MRSA

At RNOH we take Infection Prevention & Control (IPC) very seriously. One of our aims is to minimise the risk of patients picking up or becoming infected with MRSA during their stay. We have several strategies to help us deliver that aim including identifying colonised patients, preventing transmission, preventing active infection, educating staff and monitoring performance:

- Screening all inpatients for MRSA
- Regularly monitoring screening performance
- Appropriately flagging patients colonised with MRSA so they can be managed accordingly
- Close liaison between infection control and the bed management team
- Adopting appropriate precautions when a patient is known to be colonised
- Ensuring wound care and line care are done properly
- Complying with mandatory reporting
- Educating & training staff regularly
- Working within an up to date MRSA policy
- Regular review in IPC committee’s

The RNOH Trust policy is to screen all admissions for MRSA colonisation. This is usually done prior to admission as part of the pre-operative assessment process. Sometimes it is not possible to do this pre-admission, in which case it is done by the ward team on admission. Compliance with this policy is overseen by the IPC team.

When a patient is identified as being colonised with MRSA they are flagged on our IT system. There is close liaison between the IPC team and the bed management team to ensure that patients needing admission are placed accordingly and to prevent transmission between patients appropriate isolation precautions are used. Colonised patients are usually last on a theatre list to enable enhanced cleaning of the theatre after surgery. These actions are generally very successful in preventing transmission and we have very few acquisitions meaning that it is very unlikely that a patient will become colonised during an inpatient stay.

If a patient is colonised with MRSA there are standard precautions in place to prevent infections. These apply to all patients and include adherence to good line care, catheter care, and wound care guidelines. We have a robust antimicrobial policy and the current surgical prophylaxis covers MRSA routinely. Despite this, it is not possible to prevent infections 100% of the time but we rarely see infections. We comply with national mandatory reporting obligations which require us to report MRSA bacteraemias, (when MRSA is detected in blood cultures), and we have not had one of these for over 10 years:
We have an **MRSA policy** which is kept up to date and reviewed at IPC committee meetings. New staff undergo induction when they join the Trust and clinical staff must complete mandatory IPC training on a regular basis. Additionally IPC information is disseminated via a system of link nurses providing further education & training within clinical areas. Compliance with the policy and outcomes are also reviewed regularly by the committee.

Further details and information on MRSA: **What is MRSA?**