

THE DUDLEY GROUP OF HOSPITALS NHS FOUNDATION TRUST

SCREENING POLICY FOR METICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) FOR EMERGENCY ADMISSIONS

1. INTRODUCTION

Meticillin-resistant *Staphylococcus aureus* (MRSA) remains endemic in many UK hospitals. Specific guidelines for control and prevention are justified because MRSA causes serious illness and results in significant additional healthcare costs. The transmission of MRSA and the risk of MRSA infection (including MRSA bacteraemia) can only be addressed effectively if measures are taken to identify MRSA carriers as potential sources of infection and treating them to reduce the risk of transmission.

2. AIM

- To deliver the Department of Health's policy on reduction of HCAI by appropriate MRSA screening policy.
- To reduce carriage of MRSA and minimise the risk of a patient acquiring an endogenous infection.

3. SCOPE

This policy applies to all relevant emergency admissions ie, patients in whom the decision to admit is made and the admissions process has commenced. This will include all patients admitted to EAU, transfers from other hospitals and care providers, transfers from abroad and includes children.

Screening swabs should be collected at the earliest opportunity but certainly within the first 24 hours of admission and sent promptly to the Microbiology Laboratory for processing.

4. SCREENING METHODS

Samples

The nose is the most common carriage site for MRSA. However, the following samples should be collected for a full MRSA screen:

- Nose
- Groin

Plus all of the following sites if identified in the patient:

- Catheter specimen of urine
- Any wound/skin lesion
- Sputum (in those with productive cough)
- Tracheostomy
- Any invasive device site (eg, supra pubic catheter, urostomy, PEG site)
- Umbilical cord site in neonates

The correct results may only be obtained from properly collected specimens delivered promptly to the laboratory. Refer to appendix 2 for correct sample collection technique. Negative MRSA results are **usually** available within 24 hrs (**ie results taking longer than 24 hours are not necessarily positive**) of the laboratory receiving the specimen between 8.30 am and 4.30 pm weekdays and midday at weekends/bank holidays. Positive results may take 72 hours for

completion. Samples sent via the air tube system should be sent to **pod number 075** so that they arrive directly in the Microbiology Laboratory.

The Infection Control Team and the Microbiology staff are happy to discuss any specific issues relating to the investigation of microbiological specimens.

5. DECOLONISATION

Results are available on a daily basis on Soarian and ward staff should access each patient's record to review screening results. A decolonisation regimen should be started as soon as possible. This comprises of the use of an antibacterial shampoo/body wash and an antibacterial nasal cream. Please refer to appendix 2 for both the products required and appropriate method of application.

The purpose of decolonisation is to reduce the risk of the patient developing an MRSA infection. It also prevents the transmission of MRSA to another patient.

6. SCREENING PATHWAY

Please adhere to the MRSA Care Pathway (appendix 3). If there are any queries about individual patients please contact for further advice:

Infection Control Doctor/
Consultant Microbiologist/s Ext: 2473/2817
Infection Control Nursing Team Ext: 2174

Originator: Infection Control Doctor

Approving Committee: Risk Committee

Date of approval: December 2010

Date of review: December 2011

Policy Supersedes: This policy supersedes SCREENING POLICY FOR METICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) FOR EMERGENCY ADMISSIONS December 2009

Equality Screened: Yes

Equality Impact Assessment: Yes

REFERENCES

National Service Framework 2010/11 numbers 1, 2 and 3.

Department of Health Emergency Admissions MRSA Screening Pathway, October 2009.

MRSA Screening Technique Collection Method

Scope

This applies to all samples collected as part of the Trust's MRSA screening policy.

Aim

To collect appropriate samples to identify MRSA colonisation.

Sample sites

The nose is the most common carriage site for MRSA. However, the following samples should be collected for a full MRSA screen:

- Nose
- Groin

Plus all of the following sites if identified in the patient:

- Catheter specimen of urine
- Any wound/skin lesion
- Sputum (in those with productive cough)
- Tracheostomy
- Any invasive device site (eg, supra pubic catheter, urostomy, PEG site)
- Umbilical cord site in neonates

Method

Equipment

- Sample collection containers eg, swabs, boric acid (red topped) urine bottles.
- Microbiology (blue) request form.
- Stickers.

