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NHS

## Community Infection Prevention and Control Policy for Care Home settings

# MRSA
## (Meticillin resistant *Staphylococcus aureus*)



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**This Policy has been adopted by:**

Organisation: .....

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

| Any variation to this Policy should be risk assessed, evidence-based, authorised and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations. |
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# MRSA (METICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS*)

## 1. Introduction

*Staphylococcus aureus* is a common bacteria that is frequently found on the skin or in the nose of healthy people without causing infection. 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 (blood stream infection).

Meticillin is an antibiotic that was commonly used to treat *Staphylococcus aureus* (SA), 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 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 or social care system.

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

MRSA infections usually occur in health or social care settings and, in particular,

vulnerable people. Clinical infection with MRSA occurs either from the resident's own resident MRSA (if they are colonised) or by transmission of infection from another person who is either colonised with MRSA, or has a clinical infection.

## 3. 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.

## 4. Routes of transmission

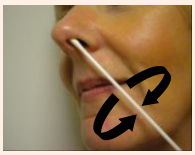
- Direct spread via hands of staff or residents.
- Indirect spread from:
    - Contaminated care equipment, e.g. hoists, wheelchairs, walking frames, that has not been cleaned appropriately
    - Contaminated surfaces that have not been cleaned appropriately (*Staphylococci* that spread into the environment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

## 5. Antibiotic treatment

Any treatment required will be on an individual basis. Antibiotic treatment will only be prescribed if there are **clinical signs of infection**. Residents who are colonised with MRSA, i.e. no clinical signs of infection, do not usually require antibiotic treatment.

## 6. Suppression treatment and screening

In accordance with national guidance, screening of some patients is undertaken by hospitals. Screening is not usually required in a care home. However, if the care home is requested to take a nasal swab for MRSA, follow the instructions 'How to take a nasal swab for MRSA screening'.

| How to take a nasal swab for MRSA screening | |
|---|---|
|  | • Wash hands and apply apron and non-sterile gloves.<br>• Place a few drops of either sterile 0.9% sodium chloride or sterile water onto the swab taking care not to contaminate the swab. |
|  | • Place the tip of the swab inside the nostril at the angle shown.<br>• It is not necessary to insert the swab too far into the nostril. |
|  | • Gently rotate the swab ensuring it is touching the inside of the nostril.<br>• Repeat the process using the same swab for the other nostril. |
|  | • Place the swab into the container.<br>• Dispose of gloves and apron and clean hands after removing PPE.<br>• Complete resident details on the container and specimen form. Request 'MRSA screening' under clinical details on the form. |

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

Screening swabs following suppression treatment are not required for care home residents.

## Suppression treatment consists of 2 separate treatments

### Body and hair treatment

- An antibacterial solution for body and hair treatment, e.g. Octenisan, Hibiscrub or Prontoderm Foam, daily for 5 days, following the manufacturer's instructions.
- For residents with skin conditions, such as eczema, the use of Hibiscrub is not advised, Octenisan or Prontoderm Foam is recommended, daily for 5 days, 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 residents who have a resistance to Mupirocin, Naseptin nasal ointment should be used 4 times a day for 10 days, following the manufacturer's instructions. See note overleaf.

### Other body sites

- Other body sites, e.g. wound, may require topical suppression treatment as advised by your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

Compliance with the above programme is important and once commenced should be completed in order to prevent resistance to Mupirocin. Both skin, hair and nasal treatment should be started on the same day.

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

Note:

**Naseptin (neomycin sulphate, chlorhexidine dihydrochloride) has undergone a formulation change, the Arachis oil (peanut oil) has been removed.**

- Both the original formulation containing Arachis oil and the revised formulation without Arachis oil will be in circulation in the supply chain until November 2025.
- The labelling on the original formulation packaging contains a peanut oil boxed warning, the new formulation packaging does not.
- Extra care regarding patient allergy to either peanut or soya must be taken when prescribing and dispensing Naseptin during this transition period.

After completion of the treatment, further screening or treatment is not required unless advised by your local Community IPC or UKHSA Team.

Further advice on suppression treatment and products available can be obtained from your local Community IPC or UKHSA Team. MRSA suppression treatment instructions for residents for Octenisan, Prontoderm and Bactroban are available to download at www.infectionpreventioncontrol.co.uk.

