This policy supersedes all previous issues.
## Version Control

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Meticillin Resistant Staphylococcus Aureus (MRSA) and Other Multi Drug Resistant Organisms (MDRO) Policy

1 Introduction

Advances in medicine allow a much more vulnerable population than previously possible to receive medical treatments. This in combination with a general over use of antibiotics has led to the emergence of antimicrobial resistance.

Meticillin Resistant Staphylococcus Aureus (MRSA) is now endemic in both hospitals and the community. Infections caused by MRSA and other bacteria resistant to antibiotics known as multi drug resistant organisms (MDRO), can be more difficult to treat, as the range of suitable antibiotics will be limited. Worldwide there are many types of MRSA with different resistance patterns to antibiotics. Type 15 and 16 MRSA is the strain found in most healthcare facilities within the region.

All health care organisations have a duty to keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA and all risks associated with the use of medical devices are minimised.

MRSA and MDRO bacteraemia (blood stream infection) represent a patient safety risk associated with colonised patients who have an underlying illness, chronic conditions and/or medical devices in place. The Trust has supported work to reduce MRSA bacteraemia and it remains an important target for all Trusts.

2 Policy scope

This policy applies to all employees of Gateshead Health NHS Foundation Trust, all students, visiting health professionals, locum and agency staff as well as patients and visitors.

Infection prevention and control is everyone’s responsibility and the guidance within this policy is based on the EPIC guidelines The principles outlined within the EPIC guidelines advocate a non-discriminatory approach to infection prevention & control i.e. treat everyone to the same standard assuming that they may have an undetected infection.

This policy should be read in conjunction with the suite of Infection Prevention and Control Policies available on trust intranet.
For general roles and responsibilities for infection prevention and control see IPC 1 Infection Prevention and Control policy No.1.

http://www/facilities/trust_documents/infection.html

Appendix guides have been used wherever possible in order that the latest guidance for the management of MRSA/MDRO is made available for trust staff and service users and to facilitate updating, if required, prior to a formal review of this policy. The reader should fully utilise the appendices attached for rapid guides to MRSA/MDRO management.
3  **Aim of policy**

The policy combines current government mandatory requirements, the needs of local patient groups, and Trust environmental requirements. All requirements within this policy require equal attention and compliance from healthcare workers. This policy will assist staff in the: -

i) Management of patients with MRSA /MDRO,
ii) The recognition of patients vulnerable to MRSA/MDRO
iii) Reduction of MRSA/MDRO

4  **Duties (Roles and responsibilities)**

The **Chief Executive** has responsibility for ensuring the Trust has robust and effective Infection and Prevention Control Policies.

The **Trust Board** has a responsibility to ensure that the risk of infection to patients, staff and visitors is minimised to it’s lowest potential and therefore supports the full implementation of this policy.

The **Directors of Infection Prevention and Control (DIPC)** have executive responsibility for Infection Prevention Control and oversee Infection and Prevention Control activity via the Infection and Prevention Control Committee. Initiate a root cause analysis and where necessary convene a Hospital Coordinating Group meeting to ensure that patients, staff and visitors are protected.

The **Consultant Microbiologist** - will give advice against this policy and follow up positive MRSA/MDRO colonised and/or infected patients with clinical staff that need Medical Microbiologist input. Out of hours and at weekends will follow up MRSA/MDRO, needing urgent input on a daily basis.

The **Head of Infection Prevention and Control** - will give advice against this policy and ensure that it is updated every two years or in line with current national guidance via the nominated Infection Prevention & Control Nurse lead within the review of policies section of the Infection Prevention & Control Committee.

The **Infection and Prevention Control Nurse (IPCN)** – will give advice and support on MRSA/MDRO management and policy interpretation. Undertake checklist assurance tool for each bacteraemia case. IPCNs will continue to support the management of MRSA & MDRO patients within their own areas of responsibility until their discharge from hospital. IPCN will support ward manager and Matron during increases in MRSA colonisation/infection and where appropriate advise on list generation to facilitate staff screens.

The **Microbiology Secretary** coordinates IPC policy updates ensuring the OP27 is completed via DIPC and appropriate IPCN/Microbiologist and sent forward to the Membership Co-ordinator, Trust Headquarters in order that the policies can be uploaded to the Trust intranet.

The **Infection Prevention and Control Committee** - is responsible for the ratification of Trust wide infection prevention and control policies, procedures and guidance, providing advice and support on the implementation of policies and monitoring the progress of the annual infection control programme. Acknowledging progress against action plans presented by the Divisions related to Healthcare associated infection RCA incidents.
Heads of Department - Must ensure that appropriate training is available and that staff understand and comply with the MRSA/MDRO Policy. Support Matron and ward manager to capture all staff when a staff screening programme is initiated by IPCT. Ensure that all staff who input into the patients care/environment are screened for MRSA and stagger senior staff sample submission if necessary to avoid shortages should they prove to be MRSA positive. See Appendix 11.

Divisional Managers – will ensure that all staff are aware of and follow this policy and are aware of their own roles and responsibilities to ensure safe practice. That staff have access to intranet copies of Infection Prevention & Control Policies. Attend investigations where required into unexplained increases in MRSA colonisation/infection. Take any actions necessary to ensure that the ward team are supported to collect MRSA screens from all staff if required.

Occupational Health Team – To maintain staff confidentiality Occupational Health staff will generate an ICE laboratory request for staff required to submit a screening sample. See Appendix 11 for the procedure.

Modern Matron – Initiate a root cause analysis/case review with ward manager and IPCN on direction of DIPC/Head of IPC. Update IPCT during periods of increased incidence of MRSA against action plans and staff screening compliance every Tuesday morning at 9am local IPCC meeting as appropriate. See Appendix 11.

Ward Manager – Initiate list of staff to be screened for MRSA if advised to do so by IPCT. See Appendix 11.

All Trust staff - have a responsibility to adhere to Trust policy and ensure that appropriate measures are taken to reduce risks associated with infection. All Trust staff have a responsibility to ensure they attend annual Infection Prevention and Control mandatory training. All staff must submit an MRSA screen in a timely fashion if requested by the IPCT. See Appendix 11.

5 Definitions

MRSA Meticillin resistant Staphylococcus aureus

*Staphylococcus aureus* is a bacterium that commonly colonises human skin and mucosa (e.g. inside the nose) without causing any problems. It can also cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or a medical procedure.

Most strains of *S. aureus* are sensitive to the more commonly used antibiotics, and infections can be effectively treated. Some *S. aureus* bacteria are more resistant. Those resistant to the antibiotic Meticillin are termed Meticillin-resistant *Staphylococcus aureus* (MRSA) and often require different types of antibiotic to treat them. Those that are sensitive to Meticillin are termed Meticillin-sensitive *Staphylococcus aureus* (MSSA). MRSA and MSSA only differ in their degree of antibiotic resistance: other than that there is no real difference between them.
PVL  Panton-Valentine Leukocidin

Panton-Valentine Leukocidin producing strains of MRSA and MSSA are now encountered locally and are managed in conjunction with the HPA and Community Infection Prevention & Control Nursing Team (CIPCNs)

http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1267551719486

It is important to realise that as is the case with other strains of Staphylococcus aureus, MRSA may be carried on the body without causing infection and may be associated with colonisation rather than infection of wounds, for example leg ulcers and pressure sores.

ESBL  Extended-Spectrum Beta-Lactamase

Extended-spectrum Beta-lactamase (ESBLs) are enzymes that can be produced by bacteria making them resistant to cephalosporins e.g. cefuroxime, cefotaxime and ceftazidime - which are the most widely used antibiotics in many hospitals.

During the 1990s ESBLs were mostly found in *Klebsiella* species, mostly in hospitals and often in intensive care units treating the most vulnerable patients. However, a new class of ESBL (called CTX-M enzymes) has since emerged which is widely detected among *Escherichia coli* (*E. coli*) bacteria. These ESBL-producing *E. coli* are able to resist penicillins and cephalosporins and are found most often in urinary tract infections. They are found in the community as well as in hospitals, but patients with 'community acquired' infections may have had previous contact with hospitals.

MDRO  Multi drug resistant organism (including ESBLs)

Other bacteria resistant to antibiotics.

The identification of a multi drug resistant (MDRO) Pseudomonas outbreak within our Critical Care Department during 2011 and subsequently one of the surgical wards has alerted the Infection Prevention & Control team to take prompt action whenever a multi drug resistant organism is identified. Escalation plans are now in place for whenever one case is identified.

**6 Management of patients colonised and/or infected with MRSA/MDRO**

Always follow MRSA Care Management document. (Appendix 1).

**6.1 Risk assessment**

A general infection risk assessment is a requirement for all patients admitted to the Trust. Refer to Trust Risk Assessment Booklet to be completed for each patient on admission and thereafter weekly (Appendix 2). This will assist staff in the best placement of patients suspected or known to have an infection. The status of a patient should be reviewed frequently especially if their condition changes. Infection risk assessment should be completed weekly and MRSA screens repeated if the patient has identified infection risk factors.

Pressure ulcers are now recognised as a local and national contributing risk factor to MRSA Bacteraemia and as such must be screened from nose and throat for MRSA and other infections on recognition and when clinically indicated i.e. when blood cultures are taken an infection screen should be completed also. See IC 27 Blood Culture Policy
6.2 MRSA and MDRO screening

The Department of Health has issued guidance for the screening of elective and emergency patients - MRSA Screening Operational Guidance 3 Department of Health Gateway reference number 13482 31st March 2010.

ALL elective and emergency adult patients who meet the Department of Health criteria must be screened for MRSA from their nose & throat or nose & perineum/groin depending on the type of procedure planned (please refer to Appendix 15 Guide for Elective patients) and any wounds or devices including CSU and sputum if expectorating within first 24 hours of their admission or within 3 months of their elective procedure.

