# INFECTION CONTROL POLICY

## METICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA): CONTROL AND PREVENTION

**DOCUMENT REF: PICCMRSA**  
*(Version No. 2.0)*

<table>
<thead>
<tr>
<th>Name and designation of policy author(s)</th>
<th>Deborah Kretzer – Infection Control Lead Nurse</th>
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| Approved by (committee, group, manager) | Helen Porter – Director of Nursing & Quality  
  Infection Control Committee  
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  Isolation Policy  
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  Mandatory Training matrix  
  Antibiotic Policy |
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### Consultation:

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### Version History:

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Author name and designation</th>
<th>Summary of main changes</th>
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<tr>
<td>Nov 2010</td>
<td>2.0</td>
<td>Deborah Kretzer – Infection Control Lead Nurse</td>
<td>The update clarifies responsibilities and includes all requirements of the Health &amp; Social Care Act. There are also a number of new processes in place e.g. surveillance, updated Maxims care plans, medical alerts and new decolonisation regimen. References and guidance have been updated.</td>
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<tr>
<td>05/03/2009</td>
<td>1.0</td>
<td>Sharon Grimshaw – Infection Control Nurse</td>
<td>First version</td>
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1.0 Introduction

Meticillin Resistant Staphylococcus Aureus (MRSA) is a sub-group of the species of bacterium known as Staphylococcus aureus which has acquired resistance to antibiotics including meticillin and flucloxacillin. MRSA has been a documented cause of outbreaks in hospitals and can be difficult to control; even resulting in the closure of wards or units. Certain epidemic strains (EMRSA) have the ability to establish themselves easily within the hospital environment and EMRSA 15 and 16 are a major problem throughout the UK.

MRSA may colonise an individual asymptomatically (carrier) or can cause a range of infections from minor wound infections, boils or impetigo to severe, life-threatening septicaemia or pneumonia. Therefore control of MRSA is an important factor in the provision of patient care and focuses on ensuring compliance with all aspects of this policy and associated guidance. The risk of MRSA infection can only be addressed effectively if measures are taken to identify MRSA carriers as potential sources and treat them to reduce the risk of transmission. This requires screening of patient populations for MRSA either before or on admission to identify carriers and implement a regimen of isolation and decolonisation – i.e. a “seek and destroy” strategy.

Contacting the Infection Control Team or Consultant Medical Microbiologist

During normal office hours - advice is provided for the Trust by CCO Infection Control Nurses (ICNs) via Extension 5726 or Bleep 4101/4197. Patients may be referred to the ICNs, in person, by telephone/bleep or by Maxims referral process. Medical staff may contact a Consultant Medical Microbiologist for clinical queries via extension 4512. A 24 hour ‘On call Service’ is available for urgent enquiries. On-call infection control advice can be accessed via the CCO Bleep holder. The Consultant Medical Microbiologists can be contacted via switchboard following discussion with senior clinicians in charge of the patient.
2.0 Purpose

This purpose of this policy is to clarify individual and corporate responsibilities in relation to management prevention and control of MRSA.

The objectives of the policy include ensuring that:

- All appropriate groups of patients are screened for MRSA on, or shortly before admission to the Trust.
- All MRSA positive patients receive appropriate decolonisation and/or antibiotic treatment either before admission or during their admission.
- Investigations are undertaken for all hospital acquired MRSA cases, any actions are monitored and common themes are addressed within the Trust.
- All MRSA bacteraemias have a full Root Cause Analysis (RCA) performed and any actions required are addressed and shared within the organisation.
- Stakeholders and external agencies are provided with the evidence that MRSA screening occurs and are informed of any MRSA bacteraemia cases and associated investigations.

3.0 Scope

This policy applies to all staff within the Trust having any contact with patients, visitors or the clinical environment. It clarifies individual responsibilities and practices pertaining to management and prevention of MRSA and covers monitoring and training arrangements.

Management of MRSA within CCO will be achieved through a combination of:

- Measures designed to minimise the introduction of the bacterium into the hospital (e.g. through screening).
- Actions to eliminate the bacterium from the environment (e.g. cleaning and decontamination).
• Use of agreed precautions intended to interrupt the spread from person-to-person and to prevent colonised patients from progressing to infection (e.g. isolation and MRSA decolonisation).
• Optimising clinical prescribing so as to reduce the selection and maintenance of resistant organisms in the hospital population (e.g. following antibiotic policy and giving appropriate antibiotic prophylaxis).

4.0 Responsibilities

It is the responsibility of every member of staff within Clatterbridge Centre for Oncology NHS Trust (CCO) to make themselves familiar with this policy, to comply with its contents and to ensure that the procedures within it are followed. Mandatory infection prevention and control training is provided for all staff groups at Trust Induction and thereafter according to agreed timescales explicit within the Mandatory Training Matrix.

All clinical staff must be familiar with the methods used within CCO to identify MRSA carriers through admission screening and the management of patients with MRSA, thus reducing the risk to that patient and to others. This policy has been structured so as to make clear staff responsibilities in relation to MRSA according to professional group.

4.1 All staff must:

Act as a role model for good practice.

Apply Standard Infection Control Precautions and (when necessary) the transmission based precautions described in this policy.

Maintain rigorous hand hygiene between contacts with patients or their environment according to the 5 Moments for hand hygiene.
Before entering a single room or an isolation area all staff must ensure that they are aware of the appropriate infection control precautions required. All clinical staff must undertake risk assessments when assessing the requirement for transmission based precautions and select and use appropriate PPE according to said risk. Non clinical staff must use personal protective equipment (PPE) as directed by clinical staff in charge of the patients care.

Report to line managers any deficits in knowledge in relation to infection control precautions and/or facilities/equipment or incidents that may have resulted in cross-contamination or cross-infection.

Complete an incident form as appropriate.

Report any illness that may be as a result of occupational exposure to their line manager and the Occupational Health Department (if applicable).

Attend education and training related to the prevention of infection as required including main induction training and thereafter according to the frequency listed in Training and Education Policies.