Procedure

- Complete the request form to include the list of sites sampled in **nature and site of sample** box, append the sticker to the **clinical details** box and list 'MRSA screen' in the **investigation required** box.
- Swabs (moisten swab):
 - Nose – single swab applied to both anterior nares
 - Groin – single swab applied to both groins
 - Urine – refer to the method described for collection in the 'Pathology User Guide' for catheter specimens of urine
 - Other sites – as indicated in the policy.

Results

The correct results may only be obtained from properly collected specimens delivered promptly to the laboratory. Negative MRSA results are usually available within 24 hrs of the laboratory receiving the specimen between 8.30 am and 4.30 pm weekdays and midday at weekends/bank holidays. Positive results take 72 hours for completion. Results are available hard copy (returned to the location indicated on the request form), and electronically on Soarian.

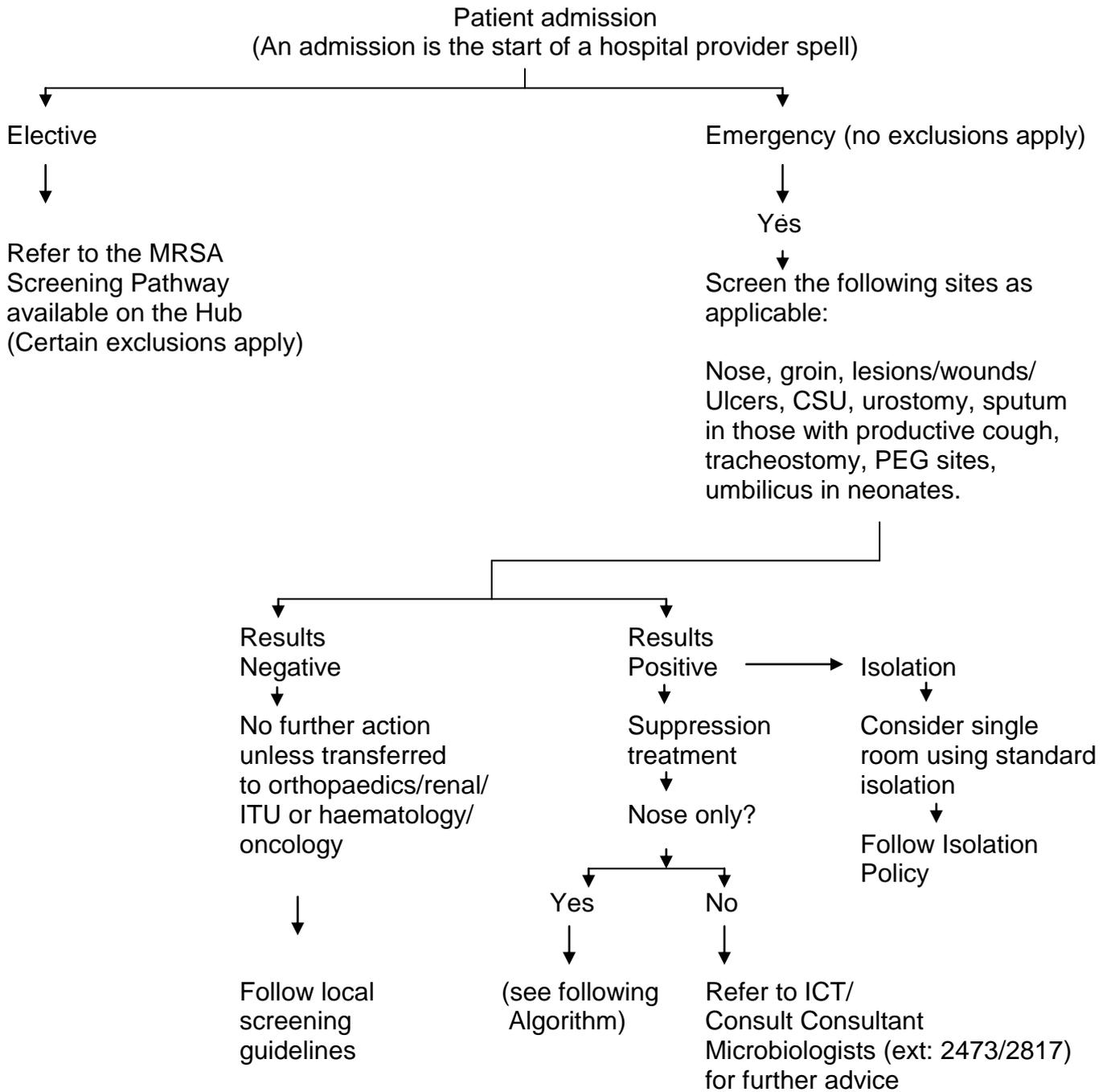
The Infection Control Team and the Microbiology staff are happy to discuss any specific issues relating to the investigation of microbiological specimens.

