

<b>Emergency Admission MRSA Screening Policy</b>	<b>Clinical Guideline</b>
	Register No: 10129 Status: Public

Developed in response to:	DOH (2010) MRSA Screening Operational Guidance 3 Health and Social Care Act 2008
Contributes CQC Core Standard	Outcome 8

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It is the responsibility of staff to ensure they are accessing the most up to date version of this document which will always be the version on the intranet.

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## **1.0 Purpose of the Guideline**

- 1.1 To comply with the requirement of the Department of Health (2010) that all relevant emergency admissions should be screened for MRSA from 31<sup>st</sup> December 2010.
- 1.2 To identify MRSA positive patients at the point of admission 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 bacteraemia.
- 1.3 To identify the MRSA carriers so that effective measures can be implemented to reduce the risk of transmission to other patients, staff and visitors.
- 1.4 To identify the MRSA status of patients so that appropriate antibiotic therapy can be administered if required.
- 1.5 To identify MRSA status so that correct ward allocation takes place.
- 1.6 To explain the screening methodology to be used.
- 1.7 To set out the process to be followed when a positive result is identified.
- 1.8 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.

## **2.0 Scope**

- 2.1 This policy applies to all healthcare staff employed by the Trust on a substantive and temporary basis.
- 2.2 This policy applies to all patients over the age of 16 years admitted as an emergency admission

## **3.0 Equality and Diversity**

- 3.1 The Trust is committed to the provision of a service that is fair, accessible, and meets the needs of all individuals.

## **4.0 Responsibilities**

### **4.1 Chief Executive**

- The Chief Executive 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.

### **4.2 Director of Nursing (DON)**

- 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 to deliver practice as outlined in this policy.

#### **4.3 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 regarding which groups of patients require screening and the management of positive cases.
- The DIPC will liaise with GPs when required to advise on treatment for patients who are MRSA positive with high risk factors that have been discharged before the result was known.

#### **4.4 Infection Prevention and Control Team (IPT)**

- To ensure all staff are made aware of this policy. See section 15.0
- If a screening result is positive to inform the ward, medical team and advise on the precautions and decolonisation protocol required
- To arrange for a positive result to be sent to the patient's GP with the appropriate covering letter in appendix 1 and the patient information leaflets in appendix 2 (Octenisan Body Wash) and appendix 3 ( MRSA Screening: A Positive Result) when the patient is discharged before the result is known. This will be done via Extramed.
- To advise the GP on the decolonisation protocol required
- To support medical and nursing staff in explaining the result to the patient if required
- To update PAS for new MRSA cases which will include both inpatients and for pre-admission screening results.
- To update Extramed bed management system for positive MRSA results

#### **4.5 Microbiology**

- Process all screening samples

#### **4.6 Information Services – Head of Information**

- Use the MRSA screening data compiled by the microbiology department to report on the number of screening tests against the number of emergency admissions each month. The calculation used will comply with national guidance documents
- Use the MRSA screening data compiled by the microbiology department to report on the number of screening tests against the number of elective admissions each week for internal monitoring

#### **4.7 Divisional Managers**

- To have systems in place whereby emergency cases are screened in a timely manner and followed up appropriately

## 4.8 Clinical Operating Managers

- Appropriate ward allocation of emergency admissions. Trauma orthopaedic cases are not to be admitted to E3.4 (B26)
- To comply with Bed Management Policy

## 4.9 All relevant staff

- To comply with this policy and ensure that all relevant emergency admissions are screened on admission (see section 6.0 and 7.0 below) and Extramed updated.
- To ensure appropriate precautions are taken to manage high risk patients and those with positive results in line with the MRSA Policy
- To liaise with the IPT if advice and support is needed to explain the need for screening or a positive result to a patient and treatment required
- To ensure that infection prevention is embedded into their everyday practice and applied consistently at all times
- To ensure that high risk MRSA patients are put on the MRSA Care Pathway (see high risk group below in section 8.0) and admitted into a side room where appropriate. Refer to Isolation policy to assist with risk assessment required to assist with allocation of side rooms. Liaise with the Infection Prevention Team if advice required regarding side room allocation.

## 5.0 When to screen

5.1 Screening is required at the point of the decision to admit. Evidence of screening must be documented in the nursing records and recorded on Extramed (apart from A&E)

## 6.0 Emergency patients who require MRSA screening

6.1 The following emergency admissions must be screened as soon as possible after admission:

- All emergency surgical admissions (excluding children and neonates unless in high risk group)
- All emergency medical admissions (excluding children and neonates unless in high risk group)
- Emergency transfers from other hospitals where MRSA status is **unknown**

## 6.2 ICU

All patients admitted to ICU are screened on admission and then at weekly intervals.

