

## Infection Control

# Frequently asked questions about Methicillin-Resistant Staphylococcus aureus (MRSA)

This leaflet is designed for inpatients and their relatives. It is about MRSA and answers some common questions.

### What is MRSA?

MRSA stands for Methicillin-Resistant Staphylococcus aureus.

Staphylococcus aureus (*S. aureus*) is a common germ/bug (bacteria), that 3 in 10 of us carry naturally. There are other types of bacteria in the Staphylococcus family, and we all carry at least one of the types on our skin at times, or throughout our lives. Staphylococci, as a group, are the most common cause of wound and skin infections. Some people carry *S. aureus* in their noses and on their skin. This is normal and does not require treatment. However some patients in hospital, who have MRSA on their skin, do sometimes require treatment.

MRSA is a particular type of *S. aureus* that has developed resistance to methicillin, a type of penicillin, as well as many other types of antibiotics. 'Resistance' means that it is not killed by the antibiotic. Similar infections occur whether a type of *S. aureus* is resistant to antibiotics or not. Most of the time MRSA just sits on the skin without causing a problem but if it enters the body through an open wound for example it may cause an infection.

The following make patients vulnerable to **any** infections:

- their underlying condition
- the number of operations they've had
- the presence of open wounds
- how frequently they've used antibiotics

### Is MRSA a superbug?

MRSA is sometimes referred to in the media as a superbug. However, a full explanation of MRSA is rarely given and the consequences are often exaggerated. Many people who carry MRSA on their skin lead full and normal lives.

## What is the difference between colonisation and infection with MRSA?

**MRSA colonisation** means that the bacteria is simply 'sitting on the skin' (in any site) but is causing no harm to the person.

In an **MRSA infection**, the bacteria are causing signs of infection, for example, fever and/or pus discharging from a wound. These patients will usually be given appropriate treatment for the infection.

## Is MRSA more infectious than 'ordinary' S. aureus?

MRSA is no more infectious to humans than an antibiotic-sensitive S. aureus; it is just that the options for treatment of infections are more limited.

## What are health-care associated infections?

Health-care associated infections are infections that arise as a result of a patient's treatment, which can be a stay in hospital. Some people come into hospital with infections they have got in the community.

Some patients get MRSA because of the treatments they receive for their primary illness, others acquire it in the same way as they do other infections.

Infections can be spread via the hands (touch) and from the environment. Therefore, good standards of cleanliness and hygiene from everyone are required to limit the spread of MRSA. Please see the information leaflets 'Infection Control information for patients' and 'Infection Control information for visitors'.

These leaflets can be found on the Addenbrooke's website via the following links or through the Patient Information Team on 01223 216032:

Information for patients:

[http://www.addenbrookes.org.uk/resources/pdf/patient\\_visitors/patient\\_information\\_leaflets/infection\\_control/PIN741\\_Advice\\_for\\_patients.pdf](http://www.addenbrookes.org.uk/resources/pdf/patient_visitors/patient_information_leaflets/infection_control/PIN741_Advice_for_patients.pdf)

Information for visitors:

[http://www.addenbrookes.org.uk/resources/pdf/patient\\_visitors/patient\\_information\\_leaflets/infection\\_control/PIN117\\_Advice\\_for\\_visitors.pdf](http://www.addenbrookes.org.uk/resources/pdf/patient_visitors/patient_information_leaflets/infection_control/PIN117_Advice_for_visitors.pdf)

## **Who gets MRSA in hospitals and the community?**

MRSA is not a problem to fit and healthy people. People staying in hospital and people receiving treatment and undergoing investigations are, however, more vulnerable. People who have long-term skin lesions (such as leg ulcers), long-term urinary catheters and those receiving frequent courses of antibiotics are also more at risk.

## **How do you know I have MRSA?**

Patients can carry varieties of *S. aureus* on their skin without it causing any problems or symptoms of illness.

If you are admitted to hospital as an inpatient, you will be tested for MRSA. Any patient who is being admitted or visiting a clinic for a planned procedure will be screened at their assessment visit or on admission.

In addition, routine specimens (including swabs) are taken to look for germs, and MRSA might be found as part of this procedure. Swabs generally take 24 to 48 hours to process, so we will not know results immediately and sometimes you will have returned home by the time the results are available.

