Trauma and Elective Patient MRSA Management	Management of MRSA in Musculoskeletal CMG

1. Introduction

This document is supported by the Trust Meticillin Resistant *Staphylococcus aureus* (MRSA) Prevention, Management and Screening policy, which must be used in conjunction with this document.

This document provides the processes / procedures / standards for trauma and elective Musculoskeletal (MSK) patients.

2. MRSA Screening

The sites for screening for MRSA are:

- Nose (one swab for both nostrils)
- Perineum
- All areas of non-intact skin i.e. any wound, ulcer or skin lesion (except clean surgical wounds and peripheral cannula sites)
- Urine (if catheterised)
- Sputum (if productive cough)

2.1 MRSA Screening Technique

- Swabs should be moistened with sterile water or sodium chloride if the site to be screened is dry. This helps bacteria adhere to the swab.

- For the nose swab - using one swab for both nostrils; insert swab into nose - anterior section about 1cm into nostril. Rotate gently, direct swab upwards into the nose for a count of 5 seconds. Repeat process with the other nostril using the same swab.

- For the perineum swab – by rotating / brushing the swab over the skin for 5 seconds.

3. Management of Trauma Patients (Outlined in appendix 1)

3.1	All trauma patients admitted to LRI wards 17,18 & 32
1.	All patients will be screened for MRSA on admission as per section 2
2.	All patients will receive daily antibacterial body washes, including hairline and three times a day nasal antibacterial ointment for the duration of their stay for duration of hospital admission.
3.	If the patient is washed by a Healthcare Assistant (HCA) it is their responsibility to sign for the antibacterial body wash on the paper prescription chart. If nerve centre is used then HCA to inform the registered nurse so that it can be recorded on e-meds.
4.	If the patient is self-caring the staff nurse should confirm with the patient they have washed with antibacterial body wash, including hair line and used the nasal ointment and sign for the administration accordingly.

3.2	Procedure for managing patients previously known to have MRSA
1.	All patients previously known to have MRSA should be admitted into contact isolation
2.	If a single room is not available a risk assessment must be done and a datix form completed. The risk assessment will ensure, wherever possible, that only patients presenting the least cross infection risk to others will be cared for using source isolation precautions in the main ward area.
3.	Patients nursed in source isolation with known or suspected MRSA should be managed following the source isolation guidelines policy (appendix 1 of the preventing transmission of infective agents and isolation guidelines policy). • If the patient needs to visit other departments, the patient must be transported on a clean bed, trolley or wheelchair. • The receiving department informed of the Patient MRSA status.
4.	Commence antibacterial washes and nasal ointment as per section **3.1** (2, 3 & 4) above. For duration of hospital stay. If screen results isolate MRSA then the patient should stay in contact isolation until three consecutive negative screen results are available. For discharge of the patient, see below section **3.3** (numbers 7 & 8)
5.	If the patient is showing signs of systemic infection then discuss with Doctor and with

	microbiology medical staff.
6.	After **<u>five days</u>** continuous treatment with antibacterial wash and nasal ointment and 2 negative swabs. **If no risk factors present** i.e. All areas of non-intact skin i.e. any wound, ulcer or skin lesion (except clean surgical wounds and peripheral cannula sites), Urine (if catheterised), Sputum (if productive cough) • Continue antibacterial washes and nasal ointment • The patient may be moved from the side room into a clean bed and clean bed space **If risk factors subsequently develop i.e.** • All areas of non-intact skin i.e. any wound, ulcer or skin lesion (except clean surgical wounds and peripheral cannula sites) • Urine (if catheterised) • Sputum (if productive cough) <u>Action required:</u> Contact isolation precautions and screen risk factors and follow actions below (number 7).
7.	After **<u>five days</u>** of continuous treatment with antibacterial wash and nasal ointment. **If risk factors are present** i.e. All areas of non-intact skin i.e. any wound, ulcer or skin lesion (except clean surgical wounds and peripheral cannula sites), Urine (if catheterised), Sputum (if productive cough) • Continue contact isolation precautions until risk factors no longer present or 3 negative consecutive screens obtained from all risk factors. The patient can then move out of source isolation into a clean bed and clean bed space. • Following three consecutive negative MRSA screen results the risk factors remain then these should be screened for MRSA weekly.

