Description: This policy identifies the key processes and protocols for patients colonised or infected with meticillin resistant staphylococcus aureus (MRSA). It identifies the management of the patient and any screening requirements.

This policy covers in-patient facilities and community services. It does not cover theatres, day surgery or endoscopy. Please refer to UHL MRSA policy for infection prevention and control advice pertaining to these areas.

<table>
<thead>
<tr>
<th>Key Words:</th>
<th>Infection prevention and control</th>
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<td>Meticillin resistant staphylococcus aureus</td>
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<tr>
<td>Adopted by:</td>
<td>Quality Assurance Group</td>
</tr>
<tr>
<td>Date adopted:</td>
<td>January 2015</td>
</tr>
<tr>
<td>Main author:</td>
<td>Mel Hutchings</td>
</tr>
<tr>
<td>Name of responsible committee:</td>
<td>Infection Prevention and Control Committee</td>
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<td></td>
<td>Quality Assurance Committee</td>
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<tr>
<td>Date issued:</td>
<td>January 2015</td>
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<tr>
<td>Review date:</td>
<td>August 2017</td>
</tr>
<tr>
<td>Expiry date:</td>
<td>January 2018</td>
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<td>Target audience:</td>
<td>ALL LPT Staff</td>
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<td>Type of Policy:</td>
<td>Clinical</td>
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### Contribution List

Key individuals involved in developing the document

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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</thead>
<tbody>
<tr>
<td>Mel Hutchings</td>
<td>Infection Prevention and Control Nurse</td>
</tr>
<tr>
<td>Amanda Howell, Antonio Garfoot, Una Willis, Fiona Drew</td>
<td>Infection Prevention and Control Team</td>
</tr>
</tbody>
</table>

### Circulated to the following individuals for consultation

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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<tbody>
<tr>
<td>Adrian Childs</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Claire Armitage</td>
<td>Lead Nurse, Adult Mental Health</td>
</tr>
<tr>
<td>Michelle Churchard</td>
<td>Senior Nurse Advisor</td>
</tr>
<tr>
<td>Mark Dearden</td>
<td>Training &amp; Quality Assurance Lead</td>
</tr>
<tr>
<td>Jacqueline Dodd</td>
<td>Training Coordinator</td>
</tr>
<tr>
<td>Kathy Feltham</td>
<td>Lead Nurse MHSOP</td>
</tr>
<tr>
<td>Tracey Finnamore</td>
<td>Practice Development Nurse</td>
</tr>
<tr>
<td>Neil Hemstock</td>
<td>Lead Nurse FYPC/Specialist Clinical Director CAMHS</td>
</tr>
<tr>
<td>Bal Johal</td>
<td>Head of Quality and Professional Practice</td>
</tr>
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<td>Bernadette Keavney</td>
<td>Head of Trust Health and Safety Compliance</td>
</tr>
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<td>Occupational Health Physician</td>
</tr>
<tr>
<td>Amin Pabani</td>
<td>Service Manager Podiatry</td>
</tr>
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<td>Trust Lead Nurse for Professional Standards</td>
</tr>
<tr>
<td>Andrew Swann</td>
<td>Consultant Microbiologist</td>
</tr>
<tr>
<td>Liz Tebbutt</td>
<td>Facilities Manager</td>
</tr>
<tr>
<td>Emma Wallis</td>
<td>Lead Nurse CHS</td>
</tr>
<tr>
<td>Nicola Ward</td>
<td>Senior Clinical Pharmacist</td>
</tr>
<tr>
<td>Dr Phillip Monk</td>
<td>Consultant in Health Protection England</td>
</tr>
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</table>
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## Version Control and Summary of Changes

