

Document Details		
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Local Ref (optional)		
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Author	Deputy Director of Nursing, Quality and IPC	
Approval process		
Who has been consulted in the development of this policy?	This policy has been developed by the IPC team in consultation with appropriate senior Operations and Quality managers, Locality Clinical Managers, Specialist Nurses, Medicine Management and Public Health England	
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1	December 2018	Amended to reflect changes in MRSA bacteraemia post infection review and reporting timescales, amendments to periods of increased resistance, general review and update
2	June 2021	Amended to reflect changes to decolonisation of MRSA, and screening pre catheter change.
3	September 2023	Post-treatment screening timings updated.
4	March 2024	MRSA Care Pathway updated

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## Meticillin Resistant *Staphylococcus aureus* (MRSA) Management

**Patient has a history of MRSA**

Mupirocin resistant / multi resistant

Mupirocin sensitive

- Isolate patient in a single sideroom

Patient **has** lesions or invasive device

Patient has **no** lesions or invasive devices

- Nurse in an open bay

**Complete Admission screening as below**

### Positive result:

1. Isolate patient (if not already isolated)
2. Commence treatment as per policy
3. Inform IPC team
4. Add Alert to RiO EPR

### Negative result:

- Patient can be nursed in an open bay

### A. Once the relevant course of treatment is complete:

- Wait **48** hours post treatment
- Carry out 1<sup>st</sup> post treatment screen of all relevant sites (as per below)

### Positive result:

- Consider second round of treatment
  - Once second round of treatment is complete return to *Box A*.
- If the second round of treatment fails do not repeat – speak to a Microbiologist

### Negative result:

- Wait 72 hours post 1<sup>st</sup> repeat screen
- Carry out 2<sup>nd</sup> post treatment screen
- If 2<sup>nd</sup> screen is negative, isolation can be stepped down

## Admission screening

**Must** be carried out within **24 hours** and includes:

- Nose

And if applicable

- Wounds of all types (at next scheduled dressing change if covered)
- Device entry sites (e.g. Percutaneous Endoscopic Gastrostomy (PEG) site, Suprapubic (SP) catheter site)
- Sputum – if the patient has a productive cough

IPC team must be notified of **all** positive MRSA results

- Where isolation is not achievable, staff to inform IPCT and a Datix is to be completed
  - GP to contact Microbiology if the patient remains positive post treatment(s) and to discuss oral antibiotic use
- This applies to all strains of MRSA**

## 1. Introduction

*Staphylococcus aureus* is a common bacterium that lives harmlessly on the skin and nose of about a third of the population. However, it is the commonest cause of skin and soft tissue infection acquired in the community, or in hospital following surgery or other procedures that cause a break in the skin.

Meticillin resistant *Staphylococcus aureus* (MRSA) is a form of *Staphylococcus aureus* that has become resistant to antibiotics commonly used to treat *Staphylococcus aureus*.

Although in most circumstances MRSA lives harmlessly on the skin or in the nose, vulnerable patients are at risk of developing an MRSA infection. The majority of patients who acquire MRSA are merely colonised, not ill and do not require antibiotic therapy. A proportion develop infection which may become invasive and in some cases contribute to, or result in death. Like other Staphylococci, MRSA strains can pass from one person to another by direct or indirect contact (for example via hands or equipment). Identification, treatment and management of individuals carrying MRSA using interventions such as screening, MRSA suppression/decolonisation regimes, patient isolation and giving appropriate antimicrobial prophylactic regimes can reduce the risk of MRSA infection, including MRSA bloodstream infection, and MRSA transmission between patients.

This policy provides details on the actions required for the detection and management of MRSA in Shropshire Community Healthcare NHS trust (SCHT) in order to protect patients from infection or colonisation with MRSA, prevent the transmission of MRSA and to safely manage and treat patients who are colonised with MRSA.

## 2. Purpose of this policy

The objectives of this Policy are:

- To prevent the transmission of MRSA within clinical areas of SCHT
- To protect patients from infection or colonisation with MRSA
- To ensure patients who are confirmed to have MRSA are managed safely and appropriately, and receive adequate information about their condition

## 3. Definitions

**MRSA Infection:** Signs and symptoms of infection will be present. These signs and symptoms will depend on the tissues or body site infected by MRSA. Infection occurs when MRSA enters a body site and multiplies in tissue, causing clinical manifestation of disease. This is usually evident by fever, a rise in the white blood cell count / CRP or purulent drainage from a wound or body cavity.

**MRSA Colonisation:** MRSA is found on the skin or mucous membranes but there are no signs or symptoms of infection. Colonisation occurs when a patient has MRSA in or on a body site but has no clinical signs or symptoms of disease. A person colonised with MRSA may be a temporary or long-term carrier of the organism.

