Policy / Procedure Information (Policy no CS018)	
Subject	**Methicillin Resistant Staphylococcus Aureus (MRSA) Policy for Managing and Treating Patients in Primary Care** (This policy is subject to periodic review and will be amended according to service development needs)
Applicable to	This policy applies to all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice
Date issued	Aug 2021
Next review date	Sept 2025
Lead responsible for Policy	Director of Care
Policy Reviewed by	Infection Prevention and Control Team Care Service Team
Notified to	Quality and Safety Group
Authorised by	Board of Trustees
Links to other Policies	Infection Prevention and Control Policy
Summary	This document aims to provide a clear understanding of Nottinghamshire Hospices Infection Control Policy.
Target Audience	The policy aimed at all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice

IMPORTANT NOTICE: Staff should always refer to the website folder on the universal drive for the most up to date information.

If the review date of this policy or procedure has expired staff should seek advice from their clinical lead or manager regarding the appropriate action to be taken.

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1. Abbreviations and Definitions

MRSA: Methicillin-resistant Staphylococcus aureus.

Colonisation: MRSA lives harmlessly on the skin of around 1 in 30 people, usually in the nose, armpits, groin or buttocks. This is known as "colonisation" of MRSA.

What is MRSA?
Staphylococcus aureus is a bacterium that is carried by many healthy people in their nose or on their skin without causing any harm. This is called colonisation, however it is capable of causing a wide range of infections from boils to more serious infections such as septicaemia (blood poisoning). Staphylococcus aureus infections are usually treated with the antibiotic Flucloxacilllin. Meticillin is an antibiotic related to Flucloxacillin and is used in the laboratory to test whether staphylococcus aureus is a resistant strain.

This is where the term MRSA comes from – Meticillin Resistant Staphylococcus Aureus. MRSA is no more likely to cause infection than sensitive staphylococcus aureus. However, infections may be more difficult to treat due to the limited choices of antibiotics.

2. Introduction and Purpose

The aim of this policy is to provide information to CityCare staff to ensure that people with MRSA are managed appropriately and effectively in order to limit the spread of Methicillin Resistant Staphylococcus Aureus (MRSA) within primary care. The Department of Health have clearly stated that all organisations are directly accountable for reducing the rate of MRSA bacteraemia in their local population. Each organisation has been given a zero tolerance target for MRSA bacteraemia.

The Health and Social Care Act 2008, states the need for health and social care providers to have in place policies that will help to prevent and control infections. The purpose of this policy is to ensure that Hospice staff have sufficient information to effectively care for and manage patients with MRSA.

3. Evidence Base and Interaction with Other Policies and Procedures

Healthcare-associated infections: prevention and control in primary and community care, Clinical guideline. NICE (2017)

Nottinghamshire Hospice Hand Hygiene Policy (CS015)

Nottinghamshire Hospice Personal Protective Equipment Policy (CS020)

Nottinghamshire Waste Management Policy (CS023)

Nottinghamshire Medical Device and Medical Equipment Policy and Procedure (CS017)

Nottinghamshire Hospice Collection of Specimens (Excluding Blood) Standard Operating Procedure (SOP013)

Nottinghamshire Guidelines on the Management of Common Infections and Infestations in Primary Care (Antimicrobial Prescribing).

Nottinghamshire Hospice Reporting of Incidents and Accidents policy (OP002)

Nottinghamshire Hospice Infection Prevention & Control Policy (CS001)

4. Scope and Responsibilities

The scope of this policy is for all staff who are involved in the managment and treatment of patients with Methicillin Resistant Staphylococcus Aureus (MRSA). The purpose of the policy is to:

- Explain what MRSA is and to highlight the standard infection prevention and control principles that should be applied by staff to minimise the spread of MRSA.
- Ensure that patients who are found to be MRSA positive are informed of their diagnosis, given the correct information about MRSA, its treatment and any follow up required.
- Ensure that patients who are found to be positive for MRSA are offered decolonisation treatment in accordance with this policy.

Ensure that all patients who require screening for MRSA are screened according to this policy

The organisational responsibilities:-

The Chief Executive is responsible for ensuring:

That there are arrangements in place to support infection prevention and control, in particular the relevant policies and training to reduce the risk of infections being transmitted.

The Executive Team are responsible for ensuring: That staff have access to infection prevention and control policies to support their daily working practice.

Hospice employees are responsible for following this policy for the managment and treatment of patients with Meticillin Resistant Staphylococcus Aureus (MRSA).