Weekly MRSA screens should be completed for all patients who have had a positive MRSA screen during their present admission whether they remain positive or have become negative.

MRSA screens should also be taken for those patients who have infection risk factors identified on their weekly infection risk assessment tool. Any patient transferred to another ward or hospital should also be screened for MRSA.

Paediatric, Maternity and Gynaecology patients should have MRSA screen performed if their pre/admission or emergency admission risk assessment indicates they have risk factors present. Please refer to Universal Screening Guide - Appendix 3 and MRSA risk assessment form Appendix 4

Currently all patients within our Critical Care Department will also be screened for MDRO pseudomonas carriage on admission, transfer/discharge and weekly. This will be monitored and discontinued if there are no further incidents of patients with MDRO pseudomonas isolated. The Trust liaises with the Health Protection Agency with regard to the management of multi-resistant organisms and screening programmes.

6.3 MRSA eradication/decolonisation treatment

A Known Infection/Colonisation (KIC) record must be generated for new cases of MRSA and updated for all subsequent positive MRSA results by the ward receiving the positive result. See Appendix 5. The record will be placed at the front of the patients’ current and any new sets of medical notes.

Following a positive MRSA screening swab result, commence the topical eradication/decolonisation treatment 8 day protocol as described in Appendix 6 & 7. Repeat MRSA screening swabs on day 8 of eradication protocol, i.e. following a 5 day course of decolonisation treatment plus two clear days, as per Appendices 6 & 7. If unsuccessful in eradicating MRSA after the second treatment discuss with a Microbiologist. Please note that sustained eradication is only achieved in 50 - 60% of patients.

Octenisan antibacterial body wash/shampoo is provided in trust bathroom facilities via a pump dispenser. Octenisan body wash is recommended for daily use as a bath or shower wash specifically for those patients with risk factors such as pressure damage, central lines, urine catheters. Please refer to Octenisan guide appendix 8 and Screening & Decolonisation matrix Appendix 6.
6.4 Patient Placement

Every effort must be made to place patients into a single room if they are admitted from another care facility or hospital until screening swab results are available; also if risk assessment shows the patient has an infection risk such as exuding wounds, productive cough or current or previous MRSA carriage.

Patients admitted from travel abroad must be placed in a side room until screening results are available, if it is safe to do so.

For patients either known or suspected of being positive for MRSA/MDRO, See patient placement guide Appendix 9 and Risk Tool Appendix 2.
When a patient is unable to be isolated ward staff must submit a Datix report.
In addition, MRSA screens on the other patients in the same bay as the MRSA patient must be obtained.

6.4 i Side Rooms with an Antechamber Facility

When MRSA/MDRO is present especially when the patient has a productive cough, urinary catheter and/or skin condition they are more likely to expose other patients and staff to infection. If an isolation cubicle is available it should be used. Staff and other personnel must enter and leave via the antechamber. The room pressure must be set at NEGATIVE. Doors must be kept closed. See Appendix 10 and refer to IC Isolation policy No.6.

6.4 ii Cohorting (Nursing together) Positive Patients

Occasionally, it may be appropriate to cohort, or nurse MRSA positive patients in a bay or 2-bedded ward. Discuss this with a member of the Infection Prevention & Control Team.

6.4 iii Vulnerable Non MRSA/MDRO Patients

If the infected patient is unable to cooperate with isolation consideration must be given to protect any vulnerable patients from infection. Patients particularly vulnerable to infection may be neutropenic, or be taking drugs which have an impact upon their ability to fight infection, such as some drugs used to treat arthritis or cancer. In this instance discuss putting the patient vulnerable to infection into the isolation room with an airlock and set at POSITIVE pressure, this is known as protective isolation. Always discuss this with a member of the IPCT.

6.4 iv Vulnerable MRSA/MDRO Positive Patients

Discuss vulnerable positive patients with a Consultant Microbiologist. Consider a negative pressure room if patient has an active infection.

6.4 v Previously Positive Patients

Following a negative result there is no guarantee that a previously positive patient will remain negative for an MRSA/MDRO. If a move from the side room or invasive treatment is under consideration advice should be sought from the Infection Prevention& Control Nurse or Consultant Microbiologist.

The patient should continue to be bathed using Octenisan for the duration of their hospital stay. MRSA screening swabs should be taken on a weekly basis until their discharge.
6.5 Medical Devices

Following discussion with the appropriate clinician, any unused devices should be removed to reduce the potential for infection. For long term urinary catheters discuss with the clinician and a Consultant Microbiologist, as change of catheter with appropriate antibiotic cover will be required according to Trust Antimicrobial Guidelines.

Aseptic non touch technique (ANTT) is essential for management of peripheral and central venous access device, surgical drains and urinary catheters, as well as a daily review of their ongoing need and prompt removal. ANTT competency based training is available within the trust cannulation and phlebotomy courses and Practice Development Sisters will support with additional training needs.

Always follow the manufacturers’ instructions for device use.

6.6 Cross Infection

A well person will not become ill with MRSA/MDRO but they can transiently carry bacteria especially on their hands. If they have a reservoir for infection e.g. an unhealed nasal lesion or skin condition they can become colonised with MRSA. Hand hygiene is the most important preventative measure for all healthcare associated infection reduction. Hands can be decontaminated using soap & water, alcohol gel if hands are visibly clean, or Chlorhexidine solution for aseptic procedures. See IPC 4 Hand Hygiene Policy No.4. Some patient conditions can spread infection more readily as the bacteria are able to transfer in droplets of sputum, skin scales, devices and from wounds and these patients must be given priority for single room allocation.

6.7 Linen and Waste Disposal

For patients suspected or known colonisation or infection with MRSA/MDRO, linen must be disposed immediately into a (Sunlight) red alginate skip bag in the side room or at bed space. See IC 10 Linen Service Policy No. 10. Gloves and apron should be worn when handling used linen. See IC 2 Personal Protective Equipment Policy No. 2

Linen must be changed every day after the patient has bathed, showered or had a full beside wash with Octenisan. The patient’s nightclothes/clothes must also be changed at this time. This is part of their decolonisation treatment to reduce the amount of MRSA/MDRO, carried on their skin.

Patients’ used linen for removal by relatives must be placed in a Patient Clothing Bag available through hospital Supplies, which are compatible with domestic washing machines. This enables patients’ visitors to take clothing home and put unopened into their washing machine. Place the Patient Clothing Bag in a white carrier bag for the relative to take home. It must be washed separate from other household laundry on the hottest setting permitted by the garment. An information leaflet is available on the Trust Infection Prevention and Control intranet page.

Waste must be disposed of as clinical waste according to trust policy and placed into an orange waste bag. This includes dressings from the patient and gloves and aprons used in the care of the patient. Non-clinical products such as newspapers used by the patient should be disposed of as household waste into a black waste bag. See IC 9 Infection Prevention and Control Waste Disposal and Re-cycling Policy.
6.8 Cleaning and Disinfection

All trust staff are responsible for maintaining a clean and safe patient environment with support from Domestic services, Modern Matrons and the IPCT. Patients and visitors play an important but lesser role. Equipment should be properly cleaned and disinfected after every patient use.

A hypochloride solution of 1000 parts per million, 0.1%, should be used once debris/dirt has been removed using detergent and water. A combined detergent and chlorine solution Chlorclean is currently used within the hospital. Alternatively, Universal wipes may be used to clean and decontaminate patient equipment after/between uses.

The thorough cleaning of patient equipment is the responsibility of nursing and housekeeping staff and should be initiated as soon after patient discharge as possible. Cleaning should take place at the point of use. See IPC Cleaning and Disinfection policy No. 15 for guide to requesting terminal cleaning by domestic services.

Environmental contamination from splashes from waste water at the hand wash sinks and build up of lime scale on the taps is a factor to be considered in cross infection.

Patient waste water should not be poured down hand wash sinks and ideally should be disposed within the sluice area or nearest toilet with seat raised. Any splashes need to be wiped with a Universal wipe immediately.

Hand wash sinks should have a minimum of clutter to ensure cleaning is maintained and call logged if any degradation of surfaces, splash backs or build up of limescale on taps.

A detailed best practice action programme has been devised by the trust Water Group against national recommendations for management of water systems. The group will report to the Disinfection and Sterilisation group (DAS) and Trust Infection Prevention and Control Committee.

When the patient is discharged or transferred, a full terminal enhance clean is necessary only for patients with an active MRSA/MDRO infection such as wound or chest infection.

6.9 Medical Equipment

Whenever possible dedicate medical equipment to the individual patient. Designated patient equipment such as dynamap equipment is available from the Medical Devices Library.

If this is not possible clean the equipment according to manufacturers’ recommendations after each episode of use or consider disposable/single use items. A disposable blood pressure cuff should be used for patients with MRSA or MDRO and is strongly recommended for patients who are positive and have a skin condition. If used the cuff must be kept with the patient for the duration of their hospital stay. These are available from Medical Devices Library or Supplies.

Do not forget to clean handheld equipment such as tympanic thermometers and stethoscopes. See IPC Cleaning and Disinfection policy No. 15.

6.10 Crockery and Cutlery

Crockery and cutlery should be washed as per all ward/department cutlery. Trays should be processed in the dishwasher.
6.11 Transferring a patient with MRSA/MDRO

When a patient requires treatment or investigation outside of their ward base, the ward **must** inform their colleagues of the patient’s infection/colonisation status. Once transferred, all equipment must be cleaned and decontaminated as per the IPC 15 Cleaning and Disinfection Policy No 15. Transferring staff **DO NOT** need to wear an apron and gloves when escorting the patient in corridors but they should be available to protect staff when hands on care are anticipated as per the Personal Protective Equipment Policy. The MRSA /MDRO status of a patient should not delay urgent treatment or investigation.

