



Community Infection Prevention and Control Policy for Domiciliary Care staff

MRSA

(Meticillin resistant
Staphylococcus aureus)

MRSA

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Adoption Date:

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Empty box for documenting variations.

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Contents

Page

1. Introduction.....	4
2. Colonisation and infection.....	4
3. Service users at risk of infection from MRSA.....	5
4. Routes of transmission	5
5. Antibiotic treatment.....	5
6. Suppression treatment and screening	5
7. Precautions for MRSA	7
8. Care equipment and environmental cleaning.....	8
9. Referral or transfer to another health or social care provider	8
10. Information for service users and visitors.....	8
11. Infection Prevention and Control resources, education and training.....	8
12. References	9
13. Appendices.....	9
 Appendix 1: MRSA: Quick reference guide	 10

MRSA

MRSA (Meticillin resistant *Staphylococcus aureus*)

1. Introduction

Staphylococcus aureus is a bacteria that is often found on the skin or in the nose of healthy people without causing infection. Many people are not even aware that they are carrying it. It can also be found in the environment in dust.

If the *Staphylococcus aureus* 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 (infection in the bloodstream).

Meticillin is an antibiotic that was commonly used to treat *Staphylococcus aureus* infection 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 destroyed by flucloxacillin - the standard antibiotic 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 *Staphylococcus aureus*. It is associated with an increased ability to cause disease. PVL *Staphylococcus aureus* causes recurrent skin and soft tissue infection. Occasionally, it can cause life threatening infections such as pneumonia in otherwise healthy young people. 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, e.g. nose, skin, armpit, groin, without causing an infection. It can live on a healthy body without causing harm and most people who are colonised do not go on to develop infection.

MRSA colonisation 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 causing signs of active 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 can occur in social care settings and in vulnerable service users. Infection with MRSA occurs either from the service user's own MRSA (if they are colonised) or by transmission (spread) from another person who is either colonised with MRSA or has an MRSA infection.

3. Service users at risk of infection from MRSA

- Service users with an underlying illness.
- Older people - particularly if they have a chronic illness.
- Those with open wounds or who have had major surgery.
- Service users with invasive devices, such as urinary catheters.

4. Routes of transmission

- Direct spread via hands of staff or service users.
- 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

Antibiotic treatment will only be prescribed if there are signs of active infection. Service users who are colonised with MRSA, i.e. no signs of infection, do not usually require antibiotic treatment.

6. Suppression treatment and screening

MRSA screening (testing) of some patients is undertaken by hospitals. Screening is not usually required in a service user's own home, supported living or sheltered housing complex.

If a MRSA positive result is diagnosed after a service user has been discharged from hospital, the GP will be informed, and if appropriate, will prescribe

suppression treatment.

Suppression treatment consists of two separate treatments and both should be started on the same day.

Body and hair treatment

- An antibacterial solution for body and hair treatment, e.g. Octenisan, Hibiscrub or Prontoderm Foam, daily for 5 days, to be applied 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 service users 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 suppression treatment programme is important and once commenced should be completed in order to prevent resistance.

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 a healthcare professional.

MRSA suppression treatment instructions for service users for Octenisan, Prontoderm and Bactroban are available to download at www.infectionpreventioncontrol.co.uk.

Treatment plan (please tick box when applied)						
Treatment – Octenisan wash lotion		Day 1	Day 2	Day 3	Day 4	Day 5
Apply daily to skin during shower or wash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comb wash lotion through hair			<input type="checkbox"/>		<input type="checkbox"/>	
Apply nasal ointment inside both nostrils 3 times a day	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Precautions for MRSA

