

	<p>POLICIES & PROCEDURES</p> <p>Number: 40-110</p> <p>Title: Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) – Acute Care</p>
<p>Authorization: [] SHR Regional Infection Prevention & Control Executive Committee</p>	<p>Source: Infection Prevention & Control Date Initiated: May 1, 2001 Date Reaffirmed: October 2014 Date Revised: June 2016 Scope: SHR & Affiliates</p>

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Introduction

Staphylococcus aureus is a gram-positive bacteria, which forms a part of the normal flora found on skin and mucous membranes. Methicillin-resistant *Staphylococcus aureus* (MRSA) is a strain that has developed resistance to some antibiotics. A person who is colonized or infected with this organism may serve as a reservoir for MRSA, which could then be the source for infection transmitted to other persons. Infection can occur when MRSA is associated with tissue invasion. Common sites of infection are urine and surgical wounds, invasive devices and soft tissue wounds. Less common infections are bacteremia and pneumonia. Refer to [MRSA Fact Sheet](#).

Definitions

Cohort:

- Two or more clients colonized or infected with the same organism who are separated physically (i.e., in a separate room or ward) from other clients who are not colonized or infected with that organism.

Spatial Isolation:

- Separation by distance (minimum of 2 meters) and/or physical barriers (privacy curtains).

Policy

1. In addition to Routine Practices, use Contact Precautions for clients known to be infected or colonized with MRSA. Please refer to unit-specific policies for NICU and inpatient mental health.
2. **In acute care (Inpatient areas)** - in addition to Routine Practices, use Contact Precautions for contacts of newly identified positive clients known to be infected or colonized with MRSA. Contacts are defined as:
 - a. All roommates who have resided in the same room as the newly identified ARO client for 24 hours and greater.
 - a. A client admitted (for 24 hours and greater) to the bed of a transferred or discharged client who is a newly identified ARO case prior to knowing their positive ARO status. See handout – [Contacts of an Antibiotic Resistant Organism – Client, Family & Visitor Information](#).

3. **In acute care (Outpatient areas including Emergency)** – If a client is identified as a contact of a newly identified positive client known to be infected or colonized with MRSA, the client **is not placed** on additional precautions unless the client stay is greater than 24 hours. If the client's stay is 24 hours or greater and/or they are admitted, the client **is placed** on additional precautions. If the client is admitted to an inpatient area, the inpatient area needs to be informed that the client requires additional precautions (see "In acute care (Inpatient areas)"). Outpatient areas are required to proceed with screening of MRSA whenever possible. See [Appendix A – Retesting Process to Clear MRSA Positive Status – Acute Care](#).
4. **In long term care** – Consult with Infection Prevention and Control for direction of contacts of newly identified positive residents known to be infected or colonized with MRSA. Refer to the [40-115 MRSA – Long Term Care Facility](#) Policy.
5. In addition to Routine Practices, use Droplet and Contact Precautions for clients known to have MRSA in their sputum and in whom MRSA may be aerosolized during care. See Procedure #4.
6. Clients identified as MRSA positive will have their health records flagged by Infection Prevention and Control so that at each admission/visit to the health care facility, appropriate additional precautions can be initiated.

Purpose

1. To protect the clients, visitors and healthcare workers by preventing and controlling the spread of MRSA throughout the facility by identifying and interrupting the specific route of transmission.
2. To prevent the transfer of genetic traits of Vancomycin resistance to MRSA and avoid the development of Vancomycin-resistant *Staphylococcus aureus*.

Procedure

1. Identification of MRSA positive status in clients
 - Nursing completes the [60-30 Appendix A - Admission Screening Medical Directive](#). Refer to [60-30 Screening for Antibiotic Resistant Organisms \(AROs\) – Medical Directives](#) Policy and Procedure in the Infection Prevention and Control Manual (acute care only).
 - Identify clients placed on additional precautions by attaching appropriate precaution sticker to the inside of the chart cover (acute care only).
 - The additional precautions stickers can be ordered through Stores/Materials Management (Contact Precautions - SKU # 201037; Droplet Precautions - SKU # 201038)
 - Nursing notifies Infection Prevention and Control of out-of-region clients identified as MRSA positive.
 - Microbiology lab will notify Infection Prevention and Control and the nursing unit of newly identified inpatients with MRSA.
 - Microbiology lab will notify Infection Prevention and Control and the attending physician of newly identified outpatients with MRSA.
2. Client Placement
 - Place the client in a single room with private bathroom.
 - Post [Contact Precautions](#)* sign (SHR Printing #102106) or [Droplet and Contact Precautions](#)* sign (SHR Printing #102107).
 - The dedicated Personal Protective Equipment (PPE) station must be placed away from any possible sources of contamination such as sinks and sharps containers.

