# CONTROL OF METICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) IN ACUTE HOSPITALS and NON-ACUTE INTERMEDIATE CARE UNITS

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<td>Trust Infection Control Group</td>
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<td>Name of author and title:</td>
<td>Infection Control Team</td>
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<td>Trust Infection Control Group</td>
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### Version Control Table

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<td>March 2009</td>
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<td>• Introduction of Mannitol broth screening method</td>
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<td>April 2016</td>
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<td>• Incorporation of the Community &amp; Neonatal policy into one MRSA policy which will cover Acute &amp; non</td>
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- Reference to the Post Infection Review (PIR) process which is undertaken when investigating any cases of MRSA Bacteraemia
- A brief summary of the findings of the National on Week audit of MRSA (NoW study, 2011) and the preferred screening option in response to the findings of this study
- The ceasing of routine Day Case screening (with the exception of implants)
- Palliative care patients are not routinely exemption from screening
- The Key characteristics of Panton-Valentine Leukocidin (PVL-SA)
- Perineum is the preferred second site option for screening (if acceptable). Nose remains the essential first site option for screening
- Patient Group Directives available for the administration of Naseptin and Bactroban decolonisation therapy
- The frequency of Bactroban amended from 3 times a day to 2 times a day to reflect latest guidelines.
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CONTROL OF METICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) IN ACUTE AND NON-ACUTE INPATIENT SETTINGS

1. **Introduction**

*Staphylococcus aureus* (*Staph. aureus*) is a bacterium carried by 20-30% of the normal population. It is commonly found on the skin and can cause a spectrum of disease ranging from superficial skin infection to deep seated infections including bacteraemia (the presence of living bacteria in circulating blood).

Meticillin resistant *Staphylococcus aureus* (MRSA) is the term used to describe *Staph. aureus* which is resistant to the commonly used antibiotic, Flucloxacillin. MRSA has the ability to cause the same spectrum of disease as Meticillin sensitive *Staphylococcus aureus* (MSSA).

2. **Purpose**

This policy describes the measures for the control of MRSA within East Sussex Healthcare NHS Trust. It provides information in relation to the modes of transmission and the risks of infection with MRSA to enable healthcare workers to advise staff, patients and visitors accordingly.

2.1. **Rationale**

To ensure the safe management and control of MRSA with East Sussex Healthcare Trust.

2.2. **Principles**

This policy deals with the management of patients with MRSA (colonisation or infection) in accordance with national guidance to prevent the spread of infection and minimise the risk to patients.

2.3. **Scope**

This policy covers infection prevention and control management issues for all Trust staff with ESHT (acute and non-acute) including:

- Employees
- Volunteers
- Agency / locum / bank staff
- Contractors whilst working on Trust premises

3. **Definitions**

*Staphylococcus aureus* (SA) – is a bacterium that is commonly found on human skin and mucous membranes. It can be carried asymptomatically or can cause disease

Panton-Valentine Leukocidin (PVL) - is a toxin produced by some strains of *Staphylococcus aureus* which has an increased ability to cause disease. PVL can be produced by both Meticillin sensitive *Staphylococcus aureus* and Meticillin resistant *Staphylococcus aureus*

Meticillin resistant *Staphylococcus aureus* - is a strain of *Staphylococcus aureus* that is resistant to a large group of antibiotics called the beta-lactams, which include the penicillins and the cephalosporins. Between 1-5% of the population will carry this harmlessly.
CONTROL OF METICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) IN ACUTE AND NON-ACUTE INPATIENT SETTINGS

**Non-acute care setting** - Usually applies to healthcare settings that provide non-acute care, such as in care homes and mental health trusts, also rehabilitation and palliative care services including hospices

**Acute care setting** - A healthcare setting, usually a hospital, that provides short-term treatment or care for an illness, urgent medical condition, injury or surgical procedure

**Colonisation** - The presence of micro-organisms living harmlessly on the skin and causing no signs or symptoms of infection

**Infection** - The presence of micro-organisms in the body causing adverse signs or symptoms

**MRSA bacteraemia** - when MRSA is present in the bloodstream.

**Post Infection Review (PIR)** - is the process used to investigate the cause of an MRSA bacteraemia.

4. **Accountabilities and Responsibilities**

4.1 **Corporate**

The Trust Board will ensure that adequate resources are provided to effectively manage MRSA patients. There must be effective leadership at corporate and clinical level developing a supportive environment for infection control.

4.2 **Infection Control Team**

The Infection Control Team (ICT) will provide expert guidance, surveillance and information to support corporate and clinical management of MRSA within the Trust.

The ICT will perform surveillance for new MRSA isolates as part of alert organism surveillance. Clinical areas will be informed of newly identified MRSA positive patients by the ICT.

The ICT will ensure that policies which relate to MRSA management and control are updated in a timely manner in accordance with the clinical governance framework and in response to changing need or national guidance.

The ICT will ensure that educational resources are provided for clinical staff.

4.3 **Matrons and Clinical Service / Unit Managers**

- Support and promote a clean environment within their Clinical Unit and wider Trust
- Support and promote compliance with this policy and the management of patients with MRSA
- Attend incident investigation and post infection review meetings related to patients with MRSA bacteraemias or possible outbreaks

4.4 **All staff**

This policy covers infection prevention and control management issues for Trust staff and includes:

- Employees
- Volunteers
- Agency/Locum/Bank Staff
5. Procedures and Actions to Follow

5.1 Control of MRSA in hospital and intermediate care units

MRSA has the potential to spread rapidly in the healthcare setting. MRSA infections are only treatable with a limited number of specific antibiotics. For this reason steps are taken within the hospital setting to control the spread of MRSA and to protect those patients who are most vulnerable to infection and increased morbidity and mortality (i.e. critical care patients, those with implants or long lines, and immunocompromised patients).

MRSA is endemic in hospitals throughout the UK. All NHS Trusts are required to report all MRSA bacteraemias (isolates of MRSA in blood cultures which might indicate serious infection) on the Data Capture System (DCS). This information is used to monitor the control of MRSA. Public Health England’s DCS will automatically and provisionally assign an organisation with the responsibility to lead the Post Infection Review process (PIR). The aim of the PIR is to identify how a case has occurred and identify actions that will prevent similar cases re-occurring in the future.

A national one week prevalence audit of MRSA screening was undertaken during May 2011 which looked at various screening strategies. The study found that 61% of patients were screened, half of new positive patients were isolated and a quarter did not receive decolonisation therapy. The prevalence of new MRSA in new admissions was low at 1.5% overall with only 0.7 % in day cases. The numbers of patients that need to be screened in order to identify one positive is therefore high.

The effectiveness and cost effectiveness of different screening strategies was considered. The targeted screening of high risk speciality patients was considered to the most optimal option for Acute Trusts. As prevalence of MRSA rises the cost effectiveness of the strategy increased and the lack of screening to low risk specialities results in more transmission but less risk of serious illness or death compared to high risk specialities.

The Infection Prevention and Control Team has reviewed the findings of the Now study with careful consideration of our local prevalence of MRSA. The ceasing of day case screening (with the exception of implant insertions) is the preferred screening option for ESHT. All other existing screening will remain the same.

The purpose of screening is to improve patient safety by the following means:-

- Ensure appropriate prophylaxis and decolonisation treatment for patients with MRSA.
- To implement preventative measures to reduce the risk of cross infection from known carriers.
This policy adopts a risk assessment approach to controlling MRSA in East Sussex Healthcare NHS Trust as the availability of isolation facilities varies across the Trust.

The underlying aim is to protect vulnerable patients whilst standardising core infection control measures, i.e.:

(a) The importance of hand hygiene
(b) Adequate environmental cleaning
(c) Isolating or cohorting of colonised patients in areas where the risks of infection with MRSA are greatest

5.1.1 PVL MRSA
Panton-Valentine Leukocidin (PVL) is a toxin that can be detected in both MSSA and MRSA and is more likely to be associated with community associated MRSA than hospitals associated MRSA. Patients from whom this strain of PVL-SA is isolated will be managed by the Infection Control Team on an individual basis.