## 6.3 Direct ward / unit emergency admissions

All emergency patients admitted to a ward / unit directly (usually from Out Patient Departments) and not through A&E, or from another ward will be screened on admission to that area.

## 7.0 Emergency patients NOT to be routinely screened

7.1 The following emergency admissions **do not** require screening unless in the high risk group or being admitted to a high risk area e.g. burns ward:

- Emergency transfers from other hospitals where MRSA status is **known**
- Children ( from birth to 16 years)
- Maternity
- Mental health / learning disabilities

## 8.0 MRSA High Risk Group

8.1 The following are the MRSA high risk group. Patients in this group need to be identified and managed according to section 12.0

- 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
- Children 0-16 being admitted to a high risk area eg Burns

## 9.0 Consent

9.1 The reason for MRSA screening must be explained to the patient/carer by nursing staff.

9.2 Verbal consent should be obtained for screening.

9.3 If a patient refuses to be screened, the consequences of this must be explained to the patient by the nurse who must inform the Medical Team. This must be documented in the patient's notes.

9.4 If a patient lacks the mental capacity to consent to screening, refer to the Mental Health Capacity Act 2005 policy. This states a mental capacity assessment must be carried out and a decision in the best interests of the patient must be made.

## 10.0 Which swabs are required?

10.1 Appendix 4 sets out the screening protocol and which swabs are required.

10.2 *Staphylococcus aureus* including MRSA, is usually found, in the anterior nares (nose) shown below, and perineum (groin).



This is the anterior nares. Put swab 0.5 – 1cm into the front of each nostril, not to the sides. There is no need to introduce the swab further into the nose. 1 swab for both nostrils

10.3 Using the purple dual MRSA swabs, both nostrils should be swabbed with the same swab, the remaining swab should be used for the groin.

10.4 If an indwelling device such as catheter is insitu, swab the catheter site (using blue top MC&S swab) and obtain a catheter specimen of urine for MC&S. Any skin breaks must also be swabbed using blue top MC&S swabs. Patients with a productive cough, obtain a sputum sample for MC&S.

10.5 The Renal unit require a *Staph aureus* screen and not MRSA screen (as the former is mutually inclusive of the latter) for all their admissions using the blue top MC&S swabs.

10.6 In the NNU, babies admitted or transferred from other Trusts 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.

## 11.0 The procedure for screening and the follow up of results

11.1 The flow chart in appendix 5 sets out the procedure for screening emergency admissions and the follow up of results.

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

## 12.0 Management of High Risk patient admitted as an emergency

12.1 The following to take place:

- Screen
- Isolate if necessary based on a risk assessment – refer to the isolation policy. If patient has shredding skin or a productive cough they should be isolated. Liaise with IPT for advice
- Commence MRSA care pathway and explain to the patient the need to wash daily with Octenisan. Explain how to use – see appendix 2
- Medical team to consider this patient could be MRSA positive if antibiotics are required
- Review indwelling devices daily and remove as soon as no longer clinically indicated

## 13.0 Management of patients with a positive screen result

13.1 IPT to inform the ward and Medical team of positive result and advise on 10 day decolonisation protocol

13.2 Isolate patient if not already in a side room and commence MRSA care pathway

- 13.3 Nursing / medical staff to explain the result to the patient and give them the Trusts MRSA information leaflet in appendix 6 and explain the decolonisation protocol required.
- 13.4 Liaise with the IPT if assistance is required in doing this.
- 13.5 If the patient is in a bay, ensure other patients in the bay are given Octenisan body wash to use daily and document this on the negative MRSA care pathway found on the Intranet under Infection Prevention, Commonly Used Forms. Explain to these patients why the above is required.
- 13.6 IPT to request a terminal clean of that bay which must be recorded on Extramed when complete
- 13.7 Medical team to review the current antibiotics in view of the MRSA positive result and liaise with microbiologist if advice is required.
- 13.8 Medical team to prescribe the decolonisation protocol
- 13.9 Daily review of all indwelling devices and remove them as soon as no longer clinically indicated
- 13.10 Review condition of patient's skin. Intact skin will reduce the patients risk of an MRSA infection / bacteraemia
- 13.11 If patient has dry skin use a moisturiser. If patient has broken skin / wounds seek advice from the IPT or Tissue Viability Nurse
- 13.12 IPT to update PAS and Extramed systems
- 13.13 If patient has been discharged before the result is known the result will be forwarded to their GP with covering letter, and advice sheets via Extramed

#### **14.0 Audit and Monitoring**

- 14.1 Compliance with this policy will be monitored as part of the Infection Prevention and Control audit programme and results reported in the divisional scorecards which are monitored at The Infection Prevention and Control Group. Divisions are required to develop localised action plans as appropriate.
- 14.2 The Infection Prevention and Control Group reviews the Infection Prevention and Control policies.

