

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Meticillin Resistant *Staphylococcus aureus*  
(MRSA) Screening Policy and Procedure

<b>Requested/ Required by:</b>	Infection Prevention and Control Committee
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## Document History

<b>Requirement for document:</b>	<p>To ensure all staff are aware of screening patients for Meticillin Resistant <i>Staphylococcus Aureus</i> (MRSA) which will in turn:</p> <ul style="list-style-type: none"> <li>• reduce the risk of cross infection from MRSA to at risk and vulnerable patients</li> <li>• reduce the risk of patients identified as MRSA positive developing a systemic infection</li> <li>• to achieve compliance with DoH recommendations</li> </ul>
<b>Cross References:</b>	<ul style="list-style-type: none"> <li>• Reducing healthcare associated infections: from trust board to ward; Department of Health, August 2007.</li> <li>• Learning through action to reduce infection, National Patient Safety Agency.</li> <li>• Isolating patients with healthcare – associated infection. A summary of best practice; Department of Health, September 2007, Gateway reference 8772.</li> <li>• Screening for Meticillin-resistant staphylococcus aureus (MRSA) colonisation. A strategy for NHS trusts a summary of best practice, Department of Health, August 2007, Gateway reference 7321.</li> <li>• Guidelines for the control and prevention of meticillin-resistant staphylococcus aureus (MRSA) in healthcare facilities by the joint BSAC/HIS/ICNA working party on MRSA, Journal of Hospital Infection 2006; 63S: S1-S44.</li> <li>• Loveday H.P, Pellowe C. M, Jones S. R. L. J, A systemic review of the evidence for intervention for the prevention and control of meticillin-resistant staphylococcus auteus (1996-2004) report to the joint MRSA working party (subgroup A). Journal of Hospital Infection 2006; 63S:S45 – S70.</li> <li>• Health and Social Care Act 2008 and the Code of Practice</li> </ul>
<b>Associated Documents (MTW):</b>	<p>Infection Control Policy (2009)          Outbreak Control Policy (2008)          Hand Hygiene Policy (2009)          Guidance for Isolation of Patients with Known or Suspected Infection (2009)          Environmental Disinfection Policy (2009)          Control and  <b>Management of Meticillin Resistant <i>Staphylococcus aureus</i> (MRSA) including Screening and De-colonisation (2009)</b></p>

Version Control:		
Issue:	Description of changes:	Date:
1.0	New Policy	November 2010

## Policy Statement for

# Meticillin Resistant *Staphylococcus aureus* (MRSA) Screening Policy

This policy is necessary to provide staff with clear guidance on the structures for screening patients for MRSA.

Through compliance with this policy patients will be managed safely, provided with optimum care and their risk of infection from MRSA reduced.

Hospital acquired MRSA infection is largely preventable by good infection control practice being undertaken by all staff at all times. The reduction of MRSA rates of bacteraemia and other infections is a high priority within Maidstone & Tunbridge Wells NHS Trust (MTW). This policy is written to support this objective and to ensure compliance with Department of Health guidance.

The transmission of MRSA and risk of MRSA infection (including MRSA bacteraemia) can only be addressed effectively if measures are taken to identify MRSA carriers as potential sources and treating them to reduce the risk of transmission. This requires screening of patients for MRSA carriage either before or on admission to identify carriers and implement a decolonisation regime.

Clinical infection with MRSA (including bacteraemia) occurs either from the patient's own resident MRSA (if he or she is an asymptomatic carrier) or by cross infection from another person, who could be asymptomatic carrier or have a clinical infection.

Compliance with this policy will be measured by direct comparison with patient admission numbers and numbers of specimens received for screening and by random point prevalence survey. Results will be reported monthly to the infection prevention and control committee.

# Meticillin Resistant *Staphylococcus aureus* (MRSA) Screening Procedure

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## 1.0 Introduction and Scope

### 1.1 Aim

The aim of this policy is to reduce the risk of infection from MRSA and the spread of MRSA to other vulnerable patients by identifying those patients who are carrying this organism.

