**Document Title:** PREVENTION AND MANAGEMENT OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

<table>
<thead>
<tr>
<th>Document Reference/Register no:</th>
<th>04075</th>
<th>Version Number:</th>
<th>7.0</th>
</tr>
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<tbody>
<tr>
<td><strong>Document type:</strong> (Policy/ Guideline/ SOP)</td>
<td>Guideline</td>
<td>To be followed by: (Target Staff)</td>
<td>All MEHT staff</td>
</tr>
<tr>
<td>Ratification Issue Date: (Date document is uploaded onto the intranet)</td>
<td>28th June 2019</td>
<td>Review Date:</td>
<td>27th June 2022</td>
</tr>
<tr>
<td>Developed in response to:</td>
<td>Guidelines for the Control and Prevention of Methicillin-Resistant Staphylococcus aureus 2006. Health and Social Care Act 2010</td>
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<tr>
<td>Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) CQC Fundamental Standards of Quality and Safety:</td>
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<td>Issuing Division/Directorate:</td>
<td>Corporate Nurse: Infection Prevention</td>
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<td>Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)</td>
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<td>Approval Group / Committee(s):</td>
<td>Infection Prevention Control Team (IPCT)</td>
<td>Date:</td>
<td>20th June 2019</td>
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<tr>
<td>Professionally Approved by: (Asset Owner)</td>
<td>Wendy Matthews, Director of Nursing</td>
<td>Date:</td>
<td>20th June 2019</td>
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<tr>
<td>Ratification Group(s):</td>
<td>Documents Ratification Group</td>
<td>Date:</td>
<td>26th June 2019</td>
</tr>
<tr>
<td>Executive and Clinical Directors (Communication of minutes from Document Ratification Group)</td>
<td>Date: July 2019</td>
<td>Distribution Method:</td>
<td>Intranet &amp; Website. Notified on Staff Focus</td>
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Prevention and Management of Methicillin-resistant Staphylococcus Aureus (MRSA)/04075/7.0

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<td>Kevin Beaton</td>
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<td>16th May 2019</td>
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**Related Trust Policies** (to be read in conjunction with)
- 07002 Prevention and management of MRSA (Methicillin Resistant Staphylococcus Aureus) in Maternity
- 04072 Hand Hygiene Policy
- 08021 Linen and curtain Policy
- 08029 Patient Isolation Policy
- 09033 Cleaning policy
- 10006 Clinical Operations Service (Bed Management) COP
- 11001 The Mental Capacity Act (2005) Policy
- 07061 Decontamination Policy

**Document Review History:**

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<th>Authored/Reviewer:</th>
<th>Summary of amendments/ Record documents superseded by:</th>
<th>Issue Date:</th>
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<td></td>
<td>24th February 2011</td>
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<td></td>
<td>November 2014</td>
</tr>
<tr>
<td>6.1</td>
<td>Kathryn Hobbs</td>
<td>Changes to 7.3 and 7.4</td>
<td>20 April 2015</td>
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<tr>
<td>6.2</td>
<td>Sue Adams</td>
<td>Changes to 7.3 and Appendix 10</td>
<td>12 May 2015</td>
</tr>
<tr>
<td>6.3</td>
<td>Sue Adams</td>
<td>Changes to 7.3, 10 and Appendix 11</td>
<td>30 July 2015</td>
</tr>
<tr>
<td>6.4</td>
<td>Amanda Kirkham</td>
<td>Changes to 7.4 and Appendix 4</td>
<td>30 October 2015</td>
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<tr>
<td>6.5</td>
<td>John Swanson</td>
<td>Extension agreed to May 2018</td>
<td>28th November 2017</td>
</tr>
<tr>
<td>6.6</td>
<td>Katheryn Hobbs</td>
<td>Extension agreed to November 2018 following a recommendation from Joint Committee of the CCG to streamline the policy across the MSB Group</td>
<td>2nd July 2018</td>
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<tr>
<td>6.7</td>
<td>Maggie Bayley</td>
<td>6 month extension request due MSB standardisation</td>
<td>6th November 2018</td>
</tr>
<tr>
<td>7.0</td>
<td>Judith Holdsworth</td>
<td>Full review</td>
<td>28th June 2019</td>
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1. **Purpose**

1.1 To comply with the requirements of the Department of Health guidance (2008 and 2014) regarding screening of patients for Methicillin Resistant Staphylococcus Aureus (MRSA) on admission.

1.2 To identify MRSA positive patients so that the MRSA decolonisation protocol can be administered to reduce the burden of bacteria on their skin and therefore reduce the risk of MRSA bacteremia.

1.3 To identify the MRSA status of patients so that appropriate infection prevention precautions can be put in place to prevent person to person spread, minimise environmental contamination and ensure appropriate side room/ward allocation takes place.

1.4 To identify the MRSA positive patient so that appropriate prophylactic treatment and/or antibiotic can be given appropriately.

1.5 To explain the screening methodology to be used.

1.6 To set out the process to be followed when a positive result is identified.

1.7 To comply with the Health and Social Care Act 2008. Trusts must have and adhere to policies designed for the individual’s care that will help to prevent and control infections.

2. **Introduction**

2.1 Staphylococcus aureus is a bacterium known to colonise the nose, throat and skin of almost a third of the population. It has the potential to cause disease, particularly in the vulnerable hospitalised patient where it can cause serious infections such as endocarditis, pneumonia and septicaemia.

2.2 MRSA is a particular strain of staphylococcus aureus that has become resistant to penicillins (including Flucloxacillin and Augmentin) and cephalosporins. It is often resistant to other antibiotics, making infections caused by MRSA difficult to treat.

2.3 MRSA and Methicillin Sensitive Staphylococcus Aureus (MSSA) cause the same range of infections, but due to antibiotic resistance, infections caused by MRSA are more difficult to treat.

2.4 The main route of MRSA transmission in healthcare settings is via contaminated hands of healthcare workers. Inadequately decontaminated shared equipment is also a significant mode of transmission. MRSA may also be transmitted via the airborne route on shed skin squames but this only presents a significant risk if the patient has an excessive exfoliating skin condition (e.g. eczema or psoriasis).

2.5 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.

2.6 In 2008 it became mandatory for all admissions (with some exclusions) to be screened for MRSA. In 2014, Department of Health Guidance was updated with recommendations for patients in high risk areas to be screened. The trust has considered both approaches and this policy describes the screening of all admissions as previously, but widening the exclusion zone, depending on the risk posed to the individual and to others.