- The dedicated PPE station such as a supply cart needs to be properly stocked and must be located outside the room. Supplies should include:
 - Outside the room:
 - Alcohol-based hand rub (ABHR)
 - Gloves (3 sizes)
 - Clean gowns
 - Masks/face shield as required
 - Hospital grade disinfectant
 - Inside the room:
 - Waste basket
 - Dirty hamper
 - ABHR
- Attach the additional precaution sticker to the inside of the chart
 - The additional precautions stickers can be ordered through Stores/Materials Management (Contact Precautions – SKU # 201037; Droplet Precautions – SKU # 201038; Airborne Precautions – Request by contacting Infection Prevention and Control).
- If single room is unavailable, use of spatial isolation or cohorting may be necessary;
 - Post [Contact Precautions](#)* sign (SHR Printing #102106) or [Droplet and Contact Precautions](#)* sign (SHR Printing #102107) on privacy curtain.
 - Keep privacy curtain pulled, if possible. The inside of the curtain is considered client environment and the outside of the curtain healthcare environment.
 - The cart with clean supplies is placed outside the privacy curtain, where gown, gloves and/or masks/face shields are donned.
 - The linen hamper and waste basket are placed inside the privacy curtain, where gown, gloves and/or masks/face shields are removed.
- If cohorting and/or using spatial isolation:
 - A. Place clients who are colonized or infected with the same organism (MRSA) together:
 - Cohort and spatially isolate the clients with the **lowest** risk of transmission:
 - continent,
 - good hygiene
 - skin lesions or wounds covered by dressings
 - able to control respiratory secretions
 - capable of self-care and able to comply with infection control precautions
 - Conditions that increase risk of transmission:
 - Presence of excessive wound drainage
 - Fecal incontinence
 - All other discharges (secretions & excretions) from the body
 - **Vulnerable clients to colonization or infection are those clients with:**
 - Severe diseases especially those who are immunocompromised or who have underlying medical conditions (i.e., organ transplant, hematopoietic stem cell transplant)
 - Special care (i.e., ICU, burn, hemodialysis, cystic fibrosis, and chemotherapy)
 - Recent surgery
 - Indwelling medical devices (i.e., urinary catheter, central venous line and endotracheal tubes)
 - Open draining wounds
 - B. Identify the MRSA clients with the least risk of transmission in private rooms and cohort them using spatial isolation (as noted above) in the same room. The client with the highest risk of transmission will be placed in a private room.
 - C. Clients who are **NOT** colonized or infected with the same organism:
 - Consult with Infection Prevention and Control

3. Hand Hygiene

- Perform hand hygiene as per [20-20 Hand Hygiene](#) policy in the Infection Prevention & Control manual using either alcohol-based hand rub (ABHR) or liquid soap and water.
- Client's hands should be cleansed before and after eating, and after going to the bathroom, assist the client if needed.

4. Personal Protective Equipment

a) Gloves and Gown

- Always perform hand hygiene before donning and doffing gloves and/or gown.
- Glove and gown for all direct contact with the client or the environmental surfaces.
- Choose a glove suitable for the task. Change gloves and perform hand hygiene after contact with infectious material that may contain high concentrations of microorganisms.
- Gowns are single use only. Remove if immediately wet.
- Perform hand hygiene before leaving the room.
- Avoid contact with environmental surfaces when leaving the room.
- See [20-150 Personal Protective Equipment - Donning and Doffing](#) policy.

b) Wear a mask/face shield when:

- The client has pneumonia and is sputum positive for MRSA
- Suctioning and care of clients with a tracheostomy colonized or infected with MRSA.
- There is likelihood of aerosolization from sputum positive for MRSA
- There is the likelihood of aerosolization from wound drainage positive for MRSA
- Always perform hand hygiene before donning and doffing mask/face shield
- See [20-150 Personal Protective Equipment - Donning and Doffing](#) policy.

