POLICY FOR CONTROL OF MRSA
(METICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS)

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<td>3yrs</td>
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Summary

Meticillin-resistant Staphylococcus aureus (MRSA) remains endemic in many UK hospitals. Specific guidelines for control and prevention are justified because MRSA causes serious illness and results in significant additional healthcare costs. Surveillance of MRSA is undertaken in a systematic way and fed back routinely to healthcare staff. The inappropriate or unnecessary use of antibiotics should be avoided, and this will also reduce the likelihood of the emergency and spread of strains with reduced susceptibility to glycopeptides. Screening for MRSA carriage in patients and selected clinical areas is performed according to locally agreed criteria based upon assessment of the risks and consequences of transmission and infection. Nasal and skin decolonisation is considered in certain categories of patients (see Appendix 1). The general principles of infection control should be adopted for patients with MRSA, including patient isolation and the appropriate cleaning and decontamination of clinical areas. Inadequate staffing, especially amongst nurses, contributes to the increased prevalence of MRSA.

Purpose

This policy is intended to provide guidance for all staff on management of MRSA. It provides details of MRSA screening requirements, root cause analysis processes and the general principles of infection prevention and control of MRSA.

Surveillance

Surveillance is undertaken as part of the hospital’s infection control programme and is a recognised element of the clinical governance process. Results are fed back to a wide range of people including consultants, senior nursing personnel and management. It includes mandatory requirements, results of microbiological investigations for clinical purposes and microbiological investigations undertaken for screening purposes.

Antibiotic stewardship

Antibiotic usage is monitored and controlled by the consultant microbiologists and ward pharmacists. A revised antibiotic policy restricting cephalosporins and quinolones was introduced in May 2007 and is being audited currently. The principles are:

- Avoidance of inappropriate or excessive antibiotic therapy
- Prophylaxis in all healthcare settings
- Ensuring antibiotics are given in the correct dosage and for an appropriate duration
- Limiting the use of broadspectrum antibiotics
- Prolonged courses of glycopeptide therapy are avoided.

Admission Screening for MRSA

The guidance for screening of patients prior to admission has changed substantially over the past 12 months. The Department of Health recommend screening for all elective patients including day-cases. The screening compliance for these patients will be reported to the Strategic Health Authority on a monthly basis and it is expected to be delivered by 2009.
All patients to be screened for MRSA:

1. Elective patients

All elective patients are to be screened when attending pre-admission assessments. If they are only seen in outpatients prior to their admission then the patient should be screened at this contact.

2. Day-case patients

All day-case patients now require screening preferably prior to admission in either preadmission or outpatients department. If screening has not been completed on the day of admission a full MRSA screen should be performed on admission to the daycare unit.

Exceptions to day-case screening include:

- Day case ophthalmology
- Day case dental
- Day case endoscopy
- Children/ paediatrics (unless high risk groups)
- Maternity/Obstetrics (elective Caesarean sections and mothers with potential admissions to NNU are to be included in this elective screening)

3. Maternity Units:

- Any antenatal admission to Labour Ward who could potentially have a baby requiring admission to the neonatal unit
- Admission of any in-utero transfer from another hospital
- Women having an elective caesarean section
- Women having an emergency caesarean section
- Women who have a baby on the neonatal unit

For women having an **elective caesarean section** the swabs should be taken when the date for the elective caesarean section is booked at the antenatal clinic. This is preferable to taking the swabs when the ICP is completed to allow time for suppression in the event of a positive result.

For women having an **emergency caesarean section** swabs should be taken prior to transfer to the operating theatre, if there is sufficient time to do so without jeopardising maternal or fetal well-being. If this is not possible then swabs should be taken in the recovery area after operation.

4. Emergency Admissions

All emergency admissions to the Trust should be screened in A&E, EAU or outpatients department. If emergency screening has not been completed in these departments then on transfer to the appropriate ward admission screening should be completed.

Once screened on admission this should be documented on the patient nursing care documentation.
Additional Screening

1. ITU/CCU/NNU
   - Admission screening will be undertaken on all patients admitted to the Intensive Care Unit, Coronary Care Unit and the Neonatal Unit.
   - All patients in the units will be screened on a weekly basis.