## 4. Duties

### 4.1. Responsibility for Infection Prevention and Control (IPC) outside the immediate scope of this policy

For duties and responsibilities for IPC practices outside the specific scope of this policy, please refer to the IPC Arrangements and Responsibilities Policy on the Staff Zone [SCHT Staff Zone \(shropcom.nhs.uk\)](https://shropcom.nhs.uk).

### 4.2. IPC Duties specific to this policy

Infection Prevention Team:

- Review and update MRSA policy
- Give additional advice regarding the management of patients with MRSA
- Promote good practice and challenge poor practice
- Provide education and training of Trust staff in the infection control management of hospitalised patients with suspected or confirmed MRSA.
- Audit isolation practice of patients isolated with suspected or confirmed MRSA

- Joint working on investigation of incidents relating to MRSA

#### Microbiologists:

- Review MRSA policy
- Advise on antibiotic prescribing in line with the relevant guidelines.
- Participate in investigations as required

#### Capacity Managers:

- Facilitate placement of patients with MRSA into appropriate isolation rooms
- Escalate difficulties in management/placement of MRSA patients to the Infection Prevention Team
- Ensure effective communication of patient's risk and carriage status

#### Ward Managers:

- Must establish a culture of infection prevention practice across their units
- Ensure admission screening for MRSA occurs as per policy
- Promote good practice and challenge poor practice
- Participate in the PIR investigation as required and act upon any recommendations

#### Medical Staff:

- Ensure compliance with infection prevention and antimicrobial prescribing policies
- Ensure prudent antimicrobial prescribing and stringent use/removal of indwelling devices
- Follow policies and advice of the Infection Prevention Team relating to patients with MRSA

#### All Healthcare Staff:

- Must be familiar with and adhere to the relevant infection prevention policies to reduce the risk of cross infection of patients
- Refer to the infection prevention team if unable to follow the policy
- Communicate the infectious status on transfer to other facilities
- Must check the MRSA status of their patient and the results of any screening or swabs.

## **5. Practice**

### **5.1. Antimicrobial Prescribing:**

- Avoid unnecessary antibiotic prescribing to reduce selection pressure for resistant organisms including MRSA.
- Prescribers for SHT must refer to Trust Antimicrobial Prescribing Guidelines for the appropriate antibiotic choice
- The ward pharmacists will monitor antibiotic prescribing and escalate non adherence to IPCC

### **5.2. Surveillance of MRSA**

- The IPC Team will provide surveillance of new MRSA isolates in order to monitor trends in MRSA and facilitate prevention and control measures.
- SHT will participate in the enhanced mandatory surveillance relating to MRSA bacteraemia in line with Department of Health requirements.
- MRSA surveillance data will be fed back to ward managers, locality managers and IPCC/ IPCC

### **5.3. MRSA Screening**

#### **5.3.1. Who to screen:**

- All patients admitted to the inpatient wards will be screened for MRSA within 24hrs of that admission.

- Any patient who is discharged and readmitted must be reswabbed within 24hrs of readmission.
- All patients who shared a bay with an identified MRSA carrier within 24hrs of identification of MRSA.

### 5.3.2. Clearance Screens

These are performed after completion of decolonisation treatment. Clearance screening consists of 2 sets of screens.

- 1<sup>st</sup> screen takes place 48hrs after completion of the decolonisation treatment
- If the 1<sup>st</sup> screen is negative for MRSA, the 2<sup>nd</sup> screen takes place 72 hrs after the 1<sup>st</sup> screen.
- If both sets are negative for MRSA, the isolation precautions are to be discontinued.

### 5.3.3. Day surgery cases undertaken at Bridgnorth Hospital

All relevant day cases will be screened as part of the routine pre-operative process, which allows enough time for MRSA screening swabs to be taken, analysed and decolonisation treatment to be prescribed and commenced 5 days prior to the day case procedure. The MRSA screen should be taken no longer than 28 days prior to the procedure.

Appendix 1 lists details of Day Case Procedures and the requirement for MRSA screening.

Appendix 2 details SOP for MRSA screening prior to day case surgery.

### 5.3.4. Sites to screen

The sites screened are to include:

- Both nostrils,
- Any skin breaks or lesions, including wounds - If there are numerous skin breaks take swabs from a representative sample.
- Indwelling device insertion sites such as PEGs, PICC, CVC lines, IV cannula.
- Sputum if patient has a productive cough.

It is no longer necessary to routinely screen a catheter specimen of urine (CSU).