3. **Scope**

3.1 This guidance applies to all healthcare staff employed by the Trust on a substantive and temporary basis.

3.2 This guidance applies to all patients who fall into the high risk group. (Refer to section 6)

4. **Equality Impact Assessment**

4.1 Mid Essex Hospital services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. (Refer to Appendix 12)

5. **Responsibilities**

5.1 **Managing Director**

The Managing Director has overall responsibility for ensuring that the Trust has the necessary management systems in place to enable the effective implementation of this policy and overall responsibility for the health and safety of staff, patients and visitors.

5.2 **Director of Nursing**

The Director of Nursing has strategic responsibility for ensuring systems are in place to facilitate nursing staff awareness of this policy, and to ensure appropriate support is given to enable staff in delivering practice as outlined in this guidance.

5.3 **Medical Director**

The Medical Director has strategic responsibility for ensuring systems are in place to facilitate medical staff awareness of this policy, and to ensure appropriate support is given to enable staff in delivering practice as outlined in this guidance.
5.4 Director of Infection Prevention and Control (DIPC)

- The DIPC will have operational responsibility for the effective implementation of this policy;
- The DIPC will give expert advice to medical teams when required to advise on treatment for patients who are MRSA positive;
- The DIPC will liaise with GPs when required to advise on treatment for patients who are MRSA positive.

5.5 Infection Prevention and Control Team (IPC) will:

- Ensure all staff are made aware of this policy; (Refer to section 27)
- Inform clinical staff of positive results and advise on the precautions and decolonisation protocol required;
- Inform the consultant and the pre-assessment nurse for the relevant clinic in the case of pre-elective positive results. The patient and their GP will also be informed so that treatment can be arranged prior to admission;
- Where the positive result is obtained after discharge, the IPT will arrange for the result and covering letter to be sent to the patient’s GP with the appropriate patient information leaflets; (Refer to Appendix 9 and 10)
- Will update Lorenzo with new MRSA cases;
- Support medical and nursing staff in explaining the result to the patient if required;
- Update Lorenzo bed management system with positive MRSA results where the patient is still an inpatient.

5.6 Microbiology staff

- Process all screening samples;
- Ensure that the results of microbiology samples are uploaded onto MEHT Review in a timely manner.

5.7 Clinical Operating Managers

- Ensure appropriate ward allocation of emergency admissions. Trauma orthopaedic cases are not to be admitted to John Ray Ward;
- Comply with the “Clinical Operations Service (Bed Management) COP”; register number 10006.

5.8 Heads of Nursing

Ensure systems are in place whereby all relevant elective and emergency cases are screened in a timely manner and followed up appropriately.
5.9 **Pre assessments clinics**

- Comply with this policy;
- Gain verbal consent for screening; inform the patient why screening is required and how to follow up their results and what to expect if a screening result is positive. This information is summarised in the patient information leaflets in Appendices 9 and 10;
- Provide information on how to use the Octenisan body wash.
  (Refer to Appendix 1)

5.10 **Waiting list departments**

- Send out the patient information leaflet in Appendix 9 and 10 with each admission letter;
- Check screening results if patients are bought in at short notice so that correct ward allocation takes place. Patients with unknown screen results must not be allocated to John Ray Ward.

5.11 **Hotel Services Manager**

- Organises and manages any additional cleaning requirements requested by the IPCT.

5.12 **All staff**

- Comply with this policy and ensure that all elective and emergency admissions are screened prior to or on admission (see sections 6 and 7) and Lorenzo is updated;
- Check the MRSA status of a patient due to be admitted to ensure appropriate management of the patient;
  (Refer to the Alert on Lorenzo)
- Ensure appropriate precautions are taken to manage high risk patients and those with positive results;
- Liaise with the IPC if advice and support is needed to explain the need for screening or a positive result to a patient and treatment required;
- Ensure that infection prevention is embedded into their everyday practice and applied consistently at all times;
- Ensure that high risk MRSA patients are put on the MRSA Care Pathway (refer to Appendix 2) and are admitted into a side room where appropriate. Refer to “Patient Isolation Policy”, reference 08029, to assist with risk assessment required to assist with allocation of side rooms. Liaise with the Infection Prevention and Control Team if advice required regarding side room allocation.

5.13 **Occupational Health Department**

- Is responsible for the screening of staff members identified by the IPC for MRSA screening;
- Follow the same protocol as identified in section 9 for taking nose / groin swabs from staff members;
• Undertakes counselling of staff members found to be MRSA positive.

6. MRSA High Risk Group

6.1 The following are the MRSA high risk group that is most likely to be already colonised or infected when admitted to hospital. Patients in this group need to be identified and managed according to section 11.

• Known to be MRSA positive;
• Identified as being MRSA positive in the past;
• From a nursing home/residential home;
• Has been a patient in any hospital in last 6 months;
• Any healthcare worker – community or acute setting;
• Patient has been transferred from hospital abroad;
• Immuno-compromised patients – long term steroid use;
• Diabetic patients;
• Renal dialysis patients;
• Patient with long term invasive device e.g. urinary catheter;
• Patient with chronic skin breaks, to include pressure sores;
• Patient with dermatological condition including cellulitis;
• Detainee admitted from any prison;
• If partner/spouse known to be MRSA;
• If carer of person known to be MRSA;
• Patient being admitted for insertion or reinsertion of a PEG tube.

7. MRSA Screening

7.1 Patients admitted to hospital either electively or as an emergency must be screened for MRSA. Exceptions to this can be seen below.

7.2 Basic screening specimens for MRSA are nose and groin.

7.2.1 If the patient has an indwelling device such as a long term urethral catheter a catheter specimen of urine should be obtained. The sites of other invasive devices (e.g. Hickman line, percutaneous endoscopic gastrostomy (PEG) tube) should also be swabbed.

7.2.2 Any skin breaks should be swabbed using a blue-topped microbiology swab.

7.2.3 If the patient has a productive cough a sputum sample should be obtained.

7.3 Patients being admitted for elective surgery;

• Should be screened in the 13 weeks prior to admission up to and including day of admission if required;
• A checklist for assessment of patients pre admission;
  (Refer to Appendices 4 and 5)
• Certain elective patients do not require screening unless they fit in the high
risk group (refer to point 6.1). These are:

- Children;
- Day case dental;
- Day case endoscopy;
- Maternity except for elective caesarean cases;
- Minor dermatological procedures (any non-surgical dermatological procedure) – more invasive surgery requires local assessment to determine if screening is required;
- Day case ophthalmic patients - *cataract surgery only*;
  (Refer to Appendix 7)

- In cases where the MRSA screen has been taken more than 13 weeks prior to admission, arrangements should be made to rescreen the patient;
- If a patient returns as an elective admission for a further procedure, even if within the 13 week time frame, they must be rescreened because of a recent hospital admission;
- Day cases to the Chemotherapy Unit are screened on the first visit, not on successive visits unless preceded by a hospital admission;
- Where elective patients are screened in a satellite clinic and the result is known, but has not been processed by the laboratory at MEHT, the patient must be screened again on day of admission for screening compliance purposes;
- Patients attending the Pain Clinic do not require MRSA screening unless admitted to the ward.

