



**INFECTIOUS DISEASES SOCIETY OF AMERICA
EMERGING INFECTIONS NETWORK QUERY:**

**Use of Contact Precautions for
CRE, *Candida auris*, MRSA and VRE**

Routine use of gloves and gowns in the care of hospitalized patients (contact precautions, CP) is recommended by CDC to reduce the risk of transmission of multidrug-resistant organisms, including carbapenem-resistant *Enterobacteriaceae* (CRE), *Candida auris*, MRSA and VRE.¹ Use of CP has been questioned and, based on a 2014 EIN, implementation for at least some pathogens in U.S. hospitals has been heterogeneous.²

Anecdotal reports have demonstrated a wide variety of practices regarding CP for these organisms, which may have changed in the setting of the COVID-19 pandemic. We are interested in determining practices and beliefs regarding reducing the risk of transmission of multidrug-resistant organisms (MDROs), including CP, for as broad a cross-section of the ID community as possible.

The purpose of this survey is to gauge healthcare facilities' inpatient infection prevention practices for CRE, *C. auris*, MRSA, VRE and other MDROs with particular focus on the use of Contact Precautions.

1. Siegel JD, et al. (2007). 2007 Guideline for Isolation Precautions: Am J Infect Control, 35(10 Suppl 2), S65-164.
2. Russell D, et al. (2016). Routine use of contact precautions for methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant *Enterococcus*: which way is the pendulum swinging. Infect Control Hosp Epidemiol, 37(1):36-40.

EMERGING INFECTIONS NETWORK QUERY

Contact Precautions (CP)

Name: _____

___ N/A, not involved in infection prevention. *Stop here.*

1a. Does your primary inpatient facility routinely place patients on CP for the following organisms?

1b. IF CP is employed, please also select all triggers for placement on CP.

	<u>1a. CP?</u>		<u>Any positive clinical culture</u>	<u>1b. TRIGGERS</u>	
	<u>Yes</u>	<u>No</u>		<u>Positive surveillance culture</u>	<u>Pre-existing alert in patient record</u>
CRE	___	___	___	___	___
<i>C. auris</i>	___	___	___	___	___
MRSA	___	___	___	___	___
VRE	___	___	___	___	___

1c. Do any multi-drug resistant Gram-negative organisms other than CRE result in placement on CP?

	<u>Yes</u>	<u>No</u>
Carbapenem-resistant Pseudomonas (CRPA)	___	___
Carbapenem-resistant Acinetobacter (CRAB)	___	___
Extended-spectrum beta-lactamase (ESBL)	___	___
Other: _____	___	___

2. Does your facility perform active surveillance testing for any inpatient population for:

	<u>Yes</u>	<u>No</u>
CRE	___	___
<i>C. auris</i>	___	___
MRSA	___	___
VRE	___	___

3. If you place patients on CP for these pathogens, how long are patients kept on CP?

[Check any that apply]

	<u>N/A</u>	<u>Indefinitely once positive</u>	<u>Until cleared or decolonized</u>	<u>For one year after last positive culture</u>	<u>For specific inpatient encounter only</u>
CRE	___	___	___	___	___
<i>C. auris</i>	___	___	___	___	___
MRSA	___	___	___	___	___
VRE	___	___	___	___	___

Please provide details of duration of isolation, if desired:

ADJUNCTIVE MEASURES TO REDUCE TRANSMISSION OF RESISTANT ORGANISMS

4. Does your facility perform CHG bathing on any inpatient populations?

- No, we do not perform CHG bathing on any inpatient population
- Yes, for all inpatients unless contraindicated
- Yes, for a subset of patients: *[Select any that apply and specify]*
 - Pediatric:
 - Patients with central lines/other implants:
 - ICU:
 - Oncology:
 - Surgical pre-op procedures:
 - Other:

5. Does your facility use ultraviolet light (UVC) or hydrogen peroxide vapor disinfection in any patient rooms at time of discharge?

- Yes
- No
- Unsure

6. Does your facility routinely monitor performance of environmental cleaning in any inpatient areas? *[Check any that apply]*

- Do not monitor
- Visual inspection
- ATP bioluminescence
- Blacklight inspection
- Unsure

7. For facilities that at one time routinely used CP for MRSA and have since stopped, did you experience change in any of the following? *[Check any that apply]*

<u>N/A</u>	<u>Increased</u>	<u>No change</u>	<u>Decreased</u>	<u>Unsure</u>
<input type="checkbox"/> a. Hand hygiene compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. PPE supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. Staff satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. Patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8a. Did your institution make changes to CP policies after the COVID pandemic started that are currently still in place?

- Yes
- No
- Unsure

8b. Do you see your current CP practices changing in the next 12 months or so?

- Yes
- No
- Unsure

9. Any additional comments about your facility's change in use/current use of Contact Precautions:

Thank you for completing this survey!