

The Management of Patients with Meticillin Resistant *Staphylococcus Aureus* Policy (MRSA)

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.

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Contents

Version control	3
Definitions that apply to this policy	4
1.0 Purpose of the policy	6
2.0 Summary of the policy	6
3.0 Introduction.....	6
4.0 The Management of Meticillin Resistant Staphylococcus Aureus.....	7
4.1 The care of patients within a community hospital.....	7
4.1.1 patients with risk factors within a community hospital	7
4.1.2 Patients without risk factors within a community hospital.....	8
4.2 The care of patients within the community.....	9
4.3 Identification of patient records	10
4.4 Department of Health screening requirements for adult mental health (AMH) services, mental health services for older persons (MHSOP), learning disabilities (LD), and children and adolescent mental health services (CAMHS).....	11
4.5 Patients attending outpatient/clinic areas.....	12
4.5.1 Patients with risk factors attending outpatient/clinic areas.....	12
4.5.2 Patients without risk factors attending outpatient/clinic areas.....	12
4.6 Movement and transport of patients	12
4.7 Deceased patients.....	13
4.8 Management of an MRSA outbreak	13
4.9 Precautions for healthcare staff.....	14
5.0 Training needs.....	14
6.0 References and associated documents	15
Appendix 1: MRSA treatment care plan.....	16
Appendix 2: Guidance for the use of antibacterial body wash/ shampoo and Bactroban nasal ointment.....	17
Appendix 3: MRSA screening proforma, AMH, MHSOP, LD and CAMHS.....	18
Appendix 4: MRSA flowchart to determine if source isolation procedures (SIPS) are required	19
Appendix 5: Privacy impact statement assessment	20
Appendix 6: Stakeholders and Consultation.....	21
Appendix 7: Due Regard Screening Template	22

Version Control and Summary of Changes

Version number	Date	Comments (Description change and amendments)
	January 2010	<p>Policy review – Amalgamation of: Infection control guidelines for the management of patients with MRSA in in-patient settings (NP 0167 2007) and guidelines for the management of patients in primary care (NP 0168).</p> <p>Reviewed to meet Department of Health MRSA screening operational guidance (2006).</p> <p>Reviewed to meet NHSLA requirements.</p> <p>Reviewed to meet the Health and Social Care Act (2008).</p>
Version 2	March 2010	Circulated for consultation to all members of the LCCHS infection control sub-committee
	May 2010	Circulated to Dr Debbie Modha (consultant microbiologist UHL) for consultation
Version 3	July – November 2010	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
Version 4	November 2010	Circulated for consultation to all members of the LCCHS infection control sub-committee
Version 5	December 2010	Comments received and incorporated into document and forwarded to LCCHS infection control sub-committee
Version 6	March 2012	Incorporation of adult mental health, mental health services for older persons and learning disability services Department of Health screening requirements
Version 7	August 2014	<p>Review of policy.</p> <p>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</p>
Version 8		Review of policy
Version 9	November 2021	Reviewed and update of policy in line with national guidance
Version 9.1	October 2022	Reviewed and updated in line with national guidance

For further information contact: Infection Prevention and Control Team

Definitions that apply to this Policy

Due regard	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low •
Bacteremia	The presence of bacteria in the blood
Colonisation	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)
Decolonisation (in relation to MRSA)	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.
Heavily exfoliating skin condition (ie eczema or psoriasis)	A skin condition that creates a large amount of shedding skin, which then contaminates the environment.
Heavily exudating wound	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.
MRSA (Meticillin resistant <i>Staphylococcus aureus</i>)	A type of <i>Staphylococcus aureus</i> bacteria resistant to certain antibiotics, including meticillin and many other commonly prescribed antibiotics.
MSSA (Meticillin sensitive <i>Staphylococcus aureus</i>)	A type of <i>staphylococcus aureus</i> bacteria that is sensitive to many antibiotics. It is an opportunist pathogen. It can either be colonized or infected.
MRSA screening	The taking of swabs from patients to test for the presence of MRSA. This will be nasal screening for those patients screened as laid out in the Department of Health requirement and screening of risk factors for other patients where appropriate.