The Infection Prevention and Control Team are responsible for: Reviewing and updating this policy every 5 years or more often if relevant changes occur

5. Equality & Diversity

Less favourable treatment of anyone on the grounds of their age, disability, gender, marital status, being pregnant or on maternity leave, race/ethnicity, religion or belief, sexual orientation, gender reassignment, responsibility for dependents, trade union or political activities, or any other reason which cannot be shown to be justified will not be tolerated. Positive action may be taken to improve the diversity of our workforce to reflect the city's population and to encourage people from protected groups to participate where their level of participation is disproportionately low.

Equality Impact Assessment Form (Short)

		YES/NO	COMMENT
1.	**Does the policy affect one group less or more favourably than another on the basis of:**	No	
	Age	No	
	Disability – learning disabilities, physical disability, sensory impairment and mental health problems	No	
	Gender Reassignment	No	
	Marriage/Civil Partnership	No	
	Pregnancy/Maternity	No	
	Race	No	

	Religion or Belief	No	
	Sex	No	
	Sexual Orientation	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy without the impact?**	N/A	
7.	**How can the impact be reduced by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the sponsoring director; together with any suggestions as to the action required to avoid/reduce this impact

6. Risk Management

There are no contraindications to using this policy.

7. Equipment List (if applicable)

Not applicable.

8. Describing the Care

How is MRSA Spread?

- Contact via person to person e.g. an individual with MRSA of from affected healthcare workers via hands or clothing contaminated with skin scales.
- Contact with shared equipment that has not been effectively decontaminated after use. Droplet/aerosols from a patient with MRSA respiratory infection/colonisation.
- Patients should be informed that they can still have visitors and that they can go out.
- Patients diagnosed with MRSA should be given an information leaflet.

Patients most at risk of acquiring MRSA are:

- Any patient with a break in their skin, such as a wound, or a skin condition such as eczema or psoriasis.
- Any patient with an invasive medical device, e.g. urinary catheter, tracheostomy or percutaneous endoscopic gastrostomy tube (PEG).
- Any patient receiving health or social care input.

Screening and Treatment

The following patients will receive screening and/or treatment for MRSA:

All patients identified as MRSA positive from clinical swabs/samples taken in primary care. (See appendix B).

What is a MRSA Screen?

A screen consists of swabs / samples being taken from the following sites:

- A nasal swab –one from both nostrils, pre-moisten the swab with saline if needed and roll around the inner surface of both nostrils.
- A perineum or groin swab.
- Swab all wounds/broken areas of skin (one swab per wound clearly labelled as to which wound the swab is from).
- Urine specimen from patients with a catheter in situ only or mid-stream urine (MSU) if MRSA has been isolated in a urine specimen previously. If the patient has a supra pubic catheter in situ then the entry site should also be swabbed
- A sputum sample if the patient is expectorating.
- Swabs from invasive medical devices such as PEG tubes, tracheostomies and supra-pubic catheter sites.

Clearly mark on the laboratory request form that a MRSA screen is required and why the screen is being performed i.e. is it an elective screen or a screen following treatment and ensuring the site is documented on each individual swab and on the laboratory request form.

Ensure that the individual is fully aware of the screens to be taken and that they consent to the procedure and this is documented in their records.

Treatment

If antibiotics are required they should be in line with the given sensitivities and antimicrobial prescribing guidance: https://www.nottsapc.nhs.uk/guidelines-formularies/antimicrobial-guidelines/. If uncertain then contact the Medical Microbiologist for advice 0115 9709163 option 2

Consider the temporary use of an antimicrobial dressing for wounds where there are signs of clinical infection, refer to the Wound Care Formulary for wound care products. The Tissue Viability team can also be contacted for wound care advice on 0115 8834750.

Decolonisation treatment aims to eradicate the MRSA from the skin and comprises of the following:

- **Mupirocin 2% nasal ointment (Bactroban).** Apply to the inner surface of each nostril using a cotton bud three times a day for 5 days. The patient should be able to taste the Mupirocin at the back of the throat following each application.
- **Octenisan body / hair wash solution.** This should be used as a total body wash, undiluted for five days. It is best applied directly to wet skin with a single use / disposable cloth paying special attention to sites of known carriage e.g. axilla, groin and perineal areas. Hair should be washed twice during the five day treatment period using the Octenisan in place of the patient's usual shampoo. The product should be in contact with the skin /hair for at least one minute before being washed off. Do not apply to skin in the shower whilst water is running. This will ensure that the treatment is in contact with the skin for the required amount of time. Octenisan solution body /hair wash solution can be used for children under 12 months of age.

Alternatives for individuals who cannot have a shower or bath:

- **Octenisan Wash Mitts:** If required, the packaging can be heated in the microwave (30 seconds / 600 W) or cooled in advance for refreshing washing. Open cautiously the softpack and take out an octenisan® wash mitt, as required. Clean the skin and leave the impregnation solution on for at least one minute.

