York Teaching Hospital NHS
NHS Foundation Trust

Infection Prevention Policy

Control and Prevention of Methicillin Resistant Staphylococcus Aureus (MRSA)

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Publisher:	Compliance Unit
Date of first issue:	August 2006
Version:	6
Date of version issue:	November 2012
Approved by:	Hospital Infection Prevention Committee
Date approved:	December 2012
Review date:	December 2013
Target audience:	All Clinical Staff

Executive Summary

This policy aims to provide all clinical staff with the relevant information required to prevent, control and manage the incidence and spread of Methicillin Resistant *Staphylococcus aureus* (MRSA) for patients in hospital or where there is a plan to admit to hospital.

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location held	Details of significant changes
3	Pending HIPCC consultation. Circulated to Committee on 25.03.09	Infection Prevention Team	York Hospital	Into Trust Format Addition of Throat as a site to be actively screened Treatment Procedure EDN Notification Elective Screening Pathway Renal Dialysis Programme Route Cause Analysis procedure for cases of Bacteraemia Appendices
4	July 2011 HIPC	Infection Prevention Team	York Hospital	Revised presentation Changes to screening
5	November 2011	Infection Prevention Team	York Hospital	Changes to suppression therapy
6	November 2012	Infection Prevention Team	York Hospital	Revised presentation Revised to include Scarborough sites Revised flow chart for MRSA elective risk assessment

				Changes to preadmission MRSA screening exclusion list for ophthalmology patients Paediatric admissions will be risk assessed and screened as per adult management Changes to number of screens required post admission for acute admissions Changes to enhanced screening - ICU/HDU, pre-insertion of central line, patients in hospital for more than 30 days Isolation for previously MRSA positive patients Prophylactic antibiotic cover in catheterisation Neonate treatment added Changes to high risk surgery list Revised door notice

Contents

1 Introduction & Scope

This policy aims to provide all clinical staff with the relevant information required to prevent, control and manage the incidence and spread of Methicillin Resistant *Staphylococcus aureus* (MRSA) for patients in hospital or where there is a plan to admit to hospital.

2 Definitions

MRSA is a strain of *Staphylococcus aureus* that is resistant to a large group of antibiotics called the beta-lactams, which include the penicillins and the cephalosporins.

Colonisation is the presence of micro-organisms without tissue invasion.

Infection is the presence of micro-organisms causing a host response such as elevated temperature.

MRSA bacteraemia - when MRSA is present in the bloodstream.

Root Cause Analysis (RCA) is the process used to investigate the cause of an MRSA bacteraemia.

High risk surgery – See Appendix 10

3 Policy Statement

MRSA remains endemic in many UK hospitals. Specific guidelines for control and prevention are justified as MRSA causes serious illness and results in significant additional healthcare costs. Although the majority of patients who acquire MRSA are colonized, not ill and do not require antibiotic therapy, a proportion of patients develop infection, including invasive infection, which may result in death.

4 Equality Impact Assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at an unreasonable or unfair disadvantage over others.

5 Accountability

All healthcare professionals and volunteers are responsible and accountable to the Chief Executive for the correct implementation of this policy.

Professional staff are accountable according to their professional code of conduct.

6 Consultation, Assurance and Approval Process

6.1 Consultation Process

Consultation was undertaken through the Hospital Infection Prevention Committee (HIPC) and Clinical Quality and Safety.

6.2 Quality Assurance Process

Following consultation with and endorsement of the Hospital Infection Prevention Committee, this policy has been reviewed by the Trust's Quality Assurance group to ensure it meets the NHSLA standards for the production of procedural documents.

6.3 Approval Process

Following completion of the Quality Assurance Process, this policy, and any subsequent policy revisions will require the approval of the Hospital Infection Prevention Committee.

7 Review and Revision Arrangements

7.1 Process for Reviewing a Procedural Document

The review of the document will be undertaken with the collaboration of all parties involved in 2 years or earlier if there are changes in recommended practice or legislation.

8 Dissemination, Implementation and Training

8.1 Dissemination

Once approved previous electronic versions of this document will be archived accordingly on the Trust's electronic portal Horizon, and the Laboratory Medicine Quality Manual Q Pulse. The current version of the document will be published on the above sites. Information related to the latest version of the document will be available from Infection Prevention Department and Trust wide information i.e. team brief, acknowledge alerts on Q pulse and training. This policy will be made available to service users and the public, on request, and in the format requested.

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

The Policy will be disseminated through the Consultants; Clinical Directors; Directorate Manager; Matrons; and Ward Managers via emails and meetings.

8.2 Implementation of Procedural Documents

Implementation will be managed by Infection Prevention Team, Matrons and Ward Managers. Audit of this will be as outlined in Section 10.1.

8.3 Training

Any training requirements identified within this policy are outlined within the personal training profiles accessed through horizon. Staff will be required to create their personal profile and agree up-take of this training with their line manager.

The process for following up staff who fail to attend mandatory training is as identified within the Training Identification Policy

9 Document Control including Archiving Arrangements

9.1 Register/Library of Procedural Documents

This policy will be stored on the Trust's electronic portal, Horizon, on the policies and procedures site and will be stored both in an alphabetical list as well as being accessible through the portal's search facility.

9.2 Archiving Arrangements

On review of this policy, archived copies of previous versions will be automatically held on the version history section of each policy document on Horizon. It is the responsibility of the Publisher(s) to ensure that version history is maintained on Horizon.

9.3 Process for Retrieving Archived Documents

To retrieve a former version of this policy from Horizon, the Compliance Unit should be contacted.

10 Monitoring Compliance With and the Effectiveness of Policies

This policy will be monitored for compliance with the minimum requirements outlined below as outlined in the NHSLA Risk Management Standards 2.4.9. and Hygiene Code Criterion 4, 5, 7 and 9.

10.1 Process for Monitoring Compliance and Effectiveness

This policy will be monitored through the infection prevention team strategy for the auditing of infection prevention policies as required by the Hygiene Code 2009, Criterion 2.

Monitoring of the policy will also be undertaken via the adverse incident reporting system.

