

MRSA Screening Information for Renal Patients

This NHS Trust takes the prevention and control of MRSA and healthcare associated infections extremely seriously. We are committed to reducing infections in our hospitals and continuously giving our patients the best care possible.

What is MRSA and what effect does it have?

MRSA stands for Meticillin (formally Methicillin in the UK) resistant *Staphylococcus aureus*. *Staphylococcus aureus* is a common bacterium that can live, quite harmlessly, in the nose, throat and sometimes on the skin of healthy people. This is referred to as "colonisation" or carriage. However, *Staphylococcus aureus* may cause harm (infection) when it has the opportunity to enter the body. This is more likely to happen in people who are already unwell.

Staphylococcus aureus can cause abscesses and boils. It can infect wounds (such as leg ulcers or wounds caused by surgery). Occasionally it can cause urine or chest infections. Less commonly it can enter the blood stream and cause septicaemia (blood poisoning). *Staphylococcus aureus* infections are treated with a variety of different antibiotics depending on the type and severity of the infection. Unfortunately, some types of *Staphylococcus aureus* have developed resistance to an antibiotic known as Meticillin and some other antibiotics that are similar to Meticillin. Types of *Staphylococcus aureus* that are resistant to Meticillin are known as MRSA.

In healthy people this bacteria is not harmful but it can be a problem in hospitals where people are recovering from operations and illnesses and are much more vulnerable to infections.

Why do we screen for MRSA?

As we know that some members of the population carry this bacteria we have a screening programme for all people starting a programme of dialysis. As part of the programme, patients will be routinely screened for MRSA. This helps to prevent the spread of the bacteria to other patients and reduces the risk of complications for you, if you are found to be a carrier.

How will the screening be done?

On starting a programme of dialysis or prior to some hospital based procedures, you will be screened. This will be done by taking a swab from your nose and throat as these are the most common sites for MRSA to be carried. A cotton bud will be placed in and moved around your nostrils and another one will be used to swab your throat. This is not painful but may be uncomfortable. The doctor or nurse may also decide to take a sample from other areas. For example if you have any wounds or sores these may be swabbed. The swab is then sent to the laboratory for testing.

What happens next?

Only a small proportion of people carry MRSA. If MRSA is not detected from your swabs no further action is necessary. You will not be contacted if MRSA is not detected.

There is a small chance that the swabs taken may fail to identify the MRSA bacteria even if you are a carrier. This may happen if the number of MRSA bacteria present on your body is very small or it is present in a body site that has not been

swabbed. It is possible that if you are swabbed again in the future MRSA may be identified. For this reason, we will continue to screen monthly.

If the test is positive i.e. MRSA is identified, the Infection Prevention and Control Team will inform the renal unit who requested your screening and we will arrange for you to receive the treatment to reduce your risk. This is called MRSA suppression therapy.

A decolonisation pack will be provided for you from your renal unit and advice will be provided from the nursing team on the care of your dialysis catheter during this treatment

The treatment consists of an antiseptic body wash daily and an ointment to apply to your nostrils three times a day. The treatment lasts five days.

If you need help to do this your family doctor can liaise with the community nursing team to support you.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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