Undertake enhanced equipment cleaning using approved disinfectants (if necessary) according to this policy.

Ensure appropriate and consistent disposal and management of waste and handling of linen according to policy requirements.

Attend outbreak meetings, as required.

4.2 Managers must:

Reinforce this policy for all staff working in their area of responsibility.
Ensure that all staff have attended mandatory infection control training and follow up, via the disciplinary route (if necessary), all staff failing to attend training.

Arrange for specific education and training where gaps in knowledge, skills or practice have been identified.

Ensure that adequate resources are in place to allow for the recommended infection control measures to be implemented.

 Undertake a risk assessment to optimise patient/client and staff safety, consulting expert infection control guidance as required.

Support staff in any corrective action or interventions if an infection control related incident occurs.

Refer to Occupational Health, any staff who may have become ill due to occupational exposure or those with health concerns.

Ensure that estates/facilities management provide a safe environment to allow infection prevention and control precautions to be applied.

Use audit and surveillance results (if appropriate) to monitor progress e.g. ensure hand hygiene audits and High Impact Intervention audits are being completed as required. Ensure that action plans are written, where compliance is not 100%.

Ensure that Clinical Incident forms are completed, investigations undertaken and any action plans monitored where failings in isolation or management of patients with MRSA have occurred.
4.3 The Consultant looking after the patient must:
Liaise with the ward manager to ensure that this policy is implemented for patients in their care.

Obtain advice from a consultant medical microbiologist if necessary.

Participate in the investigation process for Hospital-Acquired MRSA.

Issue an appropriate warning to the infection control nurses when a patient requires surgery or dies as a result of MRSA and/or the death of a patient is associated with MRSA.

Ensure that statutory reporting requirements are fulfilled for patients in their care.

4.4 All Medical staff must:
Recognise and take early action in suspected MRSA and inform others of the patient’s status prior to transfer of care or initiating requests for investigations.

Take note of existing medical alerts and previous microbiological findings, institute and maintain prudent antibiotic prescribing; documenting deviations from antibiotic formulary in the patients case notes.

If unsure of any aspects of MRSA management, doctors should contact the Infection Control Team or request advice on medical management from a Medical Microbiologist.

4.5 Triage staff must:
Access the medical alert during assessment, to see whether the patient has been diagnosed with a known HCAI on a previous admission.
Obtain an MRSA Screen as soon as the decision to admit has been made. Screening must not compromise patient care or delay admission and where it is not possible to obtain the screen, Triage staff must inform nursing staff on the receiving ward during handover of patient care.

4.6 Ward nursing staff must:
Access the medical alert during admission, to see whether the patient has been diagnosed with a known HCAI on a previous admission.

Initiate and complete all appropriate care pathways via Maxims and institute appropriate and timely isolation if necessary.

Document when precautions according to the policy cannot be implemented for clinical or other relevant reasons and report incidents to their line manager. Advise the patient/client, carers or visitors and other staff of any infection prevention and control requirements such as hand hygiene and respiratory hygiene/cough etiquette.

Ensure that signage that does not breach confidentiality is displayed to alert others to the transmission based precautions required.

Inform the domestic staff which areas require Extra Wipe Downs.

4.7 Infection Prevention and Control Team must:
Provide mandatory training and education sessions to all staff groups and additional education and training where gaps in knowledge or practice have been identified.

Act as an expert resource on infection prevention and control and provide guidance and support when infection control precautions are required.
Provide advice on individual risk assessments, e.g. patient placement decisions. Monitor appropriate and timely isolation of infected patients and audit isolation practices and monitor side room occupancy at least weekly.

Alert the DIPC and HPA of outbreaks, organise outbreak meetings and escalate any other concerns.

Notify staff on wards, of newly-identified cases of MRSA (as advised by Laboratory staff) and advise appropriate infection prevention and control precautions.

Work with the Design Team to identify ways of providing adequate isolation facilities within the Trust.

Support managers in writing their Action Plans (if requested).

Use surveillance to monitor progress against targets and publish information relating to the number of patients identified with Healthcare Associated Infection on a quarterly basis for

- DIPC
- Matron
- Hospital Infection Control Committee members

### 4.8 Consultant Medical Microbiologist must:

Support and monitor prudent antibiotic prescribing.

Advise medical staff on appropriate diagnostic investigations and clinical management of the patient (if requested).

Advise whether it is appropriate for an infection to be included on a death certificate (if requested).
4.9 **Pharmacist /Antimicrobial pharmacist must:**
Support and monitor prudent antibiotic prescribing by regular review of antimicrobial prescribing across the Trust and request the review of any inappropriate antibiotic therapy.

Feed back antibiotic prescribing trends and discuss methods to improve practice with prescribers and medical teams where appropriate.

Review the Trust’s Antimicrobial Guidelines on an ongoing basis in consultation with Consultant Medical Microbiologists.

Deliver core training to medical staff in prudent antibiotic prescribing.

4.10 **Hotel Services Management must:**
Provide cleaning and domestic services as agreed including:

Institute an Infection Control Clean of the environment when alerted by the Infection Control Team.

Provide Extra Wipe Down in all areas where there are cases of infection and undertake Terminal Cleaning of isolation rooms, once a patient who has had an infection has been discharged.

4.11 **Occupational Health Team must:**
Co-ordinate the decolonisation treatment and follow up screening swabs for staff identified as MRSA positive and, if necessary, arrange a suitable alternative decolonisation.

4.12 **Estates/Design Team must:**
Identify ways of providing adequate isolation facilities within the Trust, in accordance with current guidance from the Department of Health.
Include recommendations by the Infection Control Team in the design phase.

Ensure that hand wash basins that do not comply with national recommendations are replaced during planned renovations.

Inform the infection prevention and control team (IPCT), in advance of any building works, planned renovations or planned interruption to the water supply or waste decontamination/disposal systems (bed pan washer/macerator).

