Oxford University Hospitals NHS Foundation Trust

Methicillin Resistant *Staphylococcus aureus* 'At-a-Glance'

Definition	*Staphylococcus aureus (S.aureus)* is a bacterium that usually lives harmlessly (colonises) on the skin of approximately 1 in 30 people. It can colonise on the skin, in the nose and gut. *S.aureus* acquires resistance genes to many antibiotics but acquiring the gene encoding resistance to Methicillin (a type of penicillin) leads to a *S.aureus* called "Methicillin Resistant *Staphylococcus aureus*", (MRSA). MRSA blood stream infections have huge consequences for our patients such as increased hospital stay, further antibiotic use, risk of seeding onto heart valves or spine and can be fatal.
Screening /management	**Screening** All patients who require a screen should be screened on admissions within 24 hours. If patients are admitted electively, they should be screened before admission where possible. (Please refer to full MRSA policy for the complete list) ***How:*** Using a purple topped bacterial swab • 5 sweeps of each nostril • Areas of abnormal skin eg eczema, pressure ulcers/wounds that have existed for more than 24 hours • Devices (in situ for more than 24hrs) eg catheter site, PEG, tracheostomy, IV sites with VIP>1 **Management** *Positive screen swab* The patient will need to be isolated, with contact precautions sign placed on the door. Decolonisation will need to be prescribed. Please refer to power plan on EPR. *Decolonisation ** First line: Bactroban nasal ointment and Chlorhexidine wash- for 5 DAYS. This MUST be prescribed and initiated as soon as possible from positive sample. *Refer to EPR power plan* **This will help suppress the bioburden on the skin to keep patients safe and well whilst in hospital. Patient should continue to be cared for with 'contact precautions' after completion of decolonisation** *History of MRSA and recent negative swab* The patient will need to be isolated, with contact precautions sign placed on the door. No decolonisation required if the latest swab is negative. ***Contact precautions*** • Hand Hygiene is crucial to reduce risk of transmission. Use Hand Hygiene as per the WHO Five Moments • Aprons and gloves to be worn for all direct patient contact and contact with patient surroundings. Relatives and visitors do not need to wear gloves and aprons but be asked to wash their hands before leaving the bed space and not visit other patient areas. • Ensure any receiving areas within the OUH are aware of MRSA status on transfer. • Put used linen in a red alginate bag and then into the usual white plastic linen bag. • If a patient is transferred to another hospital inform staff and complete a **transfer** form to send with the patient including recent screen results. Keep a copy for documentation.
Cleaning	• Dedicated equipment or single use equipment for their use. • Clean re-usable equipment with Green Clinell wipes. • A **terminal clean** of the room or bed space is required when the patient is discharged or transferred from the room. All items that are not cleanable should be discarded when a patient is discharged.

Stop isolation	The patient will need to be isolated for the whole admission and future admissions, unless deescalated by the Infection Prevention and Control team.