### 7.4 Patients admitted as an emergency:

- Screening is required at the point of the decision to admit unless included in the exclusion criteria (below);
- Patients who have had an MRSA screen taken for any reason in the 10 days preceding an emergency admission (e.g. by a GP or in the Emergency Department, but not admitted) will not need to be screened again;
- Evidence of screening must be documented in the nursing records;
- Some emergency admissions do not require screening unless in the high risk group or being admitted to a high risk area e.g. burns ward:

#### Exclusion criteria:

- Emergency transfers from other hospitals where it is known that the patient is MRSA positive;
- Children (from birth to 16 years);
- Maternity;
- Mental health/learning disabilities.

- Patients admitted to the Ambulatory Care Unit or Emergency Assessment Unit whilst awaiting review of test results and discharged within 6 hours do not need to be screened;
- Severely ill patients who are admitted and transferred to other healthcare centres or who die soon after admission will not be included in the screening criteria. This includes:
Patients admitted to General ITU and being transferred to an alternative healthcare facility or dying within 6 hours;
 Patients admitted to Burns ITU and being transferred to an alternative healthcare facility or dying within 24 hours.

- Other patients may be considered for exclusion from the screening criteria. An assessment of the risk to the patient and risk of spread to other must be undertaken and the exclusion agreed with the Infection Prevention & Control Group.

7.5 Patients who screen negative on admission but are in hospital for more than three weeks should be screened every three weeks.

8. Consent

8.1 The reason for MRSA screening must be explained to the patient by the pre-assessment nurse or the member of staff caring for the patient.

8.2 Verbal consent should be obtained for screening.

8.3 If a patient refuses to be screened, the possible consequences of this must be explained to the patient by the nurse caring for the patient or the pre-operative assessment nurse. In the case of pre-elective patients who refuse to be screened, the nurse must inform the medical team so that this can be documented on the consent form. Any patient refusing to be screened cannot be admitted to the John Ray Ward.

8.4 If a patient lacks the mental capacity to consent to screening, refer to the 'Mental Capacity (2005) Act policy'; register number 11001. This states a mental capacity assessment must be carried out and a decision in the best interests of the patient must be made.

8.5 Where children are being screened, parental consent must be obtained.

9. Swabs and Specimens Required for MRSA Screening

9.1 Appendix 6 sets out the screening protocol and which swabs to use.

9.2 Staphylococcus aureus including MRSA, is usually found in the nose and groin.

9.3 Two swabs are required to carry out a basic MRSA screen:

- A blue topped swab should be used to screen the nose. Moisten the swab in the transport medium before sampling both nostrils;
- A separate individually wrapped swab should be used for the groin area and generally this swab does not need to be moistened;
- Both swabs must be placed in the same swab container after sampling. Ensure the buds of the swabs are in the transport gel before breaking off
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the end of the individual swab so that it fits in the container. Breaking the stick with your hands will not contaminate the swab.

9.4 The renal and orthopaedic units require both MSSA and MRSA screen. The same specimen can be used, and it is essential to click on the MSSA screen tab as the MSSA screen is mutually inclusive of MRSA. (MSSA screen will identify if the patient has MRSA).

9.5 Localised decisions to take Staph aureus screens may be made e.g. for vascular surgery.

9.6 In the Neonatal Unit, babies admitted require a nasal Staph aureus screen and an ear and umbilical swab for MC&S using blue top swabs. This is repeated every seven days throughout their admission.

10. The procedure for Screening and the Follow-up of Results

10.1 The flow chart in Appendix 11 sets out the procedure for screening all inpatients and the follow up of these patients’ results.

10.2 In order to follow up patients who have been identified as MRSA positive prior to an elective procedure, the flowchart in Appendix 11 should be followed (i.e. notifying the patient, G.P., pre-assessment nurses and the Patient Access (Admission/Waiting list) department).

10.3 A negative result will be available the next working day. A positive result will normally be available in three working days.

11. Management of High Risk Patients Admitted as an Emergency

11.1 The following should occur:

- Screen patient;
- Isolate if necessary based on a risk assessment - refer to the ‘Patient isolation policy’; register number 08029. If patient has shedding skin or a productive cough they should be isolated (liaise with IPC for advice);
- Commence MRSA care pathway and explain to the patient the need to wash daily with Octenisan (explain how to use Octenisan – refer to leaflet in Appendix 1). Ensure the Octenisan bottle is clearly labelled with the patient’s name. This is a single patient use product;
- Medical team to consider MRSA as the cause of infection if antibiotics are required;
- Review indwelling devices daily and remove as soon as no longer clinically indicated.
12. **Management of Patients with a Positive Screen Result**

12.1 IPC will inform the ward and medical team of a positive result, advice on 5 day decolonisation protocol and update Lorenzo.

12.2 The patient should be isolated if not already in a side room and the MRSA care pathway and MRSA regime commenced.

12.3 Nursing/medical staff caring for the patient should explain the result and the decolonisation protocol and provide the patient with a patient Information Leaflet.

12.4 If the patient was in a bay prior to a positive MRSA result ensure the bed space they leave has a terminal clean with curtain change. (If disposable curtains are in situ only change if out of date or soiled).

12.5 The medical team will review any current antibiotics in view of the MRSA positive result and will liaise with microbiologists if advice is required.

12.6 The medical team will also prescribe the decolonisation protocol.

12.7 Clinical staff will ensure that the need for indwelling devices is reviewed daily and ensure that they are removed as soon as no longer clinically indicated.

12.8 The condition of the patient’s skin must be reviewed regularly. Intact skin will reduce the patient’s risk of an MRSA infection/bacteraemia.

12.9 If patient has dry skin use a moisturiser. If patient has broken skin/wounds, seek advice from the Tissue Viability Team.

12.10 If patient has been discharged before the result is known the result will be forwarded to their GP with the covering letter and advice sheet.

12.11 Re-screening is not usually performed following treatment, but the patient should be re-screened if admitted or due to be admitted to hospital. Previously MRSA positive individuals should be isolated on admission and commenced on the MRSA care pathway.

