# MRSA Policy

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Equality Impact

Great Western Hospitals NHS Foundation Trust (‘GWH’) strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, GWH aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual. The results are shown in the Equality Impact Assessment Tool at APPENDIX A.
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1 Document definition

1.1 Introduction

Meticillin-resistant *Staphylococcus aureus* (MRSA) are antibiotic-resistant strains of the bacteria *Staphylococcus aureus*. Meticillin resistance indicates flucloxacillin resistance and resistance to all the penicillins and cephalosporins.

About one in three people carry *Staphylococcus aureus* (SA) bacteria in the nose or on the surface of their skin (especially in folds like the armpit or groin) without developing an infection. This is known as being colonised by the bacteria.

MRSA continues to be endemic in many UK hospitals. MRSA can cause serious illness that leads to increased healthcare costs.

MRSA will not normally infect a healthy person. Although it is possible for people outside hospital to become infected, MRSA infections are most common in people who are already in hospital. This is because:

- they often have an entry point for the bacteria to get into their body, such as a surgical wound or a catheter,
- they tend to be older, sicker and weaker than the general population, which makes them more vulnerable to infection, and
- they are surrounded by a large number of other patients and staff, so the bacteria can spread easily (through direct contact with other patients or staff, or via contaminated surfaces (Health Protection Agency 2010).

1.2 References, further reading and links to other policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which staff should refer to for further details:

<table>
<thead>
<tr>
<th>Ref. No.</th>
<th>Document Title</th>
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<td>1.</td>
<td>Hand Hygiene Policy</td>
<td>Intranet</td>
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<td>2.</td>
<td>Standard Infection Control Precautions</td>
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<td>3.</td>
<td>Isolation policy</td>
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<td>4.</td>
<td>GWH Operational Escalation Policy</td>
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<td>5.</td>
<td>GWH Specimen Transportation Policy</td>
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<td>6.</td>
<td>GWH Linen policy</td>
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<td>7.</td>
<td>GWH Incident Management policy</td>
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<td>15</td>
<td>Perry C. Best practice: Exploring the evidence for screening staff for MRSA.</td>
<td>Internet Nursing Times 2008;104:34-36.</td>
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1.3 Glossary/definitions

The following terms and acronyms are used within the document:

- DH: Department of Health
- DNA: Deoxyribonucleic acid
- GWH: Great Western Hospitals
- HDU: High Dependency Unit
- HPA: Health Protection Agency
- IP&C: Infection Prevention & Control
- ICU: Intensive Care unit
- MSSA: Meticillin Sensitive Staphylococcus aureus
- PCR: Polymerase Chain Reaction
- PICC: Peripherally Inserted Central Catheter
- PVL: Panton Valentine Leukocidin
- SA: Staphylococcus aureus
- SAU: Surgical Assessment Unit
- PAC: Pre Assessment Clinic
- PIL: Patient Information Leaflet
- RUH: Royal United Hospital (Bath)
- SCBU: Special Care Baby Unit
- MRSA: Meticillin Resistant Staphylococcus aureus
- VPLS: Virtual Pathology Laboratory System

1.4 Document description

This document provides guidance for the management of MRSA which must be followed by all clinical staff.

1.5 Purpose of the document

To provide clear guidelines for the prevention, management and containment of MRSA in order to reduce the risk of acquisition and transmission where healthcare is delivered.

1.6 Scope

This policy provides specific guidance for Trust staff regarding screening, treatment and ongoing management for MRSA and to promote a consistent approach. The policy applies to all wards, departments, services and healthcare staff under the remit of the Great Western Hospitals NHS Foundation Trust and inpatient areas of organisations with a Service Level Agreement for Infection Prevention & Control services.

1.7 Regulatory position


1.8 Special cases

None.
1.9  **Acute and Maternity Standards Criterion**

This document does contain screening procedures.

1.10 **Consultation Process**

The following is a list of consultees in formulating this document:

<table>
<thead>
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<td>All members of the Infection Control Forum/ Infection Control Committee, 2012 membership.</td>
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1.11 **Comments**

Any comments on this policy should, in the first instance be addressed to the author.
2 Main policy content details

2.1 General principles

General principles of infection prevention and control apply to all wards, departments, services and healthcare staff and are always applicable to the management and control of MRSA. These include:

- Good hand decontamination practices and adequate cleaning of the environment (Hand Hygiene Policy). The wearing of gloves is not necessary during the transportation of a patient.
- Rational use of antibiotics and compliance with antibiotic guidelines and policies.
- Avoiding overcrowding of patients.
- Reviewing the need for and minimising intra- and inter-ward transfer of patients.
- Maintaining adequate and appropriately skilled nursing and other staff.
- Further risk assessment of MRSA patients when isolation is not possible.

2.2 Screening of hospital admissions

2.2.1 Aim

Elective and emergency NHS admissions must be screened as per Department of Health (DH) guidance on or before admission to hospital.

An IP&C risk assessment must be carried out on all patients admitted to the Trust, by the nurse/Midwife in charge of the patient. This assessment can be accessed from the IP&C intranet home page; the document forms part of the Assessment units admission pack, the elective admission document for Pre Operative Assessment patients or at GWH an electronic assessment is available on the electronic nursing care record system, under the patient’s records.

The screening of patients will identify MRSA carriers either before or on admission. This will allow measures to be put into place to reduce the risk of infection for these patients and to other vulnerable patients within the Trust’s hospitals. All patients should be provided with written patient information leaflets giving details about the screening process.

2.2.2 Elective admissions

All patients who have an elective admission must have an MRSA screen taken at Pre Operative Assessment, in line with the outcome of the risk assessment, prior to the planned procedure. This includes Day Surgery patients via the Cherwell Pre-operative Assessment Unit.

For elective inpatient orthopaedic surgery: the patient must be screened within eight weeks prior to the planned procedure. If the patient is admitted after this time, a further screen must be taken and results obtained before the patient can be admitted to the elective orthopaedic ward.
All other elective surgical cases will have a screen valid for 18 weeks prior to surgery. If the screen has expired, a new screen must be obtained on admission for these cases. (See Appendix I for process for managing and informing the patient).

All patients that have planned medical admissions who, for whatever reason, have not been screened during their pre-admission period should be screened by their GP prior to admission, or by ward staff immediately on admission. This also includes patients being admitted into the local community hospitals for blood transfusion.

Patients who are due to start renal dialysis should also be screened and treated appropriately in order to reduce colonisation and the risk of infection from invasive procedures.

Any other patients that have elective admissions are screened for MRSA at the time of admission if they do not attend pre-operative assessment, before admission.

### 2.2.3 Maternity/obstetrics

Pregnant women who are to undergo an elective caesarean section will be screened. In addition all pregnant women who are high risk cases will also be offered a full MRSA screen between 32-40 weeks gestation during assessment at the ante-natal clinic.

**Pregnant women - classed as high risk:**

- Planned elective caesarean section
- Diabetic
- Multiple pregnancy (i.e. twins, triplets etc)
- Healthcare worker
- Baby is likely to be admitted to Special Care Baby Unit or Neonatal Intensive Care after delivery

Pregnant women presenting for emergency caesarean section will be screened, where possible, before surgery and a full screen obtained. In extreme emergency situations the screen will be obtained in the recovery ward at the Royal United Hospital (Bath) or in the Delivery suite at the GWH. A nasal swab only will be obtained for post-op patients as perineal or groin swab would not be appropriate due to pre-surgery cleansing. MRSA screening will be included in the pre-op or recovery check list to ensure compliance.

### 2.2.4 Exclusions

The following groups of patients do not need to be routinely screened as per the Department of Health Operational Guidance:

- Day case ophthalmology
- Day case dental
- Day case endoscopy
- Children/paediatrics unless already in a high risk group
- Maternity/Obstetrics except for elective and emergency caesareans and any high risk cases.
2.2.5 Private Patients

Private elective orthopaedic patients will be offered the same screening and decolonisation programme as NHS patients to protect them from post operative joint infections. All other private patients will be offered MRSA screening as per risk assessment and offered suppression therapy if appropriate depending on procedure.

2.2.6 Emergency admissions

All adult patients admitted as an emergency are screened on admission. Children/paediatrics are not screened unless in a high risk group, identified through the MRSA risk assessment. (See Appendices C and H for flow diagrams)

All emergency patients will be risk assessed and an appropriate MRSA screen obtained on admission or within 24 hours.

A patient has a right to refuse a MRSA screen. Staff must ensure the patient fully understands the reason for the screening process and document in the patient’s records if the patient declines.

All oncology patients are to have a full screen at the point of starting treatment and every 6-8 weeks during treatment, if they are attending the hospital. This includes patients who attend day therapy.

MRSA screening patient information leaflets are tailored for each admission route and available on the Trust's intranet. The leaflets are to be made available to all patients as they are admitted to individual departments.