2. Haematology Day Patients
   Due to the increased contact with healthcare personnel and the environment it is important that this group of patients are screened on a regular basis. It is expected that all haematology day-care patients are screened on first treatment and then on a monthly basis if still receiving treatment.

3. Long Stay Patients
   - All inpatients who remain in the Trust for 2 weeks or more require re-screening on day 14 and then repeat screens every 7 days. Repeat screening should be undertaken on Mondays.
   - Inpatients from Alderbourne, Daniels and The Stroke Unit should be re-screened on a monthly basis.

MRSA Screening procedure

Swabs are taken from:
   - Both anterior nares (nasal) using one swab
   - Both axilla using one swab
   - Both groin using one swab
   - Skin lesions and open wounds/ break in skin (if present)
   - Any invasive device site i.e. NG tube, PEG site, drain site, tracheostomy sites etc.
   - A sputum sample if the patient has a productive cough
   - A urine sample if the patient is catheterised

All MRSA screens that are taken and results when received must be recorded on the Patient MRSA Record.

Refer to appendix 1 for Broth culture specimen technique.

Staff Screening

Staff colonisation in particular nasal carriage is usually transient, in some cases only lasting for hours. For this reason routine screening of staff is not undertaken and staff should not screen themselves on the ward. If staff are concerned they should discuss their concerns with either the Infection Control team or the Occupational Health Department.

Staff screening of symptomatic staff will be done by Occupational Health as appropriate following consultation with the Infection Control team. MRSA colonised/infected staff will
be managed in a confidential manner by the Occupational Health Department in liaison with the Consultant Microbiologist/Infection Control Doctor.

Screening of staff may be necessary following a suspected outbreak or incident within a specialist area. In such circumstances screening will be on advice from the infection control team and will be undertaken confidentially by the occupational health department.

**Actions to be taken when MRSA has been identified in the laboratory**

The following actions must be taken after every positive new “in-patient” MRSA Isolate:

**The Infection Control Team**
- Will inform the ward of the result, or if the result is isolated at the weekend the laboratory will phone the ward concerned directly.
- Will ensure the GP is notified of the result in the event of a discharge.
- Document the result in the medical notes and action the alert box in the front of the notes

**The nurse in charge of the patient will:**
- Document the result in the patients record
- Inform the medical team that MRSA has been isolated
- Inform the patient and explain to them about MRSA and give them a MRSA patient information leaflet.
- If the patient has any unresolved questions, the medical team and then the Infection Control team should be asked to speak with the patient.
- Discuss moving the patient to a side room
- Ensure that the source Isolation sign is placed on the side room door.
- Ensure that gloves, aprons and alcohol hand rub are available outside side room.
- Ensure access to the sideroom is kept to a minimum.

**The medical team will:**
- Commence topical treatment for all in-patients
- Systemic antibiotics as required (following discussion with the Consultant Microbiologist)

**Blood Cultures**

Blood culture to detect bacteraemia is an important investigation with major implications for the diagnosis of patients with infection and the selection of appropriate treatment. The Department of Health have produced recommendations to enable Trusts to implement procedures to improve the quality of blood culture investigation and reduce the risk of blood sample contamination.

These recommendations aim to ensure that blood cultures are taken:
- For the correct indication
- At the correct time; and
- Using correct technique in order to prevent contamination of the sample and minimise risk to patients and staff.
It is essential that blood cultures are taken using the guidelines to prevent the risk of contamination resulting in possible inappropriate treatment for the patient.

All staff taking Blood cultures should:

- Be trained and assessed in ANTT (aseptic non touch technique)
- Follow the correct procedure (appendix 2)
- Document clearly the date and time taken and ensure their name, designation and bleep number (if appropriate) are clearly legible.

**MRSA positive blood cultures**

All positive blood cultures require a root cause analysis (RCA) to be commenced within 24 hours of confirmation. The clinical team responsible for the patient is required to lead the RCA with the consultant microbiologist and the infection control team. Matron is responsible for ensuring that the ward completes an incident form and the evidence gathering tool kit provided by the Department of Health. This is available on the Trust intranet infection control page. If the positive blood culture was taken within 48 hours of admission to the Trust the Primary care Trust infection control team should be invited. Refer to appendix 5 for RCA flowchart

**Decolonisation**

A systematic method of nasal and skin decolonisation (reducing the bioburden of MRSA) is undertaken. Throat decolonisation is only undertaken on the advice of consultant microbiologists where appropriate with systemic treatment. Please see Appendix 4.