## **If MRSA is found, your medical team is informed of the results and will prescribe treatment if necessary.**

If you are discharged home from hospital before the results of swabs are available, you and your general practitioner (GP) will be informed and advised what to do next. They will receive an information leaflet to give to you.

## **Will I be tested more than once for MRSA?**

You will be notified if your doctors consider it useful to take further swabs (including after you have left hospital). It might be useful to know if you still have the MRSA, for example if you have further admissions planned.

## **Will you treat my MRSA?**

Patients who are clinically unwell with an MRSA infection are treated with antibiotics. There are a number of antibiotics that can be used to treat MRSA infections and the medical team will discuss with the microbiologist which type is most suited to you. The duration of antibiotic therapy will depend on the patient's condition. Some patients might receive skin treatment (soaps and creams, not tablets) at the same time as antibiotic therapy.

When you are first found to have MRSA, eradication treatment is usually given - as long as your underlying condition does not preclude it.

Sometimes, carriers of MRSA are treated more than once, for example before they have surgery.

There are problems with repeatedly treating patients with MRSA because resistance to some of the treatments can occur. The Infection Control Nurse can advise medical and nursing staff about appropriate eradication treatment.

### **Can I pass MRSA on to my friends and relatives?**

If you have MRSA, you are not a risk to your healthy relatives or friends. You can continue to live a normal life and maintain your usual relationship with your partner. Good hygiene and cleaning procedures in your household are enough to lower the risk of possible spread.

People who have open wounds or eczema are more vulnerable to infection from you because their skin is not intact. If you are concerned, ask your doctor for advice.

### **Will having MRSA affect the care and treatment I get in hospital?**

If you are found to have MRSA, your planned investigations and treatment will continue as normal. We might start to use barrier precautions, depending on the nature of the treatment you require.

### **If I have MRSA, can I use the physiotherapy, rehabilitation or day care facilities?**

If it is required, people who have MRSA are able to use the rehabilitation and physiotherapy facilities.

### **If I have MRSA, can I still have visitors?**

Even if you have MRSA, we encourage you to continue seeing your usual visitors. We recommend that all visitors perform hand hygiene when they enter and leave all wards and side rooms.

If visitors are assisting with your physical care, it might be advisable for them to wear aprons and gloves - depending on what tasks they are performing. If you or your visitors have any concerns, please ask ward staff for further explanation and reassurance.

### **What is barrier nursing?**

Barrier nursing is used to help prevent the spread of infections in hospital. It can be used for MRSA but also to prevent other infections such as varicella zoster virus (causing shingles and chickenpox).

In areas of the hospital where patients are having many invasive procedures, such as in intensive care and surgical and medical wards, we prefer patients with MRSA to be barrier nursed in a side room or cohort bay.

In barrier nursing conditions, doctors and other staff attending patients need to wear protective clothing (usually aprons and gloves) when they have physical contact with patients and perform appropriate hand hygiene. Apart from these hygiene precautions, your treatment will not be affected.

Visitors should check with nursing staff before entering barrier rooms to ensure that there are no other problems they need to be aware of.

Once patients have had some MRSA-negative swabs, (usually three sets) we will usually bring them back onto the main ward. If you are being barrier nursed on one ward, you will normally need to be barrier nursed on other wards you are transferred to.

### **What is cohort nursing?**

Sometimes, to prevent the spread of infection, we nurse patients who have similar infections together in bays of a ward. This group of patients is called a cohort. From time to time, we have MRSA cohorts for patients with MRSA colonisation or infection.

### **If I am nursed in a single room because of my MRSA, will this affect my treatment or care?**

Patients who are being nursed in single rooms should not receive any less attention or care than those in the main ward bays. Some single rooms have the advantage of en-suite facilities and most patients are very comfortable in side-room accommodation. The door should be closed at all times, unless there is a clinical reason why this is not possible, for example the patient is unstable and needs close observation.

### **If I have MRSA, am I a risk to staff and patients?**

If you have MRSA, you are not a risk to other patients and staff, provided all the proper precautions are followed. It is important, however, that everyone observes good hygiene especially staff who have a hands-on role with patients.

### **Can I go down to the hospital shops without risks to other patients, visitors and staff?**

MRSA is not a problem to healthy people so there is little risk when MRSA patients go to the concourse and shops. It is more important that patients who are going down to the shops are appropriately clothed and that they have any wounds covered by a clean, dry dressing.