The key characteristics of PVL-SA are:

- Colonisation of skin or nares only
- Skin and soft tissue infections including boils and abscesses
- Invasive disease including necrotising pneumonia, osteomyelitis or sepsis

The Occupational Health Department will advise and manage staff with PVL-SA in accordance with national guidance.

5.2. Risk categories
A targeted approach is required, directing resources to the categories of patients/areas where the impact of spread is likely to be the greatest or where endemic MRSA is not currently a feature.

5.2.1 HIGH RISK areas
- Critical Care Unit
- SCBU
- Orthopaedics
- Cardiology
- Haematology
- Vascular surgery
- Coronary Care Units

5.2.2 MEDIUM RISK areas
- Surgical wards
- Medical wards
- Paediatrics
- Obstetrics
5.2.3 LOW RISK areas
- Rehabilitation units

5.3 Screening (See Appendix J for Emergency Screening Pathway)
All elective and emergency patients admitted or transferred to East Sussex Healthcare NHS Trust will be screened for MRSA using the indicator broth method (Appendix C).

5.3.1 Screening – Elective patients
Patients who are to be admitted for an elective procedure including insertion of an implant will be screened up to 14 weeks prior to procedure by the preadmission clinic. The nearer to the date of admission the swabs are taken the more likely it is to reflect carriage of MRSA at the time of admission. A negative screen at pre-admission does not prove the absence of MRSA when patients are admitted.

A full explanation should be given to the patient on the need for the MRSA screen and a MRSA patient information booklet provided.

Pre assessment clinics must ensure that there are clear arrangements in place for checking, documenting and acting upon screening results.

An MRSA screening admission document is to be completed for all in patients, initiated in pre-assessment for elective admissions (Appendix D).

On admission to the ward the admitting nurse must check that an MRSA screen was taken at pre-assessment clinic; if not rapid PCR testing is available to avoid cancellation of surgery. (See Appendix E and F)

5.3.2 Exclusions from elective MRSA screening
In response to the NOW study (2011), day cases (see exceptions) and the following are to be excluded from screening:
- Day case ophthalmology, dental and diagnostic endoscopy
- Cardio versions
- Transoesophageal echocardiogram (TOE)
- Minor dermatology procedures, e.g. warts or other liquid nitrogen applications
- Children/paediatrics unless already in a high risk group (see section 5.5.2)
- Maternity/obstetrics except for elective caesareans and any high risk cases, i.e. high risk of complications in the mother and/or potential complications in the baby, (e.g. likely to need SCBU, NICU because of size or known complications or risk factors.)
- Lithotripsy
- Chemotherapy
- Termination of pregnancy and D & Cs
- Day case mental health service
- Minor procedures in outpatients
- Pain management
- ERCP

Exceptions are: Any surgical procedure involving insertion of an implant (not stents).
Although the Infection Control team does not recommend MRSA screening for these groups of patients, we acknowledge that the Surgical Clinical Unit might wish to continue screening for operational reasons.

Screening should take place in a pre-assessment clinic wherever possible and should be included as part of the routine pre assessment procedure. NB: Palliative care patients are not routinely exempt. Where there are concerns about the need for screening this needs to be discussed with the Infection Control Team.

5.3.3 **What to do when an elective patient has not been screened**
If an elective patient is admitted and is found not to have been screened it is the Consultant’s decision to decide;

1. If the procedure is not urgent it may be postponed until the screening is completed and potential decolonisation can be given.
   
   Or

2. If the decision is made that the surgery should go ahead that day a rapid PCR MRSA screen test is available.

5.4. **Screening in non-acute settings (Intermediate Care Units)**
All patients admitted or transferred into intermediate care units (admission over 24hrs) from home Care Home or Hospitals are to be screened. The exception would be those admitted from ESHT acute hospitals that have been screened on that admission and are found to be MRSA positive and have completed decolonisation therapy.

5.5 **Procedure for Rapid PCR Testing (See Appendix E for methodology)**
Rapid MRSA PCR testing is only validated for nose swabs. The test is being offered for elective cases to prevent cancellation of procedures, where the pre-admission screen using routine broth method (negative 24 hours, positive 48 – 72 hours) result is deemed too long for patient care.

Copan venture transystem double swabs are required – no other swabs can be used. These are available on request from Microbiology (please contact Microbiology reception).

Samples will be tested routinely between 9am and 3pm Monday to Friday. If you need an urgent result outside these times please call the Microbiology Consultant to discuss.

5.5.1 **Screening – Emergency patients**
All emergency patients admitted should be screened within 24 hours of a patient’s admission using the indicator broth method (Appendix C).

An MRSA screening admission document is to be completed for all emergency patients screened (Appendix D).

On transfer between wards the admitting nurse must check that an MRSA screen was taken and, if not, the patient must be screened within 24 hours of being admitted to their ward.
It is the responsibility of the nurse caring for the patient to ensure that the MRSA screening result is checked and documented on the MRSA screening admission form (Appendix D).

5.5.2 Paediatrics – (Children over 28 days) (Neonatal MRSA Screening and Decolonisation - See section 5.26)
Routine screening of Paediatric cases is not recommended.

MRSA screening is based on a risk assessment and is recommended in the following patients:

- Planned implant procedure
- Previously known MRSA positive patients
- Transfers from other healthcare facilities
- Immunocompromised patients
- Frequent attenders to hospital settings
- Patients with Cystic fibrosis

5.6 Screening procedure
The indicator broth method should be used for all routine MRSA screening (Appendix C). MRSA colonisation is detected most frequently from nasal screening and least frequently on Axilla screening. The following samples must be obtained for screening:

**Essential site** Nose swab

**Secondary sites** (as many as practically possible i.e. the more sites screened the more reliable the result)

- Axilla
- Perineum / Groin (the perineum is the preferred priority for second site if this is acceptable to the patient and logistically possible for the staff.
- Breaks in the skin or exfoliating skin conditions
- Stoma sites, surgical wounds, drain sites and umbilicus (infants only)
- Sputum if productive cough present – send in separate sample pot for routine culture
- Urine if catheter present – dip swab in urine then into broth

**N.B.** This screening is for MRSA colonisation detection only. If infection is suspected separate swabs should be sent.

5.6.1 Swabs taken from dry areas should be dipped in either sterile saline or sterile swab transport medium prior to taking the swab to moisten and to enhance the likelihood of isolating MRSA.

5.6.2 A generic pathology request form should request ‘MRSA screen’ and list all sites screened (e.g. nose, perineum etc.) (see Appendix G).

5.6.3 A negative MRSA result is available within 24 hours. Positive results are available after 48 hours (excludes sputum).
5.7. Decolonisation Treatment (see section 5.26 for neonates)

5.7.1 Decolonisation therapy is recommended in the following cases:-

(i) All inpatients who have isolated MRSA from admission screening and prior to admission for elective screening.

(ii) Patients with a past medical history of MRSA will receive decolonisation regardless of their current MRSA screening results.

(iii) All patients admitted to ITU and HDU.

5.7.2 The aim of decolonisation treatment is to decrease the risk of MRSA infection / transmission by reducing the burden of MRSA on the patient. Long term total eradication of MRSA is rarely achieved and therefore rescreening after therapy is not recommended.

Patients should be prescribed decolonisation therapy by their medical team or nurse prescriber following Trust protocol using the pre-printed labels. A patient group direction (PGD) is available for Bactroban and Naseptin to avoid delay in starting treatment. The labels for printing can be found as Appendices to the PGD. Nursing staff should ensure that daily documentation of the treatment occurs on the drug chart.