If the patient is known or suspected to have respiratory MDRO infection illness, such as TB, pandemic flu or ESBL in sputum, the patient must wear the appropriate face mask en route to their destination. Please refer to IPC Policy no. 2 Personal Protective Equipment and IPC Policy no. 20 Tuberculosis Control.

Whenever, a patient requires treatment in a specialist healthcare facility outside of the trust, any specific regimes to screen and treat for infection or colonisation should be conformed with and results communicated. Information should only be given to key receiving personnel in a confidential and sensitive manner.

6.12 Boarding Patients with MRSA/MDRO

Patients who are infected or colonised with MRSA/MDRO must not be boarded onto other wards. Where the MRSA/MDRO status of a patient is likely to be positive or results from their infection screening are unknown, they should only be boarded into a side room with comprehensive communication to the receiving ward and IPCT.

6.13 Discharge Home

MRSA/MDRO does not prevent patients who are clinically well from discharge to a nursing, residential or their own home. If difficulties are experienced please contact the IPCT for advice and support. If carers are to attend the patient in their own home they should be made aware of the MRSA/MDRO status during the discharge planning process as equipment may be in use which is to be taken to another patient and to facilitate safe waste disposal.

6.14 Screening Staff

Staff may be screened for infection following their medical questionnaire if Occupational Health risk assessment indicates it necessary. From previous MRSA screening experience within the trust, members of staff who persistently carry MRSA have usually had an underlying medical condition. The Department of Health do not advocate the universal screening of Trust employees. See Appendix 11 for guidance on staff screening.

Ward and departmental staff may be screened for MRSA when a rise in MRSA occurs within their ward or department or for high-risk areas such as SCBU or Critical Care when one case attributable to the trust is identified. This will be initiated by the IPCT and specimen requests generated by Occupational Health staff. See Appendix 11

Staff must be screened before commencing a period of duty, as they may become transiently colonised with MRSA during their shift.
6.15 **Antibiotic use**

Guidance for antimicrobial use in adults is summarised in the trust antibiotic audit matrix appendix 12.

A Microbiologist is always available on a 24-hour basis to discuss any clinical problems not covered in this appendix and give clarification on the clinical significance of results.

6.16 **Documentation**

It is vital that a documentation audit trail exists to ensure that the patient receives appropriate management for their condition. Documentation in the patient’s record must include:

i. The KIC record provides an overview of treatment progress and highlights the previous status of the patient if re-admitted. Appendix 5

ii. The completed Infection Risk Assessment within the admission risk assessment booklet. Appendix 2

iii. The MRSA Care Management Document Appendix 1 will incorporate documented evidence for:

- Dates and results of screening swabs.
- Evidence that MRSA decolonisation treatment has been initiated in a timely fashion and where necessary by using the PGD for Mupirocin 2% nasal treatment.

iv. Any additional precautions required additional to standard precautions i.e. facial protection when patients have a productive cough.

v. Verbal and written information provided to the patient and relatives/carers as appropriate.

vi. Evidence that a Patient Information leaflet has been supplied. The most current MRSA and MDRO patient information leaflets should be given to all positive MRSA or MDRO patients and are available from our trust intranet site [http://trust-web/departments/Infection_Control/index.html](http://trust-web/departments/Infection_Control/index.html) or a member of the Infection Prevention and Control Team (IPCT). Appendix 13

vii. Prior to transfer written evidence that any risks have been adequately communicated.
7 **Training**

7.1 At local induction, all staff should read the Infection Prevention & Control Policies and understand how to access policies via their ward or department.

7.2 All staff must adhere to standard precautions at all times. See IC3 Standard Precautions Policy No. 3.

7.3 Clinical staff must understand the importance of risk assessment for infection potential amongst their patient population and receive instruction at induction regarding ongoing risk assessment.

7.4 Staff in clinical areas must read the MRSA leaflet See Appendix 13. Copies may be downloaded from the trust intranet Infection Prevention and Control page. [http://trust-web/departments/Infection_Control/index.html](http://trust-web/departments/Infection_Control/index.html).

7.5 At Corporate induction, staff are made aware of the Epic principles and their responsibilities within the Health Act 2008 Code of Practice and the role of the Infection Prevention & Control Team.

7.6 All staff must attend an annual mandatory training session for infection prevention and control.

7.7 All staff will have infection prevention and control discussed as part of their CONTACT or appraisal process as required by The Health Act 2008 Part 2 Code of Practice. This will include ANTT if appropriate to their role.

7.8 Additional Infection Prevention & Control half day training courses Foundation, Intermediate and Advanced level are available through OD & Training.

8 **Equality and diversity**

This policy applies to all staff and patients regardless of age, disability, gender, race, ethnicity, religion/belief or sexual orientation.

9 **Monitoring compliance with the policy**

9.1 Saving Lives: reducing infection, delivering clean and safe care (DoH June 2007) and the Health Act 2006 and Code of Practice for Prevention and Control of Healthcare Associated Infections (DoH 2006, updated in 2008) set down the legal requirements for acute hospitals and other care providers to ensure that “effective prevention and control of HCAI has to be embedded into everyday practice and applied consistently to everyone”.

The Trust will be inspected on an annual unannounced basis by the Care Quality Commission against the Hygiene Code.

9.2 Currently, the 5 Clinical Performance Indicators (WQM) and Domestic Maximiser cleanliness audit tool, in conjunction with monthly statistical information for MRSA bacteraemia and Clostridium difficile rates, inform Divisions as to their success in minimising preventable healthcare associated infections.
9.3 Divisions where MRSA rates are higher than predicted should use the documentation indicators, the KIC record and Risk assessment for infection from the patients record to measure their compliance with this policy.

9.4 The Divisional reports which are presented to the Infection Prevention & Control Committee (which is currently by exception and under review) should document each division’s commitment to infection prevention and control.

This report should outline the IPC activity and initiatives for the period for their Division and may include: nominated leads & representatives for IPC; forums where IPC is formally discussed within the Division; number of staff who have attended IPC education & training – medical, nursing, AHP, other; in-patient areas should specify the number of new cases MRSA, MRSA bacteraemia, MSSA bacteraemia, Clostridium difficile & GDH positive patients, known surgical site infections, TB patients, needlestick injuries, specify type and number affected during any outbreak events; outline of initiatives undertaken including changes in practice and actions following relevant situations.

9.5 The IPCT currently measures compliance for placement of MRSA patients into isolation facilities on an individual patient follow up and weekly point prevalence basis.

9.6 Infection Prevention & Control team correlate information on a weekly basis on MRSA screening compliance for all elective and emergency admissions which is reported at weekly IPC Surveillance meeting and to monthly South of Tyne & Wear PCT HCAI Group meetings.

9.7 Blood culture contamination rates are audited as part of the routine follow up of all blood culture isolates and discussed at weekly IPC Surveillance meetings. The national expectation is a rate of 3% or less. Please refer to Blood Culture policy IC 27.

9.8 Timely root cause analysis is performed within a week for all MRSA bacteraemia cases and all trust acquired Clostridium difficile cases and MSSA bacteraemias. These are reported at Divisional safe care meetings and Infection Prevention & Control Committee bi-monthly meetings. In addition, root cause analysis meetings will be arranged when MDRO outbreak situations arise. Please refer to Appendix 14 for RCA flow chart.

9.9 All current in-patient positive catheter specimens of urine (CSU), including MDROs, are followed up by surveillance IPCNs. Compliance and exceptions to catheter care management are reported to Ward managers and Matrons. The symptomatic catheter acquired urinary tract infections (CAUTI) CSU specimens are reported back at weekly IPC surveillance meetings and to the IPC committee.
### 9.10 Standard/process/issue Monitoring and audit

<table>
<thead>
<tr>
<th>Standard/process/issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward Quality Measure Audits</td>
<td>Dashboard submission of weekly audits</td>
<td>Ward Manager designated Nurse</td>
<td>IPC Committee</td>
<td>Bi-monthly</td>
<td></td>
</tr>
<tr>
<td>Domestic Maximiser cleanliness audit tool</td>
<td>Hand held device</td>
<td>Domestic Supervisor</td>
<td>IPC Committee DAS meeting</td>
<td>Bi-monthly</td>
<td></td>
</tr>
<tr>
<td>Divisional exception report for each divisions commitment to infection prevention and control</td>
<td>Divisional safe care report</td>
<td>Matron</td>
<td>IPC Committee</td>
<td>Bi-monthly</td>
<td></td>
</tr>
<tr>
<td>Blood culture contamination rates</td>
<td>IPCN Monitoring</td>
<td>IPCN routine follow up</td>
<td>IPC surveillance meetings</td>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>IPC Committee</td>
<td>Bi-monthly</td>
<td></td>
</tr>
<tr>
<td>Root Cause Analysis for trust acquired C difficile and MRSA/MSSA bacteraemia</td>
<td>MDT RCA investigation meeting</td>
<td>Matron/Clinical led with IPCT support</td>
<td>IPC Committee Divisional safe care meetings</td>
<td>Bi-monthly</td>
<td></td>
</tr>
<tr>
<td>MRSA admission MRSA screening compliance</td>
<td>Data reports</td>
<td>IPCN MRSA lead with IPCT Admin Support</td>
<td>IPC surveillance meetings IPCC Committee SoTW PCT Practice &amp; performance HCAI meetings</td>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bi-monthly</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
</tbody>
</table>

### 9.11 MRSA Bacteraemia Surveillance

MRSA Bacteraemia statistics are reported via the Department of Health, Health Protection Agency web page. [www.hpa.org.uk](http://www.hpa.org.uk)

The appropriate clinical team with support from IPCT, investigates MRSA bacteraemia attributed to the organisation by Root Cause Analysis (RCA) using the trust RCA tool. (See Infection Control Web page or IPCT staff for latest version).