13. **MRSA Decolonisation Protocol / Antibiotic Treatment**

13.1 Decolonisation refers to the elimination of MRSA through the use of topical antibacterial applications.

13.2 The following decolonisation protocol to be commenced on receiving a positive MRSA result:

- Nasal Bactroban ointment three times daily for five days. Apply the cream to the anterior nares and gently pinch the sides of the nose together after application to ensure an even distribution of the ointment;
• The patient should continue on Octenisan washes until discharge or until wounds have healed following discharge; (Refer to Appendix 1 for the correct use of Octenisan);
• Medical staff to liaise with duty consultant microbiologist if antibiotic treatment needs to be instigated or current treatment needs reviewing.

14. **Prophylaxis for Invasive Procedures/Surgery**

14.1 Patients who are known to be colonised with MRSA, or who are a high risk patient and their status is not currently known, must receive intravenous Teicoplanin 400mg IV on induction.

15. **Treatment of Mupirocin-resistant Strains**

15.1 Mupirocin can be replaced with Naseptin cream to be applied to the anterior nares four times a day for ten days. However, this contains peanut oil so must not be used on individuals with a nut allergy.

15.2 Polyfax ointment is another alternative if Naseptin is unsuitable. This should be applied to the anterior nares three times a day for ten days.

16. **Treatment of MRSA Infection**

16.1 If MRSA infection is suspected, advice on antibiotic treatment should be sought from the duty consultant microbiologist.

17. **Preventing the Spread**

17.1 Standard infection prevention precautions such as hand hygiene, appropriate use of personal protective equipment (PPE), environmental cleaning and restriction of antibiotics, have been shown to be effective in preventing transmission.

17.2 **Hand Hygiene**
(Refer to ‘Hand Hygiene Policy’; register number 04072)

17.2.1 Hand hygiene is a simple and effective infection prevention and control intervention. Hand washing with soap and water is effective; however alcohol hand rubs are a quick and accessible alternative when hands are not visibly soiled and are very effective at killing MRSA when used correctly. Improving hand hygiene compliance will significantly reduce the risk of healthcare associated infection.

17.2.2 It is vital to perform hand hygiene before and after each patient contact regardless of glove usage and other protective measures.

17.2.3 Hands must be cleansed with alcohol hand rub immediately after leaving the
isolation room.

17.2.4 Visitors should be instructed to decontaminate their hands on entry and when leaving the isolation room.

17.3 **Isolation**  
(Refer to ‘Patient Isolation Policy’; register number 08029)

17.3.1 The decision to isolate a patient should be based on the infection risk and routes of transmission should be considered. The risk assessment tool in the isolation policy should be used to assist with prioritisation of side room allocation. Liaise with the Infection Prevention and Control Team for advice. This assessment must be documented in the nursing notes.

17.3.2 Isolate the patient preferably in a single room, ideally with en-suite facilities according to the isolation policy. If a toilet is not available a commode must be designated for the sole use of that patient. It must be thoroughly cleaned after each use. A standard isolation poster must be placed on the outer door of the single room. This can be found in the isolation policy and on the Intranet under Infection Prevention.

17.3.3 Minimum supplies of stock items to be kept in all rooms. Any remaining items which cannot be decontaminated are to be disposed of when patients are discharged.

17.3.4 If more than one patient is infected colonised, these may be cohort nursed in a bay provided they are in an area which can be contained e.g. doors can be shut. Dedicated nursing staff is essential if cohort nursing is to be undertaken as detailed in the isolation policy.

17.4 **Personal protective equipment (PPE)**

17.4.1 Disposable aprons should be used by all staff having ‘hands on’ care of the isolated patient, thereby having direct contact with the patient or with their immediate surroundings (bed, chair etc).

17.4.2 Disposable gloves and apron should be worn where there is contact with bodily fluids and when handling contaminated items e.g. dressings.

17.4.3 Visitors only need to wear PPE (gloves and apron) when appropriate i.e. when carrying out ‘hands on’ care such as bed bathing or toileting.

17.4.4 For standard isolation, protective clothing is not required if entry to the room merely involves delivering meals, drugs or simply talking to the patient. However, hand hygiene must be undertaken on entry and exit of the room.

17.4.5 Prior to exit from the room, aprons and gloves must be removed and placed in a clinical waste bin followed by thorough hand decontamination. Alcohol hand rub must be applied after leaving the room.
17.5 **Disposal of faeces/urine**

Excreta can be disposed of directly into the toilet adjoining the room. If no toilet is available, a designated commode should be used. Refer to the isolation policy for the correct procedure on how to dispose of bedpan contents.

17.6 **Disposal of clinical waste**

Orange clinical waste bags should be used to dispose of any waste generated within an isolation room.

17.7 **Cutlery/crockery**

Machine dish wash on ward or in central kitchen as normal.

17.8 **Medical equipment**

17.8.1 Reusable equipment should ideally be designated to the patient for the admission episode, and cleaned and disinfected on discharge. If unable to designate the equipment for the sole use of the patient, then it must be appropriately decontaminated prior to use by others. (Refer to ‘Decontamination and disinfection of equipment and environment’; register number 04070)

17.8.2 The manufacturers’ instructions must be followed when using and decontaminating medical equipment.

17.9 **Room cleaning**

Rooms must be cleaned daily, paying special attention to dust-collecting areas and horizontal surfaces according to the ‘Cleaning Policy’; register number 09033 and the ‘Patient Isolation Policy’; register number 08029.

17.10 **Linen**

17.10.1 Change bed linen daily.

17.10.2 Use a red water-soluble bag then put into the laundry’s white bag (Refer to the ‘Patient Isolation Policy’; register number 08029 and the ‘Linen and curtain policy’; register number 08021 for the correct procedure).

17.11 **Clothing**

Change night clothes daily after wash.

17.12 ** Relatives and visitors**

17.12.1 Patients should be informed that there is no risk to healthy relatives including children or others outside the hospital.
Prevention and Management of Methicillin-resistant Staphylococcus Aureus (MRSA) 0407/5.0

17.12.2 Visitors must not have contact with other patients in the ward or hospital. If visiting more than one patient, they must visit the isolated patient last.

17.12.3 Visitors need only wear protective clothing if they are going to be involved in ‘hands on’ care as above.

17.12.4 Visitors should be instructed to decontaminate their hands on entry and leaving the room.

18. Mobilisation

18.1 Patients colonised or infected with MRSA can leave the isolation room to allow mobilisation along hospital corridors, preferably following daily decolonisation treatment.

