

# Newborn Critical Care Center (NCCC) Clinical Guidelines

## Methicillin Resistant *Staphylococcus aureus* (MRSA) Protocol and Guideline for Isolation Precautions

Refer to the following links for most current guidance:

- [Isolation Precautions \(policystat.com\)](http://policystat.com)
- [Women's Hospital Maternal Units \(3WH, L&D, 5WH, NBN & NCCC\): Recommendations from Infection Prevention \(policystat.com\)](http://policystat.com)

### SURVEILLANCE

- Perform surveillance cultures of nares and perineum of all patients admitted from an outside hospital who are  $\geq 48$  hours old.
- Bimonthly surveillance is performed for all non-MRSA colonized patients > 1 day old. Dates coordinated by Infection Prevention.

### CONTACT PRECAUTIONS AND MRSA/ORSA

- Infants born to mothers with **known colonization or infection** with MRSA/ORSA should be placed on **Contact Precautions**.
- All infected or colonized patients should be placed on **Contact Precautions** in an isolation room.
- Infants may be housed rooming in with the mother on Contact Precautions when admitted to Labor and Delivery or NBN/5WH.
- If cared for in the nursery, pediatric floor or the NCCC, the infant will be placed on Contact Precautions in an isolation room.
- In the event that one twin becomes colonized with MRSA/ORSA there are several options which could be implemented, depending on the specific situation with the input of Hospital Epidemiology:
  1. Colonized twin in isolation and non-colonized twin empirically isolated and no further screening of the non-colonized twin for acquisition, **OR**
  2. Colonized twin in isolation, non-colonized twin not isolated with weekly screening for potential acquisition

**AND**

Parents/visitors required to gown/glove with colonized twin to reduce risk of MRSA/ORSA acquisition to non-colonized twin

### COHORTING OF INFANTS DUE TO OUTBREAK

- Infection Prevention should be notified as soon as possible by calling 984-974-7500.
- If number of patients with MRSA exceeds the number of available isolation rooms, contact Infection Prevention and consider cohorting in a single pod.
- In the event of a suspected epidemic, (e.g., viral respiratory diseases or *Staphylococcal* outbreak) the isolation of colonized or infected infants from non-colonized and non-infected infants will be done by cohorting patients in the affected pod.
  - Known colonized or infected infants will be placed in the designated pod or moved to isolation rooms and no other infants will be admitted to the area until all the infected infants have been discharged.
  - All non-exposed infants and new admissions will be admitted to any of the unaffected pods.

- In the event of an outbreak, any or all of the CDC enhanced measures may be utilized to control the outbreak.
- Infection Prevention should be notified prior to performing any unit surveillance testing.

## **DISCONTINUING CONTACT PRECAUTIONS DURING HOSPITALIZATION**

Discontinuing contact precautions during hospitalization is rare in the NCCC but may be considered for infants with prolonged hospitalization. For information regarding discontinuing isolation, refer to the Infection Prevention [Isolation Precautions Policy \(policystat.com\)](http://policystat.com)

*These guidelines do not apply to patients with cystic fibrosis. All patients with Cystic Fibrosis must be placed on Contact Precautions regardless of colonization with or without MDROs (multidrug resistant organisms).*

## **MRSA Positive Mother or Primary Care Giver of NCCC Patient**

### **MRSA in NCCC/NBN Parent**

#### **Providers need to do the following:**

- Clearly express to the parents the risks to the infant (exposure to MRSA from the family members may cause colonization, infection, and death)
- Explain to the family that hand hygiene can help prevent colonization recurrence in the infant
- Document this conversation in the infant's chart
- Validate that the following precautions are understood and followed by the colonized visitors and the nursing staff
- Maintain orders to keep the infant on Contact Precautions, as recolonization may occur after visitation

#### **Nursing staff need to do the following:**

- Follow Contact Precautions while caring for the infant, as if they are known to be colonized
- Follow and enforce optimal hand hygiene for anyone involved inside
- Educate the family about MRSA/ORSA and Contact Precautions in NCCC and document education in EPIC

#### **Colonized family members need to do the following:**

- Perform hand hygiene before touching the phone to gain access to NCCC
- Visitation occurs only in the isolation room
- Family members are not allowed to visit other patients in NCCC
- Colonized family members will be encouraged to protect others by staying in the baby's isolation room until they are ready to go home for the day
- The colonized visitor will perform hand hygiene before touching the infant and before leaving the isolation room

**References:**

1. Mutto CA et al, SHEA guideline for preventing nosocomial transmission of multidrug-resistant strains of *S. aureus* and *Enterococcus*. ICHE 2003; 24:362-386
2. Vriens, MR et al. Methicillin-resistant *Staphylococcus aureus* carriage among patients after hospital discharge. ICHE 2005; 26: 629-633
3. Ridenour, GA, Wong ES, Call MA, Climo MW, Duration of colonization with methicillin-resistant *Staphylococcus aureus* among patients in the intensive care unit: implications for intervention.
4. Marshall J, Muhlemann, K, Duration of methicillin resistant *Staphylococcus aureus* carriage, according to risk factors for acquisition. ICHE 2006; 27, 1206-1212.
5. Scanvic A, Denic L, Gaillon S, Giry P, Andremont A, Lucet JC, Duration of colonization by methicillin-resistant *Staphylococcus aureus* after hospital discharge and risk factors for prolonged carriage. CID 2001; 32: 1393-1398

Adapted from UNC Healthcare Isolation Precautions Policy and [Women's Hospital Maternal Units \(3WH, L&D, 5WH, NBN & NCCC\): Recommendations from Infection Prevention](#)