- Make sure the skin is completely moistened, especially in the area of the armpits, areas between the fingers and between the toes as well as other skin folds. Use one mitt per body area (there are are two in reserve for the larger frame);
  1. face, neck, upper chestand breast
  2. right arm and armpit
  3. left arm and armpit
  4. abdomen, front
  5. right leg
  6. left leg
  7. back
  8. abdomen, back

Rinsing afterwards with water is not necessary. **Do not use in children under the age of 3.**

- **Octensisan Wash Cap:** If required the octenisan® wash cap can be heated in a microwave (for a maximum of 20 seconds at 600 Watt).
  Open the package of the octenisan® wash cap carefully after heating.
  If the octenisan® wash cap has been heated check the temperature before fitting it on the patient. The hair should be dry and untreated before using the octenisan® wash cap (no use of hair gel, mousse, hairspray etc.). Place the octenisan® wash cap on the head so that the hair is completely covered. Massage the solution of the octenisan® wash cap thoroughly into the hair and scalp and leave it for at least 5 minutes so that it can completely saturate the hair and scalp.

  The hair should be combed as little as possible during the full treatment period (i.e. in between octenisan® wash cap applications). After each use of the octenisan® wash cap, the hair can be rinsed with water and dried with the aid of a blow dryer if necessary.
  Other shampoos and hair care products can be used after thoroughly rinsing the hair with water.

Schulke UK (2020)

Re-screening

A patient should be re screened one month after completion of decolonisation treatment. A negative screen will suggest that the decolonisation treatment has been effective. If the screen results identify a positive MRSA result a second decolonisation treatment can be offered. Sometimes a third might be attempted if the patient has increased risk factors, but this will need to be reviewed with the Infection Prevention and Control Team and assessed on an individual patient basis. (See appendix B treatment/screening).

Some patients in primary care will remain colonised with MRSA, it is important that this is documented in the patient's records and communicated effectively to the patient and when transferring care to another provider.

Documentation

All healthcare practitioners and staff involved in clinical care are professionally accountable for keeping clear, legible accurate and contemporaneous health records. Good record keeping safeguards both patients and professionals from unsafe practice. It is therefore important that staff document the following:

- That the patient has been informed of the swab results and the information leaflet has been given.
- Treatment options e.g. decolonisation treatment, antibiotics, and screening process and treatment outcomes.
- Alert for infection status recorded in both paper and electronic records and appropriate care plans are in place.

A MRSA template can be found on SystmOne which should be used for patients with an MRSA diagnosis

9. Further Guidance

If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you and/or your role, please contact the author.

