

Methicillin-resistant Staphylococcus aureus (MRSA)

DRAFT

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What is MRSA and what effect does it have?

MRSA stands for meticillin resistant Staphylococcus aureus. Staphylococcus aureus is a common bacterium that can live, quite harmlessly in the nose, throat and sometimes on the skin of healthy people. This is referred to as 'colonisation' or carriage. However, Staphylococcus aureus may cause harm (infection) when it has the opportunity to enter the body. This is more likely to happen in people who are already unwell.

Staphylococcus aureus can cause abscesses and boils. It can infect wounds (such as leg ulcers or wounds caused by surgery). Occasionally it can cause urine or chest infections. Less commonly it can enter the blood stream and cause septicaemia (blood poisoning). Staphylococcus aureus infections are treated with a variety of different antibiotics depending on the type and severity of the infection. Some types of Staphylococcus aureus are resistant to some of the most commonly used antibiotics and is known as MRSA.

In healthy people this bacterium is not harmful but it can be a problem in hospitals where people are recovering from operations and illnesses, and are much more vulnerable to infections.

How can you tell if someone has MRSA?

Patients who have MRSA colonisation or carriage do not look or feel different from other patients. Taking swabs from body sites such as the nose and perineum can detect MRSA. If infection is suspected, a swab or sample can be sent to the laboratory to check for all types of bacterial infection (including MRSA).

Can MRSA be treated?

Yes, but the choice of antibiotics is limited. If you have symptoms of infection, antibiotics will usually be required, either as tablets or injections. The length and type of treatment will vary from person to person. If you have MRSA 'carriage' without signs of infection, treatment will often not be necessary.

Some people will remain 'colonised' with MRSA, but live completely normal lives.

Why do we screen for MRSA?

We know that some members of the population carry this bacterium. We therefore screen some of our patients for MRSA as part of the pre-admission or admission process. This helps to prevent the spread of the bacteria to other patients and reduces the risk of complications for you, if you are found to be a carrier.

How will the screening be done?

Swabs will be taken from your nose and perineum as these are the most common site for MRSA to be carried. A cotton bud will be placed in and moved around your nostrils. This is not painful but may be uncomfortable. The doctor or nurse may also decide to take a sample from other areas. For example, if you have any wounds or sores, these may be swabbed. The swab is then sent to the laboratory for testing.

What happens next?

Only a small proportion of people carry MRSA. If MRSA is not detected from your swabs, no further action is necessary. If you have been screened prior to an admission, you will not be contacted if MRSA is not detected.

There is a small chance that the swabs taken may fail to identify the MRSA bacteria even if you are a carrier. This may happen if the number of MRSA bacteria present on your body is very small or it is present in a body site that has not been swabbed. It is possible that if you are swabbed again in the future MRSA may be identified. Patients undergoing dialysis will be screened monthly.

What happens if you are MRSA positive?

If the test is **positive i.e. MRSA is identified**, the Infection Prevention and Control Team will inform the doctor who requested your screening and we will arrange for you to receive the treatment to reduce your risk. This is called MRSA suppression therapy. The treatment consists of an antiseptic body wash daily and an ointment to apply to your nostrils twice a day. The treatment lasts five days.

If you are an inpatient, you will not have to stay in hospital to complete the five days of treatment. If you are ready for discharge before this, you can continue and finish the treatment at home.

If you are identified as MRSA positive prior to an admission or procedure, you may be asked to collect a prescription from your family doctor. The treatment should be started two days before your admission so that day three is the day of your procedure. If you need help to do this, your family doctor can liaise with the community nursing team to support you.

If, for any reason, you have not been able to commence the treatment two days prior to admission, it will be started on admission to hospital and continue for 5 days. You will not have to stay in hospital to complete the treatment.

If you are receiving renal dialysis, a decolonisation pack will be provided for you from your renal unit and advice will be provided from the nursing team on the care of your dialysis catheter during this treatment.

How is it spread?

MRSA is largely spread through direct contact. Hand hygiene is the most important way of preventing spread.

How did I get MRSA?

This is often difficult to know. There is evidence that MRSA is increasing. People requiring health or social care in the community, and those who require multiple admissions to hospital are more at risk. In addition, you are more likely to acquire MRSA if you have broken skin e.g. severe eczema or a longstanding wound, or are very unwell and vulnerable to infection generally.

Will MRSA change the way I'm looked after if I have to come into hospital?

In addition to any treatment you may require, there may be a need to take additional swabs or samples to screen for MRSA. If there are other patients nearby who may be at risk of infection, we may move you to a single room to prevent spread of MRSA to other patients. You may continue to mobilise, attend other departments etc., but should avoid direct contact with other patients.

To protect other vulnerable patients, staff will also wear gloves and an apron for procedures that require significant contact, such as assisting you with washing or changing a wound dressing. Spread can also occur through indirect contact with equipment, towels, wound dressings etc. If you use a communal bathroom, please inform a member of staff, in order that the bath/shower can be cleaned immediately after use.

Will I have to stay in hospital longer because of the MRSA?

If you have a severe infection that requires a treatment that could not be administered at home, you may have to stay in hospital longer. If you have a minor infection or are only colonized, it is highly unlikely that your length of stay would be affected.

At home

If you have community staff involved in your care, they may wear gloves and an apron for procedures that require significant contact, such as assisting you with washing or changing a wound dressing.

Can I have visitors whilst in hospital?

Yes. We advise that normal social contact does not pose a significant risk to other healthy people, including pregnant women, children and babies. Your visitors will not usually have to wear gloves or aprons. If any of your visitors wish to be involved in your personal care, or if there is a particular concern about risk to a particular person, please discuss with nursing staff if you are in hospital. It is recommended that visitors do not sit on hospital beds and that they clean their hands after visiting.

What happens when I'm at home?

Having MRSA colonisation should not affect your normal daily activities, social life or prevent you going to work. MRSA should not affect your sex life.

If you have an open wound, it should be kept covered with a clean dressing. It is important to wash your hands well before and after touching your wound.

How do I know if I still have MRSA?

Occasionally MRSA can be detected after treatment has been stopped. If you come into hospital again, it may be necessary to take additional swabs to check this. When at home, your GP will be able to advise if any additional treatment or swabs are required.

Who needs to know I have MRSA?

Your GP should already be aware, however if you have to attend a hospital for an appointment or admission, please let a member of staff know. This is to protect patients who may be vulnerable to infection. There is no need to tell your dentist, as the standard precautions used will prevent any risk to others.

What can I do to protect other people from MRSA?

We advise that normal social contact does not pose a significant risk to other healthy people, including pregnant women, children and babies. However, there are some simple measures that can reduce the risk to others:

- If you have an open wound, it should be kept covered with a clean dressing. It is important that you, or a carer attending to your wound, wash your/their hands well before and after touching the wound.
- Avoid sharing personal items such as towels, flannels, clothing, razors or toothbrushes. Items of clothing can be washed normally in a washing machine. Those handling used or soiled clothing should always wash their hands after contact.

If you have any questions that we have not answered in this leaflet, please ask your nurse or doctor caring for you on the ward or contact one of the Infection Control nurses.

For Eastern services, call 01392 402355

For Northern services, call 01271 322680

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact:

PALS Mid Devon, East Devon and Exeter

- call 01392 402093 or email rduh.pals-eastern@nhs.net. You can also visit the PALS and Information Centre in person at the Royal Devon and Exeter Hospital in Wonford, Exeter.

PALS North Devon

- call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at the North Devon District Hospital in Barnstaple.

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