To Isolate or Not Isolate

Are current recommendations for contact isolation in the setting or MDROs working?

Lynda Watkins, MPH, BSN RN, CIC
Infection Preventionist
In acute-care hospitals, implement Contact Precautions routinely for all patients infected with target MDROs and for patients that have been previously identified as being colonized with target MDROs (e.g., patients transferred from other units or facilities who are known to be colonized). Category IB
Isolation measures in the hospital management of methicillin resistant Staphylococcus aureus (MRSA): systematic review of the literature

- **Conclusion:**
  Major methodological weaknesses and inadequate reporting in published research mean that many plausible alternative explanations for reductions in MRSA acquisition associated with interventions cannot be excluded. No well designed studies exist that allow the role of isolation measures alone to be assessed. None the less, there is evidence that concerted efforts that include isolation can reduce MRSA even in endemic settings. Current isolation measures recommended in national guidelines should continue to be applied until further research establishes otherwise.

  Cooper, et al; BMJ 2004;329:533
Conclusion:
This systematic review identified key gaps in the literature including a need for greater monitoring of implementation of the interventions, more cost analyses of interventions, determining the independent contribution of specific interventions, and identifying the minimum interventions needed to reduce transmission.
Adverse outcomes associated with contact precautions:  
A review of the literature

Conclusion:

Although CP are recommended by the Centers for Disease Control and Prevention as an intervention to control spread of MDROs, our review of the literature demonstrates that this approach has unintended consequences that are potentially deleterious to the patient. Measures to ameliorate these deleterious consequences of CP are urgently needed.

Morgan, et al;  
AJIC: American Journal of Infection Control - March 2009 (Vol. 37, Issue 2, Pages 85-93)
Ethical Implications of Active Surveillance Cultures and Contact Precautions for Controlling Multidrug Resistant Organisms in the Hospital Setting

Conclusion
ASC-CP is a complex intervention that poses ethical implications at every level of the healthcare system. By focusing only on a single potentially positive outcome of an intervention, as most proponents of ASC-CP have done, there exists the possibility of reducing the overall quality of care for many individuals, including those who are not colonized or infected with MDROs.

Conclusion:
…..Most importantly, there is good evidence that a less restrictive alternative exists that has the advantage of being universally applicable and acting at multiple sites in the chain of events leading to HAI. For this reason, efforts to improve hand hygiene should be prioritized by all hospitals. If those efforts are successful, the role for contact isolation will be limited.
New Rules for Contact Precautions
Contact Precautions will be instituted for patients who have:

1. Diarrhea known or suspected to be infectious or toxin-mediated (eg C-diff), or diarrhea in a patient who is incontinent of stool, as detailed below:
   a. Known infectious cause of diarrhea, even if patient is continent of stool or stool is contained in a diaper or device.
   b. Patient is being tested for C. difficile or other form of infectious diarrhea
   c. Patient is incontinent of stool regardless of cause unless the stool is effectively contained in an incontinence brief or fecal collection device.

2. Draining wound that is not, or cannot be completely covered with a sealed dressing that contains the drainage (regardless of organism or infection)

3. Uncontrolled uncontained respiratory secretions (most commonly in trached patients, regardless of organism)

4. Selected specific infectious diseases (See “Isolation Guidelines 2007 for Specific Diseases” on the Infection Prevention Intranet Site)
Contact Precautions require all of the elements of Standard Precautions, and in addition require the following:

- Patient must be in a private room (door may be left open)
- Gloves must be worn by staff whenever they enter the room.
- Gowns must be worn by staff when they enter the room unless there will be NO contact with the patient or the patient’s environment.
- Dedicated patient care equipment must be used when available. If dedicated equipment is not available, equipment must be disinfected between patients.
- Limit transport and movement of patients outside of the room to medically necessary purposes.

***Contact Precautions may be discontinued when signs and symptoms have resolved for at least 24 hours or according to disease-specific recommendations, whichever is later.

Note: According to Standard Precautions gloves and gown are required for any contact with stool or items contaminated with stool.
STANDARD PRECAUTIONS

A simple, consistent and effective approach to infection control

Handwashing
Use of gloves
Personal protective equipment
Use of fluid resistant gown or apron

Minimise contact with blood and body substances by utilising safe work practices and protective barriers.

STANDARD PRECAUTIONS APPLY TO ALL PATIENTS

http://www.uow.edu.au/content/groups/public/@web/@health/documents/mm/uow025316.jpg
Questions/Discussion?