## 7. Infection prevention and control measures

To help reduce the spread of MRSA, 'Standard infection control precautions' (SICPs) should always be followed together with the following:

### Residents with a MRSA infection

- Residents with an active MRSA infection should be isolated/have contact 'Transmission based precautions' (TBPs) in place until they are symptom free (usually after a course of antibiotics). Refer to the 'Isolation Policy for Care Home settings'.
- Any infected wound or skin lesion should be covered with an appropriate dressing as advised 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 disposable apron and gloves when providing hands on care.
- Hands should be cleaned after removing and disposing of personal protective equipment (PPE).
- Disposable apron and gloves are not required to be worn by visitors unless they are providing 'hands on care', but strict handwashing must still be performed.

## Residents colonised with MRSA

- Colonisation with MRSA may be long-term, therefore, good hand hygiene practice and SICPs should be followed by all staff at all times, to reduce the risk of transmission of infection.
- A resident with colonisation of MRSA in their urine who is not catheterised 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 handrub.
- Residents should be encouraged to wash hands or use skin 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. Refer to the 'Safe management of linen, including uniforms and workwear Policy for Care Home settings'.
- 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, refer to the 'Safe disposal of waste, including sharps Policy for Care Home settings' for further details.
- Hands should be cleaned after removing and disposing of PPE.
- There is no need to restrict visitors, but they should be advised to wash hands or use alcohol handrub on arriving and leaving.
- Residents should not be prevented from visiting day centres, etc., and may socialise 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, see Section 8 below.

## Environmental cleaning

Whilst a resident is isolated due to an MRSA active infection, enhanced cleaning of their room is required using a general purpose neutral detergent followed by a chlorine-based disinfectant solution at a dilution of 1,000 parts per million (ppm) or equivalent product, as per manufacturer's instructions. Alternatively, a combined '2 in 1' detergent and chlorine-based disinfectant solution can be used. A fresh solution must be made up to the correct

concentration every 24 hours and the solution container must be labelled with the date and time of mixing.

The room of a resident who has had an active MRSA infection should be deep cleaned (terminal decontamination) at the end of the isolation period. Refer to the 'Isolation Policy for Care Home settings' and 'Safe management of the care environment Policy for Care Home settings'.

For residents who are colonised with MRSA, their room can be cleaned with a general purpose neutral detergent and warm water, a disinfectant is not required.

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

- Prior to a resident's transfer to and/or from another health or social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the resident.
- Transfer documentation, e.g. a patient passport or an 'Inter-health and social care infection control transfer Form' (available to download at www.infectionpreventioncontrol.co.uk), must be completed for all transfers, internal or external and whether the resident presents an infection risk or not. Refer to the 'Patient placement and assessment for infection risk Policy for Care Home settings'.
- There are no special transport requirements.

## 9. Information for residents, family and visitors

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

## 10. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'MRSA: Quick reference guide'.

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

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

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

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

## 11. References

Department of Health and Social Care (Updated December 2022) *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*

Health Protection Agency (2008) *Guidance on the diagnosis and management of PVL-associated Staphylococcus aureus (PVL-SA) infections in England*

National Institute for Health and Care Excellence (Updated January 2024) *Clinical Knowledge Summaries: MRSA in Primary Care*

NHS England (February 2025) *National standards of healthcare cleanliness 2025*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

## 12. Appendices

Appendix 1: MRSA: Quick reference guide

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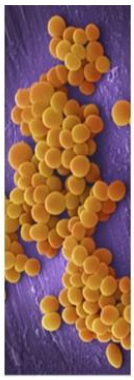
# MRSA: Quick reference guide



## What is MRSA?

- MRSA stands for 'Meticilin resistant *Staphylococcus Aureus*'.
- MRSA is a variety of the bacteria '*Staphylococcus aureus*'. It often lives for long periods of time harmlessly on the skin and in the nose and throat of healthy people without causing infection.
- MRSA is resistant to some of the commonly used antibiotics, such as flucloxacillin.
- MRSA is transmitted via contaminated hands (staff and residents), inadequately cleaned care equipment and environmental contamination.

## IPC precautions for residents with MRSA

**Does the resident with MRSA have signs of an active MRSA infection?**

### YES

- Isolate resident using contact TBPs until no longer symptomatic.
- Use disposable apron and gloves when providing hands on care.
- Any infected wound or skin lesion should be covered with an appropriate dressing as advised a healthcare professional.
- Clean hands using either liquid soap and warm running water or alcohol handrub after removing PPE.

### NO

- Apply SICPs at all times.
- Resident can socialise in and outside the care home without restriction.
- Resident hand hygiene is essential after using the toilet and before meals.
- There is no need to restrict visitors, but they should be advised to wash hands or use alcohol handrub on arriving and leaving.

Prior to transferring resident to and/or from another health or social care facility, complete transfer documentation.

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/