<table>
<thead>
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<th>Date</th>
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<td>May 2010</td>
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<td>Version 2</td>
<td>March 2010</td>
<td>Circulated for consultation to all members of the LCCHS infection control sub-committee Circulated to Dr Debbie Modha (consultant microbiologist UHL) for consultation</td>
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<tr>
<td>Version 3</td>
<td>July – November 2010</td>
<td>LLR WHE discussion and proposal regarding emergency screening. Proposals approved by LLR DIPaC and Leicester City and Leicestershire County infection prevention and control commissioning group. Proposals incorporated into the policy</td>
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<tr>
<td>Version 5</td>
<td>December 2010</td>
<td>Comments received and incorporated into document and forwarded to LCCHS infection control sub-committee</td>
</tr>
<tr>
<td>Version 6</td>
<td>March 2012</td>
<td>Incorporation of adult mental health, mental health services for older persons and learning disability services Department of Health screening requirements</td>
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<tr>
<td>Version 7</td>
<td>August 2014</td>
<td>Review of policy. Deletion of advice relating to theatres, day surgery and endoscopy services that are no longer under the care of LPT infection prevention and control services</td>
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For further information contact: Infection Prevention and Control Team
### Definitions that apply to this policy

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Due Regard</strong></td>
<td>Having due regard for advancing equality involves:</td>
</tr>
<tr>
<td></td>
<td>• Removing or minimising disadvantages suffered by people due to their protected characteristics</td>
</tr>
<tr>
<td></td>
<td>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people</td>
</tr>
<tr>
<td></td>
<td>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low</td>
</tr>
<tr>
<td><strong>Bacteraemia</strong></td>
<td>The presence of bacteria in the blood</td>
</tr>
<tr>
<td><strong>Colonisation</strong></td>
<td>Where an infection is present in the nose and on the skin, but causing no harm to the person. People who are colonised will not display signs or symptoms of infection. People who are colonised with MRSA are often called MRSA carriers (carriage)</td>
</tr>
<tr>
<td><strong>Decolonisation (in relation to MRSA</strong></td>
<td>The reduction or elimination of MRSA skin carriage through the use of antibacterial washes and nasal preparations in conjunction with increased infection prevention and control and hygiene measures. It aims to eradicate or significantly reduce the carriage of MRSA. Decolonisation treatment reduces the risk to the patient and others and if successful the patient may not require further isolation</td>
</tr>
<tr>
<td><strong>Heavily exfoliating skin condition (ie eczema or psoriasis)</strong></td>
<td>A skin condition that creates a large amount of shedding skin, which then contaminates the environment</td>
</tr>
<tr>
<td><strong>Heavily exudating wound</strong></td>
<td>A wound that produces discharge or exudate which cannot be contained within a dressing and necessitates a change of dressing every 24 hours or sooner</td>
</tr>
<tr>
<td><strong>LLR</strong></td>
<td>Leicester, Leicestershire and Rutland</td>
</tr>
<tr>
<td><strong>LPT</strong></td>
<td>Leicestershire Partnership Trust</td>
</tr>
<tr>
<td><strong>Meticillin Resistant Staphylococcus aureus (MRSA)</strong></td>
<td>A type of Staphylococcus aureus bacteria resistant to certain antibiotics, including methicillin and many other commonly prescribed antibiotics</td>
</tr>
<tr>
<td><strong>MRSA screening</strong></td>
<td>The taking of swabs from patients to test for the presence of MRSA. This will be nasal screening for those patients screened as layed out in the Department of Health requirement and screening of risk factors for other patients where appropriate.</td>
</tr>
<tr>
<td><strong>Occupational health department</strong></td>
<td>Baldwin Lodge Glenfield Hospital Site Groby Road Leicester LE3 9QP</td>
</tr>
<tr>
<td><strong>Outbreak</strong></td>
<td>The occurrence of two or more cases of the same infection, linked in time and place, or a situation where the observed number of cases exceeds the number expected.</td>
</tr>
<tr>
<td><strong>Personal Protective Equipment (PPE)</strong></td>
<td>Specialised clothing or equipment worn by employees for protection against health and safety hazards and includes: nitrile gloves, aprons, masks and eye protection</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Productive cough</strong></td>
<td>A cough that produces sputum</td>
</tr>
<tr>
<td><strong>Source isolation precautions</strong></td>
<td>Isolation for the control of infection. This is employed to protect patients with known or suspected infections from infecting others</td>
</tr>
<tr>
<td><strong>Standard precautions</strong></td>
<td>Precautions that are used by all staff for all patients at all times</td>
</tr>
<tr>
<td><strong>UHL</strong></td>
<td>University Hospitals of Leicester</td>
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1.0 Summary