When RCA indicates there are factors for community investigation the IPCT will liaise with Infection Prevention & Control Teams in the relevant Primary Care Trust.
The trust take every infection attributed to the organisation very seriously and the lead clinician should also complete the Datix system for each incident. Bacteraemia RCA flow chart Appendix 14

Many vulnerable patients receive frequent primary and secondary care input. Our root cause analysis to date demonstrates that patients with diabetes, pressure damage, devices such as IV cannula and co-morbidities are most vulnerable to develop MRSA bacteraemia. This is consistent with national risk factors. Readers of this policy may find the web page for the Department of Health Clean-Safe-Care informative in supporting both national and local initiatives undertaken within Gateshead to prevent MRSA bacteraemia. Deaths attributed to MRSA, MDRO or any other health care acquired infection including bacteraemia, where it is stated on part 1 of the death certificate, must be reported and investigated as Serious Untoward Incidents. See Trust Risk Management Policy No 4, Incident Reporting and Investigation Policy (includes Serious Untoward Incident Policy). The presence of the Known Infection Colonisation (KIC) record, and Infection risk assessment tool must form part of any health record audit associated with morbidity and mortality.

9.12 Information Technology

The patient surveillance ACME ipc system, ICE and Clinisys laboratory systems are under current development to ensure effective patient management.

The PAS connection to the ACME ipc system will further aid in cross infection management.

The antimicrobial leads are currently investigating a system for real time antimicrobial monitoring.

9.13 Typing MRSA/MDRO strains

Where cross infection is suspected between patients, the IPCT may initiate external laboratory tests to ascertain if the same organism is involved i.e. there is a breakdown in infection prevention and control within the trust. Both staff practice and/or lack of patient cooperation can be a factor in cases where cross infection is suspected. The Medical Microbiologist may also initiate additional testing if unusual/new antimicrobial susceptibility patterns are detected e.g. Mupirocin resistant MRSA.

9.14 Collaboration with External Agencies

The IPCT work closely with colleagues in the Primary Care Trust (PCT) and Health Protection Agency to explore ways of capturing information useful to prevent and identify community based infection. Some strains of MRSA for example are spread from within the community. Healthcare staff working in the PCT should follow the community MRSA policy unless they are using an acute trust facility when this policy must be adhered to at all times.

Health Protection Agency will be contacted for support for all MDRO outbreak incidents.
10 Consultation and review

Members of Infection Prevention and Control Team (IPCT) and Infection Prevention and Control Committee (IPCC)

11 Implementation of policy (including raising awareness)

All members of staff will be informed via email and individual team meetings when updated version available on intranet.

Infection Prevention & Control Link group to cascade updates for the MRSA/MDRO management and monitor compliance.

12 References


MRSA Screening Operational Guidance 3 Department of Health Gateway reference number 13482 31st March 2010.

Saving Lives: reducing infection, delivering clean and safe care (DoH June 2007)


13 Associated documentation

Access to Trust policies for Infection Prevention & Control can be found on the trust intranet home page.

http://pandora/docs/policies/DOCUMENTS%20POLICIES/Forms/Infection%20Control.aspx
Gateshead Health NHS Foundation Trust

MRSA Care Management Document for patients colonised or infected with Meticillin Resistant Staphylococcus aureus

Patient name:
Ward:
Unit no:
NHS no:
Or identification label placed here

Adult Screening:
I. All adult elective and emergency patients require MRSA screening swabs prior to or on admission and when transferred to another ward or hospital. Except Obstetrics who should complete the MRSA risk assessment form and swab if any risk factors are identified at the week appointment or swab on admission if a pre-33 week delivery or an emergency or elective Caesarean section.
II. All Critical Care patients require MRSA screening swabs on admission, discharge and weekly and daily Octenised body wash commenced continuously regardless of MRSA status.
III. MRSA screening swabs consist of a nose (one swab both nostrils) and throat, only gynae oncology/obstetrics patients and those with groin wounds/anal or hip pressure damage require a perineum swab. Swabs should be taken from any other wounds (including pressure damage, excoration, oozing, and psoriasis), sputum if expectorating, urine from catheter.
IV. If any patient refuses to have MRSA screening swabs the reason must be documented in the notes. An information leaflet should be offered and a visit from the Infection Prevention & Control Team if appropriate.
V. It is the responsibility of clinical team taking the swabs to check for the result, initiate decolonisation treatment and implement the MRSA Care Management Document protocol.

Paediatric and SCBU Screening:
I. Paediatrics should complete MRSA risk assessment form and swab if any risk factors identified.
II. SCBU babies require MRSA swabs from nose, umbilicus and rectum on admission, discharge and weekly.

Patient Placement: Follow the MRSA Patient Accommodation Guide in Isolation Policy IPC no. 6
I. MRSA colonised or infected patients should be isolated in a single room or cohorted in a 2-bedder or in a bay with other MRSA patients. Ensure STOP sign is on the cubicle door and door remains closed if safe to do so.
II. If unable to isolate or cohort, review the other patients in cubicles to transfer into a bay if possible. Inform the Bed Manager or Duty Matron to find a cubicle elsewhere. Complete a data form and contact Infection Prevention & Control Nurse on ext 3161/ bleep 2057.

Decolonisation Treatment: MRSA Patient Information leaflet available on Trust Intranet
I. Octenised body wash/shampoo once a day for five days and wash hair at least on alternate days. Ensure clean wash cloth is used and clean clothing is worn afterwards and change bed linen daily.
II. Bactroban (Mupirocin 2%) nasal ointment apply a small matchstick tip size to both nostrils and squeeze together, three times a day for five days. To ensure decolonisation treatment is started straight away implement Bactroban POD.
III. If throat swabs are positive for MRSA or the patient has a poor oral hygiene score, start Corsodyl mouth wash four times a day. If unable to swallow Corsodyl mouth spray can be ordered from pharmacy.
IV. If patient has an active MRSA infection discuss the appropriate antibiotic treatment with Microbiologist and ensure stop date and IV to oral switch is documented and initiated.

Please note after two courses of Bactroban decolonisation treatment should be discontinued due to risk of resistance. Octenised and Corsodyl may be continued indefinitely if necessary.
**Record of MRSA Swabs** to be completed on admission and transfer:

<table>
<thead>
<tr>
<th>Date swabs taken</th>
<th>Swab sites (please state)</th>
<th>Results (please state positive or negative)</th>
<th>Patient isolated (Y/N)</th>
<th>Datix completed if unable to isolate (Y/N)</th>
<th>Decolonisation treatment prescribed (Y/N)</th>
<th>KIC Record front of notes (Y/N)</th>
<th>Signature / Print name</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Week 1 Decolonisation Treatment**

<table>
<thead>
<tr>
<th>Date commenced:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please sign and date in the appropriate box each day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6 Re-swab</th>
<th>Results</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

- Oxetirin body wash/shampoo daily
- Bactroban nasal ointment three times a day
- Corsodyl mouthwash/spray four times a day only if indicated
- Hand Hygiene, Protective clothing, Cleaning & Disinfection compliance

**Week 2 Decolonisation Treatment**

<table>
<thead>
<tr>
<th>Date commenced:</th>
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<tbody>
<tr>
<td>Please sign and date in the appropriate box each day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6 Re-swab</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

- Oxetirin body wash/shampoo daily
- Bactroban nasal ointment three times a day
- Corsodyl mouthwash/spray four times a day only if indicated
- Hand Hygiene, Protective clothing, Cleaning & Disinfection
Appendix 2

Infection Risk Assessment and Isolation Guide

- Risk factors for infection should be identified at initial admission assessment and managed appropriately within the patient’s plan of care. Repeated thereafter weekly or as condition changes or on transfer to another ward.
- **All** patients should be offered daily Octenisan body wash & shampoo to minimise cross infection.
- The KIC (Known Infection Colonisation) Record placed at the front of the medical notes is completed for any previously known MRSA, Clostridium difficile/ GDH, TB, Blood borne viruses, e coli & MSSA bloodstream or any significant infection or multi-resistant organism cases and will assist with your patient management and bed allocation.
- **All** adult patients, Critical Care Department patients including SCBU, require MRSA screening of nose and throat plus any other wounds, sputum if expectorating and indwelling devices on admission to hospital, transfer to another ward or if condition changes.
- Any elective surgical or medical admissions should be checked for their pre-assessment screening results and if they have had no pre-operative screen completed it should be taken on admission to hospital.

<table>
<thead>
<tr>
<th>Infection Risk factors: (please tick and date all that apply)</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current or previous MRSA infection/ colonisation</td>
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<tr>
<td>Dry Skin condition</td>
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<tr>
<td>Wounds/ leg ulcers/pressure damage</td>
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<tr>
<td>*Take a swab as part of admission or transfer MRSA screen</td>
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<tr>
<td>Devices in situ, including urinary catheter, central venous access device, peg tube, drain, tracheostomy</td>
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<tr>
<td>*Take a specimen as appropriate as part of admission or transfer MRSA screen</td>
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<tr>
<td>Immunosuppression</td>
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<tr>
<td>Frequent hospital or healthcare admissions/interventions</td>
<td></td>
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<tr>
<td>Nursing/Residential /Institution resident eg. prison or armed forces</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer from another hospital</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Healthcare worker</td>
<td></td>
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<tr>
<td>Recent foreign travel</td>
<td></td>
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<tr>
<td>Unexplained diarrhoea – ensure that a Stool chart is completed, laxatives are discontinued and a stool specimen is obtained</td>
<td></td>
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<tr>
<td>No risks identified</td>
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</tbody>
</table>

