

**SCREENING GUIDELINES FOR METICILLIN RESISTANT
STAPHYLOCOCCUS AUREUS (MRSA)**

Name of Initiating Officer: Infection Control Team
Name of Approval Body: Infection Control Committee
Ratification Body: Infection Control Committee
Date of Ratification: December 2010
Review Date: December 2012
Reviewing Officer: Infection Control Team
Effective From: December 2010

Signed
Chairman of Trust Board

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Infection Control Guidelines

Guidelines for Screening for Meticillin Resistant *Staphylococcus aureus* (MRSA)

See also MRSA Guidelines

1.0 Introduction

This guidance sets out the requirements to screen all admitted patients (exceptions apply) to the Royal Surrey County Hospital NHS Foundation Trust for Meticillin Resistant *Staphylococcus aureus* (MRSA). This is in line with national guidance namely:

- NHS operating framework commitment 2008/9 and 2009/10
- Department of Health directive – MRSA screening operational guidance 2008
- Saving Lives

Early identification of MRSA through screening allows use of topical treatment to reduce the risk of infection and of cross transmission to other patients. MRSA screening is one aspect of the overall strategy – this guidance should therefore be read in conjunction with other Infection Control guidance:

- Hand Hygiene
- Standard Infection Control Precautions
- Management of Patients with Infectious Diseases – Isolation Guidelines
- Decontamination Policy
- Transfer Guidelines
- MRSA Guidelines

These guidelines will outline how MRSA screening is to be implemented and maintained and will form a benchmark to monitor organisational compliance which is undertaken by the Information Department and results reported to the Director of Infection Control (DIPC) on a weekly / monthly basis.

2.0 Roles and Responsibilities

Chief executive - has overall responsibility for ensuring that there are effective arrangements for screening for MRSA carriage within the Trust.

Director for Infection Prevention and Control - has strategic responsibility for infection prevention and control within the Trust.

Matrons/Head of Department / Ward Managers - Are responsible for supporting staff in carrying out these guidelines through:

- Training and education to make all staff aware of the guidelines and implement it.
- Highlighting any difficulties when implementing the guidelines to the DIPC.
- Ensure optimal usage of side rooms to contain spread of MRSA
- High light areas of non-compliance with the guidelines and challenge poor practice.
- Responsibility for ensuring that individual patients within their area of responsibility are screened for MRSA, as per this guidance and that results are communicated to patients and others in an appropriate manner.

Infection Control Team

- Ensure that the MRSA Guidelines reflects current best practice and any changes in legislation
- Identify and control clusters / outbreaks of MRSA in collaboration with the DIPC and Outbreak Committee
- High light areas of non-compliance with the guidelines and challenge poor practice.
- Reinforce appropriate actions following positive MRSA results.
- Provide training to assist staff to be familiar with the MRSA guidelines
- Audit the use of isolation rooms and feed back to matrons and DIPC

HCA MRSA Screening Nurses

- Ensure all elective patients are screened prior to admission within 126 days
- Ensure all emergency admissions are screened within 48 hours

All clinical employees

- To make themselves aware of the contents of the guidelines and implement it.
- To carefully document any deviations from the guidelines and any risk assessments made.
- The trained nurse (either in pre-assessment or on a ward/department / CNS Clinic) has a responsibility for collecting the swabs in an appropriate manner and for informing the patient about why the swabs are being collected.
- The trained nurse / doctor caring for the patient are responsible for discussing the results with the patient and others on a need to know basis.
- The pre-assessment nurse also has additional responsibility for informing the GP and relevant surgeon about the MRSA positive results, as well as faxing the skin Topical Treatment Protocol sheet to the GP.

Site Nurse Practitioners

- Ensure optimal usage of side rooms to contain spread of MRSA
- Reinforce appropriate actions following positive MRSA results

Laboratories

- Laboratories have a responsibility to process swabs in an accurate and timely manner and to provide quality results that provide information to improve patient care.

