

# MRSA in Special Populations Mental Health / LTC Facilities

What's all the Hubbub, Bub?  
MRSA Roadshow, TPIC 2008  
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# Objectives

- Look at the population
- Discuss issues with the population
- Offer suggestions on some challenges:
  - Screening
    - Patients, contacts
  - Isolation
  - Routine Practices

# Population – Mental Health

- Two institutional groups:
  - Geriatric
  - Ambulatory, independent

# Mental Health Geriatric

- Not much different from your LTC population
- Many similarities with secure Alzheimer Units in LTC
  - Some are ambulatory
  - Issues with hand hygiene and personal hygiene
  - Wanderers

# Mental Health Ambulatory

- Ages 18 – Geriatric
- Ambulatory
- Partake in ADL's to a large degree
  - But may not want to!
- Understands their grouping and will question changes
  - Outbreak situations

# LTC Population

- Geriatric
- Variety of levels for ADL's
- May have secure units with mental health-like issues



# MRSA

- Huge issue in acute care
  - Portal of entry, reservoir, mode of transmission
- Community strain
- One of Jim's acronym organisms

# Infection vs. Colonization

- Infection: body response, treatment, drainage, dressings
- Colonization: Hmmmm
  - Nares, perianal, axilla, groin, trach, decubitus ulcer

# Infection issues in our Population

- Dressings not left in place
- Soiling of environment with exudates (“juice”)
- Disturbing healing process
  - Scabs
  - Stitches
  - Pins
- Compliance with medication

# Colonization Issues

- Runny nose
- Incontinent of feces
- Incontinent of urine
  - Catheter issues
- Increased respiratory secretions
- Jim's Term: "leaking"

# Staffing

- RN's
- Registered Psychiatric Nurses
- Registered Practical Nurse
- Personal Service Worker
- Social Workers

# Staffing

- Recreational Therapists
- Physiotherapist
- Occupational Therapist
- Housekeeping
- Maintenance
- Volunteers
- Pastoral Care

# Staffing

- General Practitioners
- Psychiatrists
- Psychologists

# PIDAC

- Best Practices for Prevention and Control of MRSA and VRE – March 2007
- [http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic\\_staff.html](http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_staff.html)

# PIDAC

- ***Recommendations for Non-acute Care 3.17***
- ***In non-acute care settings, Contact Precautions may need to be adapted so that clients/residents can take part in therapeutic and social activities while limiting physical contact, and there should be emphasis on staff and client/resident hand hygiene. [BIII]***

# PIDAC

## **3.18**

- ***In non-acute care settings, gloves must be worn when providing direct care to any client/resident who has, or is suspected of having, infection or colonization with MRSA or VRE. [CIII]***

# PIDAC

## **3.19**

- ***In non-acute care settings, a long-sleeved gown should be worn when providing direct care to any client/resident who has, or is suspected of having, infection or colonization with MRSA or VRE. [CIII]***

# PIDAC

- Gown use may depend upon the type of interaction and need only be worn for direct care with the client/resident when clothing may become soiled.

# Facilities

- Single, Double, Quad, Wards (6)
- Shared washrooms or common washrooms
  - Depends on age of facility
- Seclusion Rooms
  - Quiet Rooms
  - Full seclusion

# Facilities

- Many older MH facilities do NOT have sinks in patients rooms
  - Older issue with water loaders

# Issues with Routine Practices

- Code White
- Ambulation
- Inability to mount alcohol hand rub
- Client's aversion to "change" or cleaning
- Multi-use equipment

# Jim's Routine Practices in 20 Words

- If they are leaking, limit their movement and protect yourself
- If you used it or it is dirty, clean it.