Opportunistic infection	(Bacteria, viruses, fungi, or protozoa) that take advantage of an opportunity not normally available, such as a host with a weakened immune system, an altered microbiota (such as a disrupted gut flora) or breached integumentary barriers.
Outbreak/increased incidence	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.
Personal protective equipment (PPE)	Specialised clothing or equipment worn by employees for protection against health and safety hazards and includes nitrile gloves, aprons, masks, and eye protection.
Productive cough	A cough that produces sputum.
Source isolation precautions	Isolation for the control of infection. This is carried out to protect patients with known or suspected infections from infecting others.
Standard precautions	Precautions that are always used by all staff for all patients.

1.0 Purpose of the Policy

This policy has been developed to give clear guidance to staff employed by LPT in relation to the procedure for the management of patients with Meticillin Resistant Staphylococcus Aureus (MRSA). It describes the process for ensuring the delivery of effective infection prevention and control precautions for patients colonised or infected with MRSA.

This policy forms part of the organisations compliance with the Health & Social Care Act (2015) and the LLR approach to elective and emergency MRSA screening as defined by the Department of Health, (DH) 2006.

2.0 Summary and Key Points

The policy provides all staff employed by LPT with the key processes and protocols required to enable them to care for patients who are colonised or infected with MRSA and to ensure that other patients are not put at undue risk.

It identifies the main risk factors for cross contamination of MRSA and when source isolation precautions are required for patients and the screening requirements of those patients.

It also gives information regarding what precautions and screening are required for those patients for whom source isolation precautions are not necessary as they are colonised and do not present with the risk factors for transmission.

The policy clearly identifies those patients who require screening for MRSA in line with the DH guidelines.

It gives clear guidance on the DH requirements for patients that require screening for MRSA

3.0 Introduction

Meticillin Sensitive Staphylococcus aureus (MSSA) is an opportunistic pathogen and can present as either a colonising or infecting organism.

Meticillin Resistant Staphylococcus aureus (MRSA) is a strain of staphylococcus aureus that is resistant to commonly used antibiotics, including flucloxacillin. MRSA is no more virulent than MSSA, however, the options for treatment are more limited.

MRSA is a major concern within the realms of infection prevention and control, and it is imperative that all persons who have MRSA (either colonised or infective), or those who fit into the high-risk groups, as determined by the DH, are cared for appropriately.

The purpose of this policy is to ensure that all staff are aware of the correct procedures to follow for patients who are colonised or infected with MRSA and those that have and do not have risk factors for transmission of MRSA.

4.0 The Management of MRSA

4.1 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.

4.1.1 Patients with risk factors

The possibility of cross infection of patients is increased when a patient with a current or previously known MRSA diagnosis has certain risk factors. The risk factors, in order of highest consequence, are:

- Productive cough
- Heavily exudating wound (e.g., 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. For further advice regarding source isolation precautions, please refer to the LPT source isolation policy.

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

If a patient has a negative result of a swab from their risk factor, then 2 further screens should be taken on consecutive days (or if the days fall at a weekend or bank holiday, on the next 'normal working day'. Should all 3 screens result in negative screens for MRSA then following a post infection clean the source isolation precautions can be discontinued and the pathway for patients without risk factors or 3 consecutive negative screens on risk factors should be followed.

NOTE: If the patient has multiple risk factors, all of the risk factors must have 3 consecutive screens prior to the source isolation precautions being discontinued and the pathway for patients without risk factors or 3 consecutive negative screens of risk factors being followed.

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

It is imperative that any screens are undertaken prior to the antibacterial wash being given that day, as screens undertaken after the patient has used the antibacterial wash may produce a false negative result.

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).