4.13 Risk Management Team must:
Collect and provide summary information on infection related clinical incident reports, including reported failures in control methods, such as ability to isolate a patient and report all MRSA outbreaks as Serious Untoward Incidents.

4.14 Biomedical Scientists/Laboratory Staff must:
Undertake testing for MRSA, in line with HPA/national guidelines for testing and report abnormal results in a timely manner via the Infection Control System.

5.0 Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>carrier</td>
<td>(In the context of this policy) A person colonised, or infected with MRSA</td>
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<td>contact</td>
<td>A person who is found to have been exposed through close exposure or contact with a proven MRSA carrier</td>
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<td>cluster</td>
<td>A series of similar infections for which the timing suggests that cross-infection may have occurred but for which additional evidence supporting the hypothesis is unavailable.</td>
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<td>cohort</td>
<td>Group of patients with the same condition who may be nursed together in order to limit spread to others</td>
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<tr>
<td>cohort ward / area</td>
<td>Isolation wards that are not composed of single rooms are termed cohort wards that may be used, under exceptional circumstances to isolate a group of patients with similar symptoms or the same infection in an open ward.</td>
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<td>colonisation</td>
<td>When micro-organisms, such as bacteria, begin to grow and multiply in or on their new host (who then becomes a “carrier” of the microbe).</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>contamination</td>
<td>The presence of an unwanted entity in a specified location e.g. Clostridium difficile bacteria in the hospital environment. This could result in colonisation with the organism, which, is a necessary stage before infection. However, if the organism does not multiply, or is removed or killed before it can start to multiply, then contamination will not lead to colonisation or infection.</td>
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<tr>
<td>cross-contamination</td>
<td>The means whereby a contaminant is moved from a source to another location e.g. Clostridium difficile bacteria are transferred from a colonised patient to a non-colonised patient.</td>
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<tr>
<td>cross-infection</td>
<td>Older term which only considered the spread of infection from one patient to another. Did not consider the much more common failure to prevent transfer of germs from one person to another, particularly when the source was a “silent” carrier of the organism.</td>
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<td>fomite</td>
<td>Any inanimate object or substance capable of carrying microorganisms which may then be transferred from one individual to another.</td>
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<td>high risk carrier</td>
<td>An MRSA carrier who, because of personal condition, poses a higher-than-usual risk to other patients e.g. an MRSA carrier with a dermatological condition that causes them to shed large numbers of skin cells carrying the bacterium, into their environment</td>
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<tr>
<td>ICN</td>
<td>Infection Control Nurse</td>
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<td>infection</td>
<td>When micro-organisms begin to invade tissues and cause detectable (clinical) damage. The microbe is then considered to be a pathogen.</td>
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<td>IPCT</td>
<td>Infection Prevention and Control Team</td>
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<td>MRSA</td>
<td>A series of antiseptic washes and antibiotic nasal cream used to reduce the level of MRSA carried by a person (sometimes referred to as MRSA clearance therapy).</td>
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<tr>
<td>decolonisation</td>
<td>A person who is MRSA positive has had MRSA detected on a microbiology sample. This does not automatically mean that the individual has an MRSA infection but may be colonised.</td>
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<tr>
<td>MRSA Screening</td>
<td>Obtaining samples from the surface of skin, wounds and clinical devices to determine whether MRSA is present at those sites. Treatment can then be instituted to remove or kill the bacteria and decreases the risk of infection – i.e. a “seek and destroy” strategy.</td>
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<tr>
<td>multidisciplinary</td>
<td>A term used to denote a group of staff comprised of expertise from a variety of specialities e.g. microbiology, pharmacy, medical and nursing.</td>
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<td>team (MDT)</td>
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<td>outbreak</td>
<td>A series of infections caused by the identical organism and for which the timing, geographical location (and possibly other evidence) suggests that cross-infection has occurred.</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<td>pathogen</td>
<td>A microorganism capable of causing infection.</td>
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<td>senior medical staff/senior doctor</td>
<td>Registrar and above</td>
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<tr>
<td>single patient room</td>
<td>The use of side rooms or single rooms as isolation room for minimising transmission of infection to other patients</td>
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### 6.0 Main Body of Policy

The normal habitat of *Staphylococcus aureus*, including MRSA, is skin especially in warm, moist environments such as the anterior nares (nose), axilla (armpit) and perineum (groin). Clinical infection with MRSA occurs either from the patient’s own resident MRSA (if a carrier) or by cross-infection from another person or fomite colonised or contaminated with MRSA. The risk of MRSA infection can only be addressed effectively if measures are taken to identify MRSA carriers as potential sources and treat them to reduce the risk of transmission. This requires screening of patient populations for MRSA either before or on admission, to identify carriers and implement a regimen of isolation and decolonisation – i.e. a “seek and destroy” strategy.

#### 6.1 Screening for MRSA

There is a commitment in the 2009/10 Operating Framework regarding MRSA screening of patients and from April 2009, there is a requirement to screen all elective admissions for MRSA and emergency admissions as soon as possible but definitely no later than 2011. Consequently, there is significant variability in screening practice and decolonisation regimen between Trusts. CCO has implemented routine screening for all admissions (including transfers) and decolonisation for all those found to have MRSA and antiseptic washes for all patients with a known history of MRSA.

All admissions to CCO will be screened before, or on the day of admission. Where this is not possible, screening will be completed within 24 hours of
admission. It is important that each admission episode has a corresponding MRSA screen.

6.1.1 Informed Consent
Patients requiring an MRSA Screen will have the procedure and rationale explained to them and will be asked to give verbal consent. An information leaflet entitled ‘MRSA Screening- information for patients’ is available and should be offered to patients and displayed in all clinical areas where MRSA Screening occurs. Additional copies are available by contacting the ICNs.

6.1.2 Elective admissions
All elective admissions must be routinely screened. It is acceptable to screen elective patients in the month leading up to admission or on the day of admission.

6.1.3 Emergency admissions
All patients admitted as an emergency must be screened as soon as the decision to admit has been made even if the patient has a recent screening sample collected during an elective admission.

