

TO: Medical Staff

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RE: Infection Control Issues

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This memorandum is intended to update the medical staff on several infection control issues.

Hand hygiene is the most important method for preventing healthcare-associated infections. Hand hygiene (using alcohol foam or hand-washing) *should always* be performed prior to and following patient contact.

New CDC/HICPAC guidelines recommend that staff don gowns *prior to entering the room* of any patient on Contact Precautions. Staff should also perform hand hygiene and don gloves before entering such rooms. When leaving the room, the gowns should be removed first and then the gloves. Hand hygiene should then be performed.

UNC Hospitals will begin on April 7th testing ALL patients admitted to an ICU for nasal carriage of methicillin-resistant *Staphylococcus aureus* (MRSA) using a rapid test (PCR). The PCR test on nasal swabs is ~70% sensitive for the detection of MRSA carriage. As with other PCR tests, the Microbiology Laboratory cannot perform other antibiotic susceptibility testing. If such testing is clinically indicated please obtain a specimen for culture and susceptibility testing. The Microbiology Laboratory will perform the PCR tests twice daily, thus results should be available within 12 to 24 hours. Patient colonized or infections with MRSA should be placed on Contact Precautions.

Indwelling urinary tract catheters (Foley catheters) are commonly used in patients for a variety of medical reasons. Foley catheters are associated with an increased risk of urinary tract infections (UTIs) and should only be used when the benefits exceed the risk. Current infection control guidelines specify that Foley catheters should only be changed due to mechanical difficulties with drainage. They *should not* be changed routinely or when the patient has a UTI.

If you have any questions regarding these issues please call Hospital Epidemiology at 966-1636.