3.3	**Action to be taken when <u>MRSA is first (newly) identified</u> from an MSK Patients Emergency screen**
1.	Commence contact isolation precautions in a single room and notify infection prevention using the ICE referral system within four hours of receiving the result.
2.	If a single room is not available a risk assessment must be done and a datix form completed. The risk assessment will ensure, wherever possible, that only patients presenting the

	least cross infection risk to others will be cared for using contact isolation precautions in the main ward area.
3.	**A patient newly** identified with MRSA needs to be informed why they are being moved into contact isolation and provided with written information leaflet on MRSA by ward staff.
4.	Continue antibacterial washes and nasal ointment as per section **3.1** (2, 3 & 4) above.
5.	All patients in the bay will require further screening to identify if cross infection has occurred. As patients are all receiving antibacterial washes and nasal antibacterial ointment the screening required is **risk factor(s) sites only** from all patients in the bay. Risk factor sites are: • All areas of non-intact skin i.e. any wound, ulcer or skin lesion (except clean surgical wounds and peripheral cannula sites) • Urine (if catheterised) • Sputum (if productive cough)
6.	Patients nursed in contact isolation with known MRSA should be managed following the contact isolation guidelines policy (appendix 1 of the preventing transmission of infective agents and isolation guidelines policy). • If the patient needs to visit other departments, the patient must be transported on a clean bed, trolley or wheelchair. • The receiving department must be informed of the patient MRSA status.
7.	Patient diagnosed with MRSA occurring less than 5 days before they are discharged, then the patient must complete the 5 days topical suppression treatment at home.
8.	If MRSA is isolated during admission this information needs to be included in the patient discharge (ICE) letter.
9.	Following discharge the environment and patient equipment will be decontaminated using Chlorclean including curtain change (Amber clean), in accordance with the UHL cleaning and decontamination policy.

4. Management of Elective Patients (Outlined in appendix 2)

4.1. Elective MSK patients screening and topical suppression treatment

1.	All patients will be screened for MRSA prior to admission as per section 2 in pre-assessment clinic within 18 weeks of admission.
2.	Elective patients will commence antibacterial wash and nasal antibacterial wash and ointment 48 hours prior to their admission.
3.	Continue antibacterial washes and nasal ointment as per section **3.1** (2, 3 & 4) above. For duration of hospital stay.
4.	Patients admitted from nursing homes, will also receive an MRSA screen on admission.
5.	Patients from nursing homes will be isolated in a side room (contact precaution) until their MRSA admission screen result is known. If negative patient can enter the main ward.

4.2.	**Procedure for managing patients previously known to have MRSA**
1.	All patients previously known to have MRSA should be admitted into contact isolation. Unless there are 3 consecutive negative MRSA screens (with at least 1 taken within the last 18 weeks) including all risk factors with results available prior to admission. With the exception of patients admitted from nursing homes that require contact isolation precautions and MRSA screening on admission (see section above 4.1.5). <u>Risk factor sites:</u> • All areas of non-intact skin i.e. any wound, ulcer or skin lesion (except clean surgical wounds and peripheral cannula sites) • Urine (if catheterised) • Sputum (if productive cough)
2.	**<u>If risk factors develop</u>** during admission in patients previously known to have MRSA. The following actions are required; • Commence contact isolation precautions in a single room • MRSA screen risk factors o All areas of non-intact skin i.e. any wound, ulcer or skin lesion (except clean surgical wounds and peripheral cannula sites) o Urine (if catheterised) o Sputum (if productive cough)
3.	Continue contact isolation precautions <u>until risk factors no longer present or 3</u>

	negative consecutive screens obtained from all risk factor(s) sites. The patient can then be moved out of contact isolation into a clean bed and bed space. Following three consecutive negative MRSA screen results the risk factors remain then these should be screened for MRSA weekly.
4.	Patient diagnosed with MRSA occurring less than 5 days before they are discharged, then the patients must complete the 5 days topical suppression treatment at home.
5.	If MRSA is isolated during admission this information needs to be included in the patients ICE discharge letter.
6.	Following discharge the environment and patient equipment will be decontaminated using Chlorclean including curtain change (Amber clean), in accordance with the UHL cleaning and decontamination policy.

