



## **METICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) SCREENING POLICY**

Policy Owner	Director Infection Prevention & Control
Ratified By	Integrated Governance Committee
Ratification Date	January 2015
Responsible Committee	PQRT
Reference Number	Cir/IPC/ 05
Version	4
Issue Date	January 2018
Review Date	January 2021
Target Audience	All clinical staff

### Revision History

Version	Revision Date	Summary of Changes
2	March 2012	Reformatting
3	January 2015	Rewrite following new NHS Guidance
4	January 2018	No Changes required



---

## TABLE OF CONTENTS

1	INTRODUCTION	3
2	PURPOSE	3
3	DUTIES	3
4	SCOPE	4
5	WHO TO SCREEN	4
6	WHEN TO SCREEN	4
7	HOW TO SCREEN	5
8	RESULTS	6
9	DECOLONISATION	6
10	PATIENT INFORMATION	7
11	POST PROCEDURE SURVEILLANCE	7
12	RESOURCES	7
13	TRAINING	7
14	MONITORING AND AUDIT	8
15	EQUALITY IMPACT STATEMENT	8
16	LINKED POLICIES	8
17	REFERENCES	9

## Appendices

1	PATIENT PATHWAY	10
2	PATIENT LETTER	11
3	GP LETTER	12
4	ADMISSION CHECKLIST FOR MRSA SCREENING	13
5	POST DISCHARGE SURVEILLANCE QUESTIONS	14
6	EQUALITY IMPACT ASSESSMENT	15



## 1. INTRODUCTION

*Staphylococcus Aureus* is the most common source of healthcare acquired infections in the world. A resistant strain of this organism called MRSA which will cause a proportion of these infections has been found to colonise people in the wider community. Following the publication of a review of the universal screening policy by the government in August 2014, Circle will continue to screen all identified high risk patients preferably prior to or at the time of admission in line with current national guidance. This screening programme will be supported by the provision of suitable de-colonisation when cases are identified. It is the intention of Circle that no high risk patient will undergo treatment without being screened.

## 2. PURPOSE

The purpose of this policy is to ensure all relevant patients admitted to Circle healthcare locations are:

- Screened for MRSA carriage
- Provided with suitable information on MRSA carriage and decolonisation
- Receive suitable and effective decolonisation treatment
- Are reviewed for signs of post operative infection

## 3. DUTIES

- 3.1 The Director of Infection Prevention and Control (DIPC) has overall responsibility for ensuring this policy is implemented and performance managed
- 3.2 The DIPC has delegated this responsibility for the implementation and performance management to the General Manager and Lead Nurse of each company healthcare location.
- 3.3 Heads of Departments have the responsibility of ensuring that all their staff have access to the policy and have signed to indicate they have read and understood the policy.
- 3.4 All health care professionals have a legal duty of care and are responsible for complying with the policy.
- 3.5 This policy applies to all partners and attached staff who work within the company premises.
- 3.6 The policy sponsor for this document is the DIPC for the company and is also responsible for ensuring that the policy is audited annually.
- 3.7 This policy places a duty on Circle locations to ensure suitable contractual arrangements are in place for the screening tests and decolonisation provision.
- 3.8 It further places a duty on all clinical staff involved in the process to be fully conversant in the requirements for screening and have an ability to manage patient enquiries.



---

#### 4. SCOPE

This policy applies to all Circle facilities that admit patients for treatments that involve invasive surgical or medical interventions.

#### 5. WHO TO SCREEN

5.1 In accordance with DH guidance all patients who are admitted to Circle premises for elective surgical procedures in the following high risk categories will be screened for MRSA carriage.

