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#### Related Topics:

A summary of strategies for acute care facilities that want to implement interventions to prevent hospital-onset *Staphylococcus aureus* Bloodstream Infections (HO SA BSIs). The specific interventions listed below are not intended for use in response to an outbreak and are intended for adult inpatient units. Infection control practices should be reinforced on an ongoing basis, including the use of competency-based training and monitoring of adherence with feedback of results for practices including hand hygiene, environmental cleaning and disinfection, and use of personal protective equipment. Hospitals should work to implement the CDC Core Elements of Hospital Antibiotic Stewardship Programs. Core and supplemental strategies for consideration are listed below. Core strategies are supported by published evidence; supplemental strategies are generally supported by less evidence and could be considered for use when reduction goals are not met after implementation of core interventions or when facilities need to implement a more aggressive prevention strategy. The first step in developing a HO SA BSI prevention strategy is to review recent episodes of HO SA BSI to identify common risk factors and underlying syndromes that can help identify the populations to prioritize. Elements that could be reviewed include associated syndromes (e.g., wound infections or pneumonia) that may have led to the BSI, unit types, presence of indwelling devices such as central venous catheters (CVCs), and prior invasive procedures or surgeries. Based on this review of facility-level data, the most impactful core and supplemental strategies can be chosen. Pursue a strategy to reduce carriage of *S. aureus* among all patients admitted to intensive care units (ICUs)

(see table for summary of decolonization and pathogen reduction strategies) including:

Pursue a strategy to reduce carriage of *S. aureus* for patients hospitalized with CVCs or midline catheters outside the ICU For patients undergoing high risk surgeries (e.g. cardiothoracic (CT), orthopedic, and neurosurgery), use an intranasal antistaphylococcal antibiotic/antiseptic (e.g. mupirocin or iodophor) and chlorhexidine wash or wipes prior to surgery. A Possible regimens: Consider chlorhexidine bathing or wipes for up to 5 days prior to surgery for all surgical patients\*, not just those undergoing high risk surgeries *Staphylococcus aureus* (staph) is a germ found on people's skin. Most of the time, staph does not cause any harm but sometimes staph causes infections. Languages Language Assistance Languages Language Assistance

