


MRSA (Methicillin Resistant Staphylococcus Aureus)

VERSION No	2	
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Policy Statement

This organisation believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both residents and staff

The Policy

The organisation aim is to prevent the spread of Methicillin-resistant *Staphylococcus aureus* (MRSA) amongst residents and staff.

Goals

The goals of this organisation are to ensure that:

- ✔ *Residents, their families and staff are as safe as possible from cross-infection*
- ✔ *All staff in the organisation are aware of the causes of the spread of MRSA and are trained to avoid these*
- ✔ *Residents who are colonised with MRSA receive the highest quality of care and are not discriminated against.*

Legal Considerations and Statutory Guidance

The organisation should adhere to the following infection control legislation:

- ✔ The *Health & Safety at Work etc. Act 1974 (HSWA 1974)* and the *Public Health Infectious Diseases Regulations 1988* which place a duty on the organisation to prevent the spread of infection
- ✔ The *Control of Substances Hazardous to Health Regulations 2002 (COSHH)* which place a duty upon employers to control dangerous substances in the workplace
- ✔ The *Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)* which place a duty on the organisation to report outbreaks of certain diseases as well as accidents such as needle-stick accidents.























What is MRSA

MRSA, or Methicillin-resistant *Staphylococcus Aureus*, is a variant of *Staphylococcus Aureus*, a type of bacterium carried normally by about a third of the population. In most people *Staphylococcus Aureus* causes no harm. However, when the skin is broken or where a patient is otherwise unwell the bacteria can cause boils or pneumonia and can prevent wounds from healing properly. MRSA behaves in much the same way as its more common relative but, while *Staphylococcus Aureus* is readily treatable with modern antibiotics, MRSA has a high resistance to antibiotics which makes MRSA infections much harder to treat.

Many people carry MRSA in the same way that they carry *Staphylococcus Aureus* — without it causing any harm to themselves or others. These people are said to be ‘colonised’ with MRSA rather than ‘infected’, as they are not ill and show no visible signs that they are carrying MRSA. However, when MRSA does cause an infection this can be very dangerous, even life threatening, and is especially problematic in elderly, vulnerable patients who are debilitated.

Preventing MRSA

In healthcare organisations MRSA carriers should not be a hazard to staff and, according to Department of Health guidelines, the implementation of sound infection control techniques, especially rigorous attention to hand washing, are sufficient to control the spread of the bacteria. Therefore, in this organisation:

-  All staff should comply with the organisation's infection control policies and procedures and adhere to best practice in infection control at all times
-  All staff should adhere to the organisation's Handwashing Policy at all times, ensuring that their hands are thoroughly washed and dried on arrival and before leaving a resident's home; between seeing each and every resident where direct contact is involved; after handling any body fluids or waste or soiled items; after handling specimens; after using the toilet; and before handling foodstuffs. The organisation believes that, consistent with modern infection control evidence and knowledge, hand washing is the single most important method of preventing the spread of infection, whether or not a resident is a known carrier of MRSA
-  All staff should adhere to the organisation's Protective Clothing and Equipment Policy. Disposable gloves and aprons should always be worn when attending to loose dressings, performing aseptic techniques, dealing with blood and body fluids or when assisting with bodily care; gloves and aprons should be changed and disposed of after each procedure or contact and always between contacts with different residents
-  Cuts, sores and wounds on staff and residents should be covered with suitable impermeable dressings
-  Blood and body fluid spills should be dealt with immediately according to the organisation's Infection Control Policy
-  Clinical waste should be disposed of according to the organisation's Infection Control Policy and resident care plan
-  Sharps should be disposed of into proper sharps containers provided by Health Professional
-  Equipment (such as commodes) should be cleaned thoroughly with detergent and hot water after use
-  Residents and staff should not need routine screening for MRSA unless there is a clinical reason for such screening to be performed (for example, a wound getting worse or new sores appearing), and in such cases screening will be requested by a GP or by the local consultant in communicable disease control
-  If a resident's wound gets worse or does not respond to treatment then the resident's GP should be advised immediately
-  MRSA risks should be included in COSHH assessments and any appropriate control measures taken to reduce identified risks.
-  If a resident is identified as colonised with MRSA:
-  They should not be isolated (according to Department of Health guidelines the isolation of colonised residents in nursing/social care organisations is not necessary and may adversely affect the residents' quality of life)
-  They may receive visitors and go out, for example to see their family or friends, and should not be discouraged from normal social contact
-  Friends or family need not take any special precautions when visiting
-  Staff with eczema or psoriasis should not perform intimate nursing care on residents with MRSA.
-  When arranging care for a new resident or when transferring residents to and from hospital:
-  The relevant manager should always ask in the initial assessment of a potential resident if there is any record that the applicant is colonised or infected with MRSA and this should be entered into the plan of care
-  Colonisation with MRSA should never be the reason for refusing a service to a potential resident, or preventing discharge from hospital or for any other form of discrimination
-  Staff should always inform a hospital if a resident who is admitted to hospital is known to be infected with or colonised with MRSA
-  Residents with MRSA should not normally require special treatment after discharge from hospital; however, if a specialised course of treatment needs to be completed, the hospital should be asked to provide all the necessary details and agree in advance in the discharge plan and check that the organisation has staff competent to carry out any specialised task.
-  Staff should seek and follow expert infection control advice from the consultant in communicable disease control and/or community infection control nurse for any case where

support is required, and for any resident with MRSA who has a post-operative wound or a drip or catheter.



Contact details for the local Consultant in Communicable Disease Control (CCDC), Communicable Disease Team.

Reporting

MRSA is not a notifiable infection under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR) which obliges the organisation to report the outbreak of notifiable diseases to the Health and Safety Executive (HSE). The presence of MRSA in a resident can only be ascertained by the laboratory investigation of swabs and any positive result will be notified to the resident's GP. Domiciliary care managers should liaise with the relevant GP if a positive result is received and should work with all relevant members of the healthcare team to revise the resident's plan of care and to ensure that everybody involved in the care of the resident is informed and understands infection control requirements.

Training Statement

All new staff should be encouraged to read the organisation's policies relating to infection control as part of their induction process. Training sessions covering basic information about infection control should be conducted at least annually, and clinical staff and those with special responsibilities for infection control and risk assessment should also be supported in doing additional advanced training on infection control as required.

Related Policies

Accident and Incident Reporting (RIDDOR)

Dignity and Respect

Health and Safety

Infection Control

Protective Clothing Equipment