Decolonisation should be done irrespective of whether facilities are available to isolate the patient.

The purpose of decolonisation is to reduce the risk of:

- the patient developing an MRSA infection with their own MRSA during medical or surgical treatment;
- transmission of MRSA to another patient.

Although it is recognised that the decolonisation regimen is only 50–60% effective for long-term clearance, as soon as the procedure is implemented the presence and shedding of MRSA are reduced significantly and the risk of the patient infecting themselves or transmitting MRSA to another patient is much reduced.

Decolonisation:

- Mupirocin 2 % Ointment (Nasal) three times a day for 5 days
- 4% Chlorhexidine (Body-wash) daily for 5 days
- 4% Chlorhexidine twice weekly (Use as Hair Shampoo)

It is essential that clothing, towels and bedding are changed daily following application of topical treatment.
1. Decolonisation of Preadmission Patients

When a positive result for MRSA has been isolated on a patient in pre admission, decolonisation should be timed to ensure optimal reduction of bioburden. Decolonisation should be **commenced 7 days prior to surgery with the patient admitted / surgical intervention on day 7**. A full MRSA screen should be taken on admission and the patient isolated.

2. Rescreening

Inpatients should be rescreened following MRSA decolonisation on day 7 and then subsequently weekly for three weeks. If a further re-screen identifies a patient is still positive, a second decolonisation should be attempted four weeks after initial decolonisation. The patient should be in continuous isolation until clearance is achieved.

**Patient management**

- **General principles**

Good general principles of infection control are adopted for the management of patients with MRSA. This is placed at the centre of clinical practice and requires the constant support of organisational executives to ensure that it is seen as having an appropriate position in the Trust and enforced as a matter of clinical governance.

- **Standard precautions**

Standard isolation precautions are adopted in accordance with the general principles of infection control rather than introducing specific guidance for the management of MRSA that may lead to differing standards. This includes wearing gloves and aprons while delivering medical or nursing care.

- **Isolation**

All patients infected or colonised with MRSA should be isolated in single rooms. This is not always possible in the busy Care of the Elderly, emergency orthopaedic and long-stay wards where they should be cohort-nursed with clinical and hand-washing facilities. The procedures for isolation should be clearly stated and explained by staff to patients and visitors. Hospital staff entering isolation facilities are required to adopt the isolation precautions rigorously and this should be audited on a regular basis. Non-staff visitors should be requested to adhere to the necessary level of precautions.

All linen should be treated as infected and placed in a water soluble bag followed by a red linen bag (please refer to linen handling policy no……). All items in the sideroom/isolation should be treated as infected and placed in clinical waste bags.

- **Cleaning and decontamination of environment/equipment**

Management of the environment and equipment is central to decrease the spread of MRSA. Cleaning regimens for isolation facilities should focus on the minimisation of
dust and the removal of fomites from contact areas. This is a twofold approach; firstly the management of the occupied facility and then the terminal clean of the facility after discharge of the patient. Please refer to separate Isolation Policy for details. Cleaning regimens and their performance should be audited regularly.

Patient equipment, for example wheelchairs, hoists, slings, sphygmomanometer cuffs, etc, should either be capable of being decontaminated and be decontaminated before use with other patients or should be single patient use and discarded as clinical waste at the end of usage.

- **Patient movement and transfers**

  The movement of patients with MRSA should be kept to a minimum to reduce the risk of cross-infection and any potential embarrassment for the patient. Where patients need to attend departments for essential investigations the receiving area should be notified of the patient’s MRSA status in advance of the transfer and arrangements should be in place to minimise their contact with other patients, that is, they should be called from the ward when the department is ready for them to ensure that they are not held in communal waiting areas. Staff should adopt isolation precautions.

  Arrangements for transfer to other healthcare facilities, for example hospitals, nursing and residential care homes, etc, should include notification of the individual’s MRSA status.

