

# Trust Policy

For

## METICILLIN RESISTANT STAPHYLOCOCCUS AUREUS

### A policy recommended for use

**In:** All Clinical settings

**By:** Staff who are caring for patients in clinical settings

**For:** All patients

**Key Words:** MRSA, Mupirocin, Isolation, Handwashing, Protocol

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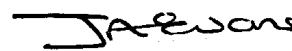
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# **SECTION 1 - MANAGEMENT OF THE PATIENT WITH METICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)**

## **1. INTRODUCTION**

Strains of *Staphylococcus aureus* that are resistant to many antibiotics, including meticillin and flucloxacillin are known by the term MRSA. Concern about the transmission of MRSA is related to the potential spread of this organism in hospital and the limited number of antibiotics available to treat infections caused by MRSA.

## **2. OBJECTIVES**

To identify, treat and reduce the bioburden within the Trust with particular emphasis on the vulnerable patient.

Patients should NEVER be refused emergency or routine admission on the grounds of their MRSA status.

## **3. RISK CLASSIFICATION**

In the revised MRSA Working Party Guidelines (2006) it is proposed that preventative strategies be directed primarily to acute clinical areas. Long stay and mental health areas will be able to adopt less stringent strategies. All elective and emergency admissions to the Trust have an increased priority which is reflected in this policy. (2006, 2007 DOH)

#### 4. WHO TO SCREEN

##### Patients to be screened:

- All emergency admissions aged 16 years and over (from A&E or any other route, e.g., outpatient clinic, GP referral, etc.)
- Transfer between wards within Trust

Transfer between wards includes AAU, SSU, MAU, CDU, A&E, SAU & CADMU if the patient remains on any of these units for > 24 hours.

##### HIGH RISK category

- Previously known positive (this can be checked on PAS or ICE for flag)
- Admission to hospital in last year
- From hospital abroad
- Transfer from another hospital
- Children involved in shared care with another organisation or known MRSA positive or hospital admission in last year
- All antenatal patients that meet high risk criteria above

##### All Elective patients prior to admission in outpatient department/pre-admission clinics except the list below which states the groups of patients that *do not* require screening

All Elective patients prior to admission on 18 week pathway should be screened in time to decolonise those that are found to be MRSA positive. Therefore at the latest 2 weeks prior to admission to allow for collection of pack and decolonisation.

All elective patient groups including those undergoing **both** local and general anaesthesia:

All Surgery **excluding:**

- Day case vasectomy
- Day case hand surgery
- Day case ophthalmology
- Minor dermatological procedures
- Arthroscopy
- Children
- Lithotripsy
- Dental

All Medical **excluding:**

- Endoscopy
- Bronchoscopy
- All procedures undertaken in out patient setting
- Lumbar punctures
- Clinical Immunology
- Pain Management
- Joint injections (whether by surgical or medical teams)
- Cardiology (except insertion of pacemakers that should be screened)

All Gynaecology & Obstetrics

**excluding:**

Termination of pregnancy  
 Insertion of intra-uterine devices  
 No routine screening of obstetric cases  
 i.e. mothers on first booking unless booked  
 for elective caesarean section **OR** identified as high  
 risk

**Any patient in any of the above groups MUST be screened if they fall in to the HIGH risk category above**

**Special high risk areas to be screened on admission**

- I.T.U.
- H.D.U.
- N.I.C.U

**And weekly thereafter during their stay on a Unit**

- Renal dialysis on admission for peritoneal or haemodialysis **and regularly every 3 months thereafter. Plus** prior to any surgical procedure, e.g. fistula or peritoneal catheter insertion.

**Chemotherapy patients**

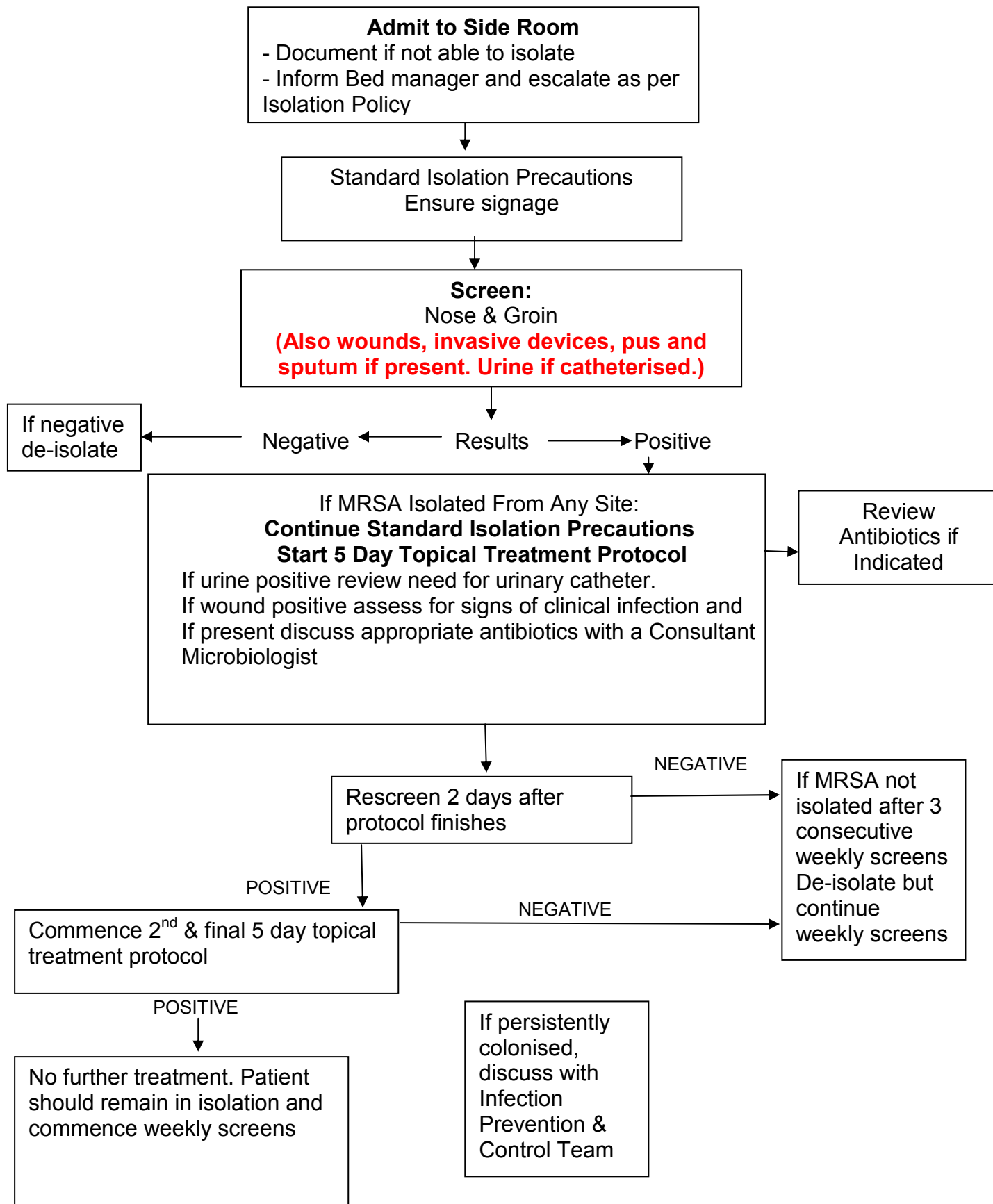
All will be screened on commencing course of treatment

**Patients awaiting transfer to another hospital**

**5. ASSESSMENT OF EMERGENCY PATIENTS ON ADMISSION**

- Complete the MRSA Checklist and Screening Record (Appendix 1) for ALL emergency admissions > or = 16 years and place in medical notes.
- Patients at high risk of MRSA colonisation **MUST** be isolated pending the result of the MRSA screen.
- High risk patients are those with:
  - Previous MRSA positive (check for MRSA alert on PAS)
  - Admission to any hospital (UK or abroad) in the past year
  - Reside in a Nursing or Residential Home
- Patients not fitting high risk criteria can be nursed on the open ward.

**PROCEDURE FOR HIGH RISK PATIENTS:**



**All patients must be risk assessed for isolation priority (if required) by the Bed Management Team in conjunction with the Infection Prevention & Control Team.**

**It is the responsibility of the patient's clinician to follow up results of discharged patients and to inform the patient's General Practitioner of any positive results.**

## **6. HOW TO TAKE A MRSA SCREEN**

- Use one swab for both nostrils. Insert tip into nostril and rub in a circular fashion.
- Use one swab for both groins/perineal area
- Use an individual swab for each wound
- Use universal container for urine/sputum/pus

NOTE – Do not collect a throat swab – this no longer forms part of a MRSA screen

Washing or personal hygiene will not interfere with results. Swabs can be taken at any time of the day.

