

## Meticillin-Resistant *Staphylococcus aureus* (MRSA) Fact Sheet



### What is Meticillin-resistant *Staphylococcus aureus* (MRSA)?

MRSA is meticillin-resistant *Staphylococcus aureus*, a type of bacteria that is resistant to certain widely used antibiotics. This means that infections with MRSA can be harder to treat. It is also commonly known as a 'superbug'.

MRSA lives harmlessly on the skin of around 1 in 30 people, usually in the nose, armpits, groin, or buttocks. This is known as 'colonisation' or 'carrying' MRSA.

Getting MRSA on your skin will not make you ill, and it may go away in a few hours, days, weeks, or months without you noticing. But it could cause an infection if it gets deeper into your body.

### What are the symptoms?

Having MRSA on your skin does not cause any symptoms and does not make you ill. You will not normally know if you have it unless you have a screening test before going into hospital. If MRSA gets deeper into your skin, it can cause:

- Redness, but this may be less visible on darker skin.
- Swelling
- Painful
- Warm to the touch
- Full of pus or other drainage
- A high temperature
- Chills
- Aches & pains



## How does it spread?

### MRSA infections mainly affect people who are staying in hospital because:

- They often have a way for the bacteria to get into their body, such as a wound, burn, feeding tube, drip into a vein, or urinary catheter.
- They may have other serious health problems that mean their body is less able to fight off the bacteria.
- They're in close contact with a large number of people, so the bacteria can spread more easily.

### Routes of transmission in care homes:

- Direct spread via hands of staff or residents
- Equipment that has not been appropriately decontaminated.
- Environmental contamination (*Staphylococci* that spread into the environment may survive for long periods in dust).

**Healthy people, including children and pregnant women, are not usually at risk of MRSA infections.**

## Residents at risk of infection from MRSA

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

## How is Meticillin-resistant *Staphylococcus aureus* treated?

### Removing MRSA from your skin

**If screening finds MRSA on your skin, you may need treatment to remove it. This is known as decolonisation.**

### This usually involves:

- Applying antibacterial cream inside your nose 3 times a day for 5 days.
- Washing with an antibacterial wash every day for 5 days.
- Changing your towel, clothes and bedding every day during treatment – the laundry should be washed separately from other people's and at a high temperature.
- Treatment is normally done at home but may be started after going into hospital if you need to be admitted quickly.

## Treatment for an MRSA infection

- If you get an MRSA infection, you'll usually be treated with antibiotics that work against MRSA.
- These may be taken as tablets or given as injections. Treatment can last a few days to a few weeks.
- During treatment, you may need to stay in your own room or in a ward.

## Precautions for MRSA

### Residents with a MRSA infection

Residents with an active MRSA infection should be isolated until they are symptom free (usually after a course of antibiotics).

- Any infected wound or skin lesion should be covered with an appropriate dressing as advised by a healthcare professional, e.g., GP, Tissue Viability Nurse, Community Nurse. The dressing should be checked frequently for signs of leakage and replaced accordingly until the wound is dry.
- During isolation, staff should wear a disposable apron and gloves when providing hands on care.
- Hands should be cleaned after removing and disposing of each item of personal protective equipment, e.g., pair of gloves, apron.

### Residents colonised with MRSA

- Colonisation with MRSA may be long term, therefore, good hand hygiene practice and standard infection control precautions should be always followed by all staff, to reduce the risk of transmission of infection.
- A resident with colonization of MRSA in their urine who is not catheterized and is continent with no symptoms of a urinary tract infection is very unlikely to present a risk to others.
- Residents with MRSA can share a room unless they or the person sharing the room has wounds, catheters or any other invasive device.
- Residents with MRSA can visit communal areas, e.g., dining room, television room and can mix with other residents.
- Hand hygiene is essential after direct contact with a resident or their surroundings using either liquid soap and warm running water or alcohol gel.
- Residents should be encouraged to wash hands or use wipes after using the toilet and before meals.
- Disposable apron and gloves should be worn when in contact with body fluids.
- Normal laundry procedures are adequate. However, if laundry is soiled with urine or faeces, it should be treated as infected. Items that are soiled should be washed at the highest temperature the item will withstand.

- Staff should ensure if the resident has any wounds, they are covered with an appropriate dressing, as advised by a healthcare professional, e.g., GP, Tissue Viability Nurse, Community Nurse.
- No special precautions are required for crockery/cutlery and they should be dealt with in the normal manner.
- Waste contaminated with body fluids should be disposed of as infectious waste.
- Hands should be cleaned after removing and disposing of each item of personal protective equipment, e.g., pair of gloves, apron.
- There is no need to restrict visitors, but they should be advised to wash hands or use alcohol gel on arriving and leaving.
- Residents should not be prevented from visiting day centers, etc. and may socialize outside the care home.
- If a resident requires hospital admission, the receiving department/hospital staff should be informed of the resident's MRSA status. This will enable a risk assessment to be undertaken to determine whether the resident should be isolated on admission.





### Environmental Cleaning

- Whilst a resident is isolated due to an MRSA active infection, enhanced cleaning of their room using a bactericidal product effective against MRSA or a chlorine-based disinfectant solution should be implemented.
- Residents who are colonised with MRSA, their room can be cleaned with a pH neutral detergent and warm water, a disinfectant is not required.

### Referral or transfer to another health or social care provider

- Prior to a resident's transfer to and/or from another health and social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the resident.
- Transfer documentation, e.g., patient passport, must be completed for all transfers, internal or external and whether the resident presents an infection risk or not.

## How to take a nasal swab for MRSA screening

How to take a nasal swab for MRSA screening	
	<ul style="list-style-type: none"><li>• Wash hands and apply apron and non-sterile gloves.</li><li>• Place a few drops of either sterile 0.9% sodium chloride or sterile water onto the swab taking care not to contaminate the swab.</li></ul>
	<ul style="list-style-type: none"><li>• Place the tip of the swab inside the nostril at the angle shown.</li><li>• It is not necessary to insert the swab too far into the nostril.</li></ul>
	<ul style="list-style-type: none"><li>• Gently rotate the swab ensuring it is touching the inside of the nostril.</li><li>• Repeat the process using the same swab for the other nostril.</li></ul>
	<ul style="list-style-type: none"><li>• Place the swab into the container.</li><li>• Dispose of gloves and apron and clean hands after removing each item of PPE, e.g. pair of gloves, apron.</li><li>• Complete resident details on the container and specimen form. Request 'MRSA screening' under clinical details on the form.</li></ul>

Please click the link for further information