journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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Title: MRSA – Management of patients with meticillin-resistant *Staphylococcus aureus*

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Status: Approved
Document type: Procedure
Overarching policy: IPC Policy

Contents

1 Introduction

This procedure supports the trust to control and manage any cases or incidence of Meticillin-resistant Staphylococcus aureus (MRSA).

MRSA infections remain a serious cause of healthcare-associated infection (HCAI) in many countries. MRSA is easily spread by multiple routes and can persist in the environment for long periods. In health and care settings, transmission via staff hands remains the most important route for patient MRSA acquisition. Infection prevention and control (IPC) measures and control of the use of antimicrobials are effective in reducing prevalence of MRSA.

This procedure provides all staff employed by TEWV with the key processes and protocols required to enable them to care for patients who are colonised or infected with MRSA and to ensure that other patients are not put at undue risk.

This procedure supports Our Journey to Change as set out in the overarching Infection Prevention and Control Policy.

2 Purpose

This procedure is essential to patient and staff safety, following this procedure will help the Trust to minimise the spread of MRSA by: -

- Managing and treating patients with MRSA colonisation or infection.
- Managing the cleaning of rooms that have been used by a patient with MRSA colonisation or infection.
- Reducing the risk of transmission of MRSA in the healthcare setting.
- Ensuring all staff are aware of their responsibilities for management of MRSA colonisation or infection.

3 Who this procedure applies to

This procedure applies to all clinical staff.

4 Related documents

The Standard (Universal) Precautions for Infection Prevention and Control defines the universal standards for IPC which you **must** read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- Hand Hygiene

- Waste Management Policy
- Outbreak
- Laundering and Safe Handling of Linen and Clothing
- Decontamination of equipment
- Tissue viability
- Consent to examination and treatment
- ANTT Procedure

5 Management of patients with MRSA colonisation / infection

Staphylococcus aureus (S. aureus) is a bacterium that commonly colonises human skin and mucosa without causing any problems. Most strains of S. aureus are sensitive to the more commonly used antibiotics, and infections can be effectively treated. Some S. aureus bacteria are more resistant.

Meticillin-resistant Staphylococcus aureus (MRSA) is a strain of Staphylococcus aureus that is resistant to several common antibiotics. MRSA colonisation occurs when people carry MRSA on their skin or in the gut or nose, but do not show symptoms and signs of infection. MRSA infection occurs when MRSA is isolated from a clinical specimen. The organism is causing an infection and clinical signs are present e.g., fever and/or inflammation or pus discharging from a wound.

MRSA Bacteraemia - is when an infection spreads further into the body and MRSA/S. aureus is present in the blood. This can occur either from the patient's own resident MRSA (if they are an asymptomatic carrier), from a local infection or by cross-infection from another person. For example following surgery or a medical procedure.

Septicaemia can follow (this is the clinical term for a severe illness caused by bacteria in the bloodstream). The symptoms are not specific to MRSA and can be the same for other bacteria that cause septicaemia. Typically, symptoms include high fever, a high white cell count, rigors (shivers), disturbance of blood clotting with a tendency to bleed, and failure of vital organs. This is the kind of MRSA infection that has the highest death rate.

MRSA is transmitted primarily by person-to-person spread. This can occur on the hands of healthcare workers, which have been contaminated by contact with a colonised or infected patient. Transmission can also occur viaReducing transmission to other people involves strict adherence to basic infection-control principles (particularly hand hygiene), whether a person is known to be colonised with MRSA or not (NICE, 2013).

In Trust facilities, the patient may be placed in a single room, but this is often unnecessary, and is impractical in many areas. The IPCN will advise as necessary for individual patients.

Decolonisation treatment aims to eradicate or significantly reduce the carriage of MRSA when a positive MRSA result has been received.

Treatment should commence at the earliest possible opportunity, ensuring that the patient is informed of the treatment and its purpose. Decolonisation guide can be located in section 5.2.

5.1 Control measures to be taken when caring for patient with MRSA

The MRSA patient pathway must be followed and completed for every patient with MRSA (pathway can be printed from related documents above and is included in Appendix 2).