Not all risk factors will display signs of infection. However, should the patient present with a risk factor which shows signs of infection they should be treated as indicated above by the clinician responsible for the patients care. If the infection is within a wound a 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.

4.1.2 Patients without risk factors or 3 consecutive negative screens on risk factors

If a patient does not have any risk factors or has a risk factor which remains negative following 3 screens taken on consecutive days (or the next normal working day if the time period falls over a bank holiday or weekend) they do not require source isolation precautions.

The patient will require a daily body wash and twice weekly hair wash using antibacterial wash if they are not being nursed with source isolation precautions.

If a patient is not being nursed with source isolation precautions, any risk factors they have must be screened weekly. The screen must be undertaken prior to the antibacterial wash being applied. This is because the antibacterial wash could result in a 'false negative screen' if it has been applied first.

If there are no risk factors present, no screening needs to be undertaken.

Should the situation change, and the risk factors become positive again from the screens taken or new risk factors develop, source isolation precautions must be commenced immediately and the pathway for patients with risk factors followed.

Patients who are not isolated must be prescribed and administered the antibacterial body wash daily for the duration of their stay in hospital. Within this regime the hair of the patient should be washed twice weekly using the antibacterial wash. The antibacterial wash must be used neat as a liquid soap and not diluted in water as this reduces its efficacy (Appendix 2).

If the patient is unable to or refuses to wash daily with antibacterial body wash, then source isolation precautions are required until the patient is either agreeable or able to tolerate the antibacterial body wash or are well enough to be discharged home.

Should the patient refuse the antibacterial wash and refuse source isolation precautions, then this must be discussed with the medical team caring for the patient and a risk assessment undertaken along with documentation of actions taken to incorporate the risk to both the patient and other patients on the ward.

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.
- Crockery and cutlery does not require any special procedures with regards to the cleaning of it as it should be washed in a dishwasher to enable the required temperature to be reached. Crockery and cutlery should not be left out on the ward and should be collected at the earliest opportunity and placed in the dishwasher.

FRSM mask are required to be worn by patients and staff in all areas where there is an increased incidence/outbreak of infection. Patients will need to be risked assessed for their ability to wear a mask and the outcome of the risk assessment should be clearly documented in their systemone records.

4.2 Care for patients within the Community

Patients who are nursed in their own homes do not need source isolation precautions implementing. Standard precautions must be in place and used by all LPT staff.

Patients should be seen, if at all practical, last on the list.

Staff caring for patients within the community have a responsibility to check medical records available to them (SystemOne, medical notes etc.) to ascertain if the patient is previously known to be MRSA. This will ensure that they are able to give the appropriate care to the patient, and if necessary and practical, adjust their patient list. They also have a responsibility to communicate this to other agencies as necessary, whilst working within the realms of patient confidentiality. This includes persons working alongside LPT staff, but who are not directly employed by LPT, 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 indicated.

4.3 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 SystemOne,

Patients identified with an infection or as a carrier will also be required to have a lifelong infection marker visible on their records which will be a visible alert for all that are accessing their systemOne records. This can only be achieved by referring to the Infection Prevention and Control team.

Make a New Referral to Infection Prevention and Control Service

Choose one of 3 methods below if a patient has an infection / suspected infection or is a known carrier:

Phone:

0116 295 1668 (Answerphone service)

Staffnet:

Send an automated email alert to IPC via Staffnet.

<https://staffnet.leicspart.nhs.uk/support-services/infection-prevention-control/contact-us/ipcform/>

E-Referral on SystemOne:



Patients with a lifelong infection will have this icon  in the demographic box on SystemOne, if missing contact the IPC Team.

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 MRSA 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.

It is imperative that staff check the infectious status of all patients when they first come under their care.

If staff do not have access to HISS, they can contact the Infection Prevention and Control Team within LPT who will be able to undertake this for them. However, as discussed above only those samples that have been sent to the microbiology department at UHL will be entered onto HISS

4.4 DH screening requirements for adult mental health, mental health services for older people and learning disabilities.