5. Client Transportation

- Ensure the Additional Precautions sticker is on the inside of the client chart.
- Notify receiving department that Contact Precautions or Droplet and Contact Precautions are required.
- Lay chart on clean towel if placing on client's lap or bed or bag chart.
- Glove and gown for transport of client and when anticipating direct contact with client.
- Don mask/face shield for transport of a client on Droplet and Contact precautions.
- Avoid contact with surfaces en route. Use elbow to push elevator buttons.
- Use clean sheet to cover client.
- When using unit's wheelchair disinfect before using for next client.
- Clean equipment with a hospital disinfectant.
- Transportation of the client to other departments should be limited to essential procedures only.
- Have client perform hand hygiene prior to leaving their room.
- When leaving their room the client must have on a freshly laundered gown/housecoat. Gloves are not required.

6. Client Activities

- Limit client activities to necessary tests, therapies and exercise. Avoid common areas like kitchen, TV and play rooms. Refer to handout: [Contact Precautions – Client, Family & Visitor Information](#) or [Droplet and Contact Precautions – Client, Family & Visitor Information](#).

7. Client Care Equipment

- Remove unnecessary items by limiting the amount of supplies taken into the room to avoid unnecessary waste at client's discharge.
- Dedicate noncritical client-care equipment to a single client (i.e., stethoscope, blood pressure cuff, tourniquet, vacutainer, laundry hamper stand, walker and commode).
- Any equipment that comes in direct contact with the client shall be wiped with a hospital disinfectant.
- If sharing of equipment is unavoidable, clean and disinfect between clients.
- Dietary trays from clients on Contact Precautions or Droplet and Contact Precautions can be placed on tray carts. Dietary transport carts are washed after each use.
- Dietary trays from clients on Contact Precautions or Droplet and Contact Precautions left after pickup by food and nutrition staff should be bagged and left for pick up in a designated area if they cannot be left in the room until next pick up.
- Gloves should be worn for pickup of dietary trays of clients on additional precautions.

8. Visitors

- Instruct visitors regarding hand hygiene before and after client contact and/or entering or exiting the client room.
- Gowns and gloves are not required unless the visitor provides direct care (i.e., feeding, bathing, toileting, transferring, etc.). If client is MRSA sputum positive, visitors must wear a mask/face shield within 2 meters of client.
- Refer to the information handout - [Contact Precautions – Client, Family & Visitor Information](#) or [Droplet and Contact Precautions – Client, Family & Visitor Information](#).

9. Client and Family Teaching

- Clients should understand the nature of their infectious process and the precautions being used, as well as the prevention of transmission of MRSA to other clients, family and friends during their hospital stay and upon their return to the community. Provide the client information handout - [Contact Precautions – Client, Family & Visitor Information](#) or [Droplet and Contact Precautions – Client, Family & Visitor Information](#).
- Infection Prevention and Control may be called to assist with education on MRSA's.
- Refer to [MRSA Fact Sheet](#).

10. Environmental Cleaning

- Room cleaning is performed while wearing PPE for additional precautions.
- Following discharge or discontinuation of precautions:
 - Contact Precaution sign or Droplet and Contact Precaution sign shall remain in place and Environmental Services will remove sign once cleaning completed.
 - Wear PPE for Contact or Droplet and Contact Precautions.
 - Privacy curtains should be changed.
 - A precaution clean is performed for all clients who are on additional precautions.

11. Cultures

MRSA positive clients: Testing for Clearance:

- **Three** consecutive sets of negative samples from all colonized/infected body sites; (in most cases this would be nares and groin swab), taken a week apart are required to remove from precautions. Refer to [Appendix A - Retesting Process to Clear MRSA Positive Status – Acute Care](#).

- After a client has tested positive for MRSA, we generally wait for at least 3 months before testing.
- Clients who have had cultures done within the previous month do not require repeat cultures unless a new infection is present, the person's health has changed, or at the discretion of Infection Prevention and Control.
- Follow up cultures should be assessed on an individual basis in consultation with the Infectious Disease Physician and/or Infection Prevention and Control.
- After the client has been deemed negative, swabs will be repeated monthly for up to six months as long as the client remains in hospital.