### **Ordering MRSA screens on ICE Ordercomms**

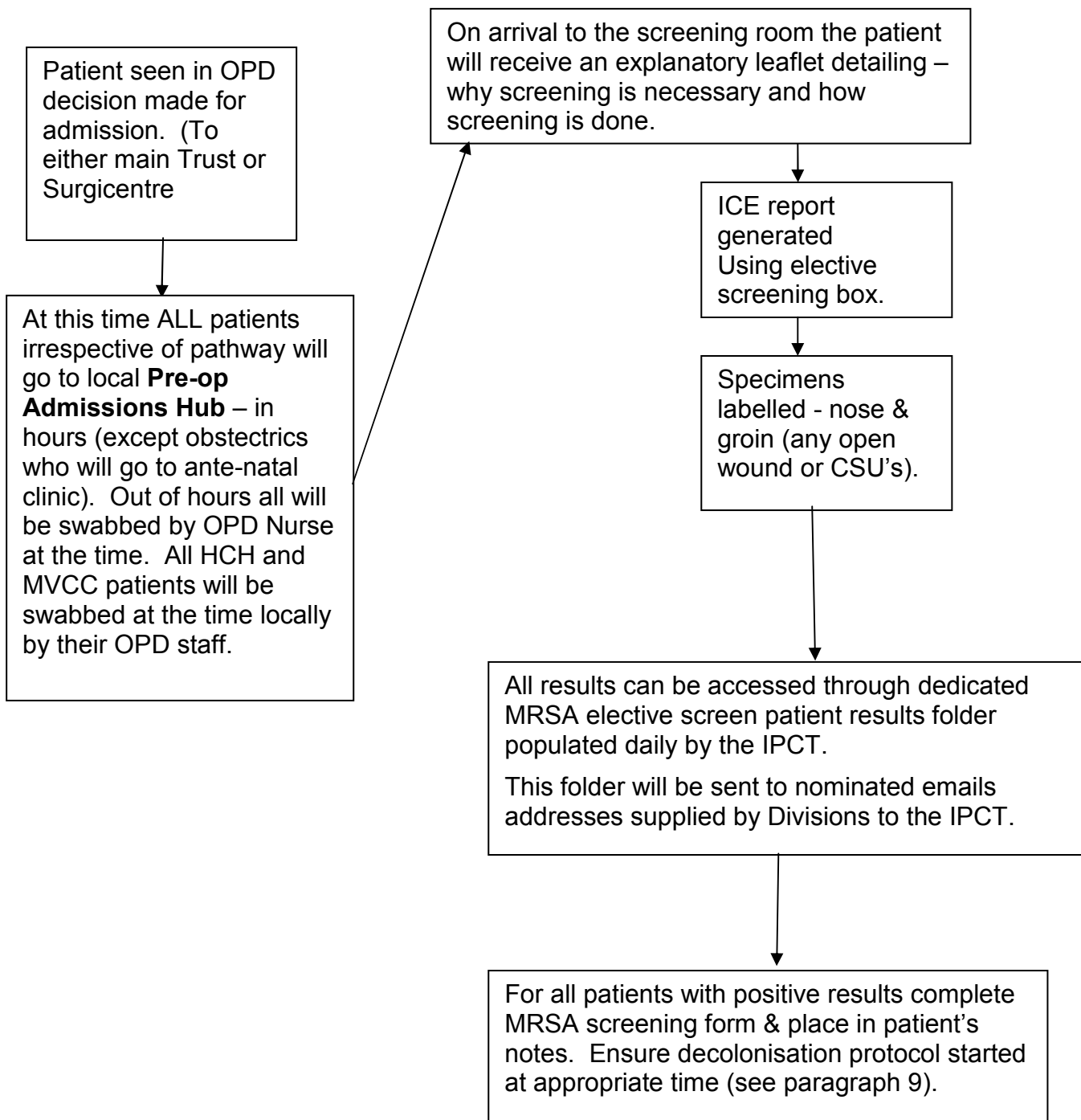
- Search for and then select the correct patient
- Click on requesting
- New request
- MRSA
- Options appear (elective admission screen, emergency admission screen, other reason). 'Other reason' category should be used for ward transfer, post treatment and weekly screens. **It is essential to select the appropriate screen option** (to ensure accurate data can be collected relating to numbers of elective and emergency screens undertaken).
- Request any other sites or CSU if required.
- Continue request – complete as appropriate including requesting copy of result and location to which copy is to be sent if required.
- Ensure all swabs are labelled with patient label and site of swab.

## **7. MRSA ALERT SYSTEM ON PAS**

**All patients found to be MRSA positive from screening will have an 'MRSA Alert' placed on their PAS records. This alert will remain on the patient's records even after they have had 3 or more negative MRSA screens and therefore indicates that the patient is an 'MRSA risk' and not necessarily 'MRSA positive'.**

It is the responsibility of clinical staff to check for an alert on PAS when the patient is admitted and isolate the patient until the screen results are known.

**8. PRACTICE FOR MRSA ELECTIVE (ADULT) SCREENING IN OUT-PATIENT SETTING)**



## 9. MANAGING OUTPATIENT ELECTIVE SCREENING RESULTS

- All positive results will be reported to the IPCNs via ICNet which is linked to the laboratory system.
- All positive results are reported by the IPCNs on a dedicated MRSA elective screening results folder which is circulated daily to nominated email addressees. These email addresses have been supplied by the Divisions receiving results.
- **It is the responsibility of the designated person or area to check the results daily and contact the patients.**
- The person receiving the result will contact the patient, inform them of the result and arrange for the patient to attend a clinic where they will be given information both written and verbal and a decolonisation pack. **The patient will be instructed to use the pack for 5 days, starting two weeks prior to admission (except Surgicentre).**
- Surgicentre patients will be instructed to commence pack 5 days before admission.
- Patients from HCH and QEII will attend the QEII. Lister patients will go Pre-op Admissions Hub, Surgicentre patients will go to the Surgicentre.
- Obstetric patients will follow pathway for all general patients being followed up at antenatal clinic and decolonisation arranged 2 weeks prior to booked admission time.
- Medical patients will follow respective OPD pathways.
- IPCNs will send a letter within two working days to the patient's General Practitioner (GP) once a positive elective screens result has been identified to ensure the GP is aware of the management of this patient prior to their surgery.

### **Cancellations or delayed elective admissions**

- All patients who have had their surgery delayed or cancelled so they breach the 18 week rule for admission must be rescreened.

### **On Admission following a positive result**

All patients will be treated in accordance with the MRSA and Isolation Policy and be isolated as 'previously known positive'. The Bed Manager must be informed to identify a side room or cohort the patient as possible. If no side room is available the patients need for a side room must be escalated in accordance with the Isolation Policy located in the Infection Prevention and Control Manual and on the Infection Prevention and Control Knowledge Centre site.

Patients do not routinely require rescreening following decolonisation prior to admission with the exception of orthopaedic joint replacements. All known positive patients when admitted should be isolated and rescreened.

It is the doctor's responsibility to ensure that MRSA positive patients receive appropriate antibiotic prophylaxis if indicated, and the choice of antibiotic covers MRSA. (refer to antibiotic guidelines).

## **10. INFECTION CONTROL PRECAUTIONS IN THE CLINICAL ENVIRONMENT**

### **Mode of Transmission**

- Hands are the major method for the transmission of most bacteria, including MRSA. Staff may colonise themselves by touching or rubbing their noses with unwashed hands after contact with MRSA positive patient or their immediate environment. Staff may also acquire MRSA colonisation of skin wounds or dermatitis, or in bitten nails and nail beds.

**Good hand-washing is the single most important measure in preventing the spread of infection, especially between patients. See Trust Handwashing Policy.**

### **Patient Isolation**

#### **Standard isolation precautions in side room**

- If no side rooms available, contact Bed Manager to identify room elsewhere. If no side room available, escalate using the **Trust Isolation Policy** criteria (see escalation process appendix 1 in the **Trust Isolation Policy** located in the Infection Prevention and Control Manual and on the Knowledge Centre
- Patients with eczema/psoriasis (skin shedders) should have priority for side rooms.
- **Ensure the door is always kept closed.**
- Complete Adverse Incident Form for patients that you are not able to isolate due to lack of facilities.

