GP 13

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Community Infection Prevention and Control Guidance for General Practice

(also suitable for adoption by other healthcare providers, e.g. Dental Practice, Podiatry)

MRSA

MRSA

Version 1.00
December 2017

GP 13

MRSA

Please note that the internet version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

This guidance document has been adopted as a policy document by:

Organisation: Brigstock Skin and Laser

Signed: 

Job Title: Business Manager

Date Adopted: 02/16/2019

Review Date: 2/16/20

If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: ipccommunity@hdft.nhs.uk
www.infectionpreventioncontrol.co.uk

MRSA

Contents Page

MRSA

MRSA (METICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS*)

1. Introduction

Staphylococcus aureus is a common bacteria that is frequently found on the skin or in the nose of healthy people without causing an infection.

If the 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.

Meticillin is an antibiotic that was commonly used to treat *Staphylococcus aureus*, 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 susceptible to flucloxacillin – the standard 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.

2. Colonisation and infection

Colonisation means that MRSA is present on or in the body without causing an infection.

Up to 33% of the general population at any one time are colonised with *Staphylococcus aureus* (including MRSA) on areas of their body, e.g. nose, skin, axilla, groin. It can live on a healthy body without causing harm and most people who are colonised do not go on to develop infection. Less than 5% of colonising strains in the healthy population who have not been in hospital are Meticillin resistant, but it 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 and is multiplying causing clinical signs of infection, such as in the case of septicaemia or pneumonia, or for example, in a wound causing redness, swelling, pain and or discharge.

MRSA infections usually occur in health and social care settings and, in particular, vulnerable patients. Clinical infection with MRSA occurs either from the patient's own resident MRSA (if they are colonised) or by transmission of

infection from another person who could be an asymptomatic carrier or have a clinical infection. *Staphylococcus aureus* infects a range of tissues and body systems causing symptoms that may be common to different infections caused by other bacteria.

3. Patients at risk of infection from MRSA

- Patients with an underlying illness.
- Older people – particularly if they have a chronic illness.
- The very ill – patients in intensive care.
- Those with open wounds or who have had major surgery.
- Patients with invasive devices such as urinary catheters.

4. Routes of transmission

- Direct spread via hands of staff or patients.
- Equipment that has not been appropriately decontaminated.
- Environmental contamination (*Staphylococci* that spread into the environment may survive for long periods in dust).

5. Treatment

Any treatment required will be on an individual patient basis. Antibiotic treatment should only be prescribed if there are **clinical signs of infection**. Patients who are colonised with MRSA, i.e. no clinical signs of infection, do not usually require antibiotic treatment.

6. Suppression treatment and screening

Suppression treatment is not routinely required for a positive MRSA swab result. A risk assessment should be undertaken to determine if the patient has any risk factors, e.g. wound, invasive device, resident in a care home. If risk factors are identified, suppression treatment may be indicated to reduce the incidence of an MRSA bacteraemia.

Screening swabs following suppression treatment are not required for patients in the community. Screening swabs for MRSA will usually be undertaken by the hospital for planned admissions to hospitals.

Suppression treatment consists of two separate treatments

Body and hair treatment

- An antibacterial solution for body and hair treatment, e.g. Octenisan (see Appendix 1), Hibiscrub, or Prontoderm Foam (see Appendix 2), daily for 5 days, following the manufacturer's instructions.
- For dermatology service users, the use of Hibiscrub is not advised, therefore, use Octenisan or Prontoderm Foam, daily for 5 days

Nasal treatment

- Nasal Mupirocin 2% ointment, e.g. Bactroban nasal, three times a day for 5 days
- For patients who have a resistance to Mupirocin, Naseptin nasal ointment should be used 4 times a day for 10 days, following the manufacturer's instructions.

Compliance with the above programme is important and once commenced should be completed in order to prevent resistance to Mupirocin. Both skin, hair and nasal treatment should be started on the same day.

After completion of the treatment, further screening or treatment is not required unless advised by your local Infection Prevention and Control or Public Health England Team.

Further advice on decolonisation and products available can be obtained from your local Community Infection Prevention and Control or Public Health England Team.

7. Precautions for MRSA

Colonisation 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. Good hand hygiene practice and standard precautions should be followed by all staff at all times, to reduce the risk of transmission of infection.

- Patients attending for a procedure, e.g. wound dressing, where possible, should be scheduled at the end of the session to allow for environmental cleaning.
- Wear disposable gloves and apron when in contact with a patient's body fluids, e.g. wound, urine. These should be disposed of after each procedure.
- Hand hygiene is essential before and after direct contact with a patient using liquid soap and warm running water or alcohol handrub.