Other Considerations:

- It may be inappropriate for some clients to have their groin swabbed. In that case their axilla instead of the groin can be swabbed.
- Clients must be off antibiotics to which the MRSA is susceptible for at least 48 hours prior to swabbing. The usual antibiotics are Trimethoprim/Sulfamethoxazole (Cotrimoxazole, Bactrim, Septra), Clindamycin, Vancomycin, Linezolid, Daptomycin, Mupirocin, Fusidic Acid, Bacitracin, Rifampin, Telavancin, Tigecycline,
- The use of antibacterial soaps (i.e., Chlorhexidine) should be avoided for at least 48 hours prior to swabbing so as not to interfere with culture results.
- Cultures are to be taken from the nares and groin area as well as any other documented positive sites (i.e., wounds)
- When urine is the original positive site, always obtain a groin swab, not urine.

Contacts of newly identified MRSA clients:

- Two consecutive sets of negative samples one week apart (nares, groin) are required to remove from precautions. Refer to [Appendix B – Testing Process for Contacts to a Newly Identified MRSA – Acute Care](#).

Admission Screening Cultures:

- Admission screens are a Medical Directive. See [60 - 30 Appendix A – Admission Screen Medical Directive](#).

Specimen Collection:

- See [60-30 Appendix C - Specimen Collection Guide](#).

12. Bioload Reduction

All clients over the age of two (2) months identified to be colonized or infected with MRSA should bath/shower daily with Chlorhexidine Gluconate (CHG) 2% liquid soap (SKU # 201605) or pre-moistened disposable washcloths (SKU # 212127). The use of CHG 2% soap decreases the number of bacteria on the skin and thus the risk of transmitting the bacteria in the environment.

- Do not use on mucous membranes (including perineal area), head, face, eyes, ears or mouth. Wounds which involve more than superficial layers of skin should not be routinely treated.
- Compatible body lotions may be used to prevent excessive drying of the skin.
- If irritation or a reaction lasts for longer than 72 hours it may be a sign of serious condition, discontinue treatment.
- With liquid CHG 2% soap, a polyester cloth, having a relatively tight weave, has been found in one study to be more efficient at exfoliating the skin. However, cotton cloths may be used as well.
- Hand hygiene should be performed with liquid CHG 2% soap. Hand hygiene should be completed every 4 – 6 hours. Assist clients as needed.
- Daily change of clothing.

- Daily change of bedding, preferably after CHG 2% bed bath or shower.
- Regular hair shampoo can be used.
- **A physician's order is not required to employ these strategies.**

Antibacterial Shower:

- Showering with liquid soap, thoroughly rinse area to be washed, apply minimum amount of antibacterial soap directly to body surfaces paying special attention to skin folds at armpits, under breast and groin.
- Ensure the soap is left on the skin for one minute, then rinse well to remove all soap residues to prevent skin irritation.

Bed Bathing:

- CHG 2% liquid soap use:
 - Thoroughly rinse the area to be washed, apply minimum amount of antibacterial soap directly to body surfaces paying special attention to skin folds at armpits, under breasts and groin.
 - Ensure the soap is left on the skin for one minute, then rinse well to remove all soap residues to prevent skin irritation.
- CHG 2% pre-moistened washcloth use:
 - See [Appendix E - CHG 2% Pre-moistened Disposable Washcloth Protocol – Acute Care](#).

13. Decolonization

- Decolonization may be considered for clients who meet the criteria using [Appendix C – MRSA Decolonization Criteria Algorithm – Acute Care](#).
- Any licensed nurse or physician can initiate review of the decolonization criteria for any client who is MRSA positive.
 - If the criteria are met the nursing unit will have the physician order MRSA surveillance swabs to have the MRSA tested for sensitivities to antibiotics.
 - The physician is responsible for ordering the antimicrobial nasal cream that the MRSA is sensitive to.
- Clients with the following criteria are **excluded**:
 - sputum positive
 - open wounds greater than 1cm
 - indwelling devices
 - living with family or close contacts who are MRSA positive
 - cognitively impaired
 - inadequate resources
 - Mupirocin and Fusidic Acid resistance
 - continued use of antibiotics
- If the client meets the criteria in [Appendix C – MRSA Decolonization Criteria Algorithm – Acute Care](#), use [Appendix D - MRSA Decolonization Protocol – Acute Care](#).

