

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Staff Fact Sheet

WHAT IS MRSA?

Staphylococcus aureus is a bacterium that periodically lives on the skin and mucous membranes of healthy people. Occasionally *S. aureus* can cause an infection. When *S. aureus* develops resistance to the beta-lactam class of antibiotics, it is called methicillin-resistant *Staphylococcus aureus*, or MRSA.

HOW IS MRSA SPREAD?

MRSA is spread from one person to another by contact, usually on the hands of caregivers. MRSA can be present on the caregiver's hands either from touching contaminated material excreted by the infected person or from touching articles contaminated by the skin of a person with MRSA, such as towels, sheets, wound dressings. MRSA can survive well on hands and can survive for weeks on inanimate objects such as door handles, bedrails, pagers and stethoscopes.

COLONIZATION AND INFECTION:

Colonization occurs when bacteria are present on or in the body without causing illness. MRSA can colonize the nose, skin and moist areas of the body.

Infection occurs when bacteria get past the person's normal defences and cause disease (e.g. skin bacteria getting into the bloodstream via an intravenous catheter). Infections with MRSA may be minor, such as pimples and boils, but serious infections may also occur, such as surgical wound infections and pneumonia.

RISK FACTORS FOR MRSA INFECTION:

MRSA infection usually develops in hospitalized clients/patients/residents who are elderly or very sick (weakened immune systems). Other factors that increase the risk for acquiring MRSA infection include:

- Being colonized with MRSA
- Previous hospitalization or transfer between health care facilities (in Canada or outside Canada)
- Presence of an indwelling device (e.g., catheter)

GOOD HAND HYGIENE PRACTICES:

Remind all staff and visitors to practice good hand hygiene before and after client/patient/resident contact/care. Health care staff should review the correct method of hand hygiene, as well as demonstrate the proper donning/removal of personal protective equipment (PPE) to clients/patients/residents, families and visitors.

Good hand hygiene practices means using alcohol-based hand rub or soap and running water for at least 15 seconds.

Hand hygiene should occur:

- Before client/patient/resident or environment contact
- Before performing aseptic procedures
- After care involving body fluids
- After client/patient/resident or environment contact

PREVENTION & CONTROL OF MRSA:

1. Admission screening for MRSA must be completed:
 - Check for previous history of MRSA or high risk for MRSA using an admission screening tool.
 - If the client/patient/resident has previously had contact with an MRSA case, screening specimens must be obtained.
 - If the client/patient/resident is considered to be at risk for MRSA based on the results of the screening tool, screening specimens must be obtained.
2. If the client/patient/resident is known to have had MRSA in the past, **Contact Precautions** must be initiated:
 - Hand hygiene as described in Routine Practices
 - Appropriate client/patient/resident placement
 - Gloves for all activities in the patient's room or bed space in acute care, or for direct care of clients/residents in long-term care and ambulatory/clinic settings
 - Long-sleeved gown for activities where skin or clothing will come in contact with the patient or their environment in acute care, or for direct care of clients/residents in long-term care and ambulatory/clinic settings
 - A surgical mask should be worn as per Routine Practices
 - Dedicated equipment or adequate cleaning and disinfecting of shared equipment, including transport equipment
 - Daily cleaning of all touched surfaces in the room
3. Notify the Infection Prevention and Control Professional or delegate to discuss the infection control management of client/patient/resident activities.
4. Precautions are **not** to be discontinued until reviewed by Infection Prevention and Control.
5. Additional surveillance specimens for colonization of client/patient/resident contact(s) may be required, as directed by Infection Prevention and Control.

FAMILY & VISITORS:

All families/visitors must practice good hand hygiene before and after leaving the client/patient/resident room.

Families/visitors who provide direct care must wear the same PPE as staff. "Direct care" is defined as providing hands-on care, such as bathing, washing, turning the client/patient/resident, changing clothes/diapers, dressing changes, care of open wounds/lesions, toileting. Feeding or pushing a wheelchair are not classified as direct care.

Written information should be available for clients/patients/residents that explains the precautions required.