3.0 Scope

These guidelines are applicable to all areas in the Trust involved in the care of patients

4.0 Principles

- MRSA screening reduces the risk of healthcare associated infections (HCAI) developing such as MRSA blood stream and surgical site infections.
- MRSA screening contributes to a reduction in the rate of MRSA cross infection
- Early identification of MRSA can contribute to the use of appropriate use of antibiotics
- The Trust recognises the need for a high standard of clinical practice, patient safety and quality care to meet patient and public expectation for Healthcare associated infections (HCAI's).
- Complies with national guidance and directives
- Monitor (NHS Foundation Trust assessment body) check compliance

5.0 Information for Patients

- Explain to the patient that the screen is being taken to check whether or not they are colonised with MRSA
- The results of the screen takes 48 – 72 hours (occasionally 24 hours) to process and that they will be notified of the result
- The result of the screen will in no way be detrimental to the care they receive
- Inform the patient that a negative result on admission / pre-assessment does not necessarily mean that they are not colonised with MRSA but it may be present in such small quantities that it was not detected

6.0 Procedure

6.1 Screening patients

All patients whether planned or emergency (in-patient and day cases) must be routinely screened for MRSA on admission to hospital for non planned care and by the time of their admission for planned care, as a control measure to prevent spread of the organisms excluding:

- Day case ophthalmology
- Day case dental
- Day case endoscopy

- Minor dermatology procedures e.g. warts, or other liquid nitrogen procedures
- Children / paediatrics unless in a high risk group or transfer from another hospital
- Maternity / obstetrics except caesarean sections and other high risk groups' e.g. high risk of complications in the mother and / or potential complications in the baby e.g. likely to need admission to SCBU, NICU, because of size or other known complications / risk factors.

Outpatients

Screen patients that are planned to be admitted (above exclusions apply). If the admission is planned then patients must be referred to the pre-assessment clinic. Patients that do not attend the pre-assessment clinic will need screening in the outpatients department. Document in the patient's notes and mark on OASIS that the MRSA screen has been undertaken / complete relevant paperwork.

Pre-Assessment Clinic

All patients attending pre-assessment clinic must be screened (preferably within 28 days of their admission but up to 126 days is acceptable). Document in the patient's notes and mark on OASIS that the MRSA screen has been undertaken / complete relevant paperwork. Complete OASIS checklist. The Pre-Assessment Clinic has a responsibility for checking the results of patients screened in the Clinic and will initiate treatment for those patients found to be positive – see flow chart 1 and appendix 1 for GP letter and MRSA treatment protocol. This system is subject to continuous audit.

Admissions Office

The admissions office will add an alert 'OS' (outstanding screen) to the patient record on OASIS. This will act as a trigger to the Pre-assessment Team who will contact the patient and arrange for screening pre-admission. Once the screen has been taken the Pre-assessment Team will remove the alert and complete the OASIS checklist.

Day Surgery Unit / Surgical Short Stay Unit

The majority of elective admissions will have been assessed and screened in the pre-assessment clinic. However, there will always be exceptions. Any patient who has not been screened in pre-assessment within 126 days will require screening on admission. Any positive results must be notified to the GP by the DSU / SSSU staff. Document in notes that the screen has been undertaken / complete relevant paperwork.

A&E

Screen all patients except those for maternity, paediatrics or those patients who will be transferred to MAU / SAU / Critical Care Areas (ITU, HDU, SCBU, CCU) Document in the patient's notes that the MRSA screen has been undertaken / complete relevant paperwork.

MAU

Screen all patients within 4 hours of arrival except day cases, those patients coming for blood tests. If in doubt screen the patient. Document in the patient's notes and mark on OASIS that the MRSA screen has been undertaken / complete relevant paperwork.

SAU

Screen all patients. Document in the patient's notes and mark on OASIS that the MRSA screen has been undertaken / complete relevant paperwork.

Medical Day Unit (MDU)

Medical patients with planned admission to be pre-assessed / MRSA screened within MDU as outpatient walk in service or in clinic when it is decided they need an admission to the MDU or other ward. Document in the patient's notes and mark on OASIS that the MRSA screen has been undertaken / complete relevant paperwork. Complete checklist within OASIS.

Screen all patients that are expected to be admitted for a day case admission. Document in the patient's notes and mark on oasis that the MRSA screen has been undertaken / complete relevant paperwork.

Screening should be repeated every 3 months for repeat appointment patients including patients with central lines. Any adhoc or biopsy patients should have screening arranged by the consultant at their outpatient appointment before admission. Any patients who are not referred by consultants at the outpatient appointment to be screened at MDU on day of procedure. This will include last minute bookings of patients and urgent admissions.

Positive results must be followed up by the patient's medical team who will be alerted of the results by the MDU staff.

General In-patient Wards

Screen if the patient has not been screened in A&E / MAU / SAU / Pre-admission Clinic or if the patient is a transfer from another hospital. Document in the patient's notes and mark on OASIS that the MRSA screen has been undertaken / complete relevant paperwork.