This policy has been developed to give clear guidance to staff in relation to the procedure for the management of patients with Meticillin Resistant Staphylococcus Aureus (MRSA) who receive healthcare from staff employed by LPT. It describes the process for ensuring the delivery of effective infection prevention and control management for patients colonised or infected with MRSA within in-patient facilities, community hospitals and the community setting.

It forms part of the organisations compliance with the Health & Social Care Act (2008) and the LLR approach to elective and emergency MRSA screening as defined by the Department of Health, (DH 2006).

2.0 Introduction

Staphylococcus aureus (SA) is a bacterium which is a major cause of infection and has a significant ability to adapt to the presence of antibiotics by developing resistance (MRSA). MRSA whilst not easier to contract than SA, is harder to treat (due to the fact that it has built up a resistance to many antibiotics), and the consequences of an immune-compromised person, for example, contracting MRSA can be more severe.

This policy provides all staff employed by LPT with clear and robust infection control information to enable them to care for a patient with MRSA.

The policy ensures that all staff are aware of their responsibilities regarding the prevention and control of MRSA.

The policy gives instruction for staff to enable them to comply with Department of Health regulations regarding the need to screen certain criteria of patients.

3.0 Purpose

The purpose of this policy is to ensure that all staff employed by LPT are providing evidence based care which is in accordance with the Health & Social Care Act (2008) and Department of Health (DH) guidance on screening.

4.0 Justification for the Document

MRSA is a major concern within the realms of infection prevention and control and it is imperative that persons who have MRSA (either colonised or infective), or who fit into the high risk groups as determined by the Department of Health are cared for appropriately. As a duty of care LPT must ensure that staff are given guidance as to the appropriate steps they need to undertake to ensure that they can protect the patients within their care.
5.0 The Management of Meticillin Resistant Staphylococcus Aureus Policy

This policy covers all healthcare settings within LPT. It identifies the management of patients with MRSA and those who require MRSA screening.

5.1 Care of patients within a community hospital

This section relates to the infection prevention and control precautions and procedures that are required for in patients within LPT. It does not cover theatres, day surgery or endoscopy. Please refer to UHL MRSA policy for the infection prevention and control advice pertaining to these areas.

Patients with risk factors

The risk of cross infection of patients is raised when a patient with a known MRSA infection or colonisation has certain risk factors. The risk factors, in order of highest risk, are:

- Productive cough
- Heavily exudating wound (i.e. a wound where the exudate necessitates the dressing to be changed within a 24 hour period.
- Heavily shedding skin condition

Patients who are previously or currently known to have been colonised or infected with MRSA and display one or more of the risk factors above will require source isolation precautions as instructed to do in the source isolation policy.

Whilst one or more of the risk factors remains; positive source isolation precautions must be continued.

Screening of risk factors only should be undertaken weekly until the patient is discharged or no longer presents with a risk factor.

Whilst a patient is receiving source isolation precautions; they do not require a prophylaxis antibacterial wash.

A 5 day treatment course with an antibacterial body wash and Bactroban is determined on individual clinical need. If a 5 day treatment course is commenced an MRSA Treatment Care Plan must be completed (Appendix 1).

A patient may have a risk factor which may or may not display signs of infection. Should the patient present with an infection this should be treated as appropriate by the clinician responsible for the patients care. If the infection is within a wound referral to the tissue viability team within LPT should be considered.

