Intraoperative transfusion was a risk factor for SSI (OR, 4.7) (Fig. 1). Among the 205 patients with no indication for transfusion, 98 received blood even without the indication: there was no difference in hemoglobin outcome when discharge and admission were compared, and the 98 patients were exposed to unnecessary risk. Regarding restrictive versus liberal transfusion strategies, there were differences in the variables, age ($P = .000$), duration of surgery ($P = .003$), number of comorbidities ($P = .000$), body mass index (BMI) ($P = .027$), previous hemoglobin ($P = .000$), and high hemoglobin ($P = .000$), considering the transfusion practice employed (Fig. 2). **Conclusions:** The indications for and definition of protocols and careful evaluation of blood transfusion are critical to avoid infectious complications in orthopedic patients with lower-limb fractures.
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Poster Presentation

Like a Bat Out of.... the Hospital? Development of a Bat Capture and Testing Protocol Prompted by Two Nosocomial Encounters

Michael Kessler, Fellowship; Daniel Shirley, University of Wisconsin School of Medicine and Public Health; Laura Anderson, UW Health; Nasia Safdar, University of Wisconsin, Madison

Background: In the state of Wisconsin, 3%–4% of bats submitted for rabies testing are positive. Inpatient bat encounters at 2 affiliated healthcare facilities at nearly the same time were brought to the attention of the infection prevention and control (IPC) team. The first bat was captured in a patient room and was submitted for testing. Postexposure prophylaxis (PEP) was initiated for 1 patient before the bat testing results came back negative. The second bat was found in a transplant unit hallway and was released before we could request testing. We observed significant variations in responses, including decision to administer PEP and submission of bats for rabies testing. The IPC team developed a protocol to minimize unnecessary PEP, to prevent nosocomial rabies infection from bat exposure, and to limit associated panic. **Methods:** A systematic literature review of multiple databases was performed. A search of nonscientific articles using Google was also performed to assess unpublished inpatient bat encounters. A workgroup was established including IPC staff, physicians, and facilities management. The county animal services department and the state public health department veterinarian were consulted to aid in development of a protocol. **Results:** Literature review yielded a single report of a bat discovered in a neonatal intensive care unit (NICU). A lack of protocol resulted in PEP administration to 7 neonates without observed exposure after the bat was released instead of being submitted for testing. Of the first 100 articles retrieved via Google search of "bat in hospital," 9 pertained to nosocomial discovery of bats in 5 different states over the past 7 years. Encounters included infestations requiring unit shutdowns and PEP administration. One tertiary-care referral center reported 10 encounters per year but did not elaborate on associated procedures. The county animal services staff assisted in training maintenance and engineering services (MES) personnel on how to secure bats for testing and helped develop a "bat kit" with protective gear and equipment to do so safely. In the new protocol, an inpatient bat encounter prompts personnel to capture the bat and begin an investigation into known or potential occult exposure. Known or potential exposures merit submission of the bat for rabies testing, the results of which guide PEP recommendations. All encounters are investigated for point of entry or roost. **Conclusions:** Inpatient bat encounters are not uncommon. Encounters should prompt systematic assessment for exposures and an investigation of the root cause. Following a protocol may limit unnecessary PEP administration, prevent nosocomial transmission of rabies from bat to patient, and attenuate associated anxiety.
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Linezolid-Resistant *Staphylococcus haemolyticus*: Emergence of G2447U and C2534U Mutations at the Domain V of 23Sr RNA Gene

Sanjana Kumari, Senior Resident*; Jyoti Rawre, All India Institute of Medical Sciences; Anjan Trikha, All India Institute of Medical Sciences; Vishnubhatla Sireenivas, All India Institute of Medical Sciences; Seema Sood, All India Institute of Medical Sciences; Arti Kapil, All India Institute of Medical Sciences; Benu Dhawan, All India Institute of Medical Sciences

Background: Linezolid an oxazolidinone drug available in both parenteral and oral formulations has emerged as a novel alternative to vancomycin and other second-generation drugs for the treatment of infections from gram-positive cocci. Clinical isolates of linezolid-resistant staphylococci and enterococci were reported. Since then, linezolid-resistant strains have become an increasing problem worldwide. The most frequently reported mechanisms of linezolid resistance include the mutation in 23S ribosomal nucleic acid and presence of *cfr* gene. Methicillin-resistant coagulase-negative staphylococci (MR-CoNS) and vancomycin-resistant *Enterococcus (V*RE) have become a worrisome clinical problem. **Objective:** Therefore, we aimed to determine the distribution of linezolid-resistant strains in an inpatient setting of a tertiary-care hospital in India and to evaluate the resistance mechanisms among these isolates. In addition, the clonal diversity of the isolates was determined by pulsed-field gel electrophoresis (PFGE). **Methods:** The distribution, clonal diversity, and resistance mechanism of linezolid resistant-*Staphylococcus haemolyticus* (LRSH) strains were determined. The isolates were identified by MALDI-TOF. The mechanism of resistance was determined by sequence analysis of the domain V of 23SrRNA and screening for *cfr* gene. Clonal relatedness was defined by PFGE. **Results:**

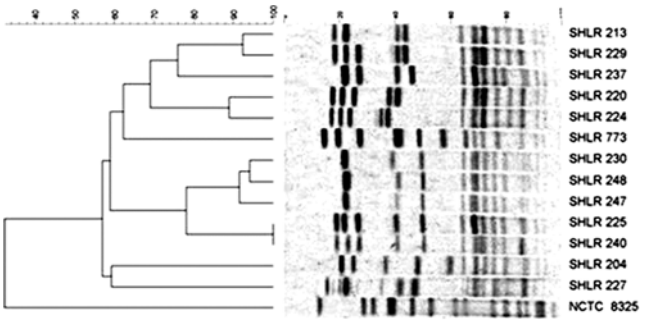

Fig. 1.