

# Organization Recommendations for Prevention of Healthcare-Onset *S. aureus* Infections

## Centers for Disease Control and Prevention (CDC)

**Surgical patients:** For all patients undergoing high risk surgeries (e.g. cardiothoracic, orthopedic, and neurosurgery), unless known to be *S. aureus* negative, use an intranasal anti-staphylococcal antibiotic/antiseptic and CHG wash or wipes prior to surgery (core strategy).

**ICU patients:** Decolonize all patients with intranasal staphylococcal antibiotic/antiseptic plus topical CHG (core strategy).

**Non-ICU patients:** Decolonize patients with CVC or midline catheter with intranasal staphylococcal antibiotic/antiseptic plus topical CHG (supplemental strategy).

<https://www.cdc.gov/hai/prevent/staph-prevention-strategies.html>

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## Health Research and Educational Trust (HRET)

**Surgical patients:** Integrate CHG bathing and intranasal decolonization with mupirocin, povidone iodine nasal antiseptic, or alcohol-based nasal therapy into the decolonization protocol.

<http://www.hret-hiin.org/Resources/ssi/18/surgical-site-infections-change-package.pdf>

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## Society for Healthcare Epidemiology of America (SHEA)

**ICU:** MRSA decolonization can be targeted to MRSA-colonized persons or applied universally to populations deemed to be at high risk for infection. (Level 1 Evidence: Provide universal decolonization to ICU patients when MRSA not effectively controlled).

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