All healthcare workers should follow infection prevention & control practices in adherence with Trust policies and procedures at all times. Infection Prevention & Control Policies and Care Standards are available for reference on Trust Intranet.
<table>
<thead>
<tr>
<th>Condition / key</th>
<th>High Risk – priority isolation</th>
<th>Moderate Risk – isolation necessary, consider at earliest opportunity</th>
<th>Minimal Risk – may remain in main ward area</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEC = terminal enhance clean including curtain change</td>
<td>Must be in a cubicle</td>
<td>Could be moved in to main ward, only if essential but maintain standard precautions</td>
<td>May be moved out of cubicle on to main ward area</td>
</tr>
<tr>
<td>MRSA or MSSA (for further info refer to MRSA policy)</td>
<td>If infected or colonised (a carrier of MRSA/MSSA bacteria but no active infection) with open wounds, pressure damage and/or devices (cannula, catheter etc). To start decolonisation treatment. TEC required</td>
<td>Once decolonisation treatment has commenced. If patient does not have open wounds or skin conditions and is not coughing or having aerosol generated treatment. Must not be placed next to/adjacent to patients with open wounds, SRC or skin conditions. Nursing Home, Residential Home or other institution resident or transfer from another hospital. Routine clean with Chlorclean</td>
<td>Negative swabs post decolonisation obtained, from all potential sites including pressure damage and CSU. When room vacated, TEC required if patient had expectorating cough or active wound infection. Otherwise routine clean with Chlorclean</td>
</tr>
<tr>
<td>Patient with confirmed or suspected infectious diarrhoea. (Clostridium Difficile, GDH +ve, salmonella, campylobacter or norovirus) (for further info refer to C.diff and Outbreak polices)</td>
<td>Clostridium difficile toxin positive or GDH positive, with type 5-7 stools. Patient with diarrhoea and/or vomiting. Stools 5-7 on Bristol stool chart. TEC required when 72 hours clear of type 5-7 stools</td>
<td>After 2 treatments, 1 week apart. Norwegian scabies may need longer as 2 treatments may not be enough. Establish MRSA status. Routine clean with Chlorclean</td>
<td>Clostridium difficile - 72 hours clear of symptoms and patient well. Norovirus - if 48 hours clear of symptoms. TEC required if patients once 48 hours clear of symptoms. Routine clean with Chlorclean</td>
</tr>
<tr>
<td>Scabies (classical or Norwegian) (for further info refer to Scabies policy)</td>
<td>If patient suspected of having scabies, whilst undergoing treatment. Consider MRSA status TEC required for Norwegian scabies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Lice Once treatment given patient is not infectious. A cubicle may be preferred for privacy &amp; dignity.</td>
<td></td>
<td>For both classical and Norwegian, post treatment and with clear skin. Routine clean with Chlorclean</td>
<td></td>
</tr>
<tr>
<td>Meningitis (for further info refer to Meningitis policy)</td>
<td>Patient with suspected meningitis. Routine clean with Chlorclean</td>
<td>If meningitis confirmed as bacterial to stay in cubicle. If viral may move out of cubicle if patient well. Routine clean with Chlorclean</td>
<td>May come out of cubicle when asymptomatic and course of antibiotics complete. Routine clean with Chlorclean</td>
</tr>
<tr>
<td>Suspected or known respiratory tuberculosis (for further info refer to TB policy)</td>
<td>Any patient who has suspected or known tuberculosis. TEC with 5,000ppm HAZ tabs</td>
<td>May move out of cubicle, after 2 weeks of antibiotic treatment and with the clinician’s agreement. Cubicle must be TEC with 5,000ppm HAZ tabs Routine clean with Chlorclean</td>
<td>Non respiratory TB cases do not require isolation</td>
</tr>
<tr>
<td>Suspected or known shingles (for further info please refer to antimicrobial guidelines for shingles)</td>
<td>Any patient who has suspected or known shingles. Consider MRSA status. Routine clean with Chlorclean</td>
<td></td>
<td>May move out of cubicle after 5 days of treatment and rash has dried up. Routine clean with Chlorclean</td>
</tr>
<tr>
<td>Other infective conditions</td>
<td>Pandemic flu Measles, mumps Routine clean with Chlorclean</td>
<td>Recent foreign travel with signs of infection. Pyrexia of unknown origin. Unknown cause of jaundice with other infection markers. Routine clean with Chlorclean</td>
<td>May move out of cubicle when free of symptoms or established cause. When room vacated routine clean with Chlorclean</td>
</tr>
</tbody>
</table>

Appendix 3

Universal MRSA Screening Criteria

Following the introduction of MRSA screening for all elective patients by the end of March 2009, there is a commitment in the 2010/2011 Operating Framework to introduce screening of relevant emergency admissions for MRSA by December 2010.

All elective admissions should be routinely MRSA screened on admission or pre-admission with the following exceptions:

- Day case Ophthalmology
- Day case Dental
- Day case Endoscopy
- Minor dermatology procedures e.g. warts or other liquid nitrogen applications
- Minor procedures such as arthroscopies, joint injections, minor hand surgery such as carpel tunnel decompression
- Lumbar puncture procedures and attendances for clinical immunology
- Radiological patients
- Children/paediatrics unless in a high risk group (identify using infection risk assessment tool)
- Maternity/obstetrics except for elective caesareans and any high risk cases, ie. high risk of complications in the mother and/or potential complications in the baby (likely to need SCBU, NICU because of size or known complications or risk factors) or infection risks identified on infection risk assessment tool.
- Admissions for respite care or pain management therapy
- Mental Health patients unless known infection risks eg. IV drug users, self harm, chronic wounds, indwelling devices

All emergency admissions should be MRSA screened on admission regardless of the route of admission with the following exceptions:

- Attendances at A&E departments
- Children/paediatric emergency admissions should be risk assessed and MRSA screened if fulfil risk factor criteria
- Mental Health emergency admissions unless known infection risks eg. IV drug users, self harm, chronic wounds, indwelling devices
- Maternity/obstetrics unless high risk of complications in the mother and/or potential complications in the baby (likely to need SCBU, NICU because of size or known complications or risk factors) or infection risks identified on infection risk assessment tool.

References:
MRSA screening – Operational Guidance 3 DH gateway ref no. 13482 March 2010
MRSA screening – Operational Guidance DH gateway ref no. 10324 July 2008
Appendix 4

FOR PATIENTS WHO DO NOT MEET DEPARTMENT OF HEALTH UNIVERSAL SCREENING CRITERIA

Admission and Pre-assessment  Infection Risk Assessment

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Date of Birth</th>
<th>Unit number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician</td>
<td>Ward/Dept</td>
<td>Date</td>
</tr>
</tbody>
</table>

Please file the top section of this form in the patient’s notes. The information below helps to:
- Identify patients who are, or who may be, colonised with MRSA (i.e. unknowingly carrying MRSA)
- Place the patient in the most appropriate accommodation
- Reduce the risk of infection for vulnerable patient groups

Has the patient:

1. Had MRSA in the past? _ _ _
2. In contact with a known or suspected case of MRSA? _ _ _
3. Transferred from another department/ward/hospital or healthcare settings? _ _ _
4. Recent (within previous 6 months) patient in this or another hospital/healthcare setting? _ _ _
5. A regular visitor to this or other hospital or healthcare setting? _ _ _
6. Has the patient recently developed a productive cough? _ _ _
7. Does the patient have an open wound; recurrent/non-healing skin condition or medical device in situ? (Excluding an intravenous cannula inserted within 72hrs and a Visual Infusion Phlebitis Score of 0 - 1) _ _ _
8. Is the patient a health care worker? _ _ _

If YES to any of the above questions, take swabs* from the following sites and send to pathology using ICE request system to request each swan separately.

1) Nose  *(Anterior nares; Use one swab for both nostrils)*
2) Throat
3) Only include Perineum for procedures affecting groin, hip or perineum eg. Obs & Gynae/Gynae oncology, vascular, colorectal, femoral/inguinal hernia repair, varicose veins*
4) Swab from wound/skin lesion or medical device - **State wound site and give clinical details**
5) Sputum if coughing and expectorating

Date, Designation, Print and Sign Name on completion of form and file in patient notes:

MRSA Policy v4.1
### Known Infection / Colonisation (KIC) Record – RECORD EACH EPISODE

**Please attach patient label or if not available please enter the following details**

- **Name:**
- **Hospital No.:**
- **D.O.B.:**
- **Ward/Dept.:**
- **Date:**
- **NHS No.:**

---

This form is designed as an alert to this patient's current infection/colonisation status. Knowledge of previous and current infection/colonisation will ensure the patient will be managed appropriately and relevant precautions are taken to reduce the spread of potential infection as soon as the patient is admitted to the hospital.

It is the responsibility of the person who receives the patient's positive result to update this form as soon as possible and for a new case to initially put the form in the notes.

**Infection risks include:** Clostridium difficile (C diff), Methicillin Resistant Staphylococcus Aureus (MRSA), Tuberculosis (TB), Blood Borne Virus (BBV)

All relevant Infection Prevention and Control Policies can be found on the Trust Intranet: http://www/facilities/trust_documents/infection.html

---

**Date:**

**Ward/Department:**

- **Clostridium difficile**
- **MRSA**
- **TB**
- **BV**
- **Other:**

**Infection Control Precautions (please tick)**

- **Standard**
- **Respiratory**
- **Sideroom Yes No Not available**
- **Colonised Yes No**
- **Decolonisation Treatment Yes No**

**Date 1st decol.:**

**Date 2nd decol.:**

- **Infected Yes No**
- **Antibiotic Treatment Yes No**

**Person completing this section: PRINT NAME:**

**Date:**

**Signature:**

---

**Date:**

**Ward/Department:**

- **Clostridium difficile**
- **MRSA**
- **TB**
- **BV**
- **Other:**

**Infection Control Precautions (please tick)**

- **Standard**
- **Respiratory**
- **Sideroom Yes No Not available**
- **Colonised Yes No**
- **Decolonisation Treatment Yes No**

**Date 1st decol.:**

**Date 2nd decol.:**

- **Infected Yes No**
- **Antibiotic Treatment Yes No**

**Person completing this section: PRINT NAME:**

**Date:**

**Signature:**

---

**VA09.07**

**LP07108**
Appendix 6

Screening and decolonisation Matrix for Meticillin Resistant Staphylococcus Aureus

NHS Operational Framework 2010-2011 states ALL adult patients admitted to hospital require MRSA screening swabs. Exceptions to this are paediatrics, obstetrics and mental health patient groups. These patients should be screened following weekly risk assessment when any infection risk factors present. MRSA screening swabs include nose and throat swabs. Additionally, perineal swabs should be taken for patients with specific infection risk factors such as Gynaecological and Obstetric patients, vascular procedures including angiogram/plasty, varicose veins, colo-rectal surgery, inguinal and femoral hernia repair, orthopaedic hip surgery and those with sacral/hip pressure damage or groin wounds.