#### **15.0 Implementation & Communication**

- 15.1 This policy will be issued to the following staff groups to disseminate. These individuals will ensure their staff are made aware of the policy:
  - Ward Sisters/Charge nurse – issue to relevant nursing staff within their ward
  - Departmental Managers - issue to relevant nursing staff within their department
  - Bed Management Team / Clinical Operating Managers
  - Divisional Managers & Director of Operations
  - Divisional Nurse Managers
  - Consultants – to issue to relevant medical staff
  - Waiting list departments

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

## 16.0 References

- Department of Health (march 2010) MRSA Screening Operational Guidance 3, Gateway reference13482
- Department of Health (February 2009), Screening for MRSA – FAQs, Gateway reference 081111
- Department of Health (December 2008) Screening Operational Guidance 2 , Gateway reference 11123
- Department of Health (July 2008) MRSA Screening Operational Guidance, Gateway reference 10324
- Department of Health Care Act / Hygiene Code 2008
- Department of Health (2007) Saving Lives: reducing infection, delivering clean and safe care. Screening for Meticillin-resistant *Staphylococcus aureus* (MRSA) colonisation and High Impact Intervention 4.
- Guidelines for the Control and Prevention of MRSA in Healthcare Facilities (2006)  
G.J Duckworth et al. Journal of Hospital Infection

Letter sent to GP following patient discharge.

Mid Essex Hospital Services   
NHS Trust

**Private and Confidential**

Date Here

Broomfield Hospital  
Court Road  
Broomfield  
Chelmsford  
Essex CM1 7ET  
Fax: 01245-515017  
Email: Louise.Teare@meht.nhs.uk

Dear

Patient name:

Date of Birth:

**The above patient has been found to be MRSA positive.**

The above patient was discharged from hospital before this result was known.

Could you please contact the patient and organise decolonisation treatment with;

- i. ten days nasal bactroban three times a day
- ii. daily antibacterial wash with Octenisan (patient information sheet attached)

This link can be used to access the Department of Health Patient information leaflet:

[MRSA - A Positive Result Info Leaflet](#)

If patient is taking antibiotics please review in light of this result.

Thank you for your assistance.

Kind regards

Dr Louise Teare MB BS MSc FRCPATH MBA DipHic  
Consultant Medical Microbiologist  
Director of Infection Prevention and Control

## Patient Information

### Octenisan Body Wash

#### How to use Octenisan body wash

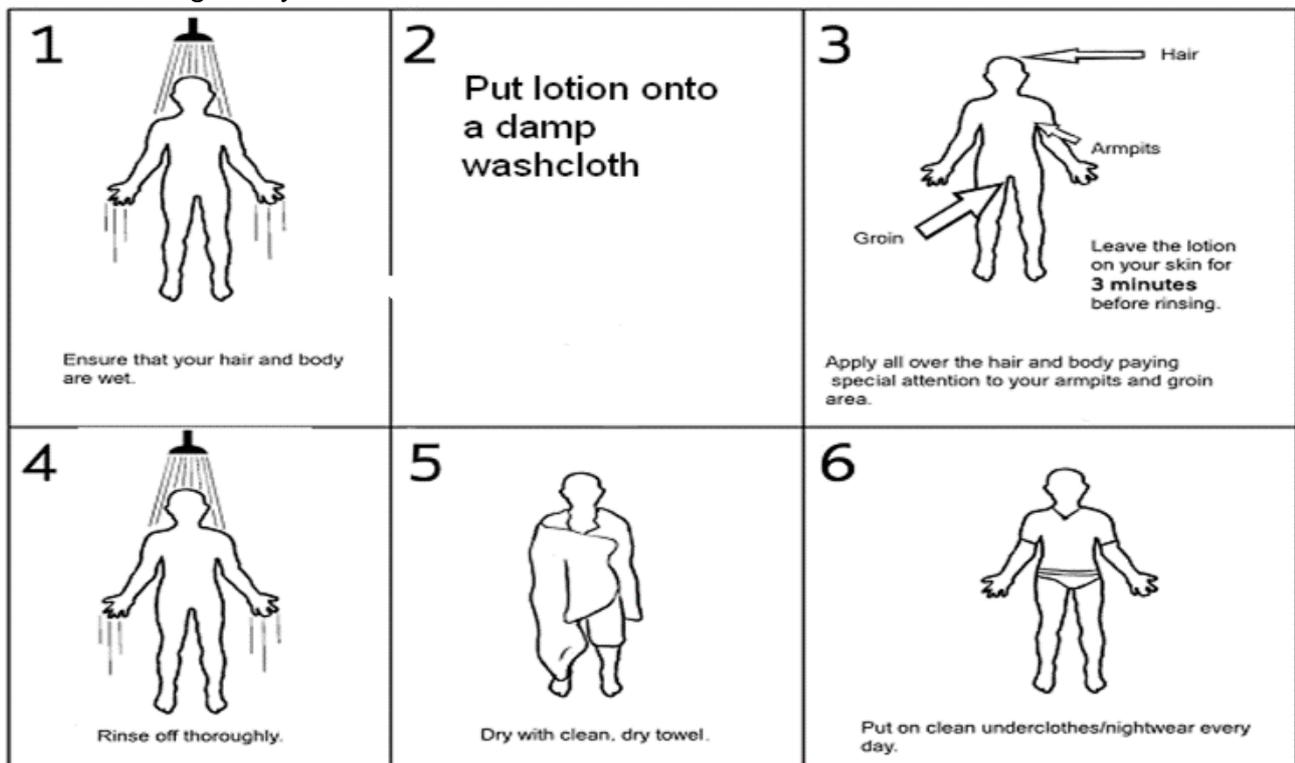
Octenisan is an antibacterial liquid soap for both skin and hair. The aim of using the wash is to reduce the number of bacteria on your skin to reduce the risk of you picking up an infection.

