To ascertain current trends in isolation practices for patients
Coia JE, Leanord AT & Reilly J. Screening for methicillin
In general, active ARO screening is not occurring in the outpatient setting.
Most facilities surveyed apply similar criteria to general inpatient guidelines
Isolation practices for MRSA patients vary from contact precautions to routine
Schaefer AM, McMullen KM, Mayfield JL, Richmond A, Warren DK & Dubberke ER. Risk factors associated with methicillin
Siegel JD, Rhinehart E, Jackson M, Chiarello L. & the Healthcare Infection Control Practice Advisory Committee. 2007. Guideli

PROJECT:
focused guidelines.

significance challenges
outpatient setting, extent of disease, malignancy, factors among the oncology population (e.g. underlying malignancy, 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/200904/photo_verybig_103205.jpg

MRSA management in outpatient oncology: Survey results

Do you de-flag patients?

Criteria for de-flagging

Swabbing protocols

Monitoring post de-flagging

Isolation Practice while flagged

Active ARO screening in outpatient setting

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-swabbing swabs ranges from no 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.

REFERENCES

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.).

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

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<tbody>
<tr>
<td>Do you de-flag patients?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>Criteria for de-flagging</td>
<td>• No waiting period</td>
<td>• 3 consecutive Neg swabs, 1 week apart</td>
<td>• 3 days waiting period</td>
<td>• 3 consecutive Neg swabs, no timeframe between.</td>
<td>• 10 days waiting period</td>
<td>• 3 consecutive Neg swabs, 1 week apart</td>
<td>• 10 days waiting period</td>
<td>• 3 consecutive Neg swabs, 24hrs apart</td>
<td>• 10 days waiting period</td>
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<td>Swabbing protocols</td>
<td>• Nasal</td>
<td>• Nasal/Perineal</td>
<td>• Open wounds</td>
<td>• Groin</td>
<td>• Nasal</td>
<td>• Groin</td>
<td>• Open wounds</td>
<td>• Exit sites of invasive devices</td>
<td>• Nasal</td>
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<td>Monitoring post de-flagging</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Re-swab q6mths</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Isolation Practice while flagged</td>
<td>• No waiting period</td>
<td>• CP for physical exam/non-invasive procedure</td>
<td>• AP for colonized patients</td>
<td>• CP for those with permission risk factors</td>
<td>• CP + RP</td>
<td>No segregation</td>
<td>• CP for direct care</td>
<td>• CP + RP</td>
<td>• RP</td>
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<td>Active ARO screening in outpatient setting</td>
<td>No</td>
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<td>No</td>
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</tr>
</tbody>
</table>

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

BC Cancer Agency, Sunnybrook Health Sciences Centre, Alberta Health Services