### 5.3.5. Staff and MRSA

Screening of staff will only be considered if the epidemiology suggests staff carriage may be responsible for onward transmission. This will only be undertaken following consultation with the IPC Team, a consultant Microbiologist and Occupational Health.

## 5.4. MRSA Decolonisation

- Ensure patients who are identified MRSA positive receive appropriate decolonisation either to eradicate MRSA or to reduce the bioburden and risk of infection and transmission within 24hrs of MRSA carriage being reported by the laboratory.
- Prescribe and administer MRSA topical decolonisation therapy correctly in line with the following:

Confirmed MRSA positive patients should receive suppression therapy as follows:

1<sup>st</sup> Line Suppression (Mupirocin sensitive strains):

- Mupirocin 2% (Bactroban) applied to the inner surface of each nostril 2 times a day for 5 days
- Octenisan once daily for 5 days to the body.
- Octenisan as a shampoo to the hair twice during the 5 day course, ideally days 2 and 4.

2<sup>nd</sup> Line Suppression (Mupirocin Resistant Strains):

- Naseptin applied to the inner surface of each nostril 4 times a day for 10 days
- Octenisan once daily for 5 days
- Octenisan as a shampoo to the hair twice during the 5 day course, ideally days 2 and 4.

### **Method of applying (See appendix 3)**

- The nasal ointment should be applied by placing a matchstick head quantity onto the little finger and then applied to each nostril. The nose should be pinched and massaged to ensure it covers all surfaces of the nostrils.
- The lotion is applied by:
  - Wetting the body (ideally in a shower)
  - Applying the skin lotion to the whole body paying particular attention to skin folds, under the arms (axillae) and groin. Apply to the hair as shampoo if this is indicated.
  - Wait 2 minutes before rinsing off.
- No more than 2 courses of MRSA decolonisation should be prescribed during an inpatient stay to reduce the chance of inducing mupirocin resistance.
- If a patient is consistently positive for MRSA despite repeated attempts to clear it, a risk assessment should be made with input from the IPC team to identify further courses of action if required to reduce the chance of MRSA infection or transmission. This must be recorded in the patient's medical notes.
- Wounds and skin breaks colonised with MRSA should be treated in accordance with the trusts wound care formulary and as advised by the Tissue Viability Nurse.
- Ensure any clothes, towels, bed linen and clothes are changed daily for the duration of the treatment.

### **5.5. Isolation Precautions**

Ensure all inpatients are isolated in line with the Transmissible Precautions Policy: For most inpatients this will be contact precautions but those with MRSA carriage in the sputum may require additional droplet precautions.

- This must be supported by a risk assessment, which must be documented in the clinical records.
- Isolation precautions are potentially detrimental to the rehabilitation of a patient and their psychological state and therefore should not extend beyond the minimum required to maintain the safety of other patients. Therefore, the decolonisation regime should be started promptly within 24hrs of MRSA carriage identified from a laboratory result being reported.

### **5.6. Diagnostic Investigations and Treatment in other Departments**

- All patients with MRSA may visit other departments for investigations or treatment including physiotherapy and occupational therapy provided the department is informed of the patient's MRSA status in advance. This information will allow staff in these departments to make appropriate arrangements, call the patient in a timely manner, to take appropriate infection control precautions during the procedure and reduce the risk of cross infection to others.
- Porters transferring the patient must be instructed on precautions required when entering the isolation room, e.g. wearing of protective clothing. Protective clothing should be removed once the patient has been transferred into the chair/trolley and hands decontaminated before leaving the room.
- PPE, including aprons and gloves, MUST NOT be worn to transfer patients through the hospital. Hand hygiene using alcohol gel is sufficient in this situation. The patient should be seen as soon as possible in the receiving area/department - where possible the patient should not wait in a communal area close to other patients and should be returned to the ward as soon as possible after the procedure.
- The patient can be seen at any time during the working session provided contact precautions are implemented by staff who have hands-on contact with the patient. Staff should wear protective clothing when having contact with the patient. Hands should be decontaminated after contact with the patient.



- All equipment that has been in contact with the patient should be cleaned after the patient has left the department. The trolley/chair should be cleaned after use with disinfection wipes.

## **6. Documentation**

- Ensure the MRSA status of all patients is accurately recorded on their care records including electronic patient records. Include information on topical decolonisation and specimen results.
- Ensure isolation precautions are documented.
- See appendix 4 for the integrated care pathway.

## **7. Communication and Patient information**

- Provide patients and relatives/visitors with accurate information on MRSA, including the risk of infection, risk reduction measures and management of those who are MRSA positive. Every patient who has MRSA, or when they are not well enough to receive it, their carer, family, visitors, must be given a Trust MRSA information leaflet.
- Ensure accurate information on MRSA status is recorded and communicated to other departments within SCHAT in order to facilitate safe care.
- Ensure accurate information on MRSA status including information on topical decolonisation and specimen results, is recorded and communicated to staff in primary and secondary care.