Patients in the following categories are regarded as high risk and require a full MRSA screen: -

1. Known or Previous MRSA Positive & clearance achieved
2. Living in same household with someone with MRSA
3. Diabetic
4. Work or reside in a Nursing/Residential home
5. Overnight hospital stay or inpatient in past 6 months
6. Any wounds or chronic skin lesions, including invasive devices e.g. urethral catheters or PICC lines
7. Health Care worker

2.3 Screening sites

The MRSA risk assessment completed in Pre Operative Assessment or on admission will identify the sites to be screened. Adult patients with no identified risks will have a nose swab only. Prior to sampling a dry site, e.g. nose, swabs should be moistened using the sterile gel that accompanies the swab or sterile sodium chloride 0.9% solution.

Any patients identified as high risk (including children) will have a full MRSA screen which comprises of:

- Nose swab (one swab should be used to screen both nostrils)
- Groin (Swab both sides)/perineum
- Wounds/skin breaks
- Invasive sites e.g. vascular catheter, tracheostomy
• Urine, if urinary catheter in situ
• Penile tip swab if male patient with urethral catheter in situ
• Sputum if expectorating (Children – obtain ‘cough swab’)
• Umbilicus (in neonates only)

2.4 Request forms and procedure:

1. If sending samples to the GWH laboratory use the MRSA screening request form for all MRSA Admission screens (available through materials management) and a microbiology form for obtaining clearance screens. Samples being sent to the RUH laboratory require an appropriate, current, specimen form.
2. Request a ‘MRSA Screen’ on the appropriate form.
3. Use a single request form for all MRSA screening swabs for an individual patient.
4. State reason for obtaining the MRSA screen in the box headed ‘clinical details’.
5. If an admission screen, list any antibiotics that patient is receiving on the form.
6. Explain the procedure to the patient, provide the appropriate patient information leaflet about MRSA screening and obtain their verbal consent. If a patient refuses to give consent to MRSA screening, document this in the medical records.
7. Collect swabs as per risk assessment using appropriate, current laboratory swabs
8. Thoroughly wash and dry hands.
9. If sampling a dry site or the nose, immerse swab in the transport medium or sterile sodium chloride 0.9% solution, immediately before swabbing the site.
10. Rotate the swab gently but firmly into nostril or other areas selected.
11. Place the swab into the transport medium.
12. Correctly label swab (s) and microbiology form with the patient’s relevant clinical details and write “MRSA SCREEN REQUEST” on the form if not using the GWH admission screen form.
13. Ensure all swabs are sent to the appropriate laboratory (as per specimen policy) as soon as possible after collection.
14. Record actions and subsequent results on the patient’s observation chart and in their notes as appropriate.
15. For pre-operative assessment patients, if a positive MRSA result is obtained, this should be recorded clearly in the notes and a record of subsequent treatment and management forwarded to the department to which the patient is to be admitted in the near future. It may be that communication needs to take place with the admitting department in order to agree a joint management plan for individual patients.

NB: Wound swabs sent as part of an MRSA screen will only be tested for MRSA.
• For wounds that show signs of infection send the wound swab separately for culture and request MRSA testing as well.
• When sending wound swabs from patients who are known MRSA positive, current or cleared, always state the patient’s MRSA status on request form.
2.5 Availability of Polymerase Chain Reaction (PCR) testing for GWH patients

The MRSA PCR system is a microbiology technique, which allows the laboratory to provide a result within two hours of receipt of specimen. The technique uses Deoxyribonucleic acid (DNA) amplification technology to detect very small amounts of bacterial DNA, specific for MRSA organisms.

There is limited availability of PCR MRSA screening at GWH site during the hours of 0900 and 1600 Monday to Friday only and 0900 – 1100 Saturday and Sunday. This screening test is only licensed and validated for nose swabs and the swabs must be collected from the store cupboard in the laboratory as required. PCR must be used only for those patients who need rapid results (two hours) and are not in the high risk category. (There is a cost implication of £25 per sample)

There are two swabs in the pack, a red top swab and a blue top swab. The sample should be taken using the red top swab first and then another sample taken using the blue top swab, both swabs from the nose only. The swabs must be accompanied by the designated request form, printed on blue paper. Please ensure the request form is fully completed to ensure the samples are processed.

Results will be provided as follows:

- MRSA PCR Positive results will be phoned to the clinician by the Laboratory staff, to the number specified on the request form.
- It is the responsibility of the clinician to inform the patient of the result, and take any necessary action as a result.
- MRSA PCR Negative results will not be phoned but will be put on Electronic Patient Administration System (Medway) /Ward enquiry at the allotted time.

Additional MRSA screens are required when patients are:

1. Previous positive patient being admitted to Aldbourne ward, and all discharged patients from Aldbourne
2. Admitted & discharged to/from ICU/HDU
3. Babies admitted/discharged to/from SCBU
4. Patients exposed to a known positive patient for longer than 24 hours

2.6 Obtaining Results

It is the responsibility of the person who has taken the swabs to ensure that the result is followed up and acted upon as necessary, except for emergency admission screens taken on Linnet Acute Medical Unit /Surgical Assessment Unit /Ambulatory care, where responsibility lies with the receiving ward.

Patients with a positive MRSA screen, that have been discharged prior to knowing a positive screening result, or not informed of the positive result on the electronic discharge letter will be notified by the Infection Prevention and Control team, who will by means of an ‘Electronic Patient Administration System (Medway) letter’ inform the patient and General Practitioner.
2.7 Community results procedure

- At the time of the screen patients should be advised when and who to ask for their results. If the patient is likely to be discharged before the results are received, add their GP to the microbiology form.
- In Adult services results should be checked within one week of screening using the electronic laboratory results system. In maternity services the community midwife who is caring for a mother post emergency caesarean section must check the results five days after screening.
- All MRSA positive results must be entered onto the patient’s admission sheet, if appropriate, in order to initiate prophylactic treatment.
- Midwives must inform the IP&C Team on 01793 604553 when positive results are received from the RUH Microbiology Laboratory.
- The result must be recorded in the patient’s notes and relevant staff informed (including allied health professionals, podiatrists/ dentists for example) so that the patient is isolated/ cohort nursed and decolonisation treatment can be prescribed and commenced.
- When taking over the care of a patient, both the nursing and medical team must check whether the patient has had a recent screen carried out and at what stage of decolonisation (if any) the patient is undergoing.
- Positive MRSA results must also be documented on the electronic discharge summary.
- IP&C Team are responsible for the completion of the appropriate MRSA letter confirming MRSA colonisation and ensuring that the GP and the patient concerned receive a copy.

Please note that depending on where the patient has been treated (e.g. RUH) some patients may have an MRSA passport. Details will be found of their status in this booklet and it is important to add any new details as necessary.

Patients must be informed if they are MRSA positive, and if/how it will be treated, by the staff responsible for their care. Staff must document the conversation has taken place in the nursing records, along with any patient information leaflets given to the patient and or their carers. Where treatment decisions are made, this must be in consultation with the patient. If the nursing staff are unable to resolve an issue raised either by a patient or a member of their family, please contact the IP&C Team.

A MRSA patient information leaflet, available on the intranet, should be offered to the patient or their relatives.

2.8 GWH/Ailesbury wards results procedure

- Staff are to access all results on the electronic patient administration system (Medway).
- Positive results will be phoned to the wards by the IP&C team Monday – Friday. Weekends and Bank holidays the authorising Microbiologist will contact the clinical areas.
- It is the responsibility of ward staff to inform the patient of their MRSA screen result as soon as staff are informed of the result and provides the relevant MRSA and isolation patient information leaflets.
- It is the responsibility of the clinician to sign the MRSA decolonisation regime on the patients drug chart.
- It is the responsibility of the clinician to inform the GP of the patient MRSA status on discharge on the electronic discharge summary.
- It is the responsibility of IP&C to inform the patient and GP if the patient has been discharged once the result is known by letters generated from the electronic patient administration system (Medway).
2.9 Risk Management Matrix

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<th>Medium risk</th>
<th>High risk</th>
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<td>Outpatients areas</td>
<td></td>
<td>All wards/areas not in low or high risk</td>
<td>Elective Orthopaedics</td>
</tr>
<tr>
<td>Mental Health:</td>
<td></td>
<td></td>
<td>ICU</td>
</tr>
<tr>
<td>• Victoria Centre</td>
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<td></td>
<td>SCBU</td>
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<td>• Sandalwood court</td>
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The following applies to **ALL AREAS**

- Apply Standard Infection Control Precautions to all patients at all times
- Patients’ GWH records will be labelled and an alert placed on the electronic nursing care record system (Crescendo) for GWH in-patients. An alert will be applied for all in-patients on the electronic patient administration system (Medway)
- Provide patient with an MRSA Patient Information leaflet.
- Change patient’s bed linen and clothes at least daily.
- If a patient is considered to be at high risk of MRSA carriage, then isolation should be **considered** when an MRSA screen is obtained. The IP&C team should be contacted regarding potential suppression therapy, with body wash only, if this is clinically indicated. In this instance treatment must be stopped if screen results are negative. The patient’s degree of risk should be considered individually and screening and appropriate treatment administered if required

**Transportation of MRSA patients**

- Avoid transfer of any MRSA positive patient unless clinically required.
- Advise other wards/areas **before transfer** of patient’s MRSA status e.g. Theatres, Radiology, other wards/hospitals. Patient transfers from other departments, hospitals or directly from the community must include documentation of the status of each patient in terms of colonisation/infection. This would include any history of MRSA, what risks predispose the patient to developing an infection and whether they are receiving any treatment as a result of an MRSA screen
- Gloves and aprons are NOT required to be worn by staff transferring MRSA patients; hand decontamination should be maintained as per policy.