19. Transporting Patients to Other Departments

19.1 It is preferable that patients are moved as little as possible but if clinical need dictates, this will have priority and the move(s) may take place.

19.2 Before transferring a patient with MRSA: inform IPC, bathe and wash hair with Octenisan put on clean clothing and transfer to a bed with clean linen.

19.3 The receiving department should be notified in advance so that appropriate facilities are available and the necessary precautions are applied. If patient is a heavy disperser then they need to be seen at the end of a list/session, following which a terminal clean is required.

19.4 Ward staff should advise of any necessary precautions. The same precautions taken on the ward should be carried out in the department.

19.5 In order to minimise contact and reduce the risk of cross-infection, isolated patients should be taken directly to and from other departments and not left in waiting areas.

19.6 Porters do not need to wear protective clothing unless they are assisting in transferring a patient to trolley or wheelchair or likely to come into contact with infectious material. Protective clothing is not required for just pushing a bed or wheelchair.

19.7 Following transport, the mode of transport (trolley, chair, etc) should be cleaned.

19.8 Correct hand decontamination before and after transport of the patient is essential.
20. **Patient Discharge or Transfers**

20.1 The presence of MRSA must not impede the discharge of the patient to their own home or alternative care facilities. However if the patient is discharged to alternative care facilities then the presence of MRSA must be communicated to the GP and the admitting facility in the discharge summary. If the patient is discharged to another hospital then the Infection Prevention & Control Team of the receiving hospital should be informed.

20.2 Following discharge or transfer, a terminal clean of the room is required according to the ‘Cleaning Policy’; register number 09033. The curtains must also be changed (disposable curtains changed if no longer in date or soiled). The isolation card must remain on the door of the isolation room until the terminal clean has been completed.

20.3 Following discharge from the Regional Burns Unit, the inlet and outlet vents need to be cleaned by the Works Department.

21. **Re-admission of Patients Previously found to be MRSA Positive**

21.1 All previously known MRSA carriers with an alert on Lorenzo must have a completed admission screen, be isolated in a side room until result of screen is known and commence MRSA care pathway.

22. **Ambulance Transport for Patients with MRSA**

22.1 Ambulance services have their own protocols for the safe transport of MRSA patients. Please inform transport when booking to allow for adequate time so control measures can be put in place.

23. **Care of the Deceased**

23.1 The infection control precautions for handling deceased patients are the same as those used in life.

23.2 No body bag is required unless patient has significant oozing lesions or bleeding.

24. **Staff Members with MRSA**

24.1 In line with national guidance, MEHT does not routinely screen staff for MRSA.

24.2 However staff may be screened occupationally on advice from IPC in liaison with Occupational Health.
24.3 Staff members recently found to be MRSA positive as either part of a preoperative assessment or clinically via their GP will be given the necessary treatment including decolonisation protocol.

24.4 Members of staff identified with MRSA must not return to work, until 48 hours post commencement of decolonisation treatment.

24.5 All staff must endeavour to keep their skin in good condition and report to Occupational Health if dermatological conditions develop.

25. **Surveillance**

25.1 As per mandatory requirements, surveillance is performed on all MRSA bacteraemia cases.

25.2 Each MRSA bacteraemia case has a root cause analysis investigation carried out. This should be led by the team in charge of the care of that patient, facilitated by IPC. Post-48 hour cases will also be reviewed by a post infection review panel consisting of the IPC, clinicians caring for the patient, a member of the Clinical Commissioning Group and any other representatives thought to be necessary. This panel will discuss the case, identify any learning points / actions to be taken and, if all care complies with the trust guidance will decide if there is any potential to appeal against attribution of the case.

26. **Audit and Monitoring**

26.1 Compliance with this policy will be monitored as part of the Infection Prevention and Control audit programme and results reported in the Director of Infection Prevention and Control report and discussed at directorate governance meetings and IPC group meetings. Directorates are required to develop localised action plans as appropriate.

26.2 Audit of compliance with the MRSA care pathway is audited by IPC and directorates and submitted for inclusion in the Director of Infection Prevention and Control Report each month and or reported at IPC group meeting held monthly. Results and actions planned to improve compliance (where required) are discussed at governance meetings for each directorate.

26.3 The Infection Prevention and Control Group reviews the Infection Prevention and Control policies.

27. **Implementation and Communication**

27.1 This Policy will be issued to the following staff groups to disseminate. These individuals will ensure their staff are made aware of the policy:
27. Ward Sisters/Charge nurse – issue to relevant nursing staff within their ward;
Departmental Managers – issue to relevant nursing staff within their department;
Pre-assessment clinics;
Bed Management Team/Service Co-ordinators;
Heads of Nursing;
Lead Nurses;
Consultants – to issue to relevant medical staff;
Waiting list departments.

27.2 The guideline will also be issued via the Staff Focus, made available on the Intranet and discussed at the Infection Prevention & Control Link Practitioners meetings.

28. Training

28.1 All training will be delivered in accordance with the Mandatory Training Policy and Training Needs Analysis.

29. References


Department of Health (February 2009), Screening for MRSA – FAQs, Gateway Reference 081111


National Institute for Health and care Excellence (2019) Surgical site

How to use the body wash:

**Step 1** Wet skin and/or hair
**Step 2** Apply a small amount of antimicrobial wash undiluted onto a damp wash cloth
**Step 3** Apply antimicrobial wash evenly all over the body and/or hair (recommended skin contact time one minute*)
**Step 4** Rinse off
**Step 5** Dry with a clean towel
**Step 6** Put on clean clothing

Ensure that you are the sole user of the washcloth and towel, and change both daily.
If you are due to be rescreened, stop antimicrobial wash for 48 hours prior to rescreen.
If you experience any difficulty in the following procedure, please inform a nurse.
If you have any concerns, please contact the Infection, prevention and control team.
# Integrated Care Pathway (ICP)

For patients known to have
*Methicillin – Resistant Staphylococcus aureus (MRSA)*

Attach Lorenzo label with patient’s ID

<table>
<thead>
<tr>
<th>DATE OF ADMISSION:</th>
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<tbody>
<tr>
<td>WARD:</td>
</tr>
<tr>
<td>DATE STARTED ON PATHWAY:</td>
</tr>
<tr>
<td>INITIAL DATE PATIENT WAS IDENTIFIED AS MRSA POSITIVE:</td>
</tr>
</tbody>
</table>

## Information about this Integrated Care Pathway (IPC)

**Standard:**
Previously known or newly diagnosed MRSA positive patients will be placed appropriately, receive timely and effective information, treatment and undergo follow up screening. This Integrated Care Pathway is for use with previously known OR newly diagnosed patients with MRSA colonisation or infection. All patients that are previously known or newly diagnosed MRSA are identified on the patient administration system (Lorenzo) with an infection control alert.