MRSA screening should take place either at pre-assessment clinic for elective patients, on admission for emergency admissions and when transferred to another ward.

Patients who have been MRSA positive during their current admission should have weekly MRSA screens until their discharge whether they remain positive or not.

<table>
<thead>
<tr>
<th>Speciality/Group</th>
<th>Screen on admission and transfer to other ward</th>
<th>Decolonisation therapy &amp; General Management</th>
</tr>
</thead>
</table>
| Critical Care    | All                                           | 1. Screen all patients on admission then commence daily Octenisan body wash continuously.  
2. If screen result is MRSA positive complete one decolonisation cycle of 5 days treatment and repeat screening on the 8th day  
3. If Negative continue daily Octenisan washes and perform MRSA screen routinely on a weekly basis and on discharge/transfer  
4. If repeat screen is positive repeat 2nd cycle of decolonisation treatment and then screen again on 8th day  
5. If still positive discuss with Clinician and Consultant Microbiologist. |
| Care facility residents | All                                           | Commence Octenisan body wash daily from admission.  
Place in a side room on admission if condition allows, use the infection risk assessment tool to assist in best management of the patient.  
If negative from MRSA screen and condition allows may move out of side room and continue Octenisan body wash especially if other infection risk factors are present.  
If positive follow general management guidance 2, 4 and 5 as for Critical Care regime above. |
| Admissions from other health facility/abroad | All                                           | If condition allows always place into a side room until negative from admission MRSA screen. Otherwise use adult infection risk assessment tool to assist in best management of the patient.  
If positive follow general management guidance 2, 4 and 5 as for Critical Care. |
| Orthopaedics     | All at pre-assessment  
All on emergency admission  
All major joint surgery patients | ➤ Follow Trust MRSA policy and use adult infection risk assessment tool  
➤ Bottle of Octenisan body wash to be given at pre-assessment clinic to commence 5 days prior to admission  
➤ Pre-admission if positive pre-assessment clinic staff to initiate decolonisation treatment pre-admission  
➤ If negative but a known MRSA patient discuss with Consultant Microbiologist and Clinician.  
➤ Emergency admissions if positive follow general management guidance 2, 4 and 5 as for Critical Care. |

NB all major joint surgery patients require decolonisation therapy irrespective of MRSA status.
| Other surgery/procedures | All at pre admission  
All on emergency admission | ✤ Bottle of Octenisan body wash to be given at pre-assessment clinic to commence 5 days prior to admission  
✤ Pre-admission if positive pre-assessment clinic staff to initiate decolonisation treatment pre-admission as per general management guidance 2, 4 and 5 above.  
✤ If negative but a known MRSA patient discuss with Consultant Microbiologist and Clinician.  
✤ Emergency admissions if positive follow general management guidance 2, 4 and 5 as for Critical Care. |
|-------------------------|---------------------------------|---------------------------------------------------------------------------------|
| Oncology/chemotherapy patients | All who are to have procedures for vascular access  
All on admission as in-patient | ✤ Discuss any positive results with Oncologist/Haematologist and Medical Microbiologist.  
✤ All in-patients with central venous access devices (CVAD) start Octenisan body wash daily |
| All previously MRSA positive adult patients  
(paediatrics see below) | All | ✤ Follow Trust MRSA policy and infection risk assessment tool. Isolate in a side room where possible use Patient Placement tool.  
✤ If negative treat as MRSA positive but give less priority to side room placement than currently positive patient. For high risk surgery decolonisation treatment may be appropriate. Discuss with Consultant Microbiologist and Clinician.  
✤ If positive follow general management guidance 2, 4 and 5 as for Critical Care.  
✤ Complete or update Known Infection/Colonisation (KIC) record in medical notes. |
| Paediatrics | Screen if indicated following infection risk assessment tool | ✤ On admission screen all children less than 6 months.  
✤ Ensure that all admissions directly from another healthcare facility are screened on admission.  
✤ Otherwise use infection risk assessment tool and screen if indicated  
✤ Recognise that children with chronic conditions and known to be MRSA positive should only be re screened on admission and thereafter when clinically indicated.  
✤ Treat MRSA positive patients with the agreement of a Paediatrician and Medical Microbiologist. Use Critical Care regime and re screening protocol as above 2, 4 and 5. |
| Children under 10 years require nose and device/wound swabs | | |
| Children over 10 years require nose, throat and device/wounds | | |
| SCBU  
(Nasal, rectal & umbilical swabs) | All | ✤ Discuss positive results with Consultant Microbiologist and Paediatrician. Use Critical Care regime and re screening protocol as above 2, 4 and 5.  
✤ Put babies from external Trusts into a side room until negative from screen. NB Known previously positive babies must remain in a side room.  
✤ Screen on a weekly basis until discharge /transfer screen from SCBU.  
✤ Readmission of known MRSA positive babies – re screen on admission and place in side room.  
✤ Pre-term (34 weeks) mothers should also be risk assessed & screened for MRSA on admission - nose, throat and perineum should be swabbed. |
| Obstetrics | Specifically as indicated following infection risk assessment tool | On 34 week ante-natal clinic appointment use risk assessment tool and screen if appropriate or on admission if emergency pre-34 week delivery  
All C sections should be screened  
Ensure that all admissions directly from another healthcare facility are screened on admission.  
Positive swab results – arrange decol treatment in community pre-admission.  
If in-patient - Use Critical Care regime and re screening protocol as above 2, 4 and 5. |
|---|---|---|
| | Patients with grade 2 and above pressure damage | All | Perform MRSA screen on admission and swab any wounds/pressure damage for MRSA and C&S  
Commence Octenisan body wash daily until wounds are healed/duration of admission.  
Isolate patient if possible  
If admission MRSA screen is positive, follow Critical Care regime 2, 4 and 5 and isolate patient. |
| | Patients with devices in situ – Central Venous Access Device (CVAD), urine catheter, Peg tube, drain | All | Perform MRSA screen on admission, take swabs for MRSA and C&S if site looks infected  
Start Octenisan body wash daily whilst device in situ  
If admission swabs are positive, follow Critical care regime 2, 4 and 5 and isolate patient  
Perform MRSA screen prior to removal of central line |
| | Staff Screening in Occupational Health | Staff new into Trust  
Staff screening when infection outbreak on clinical area  
Self referral for wounds, skin and sift tissue infections | Staff to be screened following risk assessment of infection risk factors  
Positive screen result Occupational Health Nurses will inform member of staff and ask them to return to commence eradication therapy over 5 days, if colonised only may return to work following 1st full day of treatment  
If active infection i.e. wound/skin lesion not to return to work until course of antibiotics completed and infection cleared  
Staff to return to Occupational Health for repeat screening swabs on day 8 of protocol  
If remains positive to repeat 2nd course of eradication treatment for 5 days and return to Occupational Health for reswab on day 8  
Further positive swabs refer to Infection Prevention and Control team and Microbiologist for advice  
Negative swab results can return to work but may require Occupational Health follow up if infection/colonisation risk factors are identified |

Updated by EF/IPCT March 2012
Appendix 7

**MRSA Management and Topical Treatment Guide for Adults**

Treatment for children should be discussed with a Microbiologist on an individual basis. Refer to the Decolonisation/screening Matrix for SCBU and Paediatrics and for patient groups who require blanket treatment i.e. before MRSA screen result known.

**MRSA POSITIVE result**

**Action 1:**
- Inform patient of result
- Provide Information leaflet
- Complete full screen (if not already performed)
- Nose, throat and any wound and/or devices
- Commence topical treatment for 5 days

**Topical treatment regime**
- 2% Mupirocin (Bactroban) to each nostril 3 times a day for 5 days
- Corsodyl mouthwash/Spray 4 times a day (if throat positive)
- Octenisan bodywash/shampoo daily (shampoo alternate days)
- Octenisan bodywash maybe used continuously following patient assessment of infection risks
- Sign drug kardex and dedicate solutions to one patient only
- Discuss patients having chemotherapy or radiotherapy with Microbiologist as treatment maybe contraindicated

**Action 2:**
- Ensure 2 days free from treatment (day 6+7)
- Repeat full screen on day 8
- Nose, throat and any wound and/or devices

**MRSA POSITIVE result**

**MRSA screen negative**
- Inform patient of result

**REPEAT**
- Actions 1 and 2

If patient remains positive after second course of treatment discuss with Microbiologist

Updated March 2012 EF/IPCT

MRSA Policy v4.1
Appendix 8

Gateshead Health NHS
NHS Foundation Trust

Guidelines for Octenisan daily body wash

Following initial and ongoing patient assessment commence daily washes with Octenisan as part of the patient’s personal hygiene regime if they have any of the infection risk factors listed below.

(Octenisan can also be used as a shampoo on alternate days)

Using the criteria below indicate and date in patient’s care plan the rationale which applies A, B, C etc.