14. Discharge of MRSA Positive Clients

- Instruct clients to report their MRSA status to any medical office or hospital.
- Ensure education is provided to the family, homecare personnel or the receiving institution prior to the client's departure. Provide client with [Contact Precautions – Client, Family & Visitor Information](#) or [Droplet and Contact Precautions – Client, Family & Visitor Information](#) and [MRSA Fact Sheet](#).
- On client transfer, inform receiving facility of client's MRSA status.
- See Environmental Cleaning (Section # 10).

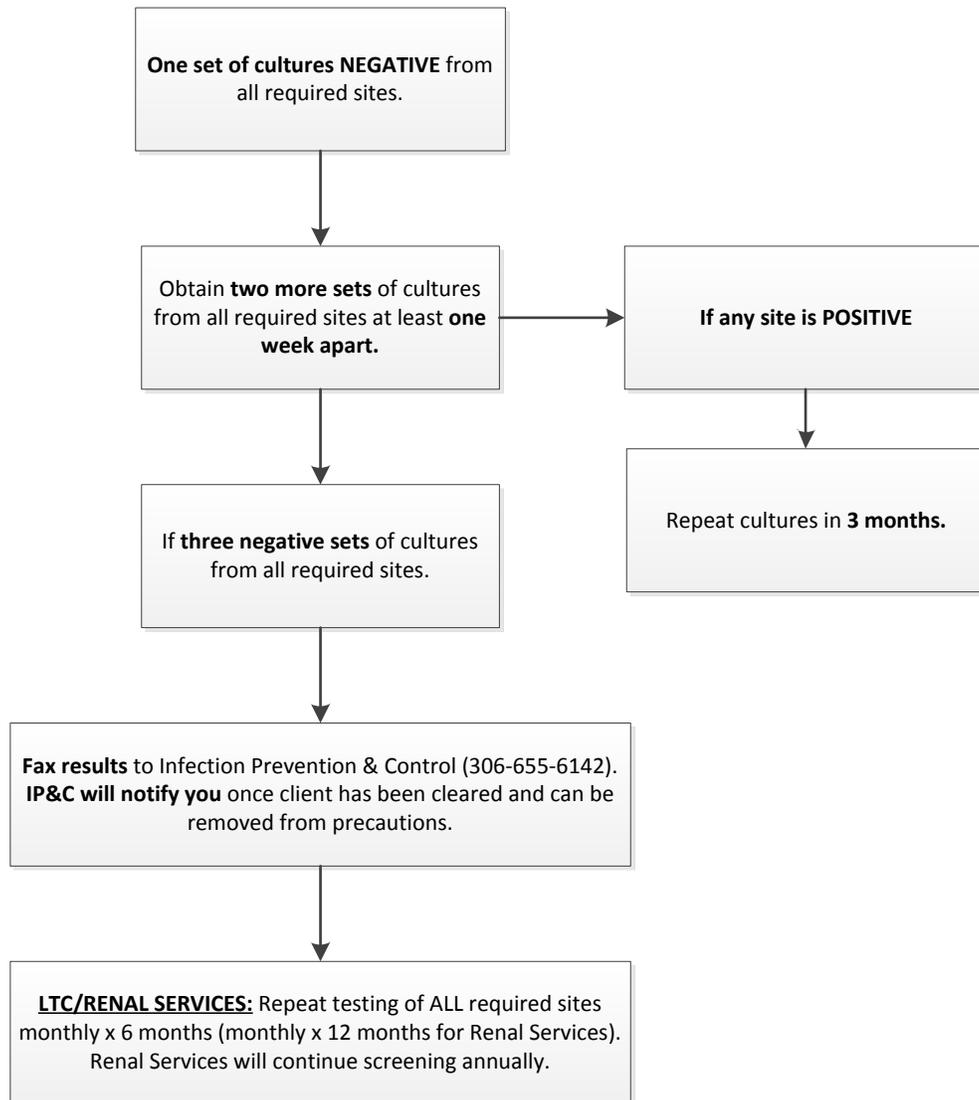
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3. Health Canada (1999). *Infection control guidelines: Routine practices and additional precautions for preventing transmission of infection in health care* [under revision]. *Can Commun Dis Rep*. Jul;25 Suppl 4: 1-142.
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60-30 Appendix D - ARO Retesting Process to Clear Positive Status