  When transporting infected/colonised MRSA patients to other departments:

  - All lesions should be covered with an impermeable dressing
  - Staff are not required to wear aprons and gloves whilst transporting patients between departments.
  - Aprons should be worn if handling and moving the patient from bed to wheelchair/trolley etc. These must be removed once the patient is settled and before leaving the isolation room or department.
  - Aprons should be disposed of as clinical waste and hands washed after removal.
  - Gloves are only required if it is anticipated that there may be contact with the patients blood or body fluids.
  - The trolley or chair should be decontaminated, using soap and water or a detergent wipe, after use by the patient and before being used for another patient.
  - Staff should decontaminate their hands thoroughly after dealing with a patient and/or cleaning the trolley or chair.

- **Surgical/invasive procedure**

  Prior to planned invasive procedures efforts should be made to minimise the level of risk of infection through decolonisation and surgical prophylactic antibiotic therapy as appropriate. It is often considered desirable to place the individual at the end of a procedure list. However, in mechanically filtered environments such as operating theatres, the number of air exchanges should render this unnecessary. Good infection control practices which should be in place between all patients should reduce the risk of cross-infection.
• **Transport**

The risk of cross-infection from an MRSA-colonised or infected patient in an ambulance is minimal provided that good infection control practices and routine cleaning procedures are followed.

• **Discharge**

There is no requirement for patients colonised with MRSA to continue with extended eradication protocols after discharge. This may be varied in the event of anticipated re-admission to a hospital especially for a planned invasive procedure. It is appropriate that groups involved in further care are informed of the patient’s MRSA status at discharge.

Patients and their appropriate contacts should be fully briefed and given relevant information on MRSA, its implications and significance prior to discharge in order to allay anxiety and concern when returning to the home environment.

**Consultation and Communication with Stakeholders**

This policy has been consulted on through the members of the infection control committee.

**Equality Impact Assessment**

There is no evidence to suggest that this policy breaches equality legislation.

**Ratification and Implementation**

This policy is ratified by the clinical governance committee.

**Monitoring and Review**

This policy will be reviewed every three years or sooner if new guidance or legislation is introduced. Compliance to policy will be monitored by the infection control team.

Compliance to the MRSA screening guideline is monitored on a monthly basis and reported to the Trust Board. Quarterly prevalence surveys will be undertaken by the infection control team to provide assurance that all patients are screened according to the policy.
References


Appendix 1

MRSA SCREENING

Nose, Axillae and Groin Swabs using Broth

1. MRSA screening is performed by taking nasal swabs from both the left and right nostrils and from both axillae and groin.

2. One swab can be used for both nostrils, one can be used for the left and right axillae and one for left and right groin.

3. All swabs when taken are then dipped into the pink medium and rotated 90 degrees in the one bottle of broth supplied by Microbiology. The swabs are then discarded in clinical waste.

4. The broths must be stored at 2-8°C but allowed to reach room temperature before use.

5. This broth bottle must be clearly identified using the patient’s addressograph label.

6. Once the broth and request form are complete both should be sent without delay to Microbiology in the “pod” system (3288) for processing.

7. If swabbing wounds or indwelling devices then routine culture swabs should be used (Charcoal). These should not be placed in the broths.

ALL ELECTIVE AND EMERGENCY ADMISSIONS TO THE TRUST ARE TO BE SCREENED FOR MRSA.

EXCEPTIONS:

- Day case ophthalmology
- Day case dental
- Day case endoscopy
- Children/ paediatrics (unless high risk groups)
- Maternity/Obstetrics (elective Caesarean sections and mothers with potential admissions to NNU are to be included in this elective screening)
Appendix 2

Guidelines For Taking Blood Cultures

Step one: Skin Preparation

- Wash your hands with soap and water then dry.
- Clean any visibly soiled skin on the patient with soap and water then dry.
- Apply a disposable tourniquet (if applicable) and palpate to identify vein.
- Clean skin with a 2% chlorhexidine in 70% isopropyl alcohol impregnated swab and allow to dry.
- If culture is being collected from a central venous catheter, disinfect the access port with a 2% chlorhexidine in 70% isopropyl alcohol impregnated swab.

Step two: Kit Preparation

- Label bottles with appropriate patient information. Ensure that barcodes on the bottles are not covered by additional labels and that any tear-off barcode labels are not removed.
- Clean the tops of the culture bottles with a 2% chlorhexidine in 70% isopropyl alcohol impregnated swab and allow to dry.