Contact the IPC team for advice regarding appropriate management of individual patients

- Hand hygiene is essential. Clean your hands before and after patient contact using liquid soap and water or alcohol hand gel if hands are visibly clean. (Refer to Hand Hygiene Procedure).
- Wear disposable nonsterile nitrile gloves and a plastic apron for direct care or when handling items contaminated with blood/body fluids. Decontaminate hands immediately before applying PPE. Discard the gloves and apron after use then wash and dry hands.
- If the patient has any wounds, cover with an appropriate impermeable dressing. The ANTT procedure should be followed for management of wound care. If unable to keep the wound covered with a clean, dry dressing at all times, they should not participate in activities where they have skin to skin contact with other people until their wound is healed.
- Patients can visit communal areas e.g., dining room, television room and can mix with other patients/residents. Communal areas are cleaned daily using the Trust agreed product. Please contact hotel services supervisor for further details.
- Patients can visit day centres and attend outpatient facilities. Ensure staff at these facilities, as well as ambulance staff if required, are informed of the patient's MRSA status. This will allow them to minimise waiting times in outpatient areas and to plan for cleaning of the area following the patients appointment/visit.
- MRSA is not a reason to refuse or delay admission to a nursing or residential home, however the nursing or residential home need to be informed of patient's MRSA status.
- Relatives can take home personal clothing and advise them to wash separately on the hottest wash the clothing can withstand.
- For in patients: place laundry in a suitable laundry bag and label the bag 'infected linen' as per laundry guidance.
- Dispose of all infected waste as clinical waste (refer to Trust Waste Policy for further details).
- Inform Hotel Services to ensure that daily general cleaning of a patient's room/bed area is maintained using a chlorine releasing agent.
- Inform the IPCN if a patient with MRSA is transferred or discharged to another area.
- Any multiple patient equipment should be decontaminated with either Chlor-clean or universal wipes between each patient use to prevent cross contamination.
- Upon discharge or transfer ensure a terminal clean of the patient's bedroom is completed.
- Patients nursed in bays must be transferred into a single room where practicable and the bed space in the bay must be terminally cleaned once MRSA has been identified.
- The Infection Prevention Control Team will advise if IPC room cleaning precautions can be removed for colonised patients. This must be discussed and documented for each individual case.

For patients with MRSA-positive wounds, ensure that the wound is always covered with an appropriate dressing. Contact the Tissue Viability Service for management advice and support. tewv.tissueviability@nhs.net

5.2 Treatment of positive MRSA sites

Based on past medical history and the presentation of the patient, the IPC team will advise if topical eradication treatment is required on an individual patient basis. The Medical Team and/or Physical Health Practitioners will assess the patient and prescribe systemic treatment if appropriate. Further advice can be sought from the local Acute Trust Microbiology team or Infection Control Doctor.

Event/Situation	What you must do **If screening identifies MRSA on the skin, treatment may be required. This is known as decolonisation or topical eradication.**
Nasal treatment	✓ Bactroban Nasal® ointment – Apply to inner surface of each nostril 3 times daily for five days and rescreen 48hrs after completion of treatment. Discuss results with IPCN **Avoid prolonged courses of topical nasal eradication (>7days) or repeated more than once (i.e. two courses in total) to prevent the emergence of resistance.** Alternative nasal preparations are available following discussion with the IPC team.
Skin carriage	If MRSA is identified from any of the skin carrier sites, follow these steps for 5 consecutive days: • Daily bath or shower: ✓ Use a disposable cloth and apply Octenisan® undiluted to the whole-body surface and leave for one minute. Rinse off in the bath or shower. ✓ You **must** use a fresh disposable cloth and bath towel each day. ✓ Change the patient's clothes and night clothes daily. • Shampoo Hair: ✓ Use Octenisan® like an ordinary shampoo on the **first** and **third** days of treatment. ✓ As this shampoo dries out the hair and scalp, use a good conditioner afterwards. • Nasal treatment: ✓ Ensure that the nose is clean prior to application ✓ Using a cotton bud or the patient's own finger, introduce a sufficient (matchstick head) amount of Bactroban nasal ointment into the front part of the nose (nasal vestibules). ✓ Once Bactroban Nasal ointment has been introduced into each nostril, close the nose by pressing together the sides of the nasal wings and then massaging between the thumb and forefinger to ensure that the gel is evenly distributed. ✓ Remove any excess ointment with a clean paper tissue or gauze swab. ✓ Take care not to introduce ointment too deep into the nose.

Antibiotic treatment:	• Antibiotic treatment will only be prescribed if:

If patient has an MRSA infection, treat with antibiotics that work against MRSA	✓ there are clinical signs of infection, and/or ✓ Following discussion with the Clinician, Consultant Microbiologist or IPCN. • Patients who are colonised with MRSA do not usually need antibiotic treatment.

Octenisan® body wash and Bactroban nasal ointment can be ordered and supplied for individual patients as required via pharmacy.