Critical Care Areas (ITU, HDU, SCBU – hot nursery, CCU

Screen all patients on admission and thereafter **weekly**

SCBU – refer to Surrey and Sussex Perinatal Network Guidance – see MRSA Guidelines

Maternity

- Screen all caesarean sections (emergency C Sections may have to be screened retrospectively but as soon as possible after delivery). Elective C Sections to be screened a minimum of 4 weeks prior to surgery. Ladies that are found to be positive will be offered counselling by the ante-natal staff and a treatment plan initiated.
- Screen high risk cases i.e. high risk of complications in the mother and / or baby e.g. admission to SCBU / NICU because of size or known complications or risk factors.
- Document in the patient's notes that the MRSA screen has been undertaken / complete relevant paperwork.

Oncology Patients

- Screen each new chemotherapy patient
- Screen before **any** central venous catheter insertion / reinsertion / midline insertion. The responsibility for checking the results is with the person inserting the device and documentation of this will either be found in the case notes or the central venous access device (CVAD) pathway. Patients with CVAD are routinely screened every three months in the community.
- Screen patients at the beginning of each course of chemotherapy if not already screened as above. The Infection Control Nurse will forward a list of MRSA positive results to the Outpatient Manager / Chemotherapy Nurse Manager on a daily basis (Monday – Friday only). Results will be documented on the front of chemotherapy pathway and treatment initiated by the Outpatient Nurse Manager / Chemotherapy Nurse Manager.
- Screen all patients transferred from other hospitals
- If referred from another hospital, request an MRSA screen from the referring hospital – but also screen on admission too
- Document in the patient's notes that the MRSA screen has been undertaken / complete relevant paperwork.

➤ **Ophthalmic / Dental Patients**

- An MRSA screen is required (**NOSE ONLY for ophthalmic patients, nose & groin for dental patients**) if patient is to be admitted for overnight stay. **Day case** ophthalmic / dental patients do **not** require MRSA screening. Screening of ophthalmic patients to be undertaken in the eye clinic as part of the pre-assessment process.
- Emergency ophthalmology / dental patients require screening as other unplanned care admissions – see A&E, MAU, SAU above.

Paediatrics

Screening for MRSA carriage is not usually required unless the child has been transferred from another hospital or has been in-patient in another hospital in the last six months.

IF IN ANY DOUBT – MRSA SCREEN YOUR PATIENT. REMEMBER ALL IN-PATIENTS (UNLESS LISTED IN EXCLUSIONS ABOVE) REQUIRE AN MRSA SCREEN

Any patient with a positive result must have a treatment plan implemented – see section 7 of MRSA Guidelines

Audit of Compliance of Screening

The information Department will report weekly / monthly to the Director of Infection Prevention and Control (DIPC)

6.2 Routine screening swabs should be taken from the following sites:

- Nose – 1 swab for both nostrils, insert tip of swab into nostril and rub in a circular fashion keeping the tip in view.
- Groin / perineum – 1 swab for both groins. Washing / personal hygiene will not interfere with results
- Wounds / breaks in skin integrity, including stoma sites and tracheostomies
- Urine from catheterised patients
- Peg site, supra pubic catheter site
- Additional swabs may be necessary in certain areas of clinical practice, i.e. umbilical swabs from neonates and throat swabs as advised by local Infection Control Team.
- Request a copy of the results for the GP on the request form

If a patient refuses to be screened in pre-assessment (following being given a full explanation of the rationale) they should still be offered a screen on admission. If they still decline do not screen but it should be stated that the requirement is based on national guidance. Document refusal in the patient notes and inform the patient's Consultant.

6.3 Screening method

- Complete a laboratory request form requesting MRSA screening.
- Write clearly the name of the ward and request a copy of the results be sent to the patients GP
- Use a 'black lidded' swab with bacterial transport medium and complete the details on the outside of the container.
- Swabs do not need to be moistened
- If the patient has any wounds swab for MRSA colonisation (the same request form can be used)
- If the patient has a catheter insitu a CSU is required
- Requests for MRSA screening are **only** processed for MRSA. **If routine culture is required then take separate samples with a separate request form.**
- Place samples into specimen bag.
- Send the specimen to microbiology.
- Swabs / specimens requested together will be reported together

6.4 MRSA positive elective patients

- Colonisation with MRSA is not a contra-indication to necessary surgery. However, some surgeons may request Topical Treatment Protocol and clearance swabs before surgery.(See GP letter appendix 1)

- If surgeons have not requested Topical treatment Protocol and clearance swabs prior to surgery it is best practice to have the topical treatment for five days with the surgery planned for day six – see GP letter appendix 1
- Prophylactic antibiotics peri-operatively – see antibiotic guidelines or liaise with the Consultant Microbiologist

6.5 Communication of elective patients' MRSA status - See flow Chart 1

7.0 Treatment / Management – see flow chart 2 and table 1 and Section 7 of MRSA Guidelines

Treatment regimes are only 50 – 60% effective for long term clearance but as soon as the treatment is commenced the presence and shedding of MRSA are reduced significantly and the risk of patients infecting themselves or transmitting MRSA to others is much reduced.