# If They Are Leaking...Limit

- Uncontrolled secretions
  - Nasal
    - Keep on floor, in room
  - Trach, Sputum
    - Keep on floor, in room
  - Diarrhea not contained by brief

# If They Are Leaking...Protect

- Mask and eye protection for close contact
  - Droplet Precautions
- Gown if soiling is likely
  - Contact Precautions
- Issues with gown quality
  - Strike through

# If You Used It

- Hands
  - Point of care alcohol hand rub
  - Personal bottles
- Equipment
  - Commode chairs
  - Geri chairs
  - Tubs
  - Showers

# If It Is Dirty

- Hands
  - Wash!
- Common eating / social areas
  - Clean before and after meals
  - Sanitize hands before meals
- Tubs / Showers
  - After use?
  - How long to sanitize/disinfect?

# Routine Practices

- We do our best to make it almost impossible in these settings
    - Gowns
    - Masks with eye protection
- } Not readily available!
- Limited sinks in MH
  - No mounted alcohol hand rub
  - Limited housekeeping

# Routine Practices

- Jim's Reminder to All Staff!

# WARNING!!

This patient has:

- Skin!
- Feces!
- Mucous Membranes!

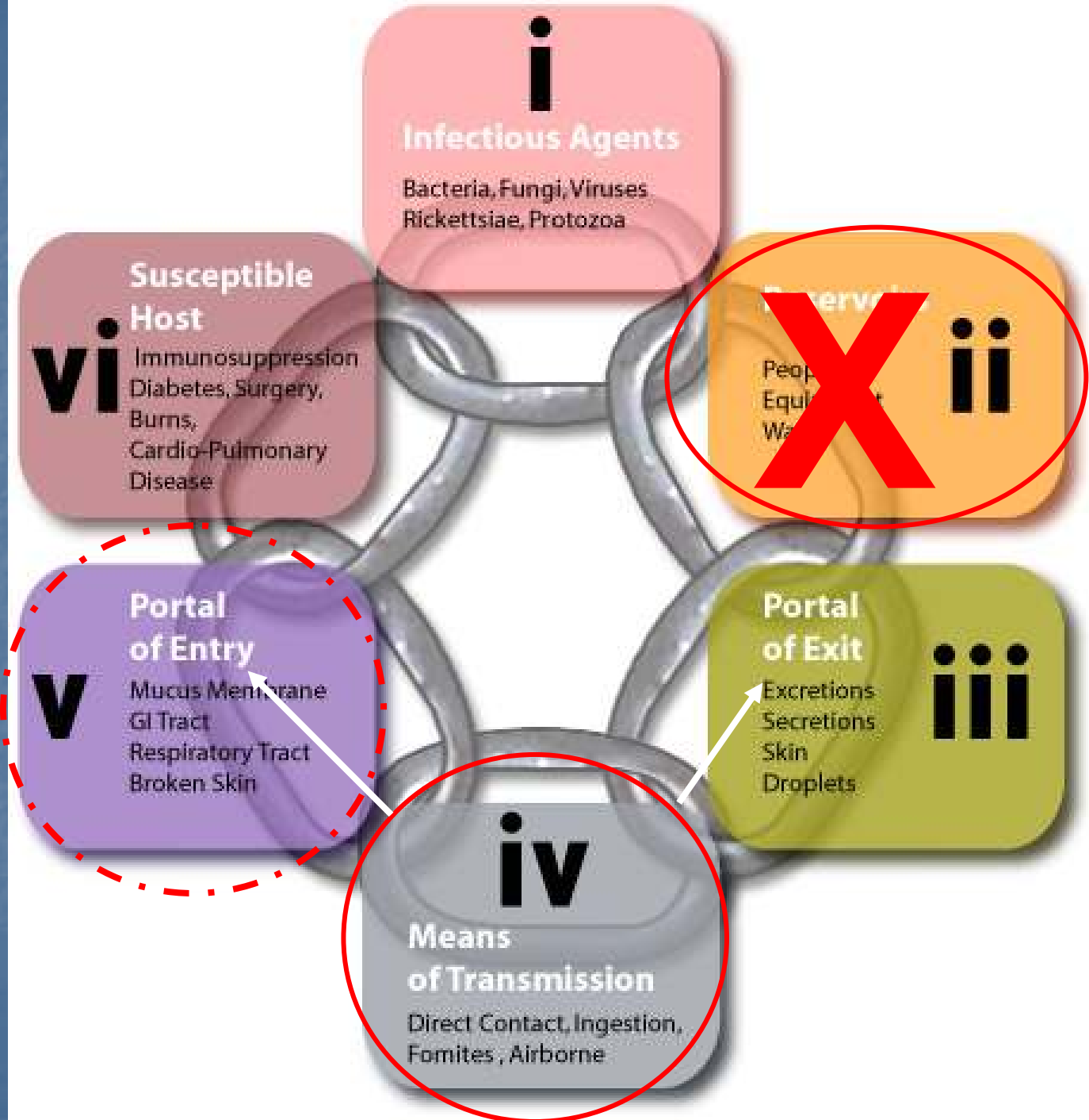
PERFORM HAND HYGIENE AFTER CONTACT WITH THIS PATIENT OR THEIR ENVIRONMENT!