Patients admitted via Triage will be screened by Triage staff as soon as the decision to admit has been made but MRSA screening should not delay admission or urgent clinical treatment. If it has not been possible to collect all required screening swabs due to the patient’s urgent need for admission; Triage staff must inform the ward staff during hand over of the patient.

6.1.4 Inter-hospital transfers
Patients who have frequent contact with healthcare services and/or are resident in nursing or care homes are at a higher risk of being colonised with MRSA.

Therefore, these groups of patients are at high risk of developing MRSA infection and/or of transmitting MRSA to other patients. Other Trusts may have different
MRSA Screening protocols and may require patients to be screened prior to accepting them as a transfer. In such instances CCO will make every effort to accommodate these requirements but MRSA Screening should not delay a transfer back to a patient’s local hospital. CCO ICNs should be informed of any delays in transfer of care due to HCAI or MRSA screening.

All transfers from other hospitals, hospices and nursing homes (including those overseas) must be screened on admission to the Trust (even if previously screened) at another organisation. Patients who are transferred temporarily to other centres for inpatient care must be re-screened on return to CCO.

If a patient has been screened at CCO and is transferred to the care of another organisation before results are available, medical staff must advise the clinical teams in the receiving Trust of any abnormal (MRSA positive) results.

6.1.5 Outpatients
With minor exceptions, outpatients and patients attending for outpatient radiotherapy treatments do not require screening. Outpatients symptomatic of infection should have appropriate culture and sensitivity specimens collected.

Patients likely to undergo invasive procedures e.g. insertion or change of gastrostomy tubes (PEG Tubes, PICC Lines) will be screened as necessary by the nurse specialist leading on the patients care.

6.1.6 Re-screening Requirements
CCO does not currently require inpatients to be routinely re-screened during the same admission episode and as a general rule only those patients falling into the category of an admission or transfer require MRSA screening. However, patients who are transferred temporarily to other centres for inpatient care must be re-screened on return to CCO.
Under certain circumstances, patients who have been admitted for longer than 30 days or those having invasive procedures during a prolonged admission may require further screening. Staff should contact the ICNs for further clarification.

If there is evidence or clinical suspicion of infection, samples should be collected for culture and sensitivity (as necessary) to aid diagnosis.

6.2. Screening Samples and Specimen Collection

Successful laboratory diagnosis depends on the collection of specimens at the appropriate time, using the correct technique and equipment; ensuring they are transported to the microbiology laboratory safely and without delay.

All relevant clinical details must be entered onto the request form and specimens must be labelled, prepared and transported promptly to the laboratory.

Specimens must be collected using the methods described in this policy ensuring each specimen is clearly labelled with:

- The patient’s full name and 2 other identifiable pieces of patient information e.g. date of birth and NHS number - to allow reporting on the correct patient.
- The specimen site - to allow application of result to corresponding sites.
- The date and approximate time of specimen collection.

It is **essential** that the laboratory knows when a specimen was taken as delayed or poor quality specimens can yield unhelpful or misleading results and may not be processed. If patients are given a request form and asked to provide a specimen they should be asked to ensure that the date on which the specimen was collected is written on the container and the form.

### 6.2.1 MRSA Screening Sites

An MRSA Screen consists of swabs from the patient’s nose, groin, any skin lesions or wounds and any accessible medical devices (including urinary meatus
for catheterised patients). Swabs must be collected from all appropriate sites using the guidance in section 6.2.1.

### 6.2.2 MRSA Screening Specimen Collection Procedures

<table>
<thead>
<tr>
<th><strong>Nose (nasal) Swab</strong></th>
<th><strong>Rationale</strong></th>
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<tbody>
<tr>
<td><strong>Action</strong></td>
<td><strong>Moisten the swab with sterile water or the accompanying sterile transport medium.</strong></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td><strong>Use the same swab to collect screening samples from both ** nostrils. Move the swab across the inside of both nostrils (anterior nares), direct it slightly upwards and gently rotate the swab.</strong></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td><strong>Do not use the same swab if signs of infection are present.</strong></td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Groin or Perineum Swab</strong></th>
<th><strong>Rationale</strong></th>
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<tbody>
<tr>
<td><strong>Action</strong></td>
<td><strong>Moisten the swab with sterile water or the accompanying sterile transport medium.</strong></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td><strong>Zig-zag &amp; rotate the swab across the skin surface to be sampled.</strong></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td><strong>Use 1 swab but collect from both ** sides of the groin or a single swab from the perineum</strong></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Wound/Skin Lesion Swab/ Medical Device</strong></th>
<th><strong>Rationale</strong></th>
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<tbody>
<tr>
<td><strong>Action</strong></td>
<td><strong>Take any screening swabs required before cleaning procedure begins.</strong></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td></td>
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<tr>
<td><strong>Action</strong></td>
<td><strong>Moisten the swab with sterile water if the wound is dry.</strong></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td><strong>Zig-zag &amp; rotate the swab across the skin surface to be sampled.</strong></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td><strong>Include a representative selection of all wound sites – any area of broken skin or exfoliative skin conditions e.g. eczema psoriasis and medical device entry sites e.g. catheters, cannulae, tracheostomy, PEG, central lines etc. If pus or exudate is present send as much as possible in a sterile universal container.</strong></td>
</tr>
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6.2.3 MRSA Laboratory Testing Methods

There are currently three testing methods in use in laboratories in the UK: direct culture on an MRSA-selective agar; broth enrichment with a sub-culture; and PCR rapid test. At CCO our testing is done at the Microbiology Laboratory located on the main Clatterbridge Hospital Site by Wirral University Teaching Hospital. The current testing method uses direct plating on MRSA-selective agar (chromogenic agar with cefoxitin): The advantages of this method are that positive results (shown as coloured colonies of MRSA) as well as negative results are known after incubation for 24 hours.

6.2.4 Interpreting Results

Microbiology samples sent for MRSA Screening will detect only MRSA whereas samples sent for culture and sensitivity will detect MRSA and other organisms present in sufficient quantities to cause infection.