Treat all In-Patients and Those Outpatients found to be MRSA Positive at pre-Assessment Clinic prior to surgery.

If patient has been discharged when result available the GP must be informed.

Inform the patients Consultant

7.1 Colonisation

- A five-day Topical Treatment Protocol is recommended to reduce / eliminate carriage of MRSA (see table 1). Generally, the **FULL** protocol regime should be given regardless of the site of colonisation, this is because patients may colonise themselves from one site to another.
- Following treatment the patient will require full screening swabs – see flow chart 2
- Three sets of negative swab results are required to establish 'clearance' from MRSA. These should be taken a minimum of 48 hours apart. Refer to the Flow chart 2.
- A maximum of two five day treatment protocols per hospital admission – this is to reduce the risk of Mupirocin resistance.
- In exceptional circumstances and only on advice from the Infection Control Team / Consultant Medical Microbiologist further Topical treatments may be recommended.
- If the patient is for elective surgery and the Consultant has NOT requested clearance screens prior to surgery it is best practice to give the topical treatment for 5 days and for the surgery to take place on the 6th day.
- If MRSA result is not available prior to surgery or insertion / reinsertion of CVAD / midline device – inform the Consultant. If surgery or device insertion to go ahead commence treatment protocol. Continue treatment until negative screen result available for a maximum 5 days.
- For neonates use Octenisan diluted 50:50 with water. On days 1, 3 and 5 wash the body, neck and face. On days 2 and 4 wash as days 1, 3 and 5 but in addition wash the hair. Mupirocin nasal ointment 2% 3 times a day for 5 days. See MRSA guidelines for further treatment advice for neonates.
- Towels and bed linen should be changed **daily** for patients whilst on treatment protocol.
- Patients wash bowls must be cleaned with a Clinell Sanitising wipe after use and stored dry.
- Patients with wounds colonised with MRSA can have daily showers.
- Seek advice from the Tissue Viability Nurse particularly for the management of complicated wounds.

MRSA Screening / Management Summary Flow Chart 1

Elective and Unplanned Care

Elective Patients - MRSA screened in Pre-Assessment within 126 days of surgery. Take MRSA screen (nose, perineum, breaks to skin, CSU) of patient in:

- Pre-assessment clinic unless for day case exclusions
- DSU / SSSU / General Wards – screen patients on admission if not screened within 126 days of planned surgery in pre-assessment
- Patients for insertion / reinsertion of invasive devices

Unplanned Care Patients

- All patients entering SAU, MAU, A&E, Critical Care Areas inc SCBU (except Maternity and Hascombe ward Patients unless in high risk group)
- Ward if direct admission or transfer from another hospital or if not screened in pre-assessment clinic or in SAU, MAU, A&E
- Oncology patients screen before insertion of invasive device and at the beginning of each course of chemotherapy

MRSA Positive

The Pre-assessment nurse / Oncology Department / SSSU / DSU will inform the following:

- **Admitting Consultant** - Consultant may consider postponing surgery / invasive device insertion until Topical Treatment has been given with / without clearance screens. Doctors / Staff may wish to liaise with Consultant microbiologist
- **The Patient** - give MRSA information leaflet
- **The GP** – to be asked to prescribe Topical treatment with instructions to commence **5 days prior to surgery (operation on day 6)** unless clearance screens are required by the surgeon. See GP letter appendix 3
- If admission is occurring in less than 5 days, topical treatment to be commenced and continued in hospital
- **Inform the Admissions Office**

The Admissions Team will:

- Inform the SNPs on the elective patient list
- Liaise with theatre staff

The SNP's will:

Allocate a side room and inform admitting ward of patient's MRSA status

Medical Team will:

Consider antibiotic

prophylaxis with
Teicoplanin

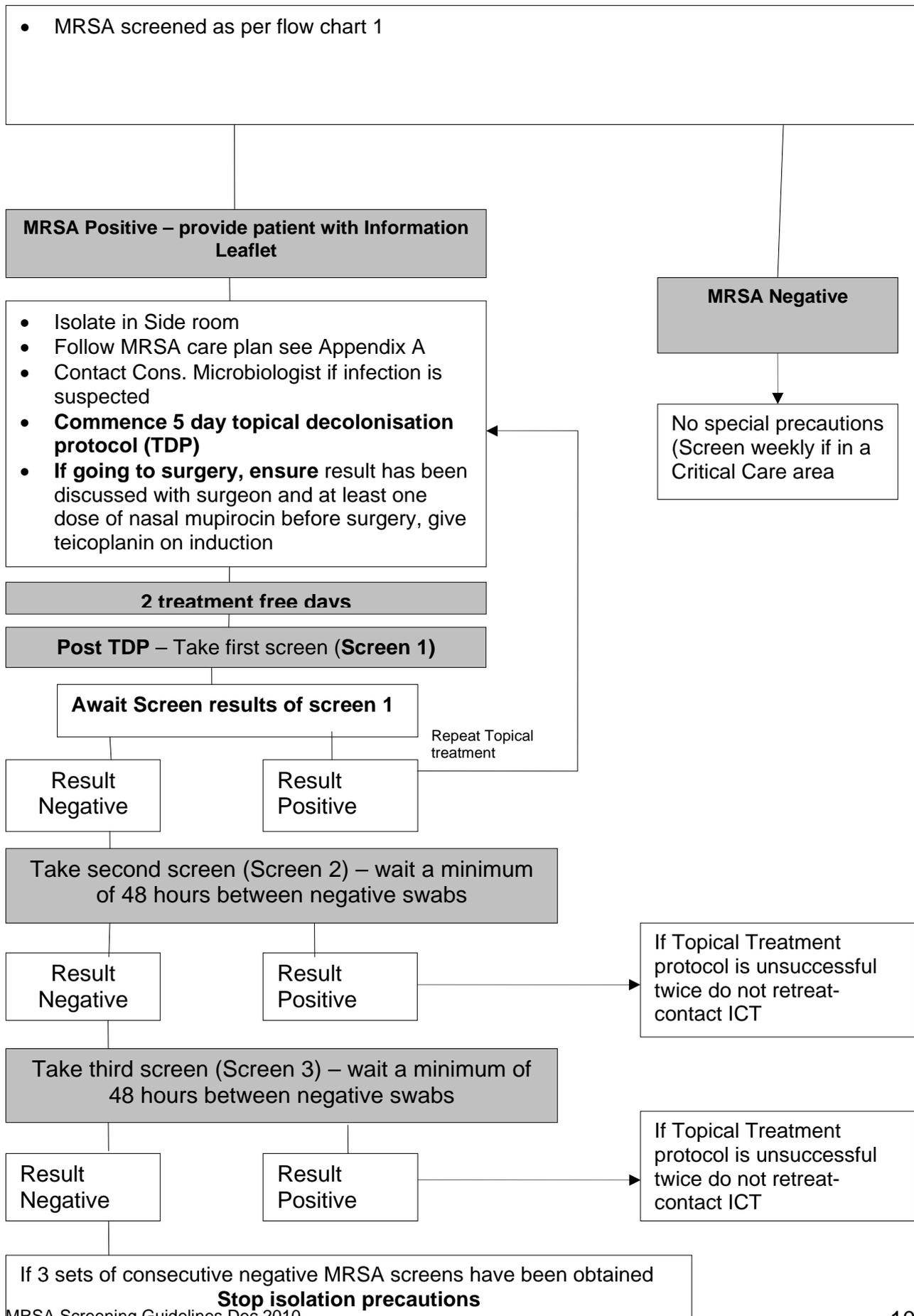
MRSA Negative

➤ No special precautions

MRSA Result Unknown at time of elective surgery / insertion of invasive device

- Inform Consultant
- Take MRSA screen and document
- **Consider topical treatment and ensure at least one dose of mupirocin is given prior to surgery. (Continue topical treatment until results known for a maximum of 5 days). Proceed with surgery / insertion of device if instructed by consultant**
- Administer Teicoplanin prophylactically on induction if ASA score is greater than 2

MRSA Management Summary Flow Chart 2 - Inpatient



Site	Treatment	Duration	Comments
Nasal ointment: apply to each nostril	▪ 2% mupirocin in a paraffin base (Bactroban),	3 times daily for 5 days	-Use a cotton tip (one per nostril) apply into each nostril and rotate, pinch together to disperse. Dispose of cotton tip after use
Skin disinfectant: use for bathing instead of ordinary soap	▪ Octenisan antiseptic Wash	Daily for 5 days	-apply directly to moistened skin using a single use disposable wash cloth. A contact time of 3 minutes is required. Rinse and dry thoroughly. -do not dilute in bath or washbowl, reduces the effectiveness.
Hairwash: Use as a shampoo	Octenisan antiseptic Wash	Twice during for 5 day treatment protocol	Ordinary shampoo may be used afterwards if desired by the patient.

