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NHS

Community Infection Prevention and Control Policy for Domiciliary Care staff

MRSA
(Meticillin resistant *Staphylococcus aureus*)

MRSA

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MRSA

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Organisation: .....

Signed: .....

Job Title: .....

Date Adopted: .....

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If your organisation would like to exclude or include any additional points to this Policy, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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MRSA

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MRSA

MRSA (METICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS*)

1. Introduction

Staphylococcus aureus (SA) is a common bacteria that approximately 1/3 of people carry on the skin or in the nose of healthy people without being aware of it. It can also be found in the environment in dust.

If the bacteria invades the skin or deeper tissues and multiplies, an infection can develop. This can be minor, such as pimples, boils, or serious, such as wound infections, pneumonia or bacteraemia.

Meticillin is an antibiotic that was commonly used to treat *Staphylococcus aureus*, until some strains of the bacteria developed resistance to it. These resistant bacteria are called **Meticillin resistant *Staphylococcus aureus*** (MRSA). Strains identified as meticillin resistant in the laboratory will not be susceptible to flucloxacillin - the standard treatment for many staphylococcal infections. These strains may also be resistant to a range of other antibiotics.

MRSA is not usually a risk to healthy people. Research has shown that healthcare workers, who become colonised, have acquired the bacteria through their work, but the MRSA is usually present for a short time only.

Panton-Valentine Leukocidin (PVL) is a toxin produced by less than 2% of *Staphylococcus aureus* (SA). It is associated with an increased ability to cause disease. PVL-SA causes recurrent skin and soft tissue infection, but can also cause invasive infections in otherwise healthy young people in the community. Staff who develop recurrent skin and soft tissue infections should seek medical advice.

2. Colonisation and infection

Colonisation means that MRSA is present on or in the body without causing an infection.

Up to 33% of the general population at any one time are colonised with *Staphylococcus aureus* (including MRSA) on areas of their body, e.g. nose, skin, axilla, groin. It can live on a healthy body without causing harm and most people who are colonised do not go on to develop infection. Less than 5% of colonising strains in the healthy population who have not been in hospital are meticillin resistant, but it is more common in vulnerable people who are in contact with the health and social care system.

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Research has shown that staff who become colonised with MRSA have usually acquired it through their work and it is usually present for a short time only.

Infection means that the MRSA is present on or in the body causing clinical signs of infection, such as in the case of septicaemia or pneumonia, or for example, in a wound causing redness, swelling, pain and/or discharge.

MRSA infections can occur in social care settings and, in particular, vulnerable service users. Infection with MRSA occurs either from the service user's own MRSA (if they are colonised) or by transmission (spread) from another person who is either colonised with MRSA, or has an MRSA infection.

3. Service users at risk of infection from MRSA

- Service users with an underlying illness.
- Older people - particularly if they have a chronic illness.
- Those with open wounds or who have had major surgery.
- Service users with invasive devices such as urinary catheters.

4. Routes of transmission

- Direct spread from person to person, via hands of staff or service users.
- Indirect spread from:
    - Contaminated care equipment, e.g. hoists, wheelchairs, walking frames, that has not been cleaned appropriately
    - Contaminated surfaces that have not been cleaned appropriately (*Staphylococci* that spread into the environment may survive for long periods in dust)

5. Treatment

Antibiotic treatment will only be prescribed if there are clinical signs of infection. Service users who are colonised with MRSA, i.e. no clinical signs of infection, do not usually require antibiotic treatment.

6. Suppression treatment and screening

MRSA screening (testing) of some patients is undertaken by hospitals. Screening is not usually required in a service user's own home, supported living or sheltered housing complex.

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If a MRSA positive result is diagnosed after a service user has been discharged from hospital, the GP will be informed, and if appropriate, will prescribe suppression treatment.

Suppression treatment consists of two separate treatments and both should be started on the same day.

Body and hair treatment

- An antibacterial solution for body and hair treatment, e.g. Octenisan, Chlorhexidine 5% or Prontoderm Foam, daily for 5 days, to be applied following the manufacturer's instructions.

Nasal treatment

- Nasal Mupirocin 2% ointment, e.g. Bactroban nasal, 3 times a day for 5 days, following the manufacturer's instructions.
- For service users who have a resistance to Mupirocin, Naseptin nasal ointment should be used 4 times a day for 10 days, following the manufacturer's instructions.

Compliance with the above programme is important and once commenced should be completed in order to prevent resistance to Mupirocin.

Clean towels, bedding and clothing should be used each day during the treatment.

After completion of the treatment, further screening or treatment is not required unless advised by a healthcare professional.

MRSA suppression treatment instructions for service users for Octenisan, Prontoderm and Bactroban are available to download at www.infectionpreventioncontrol.co.uk.

7. Precautions for MRSA

Colonisation of service users with MRSA may be long term. MRSA does not present a risk to other healthy individuals and carriers should, therefore, continue to live a normal life without restriction.