**Signature Record**
All members of staff using this pathway should complete this section.
You can then use your initials when recording care. This Integrated Care Pathway is intended as a guide to care and does not replace clinical judgement

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Job Title</th>
<th>Signature</th>
<th>Initial</th>
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### To be completed by Ward Nurse

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<thead>
<tr>
<th>Communication</th>
<th>Date:</th>
<th>Result:</th>
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<tbody>
<tr>
<td>Has the Infection Control Team been informed of patient’s admission?</td>
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<tr>
<td>Has the Nurse in Charge been informed of patient’s MRSA status/result?</td>
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<td>Has the Alert been placed on Lorenzo?</td>
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<tr>
<td>Has the patient been informed of MRSA status and have they fully understood the explanation given?</td>
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<td>Has the patient been provided with a MRSA information leaflet?</td>
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<tr>
<td>Have the patient’s relatives and all other visitors been informed of isolation measures and rationale i.e. hand washing before and after visiting?</td>
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<tr>
<th>Isolation</th>
<th>Date</th>
<th>Time</th>
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<tr>
<td>Yes</td>
<td>Initials</td>
<td>Date</td>
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</table>

| Risk assess and document in medical notes need for isolation |       |         |
| Has patient been isolated in side room and isolation precautions commenced? |       |         |
| Is the ‘patient precaution sign’ displayed on the patients’ door? |       |         |
| Staff advised that door to be closed when carrying out activities such as bed making |       |         |
| Staff made aware that hospital linen to be placed into a white plastic linen bag |       |         |

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<thead>
<tr>
<th>Treatment</th>
<th>Date</th>
<th>Time</th>
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<tr>
<td>Yes</td>
<td>Initials</td>
<td>Date</td>
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| Commenced on MRSA decolonisation regime as per MRSA Policy |       |         |
| Staff and patient are aware of the need to follow regime until discharge |       |         |
| If the patient requires surgery/invasive procedures please check that the appropriate antibiotic cover has been discussed with the Microbiologist |       |         |

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<thead>
<tr>
<th>Cleaning</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Initials</td>
<td>Date</td>
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| Staff aware that all patient equipment to be cleaned thoroughly between each patient use with a detergent wipe |       |         |
| Terminal cleaning post discharge/transfer |       |         |
| The domestic team been advised to terminally clean the room/bed space in bay |       |         |

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Initials</td>
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<table>
<thead>
<tr>
<th>Patient discharge</th>
<th>Date</th>
<th>Time</th>
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<tr>
<td>Yes</td>
<td>Initials</td>
<td>Date</td>
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| Infection Control Team informed of patient’s discharge |       |         |
| Has the patient’s MRSA status been indicated on the following: (please tick) | Yes | No | N/A |

| Discharge summary |       |         |
| DN referral       |       |         |

**Comments:** if ‘no’ to any of the above, please state reason why
## DECOLONISATION REGIME

**Instructions:**
1. Check regime prior to washing
2. Sign daily
3. DO NOT dilute antibacterial body wash
4. All catheterised patients require CSU at routine screen
5. Dual screen (nose and groin swabs) and any wounds as applicable at routine screen.
6. DO NOT alter regime if screen is missed, continue and document in medical notes

### Appendix 3

**ATTACH STICKER HERE OR COMPLETE**

| Patient Name: |
| District Number: |
| NHS Number: |
| Date of Birth: |

**Ward Name:**

<table>
<thead>
<tr>
<th>Admission N&amp;G swabs obtained?</th>
<th>ICN signature for treatment:</th>
<th>Date:</th>
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<td>Yes</td>
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**Positive?**

| Yes | No |

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<tr>
<th>Date</th>
<th>Decolonisation therapy</th>
<th>HCA Signature (Body wash)</th>
<th>Would (s) swab obtained</th>
<th>Urine/CSU obtained</th>
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**DECOLONISATION REGIME**

**Instructions:**
1. Check regime prior to washing
2. Sign daily
3. DO NOT dilute antibacterial body wash
4. All catheterised patients require CSU at routine screen
5. Dual screen (nose and groin swabs) and any wounds as applicable at routine screen.
6. DO NOT alter regime if screen is missed, continue and document in medical notes

<table>
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<tr>
<th>Date</th>
<th>Nurse’s Signature</th>
<th>Decolonisation therapy</th>
<th>Would (s) swab obtained</th>
<th>Urine/CSU obtained</th>
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<td>PRIOR TO WASHING OBTAIN N&amp;G SWABS – INCLUDE WOUNDS/CSU ETC IF APPLICABLE</td>
<td>Antibacterial body wash</td>
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</table>
PRE-ADMISSION MRSA/MSSA SCREENING FOR ADULTS

**Standard:** All elective admissions in the agreed categories will be screened for MRSA and have a nasal and perineum/groin swab taken prior to admission (ophthalmology nasal only). Certain groups will have an MSSA screen taken.

All high risk patients will commence **Octenisan body wash 5 days prior to date of surgery/procedure.** Refer to **Octenisan Body Wash Patient Information Leaflet.**

<table>
<thead>
<tr>
<th>High Risk Patients</th>
<th>Tick</th>
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<tbody>
<tr>
<td>Known to be MRSA positive</td>
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<tr>
<td>Identified as being MRSA positive in the past</td>
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<tr>
<td>From a nursing home/ residential home</td>
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<tr>
<td>Has been a patient in any hospital in last 6 months</td>
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<tr>
<td>Any healthcare worker – community or acute setting</td>
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<tr>
<td>Patient has been transferred from hospital abroad</td>
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<tr>
<td>Immuno-suppressed patients – Long term steroid use</td>
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<td>Diabetic patients</td>
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<td>Renal dialysis patients</td>
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<td>Patient with long term invasive device e.g. urinary catheter</td>
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<td>Patient with chronic skin breaks, to include pressure sores</td>
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<td>Patient with dermatological condition including cellulitis</td>
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<td>Detainee admitted from any prison</td>
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<td>If partner/spouse known to be MRSA</td>
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<tr>
<td>If carer of person known to be MRSA</td>
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<tr>
<td>Patient being admitted for insertion or reinsertion of a PEG tube</td>
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</tbody>
</table>

Low risk patients – to purchase antibacterial wash from any chemist.