Table 1 – MRSA Topical Treatment Protocol

- If MRSA is resistant to Mupirocin then Naseptin Cream is required for a 10 day treatment plan. **Naseptin contains peanut oil so check for allergies**
- MRSA treatment packs are available from the Pharmacy Department. Packs must **ONLY** be used as part of an MRSA topical treatment protocol.
- MRSA treatment protocol is available on a patient group directive (PGD)
- If skin irritation occurs discontinue the use of the body wash / mupirocin. The Consultant Microbiologist will advise on alternatives
- Do NOT screen patients for MRSA carriage whilst on the topical treatment

7.2 Extra Precautions for Known MRSA positive patients going to surgery / insertion / reinsertion of invasive device e.g. central line, ERCP, PEG insertion, RIG insertion, traumatic urethral catheter insertion, suprapubic catheter insertion etc (excludes peripheral lines)

- Ensure the Consultant in charge is aware of result
- Cover any wounds with an impermeable dressing
- Consider antibiotic prophylactic cover with teicoplanin
- Put clean linen on bed – ensure bed is clean with no visible dust
- Recover the patient in theatre or alternatively risk assess the other patients and recover in recovery if dedicated nurse available.
- Ensure at least one dose of Topical treatment is given prior to surgery / device insertion

7.3 Extra Precautions if MRSA status is UNKNOWN (excluding emergency caesarean section) at time of surgery / insertion / reinsertion of invasive device e.g. central line, ERCP, PEG insertion, RIG insertion, traumatic urethral catheter insertion, suprapubic catheter insertion etc (excludes peripheral lines)

- Ensure the Consultant in charge is aware that the result is unknown
- Ensure MRSA screen has been taken and documented
- Consider topical treatment and ensure at least one dose of mupirocin is given prior to surgery. Discontinue treatment when negative results are available.
- Administer teicoplanin prophylactically on induction if ASA score is greater than 2
- Proceed to surgery / insertion of device only on consultants instructions

7.4 Infection

- Where clinical infection exists, in addition to the treatment protocol outlined in table 1 systemic antibiotics may be required.
- Review the patients antibiotics
- Glycopeptides should be used according to Trust Guidelines for MRSA infection – contact the Medical Microbiologist for advice.

8.0 Post treatment screening swabs - Refer to the flow chart 2

- Following 5 days of topical treatment stop for two days and then re-screen (please ensure that any wounds including around invasive devices, CSU if catheter insitu are screened as part of the post treatment screen) **Screen 1**
- If **screen 1** result is negative – ensure at least 48 hours has lapsed since **screen 1** was taken and screen again as above. **Screen 2**
- If **screen 2** result is negative – ensure at least 48 hours has lapsed since **screen 2** was taken and screen again as above. **Screen 3**
- If **screen 3** result is negative the patient is considered to be MRSA free and isolation can be discontinued. Follow guidance for 'terminal cleaning'.
- If any of the screens are **POSITIVE** then re-commence the Topical treatment protocol – only **two** treatments per any hospital admission.
- If patient remains positive following two Topical treatment Protocols inform Infection Control.

9.0 Compliance and Assurance

The following will be audited continuously:

- Proportion of admitted patients who have been screened for MRSA in all clinical areas
- Proportion of patients with a positive MRSA screen who have received Topical Treatment protocol
- The MRSA status of all patients will be ascertained at the time of administration of anaesthetic for any qualifying procedure:
 - Screened Yes / No
 - If screening result not available Topical Treatment Protocol commenced Yes / No
 - Teicoplanin given on induction Yes / No as per MRSA guidelines
- These audits will be the responsibility of the individual SBU's
- Except in the case of clinical urgency or patient choice a patient's name will not be placed on an admission list unless their MRSA status is known (see appendix 2 for letter to all consultants)
- MRSA screening compliance will form part of the DIPC report to the Trust Board on a monthly basis
- Audit of compliance with MRSA treatment protocols

10.0 Impact Assessment

An equality impact assessment has been conducted on these guidelines and concluded that there are no high risks relating to the implementation of these guidelines which would negatively impact on minority groups.

References

Ayliffe, .G. A. J. et al (2000) Control of Hospital Infection 4th Edition, 181-189, London: Arnold

Lessing, M. P. A. (1996) When should healthcare workers be screened for methicillin-resistant *Staphylococcus aureus*? Journal of Hospital Infection, 34, 205-210

MuColloch, J. & Finn, L. (2000) Management of known infections, in MuColloch, J. (ed) Infection Control – Science, management and practice, 316-351, London: Whurr Publishers

Royal College of Nursing (2000) Methicillin-resistant *Staphylococcus aureus* (MRSA) Guidance for nurses, London: Royal College of Nursing

Wilson, J. (2001) Infection Control in Clinical Practice 2nd Edition, 92-96, London: Bailliere Tindall

Working Party of the British Society for Antimicrobial Chemotherapy, Hospital Infection Society, Infection Control Nurses Association (2006) Guidelines for the control of methicillin-resistant *Staphylococcus aureus* infection in hospitals, Journal of Hospital Infection, 63S, S1-44

Saving Lives- Summary of Best Practice: Screening for MRSA Colonisation a Strategy for Screening 2007 www.dh.gov.uk

Saving Lives- Summary of Best Practice: Isolating patients with healthcare associated infection. 2007 www.dh.gov.uk

Department of Health (2008) MRSA screening – Operational Guidance, Gateway reference 11123

The NHS in England: the operating framework for 2008/9
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

The NHS in England: the operating framework for 2009/10
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091445

APPENDIX 1: GP LETTER MUPIROCIN SENSITIVE AND CARE PATHWAY

Royal Surrey County Hospital 
 NHS Foundation Trust

Pre Operative Screening

Egerton Road
 Guildford
 Surrey
 GU2 7XX

Tel: 01483 571122 Ext: 6392/4628

21 December, 2010

Dear Dr

Re: "[Type patient's Full Name & DOB here]"

This patient attended the Pre Operative Assessment clinic on/...../201....

At that appointment, following patient consent, an MRSA clinical screen was performed and this patient's test results are positive. A specific course of topical treatment is now necessary prior to surgery.

This patient's MRSA is Mupirocin sensitive, therefore, please prescribe:

1. Aquasept / Octenisan Skin Cleanser	Daily for 5 days	Apply to the whole body and hair, leave for 10 minutes if possible, then wash off.
2. Mupirocin 2% Nasal Ointment	Three Times Daily for 5 days	Apply into both nostrils, massage in for 1 minute.

In light of this I would be grateful if you would contact this patient and prescribe the relevant topical treatment protocol as stated above. Please arrange for the patient to collect and commence treatment as soon as possible, as any delay may potentially delay the date for hospital admission. Attached is an MRSA treatment protocol for patient use.

Clearance swabs are / are not required (delete as appropriate). If required following topical treatment for five days, wait for two days before reswabbing for MRSA clearance screening. **Three consecutive negative screens are required taken a minimum of 48 hours apart.** Screening swabs consist of nose, groin and if applicable any wounds and a CSU if indwelling catheter.

This patient's hospital admission is scheduled for/...../.....

Your assistance in this task is greatly appreciated and should you have any concerns please do not hesitate to contact the Pre Operative Assessment Service between 0900hrs and 1600hrs.

Yours sincerely

[Type details of Pre Assessment Nurse]

MRSA Treatment Protocol – MUPIROCIN SENSITIVE

Patient Name _____ **Hospital**
Number _____

Consultant _____ **Date of Birth** _____

Pre treatment **POSITIVE** MRSA swabs (✓ appropriate box) nose axilla groin
other
if other state where _____ Date swabs
taken _____

This care plan should be followed for all patients who are known to be positive for MRSA positive as well as those patients with a less than five days admission time. Please keep the record up to date and bring it with you to your clinic / hospital admission.

Topical decolonisation protocol **MUST** continue for 5 day, followed by 2 days without treatment before being re-screened. Please ensure that you are able to make an appointment with the Practice Nurse / District Nurse / RSCH Pre-Assessment Team for the 8th day.

Treatment Week 1		Treatment Day	1	2	3	4	5
		Date					
Drug	Instructions	Frequency					
Aquasept / Octenisan skin cleanser or equivalent	Use instead of soap. Apply to whole body & leave on for 3 minutes, rinse off and dry thoroughly. Do NOT dilute. Avoid contact with eyes.	Use Once Daily for 5 days.					
Aquasept / Octenisan skin cleanser or equivalent	Use as shampoo – if clinical condition allows	Use at least twice during 5 days					
Mupirocin 2% nasal ointment	Use disposable cotton swab to apply a match head size portion of ointment to both nostrils and massage for 1 minute. Use a different cotton tip for each nostril	Use Three Times a Day for 5 days					

Appendix 2: GP LETTER: MUIPIROCIN RESISTANT LETTER AND CARE PATHWAY

Pre Operative Screening

Egerton Road
 Guildford
 Surrey
 GU2 7XX
 Tel: 01483 571122 Ext: 6392/4628

21 December, 2010

Dear Dr

Re: "[Type patient's Full Name & DOB here]"

This patient attended the Pre Operative Assessment clinic on/...../201....

