

Table 6: Recommendations to Prevent The Spread of Vancomycin-Resistant *Staphylococcus aureus*

- The laboratory should immediately notify infection-control personnel on the clinical unit, and the attending physician
- Infection-control personnel, in collaboration with appropriate authorities, including the state health department and the CDC, should initiate an epidemiologic and laboratory investigation

Medical and Nursing Staff Risks

- Isolate the patient in a private room and use contact precautions (gown, mask, gloves, and antibacterial soap for hand washing) recommended for multidrug-resistant microorganisms
- Minimize the number of persons with access to colonized/infected patients
- Dedicate specific healthcare workers to provide one-on-one care of the colonized/infected patient or the cohort of colonized/infected patients

Infection Control Personnel Tasks

- Inform all personnel providing direct patient care of the epidemiologic implications of such strains and of the infection control precautions necessary for their containment
- Monitor and strictly enforce compliance with contact precautions and other recommended infection control practices
- Determine whether transmission has already occurred by obtaining baseline cultures (before initiation of precautions) for staphylococci with reduced susceptibility to vancomycin from nares and hands of all healthcare workers, roommates, and others with direct patient contact
- Assess efficacy of precautions by monitoring healthcare personnel acquisition of staphylococci with reduced susceptibility to vancomycin as recommended by consultants to the state health department or CDC
- Avoid transferring infected patients within or between facilities and, if transfer is necessary, fully inform the receiving institution or unit of the patient's colonization/infection status and appropriate precautions
- Consult with the state health department and CDC before discharge of a colonized/infected patient