

MRO MANAGEMENT OF PATIENTS IN THE HAEMODIALYSIS UNIT

This protocol is based on and additional to the NSW Health Infection Control Policy [PD2007-084](#) –Prevention & Management of Multi-resistant Organisms (MRO) Nov 2007, the local area network policy [SESLHNPDP/107](#) Management of Multi-resistant Organisms (MROs) April 2011, and the area and hospital policies in the Infection Control Manual.

Objective

To reduce the incidence and monitor the occurrence of MROs in patients receiving haemodialysis both as outpatients and inpatients.

General Considerations

- eMR and IPM have alert functions for newly identified patients.
- A log is kept by haemodialysis staff of all known MRO patients. Located in RISCDOC/dialysis doc/MRO
- Patients with an MRO are identified in RISC in red.
- Once a haemodialysis patient has a positive MRO result, they will always be considered positive. Hence, further swabbing or cultures are not required once a patient has a positive MRO².
- Staff in other areas within the Renal Department must notify the 4 west clinic staff if a patient with a known MRO needs to attend for a clinic appointment. Clinic staff will refer to the “management of patients with known MRO in the peritoneal dialysis unit” policy and allocate the patient for a late appointment and a room which is dedicated to the review of MRO positive patients – consult 2.
- All staff, visitors and patients to the unit must wash their hands or use alcohol based hand rubs before entering the waiting room².
- Patient and family must be notified that the patient has a MRO and be educated regarding MRO and management of by primary nurse. An information sheet has been developed to assist with patient education and must be completed by the primary nurse annually.
- All staff visiting the haemodialysis unit must be educated regarding the MRO policy.

Transporting patients

- The transporting agency (renal bus & ambulance) must be notified if a patient has MRO and the requirement for standard and additional precautions².
- Transporting agencies must not transport patients with different strains of MRO within the same vehicle².

Patient Management

- Isolate patient in single room or cohort patients with the same MRO strain² in the acute area on 4W or minimal care designated area. An appropriate staffing level is required according to patient acuity.
- All staff are required to wear yellow gowns and gloves when accessing patient's vascular access for haemodialysis, changing dressings or providing nursing care to the patient. Gowns and gloves are not required whilst checking the haemodialysis machine. Gloves and gowns must be removed and hand hygiene performed after removing gloves prior to leaving the designated room/dialysis zone and before moving to another dialysis zone.
- Disinfect haemodialysis machine screen and trolley after connecting the patient. Disinfect all dialysis zone equipment including trolley, chair and table with Viraclean once patient has vacated the zone.
- Use dedicated patient care equipment i.e. BP machines, stethoscope, glucometer etc in the isolation and cohort areas.
- Where feasible all wound dressings other than vascath exit site or fistula dressings should be performed in the home by community nurses.
- An alert which represents the patient has an MRO is to be placed in the front of patient's notes to raise awareness to all staff.
- VRE/MRO patients are identified by a white folder
- Patients with a MRO and who are in the isolation rooms must have all notes placed outside the room. All notes of patients with an MRO are to be kept away from other patient notes whilst the patient is dialysing.
- VRE patients are not to be transferred throughout the unit i.e. from in-centre to minimal care to minimise the transmission of VRE.
- VRE positive patients are not to sit/wait in the waiting room and must go directly into their allocated chair on arrival. At the completion of treatment patients are required to wait in the waiting room for ambulance or transport pick up.
- Patients with VRE must only use the *disabled toilet* on 4W. Clinic staff should direct MRO/VRE patients to the correct toilet for use, which needs to be reinforced through primary nurse education.
- All VRE room/areas including waiting room chairs must be cleaned after each shift by cleaning staff² using neutral detergent (Viraclean) and disinfectant (special methylated spirits)

Reference

¹ St George Hospital Infection Control CNC

² NSW Department of Health (2011). Infection Control Policy PD2007-084: Prevention and Management of Multi-Resistant Organisms (MRO).

**Policy regarding Vancomycin-Resistant Enterococcus (VRE) Screening
in the dialysis units at St George Hospital**

Policy

- In view of the low prevalence of VRE and the lack of therapeutic efficacy of any treatments if VRE colonisation is detected the Department of Renal Medicine will not pursue a policy of swabbing all patients and staff on a routine basis.
- Dialysis patients who have unexplained illness, including in the absence of fever, will have blood cultures collected to ensure VRE bacteraemia has been excluded.
- The Unit will continue to limit use of Vancomycin and Meropenem as far as possible.
- Staff will continue to employ infectious diseases preventative measures as are currently in place, with an emphasis on prolonged hand washing.
- Where patients seek to dialyse in other units swabs will be undertaken if requested by the other unit.
- This policy will be reviewed as necessary should additional medical information become available.

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