

## **Guidelines for Discontinuing Contact Precautions**

Patients who test positive for MRSA, VRE, KPC or ESBL will be flagged in the PinnacleHealth registration system (will see a biohazard symbol next to patient name) and placed in Contact Precautions. These patients require a certain number and type of screening tests to be completed prior to being unflagged. This screening is started while the patient is still admitted. However, if a patient is discharged prior to completing the screening process, a letter is faxed to the patient's Primary Care Physician (if the PCP is not specified, a letter will be sent to the patient's Attending Physician) listing what screening tests are needed in order for the patient to be unflagged. Follow-up results should be faxed to the Infection Control Department at 231-8427. Patients remain flagged for one year after any positive test result. If the follow-up screening is not completed as an outpatient, and the patient is readmitted within a year, the screening process will begin at that time and the patient will be placed directly into Contact Precautions.

### **MRSA (Methicillin-Resistant Staphylococcus aureus)**

If MRSA is isolated from a clinical culture (i.e., sputum, wound, urine, blood) or a nasal swab, the patient will be placed in Contact Precautions and flagged in Soarian.

- For positive clinical cultures:
  - One week after the initial positive test, order an "MRSA Screen" from the original positive site.
  - If the original site is not able to be re-cultured, collect a nasal swab and order an "MRSA Screen"
  - Two consecutive negative "MRSA Screens" collected a week apart are necessary for patients to be unflagged and Contact Precautions discontinued.
    - i.e., urine culture from 9/1 has MRSA; on 9/8 send urine for "MRSA Screen"—this comes back negative for MRSA; so on 9/15 send another urine for "MRSA Screen"—if this comes back negative the patient can be unflagged.
- For positive nasal screens only:
  - The patient will remain in Contact Precautions for the duration of their admission. (no additional screens will be collected)
  - Upon discharge, a letter will be faxed to the physician stating that the patient needs two consecutive negative MRSA nasal screens collected a week apart.
  - If patient is readmitted within a year, and the screening tests were not done as an outpatient, the patient will be placed in Contact Precautions and a nasal swab for an "MRSA Screen" should be ordered. At this point, the patient will need two consecutive negative MRSA nasal screens to be unflagged.

### **VRE (Vancomycin Resistant Enterococcus sp.) or Van C Strain (Vancomycin Intermediate)**

If VRE is isolated from a clinical culture or a stool/rectal swab, the patient will be placed in Contact Precautions and flagged in Soarian.

- For positive clinical cultures:
  - One week after the initial positive test, collect a specimen from the original site AND a stool or a rectal swab and order “VRE Screens” for both. *These specimens must be paired*—collected on the same day.
  - If the original site is unable to be recultured, collect a stool or rectal swab and order a “VRE Screen”.
  - Three consecutive negative paired “VRE Screens” collected a week apart are needed for the patient to be unflagged and Contact Precautions discontinued.
  - Scenario 1:
    - 9/1 urine culture has VRE;
    - 9/8 send urine and stool both for VRE Screens—both come back negative for VRE;
    - 9/15 send urine and stool for VRE Screens—both come back negative for VRE;
    - 9/22 send urine and stool for VRE Screens—both come back negative for VRE—patient can be unflagged and Contact Precautions discontinued.
  - Scenario 2:
    - 9/1 urine culture has VRE;
    - 9/8 send urine and stool for VRE Screens-both come back negative for VRE;
    - 9/15 send urine and stool for VRE Screens—urine is negative but stool is positive—you now need to re-start the process since this was positive
    - 9/22 send urine and stool for VRE Screens
- For positive stool/rectal swab VRE only
  - One week after initial positive test, send stool or rectal swab for a “VRE Screen”.
  - Three consecutive negative stools or rectal swab “VRE Screens” are needed for patient to be unflagged and Contact Precautions discontinued.

### **KPC (Carbapenemase-producing Klebsiella pneumonia)**

If KPC is isolated from any source, the patient will be placed in Contact Precautions and flagged in Soarian.

For the patient to be unflagged and Contact Precautions discontinued, the patient needs two consecutive negative site-specific “KPC Screens” collected a week apart.

If the original site is unable to be re-cultured, the patient will remain in Contact Precautions for the duration of their admission. If the patient is readmitted within a year,

the patient will be placed in Contact Precautions. For these patients, the flag will be removed one year after the original positive test.

**MDR Acinetobacter baumannii (or any other type of MDR-Gram negative rod)**

If a multi-drug resistant gram negative rod is isolated from a clinical culture, the patient will be flagged and placed in Contact Precautions.

Two consecutive negative site-specific cultures are needed for the patient to be unflagged and Contact Precautions to be discontinued.

If the original site is unable to be recultured, the patient will remain in Contact Precautions for the duration of their admission.

There is no specific screening test that is able to be ordered. So, you must order a regular culture (depending on the site) and request that the lab “check for MDR-\_\_\_\_\_”

For example:

- Urine has MDR-Acinetobacter baumannii—one week later, order a urine culture and add comment to “check for MDR-Acinetobacter baumannii”
- Sputum has MDR Acinetobacter baumannii—one week later, order a lower respiratory culture and add comment to “check for MDR Acinetobacter baumannii”

**ESBL (Extended Spectrum Beta Lactamase producers)**

Patients with the following bacteria that are ESBLs will be flagged and placed in Contact Precautions. The result in Soarian will include the comment that “Patient should be placed in Contact Precautions”.

- E. coli
- Klebsiella species
- Proteus mirabilis
- Acinetobacter species
- Enterobacter species

Patients with these ESBL organisms in a culture will require two consecutive negative tests from the original positive site collected a week apart in order to be unflagged and discontinue Contact Precautions. If the original site is not able to be recultured, the patient will remain in Contact Precautions for the duration of their admission.

As of this time, there is no specific screen test for ESBLs. So you will need to order a routine culture and add the comment to “check for\_\_\_\_\_ESBL”.

For example:

- Urine has E. coli-ESBL producer. One week later, order a “urine culture” and add the comment to “check for E. coli-ESBL”.

- Sputum has Klebsiella pneumonia-ESBL producer. One week later, order a lower respiratory culture and add the comment to “check for Kleb pneumo-ESBL”
- Sacral wound has Proteus mirabilis-ESBL producer. One week later, order a routine wound culture and add comment to “check for Proteus mirabilis-ESBL”

### **C. diff (Clostridium difficile)**

Patients are placed in Contact Precautions when a C. diff test is ordered.

- Contact Precautions may be discontinued
  - if the patient has been diarrhea-free for 48 hours
- OR**
- If the test is negative.
- Follow-up C. diff testing is not recommended for C. diff positive patients.

Patients who are in Contact Precautions for C. diff are NOT flagged in Soarian.

Patients with “complicated C. diff” will remain in Contact Precautions for the duration of their admission. A complicated C. diff case is defined as a patient with diarrhea and who tests positive for C. diff, in addition to having one of the following:

- white blood cell count greater than 25,000,
- renal failure with creatinine >2,
- intestinal thickening, ascites, or toxic megacolon seen on CT, or
- colectomy related to C. diff

Infection Control will track these patients and notify nursing, as well as noting in Soarian under Nursing Communication when Contact Precautions must continue.