### 1.2 The normal habitat of Staphylococcus aureus, including MRSA, is human skin, particularly in the:

- Anterior nares (nose)
- Throat
- Groin

MRSA is a potential risk to the safety of patients and the Trust. Ward closure may be necessary in an outbreak and significant resources are required to contain the spread.

It is possible to prevent MRSA transmission by all health care workers by using good infection control practices. These include hand washing, the appropriate use of gloves and aprons and the isolation or cohorting of positive patients when possible. As new cases of MRSA are identified it is important to maintain good infection control practice at all times.

The transmission of MRSA and risk of MRSA infection (including MRSA bacteraemia) can only be addressed effectively if measures are taken to identify MRSA carriers as potential sources and treating them to reduce the risk of transmission. This requires screening of patients for MRSA carriage either before or on admission to identify carriers and implement a decolonisation regime.

Clinical infection with MRSA (including bacteraemia) occurs either from the patient's own resident MRSA (if he or she is an asymptomatic carrier) or by cross infection from another person, who could be asymptomatic carrier or have a clinical infection.

### 1.3 This policy applies to all staff working for MTW.

## 2.0 Definitions

### **Screening**

A series of tests on samples taken from key carrier sites to determine the presence or absence of micro-organisms.

### **Infection**

Symptoms elicited by the body in response to presence of micro-organisms e.g. raised temperature, raised white cell count, redness at the site.

### **Colonisation**

The presence of micro-organisms but no immune response elicited by the body.

### **Decolonisation / Suppression**

Treatment given to reduce the bacteriological burden.

### 3.0 Duties

- The **Chief Executive** has overall responsibility for the control and management of MRSA in the Trust and must ensure that the Trust has appropriate staff and resources to manage this policy and procedure.
- **The Director of Infection Prevention and Control**  
Is the executive lead for Infection Prevention and Control, and will ensure, working in partnership with the Director of Nursing, that necessary management arrangements are in place to minimise the risks of healthcare associated infection, which includes MRSA.
- **The Infection Prevention Team**  
Are responsible for the daily monitoring of MRSA cases within the Trust, and providing advice and support to clinical areas around management and care. It is also their responsibility to ensure that all patients are identified from screening are identified on the patient centre system.
- **All Managers** are responsible for ensuring their staff are aware of this policy and that they understand and adhere to the measures and protocols contained within.
- **Pre-admission Clinic and Outpatient Staff**  
It is the responsibility of staff working in these areas to ensure all patients fulfilling the criteria for elective screening are screened in accordance with this policy. It is also the responsibility of these staff to follow-up the results and any positive patients identified are to have decolonisation/suppression treatment administered in a timely manner.
- **Surgical Teams**  
It is the responsibility of the surgical teams to know the MRSA status of patients they are to be performing surgery on and that appropriate decolonisation/suppression treatment and chemoprophylaxis has been administered.

### 4.0 Training / Competency Requirements

Training will be delivered by the infection control team through the mandatory clinical updates and Trust Welcome days, the infection control link representative meetings and ward managers meetings.

**Training needs analysis:**

Staff Group	Training level	Method of delivery	Timescale
All new staff on entry into organisation	Basic awareness including rationale for actions required for MRSA positive patients and prevention of cross infection	Information delivered by PowerPoint presentation at Welcome Induction and Induction Handbook.	Within 3 months of joining the Trust through the welcome days
All staff currently working for the organisation	Basic awareness including rationale for actions required for MRSA positive patients and prevention of cross infection	Information delivered by PowerPoint presentation or e-learning	Annually through the mandatory clinical updates
Infection control link representatives	Detailed awareness including rationale for actions required for MRSA positive patients and prevention of cross infection	Information delivered by PowerPoint presentation	Immediately through link nurse meetings

**5.0 Procedure**

**5.1 Patients who require MRSA screening**

The following groups of patients should be screened for MRSA:

**5.1.1 ELECTIVE PATIENTS**

The purpose of pre-admission screening is to minimise the risk of the patient becoming infected with his or her own MRSA and to minimise the risk of transmission of MRSA to other vulnerable patients. The incidence of infection in these patients is low but the effect of MRSA infection if it occurs can be devastating.