Step 3: Sample Collection – Use Either Method A or B As Outlined Below

<table>
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<th>A: NEEDLE AND SYRINGE METHOD</th>
<th>OR</th>
<th>B: WINGED BLOOD COLLECTION METHOD</th>
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<tr>
<td>Wash and dry your hands again or use alcohol hand rub and apply clean examination gloves (sterile gloves are not necessary)</td>
<td></td>
<td>Wash and dry your hands again or use alcohol hand rub and apply clean examination gloves (sterile gloves are not necessary).</td>
</tr>
<tr>
<td>Insert needle. <strong>Do not palpate again after cleaning.</strong></td>
<td></td>
<td>Attach winged blood collection set to blood collection adapter cap.</td>
</tr>
<tr>
<td>Collect sample and release tourniquet.</td>
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<td>Insert needle into prepared site. <strong>Do not palpate again after cleaning.</strong></td>
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<tr>
<td>Cover the puncture site with an appropriate dressing.</td>
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<td>Place adapter cap over blood collection bottle and pierce septum.</td>
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<tr>
<td>If blood is being collected for other tests, always inoculate the blood culture bottles first.</td>
<td></td>
<td>Hold bottle upright and use and use bottle graduation lines to accurately gauge sample volume and collect sample.</td>
</tr>
<tr>
<td>Inoculate blood into culture bottles; do not change the needle between sample collection and inoculation; inoculate anaerobic culture first.</td>
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<td>If blood is being tested for other tests, always collect the blood culture first.</td>
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<tr>
<td>Discard needle and syringe in a sharps container.</td>
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<td>Cover the puncture site with an appropriate dressing.</td>
</tr>
<tr>
<td>Wash hands after removing gloves.</td>
<td></td>
<td>Discard winged blood collection set in a sharps container.</td>
</tr>
<tr>
<td>Record the procedure with indication for culture, time, site of venepuncture and any complications in the patient’s record.</td>
<td></td>
<td>Wash hands after removing gloves</td>
</tr>
<tr>
<td>Record the procedure with indication for culture, time, site of venepuncture and any complications in the patient’s record.</td>
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MRSA BACTERAEMIA – PRE 48 HOURS

MRSA ISOLATED IN BLOOD CULTURE

CONSULTANT MICROBIOLOGIST & INFECTION CONTROL NURSE INFORMED

ICN INFORMS: WARD SISTER, MATRON AND DIRECTOR INFECTION PREVENTION & CONTROL (DIPC)

PATIENT DATA ENTERED ON HPA DATA COLLECTION SITE & ENHANCED INFORMATION OBTAINED WITHIN 24 HOURS OF ISOLATION

ICT SECRETARY INFORMED TO ARRANGE RCA MEETING. INVITE:
CONSULTANT MICROBIOLOGIST
ICN
COMMUNITY DIPC
COMMUNITY ICN
CLINICAL TEAM
MATRON
WARD STAFF MEMBER

RCA DISSEMINATED TO RELEVANT CLINICAL TEAM, DIRECTORATE & PCT WITH ACTION PLAN

RCA MEETING WITHIN 8 DAYS OF ISOLATION & RCA TEMPLATE COMPLETED

CONSULTANT MICROBIOLOGIST INFORMS CLINICAL TEAM

CLINICAL TEAM INVITED TO EXECUTIVE INFECTION CONTROL COMMITTEE TO PRESENT CASE AND ACTION PLAN

INCIDENT FORM GENERATED BY WARD
MRSA BACTERAEMIA – POST 48 HOURS

MRSA ISOLATED IN BLOOD CULTURE

CONSULTANT MICROBIOLOGIST INFORMS CLINICAL TEAM

CONSULTANT MICROBIOLOGIST & INFECTION CONTROL NURSE INFORMED

ICN INFORMS: WARD SISTER, MATRON AND DIRECTOR INFECTION PREVENTION & CONTROL (DIPC)

PATIENT DATA ENTERED ON HPA DATA COLLECTION SITE & ENHANCED INFORMATION OBTAINED WITHIN 24 HOURS OF ISOLATION

ICT SECRETARY INFORMED TO ARRANGE RCA MEETING. INVITE: CONSULTANT MICROBIOLOGIST ICN CLINICAL TEAM MATRON WARD STAFF MEMBER