4.3	**Action to be taken when MRSA is first / newly identified in an elective MSK patients**
1.	Commence contact isolation precautions in a single room and notify infection prevention using the ICE referral system within four hours of receiving the result. Inform: Doctor, Consultant, Matron, Head of Nursing and Clinical Lead for IP in MSK.
2.	If a single room is not available contact the Infection Prevention Team or Microbiologist out of hours and complete a datix form. • In the event of the patient requiring contact isolation outside of a single side room i.e. no side room available. The entire ward will be restricted to admissions.
3.	All patients in the bay / ward will require MRSA screening to identify if cross infection has occurred. State on the microbiology request form “MRSA contact screen, receiving topical suppression treatment”. As patients are all receiving antibacterial washes and nasal antibacterial ointment the screening required is risk factor sites only from all patients in the bay or entire ward. Risk factor sites: o All areas of non-intact skin i.e. any wound, ulcer or skin lesion (except clean surgical wounds and peripheral cannula sites) o Urine (if catheterised) o Sputum (if productive cough)
4.	**A patient newly** identified with MRSA need to be informed why they are being

	moved into contact isolation and provided with written information leaflet on MRSA by ward staff.
5.	Continue contact isolation precautions until risk factors no longer present or three negative consecutive screens obtained from all risk factor sites. The patient can then be moved out of contact isolation into a clean bed and bed space. Following three consecutive negative MRSA screen results, if risk factor(s) remain then these must be screened for MRSA weekly.
6.	Patient diagnosed with MRSA occurring less than 5 days before they are discharged, then the patients must complete the 5 days topical suppression treatment at home.
7.	If MRSA is isolated during admission this information needs to be included in the patients discharge letter(s).
8.	Following discharge the environment and patient equipment will be decontaminated using Chlorclean including curtain change (Amber clean), in accordance with the UHL cleaning and decontamination policy.

5. Transferring of Trauma MSK Patients to Elective MSK Wards at LGH

(Outlined in appendix 3)

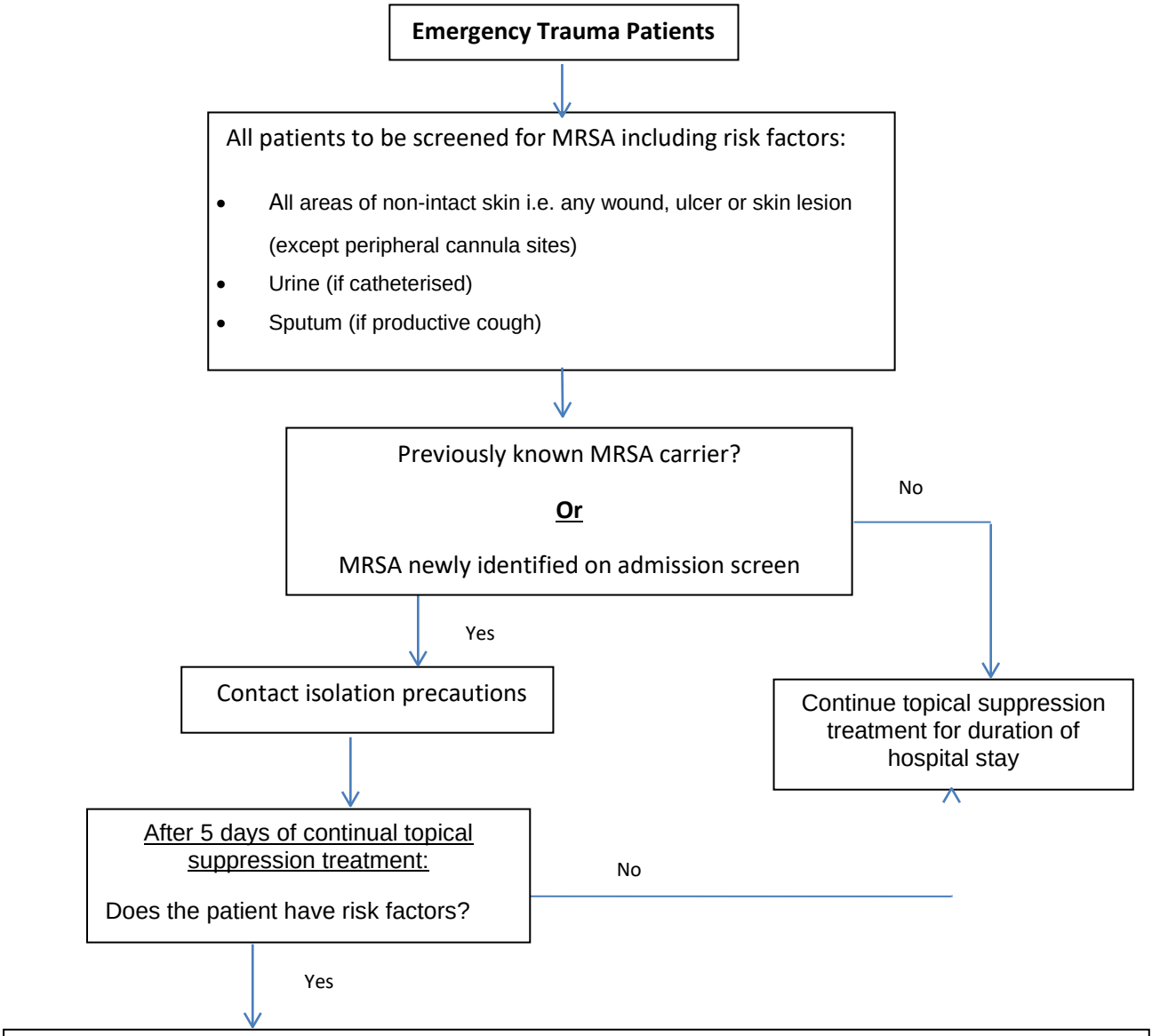
5.1	Trauma Patients suitable for transferring: criteria
1.	Patient suitable for outlying within MSK specialist must have the following: • MRSA negative admission screen result available including risk factor site **Receiving topical suppression treatment – since admission.** • **Do not have a previous history of MRSA carriage or have 3 consecutive negative MRSA screens including risk factor sites** • No evidence of wound infection or other active infection • Medically fit for transfer
2.	All transfers must be carried out in accordance with UHL outlying policy.