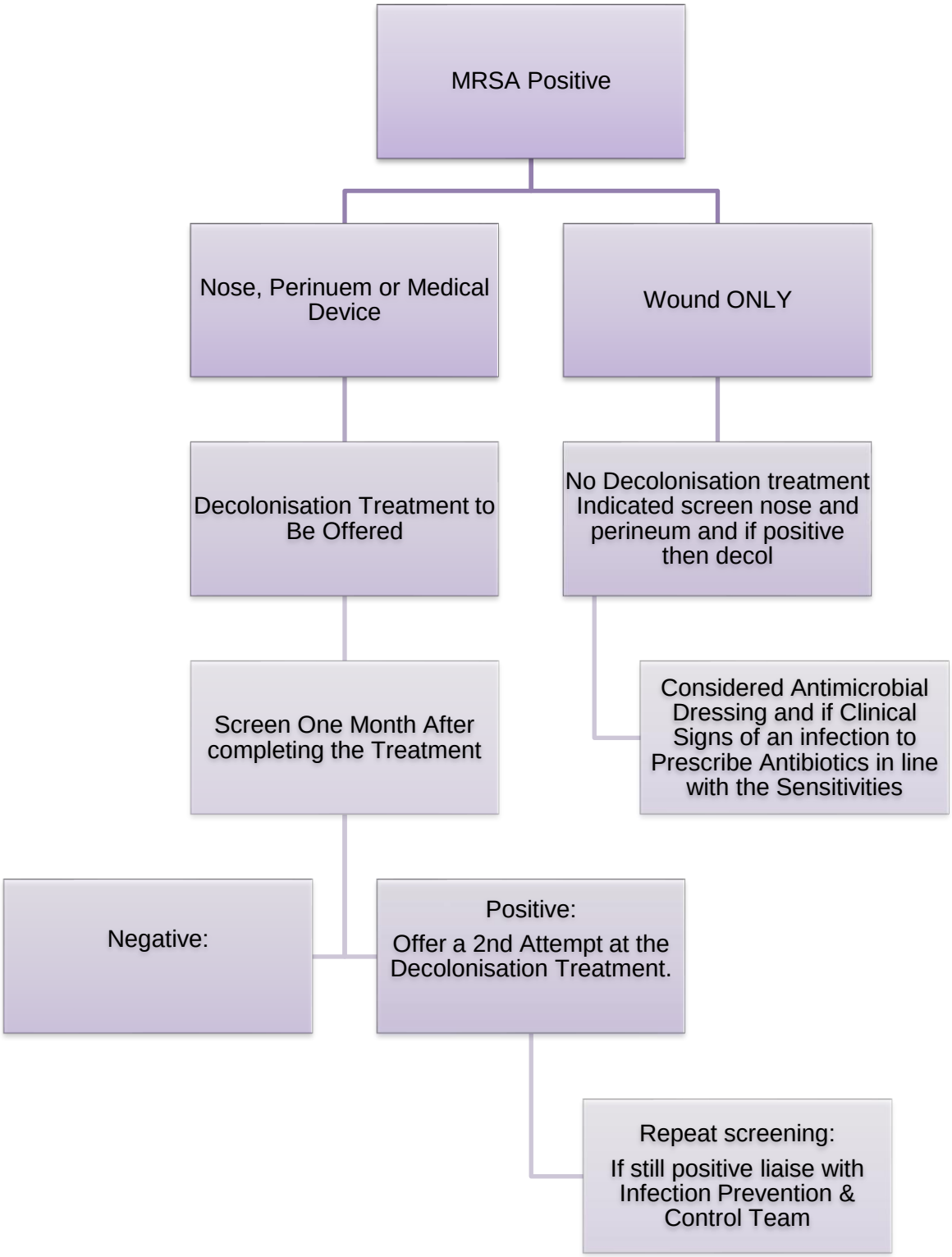
10. References

Department of Health (2008) The Health and Social Care Act 2008 –code of practice for health and adult social care on the prevention and control of infections and related guidance Crown copyright 2009 London UK.

Schulke.UK (2020) Available from: https://www.schuelke.com/gb-en/ (Accessed June 2020).

Appendix A

CityCare/Nottinghamshire Hospice Treatment Protocols



Appendix B

Infection Control Principles Required To Minimise Spread Of MRSA

Hand Hygiene

- Good hand hygiene is essential for the prevention of MRSA.
- Hands should be washed before and after patient contact using liquid soap, warm water and dried with a paper towel.
- If liquid soap or a clean towel is not available then supplies should be taken out for domiciliary visits.
- Alcohol gel can be used to decontaminate hands but ONLY if they are visibly clean.

Refer to the Organisation's Hand Hygiene Policy.

Protective Clothing

- Gloves and a disposable plastic apron should be worn when undertaking care activities, where there is a risk of contact with bodily fluids, wounds, invasive medical devices and materials contaminated with bodily fluids, such as linen/continence products.

Refer to the Organisation's Use and Correct Disposal of Protective Clothing Policy.

Waste Disposal

- Please refer to the Management of Waste Policy

Environmental & Equipment Cleaning

- Regular routine cleaning is very important within health centres and care home environments.

- Surfaces, which could have become contaminated with skin scales, such as couches, foot stools, baths ,showers and reusable patient equipment should be cleaned after use with hot water and detergent or detergent wipes.

- Equipment used in the patient's home, such as scissors/forceps should be single use items and should be disposed of after each use.

- Patients who are ambulant and who would normally attend a clinic or health centre should continue to do so, even with an MRSA diagnosis. There is no requirement to see the patient at the end of the clinic

Bed Linen and Clothing

- Both can be washed in a domestic washing machine, the water as hot as possible guided by the garment care label.
- There is no requirement to separate linen from people with MRSA.
- If having a decolonisation treatment then bed linen and night clothes ideally should be changed daily whilst having the five day treatment to reduce the risks of re -contamination.

Wounds

- Any breaks to the skin should be kept covered at all times with an occlusive dressing.
- "Strike through" of exudate to outer dressings should not occur – advise patients/carers on actions to be undertaken if it does and who/how to contact a relevant healthcare professional to attend to the dressing site.

- An aseptic non-touch technique should be used for any invasive procedures(See CityCare ANTT SOP)
- If the wound has signs of clinical infection then an antimicrobial dressing may be beneficial adhering to the wound care formulary and antibiotics should be considered according to microbiology sensitivities

Best Practice

Standard infection prevention and control principles are essential in reducing cross infection and should be undertaken for all patients across all care settings, regardless of any known infection, to reduce the risk of transmission of any potential infections, not just MRSA.