Patients admitted to mental health services are not required to be routinely screened and there is no evidence of any significant risk of MRSA bacteremia in these groups.

However, patients admitted to mental health services who also meeting any of the following criteria must have a nasal swab taken for MRSA screening as they are deemed to be at a higher risk of acquiring an MRSA infection than other patients admitted to mental health services:

- Those who are admitted following surgical procedures
- Those who are admitted following admission to an acute trust
- Intravenous drug users
- Those who self-harm causing breaks in the skin
- Those with chronic wounds, e.g., leg ulcers,
- Those with 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 who meets 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.

Please note that the forms **must** be sent via email to your designated Infection Prevention and Control Nurse by the 8th day of each month. Failure to submit the information will result in a non-return being submitted to the commissioning group for your ward/area. This data is mandatory and required by the Department of Health.

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.

Note: If the patient is a previously known MRSA patient, regardless of their MRSA screen result, the patient will need to follow the appropriate pathway as detailed in 4.0 above

4.5 Patients attending outpatient/clinic areas

4.5.1 Patients with risk factors

If a patient has any MRSA risk factors (as discussed in 5.1), 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

4.5.2 Patients without risk factors

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

4.6 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.

If a patient is receiving source isolation precautions on the ward, then the ambulance staff must be advised for them to take the appropriate precautions

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

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.

4.7 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.

4.8 Management of an MRSA Increased incidence/outbreak

If there appears to be an increased number 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). The Increased incident/outbreak policy for LPT would be implemented also. 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.

4.9 Precautions for healthcare staff

Staff with chronic exfoliating skin conditions should contact the Occupational Health department to discuss their risk of acquiring MRSA.

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.

5.0 Training needs

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>

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.

6.0 References and Bibliography

This policy was drafted with reference to the following:

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)

Department of Health: Screening for Methicillin-resistant Staphylococcus aureus (MRSA) colonisation. A strategy for NHS Trusts: a summary of best practice (2006)

Department of Health: The Health and Social Care Act Code of practice for health and adult social care on the prevention and control of infections and related guidance (2008), Updated 2015

Guideline for the Control and Prevention of Methicillin-resistant Staphylococcus Aureus (MRSA) in Healthcare facilities Journal of Hospital Infection (2006)

Implementation of modified admission of MRSA screening guidance for NHS: Department of Health expert advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) (2014)

Leicestershire Partnership Trust Health and Safety Waste Management Policy (2015)

Updated (2018)

Leicestershire Partnership Trust Infection Prevention and Control Hand Hygiene

including bare below elbow Policy (2015) Updated (2019)

Leicestershire Partnership Trust Infection Prevention and Control Cleaning and Decontamination of Equipment, Medical Devices and the Environment, (including the Management of blood and body fluid spillages) Policy (2015) Updated (2018)

Leicestershire Partnership Trust Infection Prevention and Control Management of an Increased Incidence or Outbreak of infection Policy (2015) Updated (2021)

Leicestershire Partnership Trust Infection Prevention and Control Linen and Laundry Management Policy (2015) Updated (2020)

Leicestershire Partnership Trust Infection Prevention and Control Personal Protective Equipment for use in Healthcare Policy (2015) Updated (2018)

Leicestershire Partnership Trust Infection Prevention and Control Management of a Patient requiring Source Isolation Precautions Policy (2015) Updated (2017)

Leicestershire Partnership Trust Infection Prevention and Control Staff Health relating to a Communicable Disease Policy (2015) Updated (2019)

Infection Prevention and Control Team

MRSA Treatment Care Plan

Patient's 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.