The infection prevention and control team will support staff with advice on screening, interpreting results, treatment and management of patients. However, it is the responsibility of the clinician taking the screen to access the results in the first instance.
Patients without risk factors or 3 consecutive negative screens on risk factors

If a patient does not have any risk factors, or have a risk factor but they remain negative following 3 consecutive screens they do not require source isolation precautions. Should this situation change the patient will require source isolation precautions implementing.

A screen is a swab of the relevant risk factor (ie; the heavily exudating wound or wounds, the area of exfoliating skin surface or sputum from a productive cough. In order to obtain 3 consecutive screens a swab needs to be undertaken prior to the patient receiving their antibacterial wash for that day. It is important to ensure that the patient has not received the antibacterial wash for that day as screening the patient following the antibacterial wash could lead to a ‘false negative’ result as the antibacterial wash could mask any bacteria present.

Patients that are not isolated must be prescribed and administered the antibacterial body wash whilst source isolation precautions are not required. The antibacterial wash must be used neat as a liquid soap and not diluted in water. (See Appendix 2).

If the patient is unable to or refuses to wash daily with antibacterial body wash or a suitable alternative, then source isolation precautions are required until the patient is able to tolerate the antibacterial body wash or agrees to wash daily with the antibacterial wash or a suitable alternative, or they are well enough to be discharged home. This action should be documented in the patient’s notes.

In addition to administering the antibacterial wash the following procedures must be undertaken:

- Staff must wear a disposable plastic apron and disposable nitrile gloves for direct patient care and handling of used linen and waste.
- Hand hygiene must be carried out as per LPT policy following removal of protective personal equipment.
- Linen and waste must be double bagged
- All equipment used by the patient must be cleaned and decontaminated in accordance with Trust procedures immediately following use and prior to use by another patient.

5.2 Care for patients within the Community

There is not a need for patients to have source isolation precautions implemented when they are nursed in their own homes. Standard precautions must, however, be in place at all times, as with any patient cared for by LPT staff.

It is imperative that staff caring for patients within the community are aware of the patients MRSA status to ensure that they can give appropriate care and are able to communicate this information to other agencies as necessary. This includes persons working alongside LPT staff but who are not directly employed by them, e.g. social services, private carers etc.
Screening should only be undertaken on clinical need. It is the responsibility of the clinician who is undertaking the screen to access the result and act upon them as necessary.

5.3 Identification of patient records

All the medical records of patients who are known to have MRSA must be identified using one of the following methods:

- use of alert sheet
- MRSA status inputted onto SystmOne records.

The electronic patient system (HISS) will also alert staff of patients previously identified as MRSA carriers. The HISS system identifies the patient details and will display SR MRS on screen.

The special register within HISS is updated by the microbiology department at UHL and therefore relies upon the samples being processed within Leicester, Leicestershire and Rutland.

5.4 Department of Health Screening Requirements for Adult Mental Health, and Mental Health Services for Older People and Learning Disabilities

Patients admitted to mental health services should not be routinely screened. There is no evidence of any significant risk of MRSA bacteraemia in these groups.

Patients meeting any of the following criteria must have a nasal swab taken for MRSA screening as they are at a higher risk of acquiring a MRSA infection;

- Those who are admitted to mental health units following surgical procedures
- Those who are admitted following admission to an acute trust
- Intravenous drug users
- Those who self-harm
- Those with chronic wounds, eg leg ulcers, indwelling devices such as Urinary Catheters

When undertaking a nasal swab one swab should be used for both anterior nares. The swab can be moistened with saline or sterile water if the site to be screened is dry. Moistening the swab aids the bacteria to adhere to the swab.

A proforma must be completed for each patient meeting the above criteria, whether they consent to screening or not. (See appendix 3). This proforma must be filed in the patient’s notes and a photocopy kept in a folder in the ward/area. Data will need to be extracted from these proformas for audit purposes and to ensure compliance with Department of Health directives.

