



SPIRE HEALTHCARE	Ref:	Clinical Policy 4A
	Issued By:	Kathryn Topley
MRSA SCREENING FOR NHS PATIENTS	Approved By:	JJ de Gorter
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	Applies to sites:	All hospitals and clinical sites
	Applies to staff groups:	All hospitals staff

MRSA SCREENING FOR NHS PATIENTS

CONTROLLED DOCUMENT

1.0 OBJECTIVES OF THIS POLICY

The key objective of this policy is to provide guidance with regards MRSA screening for NHS patients to achieve compliance with the objective set out in the NHS Operating Framework and subsequent guidance (DH 2008).

2.0 DUTIES AND RESPONSIBILITIES

Overall responsibility for the implementation of this policy locally, is with the hospital Director of Infection Prevention and Control (DIPC).

It is one of the duties of the Hospital Infection Prevention and Control Lead (HIPC) to ensure systems are in place and to work with all staff to ensure the objectives are achieved.

It is the responsibility of the admitting Consultant to ensure patients are advised and informed of any additions or changes made to their care due to MRSA colonisation or infection.

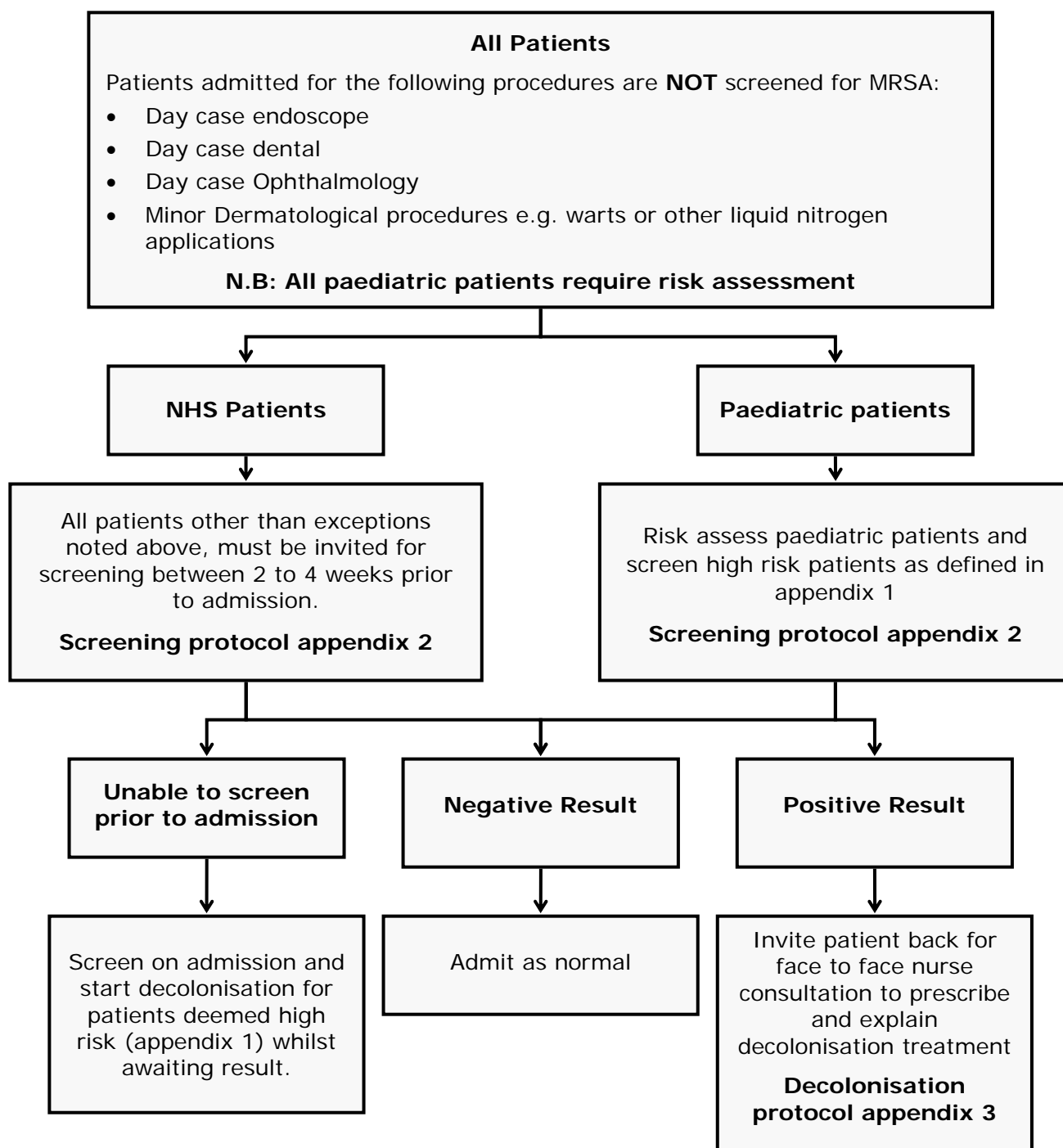
Clear documentation of MRSA status in the medical notes remains with the admitting Consultant and in the nursing notes with the nursing staff.

