

MRSA Policy

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Issue No	Page	Changes made (include rationale and impact on practice)	Date
Version 5	ALL	Two policies (MRSA Screening and MRSA) joined into one	September 2010
Version 6	Page 26	Addition of MRSA Staff Screening Flowchart	December 2011
Version 7	Page 27	Addition of MDRO Guidelines for MRSA Screening of Neonates	April 2012
Version 8	Page 12	Deletion of decolonisation therapy from Urology Nurses for their positive patients	August 2012
Version 9	All	New guidance from the DOH	August 2015
Version 10	Page 6 & 8	Areas and process for Screening	September 2015
Version 11	Page 9	Process for re-screening	December 2015

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1. INTRODUCTION/PURPOSE OF THE DOCUMENT

MRSA is **Methicillin-Resistant Staphylococcus Aureus**. It is a bacterium that is resistant to certain antibiotics including all B lactams (e.g. flucloxacillin). MRSA is not usually a significant risk to healthy people including health care workers and visitors, but can cause a serious infection in vulnerable patients. MRSA can cause a wide variety of infections including skin and wound infections and bacteraemia (bloodstream infection).

MRSA is spread from person to person either by direct or indirect contact. In a hospital environment MRSA is most commonly spread on the hands of health care workers. Hospital equipment can be a route of spread if not adequately decontaminated between patients. Patients with MRSA are likely to contaminate objects and the hospital environment in their vicinity. Subsequently this contamination can be transferred to other patients.

The aim of this policy is to:

- Provide SNHSFT staff with the information they need to identify and manage patient/s that are colonised or infected with MRSA.
- Provide SNHSFT staff with the streamline focused MRSA screening process
- Ensure that patients with MRSA have effective and appropriate care

2. STATEMENT OF INTENT / SCOPE OF THE DOCUMENT

This policy applies to all those working for Stockport NHS Foundation Trust (SNHSFT), in whatever capacity. A failure to follow the requirements of the policy may result in investigation and management action being taken as considered appropriate. This may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees; and other action in relation to other workers, which may result in the termination of an assignment, placement, secondment or honorary arrangement.

3. SUMMARY OF THE DOCUMENT

This policy outlines the procedures for the safe and effective management of patients who have or are at high risk of having MRSA.

The policy aims to provide SNHSFT staff with the information that they need to implement the streamlined focused MRSA screening process in line with the new Department of Health guidance.

This is a mandatory policy to be complied with by all clinical and non-clinical staff both permanent and those on a temporary basis such as students. It should be read in conjunction with the SNHFT Isolation Policy.

4. DEFINITIONS OF TERMS

- **Bacteraemia** – Isolation of a bacterium (in this case MRSA) from a patient's blood.
- **Colonisation** – the presence of a micro-organism at a body site on or in a patient, not causing infection.

- **Decolonisation** – the process of applying antimicrobial substances (e.g. disinfectants or antibiotics) to a patient with MRSA in an attempt to reduce the number of MRSA micro – organisms
- **Infection** – symptoms and signs caused by pathogenic (harmful) micro-organisms. These would include local evidence of inflammation (e.g. pain, redness, tenderness, swelling, and heat), systemic effects (e.g. fever, hypotension and shock) and presence of raised inflammatory markers (e.g. white blood cell count and C-reactive protein, CRP).
- **MRSA-positive** – MRSA is present in or on a patient
- **MRSA screening** – the process of identifying patients who are MRSA carriers, by microbiological sampling.
- **MRSA** – Methicillin-resistant *Staphylococcus Aureus*
- **Prophylaxis** – administration of an antimicrobial agent in order to prevent the development of infection. In this policy “topical peri-operative prophylaxis” refers to topical anti-MRSA agents and “systemic peri-operative prophylaxis” to intravenous anti-MRSA antibiotics, both administered as per microbiology advice.

5. ROLES & RESPONSIBILITIES

5.1 The Board of Directors: Have the overall responsibility and accountability for Infection Prevention, for ensuring a sound system of internal control that supports the achievement of the Department of Health objective for MRSA.