5.7.3 Decolonisation therapy consists of:-

- **First Line Treatment** - 5 day course of Bactroban® nasal ointment twice daily to both nostrils for Mupirocin sensitive (S) and Mupirocin intermediate (I) resistance.

- **Second Line Treatment** – 5 day course of Naseptin® nasal cream four times a day to both nostrils, for Mupirocin resistant isolates or Mupirocin sensitive strains when Mupirocin is not available. N.B. Naseptin must not be given to patients with an allergy to peanuts or soya.

(Advice should be sought from the ICT if a patient has isolated a Mupirocin and Naseptin resistant (R) strain of MRSA or allergy to peanuts or soya.)

- Daily wash of Chlorhexidine 4% cleansing solution for the length of patient’s admission (the product should be applied to wet skin as a liquid soap, do not dilute in a bowl of water or pour into the bath. For patients with eczema, dermatitis or other skin conditions may commence an alternative product such Oilatum plus)

- Weekly hairwash using the Chlorhexidine 4% cleansing solution or antibacterial shampoo cap for the length of patients admission.

5.7.4 Please refer to Appendix H and I for staff and patient treatment information leaflets.

5.8 Action to be taken following identification of an MRSA carrier (Appendix K)

- Assess possible need for isolation (see Appendix K).

- Domestic Supervisor / Housekeeper to be informed that bed space will require a deep clean using a hypochlorite solution 1000ppm. The nursing staff are responsible for decontamination of patient equipment.

- Patient to be informed of their MRSA status and the need for isolation explained.

- MRSA patient information booklet to be given to patient/relative.

- Observe patient for possible signs of clinical infection, if present refer to medical team.
Implement standard isolation procedures.
- Decolonisation treatment to be prescribed using pre-printed labels on the treatment card.
- Documentation of a patient's MRSA status must be completed on the MRSA admission screening form.
- An MRSA care pathway to be commenced (Appendix L).
- In the event of any uncertainty or concerns with patients please contact the ICT or out of hours, the on call Consultant Microbiologist.

5.9 Isolation of patients on admission

(See Appendix K for risk assessment tool)

N.B: The need for isolation must NOT override patient safety or clinical need for specialist care.

5.9.1 Known previous MRSA carriers; undertake a risk assessment to determine requirement for isolation dependent on location and risk factors for transmission (see Appendix K).

5.9.2 Where single room isolation is recommended but cannot be achieved due to lack of facilities, consideration must be given to an MRSA cohort bay in consultation with the Infection Control Team.

Patients transferred from other hospitals with no known previous MRSA carriage (excluding between Conquest and EDGH), where possible should be placed in isolation and reassess when admission screening results are known. However, when single rooms are not available, patient’s transfers from other organisations should not be delayed.

5.10 Isolation procedure (see also Trust Isolation policy)

5.10.1 Patients requiring isolation must be nursed in a single room or cohorted with other MRSA carriers in designated bays.

5.10.2 Ideally the door should be closed. However, if upon risk assessment this would be detrimental to an individual's health or safety, this guidance should be discussed with the ICT.

5.10.3 An isolation notice should be applied to the patient’s door to identify the patient is in isolation.

5.11. Special Care Baby Unit (SCBU) and Critical Care Units (i.e. Intensive Care and High Dependency Unit)

Due to the risk of endemic MRSA giving rise to serious infection the following strategies for routine surveillance, monitoring and control are recommended for these high risk areas:

- All patients to be screened on admission.
- All long stay patients/babies (inpatients >5 days) will be screened weekly (Mondays).
- All known MRSA carriers to be nursed in isolation.
• When insufficient isolation facilities are available advice should be sought from the Infection Control Team to discuss the feasibility of cohorting patients and staff within an area of the unit and other possible measures to reduce the risk of cross-infection.
• Ideally all referrals from other units, regardless of MRSA status, should be nursed in isolation whilst results of MRSA screening are awaited. However, the need for intensive care and the appropriate provision of such beds countywide must take clinical priority.
• Until MRSA screening results known, all Critical Care patients will be decolonised on admission.

MRSA positive babies in SCBU will be reviewed on an individual basis by the consultant microbiologist. (See section 5.26 for MRSA Neonatal guidelines).

5.12 Surgical and other antimicrobial Prophylaxis
Where antimicrobial prophylaxis is indicated, therapy should also include cover for MRSA (also see trust policy for antimicrobial therapy for details).

5.13 Orthopaedic patients

5.13.1 ‘Ring fencing’
The elective orthopaedic wards will be ‘ring fenced’ for orthopaedic patients requiring orthopaedic surgery which carry a high risk of infection. The term ring fencing means that only under exceptional circumstances will non-orthopaedic patients be admitted onto the orthopaedic unit (Appendix M ‘Guide to movement of patients’).

5.13.2 Bed management
If there are acute bed shortages within the hospital and beds are available within the orthopaedic unit only elective surgical cases nearing discharge should be placed on the orthopaedic trauma wards. The infection control team must be advised at first opportunity, when non-orthopaedic patients are admitted to the unit. Out of hours a message may be left on the answer phone. (Appendix N ‘Guide to movement of patients’).

5.13.3 Preventing cancellation of surgery
If beds are not available in the orthopaedic unit for patients requiring major surgery, a private patients unit may be used as an alternative.

5.14 Theatres and Post Anaesthetic Care Unit (PACU)
Patients with MRSA carriage or infection undergoing surgery do not need to be placed last on the list. Universal/standard precautions apply.

5.14.1 Preparing the patient for theatre
Theatre staff may decline to accept a patient if the following standards are not met:-
• Visibly clean bed linen and patient clothing
• Visibly clean bed and equipment including cot sides and drip stands
• Wound dressing must be intact and where possible covered with a semi-occlusive dressing.

5.14.2 Theatres
• Extraneous equipment should be removed from the theatre.
• Theatre personnel should be kept to a minimum.
• Equipment used for the case should be cleaned using warm water and detergent followed by universal wipes. For blood contamination and spillages a hypochlorite solution/ granules will be required. Please follow spillage policy (available on Trust intranet).

5.14.3 Post Anaesthetic Care Unit (PACU)
• Provided there is strict adherence to hand hygiene either with soap and water or alcohol gel before and after each patient contact, MRSA positive patients may be managed in main Recovery.
• Equipment used on MRSA patients in Recovery should be cleaned following the guidelines in the Decontamination of equipment policy.

5.15. Medical records of MRSA patients

5.15.1 All patients previously known to have carriage of MRSA are identified via the electronic systems:
  i. ‘OASIS PAS’ and E.Searcher (click onto the alert bomb icon for details).
  ii. Executive Information System (EIS) should be checked daily by Ward Clerks to identify inpatients with MRSA.

5.15.2 Previously the case notes of known MRSA carriers were labelled with a sticker ‘MRSA carrier’. This is no longer acceptable as it breaches patients' confidentiality and standards for documentation of medical records.

5.15.3 MRSA carriers should be identified by clinicians receiving the result and documented in the patients Notes – A "known MRSA sticker" must also be placed in the patients notes to inform clinicians of their MRSA status.

5.15.4 When old medical case notes with previous MRSA stickers are requested the Medical Records library staff should remove the MRSA sticker and replace it by writing ‘MRSA’ on the alert divider immediately inside the case notes.

5.16. Informing patients and relatives

5.16.1 All patients have the right to be informed about their positive MRSA status as soon as possible. The nurse caring for the patient should explain the implications of MRSA colonisation to the patients and relatives and carers where appropriate.

When infection is suspected the patient’s medical team are responsible for informing the patient. Sufficient advice and counselling must be given for patients to fully understand their diagnosis, its implications and the necessary infection control precautions. When a patient is initially too ill to receive this information then they must be informed of their MRSA positive status as soon as is reasonable. A copy of the East Sussex Healthcare NHS Trust MRSA information leaflet for patients must also be given to the patient and their relatives and carers if appropriate.

5.16.2 All discussions and advice given must be clearly recorded in the nursing notes and care plan as well as documentation that the information provided has been fully understood.
5.16.3 If a patient or their relatives have particular concerns that cannot be answered by ward staff, an Infection Control Nurse can be contacted during the normal working week on extension 4136, Eastbourne and extension 8610, Hastings for further advice.

5.17. **Hand hygiene (See also Hand Hygiene Policy)**
Hand hygiene is the single most effective measure for the prevention of cross-infection.
- Hands should be washed with liquid soap then thoroughly dried with soft paper hand towels, after contact with the patient or any objects in the isolation room.
- Alternatively, if hands are not visibly soiled and have had no contact with body fluids, hands may be decontaminated using alcohol hand gel which is available at the end of the patient’s bed and outside isolation rooms.

5.18. **Protective clothing**
- A disposable plastic apron and non-sterile gloves must be worn if handling patients. These must be disposed of in an orange waste bag before leaving the isolation room. If the patient or their direct environment is not handled, apron and gloves are not required. However, alcohol gel must still be used at the bedside and on leaving the isolation room.
- Clinicians who need to examine patients must ensure they are fully compliant with the bare below the elbows directive and wear disposable plastic apron and non sterile gloves before entering the isolation room. All staff should wipe their stethoscope with universal wipes after use before leaving the room.
- Visitors do not need to wear protective clothing but are advised to either wash their hands or clean hands with alcohol gel before entering and on leaving the isolation room.

5.19. **Daily cleaning of isolation rooms**
5.19.1 The nurse in charge should inform the ward housekeeper of a patient in isolation and the standard precautions to be taken.
5.19.2 Isolation rooms and MRSA cohort bays must be cleaned daily with a hypochlorite solution of 1,000 ppm. and yellow colour coded cleaning equipment, paying particular attention to horizontal surfaces and dust collecting areas.

5.20. **Terminal ‘deep’ cleaning of isolation rooms**
5.20.1 Terminal or ‘deep’ cleaning is required following the discharge of an isolated patient.
- Terminal cleaning should be arranged with either the ward housekeeper or if not available the team leader.
- Nursing staff are responsible for disposing of all used items and open packages and for cleaning of clinical equipment prior to housekeepers undertaking a deep clean.
- When removing equipment from the isolation room or on patients’ discharge, refer to the ‘Decontamination of Equipment’ policy.
• The mattress, pillow covers and furniture must be checked. If there is evidence of permeability (damage or splitting to surface covers), they should be condemned and replaced.
• Thorough cleaning of the room is essential with a hypochlorite solution of 1,000 ppm and use of yellow colour coded cleaning equipment. Particular attention must be paid to all dust collection areas. In addition, a deep clean will involve:
  (a) Laundering and replacement of curtains.
  (b) Cleaning of blinds.
  (c) Cleaning of ventilation grilles.
  (d) Cleaning of wall mounted fans.

5.20.2 The room may be used as soon as terminal cleaning is complete.

5.21. Medical equipment in isolation rooms

5.21.1 Where practicable single patient use medical equipment such as sphygmomanometers and slide sheets should be used for patients with MRSA. Alternatively equipment which can be cleaned between patient use only must be used.

5.21.2 Multiple patient use items must be decontaminated appropriately after patient use and prior to leaving the isolation facilities.

5.21.3 Large amounts of single use / disposable equipment such as dressing packs, gloves etc should not be stored within the isolation room to prevent contamination and wastage. All disposable equipment will need to be discarded on patients discharge.

5.22. Crockery and cutlery
Crockery and cutlery may be removed from the patient’s room and returned directly to the trolley or into the ward dishwasher for cleaning. Disposable items are unnecessary.

5.23. Linen and waste
• All MRSA positive patients must have clean linen daily i.e. bed sheets, nightwear.
• Patients’ linen must be treated as infected.
• Patients’ own clothing need not be treated any differently. Plastic patient property bags may be used for transportation (see Linen policy).
• Clinical waste bags are to be sealed upon removal from isolation once ¾ full.
• Sharps bin containers should not be left in isolation rooms on general wards.
• Trays holding sharps bins are to be used to take sharps to the patient to enable immediate disposal of used sharps. On removal from isolation, the tray should be cleaned with a universal wipe.

5.24. Treatment of MRSA infections
Clinicians responsible for patients can contact the Consultant Medical Microbiologist for treatment advice if MRSA infection is suspected (see also antibiotic policy). All MRSA Bacteraemias and Mandatory Reportable and require a Post Infection Review (PIR) which will involve all clinicians involved in the patients care.

5.25. Screening of staff involved in the care of MRSA patients
There is no evidence that MRSA poses a risk to healthy people, such as healthcare staff and their families.
Due to the transient nature of MRSA colonisation, screening of staff is not routinely recommended. It is important to remember that regardless of MRSA carriage the route of transmission from staff is mainly via hands. Therefore emphasis on hand hygiene is paramount.

Regardless of MRSA status hospital staff should report to the Occupational Health department if they have any signs of skin breakdown on their hands.

In the event of proven MRSA carriage in a staff member, Occupational Health Department should seek advice from a Consultant Microbiologist regarding the most appropriate treatment based on individual circumstances. MRSA results for staff are always confidential.

5.26. Neonatal (Methicillin Staphylococcus Aureus (MRSA) Screening, Control and Decolonisation)

5.26.1 Prevention
Good hand washing technique and scrupulous attention to the prevention of cross contamination remains the mainstay in the prevention of colonisation and infection.

5.26.2 Environmental Cleaning
- Detergent cleaning by Housekeeping Staff at least daily of total SCBU environment, including floors to the store rooms, family rooms and community staff areas and transitional care.
- All cot space areas and patient equipment to be cleaned by unit staff using disposable detergent wipes on a daily basis and after patient discharge.
- Accurate records of cleaning will be maintained in the unit.
- National Cleaning Specification Audit results to be monitored by unit staff and hand hygiene compliance to be monitored by the ICLF and Unit Matron.
- All clinical equipment records and weekly cleaning checklists will be maintained within the neonatal unit.

5.26.3 Screening
All babies admitted or readmitted to the SCBU will be screened for MRSA on admission and then on a weekly basis.
Sites to be screened are: nose, throat, perineum and wounds including the umbilicus. The swab must be moistened with either transport medium or sterile water to aid pick-up of bacteria.

5.26.4 Management of colonised babies

5.26.5 Single Case:
The Infection Control Team will inform the unit sister at the earliest opportunity of a positive MRSA screen.
- Consider isolation and/or allocated nurse if facility and staffing available
- Contact precaution procedures should be put in place (e.g. gowns and gloves)
- There is no need for staff screening
- Parents should be informed
- Decolonisation (see below) may be considered

5.26.6 Two or more cases: (Cohort)
- MRSA positive babies may be cohort nursed together.
- Where there is one MRSA positive and one MRSA negative twin, these may be nursed together.
• Decolonisation (see below) may be considered.
• Staff screening may be initiated at the request of the Infection Control Team on suspicion of an outbreak. (Staff results are entirely confidential, and will be managed by Occupational Health Department)

5.26.7 Closure to admissions from other hospitals
If an outbreak of MRSA is known or under investigation it may be necessary to limit admissions. The decision to close to admissions is a serious one and must be taken only after discussion between the attending Consultant, the Nurse in charge, the Infection Control Team and Site Team.

5.26.8 Decolonisation of babies
• The aim of decolonisation is to reduce the load of MRSA colonisation in the Neonatal Unit through reduction of MRSA on babies who are found to be colonised.
• No regime is 100% effective, and some babies may require more than one course of treatment.
• The need for Decolonisation is assessed on an individual basis, some babies (of younger gestation) will be less able to tolerate decolonisation due to thermal control; management of this should be discussed between the nursing and medical staff.
• The recommended regime for decolonisation is a combination of washing the skin daily until discharge with Oilatum Junior and application of Mupirocin/Naseptin for a total of 5 days.