Samples sent for MRSA Screening will be reported as Meticillin resistant Staphylococcus aureus) detected (positive result) or not detected (negative result). Staff should contact the ICNs in the first instance regarding advice on decolonisation therapy (if required).
Samples sent for culture and sensitivity will report if MRSA is isolated as well as any other microorganisms present and will give an indication of the level of microorganisms present (light, moderate or heavy growth).

Medical staff should contact the Consultant Medical Microbiologist for advice on managing infections due to MRSA (if required) especially as antimicrobial sensitivities may not be reported and immunocompromised patients may require complex antimicrobial therapies.

6.3 MRSA Decolonisation

Decolonisation reduces the levels and shedding of MRSA significantly as soon as it is commenced. The purpose of a decolonisation regime is to reduce the risk of the patient developing an MRSA infection with their own MRSA during medical or surgical treatment; and transmission of MRSA to another person.

6.3.1 Decolonisation Regimen

It is important that decolonisation is undertaken according to guidance and an information booklet entitled ‘MRSA – information for patients and visitors’ contains specific guidance and is a useful adjunct to verbal information given to patients with MRSA. Generally, as soon as a patient is identified as an MRSA carrier, a decolonisation regimen should be started. MRSA decolonisation usually comprises the use of antiseptic shampoo and body wash daily, and the use of an antibacterial nasal ointment four times a day for between 5 and 7 days.

Further decolonisation guidance is given in the following sections depending on the patient’s MRSA status. Alternatives to the existing antiseptic washes are given in Appendix A. If staff are unsure of the actions to take, they should contact the ICNs for guidance and advice.

6.3.2 Decolonisation of patients newly diagnosed with MRSA

Routine decolonisation for patients newly diagnosed with MRSA includes:
- Octenisan® antiseptic washes from the date of the positive result for a minimum of 5 days and until discharge from hospital **AND**
- between five and seven days of nasal Bactroban® (mupirocin) ointment.

Patients newly diagnosed with MRSA should be reviewed by medical staff with a view to prescribing MRSA decolonisation and determining clinical significance of the result. This may include review and reassessment of current antibiotic therapy and wound management.

**6.3.3 Decolonisation of admissions with previous history of MRSA**

Patients with a documented previous history of MRSA at CCO should be commenced on Octenisan® antiseptic washes from admission until discharge from hospital; even whilst awaiting current screening results. This is particularly important if patients are nursed in a bay rather than a single room.

If the current screening results are positive, nasal Bactroban® (mupirocin) ointment is added into the regimen for a period of 5-7 days. If the screening results are negative i.e. MRSA not detected the patient will continue with Octenisan® washes only until discharge. Antibiotic nasal ointments are only to be used for patients with a documented MRSA positive result for the current admission.

**6.3.4 Decolonisation of inter-hospital transfers**

Patients transferred from other Trusts with a documented previous history of MRSA should continue with their current course of MRSA decolonisation until completion (if supplies accompany the patient). If no decolonisation supplies accompany the patient, obtain screening swabs in the normal manner and commence Octenisan® antiseptic washes whilst awaiting results. It is important to advise the ICNs of any patients with a documented or verbal history of previous MRSA as there may be no Medical Alert or other record of the patients MRSA status documented at CCO.
If the current screening results are positive, nasal Bactroban® (mupirocin) ointment is added into the regimen for a period of 5-7 days. If the screening results are negative (MRSA not detected), the patient will continue with Octenisan® washes only until discharge. However, it is important to be aware that recent use of decolonisation regimen at the previous hospital may have reduced the patient’s level of MRSA to an undetectable level causing the results to be reported as negative.

6.3.5 Decolonisation of patients with MRSA resistance to mupirocin
If a patient has a documented strain of MRSA which is resistant to mupirocin, the ICNs will have documented this in the patient’s records. Use of antiseptic washes/lotions is unaffected by this resistance and the normal decolonisation regimen should be followed unless the level of resistance is designated as high. For patients with high level resistance, an alternative nasal decolonisation with Naseptin® nasal cream is advised. Naseptin® nasal cream contains two active ingredients, an antibiotic (neomycin sulphate) and an antiseptic (chlorhexidine dihydrochloride) but is not considered to be quite as effective as Bactroban®.

6.3.6 Discharging a patient on MRSA Decolonisation
Patients who have not yet completed 5 full days of decolonisation should be advised to continue nasal Bactroban® (mupirocin) ointment and Octenisan® washes at home until 5 days of therapy have been completed. Patients having already completed a 5 day course will not require decolonisation at home. However, it is important to include all details of decolonisation therapy in the transfer of care paperwork and/or the discharge letter.

6.3.7 Wound Management
Patients with wounds known to be colonised with MRSA should have appropriate antiseptic wound management to clean the wound and promote healing. There are a variety of suitable products available including Prontosan® antiseptic
washes and Prontosan® wound gel. However, it is also advisable to take account of previous dressings or treatment the patient may have used. It is advisable to seek expert advice from Tissue Viability or other Clinical Nurse Specialist when determining the most appropriate wound management products for wound colonised with MRSA.

Some patients with wounds may require systemic antibiotic therapy especially if the wound is known to be colonised or infected with MRSA.

**6.4 Antibiotic Management**

Before prescribing antibiotics, medical staff should always take note of the patient’s previous microbiological history (particularly previous history of MRSA) and may need to consider the use of an antibiotic active against MRSA. In any event, medical staff must select appropriate antibiotics whilst following advice contained within the current edition of the CCO Antibiotic Formulary. Deviations from the guidance and associated rationale must be documented in the patient’s case notes and the use of broad-spectrum antibiotics, particularly third-generation cephalosporins and fluoroquinolones must be limited to what is clinically appropriate.

If infection caused by MRSA is suspected, an antibiotic/combination of antibiotics known to include activity against MRSA must be used. Senior Medical Staff should discuss with the Consultant Microbiologist if advice is required.

