



BC Cancer Agency

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Duration of Precautions for Methicillin-Resistant *Staphylococcus aureus* in the Outpatient Oncology Setting: A Canadian Snapshot

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MRSA management in outpatient oncology: Survey results

ISSUE

The required duration of additional precautions for methicillin-resistant *Staphylococcus aureus* (MRSA) remains a highly debated topic. Multiple studies have investigated risk factors that may identify patients who are particularly prone to persistent colonization or infection; malignancy is often cited. Despite this, there is insufficient data regarding the specific contributing factors among the oncology population (e.g. underlying malignancy, extent of disease, active treatment, etc.).

With the shift in oncology care to the outpatient setting, Infection Control programs face significant challenges implementing inpatient-focused guidelines.



http://www.novinite.com/media/images/2009-04/photo_verybig_103205.jpg

	CENTER A	CENTER B	CENTER C	CENTER D	CENTER E	CENTER F	CENTER G	CENTER H	CENTER I	CENTER J
Do you de-flag patients?	YES	YES	YES	YES	YES	YES - Upon Request	YES	No	YES	YES, but patient is re-flagged as "MRSA Previous"
Criteria for de-flagging	• No waiting period • 3 consecutive Neg swabs, 1 week apart.	• 3mths waiting period • 3 consecutive Neg swabs, no timeframe between.	• 18mths waiting period • 3 consecutive Neg swabs, 24hrs apart. Oncology Specific: • Immunocompromised patients are excluded until remission (taken case-by-case)	• 1 year waiting period • 3 consecutive Neg swabs, 24hrs apart.	• 10yr waiting period • 3 consecutive Neg swabs, 1 mth apart. Oncology Specific: • Taken case-by-case dependent on risk factors for recolonization	• No waiting period • 3consecutive Neg swabs, 1 wk apart.	• 3mos waiting period • 3 consecutive Neg swabs, 1 week apart Oncology Specific: • Pts on active chemo/RT must not be on decline from baseline performance status • Taken case-by-case dependent on risk	• N/A	• 1 year waiting period • 1 Neg swab required • Patient does not reside in a LTC facility	• No waiting period • 3 Neg swabs, do not need to be consecutive • Swabs, 1 week apart
Swabbing protocols	• Nares • Rectal • Site of original +ve	• Nares • Rectal/Perineal/Groin • Open wounds • Site of original +ve	• Nares • Groin • Open wounds • Exit sites of invasive devices	• Nares • Perianal • Open wounds, lesions, incisions • Exit sites of invasive devices • Site of original +ve	• Nares • Perianal/rectal • Open wounds • Exit site of invasive devices • Throat	• Nares • Open wounds • Exit sites of invasive devices • Urine (only if initial MRSA was in urine)	• Nares • Groin • Site of original +ve	• N/A	• Nares • Site of original +ve • Exit sites of invasive devices	• Nares • chronic wounds
Monitoring post de-flagging	No	No	No	No	Yes Re-swab q6mths	No	No	N/A	No	Yes Using "MRSA Previous" flag as trigger
Isolation Practices while flagged	• RP for "Well visit" • CP for physical exam/ non- or minimally invasive procedure	• RP for colonized patients • CP for those with transmission risk factors	• RP + CP • No segregation or end of the day visits	• CP for direct care • No PPE required for consults	• RP + CP	• RP	• D&C regardless of colonization/infection (To trigger point-of-care risk assessment)	• RP	• RP	• CP
Active ARO screening in outpatient setting	No	No	None stated	Yes (Risk Based)	No	No	No	No	No	No

RP: Routine Practices, CP: Contact Precautions, D&C: Droplet and Contact Precautions

Objective and Project

OBJECTIVE:

- ❖ To ascertain current trends in isolation practices for patients with a history of MRSA in the outpatient oncology setting

PROJECT:

Infection Control Practitioners working in oncology from across Canada were polled regarding current MRSA management practices in their outpatient departments.

- ❖ 10 facilities participated in the poll spanning 8 different provinces

Results (Table 1)

- ❖ The majority of centers surveyed have processes for removing MRSA flags
- ❖ Timeframe for MRSA status reassessment ranges from no waiting period to 10years
- ❖ Most facilities surveyed apply similar criteria to general inpatient guidelines
- ❖ Time interval between re-screening swabs ranges from no required interval to one month
- ❖ 3 of the 9 facilities who de-flag patients for MRSA take into consideration cancer-related factors e.g. active treatment, extent of disease.
- ❖ Isolation practices for MRSA patients vary from contact precautions to routine practices. Some facilities take into consideration the type of visit.
- ❖ In general, active ARO screening is not occurring in the outpatient setting.

Lessons Learned

- ❖ There is significant variation in MRSA management in this specialized setting
- ❖ The role of a cancer diagnosis as a risk factor of MRSA carriage remains undefined
- ❖ Only 3 of the 9 facilities who de-flag take into consideration cancer-related factors
- ❖ There is an increasing shift to the implementation of good routine practices over standard contact precautions for patients carrying MRSA.

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