If a patient is found to be MRSA positive, decolonisation treatment needs to be commenced. This consists of a 5 day course of anti-bacterial body/hair wash and anti-bacterial topical nasal treatment. The hair must be washed twice during the treatment. A leaflet may be given to the patient if appropriate explaining how to use
the body wash. The antibacterial wash must be used neat as a liquid soap and not
diluted in water, (see appendix 2). If the patient is not able to administer the
decolonisation treatment themselves a nurse/carer must assist them. If
decolonisation treatment is unable to be performed for any reason, this must be
documented in the patient’s notes and an assessment carried out regarding the risk
of contamination to other service users.

**NB.** If the patient is a previously known MRSA patient, regardless of their MRSA
screen result, the patient will require precautions as detailed in 5.0 above.

### 5.5 Patients attending outpatient areas with or without MRSA risk factors

If a patient does not have any MRSA risk factors, standard precautions only need to
be implemented.

If a patient has any MRSA risk factors the following should be implemented in
addition to standard precautions:

- Disposable nitrile gloves and a disposable plastic apron should be worn by all
  staff in contact with the patient linen, equipment, waste or their environment
- Linen and waste must be double bagged
- All reusable equipment should be cleaned and disinfected appropriately using
  a chlorine based product after it has been used with the patient and prior to it
  being re-used
- The environment must be cleaned and decontaminated using a chlorine
  product after the patient has been attended to and prior to the next patient
  being seen within the environment
- Please refer to the LPT Infection Prevention and Control Policy for the
  management of waste.

### 5.6 Movement and transport of patients

The ambulance service must be informed at the time of booking the transfer, so that
transportation with patients susceptible to infection may be avoided.

Ambulance staff must be advised if source isolation precautions are required during
the transfer process in order for the appropriate cleaning to be carried out.

If a patient is receiving source isolation precautions a private taxi service must not be
used to transport these patients.

If a patient is being transferred the transfer letter/inter-healthcare transfer form must
be completed, identifying the patient’s infection status identifying MRSA carriage.

### 5.7 Deceased patients

There is no specific risk of MRSA from the body to relatives, mortuary staff or
undertakers. Plastic body (cadaver) bags are not necessary. Any lesions that leak
should be covered with impermeable dressings.
5.8 Management of an MRSA outbreak

If there appears to be an increased amount of patients newly diagnosed with MRSA in a ward/department, the infection prevention and control team may consider screening other patients and/or staff (medical, nursing, therapies etc), and the Increased incident/outbreak policy for LPT would be implemented. If a screening programme is necessary patients should have specimens taken from the following sites:

- nasal (one swab both nostrils)
- perineum
- wounds and skin lesions
- vascular access sites if signs of inflammation
- catheter specimen of urine (CSU) if patient has urinary catheter
- sputum if patient has productive cough or a tracheotomy requiring suctioning

Staff specimens should include nasal and sites of exposed abnormal skin lesions in the first instance. Samples must be labelled ‘MRSA screen’.

It is the responsibility of the Manager for the clinical area affected to provide a complete list of all relevant nursing staff and associated health care professionals to the Occupational Health Department.

It is the responsibility of Occupational Health Department to screen all the staff and label staff screening specimens ‘MRSA staff screen’.

Should the screening programme indicate that many patients or staff within a ward/department are colonised/infected, the infection prevention and control team will (after consultation with microbiology and other professional colleagues) consider advising that an antibacterial body wash protocol for all patients and staff be introduced, regardless of their MRSA status. In some circumstances wards/departments may be recommended to close to new admissions and/or discontinue operative procedures. The advice to do this will come from the infection prevention and control team who will have taken advice from the consultant microbiologist and the consultant in Public Health, England. This will be discussed with the relevant manager. It is recognised that ward closures may also be necessitated by staff colonisation or absence from work. The appropriate manager will make this decision.

5.9 Precautions for healthcare staff

Staff with chronic exfoliating skin conditions should discuss their risk of acquiring MRSA with staff within the Occupational Health Department.