Colonisation of service users 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, when required, 'Transmission based precautions' (TBPs) should be taken by all staff, including:
 - Strict hand hygiene is essential on arriving and leaving the service user's home, before and after direct contact with a service user or their surroundings, using either liquid soap and warm running water or alcohol handrub. Refer to the 'Hand hygiene Policy'
 - Disposable apron and gloves should be worn for direct care or when handling items contaminated with blood and/or body fluids. Personal protective equipment (PPE) should be disposed of after each procedure and hands cleaned. Refer to the 'PPE Policy'
- To prevent contamination of hands, the sink and surrounding environment, staff should not rinse soiled linen and clothing by hand.
- Soiled linen or clothing should be washed as soon as possible, separately from other items, on a pre-wash cycle in the service user's or communal washing machine, followed by a wash cycle on the highest temperature stated on the washing instruction label.
- Non-soiled linen or clothing should be washed as soon as possible, separately from other items, in the service user's or communal washing machine at the highest temperature stated on the washing instruction label.
- Waste should be securely bagged and tied, using a suitable plastic tie or secure knot, and disposed of as per local policy.
- No special precautions are required for washing crockery or cutlery.
- Service users with MRSA:
 - Should not be prevented from visiting day centres or similar settings
 - Should have any wounds covered with a dressing, as advised by a healthcare professional, e.g. GP, Tissue Viability Nurse, Community Nurse
- Before leaving the service user's home, staff and visitors should wash their hands with liquid soap and warm running water, drying them thoroughly using paper towels. The use of kitchen roll is acceptable, fabric towels should only be used on an individual person basis and laundered daily. Alternatively, alcohol handrub can be used.

8. Care equipment and environmental cleaning

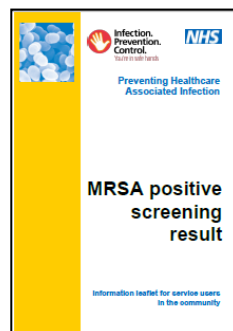
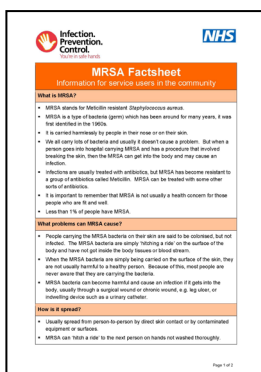
There are no special requirements for cleaning a MRSA positive service user's care equipment and the environment.

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

- Staff with responsibility for arranging a service user's transfer should complete the relevant documentation, e.g. patient passport or an Inter-health and social care infection control transfer Form (available to download at www.infectionpreventioncontrol.co.uk/resources/inter-health-and-social-care-infection-control-transfer-form/ and can be completed electronically). Due attention should be paid to service user confidentiality.
- There are no special transport requirements.
- When a service user is fit for discharge from hospital and is symptom free, they can be discharged back to their usual residence, e.g. home, supported living or sheltered housing complex.

The image shows a form titled 'Inter-health and social care infection control transfer Form'. It includes fields for patient name, date of birth, and date of transfer. There are sections for 'From' and 'To' health/social care providers, with checkboxes for 'Transfer of care' and 'Transfer of responsibility'. It also has a section for 'Notes' and a signature line for the responsible person.

10. Information for service users and visitors



Information about MRSA for service users and/or family and visitors is available to download at www.infectionpreventioncontrol.co.uk.

11. 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 Domiciliary Care in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections 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:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, packs leaflets and factsheets
- IPC Bulletin for Domiciliary Care 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.

12. 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 (2013) *Prevention and control of infection in care homes – an information resource*

NHS England (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

13. Appendices

Appendix 1: MRSA: Quick reference guide

MRSA: Quick reference guide for Domiciliary Care



What is MRSA?

- MRSA stands for methicillin resistant *Staphylococcus aureus*.
- MRSA is a variety of a 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 (spread) via contaminated hands (staff and service users), inadequately cleaned care equipment and from environmental contamination.

IPC precautions for service users with MRSA

- Strict hand hygiene is essential on arriving and leaving the service users home, before and after direct contact with a service user or their surroundings using liquid soap and warm running water, drying them thoroughly with paper towels or kitchen roll. Alternatively, alcohol handrub can be used.
- Disposable apron and gloves should be worn for direct care or when handling items contaminated with blood and/or body fluids. These should be disposed of after each procedure and hands cleaned after disposal.
- Soiled clothing or linen should be washed as soon as possible, separately from other items, on a pre-wash cycle in the service user's or communal washing machine followed by a wash cycle on the highest temperature stated on the washing instruction label.
- Waste should be securely bagged and tied, using a suitable plastic tie or secure knot, and disposed of as per local policy.
- Service users with MRSA:
 - ◇ Can socialise with other people, friends and family
 - ◇ Can use all communal facilities in supported living or a sheltered housing complex
 - ◇ Should not be prevented from visiting day centres or similar settings
 - ◇ There are no special requirements for cleaning care equipment or the environment

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

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