All patients previously identified as MRSA colonised or infected

- All patients undergoing Orthopaedic Surgery
- All patients undergoing Cardiothoracic Surgery
- All patients undergoing Neurosurgery
- All patients undergoing Vascular Surgery
- All patients undergoing Renal Surgery or Dialysis
- All patients undergoing Oncology/Haematology treatments
- All patients undergoing bone marrow transplantation
- All patients who will require Intensive or High Dependency and Coronary Care

5.2 Any patient who meets any of the following risk factors will also be screened for MRSA:

- Resident of a Care Home
- Have been in an NHS hospital for longer than 24hrs in the previous year
- Admitted to a hospital abroad in the previous year.
- Have long term indwelling medical devices.
- Have a chronic wound that fails to heal e.g. a leg ulcer

#### 6. WHEN TO SCREEN

Patients will be screened prior to the procedure for which they have been admitted occurring. The exact time of screening will depend on the admission pathway of the patient, however, the screening process will not be a reason to delay or stop those patients found positive from being treated within 18 weeks of the initial referral.

##### 6.1 Patients on a Pre Assessment Pathway

6.1.1 All patients who are on this pathway will be screened in a pre assessment clinic by the assessment nurse. This assessment must take place at a time that allows for sufficient laboratory testing, communication of results to the patient and adequate decolonisation to occur prior to the admission date. It is recommended that this occurs no later than 2 weeks prior to admission and no sooner than 8 weeks prior to admission.

6.1.2 In some instances patients may be assessed by means of a telephone conversation, in this instance an assessment of their risk of carriage must be made using the risk criteria below. They must be informed of their need to be screened for MRSA and that this will occur at the time of admission in the same manner as those patients on a direct admission pathway. If a patient is identified as high risk in this process a clinical decision must be made on the merits of treatment before effective decolonisation has occurred. If it is deemed suitable to continue treatment the patient should be managed on a direct admission pathway and



---

placed at the end of the relevant operating list. The factors which indicate a high risk of carriage are:

- Resident of a care home
- Indwelling medical devices or lines.
- Past history of frequent or regular admissions to hospital for greater than 24 hour periods.
- History of chronic wounds which do not respond to treatment such as leg ulcers.
- Known previous history of MRSA colonisation or infection.

**6.1.3** In some situations patients may be frequent attendees at other healthcare facilities who may also be required to screen them for MRSA. In this situation a check must be made both with the patient, in the case notes or on the PAS system of the last time a screening swab was taken and the result if available. If this was within the last 8 weeks there will be no requirement to re-screen.

## **6.2 Patients on a Direct Admission Pathway**

**6.2.1** All patients on this pathway will need to be screened as part of the admission procedure by the admitting nurse. If the patient has been identified as being potentially high risk prior to their admission the following should occur:

- Screen on admission
- Provide one dose of Mupiricin ointment pre procedure
- Provide the patient with pre-operative bathing/shower facilities using a 1% Chlorhexidine solution
- Provide the patient with Skinsan (1% Triclosan) and Mupricin Nasal Ointment for continued decolonisation treatment along with an advice sheet to take home.

## **7. HOW TO SCREEN**

All patients will be screened for MRSA by having a nasal and perineum swab specimen only. If patients have indwelling devices or chronic wounds identified as risk factors these will require a separate swab from these sites. The following procedure should be followed:

- Wash hands
- Explain the procedure to the patient
- Record the patients details on the transportation tube
- Ensure the swab is moistened with saline if no transport media is available.
- Place the swab on the area to be swabbed and gently wipe. In the nose ensure it is placed inside the tip of each nostril ensuring it comes into contact with the nasal mucosa.
- Place the swab in the transport media within the tube
- Wash hands
- Accurately record the patients details on the request form
- Ensure patients contact details are accurate so result notification can be sent



---

## 8. RESULTS

8.1 All negative results should be available within 24hrs and all positive results within 72hrs. Patients must be informed of their carriage status at the most appropriate time. It is recommended results are communicated in the following manner:

- All positive patients are notified by an initial telephone call explaining the situation and that written instructions (Appendix 2) will be sent as a matter of importance.
- All negative patients should be informed upon their admission.
- All positive patients on a direct admission pathway must be informed by phone post discharge as a matter of importance with advice to continue decolonisation treatment. This advice must be recorded in their case notes.