- Waste contaminated with body fluids should be disposed of as infectious waste (please refer to the 'Waste management guidance' for further details).
- No specific precautions are required for patients attending for a routine GP consultation. Personal protective equipment (PPE) should be worn if an examination is undertaken involving contact with body fluids.

8. Environmental cleaning

- If a patient has attended for a procedure, the treatment couch and immediate area should be cleaned with detergent and warm water followed by a hypochlorite solution at a dilution of 1000 ppm, e.g. Haz tabs, Presept or a disinfectant wipe.
- If possible, it is recommended that patients with MRSA attending for a procedure, are seen last on the clinic list to allow for adequate cleaning between patients.

9. Transfer of patients between healthcare settings

- If a patient requires hospital admission, the hospital staff should be informed of the patient's MRSA status. This will enable a risk assessment to be undertaken to determine whether they should be isolated on admission.
- When transferring a patient between one healthcare environment to another, an Inter-Health and Social Care Infection Control Transfer Form should be completed (see Appendix 3). This must accompany the patient.
- There are no special transport requirements.

10. Root Cause Analysis (RCA) requirements

MRSA bloodstream infections (bacteraemia) can be difficult to treat because of antibiotic resistance and are a significant cause of morbidity and mortality. Prevention of MRSA bacteraemia is, therefore, of vital importance. All incidence of MRSA bacteraemia are reported to Public Health England (PHE), Data Capture system, regardless of whether they are acute or community acquired.

A Post Infection Review (PIR) is undertaken to identify any possible lapses in care and to identify the organisation best placed to ensure improvements are made. This is a national requirement and may be completed alongside a Route Cause Analysis (RCA). If the Clinical Commissioning Group (CCG) is leading a

PIR for a case where the patient is an inpatient, the local Community Infection Prevention and Control or PHE Team will liaise with the relevant hospital team and GP.

Findings will be discussed with relevant services and action plans agreed.

Ways in which MRSA bacteraemia may be prevented are:

- Good hand hygiene and the use of standard precautions
- Aseptic technique for the management of wounds and insertion and management of invasive devices
- Correct use of antimicrobials – the correct antibiotic via the correct route, for the correct length of course

11. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Practice in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

12. References

Department of Health (2015) *The 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*

Department of Health (2007) *Essential Steps to safe, clean care managing MRSA in a non-acute setting: a summary of best practice*

Health Protection Agency (2008) *Guidance on the diagnosis and management of PVL-associated Staphylococcus aureus (PVL-SA) infections in England* http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1218699411960

NHS England (2014) *Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections version 2*

NHS Commissioning Board (2013) *Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections*

13. Appendices

Appendix 1: MRSA Octenisan Suppression Treatment

Appendix 2: MRSA Prontoderm Suppression Treatment

Appendix 3: Inter-Health and Social Care Infection Control Transfer Form

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MRSA Octenisan Suppression Treatment
Instructions for service users in the community

Meticillin resistant *Staphylococcus aureus* (MRSA) suppression treatment helps to reduce the numbers of MRSA bacteria a person has or may carry. This treatment reduces the chances of developing an MRSA infection. If you do not wish to have suppression treatment, please discuss this with your GP or local Community Infection Prevention and Control or Public Health England Team.

This information aims to assist you to use MRSA suppression treatment correctly. The treatment is a combination of **two separate treatments** to be used over a 5 day period. It is important that you complete the 5 day course to reduce the possibility of developing a MRSA infection. Both treatments should be started on the same day.

Octenisan wash lotion (step-by-step guide on the back of this sheet)

An antibacterial washing lotion called octenisan which should be used for body and hair washing.

- Use the wash lotion instead of your normal skin and hair products, leaving for the recommended contact time of 1 minute before rinsing off thoroughly.
- You will need to shower or strip wash **once** daily for 5 days using the wash lotion.
- The wash lotion should also be used as a hair shampoo, you will need to wash your hair twice during the 5 day period. Hair can be washed as normal on other days during the treatment. Hair conditioner can be used as normal after using the Octenisan wash lotion.
- If you require assistance with this treatment, please discuss with your GP.

Bactroban nasal ointment (step-by-step guide on the back of this sheet)

Place a small amount of the ointment about the size of a match-head on your little finger and apply to the inside of one nostril and repeat for the other nostril three times a day for five days. Pinch the nostrils lightly together after applying the ointment to help spread it. It is important to wash your hands with liquid soap and warm running water before and after applying the ointment.