## **8. Visitors**

Visitors should be informed of precautions to be taken i.e. to clean hands before and after visiting. PPE i.e. apron should be worn if the visitors participate in providing care.

## **9. MRSA in the home setting**

When staff are attending patients known to be colonised in the home setting, the risks of transmission will be controlled by utilising Standard Precautions and ensuring aseptic non touch techniques are employed if invasive procedures such as wound dressings or management of invasive devices are undertaken.

## **10. Consultation**

This policy has been developed by the IPC team in consultation with appropriate LCMs, Consultant Microbiologist, Day Surgery Unit Sister, Continence and Tissue Viability Leads, Human Resources and Workforce, OHD, lead Pharmacist and PHE.

A total of three weeks consultation period was allowed and comments incorporated as appropriate.

## **11. Approval Process**

The IPC Committee members will approve this policy and its approval will be notified to the Quality and Safety Committee.

## **12. Dissemination and Implementation**

This policy will be disseminated by the following methods:

Managers informed via Datix who then confirm they have disseminated to staff as appropriate

Awareness raising by the IPC team

Published to the Staff Zone of SCHAT's website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

## **12.1. Advice**

Individual Services' IPC link staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

## **13. Training**

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

In accordance with SCHAT's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy. IPC training detailed in the core mandatory training programme includes standard precautions and details regarding key IPC policies. Other staff may require additional role specific essential IPC training, as identified between staff, their managers and / or the IPC Team as appropriate. The systems for planning, advertising and ensuring staff attend are detailed in the Mandatory Training Policy and procedure. Staff who fail to attend training will be followed up according to the policy.

Further training needs may be identified through other management routes, including PIR following an incident/infection outbreak or audit findings. By agreement additional ad hoc targeted training sessions will be provided by the IPC team.

## **14. Monitoring Compliance**

Hand hygiene will be audited in accordance with the Hand Hygiene Policy and via peer Hand Washing Assessments.

Cleaning standards within Community Hospitals will be monitored in accordance with the National Standards of Healthcare Cleanliness 2021.

Environmental and patient equipment cleaning will be monitored as part of local routine cleanliness audits.

Audited locally by the IPC team and by staff as self-audits as part of the IPC audit programme.

Additional periodic auditing and self-audits by clinical teams.

Antimicrobial prescribing will be monitored in accordance with the Community antibiotic guidance.

Compliance with MRSA screening of elective and emergency admissions will be monitored by the Board and monthly reports issued to LCMs by the IPC Team and reported to the IPC Committee bi-monthly.

Assurance of correct isolation practices by ward staff using the self-checklists adapted from the DH Savings Lives High Impact Intervention care bundle isolation practices.

The IPC team will monitor related incidents reported on SCHAT Incident Reporting System and liaise with the Risk Manager to put appropriate remedial actions in place.

As appropriate the IPC team will support Services Leads to undertake IPC PIRs. Managers and Services Leads will monitor subsequent service improvement plans and report to the IPC Committee.

Knowledge gained from PIR/RCA, IPC audits, and self-checklists will be shared with relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback. Compliance with this policy will be monitored locally by managers and by the IPC team as part of the standing audit programme using adapted Department of Health and Infection Prevention Society audit tools.

Attendance at IPC training, which includes Standard Precautions will be monitored and reported to the IPC Committee.

## **15. Associated Documents**

This policy should be read in conjunction with the following SCHAT documents/policies:

Collection, Packaging, Handling, Storage and Transportation of Laboratory Specimens  
Community Antibiotic Prescribing Guidance  
Hand Hygiene policy  
Isolation policy  
Linen Handling and Laundry policy  
Managing Attendance policy  
Outbreak policy  
Patient Group Directive (PGD) Mupirocin 2% nasal ointment  
Standard Precautions including Surgical Hand Scrub, Gowning and Gloving policy  
Waste Management policy

## **16. References**

Coia J et al, 2021. Joint Healthcare Infection Society (HIS) and Infection prevention society (IPS) guidelines for the prevention and control of methicillin-resistant *Staphylococcus aureus* (MRSA) in healthcare facilities. *Journal of Hospital Infection*. 118. Supplement S1 – S39.

NHS England . 2022, National infection prevention and control manual for England. [[NHS England » National infection prevention and control manual \(NIPCM\) for England](#)] accessed 20.10.2023.