8.2 The patient's GP should be informed with a standard letter in Appendix 3.

## 9. DECOLONISATION

9.1 All patients who are proven to be MRSA positive must undergo a decolonisation treatment regimen prior to admission for surgery. As this process is likely to be undertaken in patients own homes it is recommended that the following treatment is prescribed using a patient group directive:

- Skinsan body wash foam 30mls daily for 5 days
- Mupiricin Nasal Ointment 3 times a day for 5 days

9.2 All patients must be provided with instructions for the administration of this treatment and arrangements made for follow up screening to assess the effectiveness of the treatment. The following treatment timescales are recommended:

- Decolonisation Treatment x 5 days
- No Decolonisation Treatment x 2 days
- Screening Swab

If decolonisation is found to have been ineffective a patient can be prescribed up to 3 courses of treatment before a decision to proceed is made with Microbiological advice.

9.3 Staff must check if patients have decolonised prior to their admission and record the results in the patient case notes.

9.4 It is preferable to aim for MRSA eradication with positive patients, particularly those who are undergoing high risk procedures such as joint surgery. However, if this is not achievable a clinical decision to proceed with a suppressed level of MRSA colonisation may be made.

### 9.6 What if a Patient Refuses Decolonisation Treatment?

9.6.1 Patients do have a right not to undergo decolonisation treatment if they are confirmed positive for carriage or are high risk at the time of admission. Patients must be adequately informed of the risks of not having decolonisation/suppression treatment and any decision not to have the treatment should be recorded in their case notes. In this situation it is the responsibility of the clinician managing the patient to decide if surgery or treatment will proceed or not based on the relative risks.



---

## 10. PATIENT INFORMATION

**10.1** All patients who require MRSA screening must be provided with adequate information with regard to the full process. Written information is to be sent to all patients with their appointment letter. Verbal information is to be provided in response to patient questions during any appointments.

**10.2** This information must include as a minimum:

- Reason for screening
- How the screening is undertaken
- When the results will be available
- The potential for decolonisation treatment
- How decolonisation if required is achieved
- How to manage being MRSA positive whilst at home

## 11. POST PROCEDURE SURVEILLANCE

**11.1** All patients who have undergone successful decolonisation treatment will be followed up 30 days post procedure in line with Surgical Site Infection Surveillance Scheme protocols.

**11.2** All high risk patients who have been discharged with a decolonisation/suppression regimen will be contacted 15 days post discharge to ascertain if any post procedure infection has occurred.

**11.3** All patients who attend a Circle facility with a post procedure wound infection will have the wound swabbed for MRSA as a routine procedure. All positive results will be recorded and notified to the DIPC.

## 12. RESOURCES

All company health care sites will need to ensure the following resources are in place for the policy to be implemented:

- Laboratory Support
- Staff trained for screening
- Patient Information
- Decolonisation packs inline with PGD

## 13. TRAINING

All staff who will be implementing this policy will be trained in how the screening process operates. This will be reinforced through regular screening training updates provided by infection prevention staff.



## 14. MONITORING AND AUDIT

Standard	Monitoring & Audit			
	Method	By	Reporting Committee	Frequency
Monitoring of the rate of patient screening	Review of Screening data	Departmental Staff	IPCC	Monthly
Monitoring of all Circle MRSA Screening performance	Review of monthly site screening data returns	DIPC	Integrated Governance Committee	6 monthly

## 15. EQUALITY IMPACT STATEMENT

**15.1** We welcome feedback on this policy and the way it operates. We are interested to know of any possible or actual adverse impact that this policy may have on any groups in respect of gender or marital status, race, disability, sexual orientation, religion or belief, age, deprivation or other characteristics'.

**15.2** The person responsible for equality impact assessment for this policy is the Director of Infection Prevention & Control.

**15.3** This policy has been screened to determine equality relevance for the following equality dimensions:

- Age
- Disability
- Gender
- Race
- Religion/Belief
- Sexual Orientation
- Transgender/Transsexual

## 16 LINKED POLICIES

This policy is linked to the following company policies:

- Hand Hygiene
- MRSA Management
- Standard Precautions
- Pre Assessment

## 17. References





---

Implementation of Modified Admission MRSA Screening Guidance for NHS. Department of Health expert advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI). August 2014

Our NHS Our Future: NHS Next Stage Review. Lord Darzi. Dept of Health 2008

NHS Operating Framework 2008/09.