### **Protective Clothing**

- All staff entering the isolation room or cohorted bay must be 'naked below the elbows' i.e. must have short sleeves, no bracelets, watches, false nails or nail varnish.
- All staff must comply with **Uniform & Dress Code for Clinical Staff**.
- Disposable plastic aprons and gloves must be put on before entering the isolation area.
- Gloves may need to be changed between procedures and hands decontaminated prior to placing a new set of gloves on.
- In the case of cohorted patients, gloves and aprons must be changed and hands decontaminated between contact with each patient and patient environment.

- Eye protection must be worn when performing any aerosolising procedure, e.g. chest physiotherapy and suctioning.
- Protective clothing must be removed directly after each episode of patient care, and be disposed of appropriately in a clinical waste bin. Hands must then be decontaminated.

### Clinical Waste and Linen

- Disposal of waste must conform to the **Trust Waste Policy** located in the Infection Prevention and Control Manual and on the Knowledge Centre
- All waste from isolation areas should be placed in an orange clinical waste bag in side room, then placed into a clean waste bag outside the room.
- Used linen, including patient clothing owned by the Trust, must be considered to be contaminated/ infected and placed in a red bag, as per **Trust Management for soiled or infected linen policy** located in the Infection Prevention and Control Manual and on the Knowledge Centre.
- Any linen held in the isolation area should be sent to the laundry when the patient is de-isolated.
- Clean linen should not be stored outside the isolation rooms and areas on trolleys.
- Towels and bed linen should be changed daily.
- Do not sit on beds, as clothing is likely to become contaminated.
- Relatives should be offered a dissolvable 'patient property' bag for personal linen for home laundry.

### Cleaning

- All staff should report inadequate cleaning to the cleaning company in the first instance and then to the matron if a sustained improvement is not seen.
- All isolation rooms should be cleaned as per **Trust Terminal Cleaning Policy** located in the Infection Prevention and Control Manual and on the Knowledge Centre.

### Visitors

- Visitors do not need to wear protective clothing for social contact.
- They should be advised to decontaminate their hands using the alcohol gel or soap and water on entering and exiting patient area.
- They should be requested not to sit on beds.

## Access to information

- Information for patients is available as a leaflet issued by the Infection Prevention & Control Team. This leaflet is also available via the Health Protection Agency website [www.hpa.org.uk](http://www.hpa.org.uk)
- Patient information sheet is available on the Knowledge Centre via the intranet under Infection Prevention & Control.

## Screening of contacts of new cases

- **If a patient in a bay is found to have MRSA, the remainder of the patients in the bay must be screened and isolation precautions taken until the results are known i.e. a cohort bay.**

## 11. PSYCHOLOGICAL ASPECTS OF ISOLATION

- Isolation may be detrimental to the patients' well being (Gammon, 1998, Gammon, 1999). Appropriate risk assessment should always be carried out before any patient is admitted to a side room. Careful consideration of the mental health of the patient is of paramount importance, and if problems are anticipated the advice of the Infection Prevention & Control Team must be sought. Regular re-assessment and timely screening of patients should occur in order that patients may be de-isolated as soon as possible.

## 12. CLINICAL MANAGEMENT OF THE MRSA POSITIVE PATIENT

### Medical Treatment of Patients

- The advice of the Consultant Microbiologist should be sought in ALL instances where an MRSA positive patient may require antibiotics. The resistance patterns of MRSA vary from one patient to another and it is impossible to give blanket advice on appropriate antibiotic treatment.
- **The inappropriate and prolonged use of any antibiotics to which MRSA is resistant may contribute to the resistance and spread of MRSA within the Trust (Boyce, 2001).**
- Topical treatment protocol is designed for patients who are colonised or infected with MRSA **in any site**, and is recommended for all such patients, with the exception of neonates.
- If the first indication of MRSA in a patient is from either urine, a wound swab or blood the complete protocol is still required (as well as appropriate antibiotic) irrespective of subsequent surface site results.
- The topical treatment protocol can be given a maximum of twice per admission (2 five day courses) (BNF, March 2011).
- If skin irritation occurs, discontinue the use of Triclosan and/or Mupirocin. A Consultant Microbiologist will advise on alternative treatment.

- There is little data available regarding the safety or efficacy of using mupirocin around PEG tubes, tracheostomy tubes, catheters and similar devices. A single course of mupirocin (5 days) **may** be considered on an individual patient basis by the Infection Prevention & Control Team. This may be subject to change in the light of new research or national guidelines.
- Commence MRSA Care Pathway. The prescription for the protocol below is part of the Pathway document.

### Topical Treatment Protocol

Formulation	Frequency	Duration
Nasal Mupirocin <b>2% nasal ointment</b>	Three Times Daily	5 days
Mupirocin <b>2% cream</b> for secondarily infected traumatic lesions (not greater than 10cm <sup>2</sup> in area or 10cm in length)	Up to 3 Times Daily	May be given up to 10 days, but re-evaluate after 3-5 days
Body Wash (1% <b>Triclosan</b> )	Daily, apply to skin before entering bath or shower	5 Days
Shampooing (1% <b>Triclosan</b> )	At Least Twice Weekly	5 Days

- **After protocol, apply clean clothing, bedding and supply clean towels.**
- Disposable flannels should be used for washing patients.
- Disposable washbowls must be used for MRSA positive patients.
- For high level mupirocin resistance, Naseptin may be advised nasally 4 times a day for 10 days per protocol in place of mupirocin (NB Naseptin contains peanut oil).

**Topical treatment for patients with High Shedding skin conditions for example: eczema, dermatitis & psoriasis.**

1. Seek advice from Consultant Dermatologist with view to protocol of Oilatum bath additive or Oilatum plus (with added benzalkonium chloride 6% & Triclosan 2%).
  2. This should only be prescribed by a Consultant Dermatologist.
  3. Treat underlying skin condition.
- Children and neonates are not routinely given decolonisation protocols. In the event of an outbreak this will be reviewed and decided on an individual basis by the Infection Control Team managing the outbreak.
  - The management of breast milk expressed from MRSA colonised mothers or babies will be advised on an individual basis by the Infection Prevention & Control Doctor/Consultant Microbiologist.

**The prescription chart in the MRSA Care Pathway document must be signed when each protocol is given. Failure to do so is a drug error.**

**Post Treatment Screens**

**Screening should commence 48 hours after protocol has finished, and screened weekly thereafter. After 3 consecutive negative screens the patient can be de-isolated but must continue with weekly screens.**

**Patients with Wounds**

- Patients with MRSA colonisation of wounds can have daily baths as outlined above if the condition of their wounds permits.
- Seek advice from the Tissue Viability Nurse, particularly for the management of complicated wounds.
- Mupirocin 2% cream may be used on secondarily infected traumatic lesions not greater than 10cm<sup>2</sup> in area or 10cm in length.
- If signs of infection are present, discuss appropriate treatment with a Consultant Microbiologist.
- All wound dressings should be performed using strict aseptic technique.

**Urine/Sputum**

- The Consultant Microbiologist will advise on treatment if it is clinically indicated.

## Pre-operative preparation for MRSA positive patients

- Every effort should be made to decolonise patients pre-operatively and/or suppress infection with MRSA before surgery (see Surgical Site Infection High Impact Intervention located on the Knowledge Centre for further information).
- Bathe/shower the patient with 1% Triclosan applying it directly to the skin as a wash and then rinse off. **Do not pour in to the bath or bowl.**
- Cover affected lesions with an impermeable dressing.
- Apply mupirocin 2% nasal ointment to nose pre-operatively (if nasal carrier).
- If prophylactic antibiotic cover is indicated for a surgical procedure this must be discussed with a Consultant Microbiologist.
- Place patient last on the list to enable recovery in the operating theatre.
- Theatre surfaces in close contact or near the patient, such as operating table or instrument trolley, should be decontaminated with hot water and detergent, followed by alcohol wipe before the next patient.
- Recover in the operating theatre after surgery, or area not occupied by other patients to avoid possible contamination.
- Porter staff to wear personal protective equipment (P.P.E.).

## 13. VISITS TO OTHER DEPARTMENTS

- **When MRSA positive patients require investigation in another department the doctor making the request on the department request form MUST state that the patient is MRSA positive (e.g. X-ray, Theatres Endoscopy, Outpatients, Physiotherapy and Occupational Therapy). In addition to this the department must be informed in advance by the ward staff.**
- Patients are not to be left in a corridor waiting to enter the respective departments.
- Wearing of protective clothing should conform to **Trust Standard Precautions Policy** located in the Infection Prevention and Control Manual and on the Infection Prevention and Control site on the Knowledge Centre. Porter staff must wear gloves when handling the patient's bed and/or equipment and apron, if they are required to assist the patient manually into a wheel chair. Hands must be decontaminated after the removal of protective clothing.
- Staff working in departments coming in to physical contact with either the patient or their equipment must wear disposable gloves and aprons.
- Hands must be washed between all patients (with liquid soap and water or alcohol gel on socially clean hands).
- All equipment with which the patient has had direct contact, e.g., examination couch, needs to be cleaned with general purpose detergent and water, detergent wipes or with the recommended cleaning agent for the equipment.