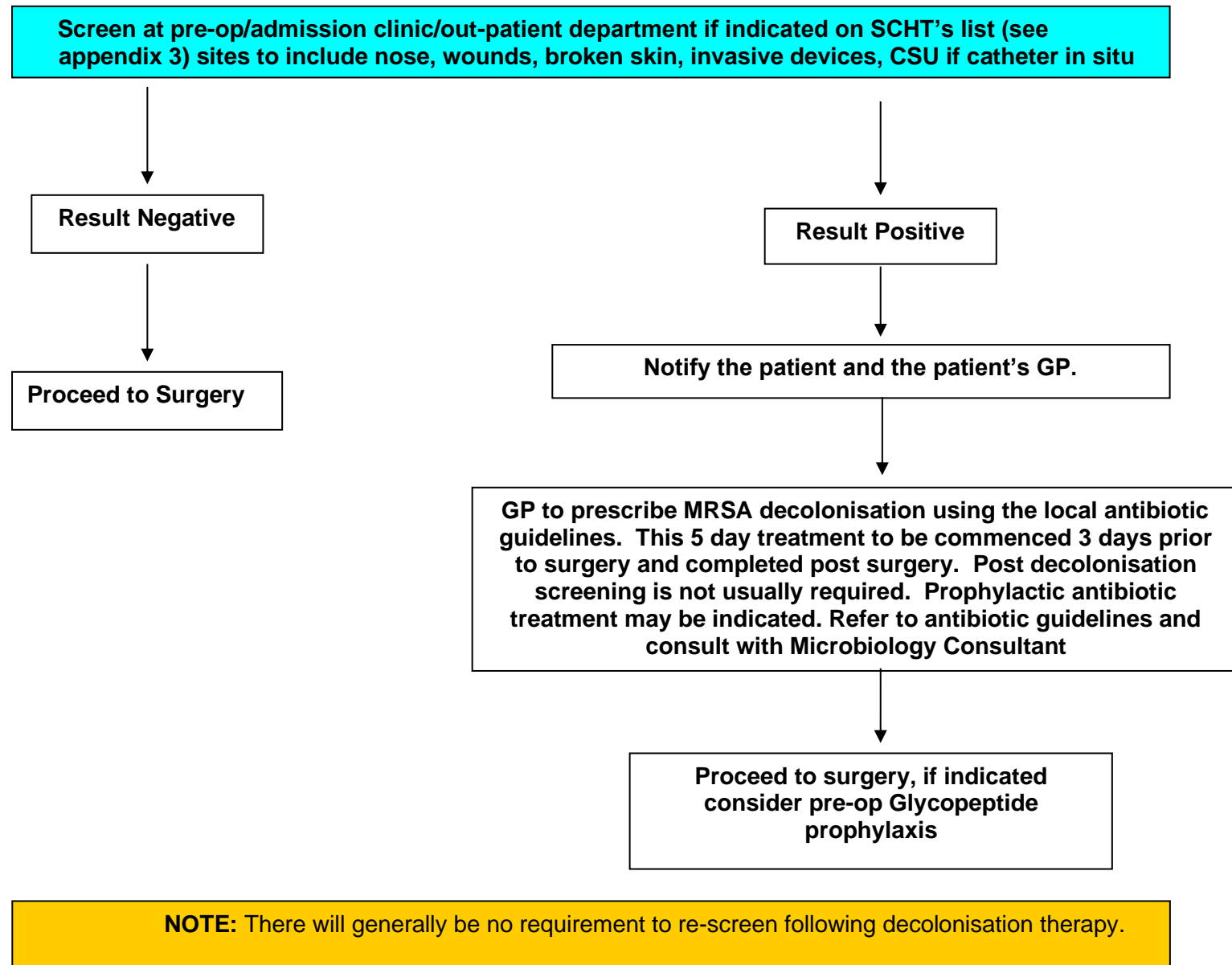
NHS Shropshire, Telford and Wrekin. 2021. Adult Antimicrobial Guide.[ [Adult Antimicrobial Guide \(microguide.global\)](#) ] accessed 20.10.2023