Advice for managing MRSA infection and prophylaxis for surgery must be obtained from the hospital infection control doctor.

The communication of MRSA status is the responsibility of the nurse co-ordinating any patient movement between hospital departments or inter healthcare organisation, as per local policy for transferring of patients with infection or reportable condition.

3.0 SCREENING FOR MRSA AT PRE ASSESSMENT STAGE

Screening guidance for NHS patients is provided in the following flow chart. National guidance for NHS patients dictates an approach of screening most elective patients prior to admission.



Special considerations: shorter admission periods

Every effort must be made to accommodate MRSA screening for those patients that require, prior to admission and for any decolonisation that is required to be completed in the 5 days immediately prior to admission.

It is acknowledged that some patients must progress to admission in a shorter time period. For those patients that meet the screening criteria requiring quicker admission, screening must take place on admission and decolonisation commenced for those in a high risk category regardless of result. On receipt of result for negative patients decolonisation can be ceased, positive patients complete the programme.

4.0 REFERENCES / LINKED DOCUMENTS

1. Clinical Policy 02 Infection Control Manual
2. Guidelines for the control and prevention of *Methicillin-Resistant Staphylococcus aureus* (MRSA) in hospitals" (Joint Working Party of the British Society of Antimicrobial Chemotherapy, the Hospital Infection Society and Infection Control Nurses Association July 2005)
3. NHS Operating Framework (<http://www.dh.gov.uk>)
4. DH Gateway Paper (December 2008) (<http://www.dh.gov.uk>)

HIGH RISK PATIENT GROUPS

The following groups of patients are deemed by the Joint Working Party (JWP) to be at higher risk of MRSA acquisition and hence the recommendation is made that all paediatric patients that fit this criteria are screened where possible, prior to admission. For those confirmed MRSA positive decolonisation must be carried out for 5 days prior to admission:

- Patients known to be previously colonised or infected with MRSA
- Patients with frequent admissions to any healthcare facilities
- Direct inter-hospital transfers
- Recent (within last six months) in-patients in hospitals
- Residents of residential care facilities
- Other high risk groups may be defined locally and include from published evidence: injecting drug users; patients infected with HIV; members of professional contact-sport teams
- Oncology and chemotherapy inpatients
- **All** patients awaiting admission into high risk clinical areas as defined below

High Risk Clinical Areas

Patients admitted into high risk clinical areas are also deemed to be at additional risk of both MRSA acquisition and increased likelihood of adverse outcomes. The JWP recommend that **these patients are screened where possible, prior to admission:**

- Critical Care Units (ITU, CICU etc.)
- Cardiothoracic surgery
- Orthopaedic inc. prosthetic surgery
- Vascular surgery
- Oncology
- Transplantation
- Burns units
- Renal units
- Trauma centres / wards
- Regional, national or international referral centres