5.2 The Chief Executive: Has overall responsibility for the implementation of this policy. The Chief Executive delegates this responsibility to the Medical Director as the Director for Infection Prevention.

- Monthly sign off of MRSA bacteraemia for the MESS Data

5.3 The Medical Director: As Director of Infection Prevention has the responsibility for the management of Infection Prevention within the Trust in partnership with the Director of Nursing and Midwifery as such will;

- Report MRSA surveillance data to the Trust Board
- Chair Serious Untoward Incident meeting for all MRSA bacteraemia

5.4 The Director of Nursing and Midwifery: As the nominated Executive Director of the Trust with responsibility for the Nursing management of Infection Prevention

5.5 Infection Prevention Team:

- Facilitate Root Cause Analysis of MRSA bacteraemia
- Produce reports on surveillance data for the Infection Prevention Committee
- Review all surveillance to monitor trends and facilitate appropriate measures
- Ensure MRSA data is completed on the MESS database for the Department of Health

5.6 Associate/Clinical Directors:

- Oversee the application of this policy and associated procedures into their service.
- Review controls following incidents of MRSA bacteraemia.

- Ensure that MRSA bacteraemia action plans are fed back through the business group quality board

5.7 Ward and Department Managers:

- Ensure all patients are screened as per policy
- Ensure all patients commence on decolonisation treatment as per policy
- Provide information to patients and visitors as required
- Ensure staff are compliant with related policies & SOP's including Isolation, PPE and ANTT

6. THE POLICY

6.1 STANDARDS

Safe, effective and prompt detection and management of patients with MRSA requires adherence to the following standards:

Antimicrobial Prescribing

- All Divisions must put into place the Trust guidelines for effective antimicrobial prescribing to avoid unnecessary antibiotic prescribing. Adherence to antimicrobial prescribing guidelines will be monitored by the antimicrobial and ward pharmacists, non-adherence will be referred to the Antimicrobial Management Team or more urgently to a medical microbiologist if required.
- Guidelines for surgical prophylaxis include recommended choice of agents and regimens for patients at high-risk of MRSA colonisation or infection or known to be colonised or infected with MRSA
- Guidelines for antibiotic prescribing will be audited quarterly by the antibiotic pharmacist to demonstrate effective prescribing patterns are maintained and fed back via the Infection Prevention Committee
- All Consultant medical staff are responsible for ensuring appropriate antimicrobial prescribing by their junior staff. This includes ensuring courses of antimicrobial agents are prescribed at the correct time, duration and dosage and this includes topical decolonisation agents.
- Nursing staff are responsible for ensuring prescribed antimicrobial agents are given at the correct time and the correct dosage. This includes topical decolonisation agents.

Surveillance of MRSA

- The Infection Prevention Team will perform surveillance for new MRSA isolates routinely as part of alert organism surveillance. Clinical areas will be informed of newly-identified MRSA-positive patients by the laboratory report/Infection Prevention Team.
- The Infection Prevention Team will perform in conjunction with the clinical Team, root cause analysis (RCA) of MRSA Bacteraemia in line with the Department of Health requirements. The results of the RCA will be fed back to Clinical and Management Teams for action.
- Clinical and Management Teams are responsible for ensuring review of each clinical case of MRSA Bacteraemia and implementation of local action plans to improve practice.
- MRSA surveillance data will be reported to the Infection Prevention Committee and the Business Group Quality Boards.

MRSA Screening

- All patients admitted to high risk units e.g. trauma & orthopaedics and all Intensive Care Units (adult/paediatrics ICU, NNU, HDU, and CCU) will be screened for MRSA by taking a nasal swab, and other susceptible sites e.g. Wounds and Indwelling devices.
- All previously identified patients colonised with or infected by MRSA who attend or are admitted to the Trust will be screened for MRSA by taking a nasal swab, and other susceptible sites e.g. Wounds and Indwelling devices.