Minimum Requirements	Monitoring	Responsibility for monitoring	Frequency	Reported to
a. Accountability	Training attendance logs for IPT training, via ESR and CLAD	CLAD	Annual Statutory and Mandatory training	Directorate/ Division leads via CLAD and ESR
b. Training	Training profiles + training attendance logs, via ESR and CLAD	CLAD	Annual Statutory and Mandatory training	Directorate/ Division leads via CLAD and ESR
c. MRSA screening - elective - emergency	Core Patient Database (CPD) data, laboratory database	Information Team	Monthly	Trust via Signal
d. Enhanced screening checks - Maternity - Contacts - ICU/HDU - Haematology/ Oncology - Renal patients - Pre-insertion of invasive devices - Long stay patients - High risk surgery	Spot check audits by IPT using CPD data, laboratory database	IPT	Rolling programme of checks – minimum annually	Directorate/ Division responsible where issues raised

Minimum Requirements	Monitoring	Responsibility for monitoring	Frequency	Reported to
e. Isolation	IPT documentation records. CPD whiteboard records. IPN Clinical Support Visits	IPT with Systems and Network	Spot checks and clinical IPT visits	Directorates/ Division where issues raised
f. Treatment and Suppression therapy	IPT audit	IPT	Bi-annual audit	Directorates/ Division, DIPC
g. Root Cause Analysis for MRSA bacteraemia	IPT and Directorate/ Division records Action plans	IPT and Directorate/ Division management teams	By case	Exec board.
h. Flagging	Core Patient Database AIRs forms	IPT	Two yearly checks of randomly selected cases	IPT

Minimum Requirements	Monitoring	Responsibility for monitoring	Frequency	Reported to
i. Data statistics	CPD data, laboratory database	IPT	Monthly	Ward, Directorate and Trust via Q drive (York) Divisional dashboards (Scarborough) MRSA bacteraemia reported on Signal by Directorate/ Division
j. Environment and equipment cleaning	Saving Lives data: High Impact Intervention – cleaning clinical equipment Matron Environment Audits IPN Clinical Support Visits Domestic audits	IPT Matrons Ward managers Domestic supervisors	Monthly	Directorate/ Division and Trust via Q drive and Signal
k. Visits to other departments	AIRs forms	IPT	Two yearly checks of randomly selected cases	IPT
l. Patient discharge	Electronic Discharge letter records Inter-healthcare transfer form records	IPT with Systems and Network	Two yearly checks of randomly selected cases	Directorates/ Divisions where issues raised

10.2 Standards/Key Performance Indicators

National MRSA Standards and guidelines

National Specifications for Cleanliness in the NHS (National Patient Safety Agency)

IP performance dashboards – key performance indicators within this process (i.e. incidence and prevalence)

Department of Health Saving Lives – High Impact Intervention No. 8

11 Trust Associated Documentation

Related Trust policies on Horizon:

YHFT Policy for the Development and Management of Policies CORP.RL.10
YHFT [CLIN.IC.12] Infection Prevention Hand Hygiene Policy

YHFT [CLIN.IC.6] Infection Prevention Standard Precautions Policy

YHFT [CLIN.IC19] Infection Prevention Policy for the Decontamination of Reusable Communal Equipment and the Environment

YHFT [CLIN.IC8] Infection Prevention Isolation Policy

YHFT [CLIN.IC9] Laundry Policy

YHFT [GL.CLIN.CLIN3] Antimicrobial Formularies

YHFT [] Outbreak policy

YHFT [] Waste Management Policy

12 References

1. Guidelines for the control and prevention of Methicillin-resistant *Staphylococcus aureus* (MRSA) infection in healthcare facilities, Journal of Hospital Infection, May 2006 Supplement 1; Vol.63

2. The EPIC 2: Updated guidelines for Preventing Healthcare Associated Infections in NHS Hospitals 2007.

3. MRSA Screening – Operational Guidance, DH. 31.12.08.

4. Screening for Methicillin-resistant *Staphylococcus aureus* (MRSA) colonisation: A Strategy for NHS Trusts: A summary of best practice. DH. Nov 2006.

