



## **Community Infection Prevention and Control Policy for General Practice**

(also suitable for adoption by other healthcare providers,  
e.g. Dental Practice, Podiatry)

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

**MRSA**

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**MRSA**

# 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 an 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.

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 colonisation is usually present for a short time only.

## 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 person 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.

**Infection** means that the MRSA is present on or in the body and is multiplying 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 and social care settings and, in particular, vulnerable patients. Clinical infection with MRSA occurs either from the patient's own resident MRSA (if they are colonised) or by transmission of infection from another person who could be an asymptomatic carrier or have a clinical infection. *Staphylococcus aureus* infects a range of tissues and body systems causing symptoms that may be common to infections caused by other

bacteria.

### 3. Patients at risk of infection from MRSA

- Patients with an underlying illness.
- Older people - particularly if they have a chronic illness.
- The very ill - patients in intensive care.
- Those with open wounds or who have had major surgery.
- Patients with invasive devices such as urinary catheters.

### 4. Routes of transmission

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

### 5. Treatment

Any treatment required will be on an individual patient basis. Patients who are colonised with MRSA, i.e. no clinical signs of infection, do not usually require antibiotic treatment.

Antibiotic treatment should only be prescribed if there are clinical signs of infection:

- If the person has confirmed or suspected MRSA and:
  - Clinical features of severe or complicated infection (for example sepsis, endocarditis, pneumonia, osteomyelitis, joint infection, immunocompromised, multiple comorbidities or at extremes of age)
  - Has an abscess requiring surgical intervention
  - Urgent assessment in secondary care should be arranged.
- If the person has an uncomplicated skin/soft tissue or urinary tract infection without systemic features and MRSA is suspected or confirmed:
  - Discuss treatment (such as antibiotics and wound care) with a Microbiologist
  - Do not routinely treat with oral or topical antibiotics, unless directed by a Microbiologist

- Arrange follow up (after 48 hours, or sooner if worsening) to monitor for signs of complications (such as sepsis, cellulitis, pneumonia or osteomyelitis) and to ensure infection is resolving

## 6. Suppression treatment and screening

Suppression treatment is not routinely required for a positive MRSA swab result. Follow local guidelines for suppression treatment, contact your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team. A risk assessment should be undertaken to determine if the patient has any risk factors, e.g. wound, invasive device, resident in a care home. If risk factors are identified, suppression treatment may be indicated to reduce the incidence of an MRSA bacteraemia.

Screening swabs following suppression treatment are not required for patients in the community. Screening swabs for MRSA may be undertaken by the hospital for specific planned admissions to hospitals. However, if you are requested to take a nasal swab for MRSA, follow the instructions below on 'How to take a nasal swab for MRSA screening'.

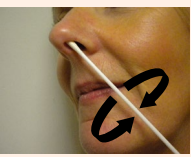
### How to take a nasal swab for MRSA screening



- Wash hands and apply apron and non-sterile gloves.
- 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.
- 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.
- Repeat the process using the same swab for the other nostril.



- Place the swab into the container.
- Remove and dispose of gloves and apron and clean hands.
- Complete patient details on the container and specimen form. Request 'MRSA screening' under clinical details on the form.

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

## Suppression treatment consists of two separate treatments

### Body and hair treatment

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

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.

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

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 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 patients on Octenisan, Prontoderm and Bactroban, are available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 7. Precautions for MRSA

Colonisation 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' (SICPs) and, where required,

MRSA

'Transmission based precautions' (TBPs) should be followed by all staff at all times, to reduce the risk of transmission of infection, refer to 'SICPs and TBPs Policy for General Practice'.

- No specific precautions are required for patients attending for a routine GP consultation.
- Patients attending for a procedure, e.g. wound dressing, where possible, should be scheduled at the end of the session.
- Prior to any examination or treatment, a risk assessment to determine the personal protective equipment (PPE) required should be undertaken refer to the 'PPE Policy for General Practice'.
- Hand hygiene is essential before and after direct contact with a patient using liquid soap and warm running water or alcohol handrub.
- PPE should be disposed of after each procedure and hands cleaned.
- Waste should be disposed of as infectious waste, refer to the 'Safe disposal of waste, including sharps Policy for General Practice'.