MRSA Decolonisation

- All admissions found to be MRSA positive or with a previous history of being MRSA positive will be given topical decolonisation in an attempt to eradicate MRSA, and reduce the subsequent risk of infection prior to or on admission.
- 3 doses of eradication treatment can be given by nursing staff prior to the prescribing by the medical Team under the PGD.

Isolation Care

- All patients with MRSA will be managed using standard / universal precautions.
- In addition, contact precautions will be applied in all wards and departments
- Single room isolation will be implemented for all MRSA positive patients in accordance with the isolation risk where possible and clearly documented in the patients records.
- If single room isolation cannot be achieved the reason should be clearly documented in the patients records

Documentation

- The MRSA status of all patients must be accurately recorded in pre-op, medical and nursing notes, including information on topical decolonisation therapy and specimen results. This is the responsibility of the medical and nursing Teams caring for the patient, and is essential to ensure safe, effective care.
- New MRSA isolates that are inpatients will have an alert sticker placed in the patient case notes by the Infection Prevention Team.

Communication and Patient information

- Patients and visitors must be provided with accurate information on MRSA, including the risk of infection and management of those who are positive. This is the responsibility of the medical and nursing Team admitting or providing care for the patient.
- Every patient who has MRSA must be given a Trust MRSA information leaflet. Information leaflets are available on the intranet site of the Trust.
- Accurate information on MRSA status must be recorded and communicated to other wards and departments within SNHSFT when the patient is discharged/transferred or attending an investigation/clinic appointment in order to facilitate safe care.

- Accurate information on MRSA status including information on topical decolonisation and specimen results, must be recorded and communicated to staff in primary and community care and upon transfer to another organisation or discharge home.
- Information should include the risk of infection during procedures
- Management advice to the patient and significant others on discharge
- Advice on the care and management of indwelling devices
- Section on discharge summary to be completed by medical Team

Staff and MRSA

Staff will be informed and managed by the Occupational Health Department, in strict confidence, following a positive MRSA screen.

Diagnostic Investigations and Treatment in other Departments

- All patients with MRSA may visit other departments for investigations or treatment provided the department is informed of the patient's MRSA status in advance. Though standard precautions are usually adequate in most departments for most investigations, this information will allow staff in these departments to call the patient in a timely manner and to take appropriate additional Infection Prevention precautions if necessary during/after the procedure.
- The patient can be seen at any time during the working session provided contact precautions are applied by staff that have direct contact with the patient, and/or the patient's immediate environment
- Equipment used on the patient must be decontaminated after use.
- Gloves and aprons must **not** be worn to push the bed or trolley through the hospital.
- Hand hygiene using alcohol gel is sufficient in this situation.

Theatres

- MRSA positive colonised patients who have completed decolonisation therapy can be placed anywhere on the operating theatre list provided all surfaces and equipment are cleaned between the MRSA positive patient and the next patient.
- MRSA patients who have not received the decolonisation treatment prior to admission should have a wash with the body wash prior to surgery and be placed last on the list.
- Patients colonised with MRSA who have clinical evidence of infection, should have a wash with the body wash prior to surgery and be placed last on the list.
- Routine cleaning measures should be adequate between the MRSA colonised patient leaving the theatre and the next patient entering in conventionally ventilated theatres. If the patient is MRSA infected or has not received the decolonisation treatment prior to admission, the theatre MUST be rested for 15 minutes prior to the next case, this allows sufficient time for adequate air change between patients or the patient should be placed at the end of a list. Airflows in ultra-clean theatres make a minimum time unnecessary.
- MRSA positive patients may be recovered in recovery units, providing contact precautions are adhered to, and equipment in contact with the patient is cleaned after use using detergent/water or universal high level/disinfectant wipes.

- Procedures that require antibiotic prophylaxis – for ALL MRSA positive patients or high risk status unknown patients the antibiotic guidance should be checked.

