

To: All Staff, Professional staff, Learners and Volunteers

From: Infection Prevention and Control, Thunder Bay Regional Health Sciences Centre

Date: March 31, 2023

RE: **Changes to VRE and MRSA surveillance programs and VRE minimum additional precautions including practical implications of these changes**

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### **What is changing as of April 1, 2023?**

Thunder Bay Regional Health Sciences Centre's (TBRHSC) VRE surveillance program and the minimum additional precautions required for VRE cases/contacts admitted in all areas (with the exception of 1A Acute Oncology).

### **Why?**

In response to achieving a sustained reduction in hospital-acquired VRE bacteremia. VRE surveillance will now only focus on high-risk areas to better leverage IPAC and other Hospital resources.

Additionally, we are updating our MRSA surveillance program to include testing of all admitted patients, not just those who are high risk. This will align our policies with those of the University Health Network and support our partnership through the Cardiovascular Surgery Project.

### **Have the policy and medical directives been updated?**

The relevant policy, procedure and medical directives are in the final stage of approval and will be shared once approved.

### **What does the change involve?**

**1. We only isolate for VRE and VRE-C on 1A Acute Oncology and ACON patients overflowed to Medical Oncology**

Admitted patients who are known VRE cases or known high-risk contacts of VRE positive cases only require a minimum of contact (pink) additional precautions once admitted to 1A Acute Oncology. Outside of 1A Acute Oncology, with the exception of ACON patients overflowed to 1A Medical, VRE cases and VRE high-risk contacts do not require contact (pink) additional precautions, unless required for another reason.

**2. We only perform VRE admission testing on patients being admitted to 1A Acute Oncology.**

Only patients who are admitted or transferred to 1A Acute Oncology must be tested for VRE within 24 hours of admission or transfer to the wing, unless currently positive for VRE. Patients admitted to other areas of the Hospital do not require testing for VRE upon admission or transfer.

**3. We only perform monthly VRE testing on patients admitted to 1A Acute Oncology.**

Only patients who are admitted to 1A Acute Oncology must be tested for VRE on a monthly basis. Patients admitted to other areas of the Hospital do not require monthly testing for VRE.

**4. We perform MRSA Admission testing on all patients admitted.**

All admitted patients will be tested for MRSA upon admission unless currently positive for MRSA.

**Are patients ever tested for VRE Outside of 1A?**

Patients will continue to be tested for VRE only when deemed clinically necessary by a physician or as directed by IPAC.

**How will we assess if there have been any increased risks to patients due to the changes?**

Hospital-acquired cases of VRE bacteremia will continue to be monitored and reported provincially and will be informed by cases identified through clinical testing, reports from facilities patients were transferred to and the 1A Acute Oncology VRE surveillance program.

**What are the practical implications of the changes?**

**1. Do not take down the signs for patients admitted with contact (pink) precautions until instructed to do so by an ICP.**

Patients who were admitted and isolated in relation to VRE prior to 00:01 on Saturday, April 1, 2023 will remain on a minimum of contact (pink) precautions until reviewed and discontinued by an Infection Control Practitioner (ICP).

- On Saturday, April 1, 2023, ICPs will begin reviewing patients for discontinuation of contact (pink) precautions in relation to VRE positive and VRE contact patients outside of 1A Acute Oncology or ACON patients overflowed into 1A Medical. We are setting a target of Sunday, April 9 to complete the review of each of these patients. If there is an urgent bed flow need, admitting may contact the ICPs to prioritize the review of specific cases.
- VRE+ and VRE-C status will continue to be recorded in MPI as regional partners still isolate for these statuses.
- ICPs and admitting will continue to flag patients who are VRE+ or VRE-C in bed management. The minimum of contact (pink) precautions will be added to the bed management board if the VRE+ or VRE-C patient is admitted to or transferred to 1A Acute Oncology (physical location, or ACON service on 1A medical) but not otherwise.

- 2. Continue to test patients for VRE as requested by ICPs but only isolate the patient if they test positive and are on 1A Acute Oncology.**  
In an effort to help clear patients of VRE, any patient admitted to the hospital
- 3. Test all patients for MRSA at admission.**  
starting 00:01 on Saturday, April 1, 2023 will require MRSA admission testing unless they meet a contraindication (currently flagged as MRSA+ or MRSA-C).
- 4. Housekeeping to spray privacy curtains for all discharges**  
As of April 1, 2023, housekeeping will use spray containing an accelerated hydrogen peroxide disinfectant on privacy curtains for **all** discharges when protocols do not require the privacy curtains to be changed.
- 5. Contact an Infection Control Practitioner or a Clinical Nurse Specialist for questions or concerns with changes.**  
Infection Control Practitioners will be visiting the units over the course of the next few weeks to perform education huddles on this topic.
- 6. Get a physician order for MRSA admission testing if the patient doesn't fit the criteria for the current medical directive.**  
Final approval of the related Medical Directives and Policy are in the process of being approved by Policy and Procedure. In the meantime, physician orders should be obtained for the MRSA testing of individuals who do not meet the current medical directive.

For more information please contact:

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