

MRSA AT-A-GLANCE

DEFINITION	<p><i>Staphylococcus aureus</i> (<i>S.aureus</i>) is a bacterium that usually lives harmlessly (colonises) on the skin of approximately 1 in 30 people. It can colonise on the skin, in the nose and gut. <i>S.aureus</i> acquires resistance genes to many antibiotics but acquiring the gene encoding resistance to Methicillin (a type of penicillin) leads to a <i>S.aureus</i> called “Methicillin Resistant <i>Staphylococcus aureus</i>”, (MRSA). MRSA blood stream infections have huge consequences for our patients such as increased hospital stay, further antibiotic use, risk of seeding onto heart valves or spine and can be fatal.</p>
SCREENING/MANAGEMENT	<p>Screening All patients who require a screen should be screened on admissions within 24 hours. If patients are admitted electively, they should be screened before admission where possible. (Please refer to full MRSA policy for the complete list)</p> <p>How: Using a purple topped bacterial swab</p> <ul style="list-style-type: none"> • 5 sweeps of each nostril • Areas of abnormal skin e.g. eczema, pressure ulcers/wounds that have existed for more than 24 hours • Devices (in situ for more than 24hrs) e.g. catheter site, PEG, tracheostomy, IV sites with VIP>1 <p>Management The patient will need to be isolated, with contact precautions sign placed on the door. Decolonisation will need to be prescribed. Please refer to power plan on EPR.</p> <p><u>Decolonisation *</u> First line: Bactroban nasal ointment and Chlorhexidine wash- for 5 DAYS. This MUST be prescribed and initiated as soon as possible from positive sample. <i>Refer to EPR power plan</i></p> <p><i>*This will help suppress the bioburden on the skin to keep patients safe and well whilst in hospital. Patient should continue to be cared for with ‘contact precautions’ after completion of decolonisation*</i></p> <p><u>History of MRSA and recent negative swab</u> The patient will need to be isolated, with contact precautions sign placed on the door. No decolonisation required if the latest swab is negative.</p> <ul style="list-style-type: none"> • Use Hand Hygiene as per the WHO Five Moments • Use OUH approved contact precautions isolation sign. (See IPC intranet for guidance) • If a single room is not available, please discuss with Infection Prevention and Control for options • Aprons and gloves to be worn for all contact with patient and their surroundings. • Relatives and visitors do not need to wear PPE but be asked to perform hand hygiene before leaving the room and not visit other patient areas. • Explain the patient of their colonisation status and the need for isolation. • Ensure receiving area is aware of ESBL status. • Put used linen in a red alginate bag and then into the usual white plastic linen bag. • If a patient is transferred to another hospital inform staff and complete an inter-healthcare transfer form to send with the patient. Keep a copy for documentation.

CLEANING	<p>Dedicated equipment or single use equipment for their use.</p> <p>Clean re-usable equipment with Green Clinell wipes.</p> <p>Terminal cleaning is only required for the bed space or room where the patient has stayed for one or more nights as an inpatient.</p> <p>The patient is not required to go last on any procedure list.</p>
ISOLATION	<p>The patient will need to be isolated for the whole admission and future admissions, unless deescalated by the Infection Prevention and Control team.</p>

For further information or advice please contact Infection Prevention & Control on Bleep 1747 or out of hours contact Microbiology via Switchboard.