



Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

1 WEST WILSON STREET
P O BOX 2969
MADISON WI 53701-2969

Telephone: 608-266-8481
FAX: 608-267-0352
TTY: 888-241-9432
dhs.wisconsin.gov

Date: November 7, 2008 DQA Memo 08-025

To: Adult Family Homes AFH 14
Community-based Residential Facilities CBRF 14
Residential Care Apartment Complexes RCAC 13

From: Kevin Coughlin, Director
Bureau of Assisted Living

Via: Otis Woods, Administrator
Division of Quality Assurance

Guidelines for Managing MRSA (Methicillin-Resistant Staphylococcus Aureus)

This memo provides guidance for managing MRSA when present in residents of assisted living facilities, including Community-based Residential Facilities (CBRFs), Adult Family Homes (AFHs) and Residential Care Apartment Complexes (RCACs). This memo will specifically address MRSA as the most commonly encountered multidrug-resistant organism encountered in assisted living.

BACKGROUND

MRSA is a form of staph bacterium that can cause serious infection and is known to have developed resistance to the more commonly used antibiotics, which makes infections caused by MRSA difficult and costly to treat. The increasing prevalence of MRSA led providers to ask questions of the Division of Quality Assurance (DQA) about the care of residents diagnosed with MRSA. Assisted living facilities can safely care for these residents and prevent transmission by implementing appropriate infection control practices. Isolation of residents colonized or infected with MRSA may not be necessary as long as the source of infection can be contained. With wounds, this means controlling drainage by keeping a clean, dry bandage over the wound. Limited movement outside the resident’s room is indicated only if the source of infection cannot be contained. Any resident with uncontained body secretions or wound drainage, regardless of diagnosis / infection status, should have limited movement outside his/her room until secretions/drainage can be contained.

DEFINITIONS

“Colonization” means that the organism is present in or on the body but is not causing illness. Usual sites include the nose, skin, lungs and bladder. Nasal colonization with MRSA can occur either permanently or intermittently in many persons with histories of MRSA infection. Colonized persons are sources of transmission.

“Contact Precautions” are used in addition to standard precautions and are designed to prevent the spread of infection by direct or indirect contact with the resident or the resident’s environment. Contact Precautions are indicated for residents with active MRSA infections and when a resident with an active MRSA infection has uncontrolled wound drainage or difficulty controlling body fluids. Contact Precautions consist of a private room for the resident with active MRSA, when possible, and the wearing of gown and gloves by staff for all interactions that may involve contact with the resident or with potentially contaminated areas in the resident’s environment. Staff don gown and gloves upon resident room entry, remove them before exiting the resident’s room and perform hand hygiene immediately upon exiting.

“Infection” means that the organism has penetrated tissue and is causing illness such as a boil or abscess on the skin, pneumonia in the lungs, a urinary tract infection or an infection in the bloodstream. Infected persons are sources of transmission.

“Personal Protective Equipment (PPE)” is defined by the Occupational Safety and Health Administration (OSHA) as “specialized clothing or equipment worn by an employee for protection against infectious materials.” Types of PPE include gloves, gowns, masks, goggles and face shields.

“Standard Precautions” are the infection control strategies to prevent transmission of known or unknown infectious agents when giving personal care to **all** residents when contact with blood, body fluids, secretions and excretions (except sweat), non-intact skin and mucous membranes is anticipated. In addition to hand hygiene, depending on the anticipated exposure, standard precautions also include the use of personal protective equipment, laundry/linen handling techniques, waste disposal, cleaning/disinfection, respiratory hygiene/cough etiquette and safe injection practices. The application of Standard Precautions during resident care is determined by the nature of the staff – resident interaction and the extent of anticipated contact with blood, body fluids, secretions and excretions, non-intact skin and mucous membranes. For some interactions, only gloves may be needed; during other interactions, use of additional personal protective equipment (PPE) may be needed.

PRECAUTIONS TO PREVENT TRANSMISSION OF MRSA WHEN A RESIDENT HAS THE FOLLOWING:

Nasal Colonization with MRSA

- Standard Precautions

Contained MRSA Wound Drainage, Body Secretions or Excretions

- Standard Precautions
- Private room for resident with active MRSA infection. If a private room is unavailable, the roommate should be another resident who also has MRSA or who is at low risk of becoming infected. The roommate should not have an open wound or an indwelling device such as an IV, catheter or feeding tube.
- Promotion of hand hygiene practices by resident in the following situations: after using the restroom, after coughing/sneezing, before eating, before leaving his/her room and before participating in social activities.
- Resident’s clothing should be clean and free of body fluids before leaving his/her room.

- Individual (dedicated) use of medical equipment or care items, when possible, or proper disinfection of all medical equipment or care items shared by residents.
- Routine cleaning/disinfection of high touch surfaces and common areas.
- In multi-resident rooms, it is recommended to maintain a ≥ 3 feet separation between beds to reduce the opportunities for inadvertent sharing of items between the infected/colonized resident and other residents.
- Prevention of cross-contamination. Staff caring for a resident colonized or infected with MRSA should practice meticulous hand hygiene before and after care delivery to the infected/colonized resident and before and after delivering care to the resident's roommate.

Non-contained MRSA Wound Drainage, Secretions or Excretions

- Contact precautions in addition to standard precautions.
- Private room for resident with active MRSA infection. If a private room is unavailable, the roommate should be another resident who also has MRSA or who is at low risk of becoming infected. The roommate should not have any type of open wound or indwelling device such as a Foley or IV catheter or feeding tube.
- Limited movement by resident outside of his/her room. If resident does leave the room, ensure that the source of infective material is adequately covered and all secretions are contained.
- Gloves must be worn when entering the resident's room. Change after contact with infected material, perform hand hygiene and re-glove to continue with care or have contact with other items in the room. Remove gloves and perform hand hygiene before leaving the room.
- In addition to gloves, gowns must be worn when entering the resident's room if skin or clothing will have contact with the resident, uncontained wound drainage, secretions or excretions or potentially contaminated areas in the resident's environment. Remove gown before leaving the room.
- Individual (dedicated) use of medical equipment or care items, when possible, or proper disinfection of all medical equipment or care items shared by residents.
- In multi-resident rooms, it is recommended to maintain a ≥ 3 feet separation between beds to reduce the opportunities for inadvertent sharing of items between the infected/colonized resident and other residents.
- Prevention of cross-contamination. Staff caring for a resident colonized or infected with MRSA should practice meticulous hand hygiene before and after care delivery to the infected/colonized resident and before and after delivering care to the resident's roommate.
- Ensure that the rooms of residents on Contact Precautions are prioritized for daily cleaning with a focus on frequently touched surfaces to include equipment in the immediate vicinity of the resident.

FURTHER INFORMATION

The information in this memo was adapted from the Centers for Disease Control and Prevention and from the Wisconsin Department of Public Health. Refer to the sources listed for further detailed information.

ADDITIONAL RESOURCES

[Guideline for Hand Hygiene in Health-Care Settings](#)

[Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006](#)

[Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#)

[Community Associated Methicillin Resistant Staphylococcus Aureus \(CA MRSA\) Guidelines for Clinical Management and Control of Transmission](#)

[Wisconsin Division of Public Health, Bureau of Communicable Diseases and Preparedness -Guidelines for Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings](#)

[Selected EPA-registered Disinfectants](#)