Meticillin Resistant *Staphylococcus aureus* (MRSA) Screening and Decolonisation Quick Reference Guide for Worcestershire Health and Care Trust Inpatient Mental Health Areas (excluding New Haven Meadow Ward)

MRSA control is important to minimise infection. Patients who are colonised with MRSA are at a greater risk of developing actual infections caused by their colonising strain.

Which Patients should be Screened for MRSA?

Patients who require screening include:

- All patients admitted who present with an invasive device or have one inserted during their stay.
- All patients admitted from another healthcare provider including hospitals/care homes (not to include community small group homes).
- All known current IV drug users.
- All patients presenting with a wound, including those who self injure during their stay.

When do I Screen Someone for MRSA?

To ensure that screens do not get missed, it is advised that they are undertaken as part of the routine admission process. Screens should be undertaken within 72 hours of admission.

Where and How do I Screen Someone?

As a minimum, for a full screen, two screening swabs need to be undertaken (nose and groin). Bacteriology/Charcoal/Wound swabs should be used and moistened with sterile water prior to taking:

- **anterior nares of the nose -** The nasal swab should be taken from the anterior nares; the swab is directed upwards into the tip of the nose and gently rotated to collect any secretion present. One swab can be used to sample both nostrils.
- **groins -** One swab used for both groins unless there are broken, raw or excoriated areas that are being swabbed, in which case use separate swabs.

In addition to the above, other areas which should be included in the screen are:

- any areas of broken, damaged skin or wounds
- CSU if patient catheterised
- site(s) of invasive device(s) if present
- sputum if productive cough - sputum specimens must be mucoid or mucopurulent, specimens of saliva are of no value.

All of the above must be collected in appropriate specimen containers or using standard bacteriology swabs (wound swabs). When collecting swabs avoid contaminating either the cotton bud tip or shaft of the swab with your own skin flora or contaminants from the environment.

All swabs/specimens must be clearly labelled with patient details and site of swab/specimen. Please ensure each wound swab is labelled with the specific site of the wound.

For the admission screen only: all swabs can be sent together in one microbiology specimen bag. CSU and sputum should be in separate specimen bags. Microbiology request form/online request documentation must state: - all swabs/specimens are part of an MRSA screen; history in relation to MRSA; type of swabs which are enclosed; other relevant details including antibiotic history.

For rescreens nose and groin swabs must be sent to the lab in separate specimen bag.

Interpreting the Laboratory Report

All results will be returned to the requesting source. It is the responsibility of clinical staff to inform relevant healthcare professionals if the patient has been discharged or transferred. **Please note: admission screen nose and groin swabs will be processed together, therefore the laboratory will only provide one result either nose/groin positive (reported as 'MRSA isolated') or nose/groin negative (reported as 'MRSA negative').** After a single positive result, it is usual practice for the laboratory not to report further antibiotic sensitivities. Treat positive and clinically indicated sites only, please see overleaf. Further advice on management/treatment is available from the IPC team.

Other IPC Recommendations/Further Advice

- Standard IPC procedures should be followed at all times and these are further detailed in IPC policies and procedures online on Trust A-Z or at www.worcestershirehealth.nhs.uk.
- Consider the use of patient information leaflets relating to screening and treatment.
- Advice can be sought from the IPC team on 01386 502552 (32552) or 07798 608171.

Treatment for a Positive Result

Treatment aims to reduce levels of MRSA and minimise the risk of infection and spread.

Area	Regime	Instructions
Admission Screen Nose/Groin Positive Result: - Please use Nasal Bactroban/Octenisan MD nasal gel (or Naseptin) and Octenisan Body Wash concurrently using regime and instructions below.		
Nose <u>positive</u> result	**Mupirocin** (Bactroban) 2% nasal ointment. ***If shortage of Bactroban use Octenisan MD nasal gel.** **N.B for strains resistant to Mupirocin or as an alternative to Octenisan MD, use Naseptin QDS for 10 days.****	Bactroban or Octenisan MD nasal gel should be applied to the inside of the nostrils (anterior nares) three times a day for a period of 5 days. Hands must be cleansed prior to and following application of ointment/gel. A small amount of ointment/gel about the size of a match head should be applied to both nostrils. Close the nostrils by pressing the side of the nose together to spread the ointment. If applied by nursing staff, use a cotton bud. Patients can apply themselves, using their clean little finger. <u>*At times of national shortage of Bactroban 2% nasal ointment the first line alternative option during this period should be Octenisan MD nasal gel.</u> <u>For Naseptin follow the above instructions, however use is four times a day for 10 days.</u> **(**DO NOT USE IN KNOWN PEANUT AND/OR SOYA ALLERGY). Use of skin and groin decolonisation agents would also need to continue for the duration of this 10 day course.**
Skin (groin) <u>positive</u> result OR if advised for use when MRSA positive site and wounds present	**Octenisan Antimicrobial Body Wash.** **Octenisan Wash Cap (option to use if unable to wash a patient's hair on days 2 and 4).**	This is a daily wash. To promote effectiveness, it is recommended that a formal programme is adopted to ensure that washes are carried out in the most effective manner. Octenisan should be used as a liquid soap and shampoo and the whole body washed from head to toe. The antiseptic should be used neat on wet skin like a shower gel, left in contact with the skin for one minute and then rinsed off. If bathing/showering is not possible then the antiseptic should be applied onto a wet body surface using a disposable cloth, left in contact with the skin for one minute and then rinsed off. Over the period of 5 days, 2 hair washes should occur on day 2 and day 4, using the Octenisan body wash or the Octenisan wash cap (see manufacturer's instructions for use). To promote successful decolonisation, the following is recommended: ✋ bath or shower daily using Octenisan for the five days (bed bath is satisfactory alternative). ✋ wet skin and/or hair, apply an adequate amount of Octenisan and wash whole body and/or hair observing contact time of 1 minute. ✋ pay particular attention to around the nostrils, axillae, navel, groins/perineum and feet. Rinse off thoroughly.
Skin (groin)	**CX Antiseptic Dusting Powder. (if required/available)**	Apply as a powder once daily for 5 days following washing, a light dusting should be dispensed to cover axillae, umbilicus and groin area. It should not be used on badly broken or excoriated skin.

To further promote successful treatment:

✋ Patients should be encouraged to put on clean clothing each day.

✋ Ensure that bedding is changed daily as an inpatient (at least once during treatment in own home setting).

Ensure that those undergoing treatment are the sole users of wash cloths/towels and that a clean, dry washcloth and towel is used for each shower and bath.

To reduce persistent MRSA carriage, consider treatment of underlying skin conditions (e.g. eczema, dermatitis), remove and/or replace invasive devices (where appropriate) and treat skin breaks. Guidance on systemic antibiotics is available in the Primary Care Antimicrobial Prescribing Guidance and should relate to known sensitivities. https://www.worcestershirehealth.nhs.uk/infection-control-service/policies-procedures/

Where necessary, seek advice from the Consultant Microbiologist.

What Happens after Completion of Treatment?

Treatment should be stopped for 2 days prior to a full rescreen, if required**. Please note: When taking a nose and groin rescreen ensure these swabs are sent to the laboratory in separate microbiology bags with separate information, to enable results for each individual swab/site.** Advice can be sought from the IPC team in relation to the management of individual cases as to whether continued treatment is required. In some cases it may be necessary to perform 3 screens, each one week apart, until consecutive negative results are attained e.g. if an actual infection has been identified or patient has a wound and/or invasive device.