2.10 High Risk areas

**Washing**

All patients on the Intensive Care Unit / High Dependency Unit should have daily bed baths with Octenisan™ body wash or Oasis™ Bed Bath Antibacterial, **irrespective** of their MRSA status.

Any MRSA positive patient admitted to or testing positive whilst on the Unit must follow the full MRSA decolonisation protocol for the Trust.

**SCBU** – Long stay babies, over two weeks on the unit, should be re-screened weekly until discharge from the Unit.

2.11 Discharge screening

All patients discharged from ICU/HDU, SCBU and the Elective Orthopaedic ward (Aldbourne) should be screened prior to discharge. For ICU/HDU & SCBU this is full screens, however for Aldbourne ward a nose screen only is required if wound still covered with a surgical dressing.
2.12 Outbreak procedure

An MRSA Outbreak is defined as two or more Unit acquired cases in a high risk area and usually more than two cases in other areas.

- If MRSA has been detected from one or more patients in a high risk area, screening of patients and staff will be initiated by the IP&C Team following a risk assessment.

- SCBU - Screen all babies on the Unit if MRSA has been detected from one or more babies (this will be initiated by the IP&C Team). The decision to screen staff and further screening of the babies will be carried out following a risk assessment by the IP&C Team.

- Parents will be informed of an outbreak situation in the form of a letter sent from SCBU.

An immediate special clean of the patients’ environment will be required (GWH - A1 or A2 clean) upon notification of a positive discharge/weekly screen. This includes a curtain change, fogging is acceptable for fabric curtains only. IP&C will advise on whole ward/unit clean following a risk assessment.

Where multiple patient and staff screening in high risk areas is instituted by the IP&C team, screening forms will be made available.

2.13 Management of an MRSA Positive Patient

Only a small number of the total patients screened will be identified as being MRSA carriers. These patients will be offered treatment to suppress the MRSA and reduce the risk of infection to the patient at the time of their treatment and to reduce the spread of MRSA to other vulnerable patients, whilst an inpatient (see risk management algorithm Appendix F).

A doctor must prescribe the decolonisation regime on the patient’s drug chart. The nurse must sign the prescription chart and the protocol following administration of the regime. Within the community, a drug prescription will be required and if a member of staff is involved in applying the treatment this must be recorded.

Patients who are appropriate for self medication may need to be supervised initially. Staff must check and document supervision needs in the patient’s notes.

2.14 Treatment of MRSA Infections / Wound Care

If a patient has a systemic infection and/or serious wound infection then advice regarding antibiotic treatment should be sought from a Consultant Microbiologist.

When an in-patient has MRSA isolated from a wound only, a full screen should be obtained, unless the patient has already been screened, then the five day decolonisation regime should be prescribed as well as the appropriate dressings for the wound. Advice can be sought from the IP&C team regarding risk assessing the benefits of screening those patients with MRSA in their wounds, who are being looked after in their homes.

Wound care advice can be provided by the Tissue Viability Specialist Nurse, Vascular Nurse Specialist, Diabetic Podiatrist - relative wound care professional in conjunction with the ‘identification of critical colonisation/infection in wounds including MRSA’ via the Theranostic tool, located on the IP&C MRSA intranet page.
2.15 Maternity Patients

Pregnant women and mothers who are found to be MRSA positive (elective and emergency caesarean sections) and pregnant women with high risk pregnancies can be offered the standard decolonisation treatment including Mupirocin 2% nasal ointment during the third trimester. There may not be sufficient time to obtain three negative clearance screens prior to the caesarean section.

Mupirocin 2% nasal ointment MUST NOT be used if the woman is pregnant or breast feeding without prior consultation with a microbiologist.

2.16 Day Surgery patients

Day surgery patients or those with urgent admission dates seen in pre-admission clinic will be advised to commence the five day decolonisation regime four or five days before their admission. The admission of a patient for treatment will not be delayed due to the result of an MRSA screen.

Any Day Surgery patient who has MRSA detected from their pre-admission screen will be sent a letter by the IP&C Team requesting that they obtain a prescription from their GP for Nasal Mupirocin 2% nasal ointment and Octenisan or 4% Chlorhexidine Gluconate. Instructions for their use will be included in the letter provided. A letter will also be faxed to the GP asking them to provide the prescription as per their Service Local Agreement with NHS Swindon.

There is a Patient Information Leaflet (PIL) available for patients who are self medicating which can be downloaded from the Intranet.

When the patient is admitted to the Day Surgery Unit for their procedure staff should check that the patient has followed the instructions to start the MRSA regime before their admission.

Advice regarding patients undergoing surgery that require prophylactic antibiotics can be obtained from the Consultant Microbiologist.

Patients will need to be isolated in a single room if admitted to hospital whilst still MRSA positive.

2.17 Actions for staff caring for a patient with MRSA

- Inform patient of MRSA status, ensure patient information leaflet offered and reassure patient.
- Inform the patient of simple measures that can be taken to reduce the risk of spread of MRSA (for example, clean set of clothes after each daily treatment; daily changing of bed linen and bath towels).
- Ensure that all healthcare staff involved in the patients’ care are aware of the MRSA status, including ancillary staff where necessary.
- Place MRSA positive patient in single room- with en suite facilities where possible.
- Appropriate BLUE coded signage on door.
- Suppress carriage i.e. treat skin colonisation by showering or washing, including hair, with Octenisan, Skinsan (not for use on neonates), 4% Chlorhexidine Gluconate or Olalatum plus and, if at GWH site, CX powder to skin folds. Treat nasal colonisation with Nasal Mupirocin Ointment 2% for five days as per the GWH proforma prescription. All decolonisation treatments are available as ward stock. Oasis Antibacterial Bed Bath can be used in place of the Octenisan for bed bound patients. (Appendix D and E)

NB two attempts at clearance is advised as appropriate.
- If the patient is on antibiotics, continue to suppress with Wash and, if used, CX powder, do not continue administering Mupirocin 2% after the 5 day course.
• Change bed linen on a daily basis, minimising the shaking of sheets and place into red alginate bags as per Trust linen policy.
• **Obtain three sets of clearance screens** after decolonisation, minimum 48 hours after completing all treatment. The screens must be at least four days apart and the patient not prescribed antibiotics for 48 hours prior to the screen.
• If first screen is positive, second course of all three treatments should commence, (see algorithm Appendix F)
• Contact IP&C when three sets of negative screens have been obtained, to clear on the Electronic Patient Administration System (Medway) and enable patient to be nursed out of isolation. Note electronic patient administration system alert shall change to reflect 'Previous positive status'
• **Following discharge or movement of patient** Special Clean A or post-infection clean of room or bed space (includes curtain change)

2.18 Theatres

Patients with an alert on the electronic patient administration system (Medway) for MRSA can be placed at the end of the daily/session list to facilitate cleaning but this is unnecessary if thorough cleaning is undertaken in the theatre after each operation.

The theatre only needs to be rested for 15 minutes, five minutes for laminar flow, after the patient has left the theatre and cleaning has taken place. All surfaces in close contact or near the patient should be cleaned appropriately.

To minimise the risk to other patients, the Isolation Bay in Recovery should be used with dedicated staff using standard isolation precautions.

For Day Surgery patients who are admitted having just completed the MRSA decolonisation regime, they can be admitted to Recovery two with dedicated staff using standard isolation precautions.

Transferring the patient to Main Recovery to utilise the Isolation Bay following a general anaesthetic creates a greater risk to the patient than recovering them in Recovery two using appropriate precautions.

2.19 Endoscopy/Cystoscopy/Radiology

It is not a requirement to screen this patient group. All patients should be treated with the same infection control precautions. It is not necessary to place known MRSA patients at the end of a list. Standard precautions and standard cleaning practices are sufficient to prevent the spread of infection. Special cleaning of the room is not required.

2.20 Cleaning/decontamination:

• The patient’s room must be cleaned daily by the Housekeeping or Hotel Services Team using disposable yellow coloured cloths and mop heads. All other yellow non disposable equipment is cleaned and dried afterwards.
• Healthcare staff must clean all patient equipment before it is used either on another patient or removed from the side room.
• On discharge, the patient’s room/ bed area must have a ‘special’ or post-infection clean by Housekeeping or the Hotel Services Team as detailed in the isolation policy.
• It is advisable to give the GWH Help Desk or the Community Hotel Services team as much notice as possible that such a clean is required.
2.21 Portering:

- Portering staff only need wear gloves and aprons if assisting in any direct patient contact, such as assisting a patient to move from a bed to a wheelchair.
- Gloves and aprons must be removed and hand hygiene performed (as per Hand Hygiene Policy) prior to transporting the patient in a bed or chair to another department.
- A fresh pair of gloves and apron must be put on at the destination if the patient requires further assistance.

2.22 Discharge / transfer planning:

- Communication of patient’s MRSA status to the receiving establishment is an important part of the discharge information.
- MRSA colonised patients and residents in the community setting do not usually require isolation.
- Patients with MRSA can normally share a room in a residential or nursing home, providing the individual with whom they are sharing does not have open wounds, a urinary catheter or other invasive device or is severely immunocompromised. Nursing staff must make the home manager aware, to enable the home to carry out their own risk assessment.
- Transport services must be informed if there are any infection control issues at the time transport is booked.
- Generally, MRSA positive patients may travel on patient transport services. Wounds must be covered with a clean dressing and the risk of leakage minimised. However, patients with MRSA in their sputum who have a productive cough should travel in isolation.

2.23 Management of MRSA in the Elective Orthopaedic Ward (Aldbourne)

Risk Assessments

- Patients to be admitted to the Elective Orthopaedic Ward (Aldbourne) will attend Cherwell Pre-admission assessment clinic or will undergo assessment and screening in the Orthopaedic Outpatients Department (OPD) or the Emergency Department (ED) (see Appendix I for flow chart and Appendix K for criteria and assessment tool).
- A full MRSA risk assessment will be undertaken at Cherwell and documented on the Risk Assessment Tool for each patient to be admitted. The form must be kept with the patient’s notes and compliance with the risk management process checked at the time of the patient’s admission to the Elective Orthopaedic Ward. The form should then be filed in the patient’s notes for audit purposes. Patients attending the ED or the OPD should undergo the same risk assessment.
- Three risk categories have been identified and each patient will fall into one of these categories:

<table>
<thead>
<tr>
<th>MRSA Risk Category 1 (Minimal Risk)</th>
<th>Patient is not a known MRSA carrier and has no MRSA risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA Risk Category 2 (Medium Risk)</td>
<td>Patient is not a known MRSA carrier but presents with one or more MRSA risk factors</td>
</tr>
<tr>
<td>MRSA Risk Category 3 (High Risk)</td>
<td>Patient is a known MRSA carrier</td>
</tr>
</tbody>
</table>
Following completion of the MRSA risk assessment, each patient will be managed in accordance with the level of risk posed.

**Risk Category 1**
Swabs will be obtained from the nose of all patients. If MRSA is not detected from the nose swab, the patient should be admitted to the Elective Orthopaedic Ward within eight weeks of the clinic appointment, providing the risk assessment is not likely to change during this period. If MRSA is detected from the nose swab, the patient will fall into Risk Category 3 and must be managed accordingly.

**Risk Category 2**
A full MRSA screen must be obtained from patients who are not known MRSA carriers but who present with at least one MRSA risk factor or who have been an MRSA carrier in the past. If MRSA is not detected from any of the swabs the patient should be admitted to the Elective Orthopaedic Ward within eight weeks of the clinic appointment. If MRSA is detected from any of the swabs, the patient will fall into Risk Category 3 and must be managed accordingly. Healthcare staff can continue to work after their screening and should have a further screen 72 hours before admission.

**Risk Category 3**
Full MRSA clearance must be obtained from these patients prior to admission to the Elective Orthopaedic Ward. A full MRSA screen must be obtained at pre-admission clinic. If the initial screen is negative, two further sets of screens need to be obtained at least four days apart. If three full negative MRSA screens are obtained, the patient should be admitted into a single room on the Elective Orthopaedic Ward within eight weeks of obtaining the third screen result. A further MRSA screen (fourth screen) should be obtained on admission to the Ward.

Any patient who has been ‘cleared of MRSA’ for orthopaedic surgery, should have appropriate prophylactic antibiotics as per the antibiotic policy.

**NB** In exceptional circumstances, when the time between the Cherwell assessment and admission to the Elective Orthopaedic Ward exceeds eight weeks, it is imperative that the risk assessment is repeated at admission. If the risk category has increased to 2 or 3, the patient must not be admitted to the Elective Orthopaedic Ward and the assessment process will need to be repeated including further screening.

Should any screen obtained at Cherwell prove to be MRSA positive, the patient should be referred to their GP to commence the decolonisation and clearance programme. Once the decolonisation regime and any additional antibiotic therapy have been completed, the GP will wait a minimum of 48 hours and then take three full MRSA screens. These screens should be at least four days apart. If all screens are negative, the GP will advise the Pre Assessment Clinic and the patient can be admitted to a single room on the Elective Orthopaedic Ward within eight weeks of obtaining the third negative screen result. A fourth screen must be obtained on admission to the ward.

Should any of the three screens after treatment prove to be MRSA positive, the National Guidelines suggest repeating the decolonisation regime and attempting clearance for a second time by obtaining three more sets of screens after second course of treatment. If clearance is not achieved, the patient will not be admitted to the Elective Orthopaedic Ward. The Consultant responsible for the patient will decide where the patient would be better placed (e.g. Kingfisher/Woodpecker Ward) and liaise with the Consultant Microbiologist re appropriate pre-operative antibiotic prophylaxis.

**NB** When MRSA decolonisation/treatment is indicated and clearance screens required, a formal letter advising the patient’s GP will be sent outlining the process to be followed prior to admission to hospital (See Electronic patient administration system (Medway) letter templates).
Patients should be advised when attending Cherwell that should they be admitted to any hospital/healthcare setting or come into contact with anyone known to be colonised/infected with MRSA whilst waiting for admission to the Elective Orthopaedic Ward, they must alert the Cherwell staff as soon as possible prior to admission.

2.24 ICU/HDU Patients

Elective orthopaedic patients who are transferred to ICU/HDU post op can return to the Elective Orthopaedic Ward. They will be screened on the Unit prior to transfer and should be placed within a single room in Standard Isolation until the results have been reported.

2.25 Re-admissions

Occasionally, following discharge from the Elective Orthopaedic Ward a patient requires re-admission. The admitting health care professional will liaise directly with the Elective Orthopaedic staff to ensure no additional MRSA risk factors have presented prior to the patient being admitted directly to a single room on the ward. If the patient is admitted through the ED or the Out Patient Department then they should be transferred to the ward with minimum delay.

A full MRSA screen should be obtained immediately on admission and the patient should remain in standard Isolation until the results of the screen are known.

2.26 PVL-associated Staphylococcus aureus

Panton Valentine Leukocidin (PVL) is a toxic substance produced by some strains of Staphylococcus aureus (SA), which is associated with an increased ability to cause disease.

The incidence is low at present.

PVL can be produced by both meticillin sensitive and meticillin resistant strains of S. aureus. At present in the UK the majority of isolates are meticillin sensitive.

The infection control measures used to prevent the spread of PVL-positive MRSA are the same as for any type of MRSA infection; this includes screening and the decolonisation regime. Necrotising pneumonia – has a mortality rate of 75% (McGrath et al 2008). PVL MRSA affects healthy children and young adults and is usually community acquired. Staff should wear face masks during intubation and chest physiotherapy. Closed suction should be used.

For further information please see RCN Guidance PVL-SA
## 2.27 Diagnostic Screening Procedures

<table>
<thead>
<tr>
<th>Screening Procedures</th>
<th>Great Western Hospital Laboratory</th>
</tr>
</thead>
</table>

1. How the screening procedure has been risk assessed

   - Low – see Appendix N

2. How the screening procedure is requested and recorded

   - Patients fitting the screening criteria are screened in pre assessment clinic where appropriate or on day of admission using an appropriate, current specimen swab and an appropriate, current pathology request form.

   - This screening request is documented in the patient’s paper or electronic nursing records the same day the sample is obtained.

   - Requests are recorded on Electronic patient administration system (Medway) by the laboratory staff as they are received into the laboratory. All results are entered onto the electronic document management system by the laboratory staff the day they are authorised.

   - Positive results are also recorded on the IP&C data base for future reference within two working days.

3. How the clinician treating the patient is informed of the result, including timescales and how this is recorded

   - Negative MRSA screening results will be available on the electronic patient administration system (Medway) within 48 hours.

   - Positive results usually available within 72 hours.

   - Positive inpatient and clinic screening results will be phoned to the IP&C Team by the Microbiology lab staff (Monday – Friday). This information is documented into a record book the same day. At weekends the microbiologist will phone the clinical areas with any positive results as they are authorised.

   - IP&C staff will ensure positive alerts are added for all patients on electronic patient administration system (Medway) and to the electronic nursing care system, where the patient is an inpatient within two working days.

   - Positive results are also recorded on the IP&C data base for future reference within two working days.