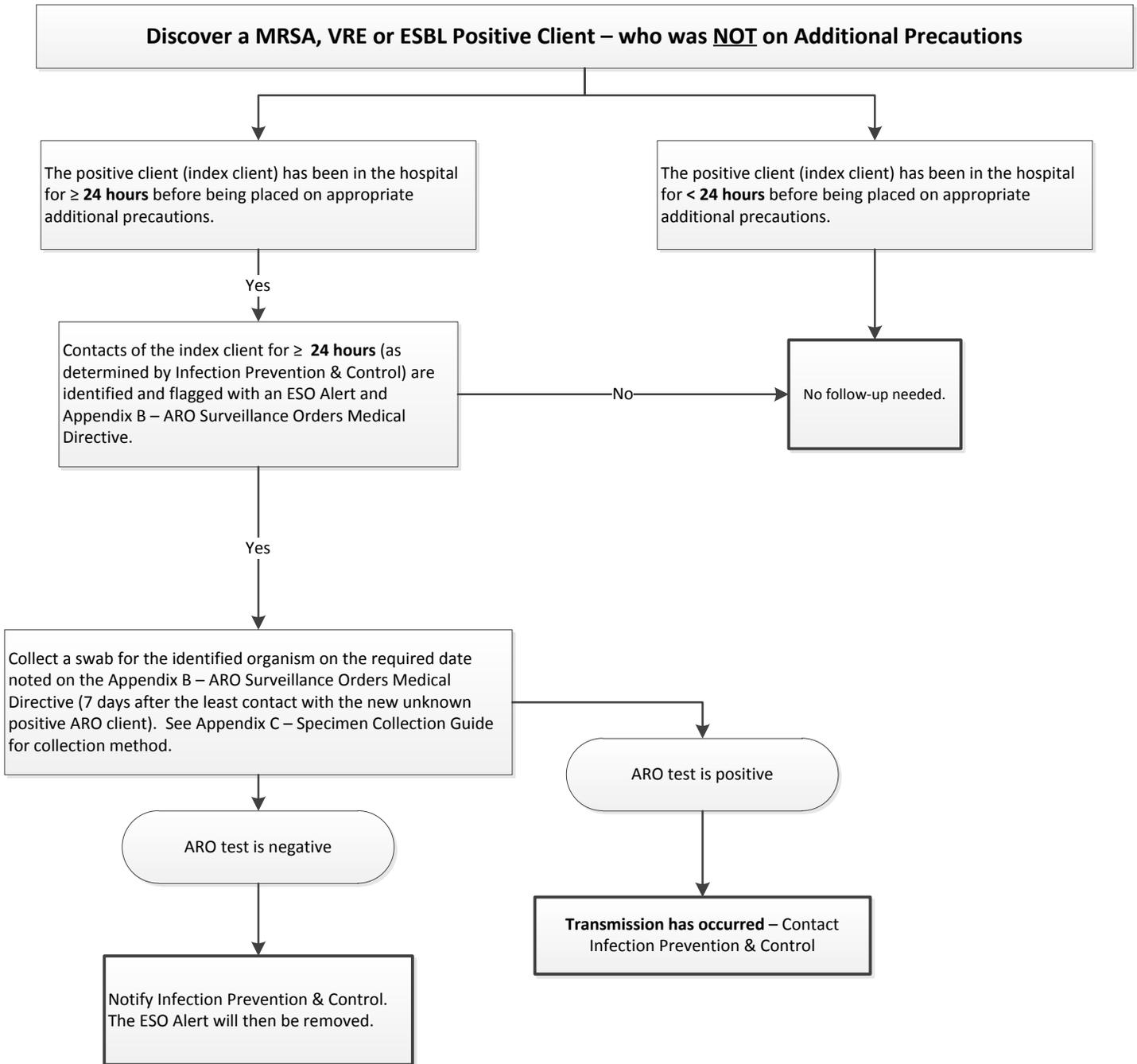
- Contact your Infection Control Practitioner (ICP) to determine when the retesting process can begin. Certain conditions may lead to delayed testing for clearance as they present a risk for continued colonization of the antibiotic resistant organism (ARO).
- **Wait at least 3 months (from the last positive date)** before retesting for MRSA, VRE or ESBL.
 - Ensure all treatment for infection (i.e., Urinary tract infection, pneumonia, etc.) is complete at least 48 hours before resting process begins.
- Ensure the client is taking **no IV or oral antibiotics, or using antibacterial soaps (i.e., Chlorhexadine soap) 48 hours before each set of cultures**, so as to not interfere with culture results.
- Required Testing Sites (See the [Specimen Collection Guide](#) for appropriate method of collection):
 - **Three sets** of cultures from **all documented positive sites** as well as the **usual screening sites** for the organism are required.
 - If testing for **MRSA, also swab ANY** wound* or device site**, even if it has not been positive in the past.



