



MRSA – GENERAL QUESTIONS & ANSWERS

What is MRSA & is it important in the community?

It is quite normal for a wide variety of bacteria to live on our bodies including one called *Staphylococcus aureus*. This bacteria is found in 20 –40% of the noses of normal healthy people and is also commonly found on people's skin, usually without causing harm. However, in certain circumstances, particularly if the skin is broken (eg with cuts or sores) this bacteria can cause boils, skin and other infections. Within hospitals there are patients who are particularly vulnerable to infection with this germ, either because they are unwell or have had surgery and therefore have open wounds.

MRSA stands for methicillin resistant *Staphylococcus aureus*. This means that it is resistant to methicillin, which is one antibiotic, as well as sometimes several other antibiotics. MRSA behaves in the same way as ordinary *Staphylococcus aureus* and does not cause different or more serious infections. However, infections with MRSA can be more difficult to treat as there are fewer antibiotics available with which to treat them and some of the antibiotics can be given by injection only. For these reasons there are concerns about the spread of MRSA in hospitals and thus patients with MRSA may be isolated in side rooms or special wards.

Outside hospitals, people may carry MRSA without it causing harm to themselves or others. They are said to be MRSA carriers or to be colonised with MRSA. Good hygiene (**Universal Infection Control Precautions**) particularly in the form of simple every day precautions, is all that is required to prevent the spread of MRSA and indeed many other infections.

It is worth remembering that everyone is exposed to people with infections. Often this is prior to the infectious person having obvious symptoms. Using prevention in the form of universal precautions can reduce the spread of MRSA and other infections to vulnerable individuals

It is thus not always possible to identify people who may spread infection to others, therefore precautions to prevent the spread of infection must be followed at all times. Basic hygiene is vital. The environment in general must be kept as clean and dry as possible. Thorough hand washing and drying between caring for people, and whenever necessary has been shown to be the single most important measure in reducing cross - infection.

Common questions about MRSA

Is MRSA dangerous?

MRSA is not a new problem. Strains of it first appeared in the early 1960s.

MRSA behaves in the same way as ordinary *Staphylococcus aureus* and does not cause different or more serious infections. It rarely, if ever, presents a danger to the general public. It should not therefore be a reason for stopping a person being admitted to a care home or community hospital, nor discharged back to their own home.

Most patients who acquire MRSA while in hospital are not infected by the bacteria, it is just living harmlessly on the body with a wide variety of other bacteria that are normally present. However, in hospitals it may spread to wounds and cause infection in other patients and the carrier themselves.

How is MRSA Treated?

In a hospital situation, and following the national recommended guidelines a course of creams and liquids may be given to apply to skin and wounds to try and get rid of the MRSA. This is known as an eradication programme and usually lasts five days.

In the infrequent situation where MRSA causes an infection, antibiotics may be required. Whilst there are always antibiotics available to treat MRSA, the range is smaller and sometimes the antibiotics cannot be taken by mouth but have to be given by injection.

Why are special precautions taken in hospital?

Patients in hospital are more likely to be exposed to or develop a wide variety of infections. Universal infection control precautions are in place mainly for the protection of other patients whom visitors may come into contact with before leaving the hospital.

Whilst in hospital, therefore, the patient with MRSA may have to be nursed in a sideroom or special ward. In addition, their visitors may be asked to wear gloves and aprons and before going home advised to wash their hands.

What precautions are needed outside hospital i.e. at home?

Once the patient is discharged home from hospital, it is important to continue with good standards of hygiene but there is no need for any further isolation of the person with MRSA from their family and friends. As MRSA does not pose a risk to healthy individuals, pregnant women, babies or children, the person with MRSA can return to normal activities such as visiting and receiving friends,

shopping or other activities. Once the eradication programme is completed, no further swabs for MRSA will need to be taken.

If, in the future, the patient is asked to attend the hospital outpatients department or be readmitted to hospital, the hospital needs to be advised that the person has been a carrier of MRSA, so that they can check that they are clear of the bacteria before performing any invasive procedures or admitting the person to a general ward.

Is there a risk to other patients/staff for an MRSA carrier is admitted to a care home/community hospital?

If basic good hygiene precautions are followed, MRSA carriers (colonised persons) are not a hazard to other residents, members of their family, visitors or staff, including babies, children and pregnant women. Carriage of MRSA should not be a reason for stopping admission to a nursing or residential home, community hospital or for discharge to their home. It should not be a reason for discriminating against these people.

What risk is there of home carers who are working with infected clients passing the infection on to other clients or their own families?

There should be no risk of transmission if infection control practices are followed.

NB Carers with eczema, dermatitis or open skin lesions should not normally be assigned to these clients and should seek occupational health advice.

Should home carers who visit MRSA clients not visit HIV or TB Infected Clients?

Home Carers visiting MRSA clients can also be assigned to HIV/TB clients provided infection control practices are followed.

Should home carers who have, or are recovering from, colds, 'flu or other illnesses, be sent to MRSA Clients?

There should be no problem about carers recovering from colds and 'flu attending MRSA clients.

Who Provides Treatment and Takes Responsibility for Monitoring?

Hospitals may discharge patients on an MRSA Eradication Programme which would be overseen by a Community Nurse. There is no need for subsequent monitoring of the patient.

What about screening?

There is no need for routine screening for MRSA unless there is a clinical reason. In this case a medical or nurse practitioner would assess the need for this and organise swabs/specimens to be taken and sent to the local hospital for general microbiological investigation.

What protective clothing should home carers take? (Aprons and gloves are standard; should they wear masks, different overalls or hair covering)?

Disposable plastic aprons and non-powdered latex gloves are sufficient when dealing with wounds or handling blood/body fluids. They should be discarded at the end of the procedure as clinical waste and the hands washed and dried.

Hands should be washed well with liquid soap and warm water. They should then be dried thoroughly with disposable paper towels, in a care home setting, or on a separate towel to the client if at home. It is important to note that the technique of hand washing is more important than the cleaning agent used. Those suffering from eczema/psoriasis should not undertake intimate personal care of a person with MRSA. Any cuts, sores and wounds in carers and clients should be kept covered with an impermeable dressing.

Please contact the South West London Health Protection Unit for general or specific queries on : 020 8682 6132.

Bibliography:

Working Party (1995) Guidelines on the control of methicillin-resistant Staphylococcus aureus in the Community: Journal of Hospital Infection: 31: 1-12

West Surrey Health Authority (July 2000) MRSA in the Community Infection Control Policy

DOH (1998) MRSA – What nursing and residential homes need to know

DOH, Wetherby