Octenisan, Bactroban and naseptin will be stocked in trusts drug emergency cupboards (EDC) and some standalone sites (with no EDC). For information on how to obtain medications out off hours please see Access to medicines and pharmacy services outside working hours

5.3 Transfer to other department / areas

Any information relating to a patient's MRSA status will be given in a respectful way that maintains the patients dignity and confidentiality.

Task	Action required
Transfer to another ward or department within the Trust	• MRSA should **not** compromise patient care/treatment if the patient needs transfer to other departments /specialist areas. • Inform staff in the receiving ward/department of the patient's MRSA before the patient leaves the ward, to ensure that Infection Prevention and Control measures are implemented. • Cover infected or colonised wounds/lesions with a secure and appropriate dressing
Transfer to another hospital / care home outside of the Trust	• Inform staff in the receiving hospital prior to transfer of the patient. This must be documented within the patient's medical records • If patients have infected or colonised wounds or lesions, they should be covered with a secure and appropriate dressing before transfer. • It is important that information about the patients MRSA status is documented within the patient transfer information and handed to the receiving department on arrival
Ambulance transportation	• Notify the ambulance service of the patient's MRSA in advance. • Normal procedures for transportation of patients apply, i.e. **a separate ambulance is not required**.
Deceased patients	• Take the same precautions as those observed during life. • Cover any lesions with occlusive dressings. • Inform the undertakers. • **NB: Cadaver (body) bags are not necessary.**

5.4 Cleaning of patient's room

When	Action required
Daily	• Follow the specific cleaning instructions which are available from the hotel services supervisor. • Each day the room should be thoroughly cleaned, using Chlorclean paying attention to dust-collecting areas i.e. all flat surfaces. • Daily room cleaning to continue for patients who are colonized with MRSA until advised by the Infection Prevention Control Team. Discontinuation of IPC precautions must be discussed and documented for each individual case.
1. Once a negative screen has been obtained and or following discussion with the IPC team 2. After patient's discharge	• Terminal clean of the room is required. Following patient discharge the room should be thoroughly cleaned and disinfected using a chlorine releasing agent e.g. • Chlorclean, the curtains should be changed and laundered. • Change and launder curtains.

5.5 Communication

5.5.1 Communicating with patients

Following notification of a MRSA positive result this must be communicated to the patient / service user. The treatment must be explained to the patient and documented within the patients notes and MRSA pathway. Patient information leaflet is available from the IPC intranet page to be printed and given to the patient.

The NHS choices information sheet for MRSA is available online for staff to give to patients/clients if further information is required contact the IPCN to discuss/visit the patient. Information sheet can be available in other languages and formats should they be required.

5.5.2 Relatives and carers

The same information that is given to patients may need to be given to relatives and carers **after** you have obtained the patient consent.

5.5.3 Between organisations

Good communication is the key to effective MRSA management. It is important therefore when transferring individuals with MRSA colonisation or infection, to another setting, to inform the person in charge at the receiving establishment.

5.5.4 Discharge planning

MRSA is **NOT** a contra-indication to hospital admission or to discharge plans either to the patient's own home or to a residential or nursing home. The importance of communication with other agencies is vital if a patient is transferred to their own home their GP must be informed. The IPCN team should be involved in any discharge planning.

6 Patient Screening

Routine screening swabs are **not** necessary for most patients within TEWV premises.

Take screening swabs / samples only if there are clinical signs of infection or after you have consulted with the IPCN.

Patients who need admission to an acute hospital, particularly a high-risk area or planned surgery may require de-colonisation therapy. The IPCN will liaise and advise with the Infection Prevention and Control staff of the receiving Trust if required. Additionally, as part of routine screening for Acute Trust's all patients will be screened on admission to the acute trust or before if undergoing planned surgery.

Staff will take into consideration the requests of the service user with regards to the gender of the staff member who may take the swab / redress a wound etc and were possible deliver the request and document all decisions made in MRSA pathway.

6.1 Taking Specimens

Follow the Royal Marsden Manual online procedure for specific specimen taking guidelines:

Swab sampling: nose - Royal Marsden Manual (rmmonline.co.uk)
Swab sampling: skin - Royal Marsden Manual (rmmonline.co.uk) – use groin swab guidance only
Sputum sampling - Royal Marsden Manual (rmmonline.co.uk)
Swab sampling: wound - Royal Marsden Manual (rmmonline.co.uk)
Urine sampling: midstream specimen of urine: male - Royal Marsden Manual (rmmonline.co.uk)
Urine sampling: midstream specimen of urine: female - Royal Marsden Manual (rmmonline.co.uk)
Urine sampling: catheter specimen of urine - Royal Marsden Manual (rmmonline.co.uk)

6.1.1 Safe labelling of specimens

- ✓ Ensure each specimen is clearly labelled with the patient's name, date of birth, NHS number and location eg. ward name.

