IC7: 0100 MRSA

1. Purpose

To outline the assessment, management, room placement and surveillance requirements of residents with Methicillin-Resistant Staphylococcus aureus (MRSA) to best meet the needs of the resident and prevent transmission within the facility.

2. Application of Standards

All residential healthcare facilities within the Fraser Health Authority.

3. Definitions

Methicillin-Resistant Staphylococcus aureus (MRSA)
Strains of S. aureus resistant to oxacillin and cloxacillin. They may also be resistant to aminoglycosides, erythromycin, quinolones and other antibiotics.

Healthcare-associated MRSA:
A case as defined above which is identified 3 calendar days (72 hours) after admission AND infection or colonization was not known to be present on admission OR MRSA is identified and patient was admitted to a healthcare facility within last 12 months

Community-associated MRSA:
No previous history of MRSA infection or colonization within last 12 months AND diagnosis of MRSA made in outpatient setting or positive for MRSA within 3 days of hospital admission AND
no history (within past 12 months) of healthcare facility encounter, percutaneous device or indwelling catheter, dialysis or surgery

4. Assessment

4.1. Routine admission screening for MRSA is **not done** in residential care.

4.2. Residents known to be positive for MRSA will be assessed regarding risk factors for transmission. These risk factors are:

4.2.1. Draining wounds not contained by a dressing

4.2.2. Colonized sputum with a productive cough

4.2.3. Individuals with colonized tracheostomy and uncontrolled respiratory secretions

4.2.4. Individuals with respiratory infections

4.2.5. Individuals with wound or stoma drainage that is not contained by a dressing or appliance

4.2.6. Individuals with desquamating skin conditions (e.g. psoriasis, burn patients)?

4.2.7. Individuals who are cognitively impaired

4.2.8. Individuals who have poor hygiene and are non-compliant with instructions

4.3 Residents will be admitted if colonization or infection with MRSA on admission.

5. Management

5.1. Residents with an active MRSA infection with draining wounds that are not contained by a dressing are to be maintained on Contact precautions until the wound can be covered or the infection is resolved. See IC 6: 0400 Contact precautions and IC6:0410 Appendix I for Contact Precautions signage

5.2. Residents with colonized sputum and a productive cough are to be maintained on Droplet/Contact precautions for the duration of the productive cough. See IC6: 0600 Droplet/Contact precautions and IC6: 0600 Appendix I for Droplet /Contact precautions signage

5.3. For residents with colonized sputum and no cough they are to be maintained on routine practice

5.4. Residents that are colonized with MRSA are to be managed as per routine practice.

5.5. Resident hand hygiene is to be performed upon leaving their room.

5.6. Dedicate resident care equipment, slings, transfer belts, and ensure they low level disinfected (see IC13:0600) when removing from room.

5.7. Equipment that cannot be resident specific must be low level disinfected between uses. (IC13: 0600)

5.8. Bag soiled laundry at point of use

5.9. Dispose of waste through the general garbage.

5.10. Bathing frequency and routines are the same as other residents, follow established tub cleaning procedure.

5.11. When transporting/transferring resident to another Facility for tests, procedures, or admission notify the receiving facility of MRSA status of the resident.

5.11.1. Include the MRSA status on the written transfer documents.

5.11.2. Notify transferring ambulance of MRSA status

5.12. For visiting/outings with family and friends encourage hand hygiene on entry and exit to room, unit and facility. When resident is on additional precautions all must follow instructions as per precautions card when in contact with the resident or the environment

5.13. **Do not** decolonization residents in residential care.

6. Room Placement

6.1. A single room with dedicated bathroom is preferred.

6.2. Two or more residents with MRSA may share a room (cohort).

6.3. MRSA positive (colonized or infected) without risk factors may share a room with non-MRSA residents that do not have open wounds, ostomies or invasive devices including tubes, drains and catheters etc.

6.4. MRSA positive (colonized or infected) with risk factors may not share a room with non-MRSA residents that have open wounds, ostomies or invasive devices including tubes, drains and catheters etc.

7. Outbreak

7.1. Ensure case definition for outbreak met, two or more person to person transmission of MRSA in a facility.

7.2. Increase cleaning to 2 X per day ensuring frequently touched surfaces are included in the second clean. Regular cleaning agent can be used. IPCP will request the enhanced cleaning in the Operated facilities and Director of Care in the contracted facilities.

7.3. Contact infection control for additional information during an outbreak.

7.4. Discharge cleaning is required upon discontinuation of isolation precautions.

8. Related Fraser Health Policies and Procedures

8.1. Fraser Health Residential Care Infection Control Manual:

8.1.1. IC5: 0100 Routine Practices

8.1.2. Contact precautions

8.1.3. Droplet/Contact precautions

9. Related Signage

9.1. IC6:0410 Appendix I Contact Precautions

9.2. IC6:0610 Appendix I Droplet/Contact Precaution

10. References

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