillance/Outbreak Control
 - A. Special infection control measures may be utilized to control transmission if there are increased numbers of patients with VISA/VRSA on a unit, or service.
 - B. HEIC will determine if culturing of the environment and/or point prevalence surveys are required.

REFERENCES

Edmond M., Wenzel R. & Pasculle, A. Vancomycin Resistant *Staphylococcus Aureus*: Measures Needed for Control. *Ann Int. Med.* 1996; 124: 329-334.

Interim Guidelines for Prevention and Control of Staphylococcal Infections Associated with Reduced Susceptibility to Vancomycin. *MMWR* 1997; 46: 626-635.

Fridkin, S.K., Hageman, J., McDougal, L.K, et al. Epidemiological and microbiological characterization of infections caused by *Staphylococcus aureus* with reduced susceptibility to vancomycin, U.S., 1997-2001. *Clinical Infectious Disease*, 2003; Feb 15; 36(4): 429-39.


Division of Healthcare Quality Promotion National Center for Infectious Diseases Centers for Disease Control and Prevention. Investigation and Control of Vancomycin-Intermediate and -Resistant *Staphylococcus aureus* (VISA/VRSA). Last updated 3/11/03. Available online at: http://www.cdc.gov/ncidod/hip/ARESIST/visa_vrsa_guide.pdf.

DEVELOPER

- Hospital Epidemiology and Infection Control

SPONSOR

- Medical Care Evaluation Committee

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COMMUNICATION & EDUCATION

1. At time of occurrence, HEIC will educate involved personnel through printed materials, in-services and consultations.
2. Placement of policy online at www.hopkins-HEIC.org.
3. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site <http://www.insidehopkinsmedicine.org/icpm>. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.

REVIEW CYCLE	• Three (3) years	MEDICAL BOARD	Approval Date: 8/12/03 Effective Date: 11/30/03
VICE PRESIDENT FOR MEDICAL AFFAIRS			
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Date:			