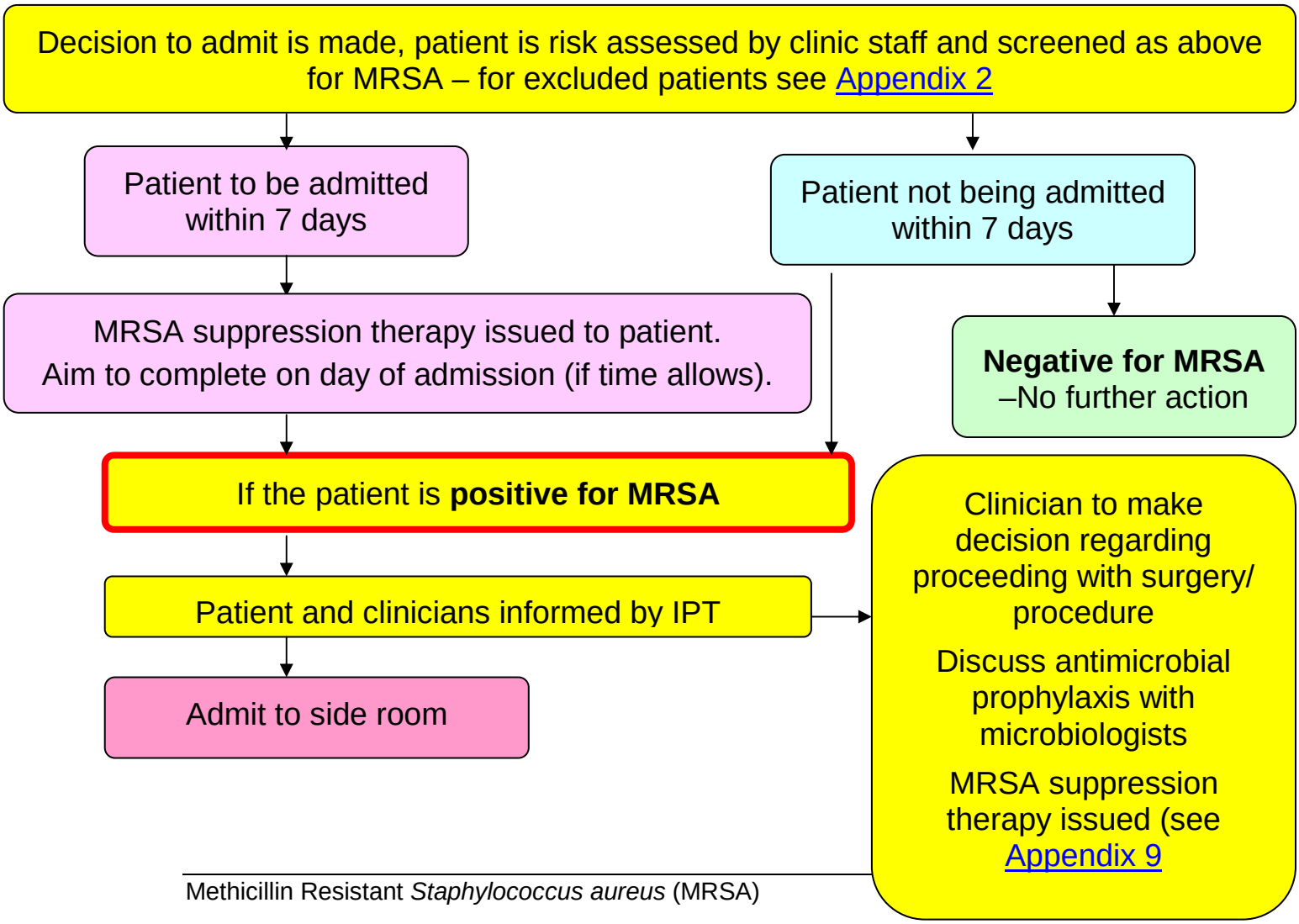
Appendices

Appendix 1	MRSA elective risk assessment and management for adults and children (including suppression therapy if patient to be admitted within 7 days)
Appendix 2	Patients excluded from elective screening
Appendix 3	Maternity admission
Appendix 4	Adult Non-elective (acute) admission screening
Appendix 5	Enhanced screening
Appendix 6	Isolation
Appendix 7a	Treatment of MRSA infection
Appendix 7b	Prophylactic antibiotic regimes
Appendix 7c	Wound site treatment
Appendix 7d	Prophylactic antibiotics prior to urinary catheterisation
Appendix 8	Suppression therapy including advice if patient has allergy or reaction to products
Appendix 8a	Suppression therapy for patients over 1 year without dermatology problems or chronic wounds
Appendix 8b	Suppression therapy dermatology patients and patients with chronic wounds
Appendix 8c	Suppression therapy for children under 1 year (but over 28 weeks' gestation)
Appendix 8d	Suppression therapy for pregnant women in their first trimester
Appendix 9	Suppression therapy regime for all patients (including preadmission where the patient is not being admitted within 7 days of decision to admit)

Appendix 10	High risk surgery list
Appendix 11	Root Cause Analysis Process
Appendix 12	Documentation and electronic flagging
Appendix 13	Data statistics
Appendix 14	Management of MRSA patient documentation
Appendix 15	Equipment and environmental control measures
Appendix 16	Door notice
Appendix 17	Visits to other departments
Appendix 18	Patient discharge including transfer to another hospital
Appendix 19	Deceased patients

Appendix 1 – MRSA elective risk assessment and management for adults and children (including suppression therapy if patient to be admitted within 7 days)

MRSA Risk Assessment Table		
	Risk Factors	Areas to be screened
High Risk	• High risk surgery (Appendix 10) • Resident of care facility • Hospital inpatient within last 12 months • Previously MRSA positive • Employed in a care profession • Any chronic wounds • Long term invasive devices	• Nose • Throat • Groin or Axilla • Wounds/Lesions • Sites of invasive devices • CSU if catheterised. • Any previous positive site
Low Risk	Does not fit above criteria	Nose Swab



Appendix 2 – adult patients **excluded** from elective screening

- Day case ophthalmology – **except** where patient fits category for high risk for MRSA (see Appendix 1)
- Day case dental
- Day case endoscopy
- Day case ERCP
- Minor dermatology procedures, e.g., warts or other liquid nitrogen applications, Excision of skin lesion under local anaesthetic
- Minor procedures such as arthroscopies, lumbar puncture, joint injections or minor hand surgery such as carpal tunnel decompression
- Patients who are not receiving any medical or surgical treatment – e.g. those in respite care, or day cases attending for pain management therapy, and attendances for clinical immunology
- Medical terminations of pregnancies
- Radiological patients
- Day case cystoscopy
- Hysteroscopy, colposcopy, cone biopsy and vulval biopsy.
- IUD removal
- HRT implant
- Early miscarriages where patient is low risk
- Diathermy of gynaecological warts
- Removal of 'reveal' device
- Urodynamic assessment

This is not an exhaustive list. If in doubt please contact IPT for advice.

Appendix 3 – Maternity admissions

MRSA Screening of Mother in Maternity Admissions

A) High risk of mother carrying MRSA:

- MRSA in last 10 years
- Employed in a caring profession
- Hospital inpatient within last 12 months

B) Caesareans

- Elective caesarean: Screen at time of booking operation
- Emergency Caesarean: Screen at time of decision (or as close as possible)

C) High risk of complications for mother (e.g. diabetic, multiple births)

Screen when complications become known

D) High risk of complications or potential complications with baby, (e.g. likely to need SCBU, NICU because of size or known complications or risk factors.)

Screen when complications become known

1) Fits Criteria A:

Needs **FULL** MRSA Screen:

-Nose

-Groin or Axilla

-Throat

-Chronic Wounds

- Site of invasive device
- CSU if catheterised
- Any previously positive site

2) Fits criteria B, C or D but **NOT A** =

- Nose swab only

3) Does not fit criteria A, B, C, or D =

- No MRSA screen required.

Positive result = IPT to arrange MRSA suppression therapy

Negative result = no further treatment required.

Appendix 4 – Acute (Non-elective) admission process – for adults and children

MRSA Risk Assessment Screen for Acute Admissions			
❑ MRSA within the last 10 years – **Nurse in side room** ❑ Resident of a care facility	❑ Any chronic wounds ❑ Hospital inpatient within the last 12 months	❑ Long term invasive device ❑ Employed in a caring profession	
High Risk If any of the above ticked screen: →	❑ Nose ❑ Throat ❑ Groin/ axilla	❑ Wounds/ lesions ❑ Sites of invasive devices ❑ CSU if catheterised	❑ Chlorhexidine wipes issues
Low risk If none of the above ticked screen: →	❑ Nose		

ED or admitting ward to complete risk assessment and screening (see above). Optimum within 2 hours of arrival.

High Risk

Chlorhexidine wash cloths must be used **daily** from admission until screening results known. Document use

Low risk

Patient may be placed in main bay

Previously MRSA positive

Patient **must** be nursed in side room

If SR not available risk assess and discuss with IPT. Document and complete an AIRS form

High Risk but not previous MRSA positive

Patient may be placed in main bay.

If MRSA negative

No further action

If MRSA negative

Discuss with IPT.

No treatment required.

Follow policy for enhanced screening (Appendix 5)

If MRSA positive

Isolate patient if not already in side room. Commence full suppression treatment (Appendix 8)

Appendix 5 – Enhanced screening

Enhanced screening enables early detection, isolation and treatment in highly susceptible/vulnerable patients.