**PRE-OPERATIVE PATIENTS INCLUDING:**

- Elective Orthopaedic (\*including paediatric orthopaedic surgery)
- Elective Breast Surgery
- Elective Vascular Surgery
- Major Urology Surgery
- Upper and lower gastro intestinal surgery
- General surgery
- Gynaecology surgery
- Elective caesarean section
- ENT surgery
- Day case patients (including line insertions and pain clinic attenders)

Screening should be undertaken at pre-assessment clinic or in outpatients.

#### DAY ATTENDERS INCLUDING:

Oncology chemotherapy  
Pain clinic  
Line insertions such as Groshong, Hichman and Portocaths  
Interventional radiological procedures  
Bone marrow aspirations  
Venesection  
Day case blood transfusion  
Patients attending a day case area for interventional treatment or procedure

#### EXCLUSION CRITERIA:

- Day case ophthalmology
- Day case dental
- Day case endoscopy
- Radiotherapy day case attendance
- Minor dermatology procedures e.g. warts or other liquid nitrogen applications
- Children/paediatrics (unless already in a high risk group \*see elective orthopaedic surgery above)
- Maternity/obstetrics (except elective caesareans and any high risk cases)
- Patients attending for termination of pregnancy
- Repeat attenders (not every admission \*see non-elective screening below)

#### 5.1.2 NON-ELECTIVE PATIENTS

By the end December 2010, all non-elective admissions are to be screened for MRSA (\*\*with the exception of paediatric admissions. Patients in this category will be screened according to the categories below).

#### 5.1.3 PAEDIATRIC SCREENING CATEGORIES:

All paediatric admissions fulfilling the high risk category (see below for categories) are to be screened for MRSA on admission:

- Children with a history of MRSA
- Admissions or transfers from other hospitals or healthcare environments
- Children with long term indwelling devices in situ (e.g. PEG lines, tracheostomy tubes, hickman lines etc.)
- Children with chronic wounds
- Children receiving oncology care/treatment
- Children requiring orthopaedic surgery
- Repeat attenders (not every admission but the current screen should be repeated if more than eight weeks old)

#### 5.1.4 REPEAT ATTENDERS

Patients who are repeat attenders/admissions to the Trust should be screened (not every admission but the current screen should be repeated if more than eight weeks old)

## 5.2 Screening (sites to sample)

**A standard screen consists of swabs taken from:**

- Anterior Nares (1 swab of both nostrils)
- Throat
- Groin (1 swab of both sides) – only if patient to be having procedure below the waist
- Axilla (1 swab of both sides) – only if patient having procedure around the chest or neck
- Any skin lesions or wound
- Urinary catheter specimen (CSU)
- Any indwelling device sites

Sites to sample may be varied in particular circumstances on the advice of the Infection Control Team.

### 5.2.1 Screening Method

#### SAMPLE COLLECTION

1. explain procedure to the patient and obtain their consent
2. collate swabs (identify swab type i.e. blue colour top in transport medium) and request forms
3. thoroughly wash and dry hands or use alcohol hand rub
4. if sampling a dry site or the nose, immerse swab into sterile sodium chloride 0.9% (normal saline)
5. rub the swab firmly into the anterior nares of the nostril and other areas
6. place the swabs in the transport medium
7. correctly label swab and request form with patients relevant clinical details and write MRSA screen on request form
8. ensure all swabs are sent to the laboratory as soon as possible after collection
9. record your actions and subsequent results in the patients notes as appropriate

#### **SEE APPENDIX FOUR**

It is the responsibility of the staff member admitting the emergency patients or running the pre admission clinic, to screen the patient.

#### RESULTS PROCEDURE

The nurse or medical team responsible for the care of the patient will check all swab results taken on or following admission to hospital. If the results are MRSA positive they are to commence the decolonisation regime.

### 5.2.2 Rescreening Criteria

#### **Elective Admissions:**

All elective admission patients should have a valid MRSA screen within eight weeks of their admission.