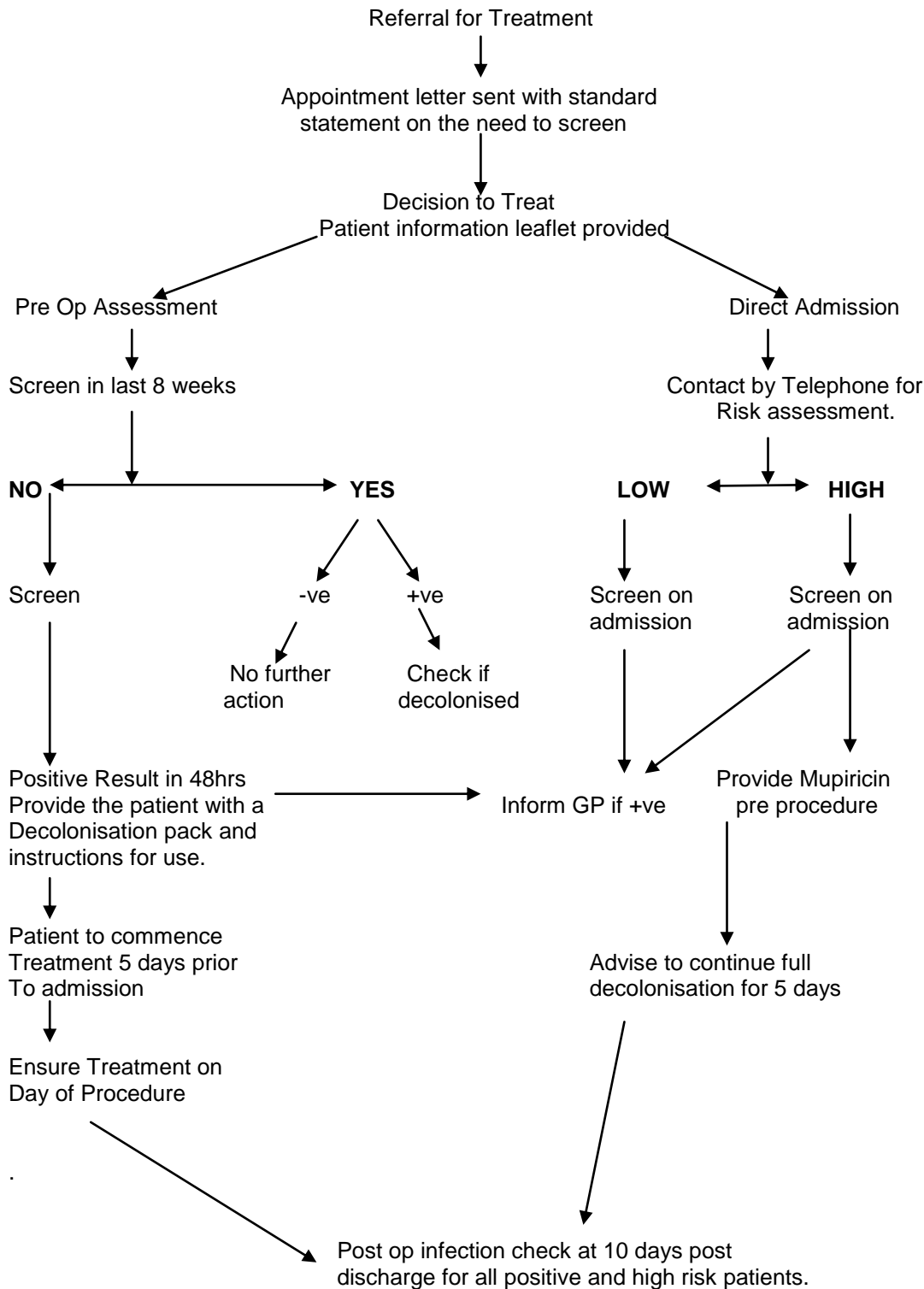
NHS Operating Framework 2009/10

MRSA Screening – Operational Guidance. Gateway Ref: 10324. 31<sup>st</sup> July 2008

MRSA Screening – Operational Guidance 2. Gateway Ref 11123. 31<sup>st</sup> Dec 2008

**Appendix 1**

**MRSA Screening Pathway**





---

**Patient Letter**

Appendix 2

Pre-Operative Assessment

**Insert Local Address Here**

Date

Dear

You probably recall when you came for your assessment for treatment we took a routine swab. This process follows the Department of Health guidelines for good health protection, preventing and reducing infection.