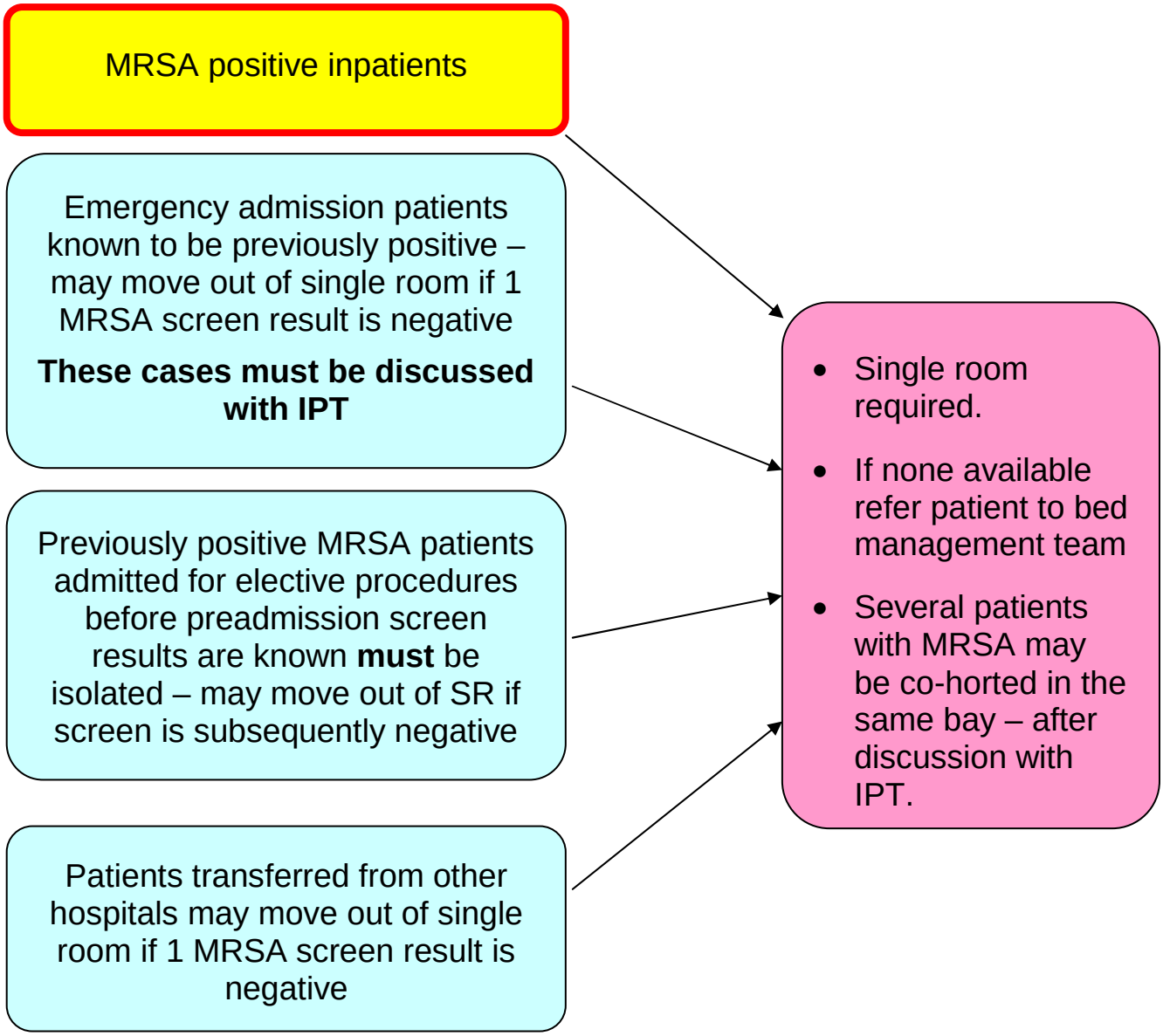
Patients who are found to be MRSA positive will require isolation (Appendix 6) and suppression therapy treatment (Appendix 8)

<table>
<tr><th colspan="3">Enhanced MRSA screening</th></tr>
<tr><th>Patient group</th><th>When to carry out screening</th><th>Sites to be screened</th></tr>
<tr><td>Contacts of known MRSA positive case (i.e. patients in the same bay)</td><td>• When primary case is confirmed</td><td>Nose
Wound swabs
Invasive devices sites
Catheter Specimen of Urine if catheterised</td></tr>
<tr><td>ICU/ HDU</td><td>• On admission to ICU/ HDU
• Once weekly during stay
• On discharge from ICU/ HDU</td><td>Nose
Throat
Perineum
Other sites as clinically indicated</td></tr>
<tr><td>Transfers from other hospitals</td><td>• On arrival to hospital</td><td rowspan="2">Nose
Throat
Groin or axilla
Wound sites
Invasive devices sites
Catheter Specimen of Urine if catheterised
Sputum if clinically indicated
Umbilicus in neonates
Previously positive sites</td></tr>
<tr><td>Pre-surgery where the patient is having high risk surgery (Appendix 10) or high risk of MRSA
• Resident of care facility
• Inpatient in last 12 months
• Previous MRSA positive
• Employed in a care profession
• Patients with chronic wounds
• Patients with invasive devices</td><td>• In outpatient clinic when decision to operate is made
• Pre-assessment if decision made after clinic attendance or patient not screened in clinic
• On admission if the patient has not attended pre-assessment
• When decision made to operate for current inpatients</td></tr>
</table>

<table>
<tr><th colspan="3">Enhanced MRSA screening continued</th></tr>
<tr><th>Patient group</th><th>When to carry out screening</th><th>Sites to be screened</th></tr>
<tr><td>Medical Elective Suite (MES York) admissions</td><td>• 18 weekly where the patient has recurring admissions</td><td rowspan="8">Nose
Throat
Perineum or groin or axilla
Wound swabs
Invasive devices sites
Catheter Specimen of Urine if catheterised
Sputum if clinically indicated
Umbilicus in neonates
Previously positive sites</td></tr>
<tr><td>Haematology/ Oncology patients</td><td>• On admission and discharge to Ward 31
• 18 weekly where patient attends MES (York) or Haematology/ Oncology clinic for treatment</td></tr>
<tr><td>Renal Dialysis Units (including satellite units)
Refer to renal patient MRSA/MSSA management protocol for more information</td><td>• On entering renal dialysis programme
• 3 monthly screens
• Transfers between units to be screened on return to usual dialysis unit (where the transfer has been for more than one session)
• Inpatients (for more than 24 hours) to be screened on the first dialysis after discharge
• Refer to renal patient management protocol for patients with lines</td></tr>
<tr><td>Patients in hospital for more than 30 days</td><td>• On day 30 of hospital inpatient stay and multiples of 30 days thereafter</td></tr>
<tr><td>Pre insertion of central line</td><td rowspan="3">• 7 days prior to insertion – where this is not possible screen as soon as possible and document in patient’s notes.</td></tr>
<tr><td>Pre insertion of Pacemaker</td></tr>
<tr><td>Pre insertion of PEG</td></tr>
</table>

Enhanced MRSA screening continued		
Patient group	**When to carry out screening**	**Sites to be screened**
Clinical indication of infection	• Where the patient has clinical signs of infection at a wound site, invasive device site, respiratory infection, UTI, sepsis	Take specimen from the infected site

Appendix 6 - Isolation



The door must be kept closed.