   - IP&C staff will visit the ward the same day (Monday to Friday), where the patient is being cared for; IP&C will inform nursing and medical staff of the result, requesting decolonisation and isolation.

   - Nursing/medical staff will inform an inpatient of their positive result and need for isolation and decolonisation, within same day as being notified. A nursing care plan will be implemented to support this care.

   - IP&C will apply a red medical alert label to the front of the medical notes and a yellow MRSA label to the inside cover, with a date first positive,
| How the patient is informed of the result, including timescales and how this is recorded | Inpatients will be informed of positive results verbally by the nurse in charge of their care. (Negative results are not routinely communicated unless a patient specifically asks for the result) The nurse shall document this communication in the nursing care records along with any information leaflets provided to the patient, the same day as knowing the positive result. | Patients with a positive MRSA result from a pre-admission screen will be informed by telephone and/or letter, by Cherwell staff if an elective patient or by IP&C if they are a day surgery patient, this will happen within two working days. | Electronic 'Medmail' letters are sent to the patient and their GP, requesting treatment to be prescribed and any follow up screens if required within two working days. | Patients screened as an emergency admission will be informed by the ward staff and/or receive a 'Medmail' letter after discharge from hospital from the IP&C team, If the electronic discharge summary does not include this information, within five working days of discharge. | Patients are not informed of a negative result if part of an initial admission screen. |

Within two working days for inpatients. The IP&C nurse will sign and date when the label was applied.

The IP&C team will note mark positive samples from General Practitioner samples as the notes become available.

Medmail letters are sent to the patient and their GP for their information after a patient has been discharged or to request treatment be prescribed. Record of this is also on the IP&C spreadsheet. This will happen within five working days.

Patients transferred to other healthcare providers before a result is known will be verbally informed by the IP&C Team who are informed by the Consultant Microbiologist; this information will be followed up in writing to the patient and their General Practitioner. This will happen the same working day.

MRSA PCR Positive results will be phoned to the clinician by the Laboratory staff, to the number specified on the request form. The second swab will be cultured and tested in the laboratory. The results of which will be followed up by the IP&C team and recorded on the electronic patient administration system (Medway).

It is the responsibility of the clinician to inform the patient of the result, and take any necessary action as a result the same working day.

MRSA PCR Negative results will **not** be phoned but will be put on Electronic patient administration system (Medway) /Ward enquiry screen at the allotted time.
| 5 | How the patient is followed up or referred including timescales and how this is recorded | Elective patients requiring clearance for surgery will be monitored by Cherwell staff; clearance will be confirmed with IP&C after three clear screens at least four days apart.  
Inpatients will undergo three clearance screens, at least four days apart if they are not on antibiotics. (If they remain an inpatient)  
IP&C will amend the electronic patient administration system (Medway) to reflect the three clearance screens within two working days.  
Patients are not normally followed up regarding MRSA colonisation once they are discharged from hospital. |
|---|---|---|
| 6 | How the organisation monitors compliance with all of the above requirements | The IP&C team use an electronic alert system integrated to the microbiology system to obtain automatic email alerts to positive screens (new and old) throughout the working day.  
An annual audit is carried out by the IP&C team to assess compliance against the policy across the Trust.  
On going monitoring of weekly screening samples by informatics and IP&C practice nurses.  
Monthly reports on screening numbers are presented to the IP&C forum, these results are copied to the Matrons and shared with directorate and ward managers. |

**Screening Procedures**

Health Protection Agency, Bristol laboratory via Royal United hospital, Bath (RUH)

| 1 | How the screening procedure has been risk assessed | Low – See Appendix N |
| 2 | How the screening procedure is requested and recorded | Adult in-patients, as per screening criteria are screened using a RUH microbiology request form and an appropriate, current swab. This screen is documented in the ward specimen book, electronic patient tracker and in the patient’s nursing record the same day the sample is obtained.  
Maternity Services record any required MRSA screening on the current electronic maternity data record.  
The IP&C admin team phone the adult community wards on a Monday – Friday basis to request a list of names of patients screened, to ensure all results are checked via Ultra through RUH log in or ‘VPLS’ through the Bristol lab log in.  
Alerts are added for all positive patients on electronic patient administration system (Medway), by the IP&C team within two working days. |
| 3 | How the clinician treating the patient is informed of the result, including timescales and how this is recorded | Specimens sent to the RUH Lab, for inpatients the ward staff must look up the results on the Ultra/VPLS system, within 72 hours of sample being sent. Positive results usually available within 72 hours. IP&C team will contact the wards when made aware of a positive result to check that patient is being accommodated appropriately and to ensure decolonisation prescription has been requested. ‘Medmail’ letters are sent to patient and their GP for their information if a patient tests MRSA positive during their admission, within five working days of the patient being discharged. All results are recorded on the electronic patient trackers or electronic maternity data record by the laboratory. Patients transferred to other healthcare providers before a result is known will be informed by the IP&C Team by telephone; this will be recorded in the IP&C results book. This will happen the same working day. |
| 4 | How the patient is informed of the result, including timescales and how this is recorded | Patients with a positive MRSA result in an antenatal clinic will be informed by the midwife. Patients screened as an emergency admission will be informed by the ward staff and/or receive a letter after discharge from hospital. Nursing/Midwifery staff are to document any conversation, including any leaflets given to the patient within the day working day. Patients are not informed of a negative result if part of an initial admission screen |
| 5 | How the patient is followed up or referred including timescales and how this is recorded | Inpatients will undergo three clearance screens, at least four days apart if they are not on antibiotics. (If they remain an inpatient) IP&C will amend the electronic patient administration system (Medway) to reflect the three clearance screens within two working days. Patients are not normally followed up regarding MRSA colonisation once they are discharged. |
| 6 | How the organisation monitors compliance with all of the above requirements | The IP&C team use an electronic alert system integrated to the electronic patient administration system to obtain automatic email alerts throughout the working day to patients being admitted with alerts. This aids the IP&C team to ensure a patient is in isolation and treated as required. An annual audit is carried out by the IP&C team to assess compliance against the policy across the Trust. On going monitoring of weekly screening samples by informatics and IP&C practice nurses. Monthly reports on screening numbers are presented to the IP&C forum, these results are copied to the Matrons and shared with directorate and ward managers. |
3 Duties and responsibilities of individuals and groups

3.1 Assurance of compliance

Evidence that patients have been screened will be provided by two methods. Firstly by comparison of numbers of patients admitted matched to numbers of patients screened per ward/area. Secondly by audit at ward level of patients directly matched to their screen. This audit will be carried out by the IP&C Practice Nurses. The results of the screening compliance will be presented monthly to the IP&C Forum, Patient Quality and Safety Committee and the Trust Board. The figures will also be available via the Trust Intranet and Internet sites.

3.2 Monitor and review

Any incidents relating to a MRSA screening and treatment will be promptly reported via the existing incident reporting process by means of the incident report (IR1) form.

The Ward team or Service Manager will conduct an investigation to identify any issues and actions needed to prevent a reoccurrence of the incident and provide follow up information to the Risk Manager via the manager’s form.

The line manager will ensure that such incidents and any learning identified is relayed to staff by staff meetings or a staff information notice board.

Any complaints received regarding a patient transfer will be investigated under the Complaints Policy which requires an investigation and identification of learning leading to an Action Plan to implement any recommended change.

The audit tool attached to this policy will be used to assess the degree of compliance with the policy.

3.3 Investigation outbreaks/incidents

All Trust attributed MRSA bacteraemias will be investigated and a five day Root Cause Analysis report will be completed by the IP&C Team. A full Serious Incident investigation will be undertaken in the case of a patient death with MRSA bacteraemia recorded on the death certificate by a nominated IP&C Practice Nurse supported by the IP&C Team.

All MRSA Outbreaks will be reported as Serious Incidents and a report produced after the Outbreak has been investigated.

3.4 MRSA Surveillance

Proactive, targeted surveillance within high risk areas is undertaken by the IP&C Team. Alert organism surveillance is undertaken in all areas and monthly reports are issued to each directorate. MRSA bacteraemias are reported to the Health Protection Agency (HPA) via HCAI Data Capture System as a Key Performance Indicator. The HPA provide national annual reports benchmarking regions and Trusts throughout England. Data on MRSA bacteraemias is reported to the Clinical Governance and Risk Committee and Infection Prevention & Control Forum monthly.

Meticillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemias (detected in blood cultures) is now included in the mandatory reporting system to the Health Protection Agency. There is currently no screening programme in place for detection of MSSA colonisation.
4 Education and training requirements

It is important that there is a mechanism to ensure relevant staff are educated and trained in respect of the requirements of any documents, policies and associated procedures that affect them in their work.