It is effective against Meticillin Resistant *Staphylococcus aureus* (MRSA) and Meticillin Sensitive *Staphylococcus aureus* (MSSA).

Please wash with this every day for **10 days** either in the shower or as part of a strip wash.

- **Wet your skin**
- **Apply Octenisan to a damp washcloth**
- **Apply to skin and hair. Use the Octenisan as a shampoo daily. You can then use your regular shampoo and conditioner after each Octenisan hair wash.**
- **Leave for 3 minutes**
- **Rinse off**

If your skin is dry use a moisturiser. If it becomes irritated by the Octenisan, contact your GP who will arrange for you to have an alternative wash.



If the MRSA swabs taken on your hospital admission are MRSA positive, the treatment is as below.

**Caring for you Caring about you**

## Patient Information

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### What is the Treatment for MRSA and MSSA ?

You will be given two treatments to use for 10 days:

- An antibacterial wash called Octenisan. See instructions on how to use.
- A nasal ointment called Bactroban or Mupirocin, use three times a day, for 10 days as below.

**How to apply Bactroban Nasal Ointment (Mupirocin 2%)** (use three times a day, for five days)

- **Wash hands before applying**
- **Apply a pea-sized amount of ointment on a cotton bud or on your finger to the inside of each nostril and massage gently upwards**
- **The nostrils should be closed by pressing the sides of the nose together for a moment, this will spread the ointment inside each nostrils**
- **Wash your hands following use**

You will need to change your bedding, towels and underwear every day for 10 days if possible.

**You will not be re-swabbed after your treatment.**

**Whenever you require antibiotics or admission to hospital, inform the medical staff that you have been MRSA positive in the past.**

### Document history

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Department	Infection Prevention
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**Caring for you Caring about you**

Department of Health MRSA Patient Information Leaflet: MRSA - A Positive Result



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## PROTOCOL FOR MRSA SCREENING – WHICH SWABS ARE REQUIRED

The Department of Health requires that hospital admission, whether emergency or elective, **MUST** be screened for MRSA. The overall aim 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 (see below) and perineum (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

Specific swabs must be used for swabbing the Nose and Groin – these swabs have a single outer container which contains two swabs (see pictures below).

The swabs are designed to be snapped off at the top of the shaft of the swab to enable the nose and groin to be swabbed separately. When taking the swab it is perfectly acceptable to hold the swab on the white shaft whilst swabbing the patient.

Skin breaks should be swabbed using the regular blue top bacterial transport swabs.



Request test on Pathology Indigo System and generate barcoded stickers  
 Stick one sticker on the yellow Microbiology Specimen Request Form  
 Remove swab from outer packaging and stick the other sticker on the swab container  
 Remove swabs from container and snap off one of the swabs and swab the nose and use the second to swab the groin.



This is the anterior nares. Put swab 0.5 – 1cm into the front of each nostril, not to the sides. There is no need to introduce the swab further into the nose. 1 swab for both nostrils

Replace both inoculated swabs into the swab container, place into specimen transport bag together with request form and arrange transport to Microbiology Department. Please use one specimen request form and one specimen transport bag for each sample.

## MRSA Screening of Emergency Patients.

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

Screen on decision to admit

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**

Do not  
admit to  
E3.4 B26

MRSA High risk patient

**POSITIVE MRSA RESULT**

- 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 indicated

**Infection Prevention Team receive 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
- IPT to update PAS

Rescreening is not usually done. Once MRSA positive treat as high risk on each admission, isolate in a side room and commence MRSA care pathway.

**MEHT MRSA Patient Information Leaflet**



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InfectionControlDept'