Instructions on How to Apply MRSA Decolonisation Treatment

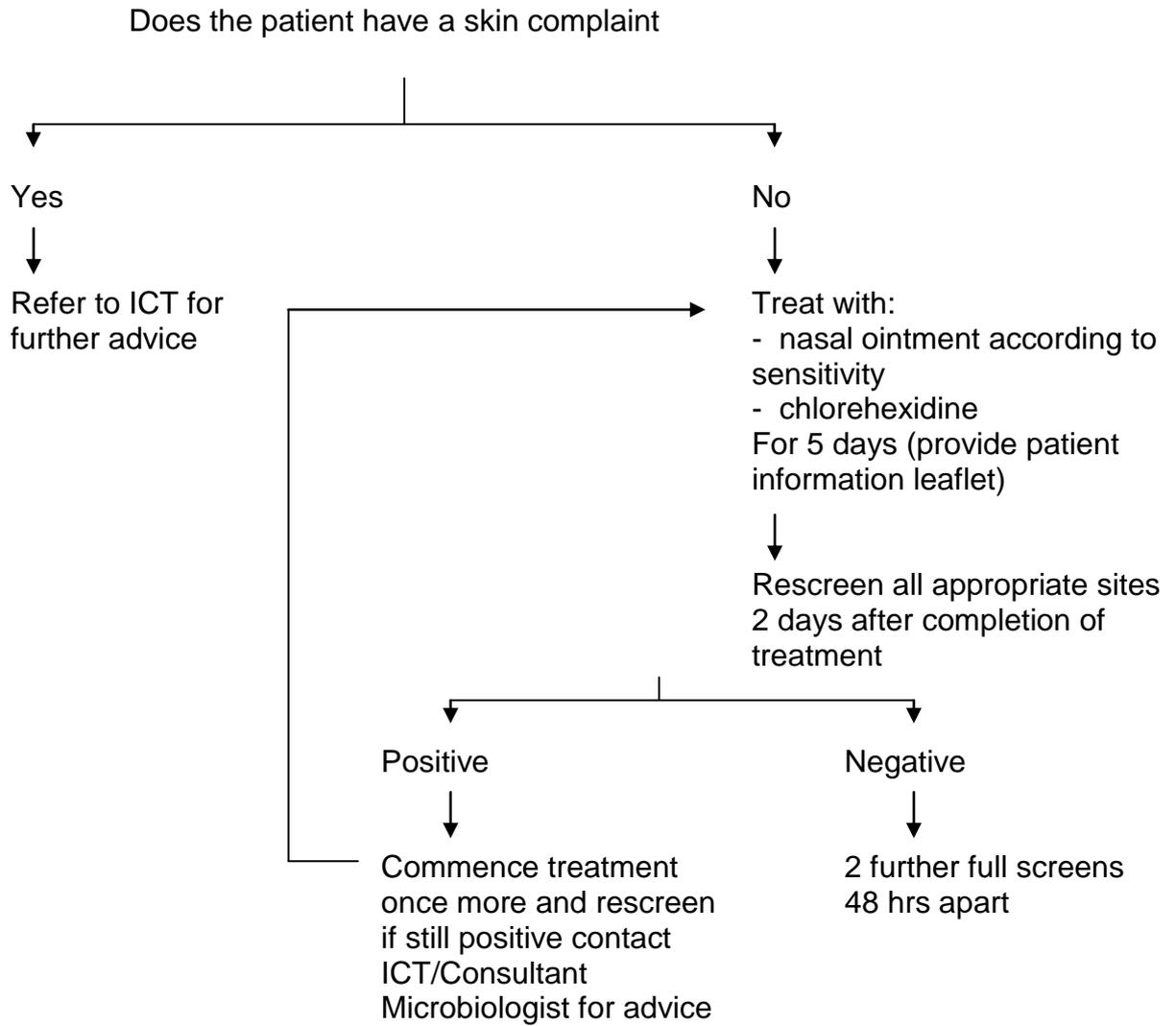
- If you have been told that you are carrying MRSA you will be given a body wash and nasal ointment to use.
- The antiseptic liquid body wash is to help remove MRSA from the skin.
- The body wash is to be used as liquid soap directly onto wet skin and must not be diluted.
- You should preferably shower or bathe every day for **5 days** with the body wash.
- If you are unable to shower or bath, the body wash can be used as a liquid soap whilst washing at the bedside.
- Apply approximately 30 mls (a tablespoon full) directly onto wet skin using a wet disposable cloth; do not dilute the body wash in the water in the wash bowl.
- You should pay particular attention to your hands, around the nostrils, arm pits, groin and other skin folds.
- The body wash should be in contact with the skin for at least **ONE minute**, then rinse thoroughly from head to toe.
- You should wash your hair **TWICE** during the **5 days** with the same solution if possible.
- Dry using a clean towel. If possible use a clean towel on each occasion.
- After your shower or bath, you must put on clean clothing or night clothes.
- Bed linen should be changed after completion of the **5 days** treatment.
- The nasal ointment is to be applied **3 times** a day to the inner surface of each nostril for **5 days**.
- **WASH HANDS THOROUGHLY** then remove cap.
- A small amount of nasal ointment should be placed on a cotton bud or little finger and applied to the inside of each nostril.
- The nose should be closed by pinching together the sides at each application (this helps to spread the cream inside the nose).
- Wash hands and replace the cap back on the tube.
- Apply **3 times** daily for **5 days**. (As well as using the body wash daily for **5 days**).
- Please speak to any of the ward/clinic staff or medical staff who are caring for you. If they are unable to answer your questions or if you require further information, the Infection Control Nurse can offer you additional advice, between the hours of 9 am and 5 pm Monday to Friday.