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		☐	☐	☐	☐	☐
Comb wash lotion through hair			☐		☐	
Apply nasal ointment inside both nostrils 3 times a day	Morning	☐	☐	☐	☐	☐
	Afternoon	☐	☐	☐	☐	☐
	Evening	☐	☐	☐	☐	☐

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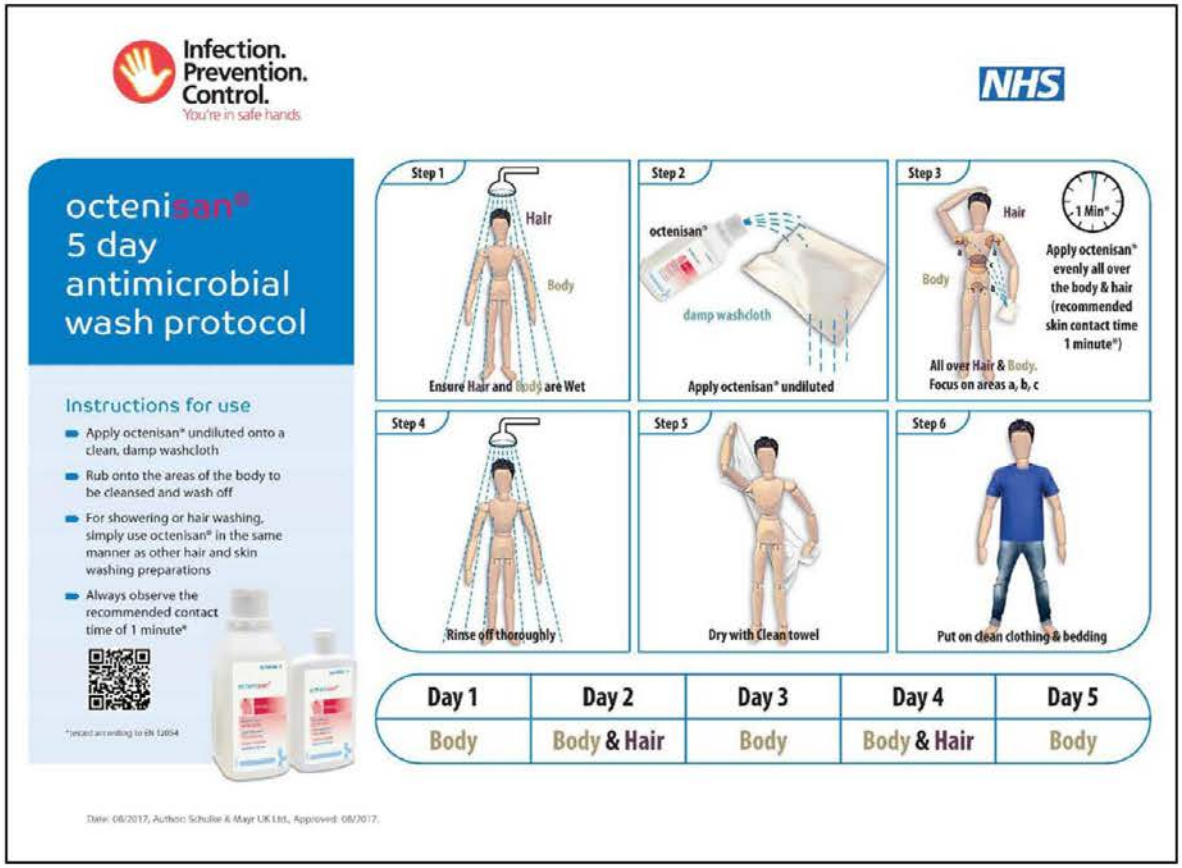
Version 2.02 November 2017

Page 1 of 2

Octenisan wash lotion step-by-step guide



Bactroban nasal ointment step-by-step guide

A nasal ointment called Bactroban which should be used **three** times a day for 5 days.					
					
1. Wash and dry your hands.	2. Unscrew the cap and squeeze a small amount of ointment, about the size of a match-head onto your little finger.	3. Apply ointment to the inside of one nostril.	4. Repeat steps 2 and 3 for the other nostril.	5. Close your nostrils by pressing the sides of the nose together for a moment. This will spread the ointment inside each nostril.	6. Wash and dry your hands. Then replace the cap on the tube.

If severe irritation occurs with any of the products, discontinue use and contact your local Community Infection Prevention and Control or Public Health England Team for further advice.

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MRSA Prontoderm Suppression Treatment
Instructions for service users in the community

The Prontoderm skin foam and nasal ointment will reduce the number of Meticillin resistant *Staphylococcus aureus* (MRSA) bacteria that live on your skin and inside your nose. It is important that you complete the **five day** treatment course. If you do not wish to have suppression treatment, please discuss this with your GP or local Community Infection Prevention and Control or Public Health England Team.