There is no evidence to suggest that MRSA poses a risk to healthy people i.e. health care staff and their families; however colonised staff may transfer MRSA to patients. It is the duty of the Occupational Health Department to manage the treatment of staff colonised or infected with MRSA.
6.0 Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Human Resources & Organisational Development Strategy this training has been identified as mandatory and role development training.

The course directory e source link below will identify: who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training. [http://www.leicspart.nhs.uk/Library/AcademyCourseDirectory.pdf](http://www.leicspart.nhs.uk/Library/AcademyCourseDirectory.pdf)

A record of the event will be recorded on Ulearn as appropriate. The governance group responsible for monitoring the training is the Infection Prevention and Control Committee and Quality Assurance Committee.
7.0 References and Associated Documents

Department of Health Screening for MRSA colonisation – a strategy for NHS Trusts: a summary of best practice and MRSA Screening – Operational Guidance issued on 31 July (2008), Gateway reference 10324

Department of Health: Essential Steps to Safe Clean Care (2007)


Guidelines for the Control and Prevention of Methicillin-resistant Staphylococcus Aureus (MRSA) infections in Hospitals in the UK Journal of Hospital Infection (1998), 39:253-290

LPT policies via intranet. The website can be accessed at http://www.leicspart.nhs.uk/
Infection Prevention and Control Team

MRSA Treatment Care Plan

Patients name ........................................ NHS Number  .........................

Following MRSA screening this patient has screened positive to MRSA.

For 5 consecutive days ..............................(insert patients name) will receive the following care.

Please sign and date each box to demonstrate that the care plan has been completed.

<table>
<thead>
<tr>
<th>Care Plan</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath or wash daily using ------ antibacterial wash</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash hair in ------- antibacterial wash twice in 5 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply Mupirocin to nasal 3 times a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean night and day clothes for 5 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily change of all bed linen</td>
<td></td>
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</tr>
</tbody>
</table>
Guidance for the use of Antibacterial Body Wash/Shampoo and Bactroban Nasal Ointment

Antibacterial Body Wash/Shampoo

How to use the body wash/shampoo
- Use the antibacterial body wash everyday as a liquid soap, for a shower, bath or wash. Avoid direct contact with eyes when washing
- Use the antibacterial body wash as a shampoo to wash hair twice a week

Bactroban nasal ointment (Mupirocin 2%)

How to use the Bactroban nasal ointment
- Place a small amount of ointment (about the size of a match head) on a cotton bud, swab or on a gloved finger and apply to the front part of the nostril
- If the patient is self-administering and does not have access to gloves, then a clean finger can be used.
- Close the nostrils by pressing the sides of the nose together – this will spread the ointment through the nostrils
- Remove gloves, if used, and wash hands

1. Ensure that your hair and body are wet
2. Use 30ml of solution. Put the lotion onto a damp washcloth
3. Apply all over hair and body paying special attention to the areas indicated. Leave on your skin for 1 minute
4. Rinse off thoroughly
5. Dry with a clean, dry towel
6. Put on clean underclothes/night wear every day
Appendix 3

Infection Prevention and Control Team

Monthly return for MRSA screening of patients admitted to Mental Health Services and Learning Disabilities

This form needs to be completed monthly and should relate to data gathered in one calendar month only. Information will need to be obtained from the ‘Proforma for MRSA screening of patients admitted to Mental Health Services’. Please complete all sections.

----------------------------------------------------------------------------------------------------------------

Division: AMH, LD, MHSOP and FYPC in Patient Services

Ward:

----------------------------------------------------------------------------------------------------------------

Number of patients eligible to be screened:

Number of patients actually screened:

Number of MRSA positive patients identified:

If an eligible patient is not screened please give reason why:

----------------------------------------------------------------------------------------------------------------

Please return this form by the 8th of the month, via e-mail to your designated Infection Prevention and Control Nurse for MRSA screening.