5.2	Trauma Patients care and management on elective MSK wards

1.	Following transfer to LGH elective ward: • Contact isolation precautions in a side room.
2.	MRSA screen including risk factors (see section 2) – state on microbiology request form “transfer screen, receiving topical suppression treatment”.
3	Once MRSA screen result is known to be negative, contact isolation precautions may cease. For transferred patients nursed in a cohort bay, all patients MRSA screen negative result need to be known before discontinuing cohort nursing in the bay.
4.	Patient identified with MRSA following transfer remain in or recommence source isolate in a single room and follow **section 4.3** above.

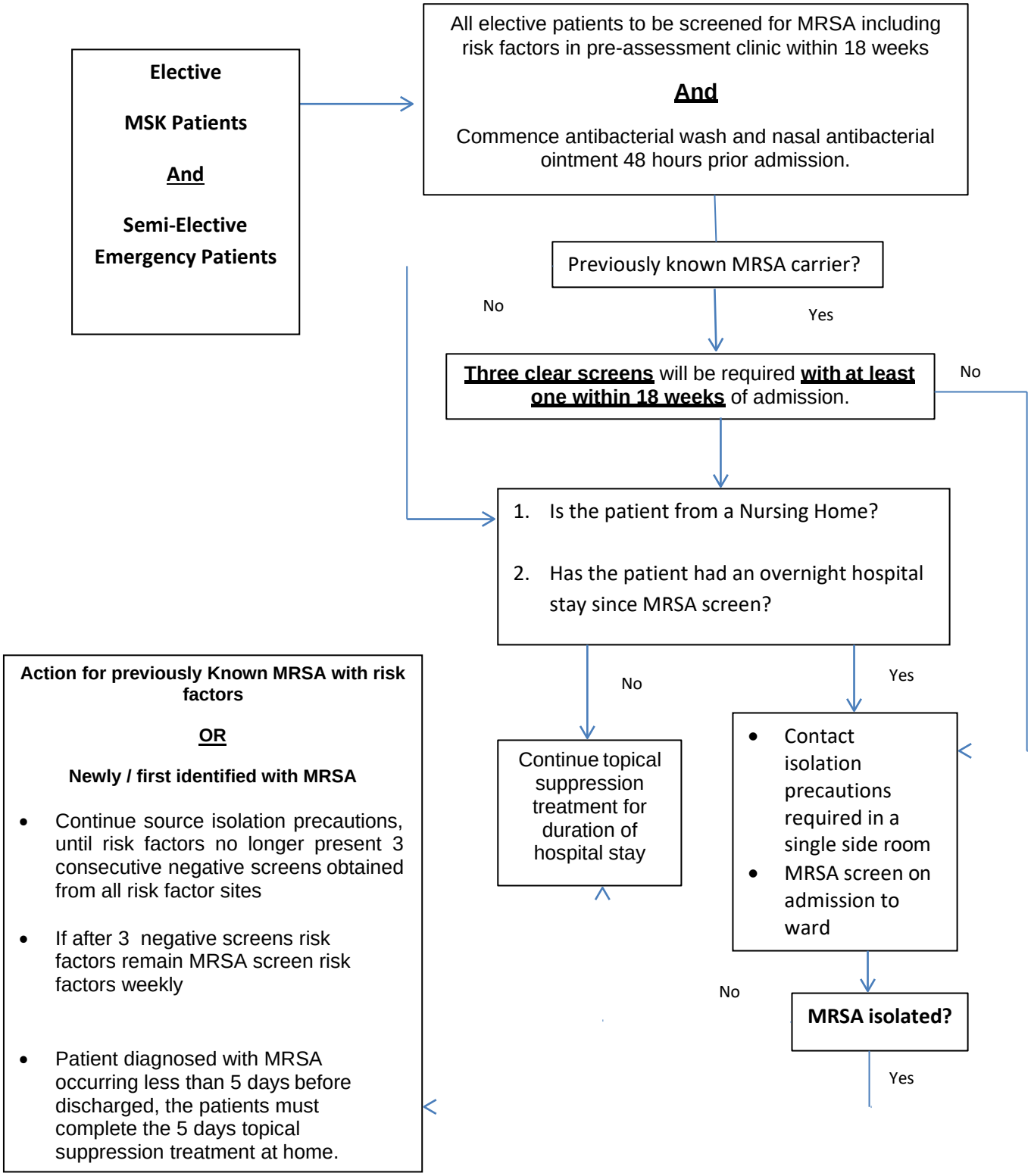
6 Admission of an unscreened patient, of any speciality, to the main elective MSK wards