6.2 SCREENING PROCESS

All patients screened for MRSA should:-

- Be given a Patient Information Leaflet, giving information about the MRSA screening process and treatment options and asked for verbal consent to being screened. This information leaflet is located on the Infection Prevention microsite under Patient Information Leaflets.
- Swabs should be taken from the following sites:
 - All patients: Anterior nares (use a single swab to sample both nostrils)
 - In addition, swabs should be taken from sites that are likely to be colonised. This would include exit sites of indwelling cannula, PEG sites, stoma sites, supra pubic catheter and / or discharging wounds. These sites should be sampled only if it is practicable to do so, and sampling will not usually be done if complex dressings or bandages would need to be taken down, if patient has a catheter insitu then a CSU needs to be taken and sent to the lab for MRSA screening. Refer to the SOP for ANTT
- All MRSA screening swabs from sites with no obvious clinical signs of infection should be put in a single specimen bag and submitted to Microbiology with a single request form sample labelled "MRSA screening" They will be processed in the laboratory as a single specimen.
- Swabs from clinically infected sites (i.e. if purulent, red, and painful) should be requested on a separate form with appropriate clinical details and sent for microbiological culture & sensitivity testing.
- Submission of MRSA screening specimens should be documented in the nursing notes.
- It is within the rights of a patient to refuse to be screened for MRSA. In this situation the patient should be reminded that screening is in the best interests of both the patient and the other patients in the hospital. If the patient continues to refuse this should be noted in the nursing or clinical notes.

6.3 SCREENING RESULTS

- Positive results will be communicated by the Infection Prevention Team and will also be visible electronically through the results server.
- For patients who have been discharged prior to receiving a positive result advice will be provided to the patient / GP with appropriate recommendations
- Receipt of MRSA screening specimens by the laboratory is indicated in the Results Server under "Orders". If a request is not visible on the Results Server within 24 hrs of submission then it has not been received by the laboratory. **This should not be checked by telephone, as the information available to the Laboratory staff is the same as that available to the Results Server.**
- Screening results are available 48-72 hrs after the sample is received in the laboratory, and released to the Results Server as soon as the test is complete (NB: processing of samples received

after approx. 16:30 will not commence until the following working day, and results will be delayed accordingly). It is the responsibility of the Divisions to have systems in place to ensure that MRSA screening requests are followed up on the Results Server until either a positive or negative result is available. MRSA screening results should be looked up using the "Patient Search" feature rather than the "Locations Search" feature, as there is a delay in updating patient locations in the Results Server.

- The screening process in use in SNHSFT uses "pooled" samples, so the positive result will not provide information about which specific site(s) is/are colonised.
- Advice will be provided to the Nurse in charge of the ward, for newly identified MRSA patients, providing an information leaflet and placing an Alert sticker in the clinical notes by the Infection Prevention Team

6.6 ISOLATION

- **Refer to Isolation SOP** (available on the Infection Prevention Intranet site)
- **Action to take if there is no isolation room available**
 - Bed Management and Site Co-ordination Teams should be informed when an isolation room is not available. Cohort nursing can be used if there are several patients colonised with MRSA. A Datix form should be completed if there are any delays in isolating a patient or if isolation facilities are unavailable.

6.7 RE-SCREENING

- Patient found to be colonised with MRSA who remain in hospital for 7 days or more, should be screened on a weekly basis, while they remain as a hospital in-patient and remain positive.
- Once the patients screen returns negative no further screens are required
- Once a screen is returned negative the patient can vacate the side room

6.8 MEASURES REQUIRED ON TRANSFER OR DISCHARGE

- Colonisation/infection with MRSA should never be a contraindication to nursing home/residential care. If a patient is discharged whilst he/she is being decolonised, clear instruction should be given to the patient/carer when this should be discontinued
- If a patient who has been found to be positive for MRSA is discharged to the care of a nursing or residential home or a district nurse then his/her MRSA status must be documented clearly in the patients discharge sheet. The information must also be communicated to the ambulance/transport crew transferring the patient.
- If a patient is being transferred to another hospital Trust or healthcare provider the management of the patient must be discussed with the receiving facility prior to the transfer.
- On occasions other hospital Trusts may require evidence of MRSA clearance or past screening results. If this is requested please contact the SFT IP Team for further advice.