## **17. Appendices**

## Appendix 1 – List Detailing Day Case Procedures and Requirement for MRSA Screening

Description of Procedure	MRSA Screening Required?
	YES ✓ No X
<b>MEDICAL PROCEDURES</b>	
Blood transfusions	X
Pain management therapies	X
<b>GENERAL SURGERY</b>	
Hernia repair (all types)	✓
Varicose veins	✓
Vasectomy	X
Excision of lipoma	If minor no, All others yes
<b>GYNAECOLOGY</b>	
Laparoscopic sterilization	X
Laparoscopy /proceed	X
Dilation & Curettage	X
Insertion of intrauterine contraceptive device	X
<b>ORTHOPAEDIC</b>	
Arthroscopy	✓
Carpel tunnel decompression	✓
Dupuytren's release	✓
Manipulation under anaesthetic	✓
Amputation of digits	✓
Ulna nerve decompression	✓
Trigger finger release	X
Removal of ganglion	If minor no, All others yes
<b>PODIATRIC SURGERY</b>	
1 <sup>st</sup> met osteotomy	✓
Amputation of metatarsal	✓
Arthrodesis of metatarsal	✓
1 <sup>st</sup> Metarsal joint replacement	✓
Excision of neuroma	✓
<b>ENDOSCOPIC PROCEDURES</b>	
Fibre optic endoscopic procedures	X
Diagnostic endoscopic procedures	X
Diagnostic examination of lower bowel with fibre optic sigmoidoscope	X
Extirpation/lesion lower bowel using fibre optic sigmoidoscope	X
In the event of a procedure not being detailed above advice should be sought from the Infection Prevention and Control Team on 01743 277671	

## Appendix 2 – Algorithm for Day Case Screening Process



## Appendix 3 – Decolonisation Protocol

*Patient Label*

# MRSA Decolonisation Protocol

Prior to commencing decolonisation protocol, ensure that a full set of screening swabs have been collected from nose, wounds and sites of indwelling devices to determine the degree of colonisation with MRSA.

	Site		Date and nurse's initials									
			Day 1		Day 2		Day 3		Day 4		Day 5	
1.	Nose (treatment for five days)	Date:	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
	Undertake with drugs round.		Please ensure drug chart is completed and signed on each occasion for nasal treatment									
2.	Skin (treatment for five days)											
2a)	Wash once daily with: Octenidine (Octenisan®) <ul style="list-style-type: none"> <li>The skin should be moistened, and the undiluted antiseptic solution applied thoroughly to all parts of the skin before rinsing in the bath or shower (recommended contact time 1 minute)</li> <li>Do NOT dilute antiseptic solution in bath water as the concentration is insufficient.</li> <li>A disposable sponge or flannel should be used to apply the antiseptic solution and discarded after use.</li> <li>Special attention should be paid to sites such as axillae, groin, perineum and buttock areas and other skin folds.</li> </ul> Creams, lotions and other skin care products/cosmetics should be single patient use and labelled.		10.00 (approx)		10.00 (approx)		10.00 (approx)		10.00 (approx)		10.00 (approx)	

		Date and nurse's initials									
		Day 1		Day 2		Day 3		Day 4		Day 5	
2b)	Dry patient with a clean towel. Change towel daily.										
2c)	Change bed linen whilst patient is in the bath or immediately after the wash (if able to do so)										
2d)	Change patient's underwear and clothes daily. Put on clean clothes after the daily bath or wash.										
<b>3.</b>	<b>Hair</b>										
	Wash hair twice weekly. Use as shampoo: Octenidine (Octenisan®) Record on appropriate day when hair wash completed										
	Ordinary conditioner can be used after the shampoo if desired, as the antiseptic solutions can be drying to the hair.										

**Notes:**

Usually skin cleanser (face). Must not be used whilst following the decolonisation protocol.

## Appendix 4 – MRSA Integrated Care Pathway – EXAMPLE

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 NHS Number: \_\_\_\_\_  
 Ward: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Please affix name label

# MRSA Integrated Care Tool

[MRSA - Meticillin Resistant *Staphylococcus Aureus*]

### Indicate why this pathway is being commenced

- ☐ On admission, and previously known to be MRSA positive.  
☐ Found on admission screen, or during present inpatient stay, to be MRSA positive

Date Ward Aware that Patient has MRSA:		<input type="checkbox"/> Mupirocin Sensitive <input type="checkbox"/> Mupirocin Resistant	Site(s) (please indicate side if applicable i.e. 'left' leg wound).			
			1.	2.	3.	
1. Actions - Nursing Staff		Comment here if any variance <b>and associated actions</b> (further space overleaf if required).			Date	Signature
Isolate Patient (within 2 hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If 'No.' ensure clinical incident completed).				
Ensure patient hand wipes are available	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Source Isolation Sign fixed to Patient door	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Verbal Explanation Given to patient	<input type="checkbox"/> Yes <input type="checkbox"/> No					
MRSA Information leaflet given to patient (on intranet if not in grab bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Next of kin informed (with patient consent)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Indicate on front of drug chart that this MRSA pathway is in use.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Check post treatment screening/ specimen results	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date next due:				
Inform IPC Team	<input type="checkbox"/> Yes <input type="checkbox"/> No					