There is increased risk where patients are MRSA positive in their sputum, or are heavy skin shedders (i.e. psoriasis/eczema).

'Standard and Contact Precautions' door notice (Appendix 16) must to be displayed and advice followed

Appendix 7a – Treatment for MRSA infection including bacteraemia

MRSA infection, like any strain of *Staphylococcus aureus*, can range from wound infection to the less common but serious endocarditis, osteomyelitis, pneumonia and blood stream infection.

The Medical Microbiologist must be contacted regarding appropriate antibiotic therapy and advice documented in the patient's notes.

Appendix 7b – Prophylactic antibiotic regimes

Prophylactic antibiotic regimes for implant and vascular graft surgery should be modified to include Vancomycin, Teicoplanin or as advised by Medical Microbiologist. This must be discussed with a Medical Microbiologist and advice documented in the patient's notes.

Appendix 7c - Wound site treatment

Where MRSA is present in a wound an antibiotic regime may need to be considered and prescribed – discuss with Medical Microbiologist and document in patient's notes.

The Tissue Viability Nurse or dermatology must be contacted for advice regarding wounds infected or colonised with MRSA. The podiatrist should be contacted for advice if the wound is below the ankle.

Appendix 7d – Prophylactic antibiotics prior to urinary catheterisation

Patients who are MRSA positive in their urine and who need a urinary catheter insertion or re-insertion require prophylactic antibiotic cover such as Gentamycin – discuss with Medical Microbiologist and document in patient's notes.

Appendix 8 - Suppression therapy treatments including advice if patient has allergy or reaction to products

- The aim of suppression therapy is to reduce bacterial load on the skin and attempt to eradicate MRSA carriage.
- When the patient does not fit any criteria contact IPT
- Where the patient is known to have, or develops a reaction to any product contact IPT for advice.
- If the patient is resistant to any product IPT will advise

Appendix 8a – patients over 1 year without dermatology problems or chronic wounds

Suppression therapy – patients over 1 year old without dermatology problems or chronic wounds			
Product	**Frequency**		**Method of application**
	Throat not colonised	Throat colonised	
Hibiscrub with 4% chlorhexidine	Daily for 5 days	Daily for 14 days	Topical wash (skin contact time = one minute)
Mupiricin 2% nasal ointment (eg Bactroban)	Three times daily for 5 days	Three times daily for 14 days	Topical nasal application – to anterior nostrils
Chlorhexidine gluconate 0.2% mouth gargle (where patient able)	Not required	3 times daily for 14 days	Use as mouth and throat gargle
Hibiscrub with 4% chlorhexidine	Twice weekly		Hair wash

Appendix 8b – Suppression therapy treatment for dermatology patients and patients with chronic wounds over 1 year who can go in bath*

Suppression therapy – Dermatology patients and patients with chronic wounds			
Product	**Frequency**		**Method of application**
	Throat not colonised	Throat colonised	
2% Triclosan (eg Oilatum plus) **or** Octenidine Dihydrochloride 0.3% (eg Octenisan)	Daily for 5 days	Daily for 14 days	Oilatum plus - add to bath (10mls/1 capful to 10cms water) Octenisan – use as topical wash (skin contact time = 3 minutes) Irrigate wound where possible
Mupiricin 2% nasal ointment (eg Bactroban)	Three times daily for 5 days	Three times daily for 14 days	Topical nasal application – to anterior nostrils
Chlorhexidine gluconate 0.2% mouth gargle (where patient able)	Not required	3 times daily for 14 days	Use as mouth and throat gargle
Hibiscrub with 4% chlorhexidine **or** Octenidine Dihydrochloride (eg Octenisan)	Twice weekly		Hair wash

*Where the patient cannot go in bath – dilute 1.5ml Oilatum plus into a bowl of water, or use Octenisan as topical wash onto flannel - ensure full body wash.

Appendix 8c – Suppression therapy treatment for children less than 1 year old (but over 28 weeks' gestation). For babies under 28 weeks' gestation – contact microbiologists for advice.

Suppression therapy for children less than 1 year old (but over 28 weeks' gestation)		
Product	**Frequency**	**Method of application**
Mupiricin 2% nasal ointment (eg Bactroban)	Three times daily for 5 days	Topical nasal application – to anterior nostrils
Octenidine Dihydrochloride	Daily for 5 days	Topical all over body wash (skin contact time = 3 minutes)
	Twice weekly	Hair wash

Appendix 8d – Suppression therapy treatment for pregnant women during their first trimester