Care Plan	Day 1 --/--/----	Day 2 --/--/----	Day 3 --/--/----	Day 4 --/--/----	Day 5 --/--/----
Bath or wash daily using ----- antibacterial wash					
Wash hair in ----- antibacterial wash twice in 5 days					
Apply Mupirocin to nasal 3 times a day					
Clean night and day clothes for 5 days					
Daily change of all bed linen					

Infection Prevention and Control Team

Guidance for the use of Antibacterial Body Wash/Shampoo and Bactroban Nasal Ointment

Antibacterial Body Wash/Shampoo

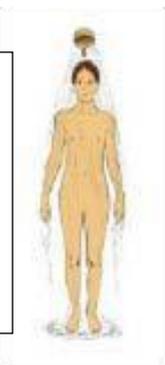
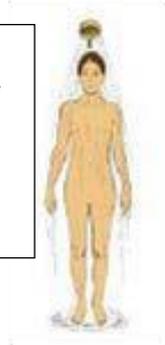
How to use the body wash/shampoo

- 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

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

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:

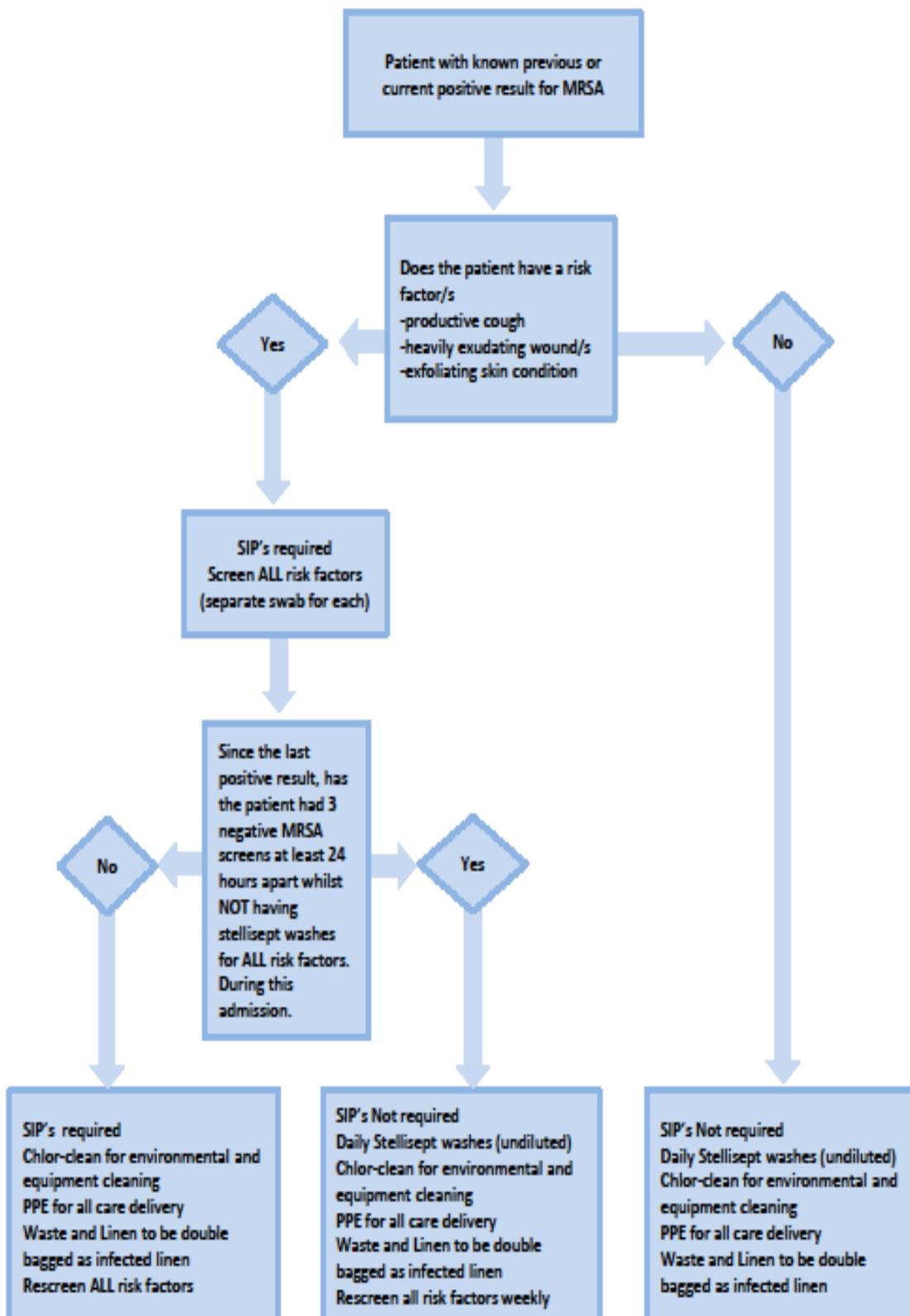
Number of patients actually screened:

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 eden.miller@nhs.net for MRSA screening.

MRSA - FLOWCHART TO DETERMINE IF SOURCE ISOLATION PRECAUTIONS (SIPS) ARE REQUIRED



Appendix 5

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Cleaning and Decontamination of Equipment, Medical Devices and the Environment, (Including the management of blood and body fluid spillages) Policy	
Completed by:	Claire King	
Job title	Infection Prevention and Control Nurse	Date 23/11/2021
Yes / No		
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>		
IG Manager approval name:		
Date of approval		

Acknowledgement: Princess Alexandra Hospital NHS Trust

Appendix 6

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Amanda Hemsley	Lead Infection Prevention and Control
Antonia Garfoot Laura Brown Andy Knock Claire King Clarissa Swann	Infection Prevention and Control team

Circulated to the following individuals for comment

Name	Designation
Anne Scott	Executive director of nursing, AHP'S & Quality
Emma Wallis	Associate director of nursing & Professional practice.
Claire Armitage	Lead nurse for community AMH
Alison O'Donnell	Interim head of learning and development
Michelle Churchard	Head of nursing AMH/LD
Louise Evans	Deputy head of nursing FYPC/LD services
Kam Palin	Occupational health nurse
Tejas Khatau	Lead Pharmacist FYPC
Jane Martin	Acting deputy head nursing DMH
Katie Willetts	Senior Nurse' specialist nursing FYPC
Bernadette Keavney	Head of trust health & safety compliance
Maureen Poyzer	Health & safety advisor
Cheryl Shuttleworth	Facilities Manager
Helen Walton	Estates & facilities property manager
Clare Pope	LD modern matron Bradgate unit
Sarah Latham	Deputy head of nursing community hospitals
Elizabeth Compton	Senior matron AMH Bradgate unit
Carmela Senogles	Lead practitioner for safeguarding children

Due Regard Screening Template

Section 1	
Name of activity/proposal	Infection Prevention and Control Overarching Policy
Date Screening commenced	17 May 2018
Directorate / Service carrying out the assessment	Enabling. Infection Prevention and Control Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Amanda Hemsley, Lead Infection Prevention and Control Nurse
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To provide clear guidance to Trust staff on their responsibilities in relation to infection prevention and control.	
OBJECTIVES: This policy clearly identifies the aims and goals for infection prevention and control within Leicestershire Partnership Trust, thereby providing a coherent strategic objective. This policy should be reviewed whenever there is a need to adapt to the changing regulatory environment or in response to ongoing risk assessment to ensure a safe environment exists for all patients, visitors and staff.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	This document provides guidance on the roles and responsibilities of all staff working within the trust in relation to the prevention and control of infection. Therefore the correct implementation of this policy will help reduce any adverse effect irrespective of any protected characteristic and is therefore equality neutral
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	
No	
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. √
Section 4	
If this proposal is low risk please give evidence or justification for how you reached this decision:	
This policy is the overarching policy for all subsequent infection prevention and control policies. The policies take into consideration the needs of patients and staff and the safeguarding of same. It follows government legislation and relevant bodies have been consulted prior to the development of any policies prior to having them agreed at trust	

board level.			
Signed by reviewer/assessor	Amada Hensky	Date	3 November 2020
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	