### 8. Environmental and care equipment cleaning

If a patient has attended for an examination or procedure, reusable medical devices, care equipment, the treatment couch and immediate area should be cleaned and disinfected, refer to the 'Safe management of care equipment Policy for General Practice' and 'Safe management of the care environment Policy for General Practice'.

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

- If it is necessary to refer or transfer a patient to another health or social care provider, e.g. ambulance service, hospital, they should be informed of the patient's MRSA status prior to the transfer. This will enable a risk assessment to be undertaken to determine the appropriate IPC measures to be taken, e.g. transported without other patients, isolated on admission.
- Staff preparing to transfer a patient to another health and social care provider should complete a patient passport or the Inter-health and social care infection control transfer Form (see Appendix 1, available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)). This should accompany the patient. Refer to the 'Patient placement and assessment for infection risk Policy for General Practice'.
- SICPs and TBPs should be followed whenever transferring a patient, whether they have a confirmed infection or not.
- The completed transfer documentation should be supplied to the receiving



health or social care provider and a copy filed in the patient's notes.

- Ensure that care equipment used to transfer the patient, e.g. wheelchair, is decontaminated in accordance with the 'Safe management of care equipment Policy for General Practice'.

## 10. Information for patients and family

Information about MRSA should be given to patients and/or their family. A MRSA factsheet and MRSA positive screening result leaflet for patients are available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 11. Root Cause Analysis (RCA) requirements

MRSA bloodstream infections (bacteraemia) can be difficult to treat because of antibiotic resistance and are a significant cause of morbidity and mortality. Prevention of MRSA bacteraemia is, therefore, of vital importance. All cases of MRSA bacteraemia are reported to the UKHSA Data Capture system, regardless of whether they are acute or community acquired.

A Post Infection Review (PIR) is undertaken to identify any possible lapses in care and to identify the organisation best placed to ensure improvements are made. This is a national requirement and may be completed alongside a Root Cause Analysis (RCA). If the statutory NHS body, e.g. Integrated Care Board (ICB), is leading a PIR for a case where the patient is an inpatient, the local Community IPC or UKHSA Team will liaise with the relevant hospital team/GP.

Findings will be discussed with relevant services and action plans agreed.

### Ways in which MRSA bacteraemia may be prevented are:

- Good hand hygiene and the use of SICPs and TBPs
- Prescribing of suppression treatment when applicable and providing patient instructions on its use
- Aseptic technique for the management of wounds and insertion and management of invasive devices
- Correct use of antimicrobials - the correct antibiotic via the correct route, for the correct length of course

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

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in

achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection 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:

- 27 IPC Policy documents for General Practice
- Preventing Infection Workbook: Guidance for General Practice
- IPC CQC inspection preparation Pack for General Practice
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for General Practice Staff

In addition, we hold educational study events in North Yorkshire.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 13. References

Coia JE et al (2021) Joint Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) guidelines for the prevention and control of meticillin-resistant *Staphylococcus aureus* (MRSA) in healthcare facilities. *Journal of Hospital Infection* 118: S1 - S39

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

National Institute for Health and Care Excellence (Revised October 2018) *Management of MRSA in Primary Care*

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

NHS England (2022, updated 2023) *National infection prevention and control manual (NIPCM) for England*

## 14. Appendices

Appendix 1: Inter-health and social care infection control transfer Form



**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 and Social Care, updated December 2022), states that “The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care 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 service user and, where possible, a copy filed in their notes.

Service user name: .....  Address: .....  NHS number: .....  Date of birth: .....  Service user'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 <input type="checkbox"/> N/A <input type="checkbox"/>			
Is the service user an infection risk: <i>Please tick most appropriate box and give details of the confirmed or suspected organism</i>			
<input type="checkbox"/> Confirmed risk      Organisms: .....			
<input type="checkbox"/> Suspected risk      Organisms: .....			
<input type="checkbox"/> No known risk			
Service user exposed to others with infection, e.g. diarrhoea and/or vomiting, influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware <input type="checkbox"/>			
If yes, please state: .....			
If the service user 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 <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
<b>Relevant specimen</b> results if available			
Specimen:			
Date:			
Result:			
Treatment information:			
Is the service user aware of their diagnosis/risk of infection?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the service user require isolation?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the service user requires isolation, phone the receiving facility in advance:		Actioned <input type="checkbox"/> N/A <input type="checkbox"/>	
Additional information:			
Name of staff member completing form: .....			
Print name: .....			
Contact No: .....		Date .....	