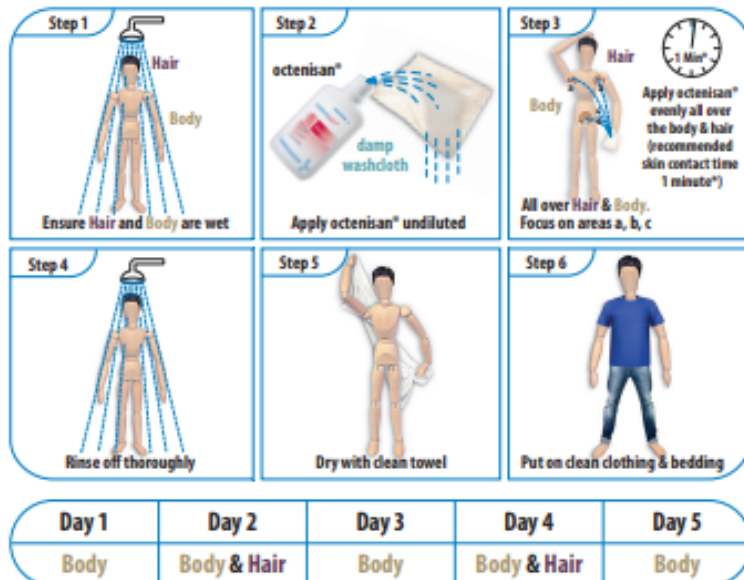


First Name:			Last Name:			NHS Number:			
2. Please refer to MRSA policy or antibiotic guidelines for MRSA treatment regime, and prescribe on prescription chart.									
3. Post treatment screening, results and associated actions (contact infection control if <u>any</u> positive screens)									
A full MRSA re-screen should be undertaken to include; nose, all wounds, CSU if applicable, regardless of whether the site was previously positive or not									
Site (and position if applicable i.e. left shin)	1 <sup>st</sup> Screen (48 hrs post treatment)			2 <sup>nd</sup> Screen (72 hrs after 1 <sup>st</sup> screen)			<b>Actions if all screens are negative</b> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Remove patient from isolation</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Inform domestic supervisor that room needs deep cleaning</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No </div> </div>		
	<i>Date taken</i>	<i>Initials</i>	<i>Result</i>	<i>Date taken</i>	<i>Initials</i>	<i>Result</i>			
			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			
			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			
			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			
			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			
			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			<input type="checkbox"/> Positive <input type="checkbox"/> Negative			

## Appendix 5 – Octenisan Antimicrobial Wash Protocol

schülke →

### octenisan® 5 day antimicrobial wash protocol



\*tested according to EN12054

we protect lives worldwide

schülke →

#### What is octenisan®?

octenisan® is an antimicrobial hair and body wash effective against a broad range of micro organisms whilst caring for the skin.

#### How to use octenisan®

octenisan® 5 day antimicrobial wash protocol.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Body <input type="checkbox"/>	Body <input type="checkbox"/> Hair <input type="checkbox"/>	Body <input type="checkbox"/>	Body <input type="checkbox"/> Hair <input type="checkbox"/>	Body <input type="checkbox"/>

**Step 1** Wet skin and/or hair

**Step 2** Apply an adequate amount of octenisan® undiluted onto a damp wash cloth

**Step 3** Apply octenisan® evenly all over the body & hair (recommended skin contact time 1 minute\*)

Do not forget:



Paying particular attention to:

- a) Armpits
- b) Groin
- c) Perineum (area of skin around bottom)