- Linen, contaminated instruments and waste must be processed in accordance with relevant policies.
- Extra floor cleaning is only required for blood and body fluid spillage. (Follow the procedure for Spillage of blood and body fluids in the **Standard Precautions Policy** which is located in the Infection Prevention and Control Manual and on the Knowledge Centre).
- The trolley or wheelchair used for transportation must be cleaned with neutral detergent and water or detergent wipes by personnel working in that department.

#### **14. TRANSFER OR DISCHARGE TO OTHER HOSPITALS**

- Identification of infected or colonised patients depends primarily on the transferring hospital. **The clinician responsible for the patient should contact the Medical Team at the receiving hospital to inform them of the patient's MRSA status.** Additionally the nursing staff should inform the ward staff of the receiving hospital. **Transfer form should be completed.**
- When receiving a patient from another hospital request the patient's MRSA status and inform the Bed Manager that they will require a side room.
- The Royal Free Hospital, Brompton and Harefield Hospitals request that patients who are due for transfer to these hospitals undergo a full screen before the patient is transferred.
- Inform the **ambulance crew** if an MRSA positive patient has a desquamating skin condition, e.g. eczema. These patients should not be transported in the same vehicle with other patients. If the MRSA positive patient does not have a skin condition, then they may travel along with other patients. Wounds must be covered. If a patient has open skin lesions that are unable to be covered with an impermeable dressing, the advice of the Infection Control Team should be sought. This may result in the patient travelling alone in the ambulance. (National Guidance and Procedures for Infection Prevention and Control by Ambulance Association 2004).
- Unless there is blood/body fluid spillages no extra decontamination of the ambulance is usually required after transporting an MRSA positive patient.

#### **15. DISCHARGE OF PATIENTS INTO THE COMMUNITY SETTING**

- All patients discharged in to the community should have their MRSA status included in their discharge summary. State the number of protocols administered. Inform if currently on a protocol which requires completion and request any further screening required.
- If positive MRSA results are received after discharge, it is the **clinical team's responsibility** to notify the patient's GP of the result.

- Most patients who have MRSA are generally not followed up in the community. MRSA Treatment Protocol and swabs for MRSA should only be arranged if clinically required e.g. patient is to be re-admitted for surgery.
- Inform and involve Community Liaison Nurse, Primary Care Trust (PCT) ICN, General Practitioner, District Nurse and Home Care Team where appropriate, so that they can take appropriate precautions. **This is important in case clinical infection develops when MRSA can then be considered and appropriate antibiotics given.**
- Inform Nursing/Residential Home. Carriage of MRSA should NOT prevent transfer of a patient to a nursing, residential or convalescent home. In the event of any difficulties with placement of a patient, contact the Health Protection Unit (HPU) Infection Control Nurse or the Consultant in Communicable Disease Control, telephone 01462 705300.
- Patients should be advised that if they are readmitted to hospital at any time they should inform staff to ensure they are appropriately managed.

## 16. LAST OFFICES

- The precautions for the laying-out of deceased patients should be the same as those observed during life. Plastic body bags are **NOT** necessary, unless the patient suffered from another condition requiring them, or leakage of body fluids is anticipated.
- Any lesion should be covered by an impermeable dressing.

## 17. CLINICAL GOVERNANCE

- All MRSA bacteraemias will be considered as an internal 'Never-Event'. A 72-hour report and Route Cause Analysis (RCA) will be performed lead by the Infection Prevention & Control Doctor including the clinical team admitting or caring for the patient, within five days of result. The purpose of this is to identify the most probable cause and implement any learning strategies that can be made from such analysis.
- All MRSA bacteraemias are reported as Serious Incidences.
- Should it be identified that the patient was in fact admitted with the MRSA bacteraemia, the (RCA) once complete, should be passed on to the PCT Infection Prevention & Control Nurse by the lead Infection Control Doctor for further investigation in the community.
- An Adverse Incident Form must be completed by the clinical team for every hospital acquired MRSA bacteraemia.

## **18. AN OUTBREAK OF MRSA**

### **Definition**

- An outbreak is defined as **two or more related cases of MRSA** (with the same sensitivity/typing pattern) **in one clinical area**.

In the event of an outbreak the Trust Policy for the Management of Outbreaks will be adopted.

### **Immediate management**

- If possible, all patients known to have MRSA should be nursed in a side room or cohort bay and the treatment protocol should be initiated.
- If the patient's clinical condition allows they can be discharged from hospital.

## **MAJOR OUTBREAK**

### **Definition**

- Should an outbreak spread beyond the confines of a cohort, a major outbreak may be declared.
- The Infection Prevention & Control Team will state when a major outbreak has occurred and the Trust Policy for the Management of Outbreaks will be implemented (see Infection Prevention & Control Manual or the Infection Prevention & Control site on the Knowledge Centre).

## **19. TRUST STAFF SCREENING**

- Healthcare staff may be screened during outbreaks of MRSA.
- Staff screening will be carried out at the discretion of the Infection Control Team/Occupational Health Department and in compliance with Infection Control Issues for Staff Health Policy located on the Knowledge Centre.
- Staff must **not** screen themselves without prior arrangement with the Occupational Health Department.
- Treatment of MRSA colonised staff will be in accordance with the **Topical Treatment Protocol**.
- The Occupational Health Department will advise staff who are MRSA positive on an individual basis whether they need to be excluded from work.

### **For any queries contact the Infection Prevention and Control Team**

- **Lister Ext: 5383 & 5819 or bleep 5383 & 5803**
- **QEII Ext: 4017 or bleep 0525 & 0526**
- **MVCC Ext: 4597**

## SECTION 2 – MANAGEMENT OF VISA/GISA AND VRSA

### 1. INTRODUCTION

**Vancomycin intermediate-susceptible *Staphylococcus aureus* (VISA), Glycopeptide intermediate-susceptible *S. aureus* (GISA) and Vancomycin resistant *S.aureus* (VRSA)** infections remain relatively rare today. However the literature suggests these strains may become more prevalent in the future. Infections with these organisms usually occur in patients who had previous MRSA colonisation/infection and have received long and repeated courses of glycopeptide therapy.

Therefore risk factors are:

1. Antecedent vancomycin/teicoplanin use.
2. MRSA infection 2-3 months prior to VISA/GISA/VRSA infection.

### 2. INFECTION PREVENTION & CONTROL PRECAUTIONS IN THE CLINICAL ENVIRONMENT

**Since, by definition, there are fewer antibiotics available with which to treat VISA, GISA and VRSA, it is important that the extra measures set out below are strictly adhered to, to ensure spread does not occur.**

#### **Healthcare workers**

- The number of healthcare workers caring for the patient should be reduced.
- Healthcare workers with chronic skin conditions, e.g. eczema or psoriasis, should not be involved in direct care of the patient.
- All staff caring for the patient must be aware of how the organism is transmitted and the precautions necessary to prevent this.

#### **Isolation precautions**

The **patient must be isolated** and priority must be given over other infections.

- Fans must not be used to control the patient's temperature.
- Standard precautions must be used by **EVERYONE ENTERING** the room.
- Staff should wear scrub suits to prevent them taking uniforms home to launder.
- All scrub suits must be laundered as per the **Trust Management of Soiled and Infected Linen Policy** located in the Infection Prevention and Control Manual and on the Infection Prevention and Control site on the Knowledge Centre for further information.
- Disposable masks and eye protection should be worn by carers for procedures likely to generate aerosols/splashing.

- Hand hygiene must be performed using alcohol gel before and after each patient contact. Visibly soiled hands should be washed with soap and water.
- All non-disposable items that cannot be easily decontaminated must be kept for the sole use of the patient.
- All patient charts must be kept outside the room.
- All linen must be treated as infected and placed into alginate bags inside the room and red bags outside the room.
- All waste should be discarded into a clinical waste bag inside the room.
- Transfers of colonised/infected patients within and between institutions should be avoided unless essential. The receiving institution must be made aware of the patients' infection/colonisation status.
- After discharge of the patient the room should be terminally cleaned with special attention to the horizontal surfaces (see **Trust Terminal Cleaning Policy** located in the Infection Prevention and Control Manual and on the Infection Prevention and Control site on the Knowledge Centre for further information).