If surgical antibiotic prophylaxis is required for a patient known to be, or to have been MRSA positive in the recent past, a prophylaxis regimen which incorporates MRSA cover must be used (e.g. teicoplanin 400mg single dose on induction - refer to Trust Antibiotic Guidelines).
6.5. **Maxims Documentation**

A variety of Maxims functions are available to assist clinical staff in the management of individuals with MRSA including Medical Alert, referral to ICN, ICN documentation, and Care Plans.

6.5.1 **Maxims Medical Alert**

The ICNs will place a medical alert on the Maxims system for all patients known to be MRSA positive. A positive medical alert is denoted by a red button visible from the main patient details page. Patients with no known previous HCAI alert (including MRSA) will have a green button. A medical alert will not be removed from the patient’s record as a decolonisation regimen is only 50–60% effective for long-term clearance and patients can become MRSA positive during subsequent admissions or whilst at home. Clinical staff should inform the ICNs when they feel that an Alert is required but is not present e.g. known MRSA patients transferred from other organisations.

6.5.2 **Referral to ICN**

Staff members can contact the ICNs or refer a patient using:

- Maxims referral process
- Via telephone/bleep
- In persona via verbal request

6.5.3 **ICN Documentation on Maxims**

The ICN will document on **current inpatients** using the nursing documentation and the entry will be copied to the Contacts Tab. Documentation made under admissions can be selected by filtering for Infection Control Nurse.

ICN entries on outpatients and those individuals with no corresponding inpatient episode at the time of documentation can be found **only** under the Contacts Tab. Such entries will include those patients whose results only became available after the patient had been discharged.
6.5.4 Maxims MRSA Inpatient Care Pathway
Specific care pathways have been devised to provide guidance and enable staff to provide consistent care for patients identified with MRSA. The care pathway for patients with MRSA includes four separate Maxims electronic care plans:

- **Immediate action required for positive MRSA results (within 24 hours)** includes the actions to take at diagnosis and is to be commenced and completed at initial confirmation of MRSA. The care plan includes informing the patient of results, providing an information leaflet and initiating isolation and decolonisation.

- **MRSA Ongoing Daily Care** – to be commenced at diagnosis and documented against (at least) daily by the staff caring for the patient. This care plan includes ongoing isolation and decolonisation requirements.

- **MRSA internal transfer of the patient** includes actions to take when transferring the care of a patient (even temporarily). It is essential that operating theatre staff are aware of the MRSA status of the patient to ensure that appropriate antibiotic prophylaxis (if required) is given prior to interventions.

- **MRSA discharge care plan** is to be initiated when discharge planning takes place and should be completed during the patients discharge. The care plan includes informing other healthcare professionals of the patients MRSA status and further action required.

6.6 Isolation of patients
When a patient is identified as MRSA positive, either because they have an MRSA infection or because they have been identified as a carrier by screening, they should be isolated, to reduce the risk of transmission to others. Standard Precautions are to be used for the care of all patients by all staff all of the time but for patients with MRSA, ‘Contact Precautions’ are required in addition to Standard Precautions to prevent spread by direct or indirect contact. A summary of Contact Precautions is contained in this section of the policy but formal Trust
expectations and more detailed guidance is included in the Isolation Policy available via the Trust Intranet.

### 6.6.1 Risk Groups

Certain patient groups represent an increased risk to others and must be identified as a priority for isolation in a single room. The table in this section identifies those patients representing the greatest risk to others and those patients most vulnerable to infection.

<table>
<thead>
<tr>
<th>Category</th>
<th>Risk assessment</th>
</tr>
</thead>
</table>
| High risk of spreading MRSA     | - MRSA sputum & coughing or tracheostomy in situ  
|                                 | - Heavily colonised patients and patients with exfoliative skin conditions such as eczema, psoriasis  
|                                 | - MRSA positive wounds with exudate not contained within a dressing  |
| High risk of acquiring MRSA     | - Patients with open wounds, indwelling medical devices e.g. urinary catheter, IV access  
|                                 | - Patients with chronic exfoliative skin conditions e.g. eczema, psoriasis  
|                                 | - Immunocompromised patients, the elderly and the very young  |

### 6.6.2 Patient Placement

Risk Assess - move into a side room until diagnosis has been excluded or patient is no longer considered to be infectious. If it is not possible to isolate those patients at greatest risk of spreading MRSA in a single room; it is not acceptable to care for them in the same area as those most vulnerable to infection.

- Nursing staff caring for the patient must ensure that an appropriate, approved instructional sign is placed at the entrance to the isolation area and all staff and visitors are informed.

- Limit the movement and transport of the patient from the isolation room to essential clinical purposes only. Inform other department/hospital in advance so appropriate precautions can be arranged.
- Patients in isolation must not be held in communal waiting areas and overall waiting time must be minimised.

6.6.3 Personal Protective Equipment (PPE)

PPE required for isolation must be used appropriately and effectively to maintain the safety of patients, staff and visitors to the Trust. Such PPE is usually designated as single use or single patient use and must be removed and disposed of after each appropriate use, sooner if it becomes heavily contaminated or damaged.

- Required PPE should be readily available in an area of safety – usually near the doorway but outside the isolation area/room.

- In addition to wearing PPE as outlined under Standard Precautions:
  - Wear clean, non sterile disposable gloves when providing any hands on care for a patient or if having significant contact with the patient’s environment.
  - Wear a disposable plastic apron when entering the room if you anticipate that your clothing will have contact with the patient, environmental surfaces, or items in the patient's room.

- Remove PPE before leaving the patient’s room unless carrying contaminated items e.g. bedpan. It is not necessary to wear PPE when transferring a patient through the hospital but is required if assisting a patient to transfer between a bed/chair and or trolley.

6.6.4 Hand Hygiene

Staff must decontaminate hands according to 5 Moments using an appropriate product. For example hand hygiene rubs are not appropriate when hands are soiled but are acceptable before donning PPE.