*Wound sites – include draining or open wounds/incisions

**Device sites – swab opening surrounding device

60-30 Appendix E – Screening Process for Contacts of AROs



40-110 Appendix C - MRSA Decolonization Criteria Algorithm – Acute Care

NOTE: Any licensed nurse or physician can initiate a review of the criteria for any client who is MRSA positive.

Step 1 - Are any of the following exclusion criteria present?

- Sputum positive
- Open wounds greater than 1 cm
- Indwelling devices (i.e., IV, Catheter, etc.)
- Living with family or close contacts who are MRSA positive
- Inadequate resources to carry out decolonization process
- Mupirocin or Fusidic acid resistant
- Continued use of antibiotics

Yes

No

Stop

Step 2 - Does the client have Wandering Behaviour?

Decolonization may still be considered for clients with wandering behavior **if** staff can ensure hand hygiene with only liquid soap or alcohol-based hand rub (do not use the Chlorhexidine gluconate (CHG) 2% liquid soap solution) 48 hours prior to screening swabs being collected.

No

Yes

Stop

Step 3 - Compliance

Clients must also be compliant with daily bathing routine, which may include the use of CHG wipes.

Yes

No

Stop

- 1) Physician/MRP to order nares/groin surveillance for MRSA.
- 2) Send the specimen to the lab.
Important: Specify "decolonization" on the laboratory requisition.
The lab will test for sensitivity to Mupirocin or Fusidic acid.
- 3) When sensitivity result is back, have the physician order the appropriate nasal ointment/cream from pharmacy. Then continue to [Appendix D – Decolonization Protocol – Acute Care](#).

40-110 Appendix D - MRSA Decolonization Protocol – Acute Care

*Any licensed nurse or physician can initiate a review of the criteria for any client who is MRSA positive.

Seven Day Protocol

Day 1 to 7 Start date: _____ End date: _____	<p style="text-align: center;">Antimicrobial nasal cream applied to each nostril</p> <p style="text-align: center;">(Mupirocin 2% or Fucidic Acid 2%)</p>	<ul style="list-style-type: none"> • Obtain physician order • Apply ointment twice daily for 7 days: <ul style="list-style-type: none"> ○ Place a small amount of ointment (size of a match head) onto a cotton tipped swab. ○ Massage gently around the inside of the nostril, making sure not to insert it too deeply (no more than 2-3 cm). ○ Repeat on other side. 	<table border="1"> <thead> <tr> <th>AM</th> <th>PM</th> </tr> </thead> <tbody> <tr><td>Day 1__</td><td>Day 1__</td></tr> <tr><td>Day 2__</td><td>Day 2__</td></tr> <tr><td>Day 3__</td><td>Day 3__</td></tr> <tr><td>Day 4__</td><td>Day 4__</td></tr> <tr><td>Day 5__</td><td>Day 5__</td></tr> <tr><td>Day 6__</td><td>Day 6__</td></tr> <tr><td>Day 7__</td><td>Day 7__</td></tr> </tbody> </table>	AM	PM	Day 1__	Day 1__	Day 2__	Day 2__	Day 3__	Day 3__	Day 4__	Day 4__	Day 5__	Day 5__	Day 6__	Day 6__	Day 7__	Day 7__
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<p style="text-align: center;">CARE</p>	<ul style="list-style-type: none"> • Daily changes of clean clothes, pyjamas and linens (bed linens as often as possible) including towels. Daily cleaning of room. 	<table border="1"> <tbody> <tr><td>Day 1__</td></tr> <tr><td>Day 2__</td></tr> <tr><td>Day 3__</td></tr> <tr><td>Day 4__</td></tr> <tr><td>Day 5__</td></tr> <tr><td>Day 6__</td></tr> <tr><td>Day 7__</td></tr> </tbody> </table>	Day 1__	Day 2__	Day 3__	Day 4__	Day 5__	Day 6__	Day 7__										
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Day 1 & 7 <u>Mornings</u> Day 1: _____ (date) Day 7: _____ (date)	<p style="text-align: center;"><u>MORNING</u></p> <p style="text-align: center;">Shower or bath</p> <p style="text-align: center;">Chlorhexidine 2% liquid soap solution</p>	<ul style="list-style-type: none"> • Wet hair and body. • Apply CHG 2% liquid soap solution to all body surfaces. • Pay special attention to skin folds at armpits, under breasts, groin and perineum areas. • Ensure the CHG product is left on skin and hair for <u>one minute</u>, then rinse well to remove all soap residues. • Body lotions may be used to prevent excessive drying of the skin. • Regular shampoo may be used in addition to CHG product if preferred. • Do not allow this product to come in contact with your eyes, ears, mouth and mucous membranes. 	<table border="1"> <tbody> <tr><td>Day 1__</td></tr> <tr><td>Day 7__</td></tr> </tbody> </table>	Day 1__	Day 7__														
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Evenings			Day 1 ____
Day 1 to 7	<u>EVENING</u>		Day 2 ____
Start date: _____	2% Chlorhexidine gluconate (pre-moistened) cloths are to be used to wipe down the client's body once a day	<ul style="list-style-type: none"> See Appendix E - CHG 2% Pre-moistened Disposable Washcloth Protocol – Acute Care 	Day 3 ____
End date: _____			Day 4 ____
			Day 5 ____
			Day 6 ____
			Day 7 ____

