



## Community Infection Prevention and Control Policy for Domiciliary Care staff


# MRSA

(Meticillin resistant  
*Staphylococcus aureus*)

MRSA

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# MRSA

# MRSA (METICILLIN RESISTANT STAPHYLOCOCCUS AUREUS)

## 1. Introduction

*Staphylococcus aureus* is a common micro-organism that is frequently found on the skin or in the nose of healthy people without causing an infection.

Meticillin sensitive *Staphylococcus aureus* (MSSA) is **sensitive** to some of the commonly used antibiotics, e.g. Flucloxacillin.

Meticillin resistant *Staphylococcus aureus* (MRSA) is **resistant** to some of the commonly used antibiotics, e.g. Flucloxacillin.

MRSA is not usually a risk to healthy people and staff do not routinely need to be swabbed for MRSA.

### PVL-SA

Panton-Valentine Leukocidin (PVL) is a toxin produced by less than 2% of *Staphylococcus aureus* (SA). It is associated with an increased ability to cause disease.

PVL-SA causes recurrent skin and soft tissue infection, but can also cause invasive infections in otherwise healthy young people in the community. Staff who develop recurrent skin and soft tissue infections should seek medical advice.

PVL-SA can be either meticillin sensitive (PVL-MSSA) or meticillin resistant (PVL-MRSA).

## 2. Colonisation and infection

**Colonisation** means that MRSA is present on or in the body without causing an infection.

Many people are colonised with MRSA on areas of their body, e.g. nose, skin, axilla, groin. It can live on a person without causing harm and most people who are colonised do not go on to develop infection.

Research has shown that staff who become colonised with MRSA have usually acquired it through their work and it is usually present for a short time only.

**Infection** means that the MRSA is present on or in the body and causing illness, e.g. urine and wound infections, pneumonia and septicaemia (blood poisoning).

MRSA infections can occur in health and social care settings and in particular vulnerable service users. Infection with MRSA occurs either from the service user's own MRSA (if they are colonised) or by transmission (spread) from another person, who is either colonised with MRSA, or has an MRSA infection.

### 3. Service users at risk of infection from MRSA

- Service users with an underlying illness.
- The elderly – particularly if they have a chronic illness.
- Those with open wounds or who have had major surgery.
- Service users with invasive devices such as urinary catheters, enteral feeding tubes.

### 4. How is MRSA spread?

- Via hands - of both the person with MRSA and people who have had physical contact with that person and their environment.
- Via contaminated surfaces or equipment, e.g. furniture, hoist. MRSA spread into the environment may survive for long periods in dust.

### 5. Treatment

Treatment is only advised for those service users who have clinical signs of infection.

Giving antibiotics to colonised (have no signs of infection) service users to clear the organism is not recommended because it is not actually causing an infection.

### 6. Suppression treatment

Suppression treatment may be prescribed for some service users with MRSA in certain conditions, e.g. they are due to be admitted to hospital, have a wound, or an invasive device, such as a urinary catheter, enteral feeding tube.

- Suppression treatment consists of a 5 day course of both a daily body wash and a nasal ointment. Depending on the product used, the body wash is either applied as a shower gel/shampoo or applied after washing and left on the skin.

- To maximise the effectiveness of the suppression treatment, the application instructions provided for the products should be followed. Examples of treatment application instructions can be found at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).
- Compliance with the above programme is important and, once commenced, should be completed in order to prevent antibiotic resistance.

## 7. Preventing the spread of MRSA

Colonisation of service users with MRSA may be long term. MRSA does not present a risk to other healthy individuals and carriers should, therefore, continue to live a normal life without restriction.

- Standard infection control precautions, please refer to the 'Standard infection control precautions Policy for Domiciliary Care staff', should be taken by all staff, including:
  - Hand hygiene before and after service user contact using either liquid soap and warm running water or alcohol handrub, please refer to the 'Hand hygiene Policy for Domiciliary Care staff'
  - Disposable gloves and apron should be worn for direct care or when handling items contaminated with blood and/or body fluids
- To prevent contamination of hands, the sink and surrounding environment, staff should not rinse soiled linen and clothing by hand.
- Soiled clothing or linen should be washed as soon as possible, separately from other items, on a pre-wash cycle in the service user's or communal washing machine followed by a wash cycle on the highest temperature advised on the label.
- Non-soiled clothing or linen should be washed as soon as possible, separately from other items, in the service user's or communal washing machine at the highest temperature advised on the label.
- Service users with MRSA:
  - Should not be prevented from visiting day centres, etc
  - Should have any wounds covered with waterproof dressings
- Visitors should be advised to wash their hands on leaving.

## 8. Referral or transfer to another health or social care provider

- Transfer to another Domiciliary Care Agency or a Care Home should, where possible, be deferred until the service user is no longer infectious (see section below).
- Non-urgent hospital outpatient attendances or planned admissions should be postponed if at all possible, please refer to the 'Patient placement and assessment for infection risk Policy for Domiciliary Care staff'.
- If the condition of an affected or an unaffected service user, living in a supported living or sheltered housing complex, requires urgent hospital attendance or admission, staff with responsibility for arranging a service user's transfer should complete the Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 1). The unit at the hospital they are attending and the transport service taking them, must be notified of the service users infection risk, prior to them being transferred. This ensures appropriate placement of the service user, please refer to the 'Patient placement and assessment for infection risk Policy for Domiciliary Care staff'.
- If a service user is fit for discharge from hospital and is symptom free, they can be discharged back to their usual residence, e.g. home, supported living or sheltered housing complex.

## 9. Cleaning the environment

- There are no special requirements for cleaning a MRSA positive service user's environment.

## 10. Information for service users and visitors

Information about the infection should be given to service users and/or family and visitors. Information and factsheets are available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 11. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health (2013) *Prevention and control of infection in care homes*

Department of Health (2007) *Essential Steps to safe, clean care managing MRSA in a non-acute setting: a summary of best practice*

Health Protection Agency (2008) *Guidance on the diagnosis and management of PVL-associated Staphylococcus aureus (PVL-SA) infections in England*  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1218699411960](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1218699411960)

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

NHS England (2014) *Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections version 2*

NHS Commissioning Board (2013) *Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections*

## 12. Appendices

Appendix 1: Inter-Health and Social Care Infection Control Transfer Form





### Inter-Health and Social Care Infection Control Transfer Form

The *Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance* (Department of Health 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient's notes.

Patient Name: ..... Address: ..... NHS number: ..... Date of birth: ..... Patient's current location: .....	GP Name and contact details:		
Receiving facility, e.g., hospital ward, hospice: .....			
If transferred by ambulance, the service has been notified: Yes <input type="checkbox"/> N/A <input type="checkbox"/>			
Is the patient an infection risk: Please tick most appropriate box and give details of the confirmed or suspected organism			
<input type="checkbox"/> Confirmed risk    Organisms: .....			
<input type="checkbox"/> Suspected risk    Organisms: .....			
<input type="checkbox"/> No known risk			
Patient exposed to others with infection, e.g., D&V, Influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware <input type="checkbox"/>			
If yes, please state: .....			
If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale): .....			
Is diarrhoea thought to be of an infectious nature? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
<b>Relevant specimen</b> results if available			
Specimen:			
Date:			
Result:			
Treatment information:			
Is the patient aware of their diagnosis/risk of infection?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the patient require isolation?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the patient requires isolation, phone the receiving facility in advance:		Actioned <input type="checkbox"/> N/A <input type="checkbox"/>	
Additional information:			
Name of staff member completing form: .....			
Print name: .....			
Contact No: .....		Date: .....	