MRSA
What is MRSA?

MRSA stands for meticillin-resistant Staphylococcus aureus. Most Staphylococcus aureus are resistant to penicillin, and some strains are resistant to meticillin as well as a few other antibiotics that are used to treat Staphylococcus aureus infections.

About one in three people carry Staphylococcus aureus on the surface of their skin, or in their nose, without causing any harm. People, who have MRSA on their bodies or in their noses but are unharmed by it, are described as being colonised.

Who is at risk of MRSA infection?

MRSA infections usually occur in hospitals and in particular to vulnerable or debilitated patients, such as patients in intensive care units, and on surgical wards. MRSA can cause problems when it gets the opportunity to enter the body, e.g. when the surface of the skin (that normally acts as a barrier to infection) is broken. This is more likely to happen to people who are already unwell. It may also be due to trauma or the need for you to have surgery, intravenous drips or other medical devices inserted. Some nursing homes have experienced problems with MRSA. MRSA does not normally affect hospital staff or family members (unless they are suffering from a severe skin condition or debilitating disease). In general, healthy people are at a low risk of infection with MRSA.

What Illnesses are caused by MRSA?

MRSA can cause abscesses, boils and can infect wounds—both accidental wounds such as grazes and deliberate wounds such as those made for a drip or during surgery. These are called localised infections. It may then spread into the body and cause serious infections such as septicaemia (blood poisoning).

How is MRSA spread?

MRSA is most commonly spread via hands, equipment, and sometimes the environment. It is important that healthcare workers and visitors wash their hands before and after visiting a patient.
Provided hands are not soiled (when they should be washed with soap and water), rapid acting alcohol hand rubs are now advocated in healthcare: they are easier and faster to use than hand washing and more accessible. Equipment should also be cleaned after use and in between patients.

**How do I know if I am carrying MRSA?**

You will be screened for MRSA, either prior to admission as an elective patient, or on admission as an emergency patient. You may also be screened regularly during your admission. Screening for MRSA is a simple procedure that is painless. Swabs are taken from your nostrils, armpits (axilla) and groin area. One swab is used for nostrils, one swab used for both axilla and one swab for both groin.

**What happens if my MRSA screen is positive or I get an MRSA infection?**

If you are found to be MRSA positive then you will be informed by the ward staff and advised of the treatment required.

You will be prescribed a five day course of antiseptic skincare products that can be used to tackle MRSA. The products are:

- A body wash/shampoo containing an antiseptic called chlorhexidine. It is quite gentle on the skin and can be used by people with sensitive skin.

- An ointment for putting inside your nostrils. This contains an antibiotic called mupirocin.

There will be other precautions put into place to prevent the spread of the organism from patient to patient. Ways of limiting the spread include hand washing, cleaning equipment after use and keeping the environment clean. The hospital may need to move you into a single room, or in with other affected patients, to reduce the risk of spread to another patient. Sometimes a single room is not available in which case you will be nursed in the main ward. Gloves aprons and hand cleansing will still be necessary.

**How do I apply the treatment to my nose?**

MRSA can be found inside the nose so you need to use Mupirocin nasal ointment. Place a small amount (about the size of a match stick head) on your little finger, and apply to the inside of your nose three times a day. You can also use a cotton wool bud if needed. Then, press the sides of the nose together – this will help to spread the ointment in the nose. This needs to be repeated three times a day for 5 days.
How is the wash applied to my skin?
You will need to wash all over your body everyday with Chlorhexidine skin cleanser for 5 days. It should be applied to the skin with a disposable cloth and rinsed off. **If you are having a bath, do not add the Chlorhexidine to the bath water – this makes it too dilute to be effective.** You should put the liquid directly onto the wet skin and use it in the same way as you would use soap. Begin with the face, and work downwards paying particular attention to the areas around the nose, armpits, groin and perineal area. Do not use the same cloth or towel everyday, this need to be changed daily. The wash used on your skin should also be used as a shampoo for 2 days during the 5 days of treatment, preferably on day 2 and 4. This should be put straight onto wet hair, like shampoo, and not diluted. After washing your hair in the Chlorhexidine you can then use your own shampoo and conditioner if required.

Can a patient with MRSA have visitors?
MRSA do not normally cause harm to healthy people, including pregnant women, children and babies. Visitors should ensure they wash their hands before and after visiting the patient.

Will I have to stay longer in hospital because I have MRSA?
Most patients who are colonised with MRSA do not usually have to stay in hospital longer. However, if you have a local infection or a serious infection your hospital stay may be extended until the clinical team is happy for you to be discharged. If I am due to be discharged, will the MRSA delay me going home? No, it should not delay your discharge home, once the clinical teams are happy for your discharge.

Will I need treatment for MRSA when I go home?
If you are colonised with MRSA, you may be treated, particularly if you are likely to be re-admitted to the hospital. If you have a local MRSA infection, you may need to continue treatment when you go home.
What is the cause of the rise in MRSA infections in the UK?

The rise in MRSA infections in the UK is likely to be multi-factorial. The new strains that emerged in the 1990s may be more virulent (i.e. more likely to cause infections) than some of their predecessors, or more easily spread on the hands of healthcare workers, equipment, and perhaps via the environment. There are also a number of factors that aid in the spread of MRSA in hospitals such as: patient transfers within and between hospitals, the increasing number of very ill patients seen in hospital and the difficulty in isolating some patients with MRSA. The increasing complexity of healthcare and medical intervention also add to the risk of acquiring MRSA.

If you have any queries or concerns, please contact the infection control team or you can ask the nurse to contact the team on your behalf.
Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

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