### **Oncology Patients:**

Long term oncology patients attending for day case treatments are to be rescreened at eight weekly intervals.

### **Patients on Ward 3, Neuro Rehab and the Acute Stroke Units**

All patients on these wards are to be screened routinely every fortnight on a Wednesday.

### **Outlying patients Repatriated to their Speciality Ward**

All patients who have been classed as an outlier from their admitting speciality are to be screened on transfer to their speciality ward when repatriated.

## **5.3 Staff screening**

### **5.3.1 Screening of staff**

Staff screening for MRSA may be necessary if transmission continues on a unit despite active control measures, if epidemiological aspects of an outbreak are unusual, or if they suggest persistent MRSA carriage by staff. The Infection Control Team will decide if screening is needed and will arrange for it to be done in conjunction with the Occupational Health Department. Any staff screening will be undertaken in a confidential manner

- Staff found to have MRSA in specimens taken for clinical reasons should be screened to determine if MRSA is present in the common sites for MRSA carriage.
- Staff should **NOT** send screening swabs from themselves unless asked to by the Infection Control Team.
- The sites to be screened are nose, throat and any areas of abnormal or broken skin.

**NB.** Swabs should, if possible, be taken as staff come on duty at the beginning of their shift (i.e. when they have had a shower/bath/wash and wearing clean work clothes) rather than during or at the end of a shift. Staff found to be MRSA positive should then also be screened in the groin or perineum.

## **6.0 Monitoring and Audit**

6.1 Compliance with this policy will be measured by direct comparison with patient admission numbers and numbers of specimens received for screening and by random point prevalence survey. Results will be reported monthly for three months and then quarterly to the infection prevention and control committee.

**Process Requirements**

**1.0 Implementation and Awareness**

This policy will be available to staff Trust intranet site MTW policies / guidelines / information. All staff will also be notified via the Trust email communication network.

**Training needs analysis:**

Staff Group	Training level	Method of delivery	Timescale
All new staff on entry into organisation	Basic awareness including rationale for actions required for MRSA positive patients and prevention of cross infection	Information delivered by PowerPoint presentation at Welcome Induction and Induction Handbook.	Within 3 months of joining the Trust through the welcome days
All staff currently working for the organisation	Basic awareness including rationale for actions required for MRSA positive patients and prevention of cross infection	Information delivered by PowerPoint presentation	Immediately through the mandatory clinical updates
Infection control link representatives	Detailed awareness including rationale for actions required for MRSA positive patients and prevention of cross infection	Information delivered by PowerPoint presentation	Immediately through link nurse meetings

- Once approved the lead or author will send this policy/procedural document to the Clinical Governance Assistant who will publish it on the Trust intranet.
- A monthly table of Trust publications will be produced by the Clinical Governance Assistant; this will be published on the Bulletin Board (Trust intranet) under "Trust Publications", and a notification email circulated Trust wide by the COMMS team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.

**2.0 Review**

This policy / procedure will be reviewed at least every two years or sooner in relation to new guidance.

**3.0 Archiving**

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

**APPENDIX TWO**

**CONSULTATION ON:** Meticillin Resistant Staphylococcus aureus (MRSA) Screening Policy and Procedure

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** Gail Locock ([gail.locock@nhs.net](mailto:gail.locock@nhs.net))