Retest to determine success of process

Wait 48 hours after decolonization protocol is completed *i.e., the client must be treatment-free (i.e., no anti-staphylococcal antibiotics (see policy), CHG 2% products or ointment in use)* before collecting screening swabs.

- 3 consecutive negative swabs from the **nares and groin**, each one week apart, without intervening antibiotics or CHG soaps/ointments, are required for a decolonization to be declared successful.

Culture # 1 Date	Culture # 2 Date	Culture # 3 Date

Two decolonization attempts can be tried if necessary. Clients who still test positive after two attempts will be considered chronic carriers.

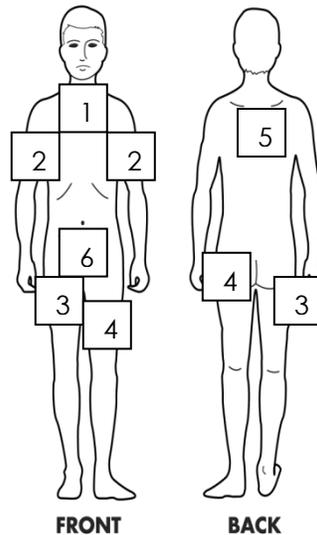
How to collect nares and groin swab:

Please see [60-30 Appendix C - Specimen Collection Guide](#)

40-110 Appendix E – CHG 2% Pre-moistened Disposable Washcloth Protocol – Acute Care

Use 1 clean washcloth to prep each area of the body in order as shown in steps 1 to 6 (see diagram). Complete the top part of the body; cover lightly the move to lower part of the body. Wipe each area in a back-and-forth motion. Be sure to wipe each area thoroughly.

- **First Cloth:** Wipe the **chin, neck, chest** and **stomach**.
- **Second Cloth:** Wipe both **arms** starting each with the shoulder and ending at the fingertip. Be sure to thoroughly wipe the underarms.
- **Third Cloth:** Wipe the first **leg** starting at the thigh and ending at the toes.
- **Fourth Cloth:** Wipe the **other leg**, starting at the thigh and ending at the toes.
- **Fifth Cloth:** Wipe the **back** starting at the base of the neck and ending at the waist line. Cover as much area as possible.
- **Sixth Cloth:** Wipe the **right and left hips, then groin and buttocks**. Be sure to wipe folds in the stomach and groin areas.



- Do not rinse, apply lotions, moisturizers or makeup immediately after application.
- Discard disposable washcloths in the garbage (do not flush in toilet).
- Allow client's skin to air dry.
- Dress in clean sleepwear.