Mupirocin
Apply 2 times a day for 5 days BD as per adults. Apply a small amount of cream onto the end of a cotton bud and coat the inside of the nostril in a rotational motion. Use a fresh cotton bud and repeat for the other nostril. Application of Naseptin will be agreed in the event that Mupirocin is not available or the MRSA is Mupirocin resistant.

Oilatum Junior
Apply once daily until discharge. Apply as prescribed on the drug chart and in conjunction with directions on the product.

5.26.9 Decolonisation Procedure
• Ensure it is safe to decolonise – MRSA colonisation is NOT an emergency situation. The baby's clinical status, stability and thermoregulation must be considered at all times.
• Pre-warm the infant if needed – undress first and ensure a stable thermal environment.
• Ensure all equipment including clothing and bedding are organised before commencing procedure.
• An assistant may be useful (parents are often willing to help). Parents can perform this procedure if they wish but should be supervised, encouraged and assisted. However they are not expected to perform it.
• Oilatum Junior solution should be warm prior to application. Follow the instructions on the bottle and individual prescription.
• Remove all leads, except for the pulse oximetry lead (if this is being used).
• Place the infant on a clean towel and remove bedding.
• Wipe the infant skin with cotton wool soaked in the diluted Oilatum Junior solution.
• Leave the solution in contact with the skin for at least 3 minutes or as instructed otherwise before wiping it off with clean water and then dry the baby with a clean towel.
• Following decolonisation, the baby should be dressed in clean clothing with clean cot linen used.
• If the baby is on Continuous Positive Airways Pressure, Optiflow or receiving oxygen via a nasal cannula, the prongs need to be changed after each application of nasal cream.
• Closely monitor the baby’s temperature after treatment as additional clothing and blankets may be needed.

5.26.10 Transfers (including repatriations) to the Neonatal Unit from other units, and out of area transfers

5.26.10.1 Until proven otherwise all babies transferred electively from other hospitals should be assumed to carry MRSA.

5.26.10.2 If available, the repatriated or transferred baby to the unit from other units should be admitted to a single room.

5.26.10.3 However, if a room is not available, transfer should not be refused.

5.26.10.4 Where staffing allows repatriated babies should be cohort nursed with contact precautions until screening results are known.

5.26.10.5 Information on screening and MRSA status should be sought from the referring hospital, however it is not a criteria for admission that a baby must be MRSA negative or that status must be checked immediately prior to transfer. This also applies to babies being transferred out.

5.26.10.6 A side room is preferable; however, in its absence the baby should be nursed as in 5.26.10.4.

5.26.10.7 The Infection Control Team must be informed of any admissions from other hospitals.

5.26.11. Monitoring compliance

5.26.11.1 Monitoring is achieved through regular clinical, environmental and hand hygiene audits along with a review of clinical incidents. Non-compliance will be addressed via the Clinical Units’ governance process.

5.26.11.2 The neonatal leads and managers, and the Infection Control Nurse will ensure training and teaching and provide individual support and education when requires.

5.26.11.3 Compliance will be addressed via the Clinical Governance Processes.

5.26.12. Exceptions for compliance

5.26.12.1 None, but clinical judgement has to be exercised.
5.27 Transfer of patients

5.27.1 To wards and other departments
The receiving ward or department must be notified in advance that the patient has MRSA so that they can risk assess requirement for isolation prior to transfer see Appendix K. Requirement for urgent specialist care should not be compromised by control measures and patients’ overall needs should take precedence. The patient should wear clean clothing and be transferred in a clean bed. Lesions must be covered with an impermeable dressing.

5.27.2 To other hospitals or care facilities
The receiving organisation must be notified in advance by telephone that the patient has MRSA carriage. An inter healthcare transfer form should be completed including MRSA history.

5.27.3 Portering staff
Must clean their hands thoroughly with soap and water or alcohol gel (i.e. they do not need to wear gloves and apron unless they are involved in direct manual handling of the patient).

5.27.4 MRSA spread in a rehabilitation ward
Is most likely to result in colonisation rather than infection. To prevent delays in transfers, a risk assessment for each MRSA patient prior to their transfer from the acute site is required (see Appendix K).

5.28 MRSA patients attending clinics and outpatient departments
- Effective hand hygiene before and after handling patients remains the most effective measure for the prevention of cross-infection.
- Plastic apron and gloves should be worn when directly handling the patient.
- Patients may wait in communal waiting areas provided all wounds are covered.
- After consultation, if dressings have been removed or indwelling devices manipulated, the surfaces that the patient came in contact with should be cleaned with hot water and detergent or universal wipes.
- Any equipment used should be cleaned in accordance with the ‘Decontamination of Equipment’ policy.

5.29 Hydrotherapy
If hydrotherapy is identified as the treatment of choice for a patient colonised with MRSA, this should be arranged as normal.
The physiotherapist will assess the clinical need. If in doubt he/she should discuss this with a member of the Infection Control Team.
Any patients (not only those with MRSA) who have small wounds/ulcers can use the hydrotherapy pool provided these areas are covered with a waterproof dressing.

5.30 Discharge
MRSA patients should be discharged from hospital when their clinical condition allow.
- The clinician discharging the patient is responsible for informing the patient’s GP of the patient’s MRSA status in the discharge letter.
The nurse discharging the patient is responsible for notifying the appropriate community care providers of MRSA carriage in the discharge summary.

The infection control team will notify the patient’s GP and Consultant team if the MRSA is isolated for the first time after the patient’s discharge from hospital.

When investigating MRSA bacteraemia is may be necessary for community and acute care facilities to share relevant patient records.

5.31 Management of patients in their own home

- Patients who are colonised with MRSA should continue to live a normal life in the community without restriction.
- Dressings or other nursing care for clients who have MRSA should be carried out in their own room in residential/nursing homes.
- Advise patients not to share personal items (e.g. towels, razors or clothing) or any item that may have been contaminated with wound drainage.
- If individual family members have special risk factors e.g. surgical wounds, management can be discussed with the ICT.
- In their own home MRSA carriers are of no risk to healthy family, friends, children, visitors and staff.
- Advice on good hygiene should be given to patient and family.
- Clothing and bed linen should be washed on the hottest temperature the fabric can tolerate and tumble dried if possible.
- There are no restrictions for patients attending social events or using public transport.
- Equipment required for healthcare within the home should remain in the home for the duration of treatment. Following use it must be appropriately decontaminated before future use. Single use equipment should be considered if decontamination cannot be guaranteed e.g. blood pressure cuffs.

5.32 Transport of MRSA positive patients in hospital car or by ambulance

Most MRSA carriers may be transported with other patients in the same ambulance without any special precautions other than changing the bedding used by the carrier. Lesions should be covered.

No additional cleaning of the ambulance is required after transportation. Further guidance is available in ‘National Guidance and Procedures for Infection Prevention and control’ by the Ambulance Association (June 2004).

5.33 Last offices

- Universal precautions apply.
- Any lesions should be covered with impermeable dressings (e.g. Sleek).
- Body bags are not necessary unless there is a risk of body fluid leak (as per Trust last offices policy).

5.34 Outbreaks of MRSA

If there is evidence that two or more patients have acquired MRSA on the same ward the ICT will undertake a risk assessment. Actions will be taken depending on the findings of the investigation.
6. **Equality and Human Rights Statement**

6.1 The policy considers that staff should conduct interventions which meet the needs of all patients and take steps to ensure they have understanding, even if English is not their first language or mental capacity may be impaired.

6.2 A full equality impact assessment has been undertaken on this policy.

7. **Competencies and Training Requirements**

At ESHT there is a need to ensure awareness amongst employees on the relevance and application of this policy.