6.1	**Action to be taken when an unscreened patient is admitted to the main elective MSK ward**
1.	No unscreened patient should be admitted to the MSK main elective wards
2.	Emergency admission of an unscreened MSK patient or admission of an unscreened patient from another speciality must be placed directly into contact isolation in a side room
3	The patient must be screened as per section 2 and commence antibacterial washes and nasal Mupirocin as in section 3.1
4.	If an unscreened patient is inadvertently admitted directly to the main ward then all MSK elective admissions will cease.
5.	The process in Section 4.3 (MRSA patient identified in the main ward) must then be followed.



Action for previously Known MRSA with risk factors OR Newly / first identified with MRSA

- Continue contact isolation precautions. Until risk factors no longer present or until 3 negative screens obtained from all risk factor sites
- If after 3 negative screens risk factors remain MRSA screen weekly
- Patient diagnosed with MRSA less than 5 days before discharged; the patients must complete the 5 days topical suppression treatment at home


Elective
MSK Patients
And
Semi-Elective
Emergency Patients
All elective patients to be screened for MRSA including risk factors in pre-assessment clinic within 18 weeks
And
Commence antibacterial wash and nasal antibacterial ointment 48 hours prior admission.
Previously known MRSA carrier?
No
Yes
Three clear screens will be required with at least one within 18 weeks of admission.
No
1. Is the patient from a Nursing Home?
2. Has the patient had an overnight hospital stay since MRSA screen?
No
Yes
Continue topical suppression treatment for duration of hospital stay
Contact isolation precautions required in a single side room
MRSA screen on admission to ward
No
MRSA isolated?
Yes
Action for previously Known MRSA with risk factors
OR
Newly / first identified with MRSA
Continue source isolation precautions, until risk factors no longer present 3 consecutive negative screens obtained from all risk factor sites
If after 3 negative screens risk factors remain MRSA screen risk factors weekly
Patient diagnosed with MRSA occurring less than 5 days before discharged, the patients must complete the 5 days topical suppression treatment at home.

Transfer of trauma patients from LRI to Elective MSK wards at LGH MRSA Management Flow Chart

Patients suitable for transferring criteria: Trauma to Elective MSK wards.

- An MRSA negative admission screen result available including all risk factor site?
- Receiving topical suppression treatment i.e. antibacterial wash and ointment.
- No history of MRSA carriage or have 1 consecutive negative screen including risk factor sites
- No evidence of wound infection or other active infection
- Medically fit for transfer

No → **Do not transfer the patient**

Yes

The patient may be transferred in accordance with UHL outlying policy.

Following transfer to LGH elective ward:

1. Contact isolation precautions in a side room or cohort in a bay
2. MRSA screen including risk factors (see section 2) – state on microbiology request form "transfer screen, receiving topical suppression treatment".

Is the MRSA transfer screen result negative?

No →
- Contact isolation precautions in a single side room
- Repeat MRSA screen of patients in bay (cohort / double side room)
- Notify Infection prevention team
- Inform Doctor

Yes

Once MRSA screen result is known to be negative:

- Contact isolation precautions may cease.
- Patient can be nursed on the main ward.