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Current or previous infection or colonised with MRSA/MSSA (Refer to KIC record at front of medical notes, lab records or ask the patient) Follow MRSA admission and transfer screening protocol</td>
</tr>
<tr>
<td>B</td>
<td>All pre-operative/pre-procedure patients</td>
</tr>
<tr>
<td>C</td>
<td>Wounds – acute surgical, chronic ulcers or sinuses, abscesses/boils, pressure damage grade 2 and above Follow MRSA admission and transfer screening protocol</td>
</tr>
<tr>
<td>D</td>
<td>Dry skin conditions such as cellulitis, eczema, psoriasis, very dry, flaky skin or fragile skin tears</td>
</tr>
<tr>
<td>E</td>
<td>Devices in situ such as central venous access device (CVAD also known as central line), urine catheter, peg tube, drain, tracheostomy</td>
</tr>
<tr>
<td>F</td>
<td>Any device site which is infected (red, swollen, sore, oozing) this will include peripheral IV sites Swab site for MRSA and C&amp;S</td>
</tr>
<tr>
<td>G</td>
<td>Signs of infection such as expectorating cough, urinary symptoms, high temperature Send swabs for MRSA and C&amp;S</td>
</tr>
<tr>
<td>H</td>
<td>Lives in a Nursing or Residential Home or other institution</td>
</tr>
<tr>
<td>I</td>
<td>Healthcare worker</td>
</tr>
<tr>
<td>J</td>
<td>Recent admission to a hospital/healthcare facility or when transferred from another hospital</td>
</tr>
</tbody>
</table>
Daily washing protocol with Octenisan® Antimicrobial Wash Lotion

This is a body wash and shampoo, specially developed to remove a broad range of bacteria including MRSA from your skin. Using the body wash as directed may help you from developing an infection during your stay in hospital.

If you require any help with washing please ask a member of staff.
Appendix 9

**Methicillin Resistant Staphylococcus Aureus (MRSA) and MDRO**

**Patient Accommodation Guide**

(Range 1= Preferred accommodation - 4= Only accommodation available)

*Always risk assess the patients physical and mental suitability for sideroom accommodation*

A Datix must be completed for all MRSA/MRO patients not accommodated in a sideroom or cohorted with like patients

---

**Colonised with MRSA***

(Colonised patients have MRSA but are not at present symptomatic of clinical signs & symptoms of infection)

1. Sideroom with gowning lobby/ante chamber
2. Sideroom
3. Bay with like patients
4. Bay with patients with no wounds, devices, skin conditions, planned surgery or immuno compromising condition.

---

**Infected with MRSA***

1. Sideroom with gowning lobby/ante chamber
2. Sideroom
3. Bay with like patients

---

*If unable to accommodate patient using flow chart, contact the Infection Prevention & Control team on Bleep 2057 or out of hours a Microbiologist via QEH switchboard

Datix report to be submitted and MRSA screen other patients within the same bay

EF/APRIL 12
Using a Negative Pressure Isolation Room
Gateshead Heath NHS Foundation Trust Infection Control Team July 2011

1. Keep doors closed
2. Only open immediate door to corridor when absolutely necessary
3. When possible, allocate equipment to single patient use otherwise ensure correct decontamination of equipment before re use
4. Enter gowning lobby/ante chamber door and close door immediately
5. Wash your hands
6. Put on relevant personal protective equipment i.e. apron and gloves
7. Open door from gowning lobby into patient room and close door immediately
8. Following patient care, open door from patient room into gowning lobby and close door immediately
9. Discard personal protective equipment into orange bin
10. Wash your hands
11. Exit gowning lobby into corridor and close door immediately

NB: The door from the main corridor into the gowning lobby and the door from the gowning lobby into the patient room should never be opened at the same time and should not remain open
## Staff Screening Matrix

<table>
<thead>
<tr>
<th>Staff screening scenario:</th>
<th>Screen Initiated by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New to Trust With a relevant medical condition</td>
<td>Occupational Heath and Safety department</td>
</tr>
<tr>
<td>New to Trust with no indication of increased risk from medical questionnaire</td>
<td>Do not screen</td>
</tr>
<tr>
<td>Working in Trust and developed medical/skin condition or non healing lesion</td>
<td>Individual or manager via Occupational Health</td>
</tr>
<tr>
<td>Working in an area where MRSA has increased or a suspected outbreak situation.</td>
<td>Infection Prevention and Control Team and then managed by Occupational Health.</td>
</tr>
<tr>
<td>PCT staff</td>
<td>As per Community MRSA policy</td>
</tr>
<tr>
<td>Staff who have a family member positive for MRSA</td>
<td>Individual following discussion with Occupational Health</td>
</tr>
<tr>
<td>Relatives of staff</td>
<td>Via their own GP</td>
</tr>
</tbody>
</table>

Occupational Health give the swab results to members of staff. Currently positive results are available at 48-72 hrs following submission of specimen. Decolonisation treatment should only be initiated by the Occupational Health Department or the persons GP, where any underlying medical conditions which may prevent MRSA clearance can be identified and treated.

### Procedure for Staff MRSA screen submission

1. List generated by Matron and Ward lead –must include full name, designation and D.O.B for each person to be screened
2. List emailed or taken to Occupational Health.
3. Occupational Health will enter all staff from the list onto the system.
4. Request forms will be printed off by Occupational Health, put into sealed individual envelopes and sent as a batch to the department.
5. Staff take their form and submit a nasal swab **AT THE START OF A PERIOD OF DUTY** sending it off to the lab. To minimise senior staff may stagger their submission to ensure service cover should they be subsequently positive over a maximum 2 week period.
6. Staff member to cross their name off a duplicate list held by the department as they submit their sample.
7. Ward manager to update infection control by email as to how specimen collection is progressing every Tuesday am to enable an update to the Director of Infection Prevention and Control and their Divisional Director.
8. If the staff have a medical condition or lesion present they must speak to Occupational Health who will generate any necessary further request forms from ICE.
9. All positive results will be given to the member of staff by Occupational Health. A full MRSA screen will be taken by Occupational Health and decolonisation treatment commenced.
10. Unless advised by Occupational Health that an underlying medical condition prevents their return to work - after 24 hours treatment staff can return. (When on decolonisation treatment maximum protection to the local population is present).
11. **For positive staff only** -On the 8th Day post Occupational Health will arrange for repeat screening swabs after 5 full days of treatment followed by 2 full days without treatment.

JL/EF/JO/VA Sept 12
Appendix 12

Guidelines for Prophylaxis and Treatment of Infections caused by MRSA in Adults

A Medical Microbiologist is always available on a 24 hour basis via QEH switchboard to discuss any clinical problems not covered in this document, and to give advice on specimens that need to be collected to help reach a diagnosis. Always check the computer to see if MRSA or any other multi-resistant organisms have been isolated before prescribing.

<table>
<thead>
<tr>
<th>Abscesses</th>
<th>Antibiotics may not be indicated. May respond to drainage alone. Consider PVL if recurrent and discuss with Medical Microbiologist. See also treatment section within Antimicrobial Guidelines/Policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacteraemia</td>
<td>Discuss treatment of suspected/proven MRSA/MSSA bacteraemia with Medical Microbiologist</td>
</tr>
<tr>
<td>Decolonisation</td>
<td>Nasal Mupirocin should not be used alone for clearance of nasal carriage in patients or staff. Cross reference to other recommendations for decolonisation in neonates/adults.</td>
</tr>
<tr>
<td>Eye infections</td>
<td>Sticky non-infected eyes may respond to local hygienic measures. Chloramphenicol or Gentamicin eye drops may be used for superficial eye infections. The treatment of deep eye and central nervous system infections should be discussed with a Medical Microbiologist.</td>
</tr>
<tr>
<td>Impetigo</td>
<td>See treatment of skin and soft tissue infections within Antimicrobial Guidelines/Policy. Topical Fusidic Acid should only be used as a short 5 day course.</td>
</tr>
<tr>
<td>Respiratory infections infective exacerbation of COPD or Asthma</td>
<td>Doxycycline 200mg stat oral, then 100mg OD for 4 days Discuss with Medical Microbiologist</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Doxycycline 200mg stat oral, then 100mg OD for 10 days. Discuss with Medical Microbiologist if wish to use a higher dose. If recurrent consider PVL producing organism and discuss with Medical Microbiologist.</td>
</tr>
<tr>
<td>Skin and soft tissue infections</td>
<td>If severe, unable to take oral medications, bacteraemic, osteomyelitis or endocarditis suspected, or no clinical improvement after 24 hours therapy contact Medical Microbiologist for advice. Doxycycline 200mg stat oral, then 100mg OD for 10 days. Discuss with Medical Microbiologist if wish to use a higher dose. If recurrent consider PVL producing organism and discuss with Medical Microbiologist.</td>
</tr>
<tr>
<td><strong>Surgical Site Prophylaxis</strong></td>
<td>If patients who require surgery have a history of MRSA or MRO colonisation or infection, please contact the Medical Microbiologist for advice. Even if a patient has been cleared of MRSA/MRO colonisation or infection, the use of glycopeptides may be considered if they have come from a facility where there is a high prevalence of MRSA or if there is an appreciable risk that the patients' MRSA carriage may have recurred. Where drugs are given use IV as a single dose, ideally this should be within 30 minutes of anaesthesia unless otherwise stated. This should achieve maximum tissue concentrations at time of surgery. An additional dose is indicated if surgery lasts for 4 or more hours or if there is blood loss of up to 1500ml during surgery or haemodilution of up to 15mls/kg.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Urinary Tract Infection: Treatment</strong></td>
<td>Uncomplicated UTI Doxycycline 200mg stat oral, then 100mg OD for 2 days; Complicated UTI Doxycycline 200mg stat oral, then 100mg OD for 6 days. If patient cannot take oral antibiotics and as many local MRSA isolates are resistant to Trimethoprim, GENTAMICIN 5mg/kg IV stat (ideal body weight) (3mg/Kg IV if &gt; 65 years or renal impairment. Refer to Adult Once Daily Gentamicin guidelines for full details.</td>
</tr>
<tr>
<td><strong>Urinary Tract Infection: Prophylaxis</strong></td>
<td>If patient is known to be colonised or infected with MRSA at any site and requires instrumentation or urinary catheter change, give Gentamicin 160mg IV stat, 30 minutes prior to catheter removal.</td>
</tr>
</tbody>
</table>
Appendix 13

Working together to prevent MRSA in our hospital

Information on MRSA within the Queen Elizabeth Hospital
What is MRSA?
There are many different types of germs found on the human body and in the environment around us. One of these families of germs is called *Staphylococcus aureus*. **Meticillin resistant Staphylococcus aureus (MRSA)** belongs to this family.