**By date:** 26/11/09

Name: <i>List key staff appropriate for the document under consultation. Select from the following:</i>	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Chief Executive	07/10/10			
Director of Infection Control	07/10/10			
Chief Operating Officer	07/10/10			
Director of Nursing	07/10/10			
Medical Director	07/10/10			
ADNS – Emergency Care	07/10/10			
ADNS – Planned Care	07/10/10			
ADNS – Womens and Childrens	07/10/10			
DD – Emergency Care	07/10/10			
DD - Planned Care	07/10/10			
DD – Cancer and Support Services	07/10/10	19/10/10	Y	Y
DD – Womens and Childrens	07/10/10			
C. difficile Champion	07/10/10			
Head of Quality and Governance	07/10/10			
Consultant Microbiologist – Dr M Khan	07/10/10			
Director of Facilities	07/10/10			
Head of Pharmacy – J Reside	07/10/10			
Assistant Director of Facilities – J Scott	07/10/10			
Ward Manager Whitehead- S Broughton	07/10/10			
Quality and Patient Safety Manager	07/10/10			
Facilities Manager – S Hedges	07/10/10			
Matron Whitehead – G Holland	07/10/10			
Senior Matron IPC – Sarah Fielder	07/10/10			
Senior Matron IPC – Joanne Pullen	07/10/10			
Matron IPC – Danny Moore	07/10/10			
Trust OH Manager	07/10/10			
Antibiotic Phamacist – V Simmons	07/10/10			
Clinical Governance Assistant	06/12/10	06/12/10	Y	Y

The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.

**APPENDIX THREE**

### Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

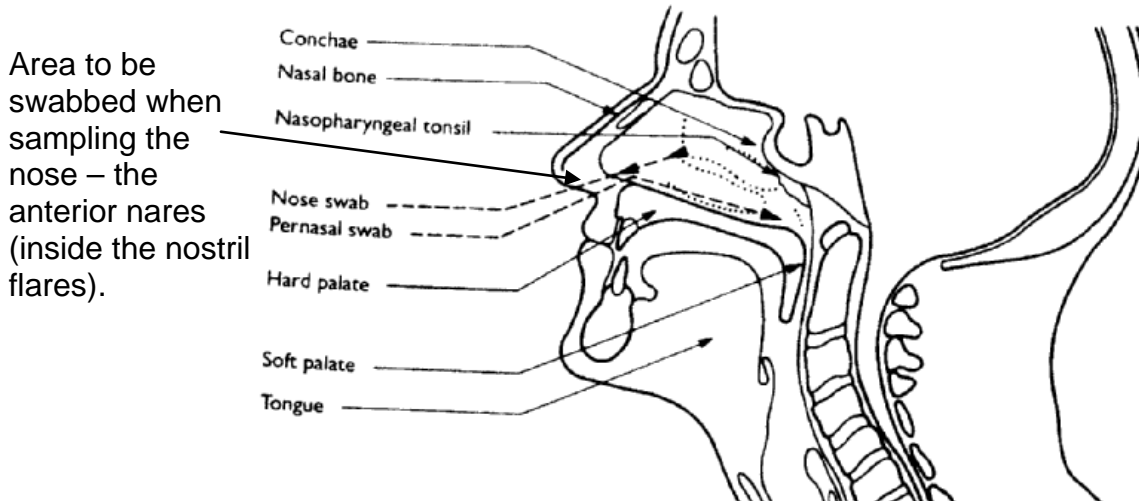
**Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

<b>Title of Policy or Practice</b>	Meticillin Resistant Staphylococcus aureus (MRSA) Screening Policy and Procedure
<b>What are the aims of the policy or practice?</b>	The aim is to control MRSA in the acute setting, thus preventing potential infections and the use of potentially toxic antibiotics.
<b>Identify the data and research used to assist the analysis and assessment</b>	National guidelines
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no).</b> <b>If yes give details.</b>
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak english as a first language	No
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	
<b>When will you monitor and review your EqIA?</b>	At the same time as this policy/procedure, every two years or as necessary to comply with new guidance
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	As Appendix Three of this policy / procedure on Datix Guidelines (Trust Intranet)

## APPENDIX FOUR

## PROCEDURE FOR TAKING MRSA SCREEN SWABS

**Nose:** One swab, moisten first, rotated in each anterior nostril in turn. Anterior nares (just inside the nose). It is not necessary to use one swab for each nostril.



### Wounds:

**Acute Wound:** Take swab prior to cleaning

**Chronic Wound:** Clean or irrigate as normal prior to taking swab

### Groin and Axilla:

Pre-moisten swab. Use one swab for both groins. One swab for both axillae. **It is not necessary to use one swab for each side for either groin or axillae.**

**NB.** MRSA screening should ideally be taken before a patient washes however screens can be taken at any time of the day or night if required.