

TYPE OF DOCUMENT	Policy
NAME	MRSA Screening Policy
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DATE DOCUMENT DEVELOPED V1.00	February 2009
REVIEW DATE	February 2010

Policy for the screening for MRSA amongst patients at UHSM

February 2009

1.0 Background

Since November 2006, the FT has embarked on an extended MRSA screening programme. This has been based on recommendations following a Department of Health review of the FT (November 2006), correspondence from the Chief Medical Officer and Chief Nursing Officer (November 2006), recommendations from the Greater Manchester Pathology Network and local risk assessment. Screening for MRSA in elective high risk surgery (such as vascular, cardiac and orthopaedics) has been well established within the FT and has recently been extended to include other elective and emergency surgery patients.

2.0 New guidance

Recent correspondence from the Department of Health (July 2008) outlines new MRSA screening guidance that states that all elective admissions should be screened by March 2009 (apart from those highlighted in the short list of exclusion listed below), approved suitable screening methods, and how the organisation will be performance managed on this process. In addition, the FT is required to introduce MRSA screening for all emergency admissions as soon as practical within the next three years.

In response to the FTs progress against its MRSA bacteraemia trajectory, the FT has approved that this be fully implemented from **1st December 2008**.

3.0 Patients to be screened at UHSM from 1st December 2008 (see appendix 1)

Emergency patients

All emergency admissions (except exclusions listed below) must be screened at the earliest opportunity. If patients are admitted through A+E they must be screened in A+E. If patients are admitted through clinic or other means, the first receiving ward must undertake the screen.

Patients who transferred in from other healthcare settings must have their status checked and a screened if they have not had a MRSA screen within the last 7 days.

Elective patients

All elective surgical admissions must be screened at pre-op assessment clinic/out-patients clinic within 6 weeks of their planned admission.

Non-surgical elective admissions are screened on admission to the FT unless they have been screened within 6 weeks at UHSM.

The following patient groups who should **not** be routinely screened (exclusions):

- Day-case ophthalmology, dental and endoscopy
- Minor dermatology procedures eg, warts, liquid nitrogen applications
- Children/Paediatrics unless already in a high risk group
- Maternity/Obstetrics except for elective/emergency caesareans and high risk cases.
- Mental Health Patients

In addition, **long stay patients** (an inpatient at UHSM for greater than 2 weeks) must be screened at 2 weekly intervals unless they are known to be MRSA positive (weekly screening occurs in this instance). The FT will continue to locally assess admission groups for screening according to risk.

4.0 Information for patients who are to be screened

It must be explained to the patient that the screen is being taken to check whether or not the patient has MRSA. The result of the screen will take 24-48 hours to process and the patient will be notified of the result if it is positive.

It must be stressed to the patient that the result of the screen will in no way be detrimental to the care they receive whilst an in-patient at the Trust.

N.B. The patient must also be informed that a negative screen on admission does not imply that they do not have MRSA but that it may be present in such small quantities that it has not been detected. All patients that are screened for MRSA must be given an information leaflet (see Appendix 2).

5.0 Taking a screen for MRSA

Take a full screen for MRSA from the patient. The following sites are recommended for sampling MRSA:

- Nose and Groin/perineum
- Plus, diagnostic specimens as appropriate (e.g. lesions or wounds/Intravenous and stoma sites/urine from catheterised patients/tracheotomies and sputum if the patient has a productive cough).

Swabs should be dampened by dipping them in transport media or sterile water/saline prior to swabbing.

Use the same swab to sample symmetrical sites e.g.

- Single swab for right and left nostril
- Single swab for right and left groin

One request card can be used for multiple swabs as long as swab is clearly identified with each patient details and site from which taken and identified as 'MRSA screen'.

If the patient has widespread eczema or psoriasis (a heavy skin shedder) inform the infection prevention and control team.

6.0 Interim management of patients pending screening results

If the patient has widespread eczema or psoriasis (is a heavy skin shedder) they must be admitted into a side room on the receiving ward and should remain in the side room throughout their stay regardless of the result.

In line with MRSA policy patients should not be treated with decolonisation therapy pending results of the MRSA screen results unless they have had a previous history of MRSA.

7.0 Notification of results

All results will be available on Anglia ICE in addition to the following;

Monday – Friday 9am – 5pm - All positive results will be phoned through to the ward by the Infection Prevention and Control Nurse. (A paper copy will follow). MRSA policy for the management of patient who are MRSA positive will then be instigated.

Weekends and Bank Holidays – All positive results from ward areas will be phoned through to the ward by the On Call Microbiologist (A paper copy will follow). This will be monitored and reviewed regular in relation to numbers of positive results and impact on workload.

Negative results will not be phoned through to the ward but will be available after 24hours on Anglia Ice. A paper copy will also be sent from the laboratory to the admitting ward.

8.0 Increases in MRSA positive patients at UHSM

Screening more patients for MRSA will yield more MRSA positive patients being cared for within the Trust. An estimated average of 8% positive rate has been suggested in recent literature. The impact on treatment and isolation facilities has been factored and will require regular review and actions to ensure patients are isolated/cohorted as appropriate. This will be done in conjunction with the ward manager/matron/infection prevention and control team and bed manager.