- Decontaminate hands immediately before putting on gloves and after removing contaminated PPE. After glove removal and hand hygiene, ensure that hands do not touch potentially contaminated surfaces or items in the patient’s room.
Patients should be encouraged and assisted where necessary, to wash their hands before meals and after using the toilet.

**6.6.5 Equipment**

Dedicate the use of patient-care equipment (commodes, blood pressure cuffs etc.) to a single patient, to avoid the sharing of equipment between patients. Wherever possible such items must remain within the isolation area for use for the infected patient only and should be cleaned routinely on a daily basis.

- Use single-use disposable equipment in isolation areas wherever possible.
- If the use of common equipment or items is unavoidable, then these must be adequately decontaminated according to manufacturer's instructions before use for another patient (even if the equipment is used between patients in a cohort area).
- Any items of medical equipment (including beds) that require repair or servicing must be decontaminated before being sent for repair and a certificate of decontamination attached.
- The use of Fans or other equipment likely to create air currents should be avoided if possible in isolation rooms and **must not** be used where patients with MRSA are cared for in a main bay.

**6.6.6 Environmental Cleaning and Disinfection**

- Remove all unnecessary items from the isolation area to minimise clutter and facilitate adequate cleaning.
- Use appropriate PPE and follow guidance to clean all fixtures and fittings in the isolation area (at least) daily with an appropriate approved solution of a detergent and disinfectant.
- Follow local guidance on ‘Terminal cleaning’ and curtain changes of the isolation area when the patient is discharged or no longer requires isolation.
6.6.7 Management of Used Linen
Soiled textiles, including bedding, towels, and clothing may be contaminated with pathogenic microorganisms. However, the risk of transmitting infections is negligible if they are handled, transported, and laundered in a safe manner.

Key principles for handling soiled or contaminated laundry are:

- not shaking the items or handling them in any way that may aerosolize infectious agents.
- avoiding contact of one’s body and personal clothing with the soiled items.
- containing soiled items in a laundry bag or hamper.

Patients with MRSA should be encouraged to change their towels and clothing daily (or more frequently if required). Staff must change all bed linen daily (or more frequently if required) and avoid vigorous bed making.

Used linen from patients with MRSA is disposed of in the normal manner (white plastic linen bag) unless heavily soiled or the use of red heat soluble bags is advised by the Infection Control Team.

- Patients who do not have relatives/carers able to launder personal items should be encouraged (if appropriate) to use hospital clothing and towels.
- Plastic bags with a dissolving seam suitable for use in a domestic washing machine are available for patient clothing to be laundered at home by patient’s relatives/carers. Instructions are printed on the side of the laundry bag but relatives/carers may need to be instructed that the bag should be placed unopened into the washing machine and removed following the wash cycle. Hospital grade heat soluble ‘red alginate bags’ must not be used to hand patients own clothing to relatives/carers as this type of bag can block domestic washing machines.

6.6.8 Management of Waste
- Ensure appropriate waste disposal facilities are available within the isolation room to dispose of used PPE.
Dispose of infected waste into orange bag and wear appropriate PPE when removing waste from the isolation area.

6.6.9 Additional guidance on Visitors
If additional infection control precautions are required, it is essential to advise others of the actions and precautions required but patient confidentiality must be maintained. It is generally not necessary for staff or visitors having social contact with the patient to wear PPE but all visitors should be encouraged to decontaminate their hands before and after visiting.

6.7 Outbreaks of MRSA
Outbreaks of MRSA will be managed in line with the Outbreak Policy including ward or bay closures. The DIPC and The Infection Control Team will undertake investigations and determine the actions required to manage the outbreak; informing the Health Protection Agency of events and actions undertaken.

6.7.1 Definition of an Outbreak
An outbreak would be defined in relation to the area in which a hospital-acquired case of MRSA had been identified. A single hospital-acquired infected patient at CCO will result in an investigation but two or more hospital acquired cases within a two week period will result in an escalation of actions which may include environmental sampling and staff screening.

6.8 MRSA in Healthcare Staff
Evidence from investigations of outbreaks suggest that members of staff are rarely colonised other than transiently, during the working day, however staff who are permanent carriers, perhaps due to skin lesions which have become colonised with MRSA, may be a source of continuing transmission to patients in a ward. Carriage is rarely a risk to the member of staff themselves.
6.8.1 Staff Screening
Healthcare staff may require screening to detect MRSA when:

- there is epidemiological evidence which suggests that certain members of staff may be associated with a number of patient cases.
- when a protracted outbreak is not controlled by strict attention to control measures aimed at the patients and their environment.

The Infection Control Team will determine whether any members of staff require MRSA screening and will liaise with Occupational Health staff to ensure that staff are managed confidentially and screening and decolonisation are coordinated.

6.8.2 Sites to be screened
To avoid detecting MRSA that may have been transiently acquired on duty, staff screening should be undertaken prior to the staff member beginning a shift. Screening swabs should be collected from the nose, throat and any areas of abnormal or broken skin. If MRSA is detected at any of these sites, additional screening swabs (hairline groin/perineum) may be requested so that optimum decolonisation can be planned.

6.8.3 Decolonisation of Staff Carriers
Occupational Health staff will co-ordinate staff decolonisation using 7 days of:

- Daily Octenisan® antiseptic washes and nasal Bactroban® (mupirocin) ointment four times daily.

The member of staff will be re-screened seven days after treatment has been completed, followed by two additional weekly screens.

6.8.4 Managing Staff Carriers of MRSA
A decision to redeploy staff or to send them off duty should be taken after a risk assessment that considers the area in which they are normally employed and the location and extent of their site(s) of carriage.
Staff members working in “high risk” clinical areas may be offered redeployment in “low risk” areas such as an outpatient department. It is recommended that only staff members with colonised or infected hand lesions should be off work whilst receiving courses for decolonisation therapy but this decision should be based on the local risk assessment.