**Step 4** Rinse off

**Step 5** Dry with a clean towel

**Step 6** Put on clean clothing and clean bedding

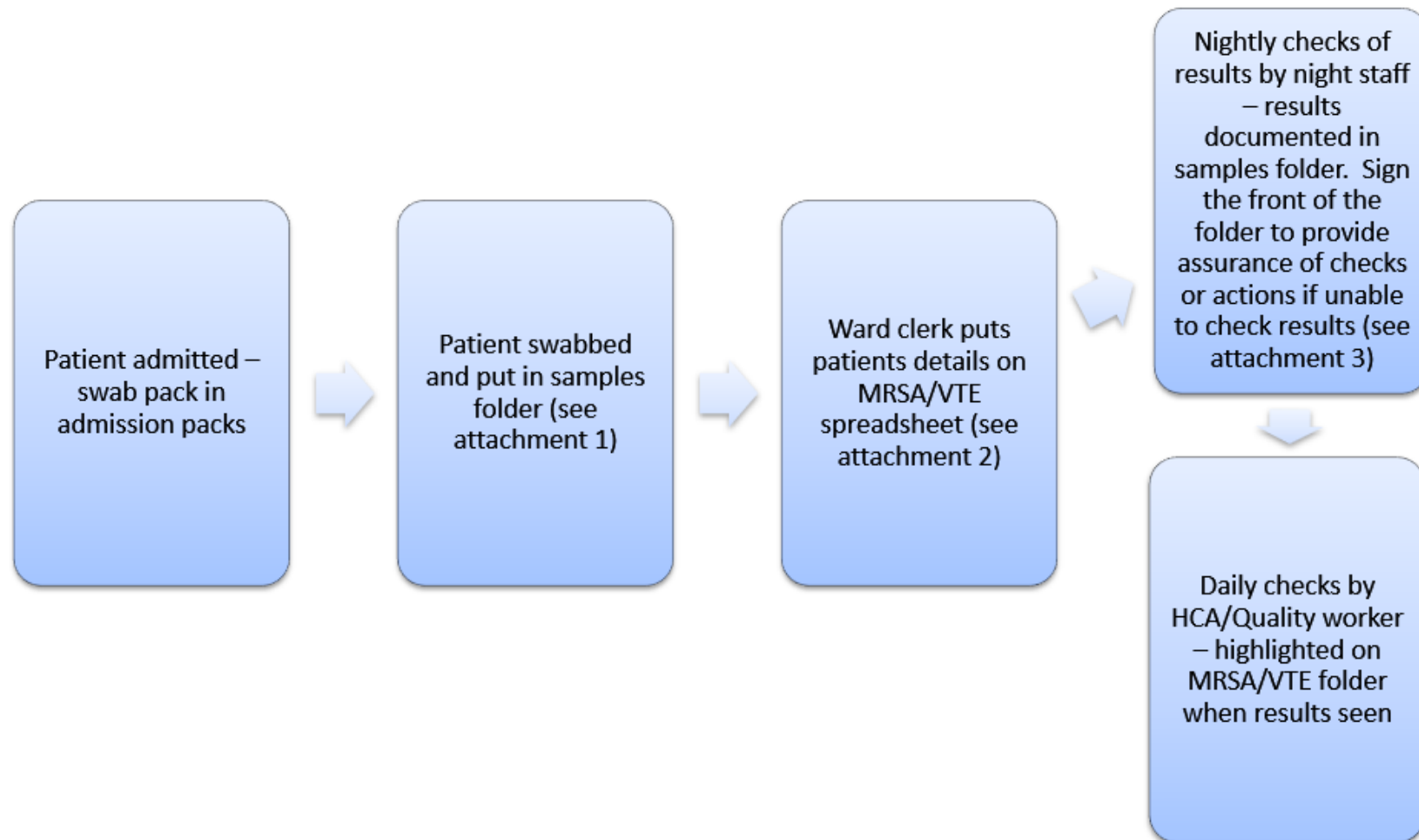
**Important:** Bath or shower **daily** using octenisan® and following this procedure.

Ensure that you are the **sole user** of the washcloth and towel or that these are disposable.

Use a **clean and dry** washcloth and towel for each shower or bath and ensure that these are properly cleaned and dried before using again.

If you experience any difficulty in following this procedure, please seek help from a carer or healthcare professional.

## Appendix 6 – MRSA Screening Procedure



## **MRSA SCREENING PROCEDURE – Attachment 1**

[illegible]

## MRSA | SCREENING PROCEDURE – Attachment 2

AutoSave: Off J - October.xlsx - Read-Only - Excel No Label Search DAVIES, Alison (SHROPSHIRE COMMUNITY HEALTH NHS T

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Shropshire Community Health NHS Trust

VTE/Dementia and MRSA Screening tool – Daily Check List  
Rehabilitation Ward Bridgnorth Community Hospital  
October 2023

NHS Number	Unit No	Patient Name	Admitted from Ward and Hospital	Admitting Doctor	Date and Time of Admission	Date VTE Assessment Carried Out. For ward to ward transfers state date VTE RA completed originally (if no VTE RA this will need completing next working day)	Out of Hours only, was the patient 'clerked in' by Shropdoc?	Date and Time MRSA Screen completed (within 24hrs of admission)		Reason and Action taken if VTE or MRSA screen not completed within 24hrs	Dementia screen for direct admissions from home or A & E within 72hrs (over 75yrs only)	If Yes for dementia screen & pt has delirium/confusion. Have they had a diagnostic assessment	Palliative Care / Advanced Care Plan in Place on Discharge		Number of Admittance
								Nose	Wound				GP Practice	SNOMED Code	
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Sheet1 Sheet2 Sheet3 Sheet4

## MRSA SCREENING PROCEDURE – Attachment 3

### SAMPLES CHECKED: SEPTEMBER

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