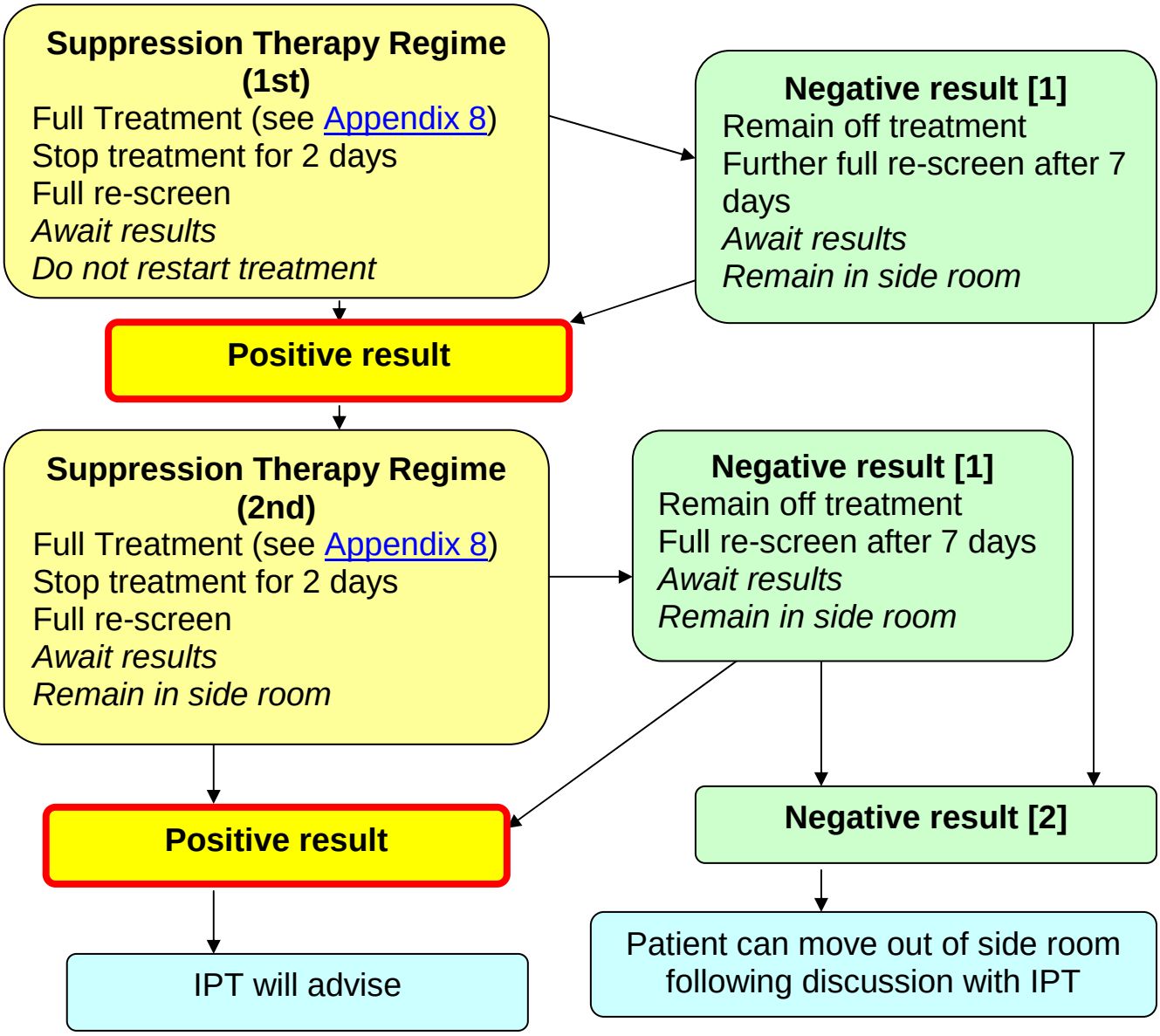
Suppression therapy for pregnant women in their first trimester		
Product	**Frequency**	**Method of application**
Chlorhexidine hydrochloride 0.1% with neomycin sulphate 0.5% (Naseptin)	Three times daily for 5 days	Topical nasal application – to anterior nostrils
Hibiscrub with 4% chlorhexidine	Daily for 5 days	Topical wash – shower, bath, strip wash (skin contact time = 1minute)
	Twice weekly	Hair wash

Appendix 9 - Suppression therapy regime for all patients

Pre admission MRSA positive result
(where the patient's admission is planned more than 7 days from decision to admit)
Aim to complete treatment on day of admission

Inpatient MRSA positive result
Full screen required prior to starting first therapy regime

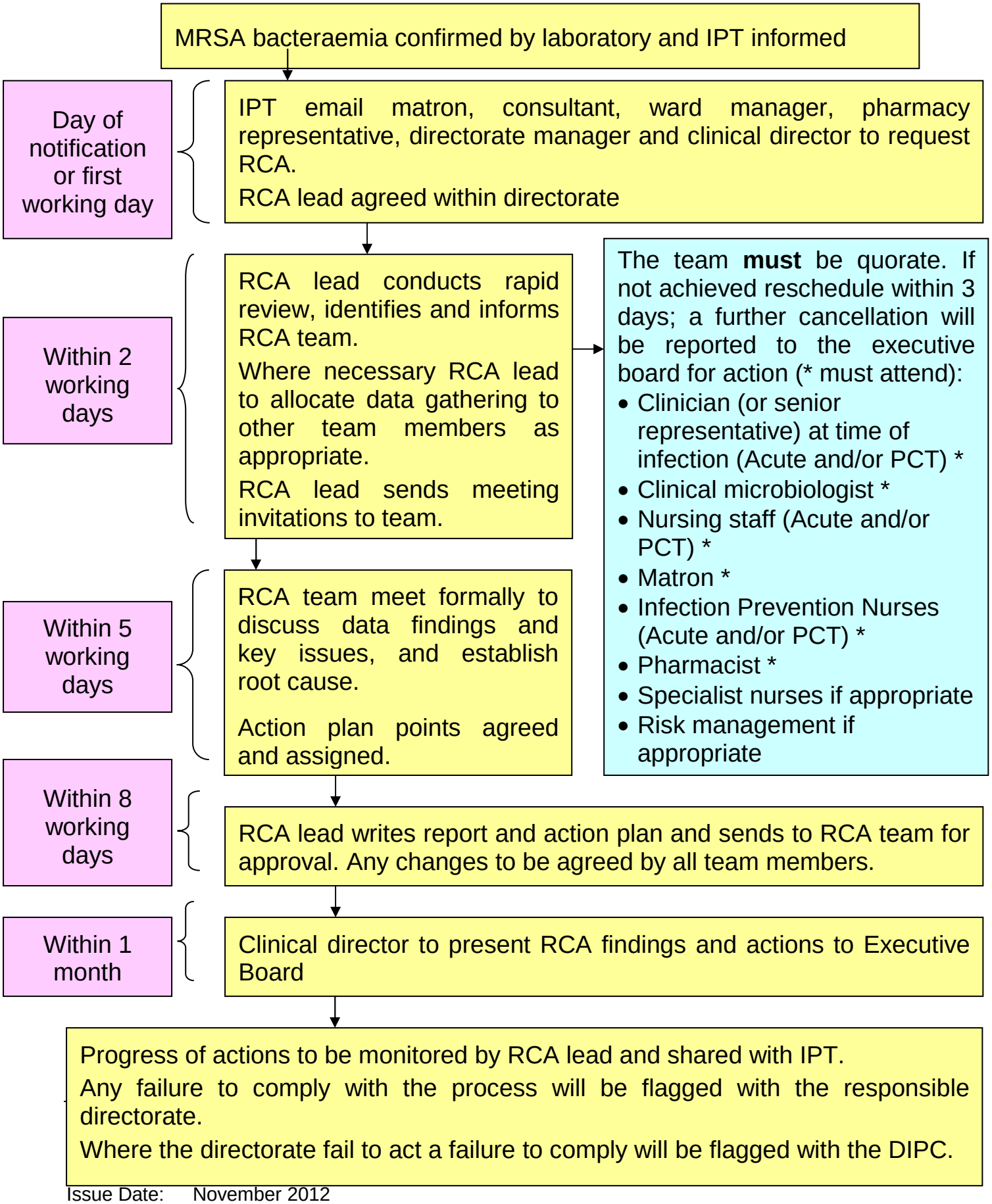
If the patient is known to have, or develops a reaction to any product contact IPT for advice.



Appendix 10 – High risk surgery list

- Any surgery if the surgery is deemed high risk by the surgeon
- Any patient likely to need transfer to ICU/ HDU
- Any orthopaedic surgery requiring prosthesis
- Any vascular surgery requiring grafts
- Abdominal Aortic Aneurysm
- All colectomy surgery
- Amputation of limb
- Anterior Resection
- AP Resection
- Hartmann's procedure
- Laryngectomy
- Neck dissections
- Nephrectomy
- Partial/total glossectomy
- Pec major flap
- Pyeloplasty
- Radial forearm free flaps
- Roux-en-y
- Tracheostomy

Appendix 11 – Root Cause Analysis (RCA) Process



Appendix 12 - Documentation and electronic 'flagging'

Wards are provided with MRSA documentation packs. The Infection Prevention Team (IPT) will replace packs as required. The pack contains:

- MRSA management plan to be placed in medical notes
- MRSA – Information for patients leaflet
- 5 day suppression therapy sticker for drug chart – this requires a doctor's signature. 14 day courses must be prescribed by medical staff.

All new cases of MRSA identified via microbiology reports will be 'flagged' by the IPT via Core Patient Database (CPD) to alert staff that patients need isolation and screening on all future admissions.

IPT will request a side room on CPD – the instructions regarding this are visible on the white board.

Appendix 13 - Data Statistics

The IPT will maintain data of MRSA prevalence and incidence of MRSA cases. This data will be fed back monthly to directorates/ divisions via the Q drive (York) and Divisional dashboard (Scarborough).

MRSA bacteraemia will be reported by Directorate/ Division on Signal.

York Teaching Hospital NHS
NHS Foundation Trust

Date + Time: ……

The registered nurse in charge of this patient is responsible for issuing MRSA suppression therapy, and dissemination of information regarding care and management:

Screening and treatment:-

Please screen the following sites before starting treatment and at rescreen (tick boxes applicable):

- ☐ nose
- ☐ throat
- ☐ groin or axilla
- ☐ invasive devices (chronic and acute)
- ☐ wounds/lesions
- ☐ CSU if catheterised
- ☐ sputum if expectorating
- ☐ Any previously positive site

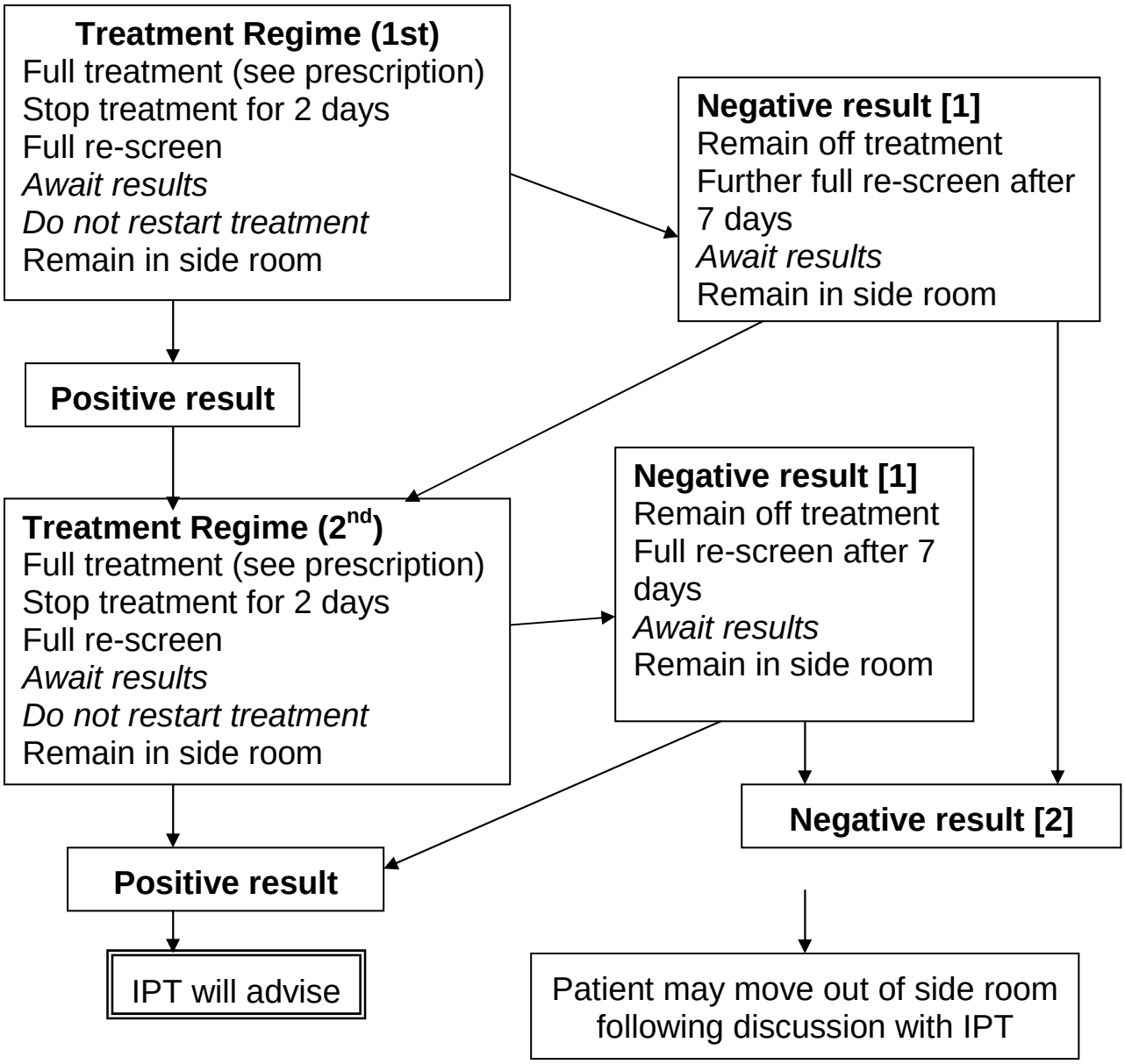
After signing by doctor, follow suppression therapy regime as per prescription chart.

Screen contacts in same bay:

- ☐ nose
- ☐ invasive devices
- ☐ wounds
- ☐ CSU if catheterised

Infection prevention precautions:-

- Ensure 'Standard and Contact Precautions' door notice is displayed. Please refer to door notice for full instructions.
- Change linen daily – bed sheets, bed clothes, towel and flannel.
- Nurse in a single room. If this is not available inform bed managers and Infection Prevention Team for advice.
- When possible allocate reusable equipment for individual patient use throughout patient episode. Clean in between use with Clinell wipes.
- When transferring a patient to another area or care facility advise the receiving department of the patient's MRSA status. Patients must not be refused treatment, investigations or therapy.