9.0 Performance monitoring of compliance of screening policy

The Department of Health request that each NHS organisation that admits and treats NHS elective patients will have to assure itself, its patients, commissioners and the Department of Health that it is delivering the MRSA screening commitment. As part of preparation for elective admission, the number of MRSA screening tests completed and comparison against the actual total number of relevant admissions or attendances in the same period will be monitored.

In addition, UHSM have agreed with Commissioners a cohort of patients that should be screened and report on these each month and Divisional internal objectives will be set to support assurance in compliance.

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18th December 2008

Updated 2nd February 2009

Appendix 1- Summary MRSA screening at UHSM form 1st December 2008

	Emergency admission	Elective admission
Medical	All patients are screened	All patients are screened
Chest	All patients are screened	All patients are screened
Cystic fibrosis	All patients sputa are screened	All patients sputa are screened
Cardiology (implant, e.g. pacemakers, defibs)	All patients are screened.	All patients are screened
Oncology POU patients	All patients screened on admission	All patients screened
Orthopaedic – with implant	All patients screened on admission	All patients are screened (OP clinic)
Orthopaedic – without implant	All patients screened on admission	All patients are screened (OP clinic)
Trauma	All patients screened on admission	
Plastic	All patients screened on admission	All patients are screened (OP clinic)
Burns	All patients screened on admission and at weekly intervals	All patients are screened.
Cardiac surgery – with implant	All patients screened on admission	All patients are screened (OP clinic)
Cardiac surgery – without implant	All patients screened on admission	All patients are screened (OP clinic)
Vascular surgery – ALL patients	All patients screened on admission	All patients are screened (OP clinic)
Thoracic surgery	All patients screened on admission	Screened in OP assessment clinic
Transplant patients	All patients screened on admission	Screened in OP assessment clinic
Other surgery (ENT, Breast Gynae, including daycase admissions to TDC)	All patients screened on admission	Screened in OP assessment clinic
Maternity patients	All emergency caesareans and high risk of complications in mother or baby are screened	All elective caesareans and high risk of complications in mother or baby are screened
Paediatric medical or surgical	High risk* patients are screened	High risk* patients are screened
Critical care unit, ICU/HDU/ NNU	Screened on admission and at weekly intervals	

High risk* patients – medical – this refers to risk for MRSA ie past history of MRSA, hospital admissions within last 3 months, nursing home, transfer from another hospital.
Patients with a history of MRSA- are screened at weekly intervals whilst an in-patient at UHSM

Long stay patients (adult patients who are not known to be MRSA positive and are in-patients for greater than 2 weeks)- are screened at 2 weekly intervals.

**Methicillin Resistant
Staphylococcus aureus
(MRSA) and MRSA Screening**

Information for patients

1. What is MRSA?

Staphylococcus aureus are very common bacteria that many people can carry on their skin. Some strains of the bacteria are resistant to particular antibiotics and these strains are referred to as Methicillin Resistant *Staphylococcus Aureus* (MRSA). Both MRSA and *Staphylococcus aureus* can sometimes be present in patients in hospital.

2. Are there any symptoms if you have the MRSA germ?

These bacteria are often present without any symptoms. When they do cause an infection, symptoms include boils, abscesses or wound infections.

3. Why do we hear so much about MRSA in relation to hospitals?

MRSA can be a problem in hospitals because it may cause infections in some patients. There are antibiotics available to treat the infections but the choice is limited. MRSA may be present in the nose and on the skin of patients, without hospital staff being aware of this.

The easiest way to stop the spread of MRSA and other germs in hospitals is by everyone undertaking good infection control practice and hand hygiene.

4. Why am I having swabs taken?

At UHSM, we want to do everything possible to prevent the spread of MRSA and complications associated with it. As you are due to be admitted to the Trust, swabs are taken from an area of the body where the MRSA bacteria may be present (usually the nose and groin). These are then tested

in the laboratory to see if it is present. However, it is important to know that sometimes the MRSA on the surface of the skin is of such low levels, the germ may not always be detected on the swab.

5. What happens if you are found to have MRSA?

You will be informed by ward staff if MRSA is detected on any of the swabs. You may be prescribed a nasal ointment and an antiseptic skin wash for washing or showering. This is to reduce the low risk of you developing infection. If you have been discharged home before the results are ready, your GP will be informed if the result is MRSA positive.

6. What should you do about MRSA when you are at home?

At home a person carrying MRSA on their skin will not cause any problems for family or friends. It is very important to understand that normal social contact with somebody who has MRSA or has received treatment for MRSA is not a problem

7. If I have MRSA, how can I find out more?

If you are unsure about the information you have received about MRSA, you can speak to your doctor or nurse that is looking after you. Alternatively, your GP or a member of the infection prevention and control team will be happy discuss any further concerns you may have

University Hospitals of South Manchester NHS Foundation Trust
Infection Prevention and Control Team
December 2008