

Question 1: What is the best practice for laundering for removal of microbial contamination on clothing & linens?

Answer: Here are some excerpts pertinent to community settings from PIDAC documents (<http://www.oahpp.ca/resources/pidac-knowledge/>) on this topic:

- “Soiled linen is rarely implicated in the transmission of infections, although sheets and pyjamas have been shown to harbour microorganisms that readily proliferate in the moist, warm environment next to an individual’s body.”
- “routine laundering practices are adequate for laundering all linens, regardless of source; special handling of linen for clients/patients/residents on Additional Precautions is not required.”
- “use leak-proof containment for laundry contaminated with blood or body substances (water soluble bags and ‘double-bagging’ are not recommended)”
- “laundry carts or hampers used to collect or transport soiled linen need not be covered”
- “linen bags should be tied securely and not over-filled”
- “gross soil is removed before washing and proper washing and drying procedures are used”
- “remove gross soil (e.g., faeces) with a gloved hand and dispose into toilet...; do not remove excrement by spraying with water”
- “handle contaminated laundry with minimum agitation to avoid contamination of the air, surfaces and persons (e.g., roll up)”
- “laundry is cleaned at a temperature of at least 71.1°C (160°F) if cold water detergents are not used”
- Clothing may be laundered in the usual manner, and along with, the rest of the household laundry. (As per MRSA fact sheet in PIDAC’s Annex A)

Question 2: What is the recommendation for swabbing of clients in the community for MRSA?

Answer:

There is no recommendation by PIDAC to swab clients in the community for MRSA. It is recommended that surveillance and screening be done in acute care and long term care facilities.

“In settings other than acute care: *For MRSA: in **community care**, re-screening is not required and should only be done on admission to a hospital or long-term care home;*” (PIDAC’s Annex A: *Screening, Testing and Surveillance for Antibiotic-Resistant Organisms (AROs) in all health care settings, page 28*)

(Note: PIDAC’s Surveillance best practice guideline does NOT apply to community settings.)

Question 3: Should I use Contact Precautions or Routine Precautions for a client who is colonized with MRSA?

Answer:

PIDAC currently recommends Contact Precautions (gloves and gowns for direct care) when caring for clients with MRSA in all health care settings (whether infected or colonized).

Questions have been posed to PIDAC regarding this practice in community settings as to the practicality of continuing this practice long term in the community setting. PIDAC also states: **“It is important that Additional Precautions not be used any longer than necessary** and that frequent assessment of the risks of transmission be carried out by infection prevention and control professionals with the goal being the removal of precautions as soon as it is safe to do so.”

Question 4: Please comment on the practice of applying

1. Bactriban to the nares bid, 2. Bactriban to wound od (if there is a wound). Is this decolonization and is it effective? Is it correct to say that PIDAC is not recommending this practise, due to the resistance issue?

Answer:

“Decolonization refers to the use of topical agents, such as nasal antimicrobial ointment and body wash and/or oral antibiotics, to remove resistant bacteria from a colonized individual. ...Current evidence does not recommend widespread or prolonged antibiotic therapy for decolonization of MRSA as this may promote antibiotic resistance, long-term efficacy is poor and systemic therapy may lead to adverse events. Decolonization therapy with topical antibiotics alone is not effective...” (PIDAC, 2011)

It IS correct to say that PIDAC is not recommending decolonization in the community setting. Decolonization in hospitals or long term care facilities may be successful, but is recommended in special circumstances only (depending on the epidemiology in the facility). Routine decolonization is not recommended.