- ✓ The pathology request form must also identify the patients details as well as relevant clinical details, reason for the specimen request and any current antibiotic treatment.

- ✓ Ensure the laboratory request form is also signed by the clinician who has requested the specimen.

- ✓ The specimen must be secured in the specimen container and placed into a leak proof sealed specimen bag along with the request form.

- ✓ Any specimens deemed as high risk of infection (e.g. from patients with blood borne viruses or diseases such as Creutzfeldt-Jacob Disease) must be placed into a mini grip plastic bag before being placed into the bag with the pathology request form, they should also be labelled as 'high risk' (high risk stickers can be ordered via cardea).

- ✓ Unlabelled or incorrectly labelled specimens will be discarded by the receiving laboratory department.

6.1.2 Transportation of laboratory specimens

- ✓ All pathology specimens must be transported in a leak proof, washable container. The container must be secure and must comply with UN 3373 standards.

- ✓ Specimen transport containers must not be left unattended in a patient access area.

- ✓ Specimen transport containers must be cleaned at least weekly, or immediately if they become contaminated.

- ✓ Where specimens are transported to the laboratory by vehicle, the transport specimen container must be placed into a cardboard transport box labelled with both the destination and senders name and address.

- ✓ Each specimen container must be in a separate plastic bag with sufficient material to fully absorb any leakage of the specimen.

- ✓ Vehicles used for specimen transportation must be equipped with personal protective equipment and a spill kit. Any spillages must be cleaned immediately, and the specimen requester informed as a further specimen will need to be obtained.

Where to swab	Additional instructions
Nose	Rotate swab around the anterior nares (inside) of each nostril using the **same** swab for both nostrils.
Groin	4 firm strokes over groin (Send nose and groin swabs with one request form only, but separate swabs)

In addition to the above routine full screen for MRSA if the patient has any of the following please include on the full screen.

Where to swab	Additional instructions
All wounds and skin lesions	Separate swab, ensure wound bed has been cleaned first
Any devices	i.e., tracheostomy, gastrostomy or colostomy sites, IV sites.
Catheter specimen of urine	Follow Urinary Catheter Guidelines
Sputum	If patient has productive cough

7 Screening of staff

- There is no evidence that MRSA poses a risk to healthy people e.g., healthcare workers. Research has shown that nurses who become colonised with MRSA have acquired the bacteria through their work, but the MRSA is usually present for a short time only. Showering after work and wearing clean uniform/clothes the following day will reduce the risk of prolonged colonisation. Staff caring for MRSA patients should wear a clean uniform each day. Clothing should be washed at home separately from other washing on the highest temperature possible.
- Routine MRSA screening of staff is not necessary.
- Staff who are positive for MRSA should contact Occupational Health Department for advice.

8 Definitions

Term	Definition
MRSA	• Meticillin-resistant staphylococcus aureus • Strains of staphylococcus aureus, which is a common skin organism that has developed resistance to some antibiotics.
Colonisation	• MRSA is present on or in the body without causing an infection.
Infection	• MRSA is present on or in the body and is multiplying causing clinical signs of infection, such as in the case of septicaemia or pneumonia, or for example in a wound causing redness, swelling, pain and or discharge.
Bacteremia	• The presence of bacteria in the blood
IPC	• Infection Prevention and Control
IPCN	• Infection Prevention and Control Nurse
Patients at risk of infection from MRSA	• Patients with underlying illness • The elderly – particularly if they have a chronic illness • Patients with open wounds • Patients with invasive devices such as a urinary catheter, gastrostomy tubes • Patients with a history of substance misuse
Routes of transmission	• Direct spread via hands of health care workers • Equipment that has not been appropriately decontaminated • Environmental contamination – staphylococci that spread into the environment may survive for long periods in dust.

9 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

9.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All health care staff	On-line / Face to face IPCT mandatory training	30mins	Yearly
All clinical staff	SIPS programme	20 mins	Rolling programme

10 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	IPC quarterly report	Frequency = quarterly Method = Report Responsible = IPC team	IPCC

11 References

CADDOW, P. (Editor) (1989) **Applied Microbiology.** Scatter Press.

