

## MRSA AT-A-GLANCE

<b>DEFINITION</b>	<p><i>Staphylococcus aureus</i> (<i>S. aureus</i>) is a common bacterium carried harmlessly on the skin, nose, or gut of about 30% of healthy people. When it acquires genes that make it resistant to methicillin, a type of penicillin, it becomes known as Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA).</p>
<b>SCREENING/MANAGEMENT</b>	<p><b>Screening</b> 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 protocol for the complete list)</p> <p><b>How:</b> Using an MWE Transwab MW167S (white top)</p> <ul style="list-style-type: none"> <li>•Swab 1 (white stick) – throat and nose. <ul style="list-style-type: none"> <li>▪ Swab the back of the mouth (posterior pharynx and tonsils) for around 5 seconds.</li> <li>▪ Using the same swab, sample each nostril by inserting the swab about 1-2 cm and performing 5 circular sweeps.</li> <li>▪ Place the swab into the liquid transport tube and carefully bend the white stick until it snaps at the black line.</li> <li>▪ Screw the cap back onto the tube.</li> <li>▪ Dispose of the remaining stick (tiger stripe or orange bag depending on the patient's infection status).</li> </ul> </li> <li>•Swab 2 (red stick) – axilla and groin. <ul style="list-style-type: none"> <li>▪ Swab the left and right axilla, rubbing the swab 2-3 times on each side.</li> <li>▪ Using the same swab, sample the left and right groin, rubbing up and down the crease 2-3 times per side.</li> <li>▪ Place the swab into the liquid transport tube and stir for 30 seconds before gently squeezing the swab against the side of the tube.</li> <li>▪ Screw the cap back onto the tube.</li> <li>▪ Dispose of the used swab (tiger stripe or orange bag depending on the patient's infection status).</li> </ul> </li> <li>•Ensure the tube is labelled correctly with patient identifiers and send to the laboratory without delay.</li> </ul> <p><b>Additional Site Swabs (If Applicable):</b> Use MWE- Transwab MW167S (Purple top) with liquid transport medium tube.</p> <ul style="list-style-type: none"> <li>▪ Areas of abnormal skin: For any abnormal skin sites other than standard screening sites (nose, throat, axilla, groin) including eczema, psoriasis, pressure ulcers, and pre-existing wounds older than 24 hours a separate swab must be taken for each affected site.</li> <li>▪ Devices in Situ for More Than 24 Hours: For patients with devices that have been in place for more than 24 hours such as urinary catheters, PEG sites, IV access sites with a VIP score &gt;1, or tracheostomy a separate swab must also be taken for each device site.</li> </ul> <p><b>Management</b> MRSA positive patients must be isolated with contact precautions signage on the door, and decolonisation treatment should be prescribed using the MRSA Power Plan on EPR as soon as possible from positive sample</p> <p><b>Decolonisation *</b> First line: Bactroban nasal ointment and Chlorhexidine wash- for 5 DAYS.</p> <p><b>History of MRSA and recent negative swab</b> 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"> <li>• Use Hand Hygiene as per the WHO Five Moments</li> <li>• If a single room is not available, please discuss with Infection Prevention and Control for options</li> <li>• With respect to PPE use <ul style="list-style-type: none"> <li>○ Gloves are only required if contact with blood or other body fluids is anticipated.</li> <li>○ Aprons are only required if patient/body fluid contact with uniform or clothing is anticipated.</li> </ul> </li> <li>• Visitors do not need to wear PPE but be asked to perform hand hygiene before leaving the room.</li> <li>• Explain the patient of their colonisation status and the need for isolation.</li> <li>• Put used linen in a red alginate bag and then into the usual white plastic linen bag.</li> <li>• If a patient is transferred to another ward or hospital inform staff and complete an inter-healthcare transfer form to send with the patient. Keep a copy for documentation.</li> </ul>



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

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