- To speak to an Infection Control Nurse at Dudley Group of Hospitals NHS Foundation Trust telephone: 01384 244174.

MRSA CARE PATHWAY



NASAL CARRIERS ONLY



Supplementary Advice for Patient Discharge

On patient discharge

Complete transfer documentation and forward information on treatment to:

- GP
- District Nurses
- Patient and family
- Nursing/Residential Home
- Other healthcare facility

For ambulance transfers – notify only if patient has open wound eg, external fixator.

Does the patient require referral to Community Infection Control Team at the Primary Care Trust? Eg:

- Renal patients – determined by local unit
- Patient with other lines eg, Hickman line
- Patients awaiting surgery/chemotherapy
- Patient identified by Tissue Viability Nurses
- Complex patients identified by the Trust ICT
- Patients who require follow up after discharge eg, if requires readmission within 2 months
- Patients who request or require ongoing support and advice
- Patients who require ongoing treatment after discharge
- Patients with deep wound involving body cavities or bone

If so, contact the Community ICT on: Tel: 01384 366035, Fax: 01384 366085 or email: icreferral@dudley.nhs.uk (routine referrals).

If a referral to the Community ICT is made inform the patient and give information leaflet.

Dudley Group of Hospitals: Equality Impact Assessment

Step 2 - Screening Tool

Please complete the following when screening your policy or service for potential impact on equality groups.

1. Name of lead	Dr E Rees
Contact number & email	01384 244056/en.rees@dgoh.nhs.uk
Directorate or Department and Team	Pathology/Operations
2. Name of service or policy	MRSA Screening
Is this a new or existing piece of work?	Existing
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Internal staff including PFI staff PCT staff Patients and public
4. What are the aims of the service/ policy? i.e. what does the policy or service hope to achieve?	Deliver the Department of Health objectives for MRSA screening.
5. Does any part of this service or policy have the potential to have an adverse impact based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? <i>If No, please provide brief reasons.</i>	No. The policy applies to all patients independent of these variables.
6. Are there any factors that could lead to different outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No. As above.

If you have answered yes to any of questions 5 or 6, you must now complete a full Equality Impact Assessment using the proforma provided by the Trust.

If you have answered No to all of the above questions, a full assessment is not required. Please complete the following sign-off section and send a copy of this screening to your Head of Service, Matron or Head of Department as appropriate **and** to Liz Abbiss, Head of Communications at Trust HQ.

Name of person completing this screening: Dr E Rees

Job Title: Consultant Microbiologist

Date sent to Head of Service, Matron or Head of department: 13th December 2010

Date sent to Head of Communications, Trust HQ: 13th December 2010

For advice relating to completion of this screening, please contact Human Resources on 456111, ext 3251