*Staphylococcus aureus* (*S. aureus*) is found on about a third of the general UK population. It usually lives in moist areas of the body such as nose, throat, armpits or groin, however, it can be found on other parts of the body such as your hands. It can also be found in dusty environments. This family of germs is treatable with a wide range of antibiotics and is known sometimes as **Meticillin sensitive Staphylococcus aureus (MSSA)**. (Meticillin is a type of antibiotic)

MRSA is when *S. aureus* (MSSA) becomes resistant to meticillin, meaning that there is a reduced choice of antibiotics available to treat it. Only about 3% of the healthy UK population carry the MRSA on their skin. It is more common in hospitals and care homes where people are being cared for.

What is the difference between carrying MRSA and MRSA infection?
People who carry bacteria on their skin are said to be colonised. Most people will be unaware that they carry MRSA, because they are not ill, it does not harm them and they do not have any symptoms. Some of us carry it for a few hours or days, while others carry it for weeks or for their whole lives.

MRSA infection can cause harm when it gets an opportunity to enter the body, for example through a cut or wound. It can cause pimples and boils, wound or chest infections. In more serious cases it can cause bloodstream infections.

How is it spread?
MRSA exists throughout the community. MRSA is almost always spread by touch. If a person has MRSA on their hands it could be passed on to other people and the things that they touch. It can then be picked up and passed on to others. Hand washing is the most effective measure to prevent the spread of infection.

Screening for MRSA
In this hospital we currently take screening swabs from the nose and throat and from any wounds to see if you are a carrier of MRSA. A swab is a cotton bud which is placed on the area of skin to be tested (such as up your nose). The test is painless and only takes a few seconds.

The test will either be taken at the Pre-Assessment Clinic or on your admission to hospital. We may test you again if you are transferred to another hospital ward or to another hospital.

How will I know the result of the MRSA screen?
If you test positive for MRSA you will be informed by a member of our staff.

MRSA screening swab results are present take two to three days for a positive result to become available.

If you are discharged home before the swab result is available your GP or a specialist nurse will inform you if you have a positive result.

How will I be treated if I am a carrier of MRSA?
If your swab results are positive for MRSA, you will be offered treatment which will remove as much of the MRSA as possible from your skin. This will reduce the risk of developing an infection whilst you are in hospital.
This is known as decolonisation treatment and can be carried out either in hospital or at home. It includes treatment with an antibacterial body wash and shampoo (Octenisean) and Bactroban antibiotic nasal cream. If your throat swab is positive then Corsodyl mouthwash will be offered. This is a five day treatment course and after completing the five days of treatment you will have repeat screening swabs arranged by your healthcare worker.

It is important to follow your treatment instructions carefully and make sure you complete it. Inform your nurse or doctor immediately if you have any reaction to your treatment, such as very itchy skin.

If you have MRSA infection present, such as a wound, urine or chest infection, you may also be prescribed antibiotics to take orally or by drip.

Depending on the type of operation or investigation, you may be offered Octenisean antibacterial body wash and shampoo to use at home (usually the week before your admission date), even if your MRSA screening swabs are negative. Octenisean is also available in all the hospital bathroom areas for your continued use.

**How can patients help?**
If you have MRSA, you do not normally present a risk to healthy people, including the elderly, pregnant women, children and babies.

There is a small risk to those people with whom you come into contact if they have open wounds, intravenous lines and urinary catheters or if they have chronic skin conditions such as eczema or psoriasis.

Please ask a member of staff for advice.

**Pay particular attention to hygiene**
- Hands should be washed regularly, especially before and after wound care or handling of drips or tubes, after coughing or sneezing and after using the toilet.
- Cover open wounds, cuts and abrasions with a waterproof dressing or plaster to reduce the risk of spread of infection.
- Octenisean antibacterial body wash and shampoo is advised for daily washing to prevent infection whilst you are in hospital and is available in all our bathrooms and wards bays for your use.
- After washing it is important that fresh clothing and/ or night clothes are worn daily for the duration of your hospital stay.
- Do not share personal towels and change daily.
- Do not share shaving equipment such as razors, soaps and brushes because of the possibility of breaking the skin, allowing germs to enter your body and cause infection.

**Do I need to tell people I have MRSA?**
You do not have to tell anyone you have MRSA, however, if you seek medical advice or attend hospital or your GP, you should share this information with the people looking after you. This is important because they might decide that you need MRSA decolonisation treatment before going ahead with any procedure that you may require.
Coming into Queen Elizabeth Hospital
How do our staff prevent the spread of infection?

Over the past few years we have worked very hard to prevent and reduce rates of MRSA infection in our hospital. Our MRSA bloodstream infections have reduced by 50% year on year since 2008.

Tackling infection and promoting safe, clean care is the top priority of everyone working within Queen Elizabeth Hospital and the hospital has implemented specific guidance for the prevention and control of MRSA.

This is what you can expect when you come into Queen Elizabeth Hospital.

- All patients are assessed for infection risks on admission.
- Patients with positive MRSA swab results will usually be nursed in a single room to help reduce the risk of passing MRSA on to other patients or visitors.
- All staff looking after you will wash their hands with soap and water or alcohol gel when entering or leaving your room/bed space.
- All our staff will wear disposable aprons and gloves whenever they perform personal care or a procedure.
- In some instances they may be required to wear a face mask to carry out some of your care. eg. if you are coughing up phlegm or are working close to you when doing a wound dressing etc.
- Equipment is cleaned after each use.
- If you require transfer to another department for tests, investigations or treatment, it may be arranged for you to go at the quietest time of the day, where possible, so that you come into contact with the least number of patients. Staff in these areas will know to expect you.

Can I still have visitors?

You can still have visitors, including children and pregnant women.

A guide for visiting anyone in our hospital

- Always check the ward visiting times and how many visitors are allowed – usually two to a bed at one time.
- Visitors should always wash their hands or use the alcohol hand gel when entering and leaving your room or ward.
- Visitors do not need to wear gloves or aprons unless they are giving any direct personal care. Casual contact is fine.
- Visitors must not sit on the bed but use the chairs provided.
- We would discourage anyone from visiting if they have a cough, cold, vomiting or diarrhoea.

If you have any additional questions or have any concerns, please talk these through with your nurse or doctor. If they are unable to help you they will be happy to make an appointment for you to see an infection preventon and control nurse or microbiologist.

Further sources of information:
Department of Health www.dh.gov.uk
Health Protection Agency www.hpa.org
The Patients Association www.patients-association.com
Appendix 14

Positive Bacteraemia RCA Investigation and Report

Positive Bacteraemia
Alert to IPCN & DIPC by Consultant Microbiologist (CM) who will also inform the ward
Ward staff to document result and who they have informed.

IPCNs to liaise with IC Data Co-ordinator and request timeline

IPCNs liaise with appropriate Matron to perform RCA and Datix Report on the day bacteraemia identified

IPCNs send e mail to Clinical Consultant, Divisional Manager and Modern Matron

IPCN/CM meet with Matron/Clinical Teams to agree outcomes and produce a draft report

Report is discussed with DIPC and lessons to be learned shared via an agreed appropriate route.
Report letter to go to sent cc personnel and GP to receive relevant information

X:\Micro\Infection Control\Root cause analysis\Positive Bacteraemia RCA Investigation and Report-Flow Chart VA/LF/AB 23 March 2012
Pre-assessment / Elective MRSA screening swab guide April 2012

- Take MRSA screening swabs from 2 sites only
- Nose and throat or nose and perineum/groin depending on type of procedure patient is booked for.
- For both nose and groin swabs use just one swab for both left and right sides there is no need to indicate left or right
- Procedures between lower abdomen and the knee require nose and perineum/groin MRSA screen
- All other procedures require nose and throat MRSA screen
- Remember to send additional screening swabs from any wounds or pressure sores, device sites including CSU and sputum if expectorating
- MRSA screening swabs will be valid for 3 months prior to operation date

The following table outlines the types of surgery this new guidance applies to:

<table>
<thead>
<tr>
<th>Type of surgery</th>
<th>Type of MRSA screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angiogram/angioplasty</td>
<td>Nose and groin/perineum</td>
</tr>
<tr>
<td>Vascular procedures such as femoral popliteal bypass, abdominal aortic aneurysm</td>
<td>Nose and groin/perineum</td>
</tr>
<tr>
<td>Varicose vein surgery</td>
<td>Nose and groin/perineum</td>
</tr>
<tr>
<td>Above knee amputation</td>
<td>Nose and groin/perineum</td>
</tr>
<tr>
<td>All Colorectal procedures</td>
<td>Nose and groin/perineum</td>
</tr>
<tr>
<td>All Obstetric and Gynae/Gynae Oncology procedures with invasive wounds</td>
<td>Nose and groin/perineum</td>
</tr>
<tr>
<td>Inguinal and femoral hernia repair</td>
<td>Nose and groin/perineum</td>
</tr>
<tr>
<td>Orthopaedic hip procedures</td>
<td>Nose and groin/perineum</td>
</tr>
<tr>
<td>Lower back procedures</td>
<td>Nose and groin/perineum</td>
</tr>
<tr>
<td>All patents with a current wound within lower abdomen, hip, groin, perineum region of body</td>
<td>Nose and perineum plus a separate wound swab</td>
</tr>
</tbody>
</table>