4.1 Education and training plan

<table>
<thead>
<tr>
<th>Education and training plan</th>
<th>Resources</th>
<th>Responsibility</th>
<th>Date / Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory training on induction. Annual update through training tracker</td>
<td>Induction Annual update</td>
<td>Producing material – IP&amp;C Specialist Nurses. Individual responsibility to complete mandatory training.</td>
<td>Annual</td>
</tr>
<tr>
<td>Infection Control Link Networkers</td>
<td>ICLN meetings</td>
<td>IP&amp;C Specialist Nurses</td>
<td>As required</td>
</tr>
</tbody>
</table>

5 Communication plan

It is important that there is a mechanism to ensure relevant staff are aware of pertinent documents, policies and associated procedures that affect them in their work. Set out below is a Communication Action Plan for this document.

5.1 Communication action plan

<table>
<thead>
<tr>
<th>Communication task</th>
<th>Resources</th>
<th>Responsibility</th>
<th>Date / Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document to be uploaded to intranet</td>
<td>Via EDRMS</td>
<td>Governance Officer</td>
<td>When document approved</td>
</tr>
<tr>
<td>Notification of published document</td>
<td>To be included in site Comms</td>
<td>Marketing and Communication Team</td>
<td>When document approved</td>
</tr>
<tr>
<td>Notification of published document to be sent to directorates for managers to draw to staff attention</td>
<td>Via email</td>
<td>Governance Officer</td>
<td>When document approved</td>
</tr>
<tr>
<td>Inform Ward Managers, IP&amp;C Practice nurses and ICLN’s of updated policy and send out MRSA ‘Key points’</td>
<td>MRSA Key points</td>
<td>IP&amp;C Team</td>
<td>When document approved</td>
</tr>
</tbody>
</table>
5.2 Distribution and communication channels

<table>
<thead>
<tr>
<th>Distribution/communication channel</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Communications</td>
<td>Communications and Marketing Team</td>
</tr>
<tr>
<td>EDRMS</td>
<td>Governance Officer</td>
</tr>
<tr>
<td>Via email</td>
<td>IP&amp;C Team</td>
</tr>
</tbody>
</table>

6 Monitoring compliance and effectiveness of implementation

The arrangements for monitoring compliance are outlined in the table below:

<table>
<thead>
<tr>
<th>Measurable policy objectives</th>
<th>Monitoring / audit method</th>
<th>Monitoring responsibility (individual / group /committee)</th>
<th>Frequency of monitoring</th>
<th>Reporting arrangement(s) (committee / group to which monitoring results are presented)</th>
<th>What action will be taken if gaps are identified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor compliance with MRSA screening admission screening rates, for those patients who fit the criteria</td>
<td>Weekly and monthly MRSA screening figures produced from GWH in-patients, and Community in-patients</td>
<td>Figures produced by informatics and validated by practice nurses for specimens processed on the GWH site. Figures produced by informatics and validated by IP&amp;C team for specimens processed at the HPA laboratory, Bristol for the adult community in-patient beds Figures circulated monthly by informatics to Ward/department/service manager.</td>
<td>Weekly</td>
<td>Information to Infection Control Forum held monthly and Infection Control Committee held each six months</td>
<td>Ward/department/service manager alerted by informatics/ IP&amp;C team to gap in screening requirement and asked to investigate and rectify if appropriate. Data will be amended upon validation of missed screens by practice nurses, by informatics as appropriate.</td>
</tr>
</tbody>
</table>
Audit

Auditing compliance with the MRSA policy is a joint responsibility between all clinical staff and the IP&C Team. An annual audit of the MRSA policy will be carried out within the IP&C team; clinical audit will be informed of the results and publish with all other Trust audit results. Actions and recommendations arising from the audits will be collated by the IP&C Team to inform all clinical staff and presented at the IP&C Forum.

The purpose of the MRSA audit is to assess to what extent the above policy is being adhered to by:

1. Identifying those who have been screened
2. Reviewing whether positive results had been acted upon
3. Reviewing whether the process followed the policy
4. Identifying any flaws within the policy which may indicate its review is required.

Measurable policy objectives | Monitoring / audit method | Monitoring responsibility (individual / group /committee) | Frequency of monitoring | Reporting arrangements (committee / group to which monitoring results are presented) | What action will be taken if gaps are identified?
--- | --- | --- | --- | --- | ---
Weekly and monthly figures produced from community Maternity Services | Figures produced by informatics and circulated weekly to Maternity team leaders | Weekly | Maternity team leaders requested to investigate screening gaps on receipt of screening figures by community informatics team. Any gaps will instigate an appropriate action plan to improve screening rates
Weekly MRSA care bundle audit | Ward/department/service manager Practice Nurses | Weekly Infection Control Forum | Practice Nurse will alert Ward/manager if gaps in compliance identified.
Annual audit of department/ward compliance with aspects of the MRSA policy | Annual audit IP&C Team | Annual Infection Control Forum | IP&C team will alert Ward/department/service manager if gaps in compliance identified. Re-audit will be considered if audit is non-compliant

Audit compliance with aspects of the Trust MRSA policy for known positive patients at ward level

Audit compliance with aspects of the Trust MRSA policy for known positive patients at ward level

Audit compliance with aspects of the Trust MRSA policy for known positive patients at ward level
7 **Review date and arrangements**

This document will be reviewed every 2 years in accordance with the Trust's agreed process for reviewing Trust wide documents. It will be also be updated if new guidance is produced relating to this policy or a change in practice occurs before this time.
APPENDIX A – Equality Impact Assessment Tool

<table>
<thead>
<tr>
<th></th>
<th>Document Title: Management of MRSA policy</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
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<td>2</td>
<td>Does this document contain the Trust’s statement on Equality?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Does the document affect one group less or more favourably than another on the basis of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Age?</td>
<td>No</td>
<td></td>
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<tr>
<td></td>
<td>• Culture?</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Disability?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ethnic origins (including gypsies and travellers)?</td>
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<tr>
<td></td>
<td>• Gender?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Gender re-assignment?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Marriage and civil partnerships?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nationality?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pregnancy and maternity?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Race?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Religion or belief?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sexual orientation including gay, lesbian and bisexual people?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Can the impact be reduced by taking different action?</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

If you have identified a potential discriminatory impact of the document, please refer it to the Company Secretary, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact the Company Secretary.

<table>
<thead>
<tr>
<th>Reviewed by:</th>
<th>Date:</th>
<th>Post:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heather Bennett</td>
<td>22.06.12</td>
<td>IP&amp;C Nurse</td>
</tr>
</tbody>
</table>

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### APPENDIX B – Quality Impact Assessment Tool

#### Purpose
To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.

#### Process
The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives. Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.

#### Monitoring the Level of Risk
The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.

High Risks must be reported to the relevant Executive Lead.

#### Impact Assessment
Please explain or describe as applicable.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Consider the impact that your document will have on our ability to deliver high quality care.</td>
<td>Following the MRSA policy will help staff to reduce the risk of MRSA colonisation and prevent MRSA infection thus improving patient safety.</td>
</tr>
<tr>
<td>2.</td>
<td>The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).</td>
<td>Appropriate infection control precautions discussed within this policy aim to reduce the risk to patients colonised with MRSA and to prevent other persons from acquiring MRSA. Isolation precautions may impact on a patient’s psychological wellbeing. Each patient requiring isolation that has competing demands must be risk assessed by ward staff and control measures put in place according to risk assessment.</td>
</tr>
<tr>
<td>3.</td>
<td>Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.</td>
<td>No significant issue identified</td>
</tr>
<tr>
<td>4.</td>
<td>Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.</td>
<td>No significant issue identified</td>
</tr>
</tbody>
</table>

#### Impact on Clinical Effectiveness & Patient Safety
5. Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.

The management of MRSA reduces harm to patients colonised with MRSA, especially those undergoing invasive procedures or who have an invasive device in situ. It will also reduce the risk to other patients on the wards.

#### Impact on Patient & Carer Experience
6. Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.

Isolation precautions (e.g. single room, personal protective equipment worn) may impact on a patient’s psychological wellbeing. Each patient requiring isolation that has competing demands must be risk assessed by ward staff and control measures put in place according to risk assessment.

#### Impact on Inequalities
7. Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).

Patient information leaflets available in different formats, other languages from PALS.
APPENDIX C - MRSA Flowchart

MRSA POLICY - ELECTIVE ORTHOPAEDIC WARD PRE-OPERATIVE ASSESSMENT - PATIENT ASSESSMENT AND MANAGEMENT PROCESS

Complete Risk Assessment Form
Assess risk and follow correct management process.

1A
Low Risk Category 1
- Not known MRSA carrier
- No known MRSA risk factors

1B
Obtain nose swabs

1C
Nose swab result negative

1D
Admit to Elective Orthopaedic Ward within 8 weeks of clinic appointment

1E
If <18 and on the Children’s unit, no further screening required.