This information aims to assist you to use MRSA suppression treatment correctly. The treatment is a combination of **two separate treatments** to be used over a 5 day period. It is important that you complete the 5 day course to reduce the possibility of developing a MRSA infection. Both treatments should be started on the same day. If you are pregnant of breast feeding discuss with your GP.

Prontoderm foam (step-by-step guide on the back of this sheet)

You will need to bathe, shower or wash each day as usual using your normal shower product. First clean your face, paying particular attention to your nose, then wash your body starting from your neck working down to your toes. Pay particular attention to your axilla (armpits), navel (belly button), groin and perineum (genital area). Rinse thoroughly and dry with a clean towel.

After washing and drying yourself, apply a golf ball sized amount of foam to each area of the body, e.g. arm, leg, chest, etc. Avoid the eyes, inside the mouth and inside the nose. Do not rinse the foam off. Apply daily for 5 days.

Hair should be washed as usual, towel dried then Prontoderm foam combed through from the roots to the ends of the hair. Dry hair as usual, but avoid using hair straighteners. Apply daily for 5 days.

Bactroban nasal ointment (step-by-step guide on the back of this sheet)

Place a small amount of the ointment about the size of a match-head on your little finger and apply to the inside of one nostril and repeat for the other nostril three times a day for five days. Pinch the nostrils lightly together after applying the ointment to help spread it. It is important to wash your hands with liquid soap and warm running water before and after applying the ointment.

Treatment plan

(please tick box when applied)

Treatment – Prontoderm foam		Day 1	Day 2	Day 3	Day 4	Day 5
Apply daily to dry skin after a bath, shower or wash		☐	☐	☐	☐	☐
Comb foam through hair		☐	☐	☐	☐	☐
Apply nasal ointment inside both nostrils 3 times a day	Morning	☐	☐	☐	☐	☐
	Afternoon	☐	☐	☐	☐	☐
	Evening	☐	☐	☐	☐	☐

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Version 1.02 November 2017

Page 1 of 2

Prontoderm foam step-by-step guide

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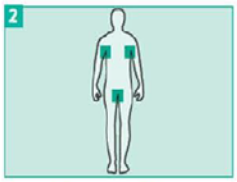
Prontoderm® Foam: Decolonisation treatment

Ready to use leave on product: DO NOT DILUTE OR WASH OFF

Shower or bathe as normal



Pay particular attend to area around armpits, navel, groin and perineum

Rinse off thoroughly

Dry with a clean towel

Apply Prontoderm foam to all areas of the body by hand, including hair, or using a dry wipe. ENSURE FULL COVERAGE. Rub in until dry.

Area	Product	Frequency of use
Body and hair	Prontoderm foam	Once daily for 5 days

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Version 1.00 October 2017

Bactroban nasal ointment step-by-step guide

A nasal ointment called Bactroban which should be used three times a day for 5 days.

					
1. Wash and dry your hands.	2. Unscrew the cap and squeeze a small amount of ointment, about the size of a match-head onto your little finger.	3. Apply ointment to the inside of one nostril.	4. Repeat steps 2 and 3 for the other nostril.	5. Close your nostrils by pressing the sides of the nose together for a moment. This will spread the ointment inside each nostril.	6. Wash and dry your hands. Then replace the cap on the tube.

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Version 1.02 November 2017

Page 2 of 2

Appendix 3: Inter-Health and Social Care Infection Control Transfer Form

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Inter-Health and Social Care Infection Control Transfer Form

The *Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance* (Department of Health 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient's notes.

Patient Name: ..... Address: ..... NHS number: ..... Date of birth: ..... Patient's current location:	GP Name and contact details:

Receiving facility, e.g., hospital ward, hospice: .....

If transferred by ambulance, the service has been notified: Yes ☐ N/A ☐

Is the patient an infection risk:
Please tick most appropriate box and give details of the confirmed or suspected organism

☐ Confirmed risk Organisms: .....
☐ Suspected risk Organisms: .....
☐ No known risk

Patient exposed to others with infection, e.g., D&V, Influenza: Yes ☐ No ☐ Unaware ☐

If yes, please state: .....

If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale):

.....

Is diarrhoea thought to be of an infectious nature? Yes ☐ No ☐ Unknown ☐

Relevant specimen results if available

Specimen:				
Date:				
Result:				

Treatment information:

Is the patient aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the patient require isolation? Yes ☐ No ☐

If the patient requires isolation, phone the receiving facility in advance: Actioned ☐ N/A ☐

Additional information:

Name of staff member completing form: .....

Print name: .....

Contact No: ..... Date .....

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