6.9 Incident Reporting and Investigation
All hospital acquired MRSA, events resulting in failure to adopt infection control precautions and/or incidents which have resulted in cross-contamination must be reported as per incident reporting procedures. All MRSA related incidents will be accompanied by investigation and action planning as required. In addition:
- All outbreaks of MRSA must be reported as Serious Untoward Incidents.
- All MRSA blood stream infections will be investigated using a dedicated root cause analysis.

7.0 Training
The contents of this document are supported by clarification of the Trusts expectations during main induction training for all staff and thereafter during mandatory training according to the frequency listed in the Education and Training Policies.

The policy launch will be accompanied by additional training of all Infection Control Link Staff and staff working in clinical areas.

8.0 Audit
The contents of this policy will be audited routinely as part of the Infection control audit programme and will include visits to the ward by the infection control nurse to ensure that appropriate precautions are in place.
Exceptions will be noted by incident reporting and all reports and audits followed up as per Infection Control Policy. Examples include

- By outbreak reports, lessons learned and daily updates.
- By clinical Incident reporting systems relating to Infection Control.
- By routine clinical review of all patients requiring additional infection control precautions within the organisation.
- By daily monitoring of the placement of all patients requiring additional infection control precautions within the organisation.

9.0 References


Department of Health (2007) Saving Lives: reducing infection, delivering clean and safe care a delivery programme to reduce Healthcare Associated Infection including MRSA

Health Protection Scotland (2010) Transmission Based Precautions Policies (TBP) – Information on Droplet/Contact/Airborne Precautions Date of issue: April 2009 Date of re-issue: April 2010

Health Protection Scotland (2010) Transmission Based Precautions – Literature Reviews Available at:
http://www.hps.scot.nhs.uk/haic/ic/guidelinedetail.aspx?id=37302


Specialist Advisory Committee on Antimicrobial Resistance (SACAR) – UK Template for hospital antimicrobial guidelines.


Specialist Advisory Committee on Antimicrobial Resistance (SACAR) – UK Template for hospital antimicrobial guidelines. BSAC Available at:
http://www.bsac.org.uk

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Author: Deborah Kretzer  Authorised by: Helen Porter  Copy No:
9.1.1 Internet
MRSA Screening Operational Guidance 3 31st March 2010 DH available at
gueletters/DH_114961
gueletters/DH_086687
gueletters/DH_092844

Supporting information and Frequently Asked Questions are available from the
Clean Safe Care Website at
http://www.dh.gov.uk/en/Publichealth/Healthprotection/Healthcareassociatedinfec
tion/DH_094120
Screening for meticillin-resistant *Staphylococcus aureus* (MRSA) colonisation: A

10.0 Appendices

Appendix A – Suggested Antiseptics for Skin decolonisation
Appendix B - MRSA Screening Algorithm
### Appendix A

**Suggested Antiseptic Solutions for Skin Decolonisation Regime**

<table>
<thead>
<tr>
<th>Name of Antiseptic</th>
<th>Approved Use</th>
<th>Additional Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aqueous octenidine hydrochloride (0.3%) antiseptic solution e.g. <strong>Octenisan</strong></td>
<td>All clinical areas, to for MRSA decolonisation</td>
<td>A three minute contact time is recommended for maximum efficacy to kill MRSA bacteria and reduce the risk of infection, including bacteraemia. NOT for use as a wound antiseptic, however clinical tests have demonstrated that the active substance is not absorbed systemically therefore Octenisan may be safely used in proximity to wounds. <strong>Octenisan is not classed as a medicinal product; the manufacturers state it has activity against MRSA.</strong></td>
</tr>
<tr>
<td>Aqueous chlorhexidine gluconate (4%) antiseptic solution with surfactant (Hibiscrub, Hydrex Scrub)</td>
<td>For adult patients unable to tolerate Octenisan use or those with skin reactions due to Octenisan</td>
<td>This is a widely used for MRSA decolonisation but it is an “off-label” use of this product.</td>
</tr>
<tr>
<td>Aqueous triclosan (1%) solution (Skinsan skin cleanser)</td>
<td>For paediatric patients unable to tolerate Octenisan use or those with skin reactions due to Octenisan</td>
<td>A one minute contact time is recommended for maximum efficacy. Manufacturers advise cautious rinsing off of product after application in children.</td>
</tr>
</tbody>
</table>
Appendix B - MRSA Screening Algorithm

Patient meets current criteria* for MRSA Screening

YES
Provide information and gain informed consent** (MRSA Screening - patient information leaflet available from ICN).

NO
Delay screening until patient meets criteria.

Delay screening until patient meets criteria.

Use correct procedure to obtain swabs from nose, groin, skin lesions/wounds & accessible medical devices. Complete request form, label samples correctly, package and send to Lab. Await results.

YES
MRSA Screening results positive

NO
No further action required until patient meets criteria for screening*. Inform patient of results at next opportunity.

Current Inpatient at CCO

YES

Medical staff to inform other healthcare professionals of MRSA result. This must include as a minimum the patient’s GP and, in the case of transferred patients, relevant healthcare staff at the patients current location.

NB - MRSA decolonisation is advisable particularly if patient is to have imminent admission or invasive procedure.

NO

Ward Medical and Nursing staff to:
- Initiate and complete/continue MRSA Care Plans on Maxims.
- Inform patient of results & provide additional information (MRSA patient information leaflet).
- Isolate with Contact Precautions.
- Review antibiotics, wounds/invasive devices etc.
- Commence decolonisation with Octenisan® antiseptic washes & nasal Bactroban® (mupirocin) ointment ***.
- Refer to ICN for further advice (if necessary).

At discharge or transfer of care - details of MRSA must be included in letter to GP and other documentation.

* Screening criteria - all emergency admissions, imminent planned admission/invasive procedure, inter-hospital transfer or prolonged hospital stay (30+days).
** If patient refuses MRSA Screening - contact ICNs for further advice.
*** Octenisan® antiseptic washes continue from the date of the positive result for a minimum of 5 days and until discharge from hospital. Nasal Bactroban® (mupirocin) ointment is given for a limited time of between 5 & 7 days only.

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