# Jim and Contact Precautions

- Soiling of the environment
  - This makes sense as a warning to staff entering the space
    - Room
    - Ward room
    - Ward?
      - Outbreak issues

# CONTACT PRECAUTIONS

- WE JUST FOUND OUT THAT THIS PATIENT HAS A BUG THAT COULD BE CARRIED TO THE NEXT PATIENT.
- NOW WE REALLY MEAN YOU HAVE TO PERFORM HAND HYGIENE AND TRY NOT TO SOIL YOUR UNIFORM!
- WE ARE NOT SURE ABOUT THE GUY NEXT DOOR, YET, SO DO WHATEVER YOU WANT!



# Portal of Exit

- Gastro-Intestinal
  - Briefs
  - Clear procedure for handling waste and soiled items
- Respiratory
  - Limit movement

# Portal of Exit

- Excretions / Secretions
  - Issue with wound dressings again
  - One on one?
  - Transfer to Acute Care?

# Portal of Entry

- Mouth
  - Hand hygiene
- Nares
  - Hand Hygiene
- Broken Skin
  - cover

# Oh, yeah, MRSA

- If infected
  - Treat
  - Cover
  - Maintain
- If Colonized
  - Hand hygiene
  - Environmental Cleaning

# Patient Hand Hygiene

- Not the best!
- After toileting?
  - Not in most cases
- Before Meals
  - Much more success being reported
  - KGH VRE

# Patient Hand Hygiene

- Activity
  - Regularly scheduled
  - On or off the floor
  - Witnessed
  - May have to use sinks – MH

# The 5 "C"

1. **COMPETENT** to understand directions
2. **COOPERATIVE** and willing to follow directions
3. **CONTINENT** of urine and stool
4. **CONTAINED** wounds/drainage
5. **CLEAN** hands and clothes or hospital bathrobe before leaving room

# Screening

- What to do with results?
  - Isolate
- What will we change in our practices?
  - Hand hygiene?
  - Wound dressing disposal?
- Issue with label?

# Screening

- New Positive
  - Room mates?
  - Floor mates?

# Point Prevalence

- MHS Kingston 2006
  - 159 Noses for MRSA
    - 1 positive
    - Been with us for at least 3 years
    - Minimal contact with acute care
    - Surprisingly few refusals
  - 60 Stools specimens for VRE
    - No positives

# Regular Point Prevalence

- What to do with results
  - Staff hand hygiene audit?
  - Environmental cleaning?

# Additional Screening

- Tuberculosis
  - Homeless, shelters
  - High risk countries
- Blood Borne Pathogens
  - Risk reduction strategies for discharge
  - Had better not change practices!
- Immunizations

# Summary

- We need to work routinely
  - With all patients
  - Based on soiling or leaking
- Issues can be unique to this population
  - Expectorators
  - “Finger Painters”
  - Wanderers

# Summary

- I really am not concerned about the acronym
- I think Routine Practices can and will save the day!
  - But we need PPE where the staff need it!