

MRSA Screening for Elective Admissions

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 Methicillin (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 Methicillin and some other antibiotics that are similar to Methicillin. Types of *Staphylococcus aureus* that are resistant to Methicillin 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 some of the planned admissions. As part of the pre-admission or admission process, some 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?

When your hospital doctor makes the decision for your admission, 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.

If the test is **positive i.e. MRSA is identified**, the Infection Prevention and Control Team will inform the doctor who requested your screening and we will arrange for you to receive the treatment to reduce your risk. This is called MRSA suppression therapy. You may be asked to collect a prescription from your family doctor. 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. The treatment should be started two days before your admission so that day three is the day of your procedure. If you need help to do this your family doctor can liaise with the community nursing team to support you.

If for any reason you have not been able to commence the treatment two days prior to admission, it will be started on admission to hospital and continue for 5 days. You will not have to stay in hospital to complete the treatment.

MRSA suppression therapy

If MRSA is detected the following suppression therapy is used to reduce the level of MRSA bacteria on your body to protect yourself and other patients when you come into hospital.

1. Bactroban nasal ointment (mupirocin 2% 3g tube)

Apply a small amount to the inside of each nostril using a little finger or cotton bud. Squeeze nostrils together to spread ointment throughout the nostrils. Apply three times a day starting 2 days prior to admission.

2. Chlorhexidine gluconate 4% antiseptic detergent

Moisten the skin and apply the Chlorhexidine (approximately 30ml) thoroughly to all areas before rinsing in bath or shower. Use chlorhexidine for all other washing activities (e.g. hand washing) during the 5 day treatment course. Use as a shampoo on days 1 and 3 of the 5 day treatment.

Treatment must be started 2 days prior to admission to hospital. It is important not to start the treatment until this time for it to be of maximum benefit during your hospital stay.

Bed linen and clothing should be changed daily during the 5 day suppression therapy.
Please note, this is desirable, not essential.

If you experience an adverse reaction to treatment or need any further advice, please contact your general practitioner or the Infection Prevention and Control Team at the hospital where you are due to be admitted.

When you arrive at hospital it is important you inform the Nurse/ Doctor that you have started the 5 day treatment so this can be documented in your hospital notes. If you have not started the treatment prior to admission it will be commenced on admission.

PLEASE MAKE SURE YOU BRING THE TREATMENT WITH YOU WHEN YOU COME INTO HOSPITAL.

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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