- The ICT will provide training to implement this policy through the Infection Control Link Facilitators (ICLF). The ICLF will then disseminate the relevant changes to their ward/department colleagues.
- The ICT provide mandatory training to all Trust employees.
- All clinical staff must attend their mandatory Infection Control training yearly.
- All non-clinical staff must attend their mandatory training 3 yearly.
- New staff to ESHT are required to attend their mandatory Infection Control Induction training and complete the Infection Control e-learning prior to induction.
8. Monitoring Compliance with the Document

Monitoring Table

<table>
<thead>
<tr>
<th>Element to be Monitored</th>
<th>Lead</th>
<th>Tool for Monitoring</th>
<th>Frequency</th>
<th>Responsible Individual/Group/ Committee for review of results/report</th>
<th>Responsible individual/group/ committee for acting on recommendations/action plan</th>
<th>Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with policy</td>
<td>ICT</td>
<td>Audit</td>
<td>Initially annually / as required</td>
<td>ICT, Clinical Units Clinical Governance meetings</td>
<td>TICG</td>
<td>ICLF, HON, Matrons, ADNs</td>
</tr>
<tr>
<td>Mandatory of Adhoc education and training</td>
<td>Learning &amp; Development ICT</td>
<td>Attendance records</td>
<td>Quarterly</td>
<td>ICT, Clinical Units Clinical Governance meetings</td>
<td>TICG</td>
<td>Matron, HON, ADNs</td>
</tr>
<tr>
<td>Incident report</td>
<td>ICT / Head of Department</td>
<td>Datix</td>
<td>As required</td>
<td>ICT, Clinical Units Clinical Governance meetings</td>
<td>TICG</td>
<td>ICT, HON, Matrons, ADNs</td>
</tr>
</tbody>
</table>
9. References


Boyce JM 2001. MRSA patients: proven methods to treat colonization and infection. *Journal of Hospital Infection* 48 (supplement A): S9-S14

Coia JE, Duckworth GJ, Edwards DI et al. (2006) Guidelines for the control and prevention of meticillin-resistant *Staphylococcus aureus* (MRSA) in healthcare facilities by the joint BSAC/HIS/ICNA working party on MRSA. *Journal of Hospital Infection* 63: (supplement 1).


Department of Health 31st December 2008; Gateway reference number 11123


Emergency Admissions MRSA Screening Pathway October (2009)


MRSA Screening – Operational Guidance 2
Title of document: Policy for the Management of MRSA in acute hospitals and non-acute intermediate care units

Who will be affected by this work?
This policy will affect staff, patients, visitors, other healthcare facilities and partnering organisations

Please include a brief summary of intended outcome:

*Staphylococcus aureus* is a bacteria that is found commonly on the skin and can cause a wide range of diseases including superficial skin infection to deep seated infections including bacteraemia.

Meticillin resistant *Staphylococcus aureus* (MRSA) is the term used to describe *Staphylococcus aureus* that has become resistant to more commonly used antibiotics. MRSA can cause the same range of diseases as Meticillin sensitive *Staphylococcus aureus*.

This policy has been written for the management of MRSA in acute and non-acute settings. It aims to provide information to Healthcare Workers in order to minimise the risk of transmission of infection and for the safe management of patients with MRSA.

The community, neonatal and acute hospital policies have now been incorporated into one policy.

<table>
<thead>
<tr>
<th>Does the work affect one group less or more favourably than another on the basis of: (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)</th>
<th>Yes/No</th>
<th>Comments, Evidence &amp; Link to main content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Age</td>
<td>Yes</td>
<td>Children / paediatrics are not routinely offered screening unless they are in a high risk group. (See section 5.3.2 and 5.5.2) All babies admitted or readmitted to SCBU are screened on admission and then weekly (See section 5.26.3)</td>
</tr>
<tr>
<td>Disability (including carers)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Religion &amp; Belief</td>
<td>No</td>
<td></td>
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<tr>
<td>Gender</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation (LGBT)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>Yes</td>
<td>Maternity / obstetrics are not routinely offered screening except for elective caesareans &amp; high risk cases (See section 5.3.2)</td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td>No</td>
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<tr>
<td>2. <strong>Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?</strong></td>
<td>No</td>
<td>Exclusion from screening are based on the NOW study (2011) and national guidance. Refer to Reference page 27</td>
</tr>
<tr>
<td>3. <strong>What are the impacts and alternatives of implementing / not implementing the work / policy?</strong></td>
<td>Not implementing this policy would put patients at increased risk transmission of MRSA and developing infection. See Rationale page 2.1</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Please evidence how this work / policy seeks to “eliminate unlawful discrimination, harassment and victimisation” as per the Equality Act 2010?</strong></td>
<td>This policy is applicable to all staff (Section 4.4) There is no unlawful discrimination, harassment or victimisation evident from this policy. Anyone at risk is considered for screening</td>
<td></td>
</tr>
<tr>
<td>5. <strong>Please evidence how this work / policy seeks to “advance equality of opportunity between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?</strong></td>
<td>There is no evidence of any people with protective characteristics having any advance equality of opportunity All patients would be treated equally as per Patient Privacy and Dignity policy. All members of clinical staff receive mandatory training annually in line with ESHT mandatory training policy. This will ensure that staff have a good understanding and will eliminate discrimination, harassment and victimisation. Section 7.</td>
<td></td>
</tr>
<tr>
<td>6. <strong>Please evidence how this work / policy will “Foster good relations between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?</strong></td>
<td>All patients would be treated equally as per ESHT Patient Privacy and Dignity policy. Staff are trained in Equality and Diversity in online training.</td>
<td></td>
</tr>
<tr>
<td>7. <strong>Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)</strong></td>
<td>Some patients may require isolating depending on the risk category. (Section 5.9 and Appendix K) All clinical staff receive yearly mandatory Infection Control training to enable them to manage patient with MRSA. Information leaflets are provided to patients who are diagnosed with a 'new' MRSA</td>
<td></td>
</tr>
<tr>
<td>8. <strong>Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?</strong></td>
<td>This policy has been developed with consideration of the latest guidelines and studies. (See consultation table, page 4)</td>
<td></td>
</tr>
<tr>
<td>9. <strong>Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).</strong></td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B – Staff Feedback Form

Please complete this form if you would like to make a comment on the procedural document you have just read. Your feedback will be held by the Assurance Manager and your views will be taken into account at the next review date of the document.

<table>
<thead>
<tr>
<th>Title of the procedural document:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of next review:</td>
<td></td>
</tr>
<tr>
<td>Your name (optional):</td>
<td></td>
</tr>
<tr>
<td>Date today:</td>
<td></td>
</tr>
<tr>
<td>Your comments:</td>
<td></td>
</tr>
</tbody>
</table>

Thank-you for your feedback

Please forward this form to: **Assurance Manager (NHSLA)**
MRSA screening using Mannitol indicator broth

The areas to be screened are

**Essential site**

- NOSE (1 swab for both nostrils)

**Secondary site**

- AXILLA
- PERINEUM/GROIN (preferred second site)
- BREAKS IN THE SKIN OR EXFOLIATING SKIN CONDITION. (if any wound sites look infected please send a separate red top swab for C & S)
- CSU FROM CATHETER (dip swab in urine then in broth)

**You will need**

- Cleaned procedure tray
- A pair of non sterile gloves
- One MRSA indicator broth bottle
- A PAS label (or a plain address label if no PAS label available)
- Swabs – no need to label these

**Method**

1. Label the MRSA broth bottle with a PAS label, if this is not available use a plain address label and include Patient’s name, Hospital number, DOB and ward. Place the label over the top 2/3rds of the bottle ensuring that liquid solution is not covered.

2. Clean hands using Alcohol hand gel and don gloves. (To reduce risk of contamination)

3. Remove cap from MRSA indicator broth.

4. Swab the 1st site, ensure that the swab is moistened prior to use on dry areas.

5. Place the swab into the broth solution and rotate the swab against the side of the container two rotations fully clockwise.
6. Use a separate swab for each site, inoculate the same broth with each swab (DO NOT USE SINGLE BROTHS FOR SINGLE SWABS).

7. Remove the swab and place back in the pack. After screening discard all swabs into the clinical waste bag.

8. Once all site swabs have been taken securely close the MRSA broth lid as leaking specimens will be rejected.

9. Send the sample and form(s) down to the laboratory to be placed in the fridge, the results will be available the next day if specimens are received before 4pm, NB if specimens are received after 4pm the MRSA results will be delayed.
Meticillin resistant *Staphylococcus aureus* (MRSA)  
Admission Screening documentation  

**PLEASE PRINT ON BLUE PAPER ONLY**

<table>
<thead>
<tr>
<th>PRINT DETAILS OR USE PAS LABEL</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ....................................................</td>
<td></td>
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<td>Address.................................................</td>
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<td>..........................................................</td>
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<tr>
<td>Unit NO: ..................................................</td>
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<tr>
<td>DOB.......................................................</td>
<td></td>
</tr>
</tbody>
</table>

**Section to be completed by ward nurse**

<table>
<thead>
<tr>
<th>Previous MRSA history (Yes / No)</th>
<th>If ‘Yes’ screen, start decolonisation and pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of screening</td>
<td></td>
</tr>
</tbody>
</table>

**Tick sites screened :**

- Nose (essential)

**Other secondary swabs**

- Axilla
- Perineum / Groin (preferred second site)
- Wounds or skin breaks  
  *(please state site/s)*
- CSU if catheterised  
  *(swab dipped in urine and added to broth)*
- Sputum (if productive cough)  
  *(not suitable for broth)*
Screening results

<table>
<thead>
<tr>
<th>Site sampled</th>
<th>Result (Positive / Negative)</th>
<th>Date of result</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

If patient is confirmed to be MRSA positive or a known previous MRSA a full MRSA Carepathway screening should be commenced, including decolonisation.
Appendix E  Urgent MRSA PCR test

Xpert™ MRSA Specimen Collection Protocol

1. Insert the dry swabs 1 – 2 cm into the nostril and rotate swabs against the inside of the nostril for 3 seconds whilst applying pressure with finger to the outside of the nose.

2. Repeat Step 2 in second nostril with the same swab.

3. Place the swabs back into the tube.

4. Present swab to specimen reception and request rapid test.

Notes

1. The MRSA PCR test is only validated for nose swabs, the test is being offered for elective cases where the pre-admission screen using the routine broth method (negative 24hrs Positive 48-72hrs) result is deemed too long for patient care. Any test done will be directly charged to the requesting division.

2. You will need to use the Copan venture transystem double swab – no other swab can be used. These are available on request from Microbiology.

3. Samples will be tested routinely between 9am and 3pm Monday Friday.

Methodology
Appendix F  Pre-Admission Screening Pathway

Pre-admission screen undertaken within 14 weeks of admission date

Swabs should be taken as near to the admission as is practicable.

MRSA not isolated

Advise Medical Team to prescribe a 5-day course of decolonisation.

Nasal Bactroban 4% Twice daily or Naseptin 4 times a day

Chlorhexidine solution as a soap substitute once daily

Contact patient to collect prescription from pre-assessment clinic (or other).

To be applied on the 5 days immediately prior to admission

Antibiotic Prophylaxis

For procedures where antibiotic prophylaxis is indicated (see Trust policy) empirical cover for MRSA is also required on induction

Please note all elective patients will need to continue using chlorhexidine 4% cleansing solution (hibiscrub), daily as a soap substitute, in the bath or shower during patients hospital stay.

Document results and actions in integrated patient care notes

MRSA or previous known MRSA isolated
## Appendix G – MRSA Screening Requests

This form is to be used for MRSA screens only. (Not clinical specimens)

Please ensure all broth lids are securely closed. Any leaking specimens will be rejected by the laboratory.

**Dip swab in CSU then add to broth (do not send fluid sample of CSU).**

<table>
<thead>
<tr>
<th>Name (PAS LABEL)</th>
<th>Date / Time</th>
<th>Ward / Dept</th>
<th>Cons</th>
<th>Lab No.</th>
<th>Nose, Axilla or Perineum (state sites)</th>
<th>Wound swab (separate pot)</th>
<th>Sputum (separate pot)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N A P <strong>CSU</strong></td>
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</table>

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STAFF INFORMATION

MRSA Decolonisation Therapy

The aim of decolonisation therapy is to decrease the risk of infection/transmission by reducing the burden of MRSA on the patient. It is may not achieve a permanent negative MRSA screen.

Decolonisation therapy is recommended for patients who have one or more sites of MRSA colonisation or MRSA isolation from a sterile site and is considered significant: Previous MRSA carriers must be treated with decolonisation therapy regardless of current admission screening swab results.

<table>
<thead>
<tr>
<th>Area to be treated</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nose</td>
<td>Bactroban® (2% Mupirocin) nasal ointment to be applied to the inside of both nostrils 2 times daily for 5 days for Muripocin sensitive (S) and Muripocin intermediate (I) resistance isolates only. For Muripocin or Naseptin resistant (R) isolates contact the Consultant Microbiologist for advice. Or; Naseptin® nasal cream to be applied to both nostrils 4 times a day for 5 days. For Naseptin sensitive (S) and Naspetin intermediate (I) resistant isolates only. NB: Naseptin must not be given to patient with an allergy to peanuts or soya.</td>
</tr>
<tr>
<td>Skin and Hair</td>
<td>Chlorhexidine 4% cleansing solution (e.g. Hibiscrub®) is to be used daily as a soap substitute in the bath or shower during the patients hospital stay. (for 5 days in community Intermediate Care Centres and once as a shampoo) It can be used weekly as a shampoo as part of the decolonisation therapy or hair can be washed using the antibacterial shampoo cap.</td>
</tr>
</tbody>
</table>

Treatment of special circumstances (after discussion with the ICT)

<table>
<thead>
<tr>
<th>In Critical Care only</th>
<th>Additional decolonisation of throat is indicated due to air-way management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treating of throat carriage is difficult to achieve and only attempted in Critical Care or after discussion with the infection control team. The following regimens can be tried.</td>
</tr>
<tr>
<td></td>
<td>➢ Chlorhexidine 0.2% throat spray (Corsodyl®) applied twice daily for 5 days.</td>
</tr>
</tbody>
</table>

Other sites

Seek the advice of the ICT or a Consultant Microbiologist.

Seek advice from the infection control team if concerned about patients who do not meet the above criteria or patients who may be allergic or intolerant to treatment regimes.
Patient information

MRSA Decolonisation Treatment Regime

Meticillin Resistant *Staphylococcus aureus* (MRSA) has been found from screening therefore it is recommended that a MRSA decolonisation treatment is used. The aim of MRSA decolonisation treatment is to decrease the risk of infection by reducing the amount of MRSA found on the skin.

You will be given a pack containing:-

- Hydrex surgical scrub (Chlorhexidine)
- Bactroban or Naseptin nasal Ointment

These should be used for up to 5 days prior to surgery/admission to hospital.

**Hydrex surgical scrub**

- To be used once a day as a soap substitute in the bath or shower during the patients hospital stay and once weekly as a shampoo (for 5 days in community intermediate care centres and once as a shampoo)

*(The product should be applied to wet skin as a liquid soap, do not dilute in a bowl of water or pour into the bath.)*

*For patients with eczema, dermatitis or other skin conditions may commence an alternative product such Ollatum plus.)*

**Bactroban nasal ointment**

- To be applied to the inside of both nostrils 2 times per day for up to 5 days in total.

**Naseptin nasal cream** – To be applied to the inside of both nostrils 4 times per day for 5 days in total.

**NB:** Naseptin must not be given to patient with an allergy to peanuts or soya.

**How should I apply Bactroban nasal ointment?**

1. Unscrew the cap and squeeze a small amount of ointment (about the size of a match head) on to your little finger.
2. Apply ointment to the inside of one nostril.
3. Repeat for the other nostril.
4. Close your nostrils by pressing the sides of the nose together for a moment. This will spread the ointment inside each nostril.
5. Wash your hands and replace the cap on the tube.

