According to the financial problem, cost-effective, safety and simple infection control is highly needed in long term care facilities in Japan, and the nurses are struggling to find the appropriate methods and systems. In this symposium, I would like to introduce the types of long term care facilities in Japan, and present some infection control trials in the long term care facilities.

**LONG TERM CARE FACILITIES SYSTEM IN TAIWAN**
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Long-term care (LTC) in Taiwan is grossly under developing and processing. Policy making and financing arrangements for LTC are now important and hot in Taiwan. In Taiwan, formulation of policy (and related programmes) objectives has progressed considerably ever since two decades before. The necessary social value system, working model, service scheme, delivery system, legal framework, and LTC worker & manager repositioning and nurturing, even establishing related certificate/licensure of the new discipline of care worker management have been still under developing, but well focusing on related administrative supervising and accreditation on some related practices or delivery. Newly LTC Service Act and LTC Insurance Act legislation are still under-going in the congress (Legislative Yen) contemporarily. The basis of financing arrangements, pension system besides, LTC Insurance(LTCI) taskforce has been under planning at present. LTC demands/needs will exceed supply tremendously as expected, the resource deficit gap will be expected to deepen after LTCI launching then. Developing LTCI scheme is now a central headline for policy formulation, and government continues to take a leading role in consolidating financing and integrating the service systems. Now, people have only taken the rough message about LTC insurance launching in 2016(hopefully). For the processing of LTC globally, LTC facility is originally a place/site of collective accommodation & living where care on the activities even participations of those in needs is provided as a package. It line of care worker/management have been still under developing, but well

**ENVIRONMENTAL CLEANING FOR MDRO CONTROL**

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**CONTROL OF MULTIDRUG RESISTANT GRAM-POSITIVE BACTERIA: LESSONS FROM RECENT INTERVENTIONAL STUDIES IN ICUS**
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Several major trials published last year questioned the effectiveness of universal screening and contact precautions in controlling MRSA. These trials generally recommend universal decolonization as part of bundles to control MRSA, especially in ICUs, with some even concluding that universal decolonization should replace active screening and contact precautions. However, emerging resistance to agents used for decolonization, such as mupirocin and chlorhexidine, is a major concern. Several other studies confirmed a combination of hand hygiene enhancement, screening, contact precaution and targeted decolonization as a more viable MRSA infection control strategy for specific population groups.

In summary, universal decolonization is an acceptable MRSA control strategy for intensive care units; however, close monitoring of chlorhexidine and mupirocin resistance is warranted. As a strategy, screening and contact precautions are suitable for hospital-wide MRSA control. Targeted decolonization is a proven measure for patients undergoing clean surgery. Enhancement of hand hygiene is a core measure regardless of the strategy.