### Screening of patients

- Nose, perineum, skin lesions and manipulated sites of the index case and all other patients in the unit (and any other unit the patient visited during their current admission) should be screened for carriage of VISA/GISA or VRSA.

### Screening of staff

- Agreement with staff on the need for screening should be sought.
- Nose, perineum and any skin lesions of healthcare workers and others with close physical contact with the case should be screened for carriage of VISA/GISA and VRSA.
- Healthcare workers who maintain contact with the patient will require weekly screening.
- Colonised staff should be excluded from work until eradication of carriage is achieved.

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Department of Health MRSA Screening – Operation guidance 3 Gateway reference number 13482 March 2010

### Appendix 1



Hosp No: ..... DoB: .....  
 Surname: .....  
 Forename(s): .....  
 Male  Female  (Or use Pt label)

## MRSA Checklist and Screening Record (For ALL Emergency Admissions except MVCC)

Please ✓ all the relevant boxes and give further information as required. Pt = Patient NK = Not known

**Specialty:** All Medicine ( Inc Renal & Specialty Med)  All Surgery (Inc Surg Specialities)  Critical Care   
 Maternity  Gynae & Obstetrics  Paeds  Other\*  \*Specify:.....  
**Site:** Lister  Mt V  QEII  **Ward:** .....  
**Date of Admission:** ..... / ..... / .....

1. Has the Pt been an Inpatient in any hospital within the past 12 mths? Yes\*  No   
 2. Does the patient live in a Residential/Nursing Home? Yes\*  No   
 3. Does the patient have a MRSA alert on PAS? Yes\*  No   
 4. Has the patient been informed that they were previously positive? Yes\*  No

**\*If the answer to any of the above is 'Yes', this Pt is at High Risk of MRSA and the bed manager must be informed that an isolation room is required & isolation precautions must commence.**  
**If results subsequently show Pt is + ve for MRSA, decolonisation must be attempted immediately and Infection Prevention & Control Team Informed about this patient.**

Checklist completed by: Name: .....Grade: .....

Signature: .....

**[NB See overleaf for Recommended Sampling Sites for use in MRSA Screening ]**

**Does the patient have any of the following:** (Pse ✓ all that apply)  
 Wound/lesion  Urinary catheter  Productive cough  Tracheostomy/Stoma   
**Patient swabbed for MRSA?** Yes\*  No  \*If Yes, **Date of swab/s:** ..... / ..... / .....  
**Swab/s or sample/s taken from:** (Pse ✓ all that apply)  
 Nose  Perineum/Groin  Wound/lesion (including MC&S)  Catheter urine  Sputum   
 Tracheostomy/Stoma site  Other  Specify: .....

Screening carried out by:Name: .....Grade: .....

Signature: .....

Swab results: **POSITIVE**  **NEGATIVE**  If positive commence on MRSA Care Pathway.

Results completed by: Name: .....Grade: .....

Signature: .....

## **APPENDIX 1 (CONTINUED)**

### **RECOMMENDED SAMPLING SITES FOR USE IN MRSA SCREENING**

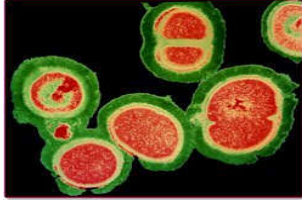
Sampling sites for initial screening for all patients are:

- ◆ Nose
- ◆ Perineum or Groin
- ◆ Any wounds or lesions

Additional sampling/testing should also be carried out as follows:

- ◆ If the patient has a urinary catheter, a sample of the catheter urine should be collected and sent for testing
- ◆ If the patient has a productive cough, a sample of the sputum should be collected and sent for testing
- ◆ If the patient has a tracheostomy, the tracheostomy site should be swabbed
- ◆ If the patient has any stoma, the stoma site should be swabbed

# Appendix 2



Hosp No: .....	DoB: .....
Surname: .....	
Forename(s): .....	
Male <input type="checkbox"/>	Female <input type="checkbox"/> (Or use Pt label)

## MRSA Checklist and Screening Record (For MVCC Emergency & Elective Admissions)

Please ✓ all the relevant boxes and give further information as required. Pt = Patient NK = Not known

<b>Ward:</b> .....
<b>Date of Admission:</b> ..... / ..... / .....
<p>1. Does the patient have a MRSA alert on PAS? Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Has the patient been informed that they were previously positive? Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>*If the answer to <u>any</u> of the above is 'Yes', the bed manager must be informed that an isolation room is required &amp; isolation precautions must commence.</b></p> <p><b>If results subsequently show Pt is + ve for MRSA, decolonisation <u>must be attempted immediately</u> and</b></p> <p><b>Infection Prevention &amp; Control Team Informed about this patient.</b></p>

CHECKLIST COMPLETED BY: NAME: ..... GRADE: .....

SIGNATURE: .....

[NB See overleaf for Recommended Sampling Sites for use in MRSA Screening ]

<p><b>Does the patient have any of the following:</b> (Please ✓ all that apply)</p> <p>Wound/lesion <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Productive cough <input type="checkbox"/> Tracheostomy/Stoma <input type="checkbox"/></p> <p><input type="checkbox"/> Intravenous Lines (Observe site, state VIP score, do not routinely swab unless VIP &gt; 1.)</p>
<p><b>Patient swabbed for MRSA?</b> Yes* <input type="checkbox"/> No <input type="checkbox"/> *If Yes, <b>Date of swab/s:</b> ..... / ..... / .....</p> <p><b>Swab/s or sample/s taken from:</b> (Pse ✓ all that apply)</p> <p>Nose <input type="checkbox"/> Perineum/Groin <input type="checkbox"/> Wound/lesion (including MC&amp;S) <input type="checkbox"/> Catheter urine <input type="checkbox"/> Sputum <input type="checkbox"/></p> <p>Tracheostomy/Stoma site <input type="checkbox"/> Other <input type="checkbox"/> Specify: .....</p>

SCREENING CARRIED OUT BY: NAME: ..... GRADE: .....

SIGNATURE: .....

**Swab results: POSITIVE  NEGATIVE**  If positive commence on MRSA Care Pathway.

RESULTS COMPLETED BY: NAME: ..... GRADE: .....

SIGNATURE: .....

## RECOMMENDED SAMPLING SITES FOR USE IN MRSA SCREENING

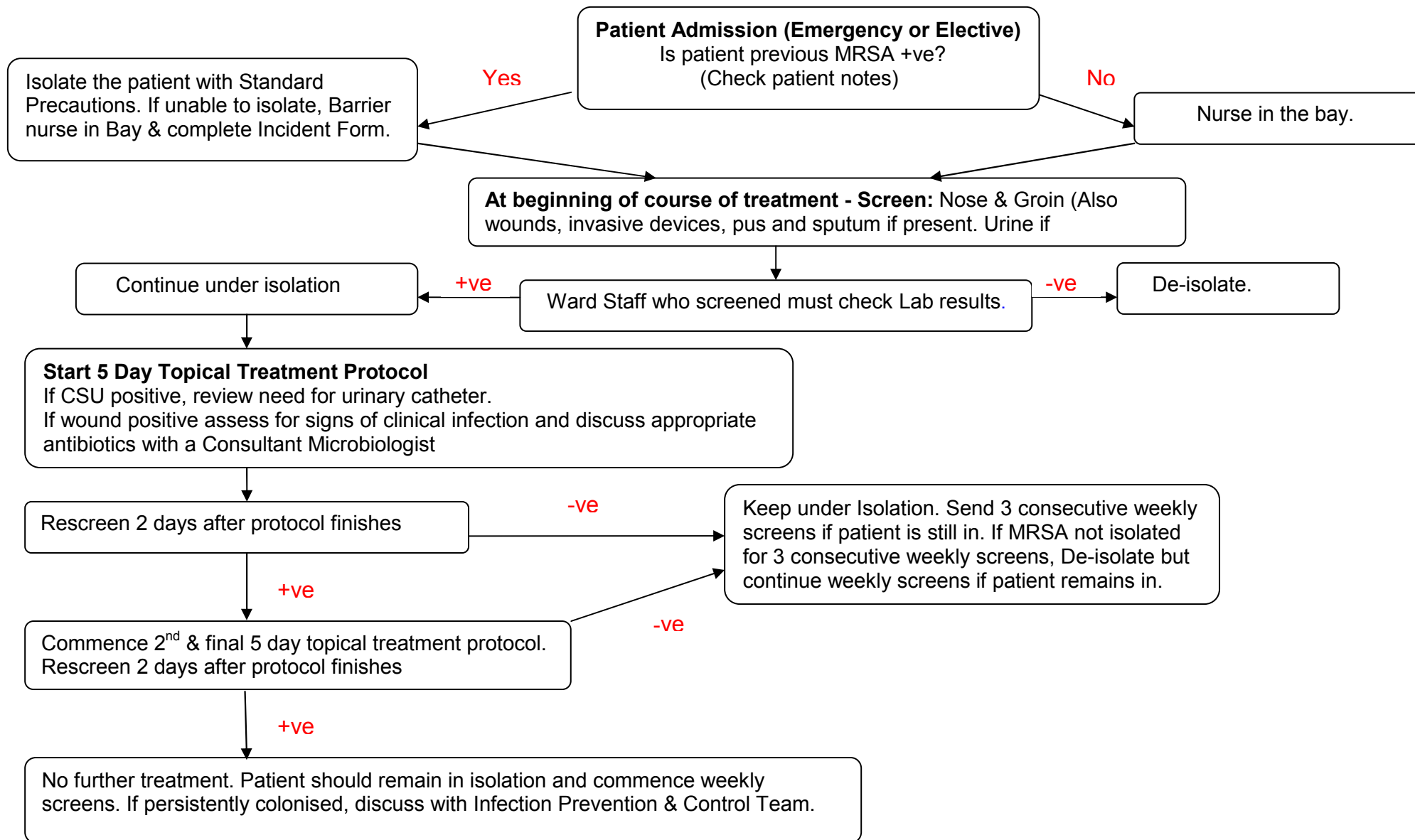
Sampling sites for initial screening for all patients are:

- ♦ Nose
- ♦ Perineum or Groin
- ♦ Any wounds or lesions

Additional sampling/testing should also be carried out as follows:

- ♦ If the patient has a urinary catheter, a sample of the catheter urine should be collected and sent for testing
- ♦ If the patient has a productive cough, a sample of the sputum should be collected and sent for testing
- ♦ If the patient has a tracheostomy, the tracheostomy site should be swabbed
- ♦ If the patient has any stoma, the stoma site should be swabbed
- ♦ Intravenous lines – observe, document VIP score. If > 1 swab site.

### MRSA PROTOCOL AT MVCC



## APPENDIX 3

Dear General Practitioner,

### **MRSA Screening for all Emergency Admissions**

As a matter of courtesy we are writing to inform you how we at East & North Hertfordshire NHS Trust are actively trying to reduce the incidence of bacteraemias in our patients.

Building upon our screening programme of all relevant elective admissions and all other high risk patients we have introduced screening of all emergency admissions.

We have decided to screen all patients who fall into this category when in the accident and emergency department.

We have recently isolated MRSA from your patient:

Name:  
DOB:  
Hospital Number:  
Address:  
Screening date:  
Site/s:

The screening method takes 48 hours to obtain a positive result. On this occasion the above patient was discharged home before the result was known.

Yours sincerely,

Infection Prevention & Control Team

Lister Hospital Tel: 01707 328111 Ext 5383  
QEII Hospital Tel: 01707 328111 Ext 4017  
Mount Vernon Cancer Centre Tel: 01707 328111 Ext 5383

### Appendix 4

## Pre Operative Assessment Clinic **MRSA Screening Record**

Hosp No: .....  
 DoB: .....  
 Surname: .....  
 Forename(s): .....  
 Male  Female  (Or use Pt label)

Proposed operation/procedure:.....

Date of proposed operation/procedure: ..... / ..... / .....

Consultant:.....

Date patient swabbed: ..... / ..... / ..... by whom? (Print and sign name).....

Date results received back: ..... / ..... / ..... Checked by? (Print and sign name).....

### MRSA Screening Results (√ and date as appropriate and specify wound/stoma site)

Site	Swabbed	Negative	Positive
Nose			
Perineum/Groin			
CSU			
Sputum			
Wound/Stoma 1: .....			
Wound/Stoma 1: .....			
Wound/Stoma 1: .....			

Consultant informed of + ve result? Yes  No  Yes, Date: ..... / ..... / .....

Patient informed of + ve result? Yes  No  If Yes, Date: ..... / ..... / .....

Date agreed for decolonisation treatment to start: ..... / ..... / .....

### MRSA Pack

Written information given to patient: MRSA leaflet? Yes  No  User protocol? Yes  No

Date MRSA Pack given to Patient: ..... / ..... / .....

Chlorhexidine /Triclosan 1% batch number: ..... Expiry Date: ..... / ..... / .....

Mupirocin batch number: ..... Expiry date: ..... / ..... / .....

Patient's identity confirmed? Yes  No

Qualified Nurse: Signature: ..... Printed name: .....

Re-screening date: On admission

Any  other  comments/information:  
 .....  
 .....

## Appendix 5

East and North Hertfordshire  
NHS Trust



## MRSA Screening

### Patient information Leaflet

#### What is MRSA?

MRSA is a germ that can live on the skin of healthy people usually with no knowledge or bad effect on them. It can be a problem if you become unwell and the germs manage to enter your body and cause an infection.

#### Why do I need to be screened for MRSA?

To reduce the number of possible infections of our patients and to comply with a Department of Health decision we are taking swabs of all patient's **noses** and **groins** prior to any planned admission. If you have a wound or broken skin these will also need to be swabbed.

Patients with any type of tube in through their skin will need to be swabbed around the tube or in the case of a urinary catheter a specimen will be taken from it.

Taking swabs will inform the hospital whether you have MRSA on your skin. For your best possible outcome we need to remove as much of the MRSA as possible before your operation to reduce the chance of acquiring an infection afterwards.

#### What will happen if MRSA is found?

You will be contacted by the hospital and given an antiseptic body wash and nasal cream to put just inside your nostrils for 5 days two weeks prior to your admission.

#### Will I be checked to see if it has gone?

You will be re-swabbed on the day of your admission to check whether it has gone.

#### Will my operation be cancelled?

It is not expected that your operation or procedure will be cancelled.

**Please note** that if your MRSA result is negative you will not be contacted by the Trust. However, the negative results will be filled in your medical notes for our reference.

**If you have any queries, please speak to a member of nursing staff**

## Appendix 6

### GP Letter for Elective results

Date:

Dr Practice Address

Dear Dr

#### **MRSA Screening for all Elective Patients**

As a matter of courtesy we are writing to inform you how we at East & North Hertfordshire NHS Trust are actively trying to reduce the incidence of bacteraemias in our patients. Building upon our screening programme of all implant patients and all other high risk patients we have introduced screening of all elective patients. This also includes patients undergoing chemotherapy and radiotherapy before commencement of their first treatment schedule.

We have decided to screen all patients who fall into this category at the time of their out patient appointment. The intention is not to preclude them from treatment, but to identify those patients who may be MRSA positive and then attempt to eradicate any colonisation before they come in for their planned procedure/treatment.

We have recently isolated MRSA from your patient:

**Name:**  
**DOB:**  
**Hospital Number:**  
**Address:**  
**Screening date:**  
**Site/s:**

This patient will be given our standard decolonisation protocol, as specified below, together with an instruction sheet on how to carry it out.

Protocol:

- ♦ Triclosan or Chlorhexidine Body Wash daily for 5 days
- ♦ Mupirocin Nasal Ointment 2% tds for 5 days

We will re-screen your patient when he/she is admitted to hospital for his/her planned procedure/treatment to determine if the decolonisation has been successful.

Yours sincerely,

Infection Prevention & Control Team  
Lister Hospital Tel: 01707 328111 Ext 5383  
QEII Hospital Tel: 01707 328111 Ext 4017  
Mount Vernon Cancer Centre Tel: 01707 328111 Ext 5383

## **APPENDIX 7**

### **MRSA Screening in Obstetrics**

#### **ANTE-NATAL BOOKING**

Assess all women. If in MRSA High Risk group, take swabs.

#### **DURING PREGNANCY**

- Any woman admitted before 37 weeks for the first time, treat as an emergency admission and swab (even if swabbed at booking).
- If this same woman has subsequent admissions before 37 weeks, there is no need to take further swabs.
- Any woman taken to theatre for Caesarean Section during the course of their delivery pathway (that was not a planned elective) does not need to be swabbed.
- If decision for a elective Caesarean Section is made during the course of pregnancy, swab at that time.