If applying Bactroban nasal ointment to another person a cotton bud may be used instead of a little finger.
If you have any concerns regarding your decolonisation treatment or questions regarding MRSA please contact:

Conquest Hospital, Hastings
Telephone 01424 755255 Ext 8610

Eastbourne District General Hospital
Telephone 01323 417400 Ext 4136

This patient information should be read in conjunction with East Sussex Hospitals NHS Trust patient information leaflet ‘What is MRSA?’

Infection Control Team
Appendix J  Emergency Admission Screening Pathway

Decision made to admit unplanned admission

Screen for MRSA within 24hrs of admission
- Nose (essential)
- Perineum / groin
- Axilla
- Wounds or skin breaks
- Urine if catheter present
- Sputum if productive cough

Does the patient have a history of MRSA?

YES  Document
- Assess the need for isolation
- Commence decolonisation treatment
- Commence MRSA Care pathway and initial actions
- Implement standard isolation precautions
- Inform patient of result and possible need for isolation
- Provide patient with MRSA booklet
- Observe for clinical signs of infection
- Contact housekeeping to arrange for deep cleaning of bed space

NO/  Check MRSA results after 24-48 hours
- Positive
- Negative

Document result on admission screening form.
MRSA Risk Assessment Tool

Based on a risk assessment by the Infection Control Team of the likelihood of MRSA giving rise to infection, High, Medium and Low risk patient areas have been identified and different strategies for the containment of MRSA are advised.

NB. For simplicity this tool may assist in deciding the appropriate management of MRSA carriers and is an Appendix to the Trust policy for the Control of MRSA in hospital which can be found on the Intranet.

<table>
<thead>
<tr>
<th>RISK AREAS</th>
<th>CONTAINMENT MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW risk areas</td>
<td>• Intermediate Care Unit - (delayed transfer of care, medically fit for discharge)</td>
</tr>
<tr>
<td></td>
<td>• Universal infection control precautions apply</td>
</tr>
<tr>
<td></td>
<td>• Isolate in the presence of an open discharging wound (e.g. leg ulcer)</td>
</tr>
<tr>
<td>MEDIUM risk areas</td>
<td>• General surgical wards</td>
</tr>
<tr>
<td></td>
<td>• General medical wards (excluding cardiology and haematology/oncology)</td>
</tr>
<tr>
<td></td>
<td>• Paediatrics</td>
</tr>
<tr>
<td></td>
<td>• Obstetrics</td>
</tr>
<tr>
<td></td>
<td>• Priority for isolation are wounds, indwelling catheter, drains or a productive cough</td>
</tr>
<tr>
<td></td>
<td>• If a nose and throat carrier only may be managed in an open ward if no single rooms available</td>
</tr>
<tr>
<td>HIGH risk areas</td>
<td>• ICU</td>
</tr>
<tr>
<td></td>
<td>• CCU *</td>
</tr>
<tr>
<td></td>
<td>• SCBU</td>
</tr>
<tr>
<td></td>
<td>• Cardiology wards (Berwick &amp; James)</td>
</tr>
<tr>
<td></td>
<td>• Haematology/oncology wards (Pevensey) or Conquest</td>
</tr>
<tr>
<td></td>
<td>• Orthopaedics</td>
</tr>
<tr>
<td></td>
<td>• All MRSA carriers require isolation either in single rooms or cohorted (unless advised otherwise by the Infection Control Team)</td>
</tr>
</tbody>
</table>

* There are no single rooms on CCU at EDGH. ICT should be advised of each case.

Regardless of patients’ location the most effective measure to prevent cross-infection of MRSA is by hand hygiene compliance before and after patient contact.
CONTROL OF METICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) IN ACUTE AND NON-ACUTE INPATIENT SETTINGS

APPENDIX L – Care Pathway

East Sussex Healthcare NHS Trust

Meticillin resistant *Staphylococcus aureus* (MRSA) screening

**CAREPATHWAY**

**PLEASE PRINT ON BLUE PAPER**

<table>
<thead>
<tr>
<th>PRINT DETAILS OR USE PAS LABEL</th>
<th>Ward</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ..........................................................</td>
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<td></td>
</tr>
<tr>
<td>Address ................................................................</td>
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<td>.................................................................</td>
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<tr>
<td>Unit NO: ..........................................................</td>
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<tr>
<td>DOB................................................................</td>
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</tbody>
</table>

N.B. Regardless of screening result previous known MRSA carriers are treated as positive and follow Carepathway.

**Initial actions**

<table>
<thead>
<tr>
<th></th>
<th>Yes (initial)</th>
<th>No (initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is an isolation room required according the MRSA risk assessment tool?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If yes, bed manager and Infection Control Nurse to be informed if a single room is required and not available.</td>
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<td></td>
</tr>
<tr>
<td>- Has cohort nursing been considered?</td>
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</tr>
<tr>
<td>2. Patient to be informed of their MRSA status and the need for isolation explained.</td>
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</tr>
<tr>
<td>3. MRSA patient information leaflet to be given to patient.</td>
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</tr>
<tr>
<td>4. Domestic supervisor / Housekeeper to be informed that bed space will require a deep clean using a hypochlorite solution (1,000 ppm.) daily and when bed is vacated.</td>
<td></td>
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</tr>
<tr>
<td>5. Patient equipment to be decontaminated by nursing staff</td>
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</tr>
<tr>
<td>6. An assessment has been undertaken for signs of clinical infection.</td>
<td></td>
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</tr>
<tr>
<td>7. Implement standard isolation precautions. Ensure isolation notice on door, gloves, aprons and alcohol hand gel is available.</td>
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<tr>
<td>8. Decolonisation treatment to be prescribed using pre-printed labels.</td>
<td></td>
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</tr>
<tr>
<td>9. Documentation of a patient’s MRSA status to be completed on MRSA admission screening form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. MRSA Carepathway to be commenced</td>
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</tr>
</tbody>
</table>

**Review date / comments**
APPENDIX M

Patient Movement Guidance

Purpose

The risks of health care associated infection (HCAI) are exacerbated by extensive movement of patients within the hospital, by very high bed occupancy and by an absence of suitable isolation facilities (DoH, Winning Ways 2003). The Department of Health’s programme to reduce HCAI including MRSA requires a review of the patient journey for emergency and planned patients to identify and reduce the risks of infection transmission that are associated with movement of potentially infected patients (DoH, Saving Lives 2005).

This guidance sets out the infection prevention and control principles that need to be applied to bed management and movement of patients to minimise the risk of infection, in times of bed shortages when the need for additional beds requires patient movement. (See Appendix M)

A risk assessment should be undertaken to ensure low risk patients are moved. Patients with infection control alerts are not transferred to other wards unless their clinical need dictates.

This guidance provides a risk assessment to facilitate the safe movement of patients but if you have any decisions that might put other patients at risk from infections due to operational pressures the ICT team should be contacted in or out of hours.

Movement to Orthopaedic and surgical wards

Aim to prevent MRSA being introduced to vulnerable high risk areas.

Priority is that beds remain available for booked elective surgery.

General rules

• Medicine should not be placed on surgery, when it does bays should be converted to medicine not mixed with surgical and only the lowest risk patients should be transferred.

• Only surgery should be placed on orthopaedics not medicine

• When such decisions are made this must be shared with the ICT at the earliest opportunity.

• Only patients with a negative MRSA screen should be admitted to surgical bays.

• Communication between wards and departments regarding current clinical status of the patient including known or suspected “infective” issues is essential.

• Patients transferred to other healthcare facilities should be transferred with a completed Inter healthcare transfer form including history of MRSA and any treatment received.