- Standard infection control precautions and transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for Domiciliary Care staff', should be taken by all staff, including:
    - Strict hand hygiene is essential on arriving and leaving the service users home, before and after direct contact with a service user or their surroundings using either liquid soap and warm running water or alcohol handrub. Refer to the 'Hand hygiene Policy for Domiciliary Care staff'

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  - Disposable gloves and apron should be worn for direct care or when handling items contaminated with blood and/or body fluids. These should be disposed of after each procedure and hands cleaned after disposing of each item of personal protective equipment (PPE), e.g. pair of gloves, apron. Refer to the 'Personal protective equipment Policy for Domiciliary Care staff'

- To prevent contamination of hands, the sink and surrounding environment, staff should not rinse soiled linen and clothing by hand.
- Soiled clothing or linen should be washed as soon as possible, separately from other items, on a pre-wash cycle in the service user's or communal washing machine followed by a wash cycle on the highest temperature advised on the label.
- Non-soiled clothing or linen should be washed as soon as possible, separately from other items, in the service user's or communal washing machine at the highest temperature advised on the label.
- Waste should be securely bagged and tied, using a suitable plastic tie or secure knot, and disposed of as household waste.
- Service users with MRSA:
  - Should not be prevented from visiting day centres, etc
  - Should have any wounds covered with a dressing, as advised by a healthcare professional, e.g. GP, Tissue Viability Nurse, Community Nurse
- Before leaving the service user's home, staff visitors should wash their hands with liquid soap and warm running water, drying them thoroughly using paper towels. The use of kitchen roll is acceptable, fabric towels should only be used on an individual person basis and laundered daily. Alternatively, alcohol handrub can be used.

8. Environmental and care equipment cleaning

- There are no special requirements for cleaning a MRSA positive service user's environment and care equipment.

9. Referral or transfer to another health or social care provider

- Transfer to another Domiciliary Care Agency or a Care Home should, where possible, be deferred until the service user is no longer infectious.
- Non-urgent hospital outpatient attendances or planned admissions should be postponed if at all possible, refer to the 'Patient placement and assessment for infection risk Policy for Domiciliary Care staff'.

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- If the condition of a service user requires urgent hospital attendance or admission, staff with responsibility for arranging a service user's transfer should complete the Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 1). The unit at the hospital they are attending and the transport service taking them, must be notified of the service users infection risk, prior to them being transferred. This ensures appropriate placement of the service user, refer to the 'Patient placement and assessment for infection risk Policy for Domiciliary Care staff'.
- If a service user is fit for discharge from hospital and is symptom free, they can be discharged back to their usual residence, e.g. home, supported living or sheltered housing complex.

10. Information for service users and visitors

Information about MRSA should be given to service users and/or family and visitors. Information and factsheets are available to download at www.infectionpreventioncontrol.co.uk.

11. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist Domiciliary Care in achieving compliance with *The Health and Social Care Act 2008*: *Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- IPC Policy documents for Domiciliary Care staff
- 'Preventing Infection Workbook: Guidance for Domiciliary Care staff'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Domiciliary Care staff'

In addition, we hold educational study events in North Yorkshire and York and can arrange bespoke training packages. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

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12. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

Department of Health (2007) *Essential Steps to safe, clean care managing MRSA in a non-acute setting: a summary of best practice*

Health Protection Agency (2008) *Guidance on the diagnosis and management of PVL-associated Staphylococcus aureus (PVL-SA) infections in England* http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1218699411960

NHS Commissioning Board (2013) *Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections*

NHS England (2014) *Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections version 2*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

13. Appendices

Appendix 1: Inter-Health and Social Care Infection Control Transfer Form

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Appendix 1: Inter-Health and Social Care Infection Control Transfer Form

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Inter-Health and Social Care Infection Control Transfer Form

The *Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance* (Department of Health 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient's notes.

Patient Name: ..... Address: ..... NHS number: ..... Date of birth: ..... Patient's current location:	GP Name and contact details:

Receiving facility, e.g., hospital ward, hospice: .....

If transferred by ambulance, the service has been notified: Yes ☐ N/A ☐

Is the patient an infection risk:
Please tick most appropriate box and give details of the confirmed or suspected organism

☐ Confirmed risk Organisms: .....
☐ Suspected risk Organisms: .....
☐ No known risk

Patient exposed to others with infection, e.g., D&V, Influenza: Yes ☐ No ☐ Unaware ☐

If yes, please state: .....

If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale):

.....

Is diarrhoea thought to be of an infectious nature? Yes ☐ No ☐ Unknown ☐

Relevant specimen results if available

Specimen:				
Date:				
Result:				

Treatment information:

Is the patient aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the patient require isolation? Yes ☐ No ☐

If the patient requires isolation, phone the receiving facility in advance: Actioned ☐ N/A ☐

Additional information:

Name of staff member completing form: .....

Print name: .....

Contact No: ..... Date .....

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