At that appointment, following patient consent, an MRSA clinical screen was performed and this patient's test results are positive. A specific course of topical treatment is now necessary prior to surgery.

This patient's MRSA is Mupirocin **resistant**, therefore, please prescribe:

1. Aquasept / Octenisan Skin Cleanser	Daily for 10 days	Apply to the whole body and hair, leave for 10 minutes if possible, then wash off.
2. Naseptin® Cream - contains peanut oil so check for allergies	Four Times Daily for 10 days	Apply into both nostrils, massage in for 1 minute.

In light of this I would be grateful if you would contact this patient and prescribe the relevant topical treatment protocol as stated above. Please arrange for the patient to collect and commence treatment as soon as possible, as any delay may potentially delay the date for hospital admission. Attached is an MRSA treatment protocol for patient use.

Clearance swabs are / are not required (delete as appropriate). If required following topical treatment for ten days, wait for two days before reswabbing for MRSA clearance screening. **Three consecutive negative screens are required taken a minimum of 48 hours apart.** Screening swabs consist of nose, groin and if applicable any wounds and a CSU if indwelling catheter.

This patient's hospital admission is scheduled for/...../.....

Your assistance in this task is greatly appreciated and should you have any concerns please do not hesitate to contact the Pre Operative Assessment Service between 0900hrs and 1600hrs.

Yours sincerely

Pre Assessment Nurse

MRSA Treatment Protocol – MUPIROCIN RESISTANT

Pre treatment **POSITIVE** MRSA swabs (✓appropriate box) nose axilla groin other

if other state where _____ Date swabs taken _____

Please keep the record up to date and bring it with you to your clinic / hospital admission.

Topical decolonisation protocol **MUST** continue for 10 days, followed by 2 days without treatment before being re-screened. Please ensure that you are able to make an appointment with the Practice Nurse / District Nurse / RSCH Pre-Assessment Team for the 12th day.

Treatment Week 1		Treatment Day	1	2	3	4	5	6	7	8	9	10
		Date										
Drug	Instructions	Frequency										
Aquasept / Octenisan skin cleanser or equivalent	Use instead of soap. Apply to whole body & leave on for 3 minutes, rinse off and dry thoroughly. Do NOT dilute. Avoid contact with eyes.	Use Once Daily for 10 days.										
Aquasept / Octenisan skin cleanser or equivalent	Use as shampoo – if clinical condition allows	Use at least four times during 10 days										
Naseptin Cream - contains peanut oil so check for allergies	Apply into both nostrils using a separate cotton tip for each nostril and massage for 1 minute	Use four Times a Day for 10 days										

Royal Surrey County Hospital 
NHS Foundation Trust

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GU2 7XX

Direct Dial 01483 571122 x 2044

20th May 2010

Dear Colleague

Re: MRSA Screening – All Elective Surgery

Following the DoH Directive on MRSA screening on the 1st April 2009 all surgical patients, including day surgery patients must have a known MRSA status confirmed prior to surgery.

We, as a Trust, must to be 100% compliant in this directive, and our compliance will be reported to the SHA through audit.

In order to comply with the DoH Directive on MRSA Screening please ensure that all your patients whom you add to your waiting list are sent to the Pre-Operative Assessment Unit (POA) on Level A in order that they are appropriately pre-screened for their procedure. Failure to attend the POA for MRSA Pre screening may result in your elective patient being cancelled on the day of the surgery if their MRSA status is not known.

The POA Unit is where all of the trusts surgical patients will be screened for MRSA prior to their admission for surgery. Patients will need to come directly from your outpatient clinic to the POA Unit bringing with them their admission card. Following their pre screening all admission cards will be forwarded on to the admission office.

The percentage of patients screened for your speciality is also highlighted on the SBU scorecard. It is your responsibility to ensure that your patients have been screened

I know that many of you already use the services of the POA Unit; however there are some of you that are still not taking full advantage of the services the unit offers. Should you want further information about the POA Unit or clarification on the DoH Directive then please do not hesitate to contact me.

.....
Julie Burgess
Surgical Matron

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Christopher Tibbs DIPC
Medical Director

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Nicola Waring-Edkins
Associate Director

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