### **Will having MRSA stop me having further treatment including operations?**

If you require surgery or any other procedures in the future, it is helpful to check if your MRSA is still present. Swabs can be taken by either your general practitioner's practice nurse or in a hospital clinic.

The presence of **any** infection can delay planned surgery (for example: if you have an 'ordinary' chest infection). Having MRSA is no different to these situations. The decision of when to operate is based on a risk assessment performed by the consultant looking after you. Surgery may take place with topical treatments which can be started before the surgery and antibiotic 'cover' treatment can be given when needed.

### **If I have MRSA, can I go into residential care or a nursing home with other residents?**

Providing you are clinically fit, the presence of MRSA will not delay discharge to either your home, residential or nursing home.

### **Will MRSA stop me doing any normal daily activities when I return home?**

MRSA is not a cause for concern in the community. If you feel well enough, it is important that you continue your usual activities including swimming, socialising and shopping.

### **Will my pets catch MRSA from me?**

It is extremely rare for animals to be affected by MRSA.

### **Will MRSA affect my work and study?**

In most circumstances, having MRSA should not affect your ability to attend work or college. However, if you are working in a health-care setting, we recommend you seek further advice. For most other people, observing normal hygiene is sufficient and there is no need to tell employers or colleagues. If you are concerned, ask your GP or the Infection Control Nurse for advice.

### **If I become pregnant, is my baby at risk of MRSA and am I more likely to get infections during birth?**

If you are pregnant, there are no additional risks from MRSA and this is similar for other infectious agents. If you are concerned, ask your doctor or midwife for advice.

### **Who needs to know I have MRSA?**

Only staff involved in your health care need to know that you have MRSA, including district nurses, your GP and nursing and medical staff, who are caring for you during your hospital visits or stays.

If you have had MRSA in the past, it would be helpful to tell doctors and nurses (both in the community and in hospital) because it might assist in planning your care.

## Who has responsibility for MRSA at Addenbrooke's Hospital?

The Chief Executive of the Trust has overall responsibility for MRSA in Addenbrooke's Hospital. The Infection Control Team takes care of the day-to-day issues.

## What is the role of Infection Control and Infection Control Nurses?

When you are identified as having MRSA, your medical team will discuss this with you and you will usually be visited by an infection control nurse. They can answer any questions and provide further information about your MRSA. This written information includes how to contact the Infection Control Nurses (ICN) if you have any further questions. With your permission, they are also happy to speak to your relatives about your MRSA.

## Is MRSA widespread in UK hospitals?

MRSA is widespread in most hospitals in the UK. At Addenbrooke's, we have policies to advise staff on screening and how to manage the treatment of any patients found to be MRSA positive. There are many Infection Control Policies in place in the Trust including ones concerning hand hygiene. The MRSA policies at Addenbrooke's are based on guidance from the National Working Group on MRSA.

## Are staff screened for MRSA?

It is **rarely** necessary to screen staff for MRSA. The Infection Control Team will decide when and which staff are screened.

## What is being done to stop the MRSA problem?

The overuse of antibiotics worldwide has led to the emergence of many antibiotic-resistant bacteria, one of which is MRSA. The Department of Health has produced guidance to GPs and the public to discourage the use of antibiotics, unless they are clinically needed. Hospitals are also addressing this issue by adhering to local antibiotic policies and following national guidance.

We all are monitoring cleaning standards in hospitals, surgeries and other care facilities closely to ensure they are up to standard. We are also encouraging everyone to work together to decrease the risks of catching **all** types of infection, not just MRSA. The simplest way to do this is to **wash your hands frequently and follow good hygiene precautions**.

## What are antibiotics and how do they work?

Antibiotics treat infections by killing the bacteria can cause them. Not all infections are caused by bacteria, for example antibiotics do not work against the virus infections that cause the common cold. We should not abuse the 'gift' of antibiotics by using them unnecessarily - overuse leads to antibiotic-resistance because the bacteria 'learn' to survive treatment with them.

## Further Information:

For further information about MRSA contact:

- your GP
- or the Infection Control Nurses Tel: 01223 217497 (or hospital extension 3497).
- Alternatively you can contact NHS Direct on 0845 4647
- Royal College of Nursing: [www.rcn.org.uk/resources/mrsa](http://www.rcn.org.uk/resources/mrsa)



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

## Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)



## Document history

Authors	The Infection Control Team
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ <a href="http://www.cuh.org.uk">www.cuh.org.uk</a>
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