AYLIFFE, G.A. et al (the working party) (1998) **Revised Guidelines for the Control of Epidemic Meticillin-Resistant Staphylococcus Aureus in Hospitals.** Journal of Hospital Infection, 39. pp 253-290.

Coia, J E, Duckworth G J, Edwards D I, Farrington M, Fry C, Humphreys H, Mallaghan C, Tucker D R for the Joint Working Party of the British Society of Antimicrobial Chemotherapy, the Hospital Infection Society and the Infection Prevention and Control Nurses Association. (2006) **Guidelines for the control and prevention of meticillin-resistant *Staphylococcus aureus* (MRSA) in healthcare facilities.** The Journal of Hospital Infection, Vol 63, Supplement 1.

DoH (2006) Essential steps to safe, clean care. Reducing healthcare-associated infections in Primary Care Trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care Homes; Hospices: GP practices and Ambulance Services.

Clean Safe Care (2008) Reducing Infection and Saving Lives Department of Health.

Department of Health (2008) The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infection. Department of Health.

Implementation of modified admission MRSA screening guidance for NHS (2014).

Department of Health expert advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)

RCN (2005) Methicillin – resistant staphylococcus aureus (MRSA) Guidance for Nursing Staff. RCN, London.

https://cks.nice.org.uk/mrsa-in-primary-care 2013

Joint Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) guidelines for the prevention and control of meticillin-resistant Staphylococcus aureus (MRSA) in healthcare facilities. (2021) J.E. Coia et al. Journal of Hospital Infection 118. S1 - S39

NHS Choices: MRSA

Home - Royal Marsden Manual (rmmonline.co.uk) accessed 19 January 2023

12 Document control (external)

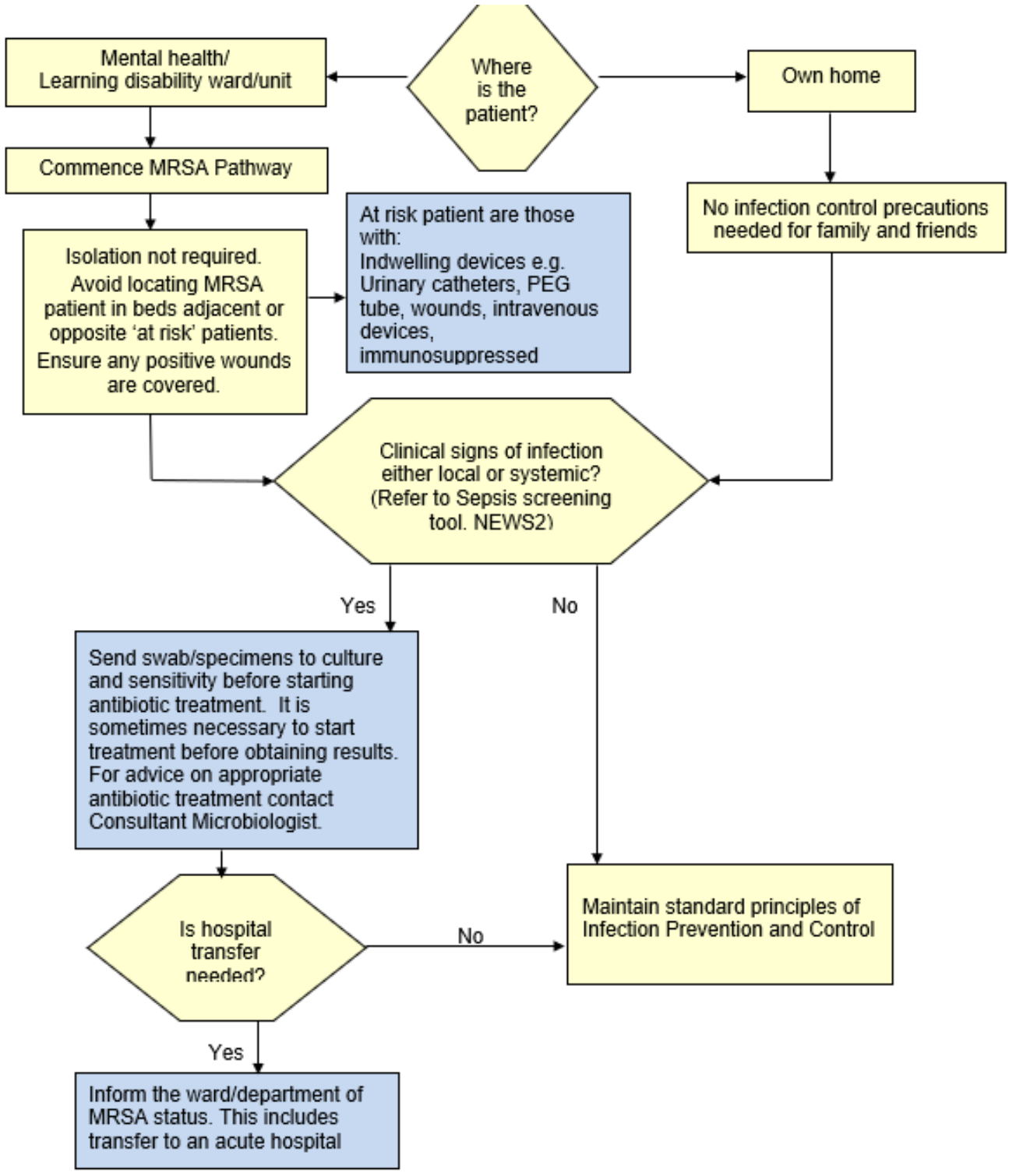
To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	16 July 2024
Next review date	16 July 2027
This document replaces	MRSA Procedure IPC-0001-0009-v3.2
This document was approved by	IPCC
This document was approved	16 July 2024
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	06 June 2024 (AH)
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
3.1	15 Jun 2021	Full review. Transferred into new template. Minor wording changes throughout.	Withdrawn
v3.2	19 Jan 2023	Minor changes only: Information regarding safe labelling and transportation of specimens added to section 6.1, due to withdrawal of procedure Ref IPC-0001-015 v3 for specimen collection Links to specimen collection procedures within the Royal Marsden Online Manual added into section 6.1 Royal Marsden online added to references.	Withdrawn
V3.3	16 July 2024	Full review with minor changes to reflect treatment plan change, Both Care Groups now access medication via same route, more detail regarding MRSA.	Approved

