



MRSA Policy

REVISED APRIL 2013

MRSA POLICY

Name: Wellbeing Residential

Policy Statement

This organisation believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff.

Aim

The aim of the organisation is to prevent the spread of MRSA amongst service users and staff.

Goals

The goals of the organisation are to ensure that:

- service users, their families and staff working for the organisation are as safe as possible from MRSA
- all staff in the organisation are aware of the causes of the spread of MRSA and are trained to avoid these
- service users who are colonised with MRSA receive the highest quality of care and are not discriminated against.

Legal Considerations and Statutory Guidance

The organisation should adhere to the following infection control legislation:

- the *Health & Safety at Work, etc Act 1974* and the *Public Health Infectious Diseases Regulations 1988* which place a duty on the organisation to prevent the spread of infection
- the *Control of Substances Hazardous to Health Regulations 2002 (COSHH)* which place a duty upon employers to control dangerous substances in the workplace
- the *Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)* which place a duty on the organisation to report outbreaks of certain diseases as well as accidents such as needle-stick accidents.

Policy Background

MRSA, or *Methicillin Resistant Staphylococcus Aureus*, is a variant of *Staphylococcus Aureus*, a type of bacterium carried normally by about a third of the population. In most people *Staphylococcus Aureus* causes no harm. However, when the skin is broken or where a patient is otherwise unwell the bacteria can cause boils or pneumonia and can prevent wounds from healing properly. MRSA behaves in much the same way as its more

common relative but, while *Staphylococcus Aureus* is readily treatable with modern antibiotics, MRSA has a high resistance to antibiotics which makes MRSA infections much harder to treat.

Many people carry MRSA in the same way that they carry *Staphylococcus Aureus* without it causing any harm to themselves or others. These people are said to be 'colonised' with MRSA rather than 'infected' as they are not ill and there are no visible signs that they are carrying MRSA. However, when MRSA does cause an infection this can be very dangerous, even life threatening, and is especially problematic in elderly, vulnerable patients who are debilitated.

In healthcare settings, MRSA is spread by hand from person to person unwittingly by healthcare employees who do not wash their hands sufficiently between person contacts. It can also become established in clinical areas, on equipment and in such things as bedding and clothes and extremely vigorous cleaning and infection control techniques are required to eradicate it or halt its growth.

Policy on Preventing MRSA

In healthcare organisations MRSA carriers should not be a hazard to staff and, according to Department of Health guidelines, the implementation of sound infection control techniques, especially rigorous attention to hand washing, are sufficient to control the spread of the bacteria.

Therefore, in this organisation:

- all staff should comply with the organisation's infection control policies and procedures and adhere to best practice in infection control at all times
- all staff should adhere to the organisation's Handwashing Policy at all times, ensuring that their hands are thoroughly washed and dried on arrival and before leaving a residents room, between seeing each and every service user where direct contact is involved, after handling any body fluids or waste or soiled items, after handling specimens, after using the toilet and before handling foodstuffs; the organisation believes that, consistent with modern infection control evidence and knowledge, hand washing is the single most important method of preventing the spread of infection whether a service user is a known carrier of MRSA or not
- all staff should adhere to the organisation's Protective Clothing Policy and disposable gloves and aprons should always be worn when attending to dressings, performing aseptic techniques, dealing with blood and body fluids or when assisting with bodily care; gloves and aprons should be changed and disposed of after each procedure or contact and always between contacts with different service users
- cuts, sores and wounds on staff and service users should be covered with suitable impermeable dressings
- blood and body fluid spills should be dealt with immediately according to the organisation's Infection Control Policy

- clinical waste should be disposed of according to the organisation's Infection Control Policy
- sharps should be disposed of into proper sharps containers
- equipment (such as commodes) should be cleaned thoroughly with detergent and hot water after use
- service users and staff should not need routine screening for MRSA unless there is a clinical reason for such screening to be performed (for example, a wound getting worse or new sores appearing) and in such cases screening should be requested by a GP or by the local consultant in communicable disease control
- if a service user's wound gets worse or does not respond to treatment then the service user's GP should be advised immediately

If a service user is identified as colonised with MRSA:

- they should not be isolated (according to Department of Health guidelines the isolation of colonised service users in nursing organisations is not necessary and may adversely affect the service users' quality of life)
- they may receive visitors and go out, for example to see their family or friends, and should not be discouraged from normal social contact
- friends or family need not take any special precautions when visiting

When arranging care for a new service user or when transferring service users to and from hospital:

- the relevant care manager should always ask in the initial assessment of a potential service user if there is any record that the applicant is colonised or infected with MRSA and this should be entered into the plan of care
- colonisation with MRSA should never be reason for refusing a service to a potential client, for preventing discharge from hospital or for any other form of discrimination
- care staff should always inform a hospital if a service user that they care for who is admitted hospital is known to be infected with or colonised with MRSA
- service users with MRSA should not normally require special treatment after discharge from hospital but if a specialised course of treatment needs to be completed, the hospital should be asked to provide all the necessary details and agree in advance in the discharge plan and check that the organisation is agreeable
- care staff should seek and follow expert infection control advice from the consultant in communicable disease control and/or community infection control nurse in any case where support is required and for any service user with MRSA who has a post-operative wound or a drip or catheter.

Reporting

MRSA is not a notifiable infection under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)* which obliges the organisation to report the outbreak of notifiable diseases to the Health and Safety Executive. The

presence of MRSA in a service user can only be ascertained by the laboratory investigation of swabs and any positive result will be notified to the service user's GP. Seniors and care staff should liaise with the relevant GP if a positive result is received and should work with all relevant members of the healthcare team to revise the service user's plan of care and to ensure that everybody involved in the care of the service user is informed.

Training

All new staff should be encouraged to read the organisation's policies on Infection Control as part of their induction process. In house training sessions covering basic information about infection control should be conducted at least annually.

The manager is responsible for organising and co-ordinating training

Signed:

Date:

Policy review date:
