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Portsmouth Hospitals NHS
NHS Trust

MRSA Management in Critical Care

Aim To supplement Trust Staphylococcus aureus (MSSA& MRSA) Policy with specific guidance for Critical Care

Scope All adult patients in critical care. This Critical Care Standard Operating Procedure should be used in conjunction with Trust guidelines on MRSA and MSSA , hand hygiene and the isolation policy .

Use strict hand hygiene, gloves & aprons for all patients regardless of MRSA status

Screen all patients for MRSA on admission to Critical Care

Take samples from the following sites using a dry charcoal swab:

- **Anterior nares** Use the same swab for both nostrils (& further Aspire Trial nasal swab*)
- **Groin** Use the same swab for both sides
- **Wounds/skin lesions** If multiple lesions, swab a representative sample
- **Intravenous devices** Do not disturb covered/dressed sites unless site looks infected
- **Urinary catheters** Also take a specimen of urine

*ASPIRE Trial: If ventilated, remember NBL sample and additional nasal swab sample

Start Octenisan washes pending screening results

- Use this for all patients on admission to ICU to suppress skin & nasal flora.
- Apply once daily until MRSA screening results known
- Wet skin before application, then use approximately 50ml per wash, applied undiluted
- Coordinate daily change of bedding and clothing to coincide with Octenisan wash
- If skin irritation or allergic reaction, stop and contact Infection Prevention & Control for advice.

Negative MRSA Screen

- May discontinue Octenisan washes
- If patient has chronic wounds, eczema, psoriasis or planned invasive procedures, Octenisan suppression may be continued.

Positive MRSA Screen

- Start full suppression therapy for 5 days:
  - Mupiricin 2% (Bactroban) nasal ointment 3 times daily
  - Octenisan body wash once daily
- Isolate into a cubicle if possible

Repeat screening routinely every 7 days during ICU stay

Once a patient is MRSA positive they should always be assumed to remain MRSA positive
There is no requirement to obtain 3 negative screens after suppression therapy.

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Isolation and Visitors

- Patients with nasal carriage, skin carriage or active infection with Methicillin-Sensitive *Staphylococcus aureus* (MSSA), do not routinely need to be isolated.
- Where possible, all patients with MRSA positive isolates should be nursed in side rooms.
- Top priority for side rooms **must** be given to patients shedding large quantities of MRSA:
  - MRSA positive sputum with productive cough
  - MRSA positive tracheostomy
  - MRSA/MSSA positive with severe skin shedding (e.g. severe eczema, psoriasis)
  - MRSA positive in uncovered discharging wound

- Visitors must wash/decontaminate their hands before entering the clinical area and immediately prior to leaving. Protective clothing does not need to be worn unless a visitor is providing hands-on care.

Transferring Patients

Before transfer to ward, theatre or x-ray, ensure that:

- The receiving area is aware of the patient's MRSA status.
- The receiving area has the appropriate level of isolation nursing available.
- The patient is wearing clean, fresh clothes and is on a bed with clean linen.
- Any lesions are covered with an impermeable dressing wherever possible.
- All transfer equipment is decontaminated before and after transfer.

Environmental Cleaning after Discharge

Terminal Cleaning are provided by Domestic Services via Carillion helpdesk on Ext 7700 6321

- This will include:
  - Removal and laundering of curtains
  - Cleaning of floors
- Walls do not require additional cleaning unless physically contaminated

Related Links

http://www.porthosp.nhs.uk/Downloads/Infection-Control-Policies/Interim%20Staphylococcus%20Aureus%20MSSA%20and%20MRSA%20policy.doc

http://www.porthosp.nhs.uk/Infection-Control-Policies/Isolation%20Policy.doc

http://www.porthosp.nhs.uk/Management-Policies/Decontamination%20Policy%20including%20cleaning%20%20disinfection%20and%20sterilization.doc

http://www.porthosp.nhs.uk/Infection-Control-Policies/Hand%20Hygiene%20Policy.doc