
Infection Control

Methicillin-Resistant *Staphylococcus aureus* (MRSA) patient screening information

This leaflet is designed for patients undergoing MRSA screening prior to coming into hospital or on admission to hospital.

All patients who are admitted as emergencies will be screened for MRSA.

All planned admissions (irrespective of length of stay) where a procedure is scheduled, or where the admission is coded as a 'day case' will be screened. There will be some exceptions which include

- Day case ophthalmology
- Day case dental
- Minor dermatological procedures
- Day case endoscopy/colonoscopy/sigmoidoscopy/hysteroscopy
- Day case termination of pregnancy
- Radiological day case procedures

However if you have been MRSA positive in the past you will be screened even if you fall into any of the exception categories

If you do **not** wish to be screened please inform the healthcare worker so that this can be recorded in your notes

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.

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

Why do I need an MRSA screen?

If we can find out whether you are carrying MRSA harmlessly on your skin or up your nose before an operation, an out-patient treatment or when you are admitted to hospital, we can then plan your care more effectively.

When people are treated for MRSA before an operation they recover much better and chances of other patients picking up the organism are greatly reduced.

What is an MRSA screen?

Staff in the Emergency Department, the clinic or the ward will take swabs from your nose, and either the throat or perineum (groin) and they will be sent to the laboratory. Results from these swabs take one-two days to process. If the swabs are negative you will not hear from us again but please feel free to ask for the results.

Will MRSA stop me having an operation or other treatments?

If you are already an in-patient your treatments will carry on as normal.

Most people who are found to be positive are only colonised ('carrying') MRSA. However the presence of any infection can delay any planned procedure such as surgery (for example: if you have an 'ordinary' chest infection).

Current guidelines (MRSA Working Party 2006 and Department of Health, 2008) say that 'every effort should be made to clear patients from MRSA before planned surgery.' You may need to be treated first to protect you from becoming ill after your operation or passing MRSA on to other patients.

It is important to recognise that it may not always be possible to get rid of the MRSA. In certain circumstances your operation or procedure will proceed anyway with topical skin treatment and specific antibiotics to prevent MRSA infection. For other patients your operation or procedure may need to be delayed while you receive treatment to get rid of the MRSA.

However all patient circumstances are different and the options will be individually assessed by the doctors responsible for your care.

What happens if my swabs are positive?

If you are found to be carrying MRSA do not worry! You are unlikely to suffer any harm or pass it on to anyone else. If you are worried about MRSA please talk to clinic staff, ward staff, the Infection Control Nurses or your own GP.

If the swabs have been taken during an assessment visit before surgery you will receive a phone call from the clinic staff and will be asked wherever possible, to come to the Outpatient Clinic to discuss what needs to be done and what the next steps in your management will be.

If you are on the ward the Infection Control Team Nurses will come and talk to you to explain what will happen next. You will be given a written information leaflet to read and you will have the opportunity to discuss your questions or concerns with the Infection Control Nurse. You may wish to have one of your relatives or friends with you to help you remember what has been discussed.

Sometimes positive swab results come through after you have been discharged or your procedure has been completed. You will receive a letter asking you to contact the practice to discuss further treatment. Your GP practice will also receive a letter informing them of the result asking them to arrange decolonisation treatment and follow-up screening. This is especially important if you have further hospital admissions planned.

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. This applies to most people who are found to be positive and they are said to be 'MRSA carriers'.

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

What will the treatment be?

If you are in hospital and are found to be MRSA positive or you are to have an operation you will be given skin (topical) treatment. This treatment will last for seven days. It involves washing your skin and hair with an antiseptic soap and applying a cream to the inside of your nose. We encourage you to change all your sheets, pillowcases and towels at the beginning and end of the treatment if you are able.

Once the treatment is complete, wait for (at least) two days and arrange for some more swabs to be taken. This should be repeated twice more at weekly intervals. This may be done through your own GP practice, or through the clinic. If you are an in-patient the ward staff will do this during your stay.

Will I be tested more than once for MRSA?

At Addenbrookes all patients who are admitted as emergencies or for planned visits (with a few exceptions), will be screened for MRSA.

If you require surgery or are readmitted to hospital 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.

If you have been MRSA positive in the past and are readmitted to hospital again as an in-patient for any reason, you will be rescreened to check whether MRSA is still present.

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



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



Document history

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