CARE PATHWAY FOR MRSA				
Initial Details & Actions		Date	Time	Initials
MRSA colonisation/infection (including bacteraemia) identified: From admission screening <input type="checkbox"/> From clinical specimen during inpatient admission <input type="checkbox"/>				
A full MRSA screen is obtained Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sites of initial screening (from full screen)	Positive/ negative result or NA	Date	Time	Initials
Nose				
Groin / Perineum				
Wound (please state)				
Wound (please state)				
Wound (please state)				
Catheter Specimen Urine				
Sputum				
Venous Access (state site)				
Percutaneous endoscopic gastrostomy (PEG)				

Date	Variance and actions	Initials

Communication at time of positive result if not met document reasons in the variance section	Yes/No Initials	Date	Time
<b>Infection Prevention &amp; Control Team</b>			
MRSA status recorded by IPCT on inside front cover of permanent notes.			
A record of the result is recorded by the IPCT in the current nursing and medical notes & ICNet			
<b>Ward Staff</b>			
The patient is informed of the MRSA result			
The patient is informed of the isolation measures to be taken and the rationale?			
MRSA leaflet given to patient, and relatives if patient consents to reinforce the above			
Are there any concerns that the patient may not be compliant with the isolation measures (record in variance and actions)			
Does the patient have any questions? If yes specify in patient's own words in Variance and actions section			
'Source Isolation' card is displayed on the room door			
Domestic staff are informed of the isolation cleaning requirements using the request form in the Terminal Cleaning Policy			

Ward Staff	Yes/No Initials	Date	Time
The consultant and his/her medical team is informed of the patient's positive status?			
The patient's nursing team are alerted to the positive MRSA result			
Medical Staff			
MRSA positive result is discussed with the patient			
Does the patient have any questions? If yes specify in patient's own words in 'Variance section'			

Date	Variance and actions	Initials

Treatment / Decolonisation plan **	Yes Initials	No* Initials	Date	Time
Is the MRSA resistant to Mupirocin (IPCT to complete) Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the Patient Allergic to Mupirocin/Triclosan				
The patient is isolated in a single room (if no have patient access and IPCT been informed)				
Personal Protective Equipment (PPE) is available both inside and outside the room/area: <ul style="list-style-type: none"> <li>• Gloves</li> <li>• Disposable plastic aprons</li> <li>• Eye protection (suction required)</li> </ul>				
Patient specific equipment is available i.e. <ul style="list-style-type: none"> <li>• Stethoscope</li> <li>• Blood pressure cuff</li> <li>• Moving sheets/slings</li> <li>• Sharps Bin inside the room</li> </ul>				
Alcohol hand gel is available: <ul style="list-style-type: none"> <li>• At end of bed</li> <li>• Outside isolation room/area</li> </ul>				
The patient's medical team has discussed systemic treatment with the clinical microbiologist if infected? Document discussions on variance section				
Systemic treatment prescribed - if indicated Stop date recorded				
Treatment for topical decolonisation is prescribed for 5 days. Stop date recorded				

\* Document as variance at bottom of page

\*\* A full decolonisation protocol is required irrespective of site positive

Date	Variance and actions	Initials

**Isolation Nursing Reminders:**

- Keep isolation room doors closed **at all times** and especially during bedmaking, physiotherapy, wound dressing changes
- If nursing patient in an open bay due to lack of single room – signage must be evident to ensure all staff are aware of the need for additional precautions
- Decontaminate any clinical equipment used by or on the patient as per Trust Decontamination policy before use on any other patient, or designate patient specific equipment
- Use disposable gloves and aprons when entering isolation room/area and delivering clinical care
- PPE must be removed and hands washed before leaving the isolation room/area
- Hand hygiene before and after each patient contact is the most effective way to prevent cross-infection
- **Inform other wards/departments of patient’s MRSA status prior to transfer/booking procedure. This is the responsibility of the person booking the procedure**

Topical Five Day Decolonisation Checklist: 1 <sup>st</sup> Treatment Cycle									
Drug hypersensitivity: Please state if none									
Start date:					Stop date:				
Prescribers Signature  <b>(This is a prescription therefore lack of signature is a drug error)</b>					Day 1	Day 2	Day 3	Day 4	Day 5
					Day & Initial	Day & Initial	Day & Initial	Day & Initial	Day & Initial
Hair washed using 1% triclosan as shampoo (once only) – Initial date performed.									
Patient has a shower / bath using 1% triclosan as shower gel (use disposable wipes and clean towel)									
Topical mupirocin 2% ointment to nose as per prescription TDS (Must commence 9am Day 1)				0900					
				1400					
				2200					
Patient’s nightclothes and bedding changed each day following bath / shower									
Authorisation to administer/supply on discharge: Signature							Date:		
					Day 1	Day 2	Day 3		
Patient has a two day rest period from topical treatment								Re-Swab	
<b>Post 1<sup>st</sup> Treatment Screening Schedule</b>									
Take 1 <sup>st</sup> on day 3 after completing protocol. Screen weekly until 3 consecutive negative screens are obtained from all relevant screening sites. <b><i>If any of the screens are positive – commence 2<sup>nd</sup> five-day decolonisation programme</i></b>									
Screen	Date taken & Initial	Nose	Groin	CSU	Wound (state site)	Wound (state site)	Wound (state site)	PEG	Other
1		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
2		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
3		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
If all three screens are negative re-integrate back into the ward (pg)									
								Initial	Date
Is the patient to be discharged with protocol to finish the course    Yes <input type="checkbox"/> No <input type="checkbox"/>									

**Topical Five Day Decolonisation Checklist: 2<sup>nd</sup> Treatment Cycle (to be given if screening sites are +ve post 1<sup>st</sup> protocol.**

**Start date:** \_\_\_\_\_ **Stop date:** \_\_\_\_\_

<b>Prescribers signature</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>
	Day & Initial	Day & Initial	Day & Initial	Day & Initial	Day & Initial
<b>(This is a prescription therefore lack of signature is a drug error)</b>					
Hair washed using 1% triclosan as shampoo (once only) - Initial date performed					
Patient has a shower / bath using 1 % triclosan as shower gel (use disposable wipes and clean towel)					
Topical Mupirocin 2% ointment to nose as per prescription TDS (Must commence 9am Day 1)	0900				
	1400				
	2200				
Patient's nightclothes and bedding changed each day following bath / shower					

Authorisation to administer/supply on discharge: Signature \_\_\_\_\_ Date: \_\_\_\_\_

	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>
Patient has a two day rest period from topical treatment			<b>Re-Swab</b>

**Post 2nd Treatment Screening Schedule**

Take 1<sup>st</sup> on day 3 after completing protocol. Screen weekly until 3 consecutive negative screens are obtained from all relevant screening sites.

Screen	Date taken & Initial	Nose	Groin	CSU	Wound (state site)	Wound (state site)	Wound (state site)	PEG	Other
1		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
2		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
3		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -

If all three screens are negative re-integrate back into the ward (pg)

If any sites are still positive after 2<sup>nd</sup> treatment cycle, continue to nurse in isolation and screen for MRSA weekly. Record results on weekly screen chart

	Initial	Date

Is the patient to be discharged with protocol to finish the course Yes  No

Date	Variance and actions	Initials

<b>Re-integration back into ward / clinical area</b>				
<b>Ward Staff</b>	<b>Yes</b>	<b>No</b>	<b>Date</b>	<b>Initials</b>
The patient has had 3 consecutive negative MRSA screens				
The negative results and changes to care are explained to the patient				
Has the patient been advised that re-colonisation may occur				
Does the patient have any questions? If yes, specify in patient's own words on Variance				
Patient is reintegrated back into the ward/clinical area				
Domestic staff are informed and the room is terminally cleaned (Terminal 'A' Clean)				

<b>Date</b>	<b>Variance and actions</b>	<b>Initials</b>

<b>Discharge/Transfer to another hospital</b>	<b>Date</b>	<b>Initials</b>
<ol style="list-style-type: none"> <li>GP/Transfer letter outlines MRSA status and all associated treatment</li> <li>District nurses/community team (including IPCN), if applicable, are informed of the MRSA status and any treatments given</li> <li>Patient and carers/family are fully informed and written information has been given</li> <li>Unused disposable equipment from isolation room is discarded</li> <li>All reusable patient equipment has been decontaminated as per Trust Decontamination Policy</li> <li>The Infection Prevention &amp; Control Team are aware of the patient's discharge/transfer</li> </ol>		

<b>Weekly Screening - whilst in-patient</b>									
If any sites are found to be positive on weekly screening – recommence isolation precautions									
<b>Week</b>	<b>Date taken &amp; Initial</b>	<b>Nose</b>	<b>Groin</b>	<b>CSU</b>	<b>Wound (state site)</b>	<b>Wound (state site)</b>	<b>Wound (state site)</b>	<b>PEG</b>	<b>Other</b>
1		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
2		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
3		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
4		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
5		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
6		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
7		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
8		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
9		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
10		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
11		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
12		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
13		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
14		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
15		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
16		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
17		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
18		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
19		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -
20		+ -	+ -	+ -	+ -	+ -	+ -	+ -	+ -

## APPENDIX 9

### MRSA

#### Information for patients in hospital

##### What is MRSA?

There are lots of micro-organisms (germs) on our skin and in the environment around us. Most of them are harmless, some are beneficial and a very small proportion can cause harm. *Staphylococcus aureus* is a common germ that is found on the skin and in the nostrils of about a third of healthy people. It can cause infections.