RCA DISSEMINATED TO RELEVANT CLINICAL TEAM AND DIRECTORATE WITH ACTION PLAN

RCA MEETING WITHIN 5 DAYS OF ISOLATION & RCA TEMPLATE COMPLETED

INCIDENT FORM GENERATED BY WARD

EVIDENCE GATHERING TOOLKIT (MRSA) TO BE COMPLETED BY MATRON & WARD SISTER

CLINICAL TEAM INVITED TO EXECUTIVE INFECTION CONTROL COMMITTEE TO PRESENT CASE AND ACTION PLAN
### IN PATIENT SELECTION FOR MRSA SCREENING AND DECOLONISATION ALGORITHM

**Patients to be screened:**
- Emergency admissions
  - 1. A&E
  - 2. EAU
  - 3. OPD
- Transfers from other hospitals

**MRSA screen taken**

**Await result**

**MRSA isolated?**

**No**

**Yes**

- **MRSA isolated in nose only or nose and axilla**
  - **No**
  - **Yes**
    - **Commence MRSA decolonisation treatment for 5 days then re-screen day 7 & weekly for 3 weeks**
    - **If MRSA isolated either from a lesion or wound decolonisation is recommended** *
      - ***If the wound is extensive or the patient has broken skin then decolonisation might not be effective – seek advice from ICT***
Appendix 5

MRSA SCREENING & DECOLONISATION FOR ELECTIVE PATIENTS

MRSA SCREEN TAKEN IN:
- PREADMISSION
- OPD
- ANTENATAL CLINIC

SCREEN NEGATIVE

NO FURTHER ACTION

SCREEN POSITIVE

DECOLONISATION TO COMMENCE 7 DAYS PRIOR TO SURGERY

PATIENT TO TREAT AT HOME

ADMIT DAY 7 FOR SURGICAL PROCEDURE

ADMIT TO SIDEROOM AND TAKE FULL SCREEN

SURGICAL PROCEDURE WITH SYSTEMIC ANTIBIOTIC COVER
Appendix 6
Infection Control Department.

Decolonisation procedure for patients colonised with MRSA.

Date isolated:

<table>
<thead>
<tr>
<th>Decolonisation</th>
<th>Site</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
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<tr>
<td>Mupirocin 2% (Nasal)</td>
<td>Nose</td>
<td>Both nostrils</td>
<td>Both nostrils</td>
<td>Both nostrils</td>
<td>Both nostrils</td>
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<tr>
<td>4% Chlorhexidine Body wash</td>
<td>Whole body Daily (not face)</td>
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<tr>
<td>4% Chlorhexidine (Hair Shampoo)</td>
<td>Wash hair twice weekly (day 2&amp;4)</td>
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</tbody>
</table>

**Clearance dates:** Clearance swabs to be taken from nose/axilla/groin on day 7 and then at weekly intervals. Attach to patient's drug chart and ensure treatment is signed for.

1.
2.
3.

**Please remember that clothing, towels and bedding are to be changed daily**

FL/RA/AG/PK March 2009
MRSA

1. Lead Nurse Infection Prevention and Control

2. 01.02.09

3. Aims of Policy
   This policy is intended to provide guidance for all staff on management of patients with diarrhoea. It provides details of symptoms and clinical features of gastrointestinal infections, infestations and intoxications.

4. Results of Initial Screening

<table>
<thead>
<tr>
<th>Equality Group</th>
<th>Assessment of Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>No impact</td>
</tr>
<tr>
<td>Gender</td>
<td>No impact</td>
</tr>
<tr>
<td>Race</td>
<td>No impact</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>No impact</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>No impact</td>
</tr>
<tr>
<td>Disability</td>
<td>No impact</td>
</tr>
<tr>
<td>Deprivation</td>
<td>No impact</td>
</tr>
<tr>
<td>Dignity and Human Rights</td>
<td>No impact</td>
</tr>
</tbody>
</table>

There is no evidence to suggest that this policy breaches equality legislation

5. Decisions and/or Recommendations (including supporting rationale)
   No recommendations

6. Monitoring and Review Arrangements
   Review every 2 years