2A
Medium Risk Category 2
- Not known MRSA carrier
- Has 1 or more MRSA risk factors (including children)

2B
Obtain full MRSA screen:
- Nose swab
- Groin/perineal swab
- Swab all skin lesions/invasive sites

2C
Full MRSA screen result negative

2D
Admit to Elective Orthopaedic Ward within 8 weeks of clinic appointment
Screen on admission if previous clearance

2E
Refer to High Risk Category 3B and follow management process

3A
Known MRSA positive patient (see overleaf)

YES
NO

YES
NO

YES
NO

YES
APPENDIX C - CONTINUATION

3A

High Risk Category 3
Known MRSA carrier

3B

Obtain full MRSA screen

3C

Full MRSA screen result negative

3D

Obtain two more MRSA full screens (minimum of 4 days apart)

3E

Three negative MRSA screens obtained

3F

Admit to single room on Elective Orthopaedic Ward within 8 weeks of obtained third negative MRSA screen. Obtain fourth MRSA screen immediately on admission.

3G

Refer to 3I and follow management

3H

MRSA detected from one or more of the screening

3I

Refer to MRSA policy and commence patient on MRSA decolonisation regime for 5 days:
- Octenisan/4% CHG body wash
- CX Powder
- Nasal mupirocin/naseptin depending on sensitivity

3J

Obtain 3 MRSA screens (minimum of 4 days apart)

3K

Three negative MRSA screens obtained

3L

Antibiotic prophylaxis as per antibiotic policy for MRSA patients

3M

Admit to single room on Elective Orthopaedic Ward within 8 weeks of obtaining the third negative screen. Obtain fourth MRSA screen immediately on admission. Consider offering body wash again 5 days pre operatively and whilst in patient.

3N

Refer to 3I and repeat decolonisation and clearance process once.
If patient still MRSA positive, consult with admitting clinician re admission to Kingfisher/Woodpecker Ward and antibiotic prophylaxis including Octenisan wash.
APPENDIX D - MRSA Decolonisation Prescriptions

GWH Community Prescription

1. Mupirocin 2% (Bactroban®) nasal ointment three times a day for FIVE days

2. Antimicrobial body and hair wash once a day for FIVE days. Suitable products include:
   - Triclosan solution (Skinsan® foam or Oilatum Plus) or
   - Chlorhexidine gluconate 4%

GWH Prescription

**MRSA DECOLONISATION PRESCRIPTION #1**

This decolonisation regime should be started immediately.

- **Infection Control Nurse**: Confirmed by: Doctor to countersign within 24 hours
- **5 DAY COURSE**
  - **Item**: Directions
  - Octenise or Chlorhexidine 4% (Hydrol): Use DAILY instead of soap for whole body wash
  - Chlorhexidine Dusting Powder (CX Powder): DAILY to skin folds after washing e.g. axillae, perineum.
  - Mupirocin Nasal Ointment 2%: Both nostrils THREE TIMES DAILY

**MRSA DECOLONISATION PRESCRIPTION #2**

Second Course Required (only following a positive result)

- **Infection Control Nurse**: Confirmed by: Doctor to countersign within 24 hours
- **SECOND 5 DAY COURSE if required**
  - **Item**: Directions
  - Octenise or Chlorhexidine 4% (Hydrol): Use DAILY instead of soap for whole body wash
  - Chlorhexidine Dusting Powder (CX Powder): DAILY to skin folds after washing e.g. axillae, perineum.
  - Mupirocin Nasal Ointment 2%: Both nostrils THREE TIMES DAILY

IF MRSA POSITIVE AFTER 2 COURSES PLEASE LIAISE WITH THE INFECTION PREVENTION AND CONTROL TEAM
APPENDIX E - MRSA Decolonisation Regime

- The MRSA skin disinfection regime must be documented within the nursing records as part of the patient’s plan of care and treatment recorded on the Trust MRSA decolonisation prescription.

Nasal carriage - apply nasal mupirocin three times daily for 5 days. **NB** This needs to be prescribed. Nasal naseptin (10 days) is a suitable alternative if mupirocin resistance is evident or mupirocin is unavailable.

**Advice to the patient on application:**
1. Wash and dry hands.
2. Please a small amount of nasal mupirocin (about the size of a small pea) on your little finger or cotton bud.
3. Apply this to the inside of one nostril.
4. Repeat steps 2 and 3 for the other nostril.
5. Press the sides of your nose together to spread the ointment around the nostril.
6. Replace the cap on the tube of nasal mupirocin and wash your hands.

- Carriage sites - Apply CX powder, if used, at least once a day.

- Octenisan or Skinsan or 4% Chlorhexidine Gluconate should be used for bathing, showering or bed bathing and applied at least daily. Hair should be washed with the same skin product.

1. Wet skin. Apply approximately 30 mls of skin wash directly onto wet skin using the hands or disposable cloth.

2. Use the skin wash as a liquid soap and shampoo. Wash from head to toe. Wash vigorously, pay particular attention to the following areas:
   - Hair
   - Around and just inside the nostrils
   - Under the arms
   - Between the legs and perineal area
   - In skin creases e.g. under breasts
   **NB** Skin wash should be in contact with the skin for about 1 minute before removal.

3. Rinse from head to toe.
4. Dry intact skin using a clean towel.
5. Apply CX powder to carriage sites i.e. groin, axilla and perineum.
6. Continue skin disinfection regime for five days.

MRSA clearance screen should be obtained 48 hours after the decolonisation regime and all antibiotics have been stopped. Three screens are required with a minimum of 4 days between each screen.

**NB** Should any of the swabs from the post decolonisation screens prove to be positive, repeat the full MRSA decolonisation regime once more and obtain clearance screens as above.
APPENDIX F - MRSA Risk Management Algorithm

MRSA RISK MANAGEMENT ALGORITHM

MRSA isolated from a patient

- Emphasise good infection control practice (impeccable hand hygiene, general hygiene and environmental cleanliness)

- Is the patient being nursed in a high, medium, or low area?

ALL HIGH/MEDIUM WARDS/AREAS

- Nurse patient in a single room *
- Obtain full MRSA screen immediately unless result from screening swabs.
- Commence 5-day decolonisation programme i.e. Octenisan or Skinsan or 4%CHG and CX powder, if used.
- Commence prescribed 5 days course of Nasal Mupirocin (if sensitive)
- Discuss with Microbiologist if antibiotic advice is required.

- Screen 48 hours after decolonisation treatment providing all antibiotics/antiseptics have been completed.
- Await results. Check Medway for results, 24 – 48 hours after screening.

Screen result positive - Contact IP&C for advice (Usually two attempts at decolonisation/)

Screen result negative - Do not re-commence decolonisation regime

- Re-screen at least 4 days apart until 3 consecutive negative screens obtained. Check Medway for results 24-48 hours after screening

- No further screens required unless infection is suspected.

- Inform a member of the IP&C Team

LOW

- Mental Health: Victoria, Sandalwood

- Single room not required.
- Decide if topical treatment is beneficial to patient.
- Discuss with microbiologist if antibiotic advice required.

- Re-screen site only if infection suspected.

Result negative - No further screens required unless infection is suspected.

Result positive - Contact Infection Control for advice

NB - Any additional screening of other patients and/or staff will be advised by the IP&CT.
APPENDIX G - On Admission (Emergency patients) MRSA Flowchart

Please use Yellow MRSA Screening Form for admission screening

- All emergency patients
  - Complete MRSA risk assessment on admission and screen patient as per results of risk assessment, including high risk children

- Low Risk Child
  - Not known MRSA carrier
  - No known MRSA risk factors
  - No further screening required on this admission

- Negative
  - Patient previous positive, not cleared
  - Isolate
  - Obtain 3 clear screens.

- Patient known previous positive with clearance achieved (check Medway)
  - No need to isolate.

- Contact IP&C for clearance

- Check for results on Medway
  - Positive
    - Isolate
    - Start 5 day decolonisation regime including Mupirocin
    - Use MRSA prescription on drug chart
    - Use MRSA clearance form to record screens
    - Do not take clearance screens if patient is on antibiotics, continue with daily Octenisan or Skinsan wash until able to screen
    - Re-screen 3 times, 4 or more days apart when pt not on antibiotics

- 3 Negative results
  - No further screening required on this admission

- Low Risk Child
  - Not known MRSA carrier
  - No known MRSA risk factors
  - Complete MRSA risk assessment on admission and screen patient as per results of risk assessment, including high risk children

- Positive
  - Recomence 5 day decolonisation for a 2nd time only
  - After 48hrs continue to re-screen
APPENDIX H - Pre-admission MRSA Screening Flowchart.

All Elective Surgical Patients (except Orthopaedics). Please use Yellow MRSA Screening Form

**Screen as per assessment**

- **Without MRSA Alert**
  - If Negative no further action required
  - DSU Patients Letter to patient & GP by IP&C
    - Commence 5 day course Mupirocin & 4% CHG 5 days before admission
    - On admission DSU to confirm patient has started the regime and inform theatres if the patient has not.