MRSA stands for meticillin (M) resistant (R) *Staphylococcus* (S) *aureus* (A). MRSA are varieties of *Staphylococcus aureus* that have developed resistance to meticillin (a type of penicillin) and some other antibiotics that are used to treat infections.

MRSA is not new. It was first found in the 1960s following the widespread use of antibiotics. MRSA is found in many countries. Some people carry MRSA on their skin or in their nostrils. They are described as being colonised with MRSA. Some people carry MRSA for a few hours or days, while others carry it for weeks or months. People are unaware that they carry MRSA because it does not harm them and they have no symptoms, unlike people who are infected with MRSA.

MRSA can cause harm when it gets an opportunity to enter the body. It can cause simple local infections such as pimples and boils, or more serious problems such as wound infections, chest infections or blood stream infections.

MRSA and other germs cause problems in hospitals. This is because people who are ill are more vulnerable to infections. Complicated medical treatments including operations, and intravenous lines (drips) provide opportunities for germs to enter the body.

##### How do people get MRSA?

MRSA is usually spread by touch. If a person gets MRSA on their hands, they can pass it to people and things that they touch. It may then be picked up and passed on to others.

##### How can you tell if someone has MRSA?

People who carry MRSA do not look or feel different from anyone else and they do not have any symptoms. Patients who have an infection caused by MRSA may have signs and symptoms of infection. They develop a high temperature, or a fever, or their wound becomes red and sore and discharges pus. Many other germs can cause these signs and symptoms. Laboratory tests are carried out to find out which germs are causing infection.

##### What happens when a patient gets MRSA?

MRSA can spread to other patients. Hospital staff need to take special precautions with patients who have MRSA in order to stop it spreading. Policies for treating patients who carry MRSA or who have an MRSA infection vary according to the local situation and the individual patients affected. You can ask your infection control team about local policies.

##### The following simple hygiene measures can reduce the risk of spreading MRSA

- Everyone should clean their hands before and after touching patients
- Hands can be cleaned with soap and water, or an alcohol gel, or hand rubs

- ❑ Staff will wear gloves and aprons when they care for a patient who has
- ❑ MRSA
- ❑ A patient who has MRSA may be moved to a room on their own or into a separate area for people who have MRSA or other infections. It is very important that the doors to the single room or area remain closed at all times. This is to reduce the risk of MRSA spreading into the general environment.

### **How is MRSA treated?**

People who get MRSA can be treated. If a patient carries MRSA, a nurse may take swabs to check which parts of the body have MRSA. Treatment with nasal cream and an antiseptic shampoo and body wash can help to reduce or remove MRSA from hair, skin and nostrils. A patient who has an MRSA infection is usually treated with an antibiotic given through an intravenous line (drip).

### **Can MRSA harm family and friends?**

MRSA does not usually harm healthy people, including elderly people, pregnant women, children and babies. MRSA can affect people who have certain long-term health problems, particularly people who have chronic skin conditions or open wounds.

Ask the infection control nurse for advice if someone who has a long-term health problem wants to visit a patient who has MRSA.

Visitors can reduce the possibility of spreading MRSA to other people if they do not sit on the bed and if they clean their hands at the end of the visit. If a patient who has MRSA wants to visit another patient in the hospital, they should ask the infection control nurse for advice.

### **Do patients who get MRSA have to stay longer in hospital?**

Patients who carry MRSA do not usually have to stay longer in hospital. The infection control team will decide whether or not they need treatment. This sometimes depends on whether the patient is likely to need further or repeated hospital care. Patients who have an MRSA infection may have to stay in hospital until they have completed the course of antibiotics and their infection shows signs of clearing up. Alternatively, they may need to continue treatment when they go home. A patient who is going to a nursing home or residential home can be cared for safely using simple hygiene measures.

### **How is MRSA monitored?**

Infection control teams monitor MRSA in their own hospitals. NHS hospitals in England send information about MRSA blood stream infections (the most serious MRSA infections) to the Health Protection Agency. The Department of Health publishes figures for individual NHS trusts and the Health Protection Agency publishes national and regional figures. Hospitals can compare their own figures with these national and regional figures to check their progress in reducing MRSA.

## Appendix 10



### Instruction Sheet for MRSA Pack

The screening test carried out at your recent Pre-operative Assessment Clinic visit showed that you are currently carrying MRSA. This **does not** mean that you are infected with MRSA and **is not anything to worry about**. You would not normally require any treatment for this but, as you are due to come into hospital for an operation, we would like to try and eradicate it beforehand.

You have been given an MRSA Pack containing ‘Triclosan’ Body Wash and ‘Mupirocin’ Nasal Ointment – instructions for use are given below. Please use them exactly as directed.

When you come in to hospital for your operation, you will be re-screened to see whether the MRSA has cleared.

### How to use your MRSA Pack Body Wash and Nasal Ointment

#### Body Wash:

- Use the Body Wash **once a day for 5 consecutive days**
- Apply the Body Wash **directly** on to your body, and then wash off using water
- Apply the Body Wash **all over** your body – including your back
- **Do not pour** the Body Wash into the water in your bath or sink/basin as this will dilute it and make it less effective
- **Do not use** bubble bath or shower gel with the Body Wash
- You may use a **flannel**, but this must be **changed each day** for a clean one
- You should also use a **clean towel** every day
- On just one of the 5 days use the Body Wash **as a shampoo** – eg on Day 5 (You may put conditioner on your hair afterwards if you wish)

#### Nasal Ointment:

- Put a small amount of the Nasal Ointment inside each nostril **three times a day**
- **Wash your hands** after each application

#### After 5 days:

- **Stop** the use of the Body Wash and Nasal Ointment

### Your 5-Day Programme ‘At a Glance’

Day 1	Day 2	Day 3	Day 4	Day 5
Use Body Wash Apply Nasal Ointment to both nostrils 3 times during the day	Use Body Wash Apply Nasal Ointment to both nostrils 3 times during the day	Use Body Wash Apply Nasal Ointment to both nostrils 3 times during the day	Use Body Wash Apply Nasal Ointment to both nostrils 3 times during the day	Use Body Wash Apply Nasal Ointment to both nostrils 3 times during the day  Shampoo hair with Body Wash

## APPENDIX 11

### IMPLEMENTATION AND MONITORING EFFECTIVENESS OF THE MRSA POLICY

1. The policy can be accessed via the Trust Knowledge Centre or by hard copy, located in all clinical areas.
2. Policy review occurs every two years unless national guidance changes.
3. Compliance with the MRSA Policy is an integral component of the infection prevention & control programme and annual report.
4. Training in compliance with the MRSA Policy is embedded into all infection prevention & control training sessions for all staff as identified in the infection prevention & control Training Needs Analysis (TNA). This includes core-training sessions, such as mandatory update and induction. The content of these sessions is normally reviewed annually.
5. The nurse education and training department follows up mandatory update and induction non attendees.
6. Clinical Governance:
  - Annual Audit Programme including Isolation, Hand Hygiene, Linen, Environmental, Patient Equipment and MRSA Integrated Care Pathway.
  - Results are reported to all Ward Managers, Matrons and General Managers
  - They are also discussed at Divisional Infection Prevention and Control monthly meetings
  - When compliance is unacceptable an action plan is required from the clinical area and the outcome is monitored by the Infection Prevention and Control Team
7. The process for monitoring the effectiveness of compliance with MRSA policy occurs by the following methods:
  - Link Person Update
  - Nurses & Midwives Mandatory Update
  - Nursing Executive Committee
  - Sisters Meetings
  - Senior Management Team Meetings

## APPENDIX 12

### NATIONAL HEALTH SERVICE LITIGATION AUTHORITY (NHSLA) RISK MANAGEMENT STANDARDS FOR ACUTE TRUSTS

Roles and responsibilities (duties) of East and North Hertfordshire NHS Trust:

- Chief Executive
- Ensure that functioning infection control team is in place
  - Ensure that a Director of Infection Prevention Control (DIPC) has been appointed
  - Ensure that an Infection Control Doctor (ICD) has been appointed

Infection Prevention and Control Team (IPCT)

- Staff training
- Policy formulation
- To provide specialist advice to clinical areas covered in this policy
- Dissemination of Infection Control audit results

- All Trust Employees
- To attend training
  - Comply with Trust policies