Appendix 1 – Flowchart for the management of MRSA



A more accessible version of this flowchart is available on request.

Appendix 2 – clinical path documentation for Meticillin-Resistant Staphylococcus Aureus (MRSA)

Scope of the pathway

This associated clinical pathway will encompass the management of **METICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA)**

Note:

Can be used in association with all main Person Centred Pathways of Care

Date MRSA positive identified:	Name and Date of Birth (affix ID label)
Date IPC team informed:	
Date pathway commenced:	
Patient information given	
Housekeepers informed to increase cleaning	Paris ID
Date pathway discontinued and reason	NHS Number
GP/ on-going heath care provider informed of MRSA status:	Locality Inpatient unit / outpatient / independent sector

Appendix 3 - Care Pathway for the Management of patients with MRSA

MRSA ISOLATED INCIDENT

Does the patient have signs and symptoms of a clinical infection?

NO

Observe patient/record NEWS2 as per guidelines.

YES

Monitor NEWS2 and refer to Sepsis Screening tool.

Clinician to consult AB prescribing guidelines/discuss with Microbiology and if deemed appropriate prescribe antibiotics. Ensure any AB's prescribed have a start, review, and stop

Nurse away from vulnerable patients – for example those who had recent surgery or are immuno-comprised. Only nurse patient in a single room is the patient is sputum positive and has a productive cough, has extensive wounds or skin condition – for example eczema or psoriasis.

Refer to MRSA Procedure for measures to prevent cross infection.

Take screening swabs from nose (both nostrils – same swab), and groins (same swab) any open wounds and send a urine sample only if the patient has an indwelling urinary catheter.

If positive in nose, groins or wound without sign of infection, commence topical eradication treatment.

- Apply Bactroban nasal ointment three times daily for 5 days.
- Apply topical Octenisan wash directly to skin daily including hair for 5 days (Octenisan needs to be in full contact with the skin for at least 1 minute.
- Treat hair of first and third days prior to usual shampoo.

If positive in other areas, **only** treat if clinical infection present – for example urine, wound sputum.

After 5 days of topical eradication treatment is completed, wait for 48 hours then rescreen all previously screened sites.

NEGATIVE – Discuss further management with Infection,

Arrange a terminal clean of the patient's room.

POSITIVE – Discuss with the IPCT prior to repeating a second course of topical eradication treatment as above.

Rescreen 48 hours after 2nd 5-day course of topical eradication treatment as above.

Discuss results and further management with Infection, Prevention, Control Nurse.

A more accessible version is available on request.