We have found traces of bacteria and therefore we need to take some additional steps as a precaution. This is quite common and is part of a standard routine that all healthcare facilities take to prevent MRSA and other infections.

***Accordingly we recommend that in order to protect yourself you follow the instructions in the letter below and read the leaflet included with this letter.***

Please find enclosed your treatment and a leaflet giving directions for use.

Please use the treatment as follows:

- Wash body with Skinsan ® Antimicrobial wash lotion using a disposable cloth for five days,
- Wash hair on two occasions during the five day treatment with Skinsan ® wash lotion
- Apply a small amount of Mupiricin ® nasal ointment to both inner nostrils three times daily for five days. We recommend this is done when you get up, after lunch and when you go to bed.

Should you have any queries please do not hesitate to contact me on extension.....

Pre- assessment Sister



## GP Letter

Date  
Patients Name:  
Address:  
NHS Number:

GP Name  
Address

Dear Dr

### Re: Meticillin Resistant *Staphylococcus aureus*

Your patient was found to be colonised with *Staphylococcus aureus*.

It is unknown when or how the patient may have acquired the organism.

It is our practice to inform the patient's general practitioner, so that they can take this into account when prescribing and it is essential that you inform secondary care if the patient is ever admitted or even referred for an outpatient appointment.

If a District Nurse is attending the patient, they will need to be informed promptly in order for precautions to be taken.

The patient has been given information on MRSA and prescribed a five day decolonisation regime of Skinsan bodywash and Mupiricin ointment.

This letter has been sent out independently of any discharge summary from the admitting clinicians.

Yours Sincerely,

**Admission Checklist for MRSA Screening**

Name.....

Ser	Pre- Admission Pathway	Y	N	Actions	Initial
1	Has the patient been screened before admission				
2	Are the screening results available				
3	Has the patient been informed of their MRSA status				
4	Has the patient had 5 days decolonisation treatment				
5	Has the patient had decolonisation treatment today				
6	If the patient declines decolonisation treatment has this been recorded in the case notes.				
	Direct Admission Pathway	Y	N	Actions	Initial
1	Has screening been explained to the patient				
2	Has an information leaflet been given to the patient				
3	Has a screen been completed today				
4	Has the patient been identified as high risk for carriage				
5	If yes to the above has the patient been started on decolonisation treatment today				
5	If the patient declines decolonisation treatment has this been recorded in the case notes.				

Case Number.....

Date.....

### Post Procedure Surveillance Questions

- To be completed 10 days post procedure on only on known positive or high risk of carriage patients only.

Ser	Question	Circle relevant					Notes
1.	If prescribed decolonisation treatment how many days did you use it for?	1	2	3	4	5	
2.	How many times before you had your procedure did you use the decolonisation treatment?	1	2	3	4	5	
		Yes		No		Notes	
3.	Have you had any of the following?						
	a. Redness around the wound?						
	b. Swelling or pain around the wound?						
	c. Pus or other discharge from the wound?						
4.	If you did, have you sought medical advice?						
5.	Have you required any of the following since discharge from us?						
	a. Advice from your GP or practice nurse about your wound being infected?						
	b. Antibiotics for a wound infection?						
	c. Treatment in another hospital for a wound infection?						



**Appendix 6**

**EQUALITY IMPACT ASSESSMENT TOOL**

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Equality Impact Assessment Tool		Yes/No	Comments
1.	Does the policy affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	N/A	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Group Risk and Assurance Lead, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact Policy Quality Review Team.