SCREENING PROTOCOL

1. Patients that require screening for MRSA are set out in the body of the MRSA policy.
2. All patients that require MRSA screening will be provided, at consultation prior to admission with an MRSA screening information leaflet (appendix 4). In cases of more rapid admission, on admission.
3. At time of screening the process for feedback of result must be clearly explained to the patient:
 - a. Negative results will not be fed back
 - b. Positive results will be provided as agreed with each patient but most often by telephone. A consultation will be arranged at that time.
4. Screens must consist of the following:
 - a. 1 swab, of both sides of the inner part of the nose (anterior nares)
 - b. 1 swab, of both groins
 - c. If the patient has any catheter, wound or invasive device that site must also be swabbed.
5. All positive patients must be contacted and a face to face consultation arranged to discuss decolonisation. Patient group directives are available to use locally (Appendix 3).

DECOLONISATION PROTOCOL

Paediatric patients

For paediatric patients that screen positive for MRSA, decolonisation must be discussed and agreed with the admitting Consultant and Infection Control Doctor

Adult patients

Decolonisation must be deemed an effective programme. To comply this must be carried out over a 5 day period with substances noted in the patient group directive (PGD) available in each hospital or a recognised and prescribed equivalent. The patient must have the programme explained to them and information provided.

For the programme to be effective and to remove the requirement of clearance screens admission and surgery must be immediately on completion of the decolonisation

PATIENT INFORMATION

Testing patients for MRSA

This leaflet explains about testing patients for MRSA.

If you need to be tested for MRSA before your admission to hospital, you will be invited for a consultation. At your consultation the nurse will explain the procedure to you and you will be able to ask any questions you may have.

The test

The nurse will take a swab sample by rubbing a "cotton bud" lightly over your skin. Normally two swabs are taken from your groin, and nose. If you have a wound or anything similar, a swab will also be taken from that area. The swabs are sent to a laboratory to be examined. The results will be ready two to three days later. You will only be contacted if the result is positive.

What happens if I am MRSA positive?

If you screen positive for MRSA you will be invited back to the hospital to have treatment explained and prescribed. The treatment is to remove the MRSA from your skin to reduce the chance of it causing or contributing to an infection following your operation.

What is the treatment?

This is done by washing the skin and hair with antiseptic lotion and shampoo and applying antibiotic cream to the inner nose or existing cuts. The treatment is usually completed at home and normally takes five days. You will be given detailed instructions about the treatment which must be carried out over the 5 days immediately before the admission day for your operation.

Do I need to have another test after the treatment?

No, the treatment is designed to remove or reduce the MRSA on your skin ready for surgery. It does not guarantee to remove it completely. Many people carry MRSA on their skin without it causing any problems.

What happens if I am ill and have an MRSA infection?

MRSA infection can be treated. The resistance of the MRSA germs to certain types of antibiotics makes treatment more difficult, but not impossible. Antibiotics will be given by mouth or through a drip in a vein, depending on the type of antibiotic used and severity of the infection.

Will being MRSA positive prevent me coming into hospital?

No. If we know you are positive before admission, we will always try to remove the MRSA. However sometimes it's not possible, for example if you:

- need your operation quickly
- have skin conditions such as severe eczema, dermatitis and are unable to use the washes,

We will then admit you and depending on the type of operation you are having, your doctor will discuss whether or not you may be given some antibiotics at the time of your operation.

Will I be treated differently during my hospital stay?

No. You should receive exactly the same high standard of care as all our patients. We aim to keep infection to an absolute minimum and all our patients are treated the same in terms of infection control care. Our nurses and doctors wear gloves and aprons for some procedures. This is a standard approach that we take with all our patients and is dependant on the task rather than the patient.

If you would like more information about MRSA please ask the nurses looking after you and they will provide you with an information leaflet about MRSA.