Appendix 4 - INSTRUCTIONS FOR USING THIS CLINICAL PATH

1. This Clinical Path provides a record of care given to the client, therefore, **all professionals** involved need to document any interventions carried out.
2. If you are recording an event predicted by the Clinical Path, then just sign against the intervention in the column provided and record the date and time.
3. If the intervention is not in line with the Clinical Path, or the intervention stated is not appropriate for that patient, then record this as a variance and state the action taken.
4. All entries must be made in black ink, do not erase, use 24 hour clock.
5. Ensure the Clinical Path and care is discussed with the client.
6. The Clinical Path document is to be filed in the client's health care notes in the care co-ordination section.

KEY	
Information recorded on the electronic patient record. (CITO)	
Paper documentation Please note: record results on CITO	
Standard must be completed or recorded as a variance	*
Information Prescription Here is the link to the conditions page of the staff intranet:	
Caution Alert as described – must be adhered to	

1.	INITIAL ASSESSMENT		
1.1	Patient identified as MRSA positive		💻 (Viewing notes)
Date and time	Signature and Designation	PRINT NAME	
1.2	MRSA data recorded within one working day of result		💻 (Viewing notes)
Date and time	Signature and Designation	PRINT NAME	
1.3	Infection prevention control nurses informed of result by staff within one working day of result		💻 (Viewing notes)
Date and time	Signature and Designation	PRINT NAME	
1.4	Patient / carers informed of MRSA result within one working day of result		💻 (Viewing notes)
Date and time	Signature and Designation	PRINT NAME	
1.5	Patient & or carers to be provided with MRSA patient information leaflet within one working day		ℹ
Date and time	Signature and Designation	PRINT NAME	

2 SCREENING PROCESS

2.1 The following screening swabs should be obtained 48hours following completion of first treatment and then every seven days/ as directed by the Infection Prevention Control Team

(Viewing notes)

	(please tick)							
	Date of screen 1		Date of screen 2		Date of screen 3		Date of screen 4	
Nose								
	positive	negative	positive	negative	positive	Negative	positive	negative
Groin								
	positive	negative	positive	negative	positive	Negative	positive	negative
Name, signature and date								

2.2 Discuss MRSA results with Infection Prevention and Control Nurse

(Viewing notes)

2.3 The following screening swabs to take place **only** on the advice of infection prevention and control nurses.

(Viewing notes)

	(please tick)							
	Date of screen 1		Date of screen 2		Date of screen 3		Date of screen 4	
Sputum								
	positive	negative	positive	negative	positive	Negative	positive	negative
Catheter specimen / urine								
	positive	negative	positive	negative	positive	Negative	positive	negative
Devices								
	positive	negative	positive	negative	positive	Negative	positive	negative
Any wounds								
	positive	negative	positive	negative	positive	Negative	positive	negative
Name, signature and date								

Topical MRSA eradication must be prescribed and signed for following each application on the patient's drug kardex. This must also be documented daily in the patients cito case notes.

Please use the following table to record and initial in each box when topical eradication has been given or applied independently by the patient.

MRSA Topical eradication Treatment 1
Bactroban Nasal treatment is given three times daily
Octenisan Body wash is daily and hair wash twice in the 5 days.

Treatment day number	Date	Nasal treatment 1	Nasal treatment 2	Nasal treatment 3	Body wash	Hair wash	Signature	Recorded on Cito
1								
2						X		
3						X		
4								
5						X		

After 5 days stop topical eradication and rescreen after 48hours – record screen results in table 2.1 /2.3 and discuss results with the IPC team.

If the MRSA screen is negative, discontinue this clinical pathway and arrange for a terminal clean of the patient's room.

Date of negative screen	Terminal clean ordered	Terminal clean completed	Or date of positive screen	Treatment 2 commenced	Treatment 3 commenced

If following discussion with the IPC team a second course of topical eradication treatment is advised please use the following record to record treatment given. This must also be prescribed and signed for on the patient's drug kardex and documented daily in cito case notes.

MRSA Topical eradication Treatment 2
Bactroban Nasal treatment is given three times daily
Octenisan Body wash is daily and hair wash twice in the 5 days.

Treatment day number	Date	Nasal treatment 1	Nasal treatment 2	Nasal treatment 3	Body wash	Hair wash	Signature	Recorded on Cito
1								
2						X		
3						X		
4								
5						X		

After 5 days stop topical eradication and rescreen after 48hours – record screen results in table 2.1 /2.3 and discuss results with the IPC team.

If following discussion with the IPC team a third course of topical eradication treatment is advised please use the following record to record treatment given. This must also be prescribed and signed for on the patient's drug kardex and documented daily in cito case notes.

MRSA Topical eradication Treatment 3
Naseptin Nasal treatment x4 times daily and Octenisan body wash is daily for 5 days and hair wash twice over the 5 days.