- **With MRSA Alert**
  - If urgent
    - Re-screen on admission
    - Check Medway. If previous clear screens contact IP&CT for advice

  - Negative
    - With clearance on Medway alert
    - Screen on admission

  - Positive
    - POA Inform GP - request treatment/clearance screens (3 clears screens if possible)
    - Consult Surgical Team? delay admission

  - 1 Urgent admission
    - Commence decolonisation regime on admission and complete the 5 days even if discharged.

  - 2 Admission date within 10-14 days
    - Start decolonisation regime pre-admission.
    - Screen before or on admission 48 hrs after treatment finished.

  - 3 Delay admission until patient has completed treatment and obtained 3 clear screens

  - 4 Clear and agree surgery

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## APPENDIX I – MRSA Audit Tool

<table>
<thead>
<tr>
<th>Audit Standards</th>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 GWH notes of MRSA Patient marked?</td>
<td>Alert sticker on front cover of notes Yellow sticker on inside front cover</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Alert on Electronic patient administration system (Medway)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 MRSA Positive patient is in Isolation</td>
<td>Patient in side room with door closed, isolation notice on door displaying use alcohol gel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Information leaflet given to patient</td>
<td>Patient states they understand rationale for isolation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Full screen done on known positive patients on admission</td>
<td>Full screen done on day of admission and patient placed in isolation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Full screen carried out on admission for patients previously cleared, had 3 clear screens</td>
<td>Full screen done on day of admission and patient placed in isolation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Full screen done on patients from nursing home/residential homes and hospital transfer</td>
<td>Full screen done on day of admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Ward staff can state the policy for screening and decolonisation</td>
<td>Screen minimum of 48hrs after decolonisation treatment 3 clear screens at least 4 days apart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Decolonisation regime started promptly after being informed of positive result</td>
<td>Mupirocin started on day ward informed of positive result, wash depends on timing of result.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX J - Protocol for Admitting Minor Trauma Patients To Aldbourne Via the Emergency Department

Selection Criteria

1. Under 65
2. Minor traumatic injury that requires admission
3. Patient has no mental health or complex care needs
4. MRSA assessment = low risk
5. Do not admit patients with spinal injuries, head injuries, multiple trauma, long bone fractures or pelvic injuries

Flowchart:

Patient admitted to ED with minor Orthopaedic injury

Triage nurse identifies patient as likely to need admission

Patient meets selection criteria above

MRSA assessment completed and appropriate swabs obtained

Aldbourne ward has capacity in line with planned elective admissions

Yes - Need for admission confirmed – liaise with site manager re:- TCI Aldbourne ward into side room and start suppression therapy

No – do not admit to Aldbourne ward
### APPENDIX K – MRSA Screening Risk Assessment Tool

#### MRSA SCREENING RISK ASSESSMENT TOOL

To be completed for each non elective patient prior to being moved or admitted to Aldbourne Ward.

**Name:**

**Hospital Number:**

**NHS Number:**

### Is the patient:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Known or Previous MRSA Positive?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Living in same household with someone with MRSA?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Work or reside Nursing/Residential home or recently discharged from one?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. 2 or more admissions in past 6 months or spent a total time of 2 weeks or more in hospital in past 6 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Any skin wounds or signs of infection or <strong>chronic</strong> skin lesions such as eczema, psoriasis, ulcers? Exclude any patient with peg, urinary catheter, PICC, CVC tracheotomy or stoma</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Diabetic?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. NHS Health Care worker?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If **YES** to numbers 1-5 patient must **NOT** be admitted to Aldbourne ward (all greyed out cells).

If answers 1-7 are **No** or 6 & 7 are **Yes, a Full MRSA screen** is required if to be admitted to Aldbourne as an emergency. Patient must be isolated and given suppression therapy until screening result known.

### Criteria:-

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Meets screening criteria above</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Under 65</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Does not have complex care needs ie: mental health needs/social issues etc</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Has minor trauma/orthopaedic condition (ankle fractures, upper limb injuries, back pain etc)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Do not admit patients with spinal injuries, head injuries, multiple trauma, femoral fractures, hip fractures or pelvic injuries**

If all answers **Yes** may be admitted/transferred to Aldbourne ward.
APPENDIX L – MRSA Screening in Pregnancy Flow Chart

MRSA SCREENING in pregnancy flowchart
For all pregnant women who fall into the following high risk categories:

- Planned elective caesarean section
- Diabetic
- Multiple pregnancy (i.e. twins, triplets etc)
- Healthcare worker
- Baby is likely to be admitted to Special Care Baby Unit or Neonatal Intensive Care after delivery

MRSA screening **MUST** be carried out from 32 weeks

**ONE SWAB FOR BOTH NOSTRILS**

And

**ONE SWAB FOR GROIN (BOTH SIDES) or PERINEUM**
(Provide an MRSA Patient information leaflet. Use appropriate, current appropriate pathology form when screening. Place sticker in patient hand held notes when MRSA taken. Record all refusals.)

**GWH site MRSA +ve patients** are followed up by Infection Prevention & Control Team
Decolonisation during pregnancy - five day course using Octenisan or 4% Chlorhexidine gluconate or Skinsan. Re-screen 48hrs after treatment completed
Discuss treatment with IPC/Microbiology if MRSA persistent

**Emergency caesarean section**
Screen preoperatively for MRSA as above or if unable then screen post delivery, following emergency caesarean section

**Results known in 24/48hrs**
MRSA +ve result – patient may be discharged. Infection Prevention Control Team alerted Ward/Community Midwife Team/GP informed
NB: all Babies admitted to GWH SCBU are screened - if results are positive Mums should be screened
APPENDIX M – MRSA Screening in Pregnancy Guidance

MRSA SCREENING in Pregnancy Guidance

On admission complete an Infection Control Risk Assessment
Provide an MRSA Patient information leaflet
(Pregnant Mums at high risk of complications or having an elective caesarean section will have been screened from 32 weeks.)

MRSA risk factors or previously positive
(Health care worker; Alert on Electronic patient administration system (Medway) /yellow sticker in GWH medical notes)

MRSA swabs are taken:
ONE SWAB FOR BOTH NOSTRILS and
ONE SWAB FOR GROIN (BOTH SIDES) or PERINEUM
(Use current appropriate pathology form when screening. Place sticker in patient hand held notes when MRSA taken. Record all refusals)

No previous MRSA or Risk factors;
Negative result no further intervention required

POSITIVE MRSA RESULT

As per MRSA Policy
GWH site MRSA +ve patients are followed up by Infection Prevention & Control Team
Inform patient - provide an MRSA leaflet, discuss options
Isolate patient in a side room
Decolonisation during pregnancy - five day course using Octenisan, Skinsan or 4% Chlorhexidine gluconate Re-screen 48hrs after treatment completed

Negative result
For advice contact IP&C team

Positive result
Discuss treatment with IP&C/Microbiology

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**APPENDIX N – Diagnostic or Screening Test / Procedure Risk Assessment**

**DIAGNOSTIC OR SCREENING TEST/PROCEDURE RISK ASSESSMENT**

<table>
<thead>
<tr>
<th>Test/procedure name or group:</th>
<th>MRSA Screening: GWH and Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department:</strong></td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td><strong>Date of assessment:</strong></td>
<td>25/09/2012</td>
</tr>
<tr>
<td><strong>Review Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of assessor:</strong></td>
<td>L Hocking</td>
</tr>
<tr>
<td><strong>Signature:</strong></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Risk Assessment: Diagnostic Tests</th>
<th>Likelihood</th>
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<tbody>
<tr>
<td></td>
<td>Rare</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>5</td>
</tr>
<tr>
<td>Major</td>
<td>4</td>
</tr>
<tr>
<td>Moderate</td>
<td>3</td>
</tr>
<tr>
<td>Minor</td>
<td>2</td>
</tr>
<tr>
<td>Negligible</td>
<td>1</td>
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</table>

**Test: MRSA Screening**

**Risk to Patient**

<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of intervention required</th>
<th>Consequence of undertaking wrong test</th>
<th>Consequence of missed diagnosis</th>
<th>Not following up adequately</th>
<th>Not referring when indicated</th>
<th>Average risk score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare x Negligible 1</td>
<td>Rare x Negligible 1</td>
<td>Rare x Major 4</td>
<td>Rare x Moderate 3</td>
<td>N/A as patients are never referred</td>
<td>2: Low Risk</td>
<td></td>
</tr>
</tbody>
</table>

**Risk to the Organisation**

<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of intervention required</th>
<th>Consequence of undertaking wrong test</th>
<th>Consequence of missed diagnosis</th>
<th>Not following up adequately</th>
<th>Not referring when indicated</th>
<th>Average risk score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare x Negligible 1</td>
<td>Rare x Negligible 1</td>
<td>Rare x Major 4</td>
<td>Rare x Moderate 3</td>
<td>N/A as patients are never referred</td>
<td>2: Low Risk</td>
<td></td>
</tr>
</tbody>
</table>

**THE OVERALL RESIDUAL RISK RATING**

- 1-3 : Low Risk
- 4-6 : Moderate Risk
- 7-12 : High Risk
- 15+ : Extreme Risk