7. IMPLEMENTATION

- This policy will be placed on the Infection Prevention Microsite and the intranet websites in order that the information contained within it is available to primary and community care providers, patients and the public.
- This revised policy will be launched with communication via the intranet news pages, an email alert and the Infection Prevention one liner

8. MONITORING

Compliance with MRSA screening and eradication will be monitored through quarterly audit of high risk area, the results of which are fed back immediately to the nurse in charge and a report to the IP committee and business group quality boards and the CCG via the assurance framework.

Monitoring Arrangements	The Infection Prevention Team will have a process in place for monitoring the screening and decolonisation of patients across the Trust
Process for monitoring e.g. audit	Quarterly audit of high risk areas
Responsible individual/ group/ committee	IP Nursing Team
Frequency of monitoring	Quarterly
Responsible individual/ group/ committee for review of results	Ward Manager/IP Nursing Team
Responsible individual/ group/ committee for development of action plan	Ward Manager
Responsible individual/ group/ committee for monitoring of action plan	Ward Manager/IP Team/Heads of Nurses

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اگر آپ کو ان معلومات کے بارے میں مدد کی ضرورت ہے تو مفت ترجمانی کی سروس منیجنگ یونٹ سے براہ مہربانی رابطہ کریں۔ 0161 477 9000 پر فون کریں۔

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Appendix 1

The Theatre Management of Patients who are MRSA positive

All patients screened positive but decolonised can be placed anywhere on the operating list

All patients in a laminar flow theatre can be placed anywhere on the operating list

All patients with active MRSA infection or screened positive but not decolonised in a non-laminar flow theatre are to be placed last on the list



There is no requirement to remove everything from the theatre



Minimise and be able to surface clean all equipment within the sterile field



Any remaining equipment in the theatre, not within sterile field, should be moved as far back from the sterile field as possible whilst maintaining effective peri-operative practice in relation to circulating etc.



At the end of the procedure, thoroughly clean the area, relevant surfaces and floor using approved detergent (actichlor plus)



Close all theatre doors and allow the theatre to dry



Once the theatre is dry, the theatre should be left to rest

A conventional theatre for 15 minutes

A Laminar flow theatre for 5 minutes



Patients can be cared for in recovery provided contact precautions are adhered to and equipment in contact with patients is cleaned after use using approved detergent (actichlor plus)

Appendix 2

MRSA Protocol **T & O Elective Wards**

Elective Orthopaedic Admissions

All elective orthopaedic admissions to be MRSA screened at time of listing.

- Patients found to be negative
 - No action pre admission
 - Admit to Elective Orthopaedic Ward
- Patients found to be positive
 - Eradication therapy to commence 5 days prior to admission
 - Admit for procedure only after decolonisation completed
 - Place in side room if available
 - To receive Teicoplanin and gentamicin prophylaxis as per guidance on the antibiotic microsite

Emergency Admissions

Emergency admission patients (any speciality) may be admitted or transferred to an elective orthopaedic ward only if have none of the following exclusion criteria:

- Open wounds, extensive skin lesions, ulcers or pressure sores
- Sepsis / infection at any site active or treated (including respiratory and urinary tract)
- Previous admission to hospital within last month
- Nursing home resident
- Known MRSA carrier (current or previous)
- Recent or planned bowel surgery

Emergency patients may be placed in a side room on an orthopaedic ward and screened, then commenced on MRSA decolonisation. If there are too many for the side wards then they must be cohorted into a single bay, and the bay must be fully emptied and cleaned prior to the admission of any more elective orthopaedic patients





Breach of Guidelines

In case of the above guidelines not being followed, due to bed state pressures, with elective orthopaedic patients being put at risk then:

- All post-op elective patients exposed
 - Must be transferred out of the involved bay immediately
 - Must be MRSA rescreened
- No elective patient to be admitted to or operated on from that bay until
 - The bay is fully emptied
 - The bay is cleaned

Appendix 3

MRSA Screening and Treatment in Paediatrics and Neonatal Unit

SCREENING CRITERIA	 	<p><u>When to take an MRSA screen</u></p> <p><u>Paediatrics</u></p> <ul style="list-style-type: none"> • If patient is transferred from another hospital, healthcare setting or hospice • Any patient who has been in hospital within the last 3 months • Patients known to be previously colonised with MRSA • Patients with complex needs e.g. indwelling devices <p><u>Neo Natal</u></p> <ul style="list-style-type: none"> • All babies admitted to the NNU and thereafter weekly throughout this admission
NASAL SWABBING		<p><u>Obtaining a nasal swab</u></p> <ul style="list-style-type: none"> • Insert into nostril, parallel to the palate. • Gently rotate in both nostrils using the same swab 3-5 rotations • Label as per Trust Policy • Send specimen to pathology lab with ward order comm.
TREATMENT		<p><u>Treatment following MRSA Results:-</u></p> <p>Neo- Natal Positive results-</p> <ul style="list-style-type: none"> • Daily body wash with Octenisan for 5 days • In a bath mix 50/50 warm water & Octenisan • Wash baby for 60 seconds • Then apply Chlorhexidine powder

Appendix 4

MRSA CARE PLAN

Patient Name:	NHS No.
Hospital No.	Ward:

Patient's Problem : Methicillin Resistant Staphylococcus Aureus (MRSA)	Problem Number:
Short Term Goal	
1. To ensure the patient is not treated any differently than other patients 2. To reduce the risk of cross infection to other patients	
Long Term Goal	
1. To reduce the level of MRSA colonisation / infection 2. To reduce the risk of spread of the MRSA to other patients, staff or the hospital environment 3. To treat identified MRSA infections	
Nursing Interventions	
a) Place patient into isolation following priority of single room flow chart b) If no Single room this must be clearly documented in the clinical notes c) Isolation notice MUST be placed on door. Explanation given to patient and family. Door to be kept closed unless falls risk then this needs to be clearly documented in the patients notes. d) Provide call bell for patient or other method of gaining attention e) If hoist needed, use sling for patient's specific use, label. Leave sling in room then launder as per Trust policy for known infections when discharged/ transferred <i>OR</i> obtain disposable sling f) Ensure MRSA decolonisation treatment is commenced as advised by the Infection Prevention Team. Staff are able to utilise the PGD for MRSA eradication treatment BODY WASH ONLY. Ensure that other susceptible sites have been screened (wounds, catheters etc.). g) Reduce patients/relatives anxiety by ensuring that all procedures/planned care are clearly explained and questions are answered h) Give written/verbal information (Leaflet available on intranet site under Patient Information Leaflets) i) Yellow aprons and gloves kept outside room and must be adorned prior to entering the side room and removed prior to leaving the side room j) Only take into the room equipment needed for the care delivery of that patient i.e. sheets, pillow cases, hand towels. Do not take excess items k) Domestic informed that precautions are needed and daily cleaning must take place, concentrating on touch surfaces l) Patient transfers to other wards, care settings or diagnostic departments the accepting area must be informed prior to the patient attending m) Remove all unnecessary equipment to prevent clutter & dust build up n) Fans must not be used if a patient is MRSA positive. o) Daily Care – Maintain oral hygiene, clean nightwear, bed linen. Ensure Clinical Teams or MDT Teams are aware of patient's status. Ensure patient's prescription chart has been reviewed by the Drs (i.e. Antibiotics are appropriate) p) Area requires a barrier clean on discharge or transfer	

Additional interventions (patient specific)			Sign & Date
Review dates			
Name.....	Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....	Sign.....
Date.....	Date.....	Date.....	Date.....
Date Care Plan Discontinued:			