Treatment day number	Date	Nasal 1	Nasal 2	Nasal 3	Nasal 4	Body wash	Hair wash	Signature	Recorded on Cito
1									
2							X		
3							X		
4									
5							X		

After 5 days stop topical eradication and rescreen after 48hours – record screen results in table 2.1 /2.3 and discuss results with the IPC team.

Instructions for application of MRSA topical eradication Octenisan® body wash

How to use Octenisan® hair and body wash	
Step 1	wet skin and or hair
Step 2	apply an adequate amount of undiluted Octenisan® onto a damp wash cloth
Step 3	Apply Octenisan® evenly all over the body & hair (skin contact time is 1 minute)
Step 4	Rinse off
Step 5	Dry with a clean towel
Step 6	Put on clean clothing and clean bedding.
Step 7	Ensure that the bath or shower is thoroughly decontaminated using a chlorine releasing agent after use.

A clean and dry wash cloth and towel must be used for each bath or shower.

octenisan® 5 day antimicrobial wash protocol

How to use Bactroban® nasal	
Step 1	Ensure that the nose is clean prior to application
Step 2	Using a cotton bud or the patient's own finger, introduce a sufficient (match stick head) amount of Bactroban® nasal ointment into the front part of the nose (nasal vestibules).
Step 3	Once Bactroban® Nasal ointment has been introduced into each nostril; close the nose by pressing together the sides of the nasal wings and then massaging between the thumb and forefinger to ensure that the gel is evenly distributed.
Step 4	Remove any excess gel with a clean paper tissue or gauze swab.
Take care not to introduce Bactroban® Nasal ointment too deep into the nose.	

4	**DISCHARGE of MRSA positive patients**	

4.1	To ensure patient safety and reduce the risk of MRSA transmission, the Following professionals must be informed as appropriate on discharge of the MRSA positive patient	(Viewing notes)

	Yes	No
Infection control and prevention nurse		
District nurse		
GP		
Care home staff		
Acute Trust staff		
Ambulance staff		
CPN / other community teams		

Date and time	Signature and Designation	PRINT NAME

4.2	Terminal clean ordered and completed of bed and bed area within six hours of discharge	

Date and time	Signature and Designation	PRINT NAME

VARIANCE REPORT FOR MRSA CLINICAL PATH

This variance sheet must record any actions taken which vary from the clinical path document. All members of the clinical team contributing to the clinical path have responsibility for recording variances.

PARIS No.: _____ Variance tracking period: (from): _ _ /_ _ / _ _
(to): _ _ /_ _ / _ _

Directorate: _____ Clinical Team: _____

- Activities outlined in the clinical path for whatever reason have not been completed
- Additional activities not outlined in the clinical path
- Repeated activities which are not indicated in the clinical path

Variance Codes	
Client Codes	
U1	Service user Unavailable
U2	Service user declined
U3	Intervention repeated due to lack of understanding or skills
U4	Intervention inappropriate (not clinically indicated)
U5	Deterioration of mental state: Intervention inappropriate
U6	Improvement in mental state: Intervention inappropriate
U7	Competing priorities in the service users care
Carer Codes	
C1	Carer Unavailable
C2	Carer declined
Staff Codes	
S1	Staff Unavailable
S2	Awaiting consultation or input from member of Trust staff
S3	Awaiting consultation or input from other agencies
S4	Staff not authorised/certified to carry out intervention
Resource Codes	
R1	Resource unavailable

Date and Time	No.	Variance Code	Reason for Variance and Action Taken or details of added intervention	Signature and Designation

Appendix 5 - Infection Prevention and Control Team Communication Sheet

Date	Communication	Signature/designation

Appendix 6 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance / IPC and Physical Healthcare
Title	MRSA Procedure IPC-0001-009-v3.4
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	To set standards in practice to ensure the delivery of patient care is carried out safely and effectively by trust staff.
Start date of Equality Analysis Screening	May 2024
End date of Equality Analysis Screening	06 June 2024

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Trust staff and patients
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	
Describe any positive impacts / Human Rights Implications	Safe delivery patient care for all patients.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	yes
If you answered Yes above, describe the engagement and involvement that has taken place	Discussions in IPCC meeting which includes various nursing groups and representation from other healthcare professionals.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No
Describe any training needs for patients	No
Describe any training needs for contractors or other outside agencies	No

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 7 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	**Training**		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	y	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	AH 06 June 2024
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Y	
10.	**Publication**		
	Has the document been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	