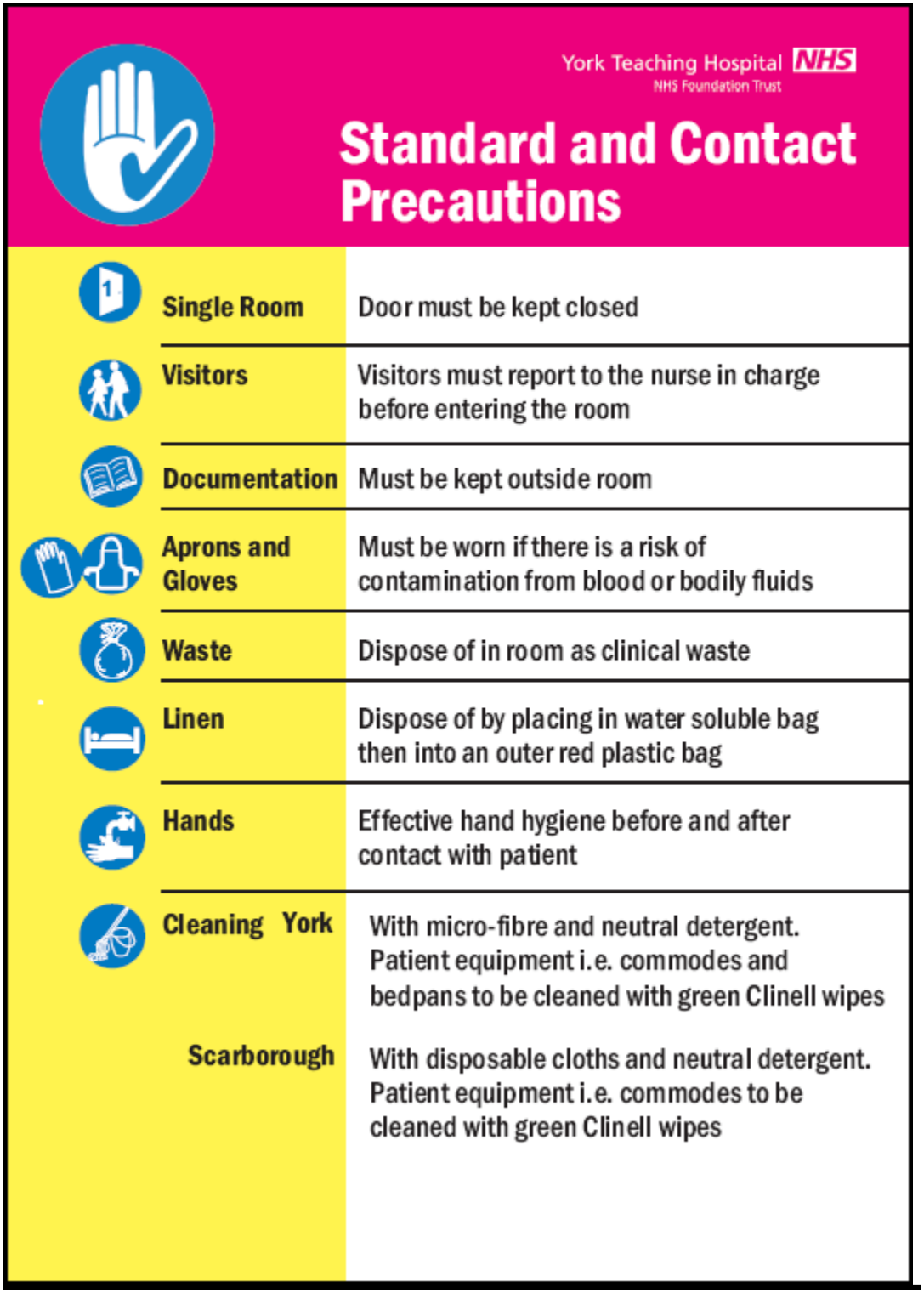
On discharge to another health care facility the nurse in charge of the patient's care must complete an Inter- Healthcare Transfer Form which will inform the receiving health care provider of the patient's MRSA status.

For further advice contact the Infection Prevention Team on: 01904 - 7725860 (York), 01723 -7712395 (Scarborough). On-call is available through switchboard.

Appendix 15 - Equipment and Environmental Control Measures

- All areas require an environmental daily clean using the microfibre system (York), mop system (Scarborough). Enhanced cleaning may be required during clusters/outbreaks of MRSA. The IPT will advise.
- Rooms require cleaning with the microfibre system (York), mop system (Scarborough) on discharge, transfer or relocation of patients **before** being occupied by another patient.
- The IPT will advise if curtain changes are required e.g. following clusters or outbreaks.
- Separate clinical equipment must be designated for MRSA patients whenever possible. If these are not single use they must be cleaned using Clinell wipes before use on another patient.
- Linen must be sent to the laundry as infected by placing in a red hot water soluble bag inside a red outer bag.
- Patients with MRSA should be included in the observations of the Saving Lives High Impact Intervention 8 – Cleaning clinical equipment (patients with HCAI) version.

Appendix 16 – Standard and Contact Precautions door notice



Appendix 17 - Visits to Other Departments

The presence of MRSA must not compromise care or patient safety. Prior arrangements need to be made by the nurse in charge of the patient with senior staff of the receiving department so that infection prevention measures can be implemented. The receiving department must adhere to standard precautions and environmental control measures.

In addition:

- Place patients at the end of the list/ session whenever possible
- Patients should spend the minimum time in the department, being sent for when the department is ready.
- Equipment and attending staff should be kept to a minimum to reduce the risk of transmission and the amount of equipment requiring cleaning.
- Theatres
    - Recover patient in isolation, where facilities not available recover in theatre
    - Theatres should be left empty for a minimum of 15 minutes following cleaning to allow full cycle of air change.

Appendix 18 - Patient discharge including transfer to another hospital

- Discharge planning/assessment must not be delayed because of MRSA. Best practice requires that visits by staff providing this service should be last of the day whenever possible.
- Inform receiving hospitals, General Practitioners and other healthcare agencies of continuing care requirements and control measures. Complete an Electronic Discharge Notification (EDN) /Discharge letter/ inter-healthcare transfer form (IHTF) – place a copy of the IHTF in the patient's notes.
- Carriage of MRSA is not a contraindication to the transfer of a patient to a nursing or convalescent home.
- Inter-hospital transfers for clinical reasons should not be prevented.
- Ambulance Transportation

  Patients may be transported with others in the same ambulance without any special precautions except:
  - Inter hospital transfers when the patient has been and/or is going into isolation
  - When they are accompanying patients with invasive devices
  - When they are accompanying patients who are immunocompromised or neutropenic.

Appendix 19 - Deceased Patients

The infection control precautions for handling deceased patients are the same as those used in life. Body bags are not required.