High risk patients – to purchase Octenisan from the Hospital pharmacy or any chemist

Sign to confirm the screening process has been explained to you

Patient signature…………………… Date…………………… Nurse……………………

Hospital No:
Surname:
First Name:

Fix a patient label in this space (complete manually only if patient label is not available)

Caring for you Caring about you
Appendix 5

PRE-ADMISSION MRSA/MSSA SCREENING FOR CHILDREN

Standard: The following high risk patients will be screened for MRSA and have a nasal and groin swab taken prior to admission.

All high risk patients will commence Octenisan body wash 5 days prior to date of surgery/procedure. Refer to Octenisan Body Wash Patient Information Leaflet.

<table>
<thead>
<tr>
<th>High Risk Patients</th>
<th>Tick</th>
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</thead>
<tbody>
<tr>
<td>• Children from residential care homes</td>
<td></td>
</tr>
<tr>
<td>• Identified as being MRSA positive in the past</td>
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</tr>
<tr>
<td>• Children who have been an inpatient in any hospital within the last 6 months. Only include babies born in hospital less than 6 months ago born by caesarean section</td>
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<tr>
<td>• Children whose parents are MRSA positive</td>
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<tr>
<td>• All children of healthcare workers – community or acute setting</td>
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<td>• All children for Burns Reconstructive Surgery</td>
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<td>• Children who attend hospital regularly e.g. chemotherapy patients, renal patients, long term steroid use</td>
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<td>• Children with an indwelling device e.g. catheter or PEG</td>
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<tr>
<td>• All children with chronic skin breaks/chronic wounds including cellulitis</td>
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</tbody>
</table>

Low risk patients – to purchase antibacterial wash from any chemist.

High risk patients – to purchase Octenisan body wash from the Hospital pharmacy or any chemist

Sign to confirm the screening process has been explained to you

Patient signature…………………… Date…………………… Nurse……………………

Hospital No:
Surname:
First Name:
Fix a patient label in this space (complete manually only if patient label is not available)

Caring for you Caring about you
Appendix 6

PROTOCOL FOR MRSA SCREENING – WHICH SWABS ARE REQUIRED

The overall aim of screening is to identify carriers of MRSA, isolate and decolonise using appropriate prophylactic treatment. This will reduce the prevalence in the wider community and reduce the risk of MRSA transmission.

- Swabs from the anterior nares and perineum or groin must be swabbed as these are the normal carriage sites for MRSA.
- In addition any skin breaks must be swabbed.

All MEHT wards and departments MUST use the following methodology when screening for MRSA:

Where the Pathology Indigo Order Comms system is available it must be used to request the MRSA screen. The system has been modified to speed up the ordering process for MRSA swabs so that only one request is required for the Nose and Groin swabs.

There are two options:

- MRSA Screen – should be used to order nose/groin swab
- MRSA Skin Break – should be used for any skin breaks

Two swabs are required to carry out a basic MRSA screen (see picture below);

- A blue topped swab should be used to screen the nose. Moisten the swab in the transport medium before sampling both nostrils.
- A separate individually wrapped swab should be used for the groins or perineum. Generally this swab does not need to be moistened.
Appendix 7

MRSA screening for elective ophthalmic surgery

All other elective ophthalmic surgery; nasal and groin swab will be required

Local cataract surgery; **Do not require MRSA screening** unless patient fit in the high risk group i.e. (section 6.1)

- Known to be MRSA positive
- Identified as being MRSA positive in the past
- From a nursing home/residential home
- Has been a patient in any hospital in last 6 months
- Any healthcare worker – community or acute setting
- Patient has been transferred from hospital abroad
- Immuno-compromised patients – Long term steroid use
- Diabetic patients
- Renal dialysis patients
- Patient with long term invasive device e.g. urinary catheter
- Patient with chronic skin breaks, to include pressure sores
- Patient with dermatological condition including cellulitis
- Detainee admitted from any prison
- If partner/spouse known to be MRSA
- If carer of person known to be MRSA
- Patient being admitted for insertion or reinsertion of a PEG tube
MRSA alerts follow-up of results process

MRSA +ve Screen result for Elective operation

Infection Prevention Team (IPC)

Patient Access (Admissions/Waiting list) departments

Pre assessment nurses
Ophthalmic nurses
Ortho pre assessment nurses
Maternity midwife

Ortho
General surgery
ENT
Plastic
Gynae
Urology

Infection alert status loaded onto Theatre man

Theatre list
What if I have had MRSA before?
If you have a history of MRSA you may be given special antibiotics. This will be decided by doctors and depends on the type of operation or procedure you are having.

Can I still have visitors?
Yes. You can still have visitors, including children and pregnant women. You are no risk to them. But always check the rules on visiting with your nurse. Visitors should always wash their hands and use the alcohol hand rubs when visiting anyone in hospital. They should do this when they enter or leave a patient’s room or other areas of the hospital.

What will happen after I leave hospital?
Once you are at home, you can carry on as normal.

Your GP will be informed of the fact that you have been treated for MRSA. They will discuss with you any necessary follow-up and may take further swabs to see if the MRSA has been fully removed.

Did you know?
MRSA has been around for many years, it was first identified in the 1960s.

Did you know?
In England, MRSA infection rates in hospitals are falling. Compared to four years ago*, the number of MRSA infections has more than halved.

* Between 2003/4 and 2007/8 MRSA bloodstream infections across England fell by 57%
What is MRSA?
MRSA is a type of bacteria (germ). It stands for Methicillin Resistant Staphylococcus Aureus. It is a type of bacteria that has become resistant to a group of antibiotics called Methicillin. But doctors can still treat MRSA with other sorts of antibiotics.

I've been told I carry MRSA, what does this mean?
Do not worry. Many people carry MRSA on their skin or in their nose. It does not make them ill and they are not at risk to healthy people. This includes older people, pregnant women, children and babies. We all carry lots of bacteria and usually it doesn’t cause a problem. But when a person goes in to hospital carrying MRSA and has a procedure that involves breaking the skin, then the MRSA can get in to the body and may cause an infection.

If we find out you are carrying MRSA before you go into hospital we can use a simple treatment to get rid of as much of it as possible. This means the chances of you getting an MRSA infection, or passing MRSA on to another patient, are much smaller.

You will be contacted by the hospital or your GP, who will let you know what you need to do next. They will explain more about the treatment and how to get it.

If you are carrying MRSA on your skin you may not be able to have your planned operation or procedure straight away. You may need to be treated first to protect you, and other patients, from getting ill.

What is an MRSA infection?
When MRSA causes an infection, this means that the MRSA bacteria are causing the person to be ill. The MRSA will have got into a person's body and they are said to be infected with MRSA. It can be a mild infection causing redness and swelling at a wound site. But it can also cause more serious chest or blood infections. If a patient has an infection caused by MRSA then antibiotics other than Methicillin are used.

What is the treatment used to get rid of MRSA from my skin?
Your doctor or nurse will discuss the treatment with you. It usually involves using an antibacterial wash or powder and using a special cream in your nose.

You may be asked to change your clothes, sheets and pillowcases every day, usually for 5 days.

You do not need to be in hospital whilst you are using the treatment. You should continue until the day of your operation or procedure or until the 5 days is complete. You should not usually need to be screened again before you come in to hospital.

What if my operation is urgent?
If your operation is urgent and you need to go into hospital quickly then you may be started on the treatment as soon as possible and might be admitted to a side room in the hospital.

Are there any side effects of the treatment?
The treatment has few side effects and generally any side effects will be mild, such as skin irritation. If you develop a rash, stop treatment and ask you clinic or doctor for advice.
Appendix 10: Patient Information Leaflet to accompany admission letter

Advice for Visitors:
Always check with the nurse in charge, before visiting to make sure it's appropriate to visit. Restrictions to visiting times may occasionally be necessary for different reasons. These will be displayed outside each ward.

If you are feeling unwell yourself, please do not visit a patient in hospital. Sickness and diarrhoea, viral or respiratory infections can and will spread quickly inside a hospital and may cause serious or distressing illnesses - especially to poorly patients.

Please apply the alcohol gel on entering and leaving a ward or department ensuring that you cover all surfaces of your hands.

If you are offering care to a relative or friend, you may be asked to wear a plastic disposable apron and gloves during your visit.

Please do not sit on a patient's bed. If you require an additional chair, please ask one of the staff on duty.

More Information
If you have any questions or concerns regarding infection prevention and control please speak to a member of staff.
The infection prevention team can be contacted if you wish.

Written guidance can also be provided to patients and visitors upon request. Information on issues relating to infection control can also be viewed on the trust internet site - www.mehsths.uk.
Click on the Infection Prevention button to open the page.

Please contact us at:
Broomfield Hospital
Court Road, Broomfield
Chelmsford, Essex
CM1 7ET
Infection Prevention Team Contact Number: 01245 516358

Caring for you Caring about you
Prevention and Management of Methicillin-resistant Staphylococcus Aureus (MRSA)/04075/7.0

**Before admission:**

Preventing infection in hospital starts before you are admitted. All staff in the clinical and non-clinical teams have a responsibility to reduce healthcare-associated infections. You are also an important part of this team.

If your admission is planned you will be swabbed for MRSA. We will only contact you if the result is positive. If you are an out patient or waiting for a date to come in, your GP will be sent the positive result and you will be arranged treatment for you.

If you know you are coming in for a procedure which will cause a break in your skin, we advise you to wash using antibacterial soap for 5 days before you are admitted.

It is important that you do not shave or wax the site of your operation for 5 days before surgery. Shaving can cause tiny breaks in the skin which can easily become infected and may result in your procedure being postponed or cancelled. Hair removal must be carried out in the operating theatre using single-use clippers.

Please bring a clean set of night clothes and underwear with you and ensure you have suitable footwear for walking around the ward.

Please ensure you tell staff if you have taken antibiotics in the last six weeks.

**When you are in hospital:**

If your admission is unplanned you will also be screened for MRSA and given the appropriate treatment if the result is positive. If you have been discharged prior to the result being available, positive results will be sent to your GP who will arrange treatment for you.

If you are prescribed antibiotics please ensure you finish the course. This may involve taking them at home.

Please feel free to ask any member of staff caring for you whether they have cleaned their hands.

Ensure you wash your hands after toileting and before eating your meals. If you are unable to leave your bed, please ask the staff to provide you with hand cleansing wipes or a bowl with water, soap and a towel.

It is important you avoid touching your drip, wounds, dressings or catheters as the more these are touched the greater the risk of introducing an infection. The ward staff will check these regularly. If you have any concerns please speak to your nurse.

All equipment that comes into contact with you should either be single use or cleaned in between each patient use.

Try not to allow your locker to become cluttered with belongings or food that your visitors may have brought in for you. This can prevent it being cleaned properly.
Prevention and Management of Methicillin-resistant Staphylococcus Aureus (MRSA)/04075/7.0

Appendix 11

**MRSA Screening and Follow Up**

**MRSA SCREENING (Staph screen for renal patients)**

Nose and groin swabs use dual swab - request MRSA screen. Swabs or specimens from wounds, indwelling devices use blue top bacterial swabs – request MRSA skin break screen

**ALL RESULTS ARE AVAILABLE ON MEHT REVIEW**

- Isolate based on risk assessment
- MRSA care pathway and Octenisan daily washes until discharged.
- Medical team to consider could be MRSA positive if antibiotics are required
- Review indwelling devices daily and remove as soon as no longer

**MRSA High risk patient**

**POSITIVE MRSA RESULT**

Infection Prevention Team receives all positive MRSA results and will advise:

- Isolate
- Patient to commence 10 day decolonisation protocol
- Review antibiotics, indwelling devices and patient’s skin

**Patient discharged before positive result known the following will take place:**

- Positive result forwarded to GP with covering letter and patient information leaflets via Extramed
- GP to organise decolonisation protocol
- IPT to contact Consultant or their PA to inform them of positive result
- IPC to update Lorenzo

**Once MRSA positive treat as high risk on each admission, isolate in a side room and commence MRSA care pathway and MRSA**
Appendix 12: Preliminary Equality Analysis

This assessment relates to: Prevention and Management of Methicillin-resistant Staphylococcus Aureus (MRSA)/04075

<table>
<thead>
<tr>
<th>A change in a service to patients</th>
<th>A change to an existing policy</th>
<th><strong>X</strong> A change to the way staff work</th>
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</thead>
<tbody>
<tr>
<td>A new policy</td>
<td>Something else (please give details)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are you proposing to change?</td>
<td>Full Review</td>
</tr>
<tr>
<td>2. Why are you making this change?</td>
<td>3 year review</td>
</tr>
</tbody>
</table>

(What will the change achieve?)

3. Who benefits from this change and how? Patients and clinicians

4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA.

No

5. a) Will you be undertaking any consultation as part of this change? Refer to pages 1 and 2

b) If so, with whom?

Preliminary analysis completed by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judith Holdsworth</td>
<td>IPC Lead</td>
<td>May 2019</td>
</tr>
</tbody>
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