



2016 e Infection Control newsletter # 10 - November

Managing Multi Resistant Organisms Policy

In each of the 10 e newsletters for 2016, I preview a policy template. There are 14 policy templates available for purchase for you to complete yourself or with my assistance - see website. Policy includes procedures and resources.

PREAMBLE

- 1.1 Multi-resistant *Staphylococcus aureus* (MRSA), community-acquired MRSA (CAMRSA), vancomycin-resistant *Enterococcus* and multi-resistant gram-negative bacteria (MRGNB) are some bacteria that presenting patients may be colonised and/or infected with. They are collectively referred to as Multi Resistant Organisms (MROs)
- 1.2 Hospital stay and residential care is not a prerequisite for patients to acquire these microorganisms. Community acquired MROs from previous antibiotic usage is the main prerequisite.
- 1.3 Other associated microorganisms include *C. difficile*, a cause of severe diarrhoea associated with antibiotic use.
- 1.4 Health care workers (HCWs), while not generally at risk from becoming infected with MROs may transmit them through poor hand hygiene to vulnerable others who may become colonised with such bacteria. Should these patients later require surgery etc, they are more likely to become infected with their colonising MRO.
- 1.5 There are current Australian national guidelines¹ to inform on managing MROs. This practice follows these.

2. POLICY

- 2.1 Staff are trained to provide appropriate infection control measures for a patient known or suspected of being colonised and/or infected with an MRO such as MRSA or *C. difficile*.
- 2.2 Staff use alcohol based handrub (ABHR) in preference to plain soap because MROs are not sufficiently removed or inactivated with a single plain liquid soap wash. If hands are visibly dirty, then they are washed instead. Washing is always performed before food/drink and after toilet regardless of presence of MROs.
- 2.3 When *C. difficile* diarrhoea is suspected, ABHR is not used because it is not effective against its spores. Hand washing with plain liquid soap is adequate.
- 2.4 Materials and resources are provided so that staff can adequately clean and decontaminate surfaces and equipment after MRO patients complete treatment.
- 2.5. A suitable disinfectant wipe is used to decontaminate clean surfaces i.e. wound trolleys, chair rests, treatment couch after suspect /known MRO patients and wound care procedures. To be effective, the surface must remain wet for the specified time.
- 2.6. Procedures, resources, references and notes to assist policy interpretation for management of patients with MROs are found attached to this policy.

¹ Australian Guidelines for the prevention and control of infection in healthcare (NHMRC 2010).