West Hertfordshire Hospitals

Elective Admission MRSA Screening Protocol

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<tr>
<th>ID #</th>
<th>2013 019</th>
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<tbody>
<tr>
<td>Authors names</td>
<td>Jane Jackson, Simon Green, Jacqui Mallard, Anne-Marie Shand, Lynn Fuller, Robin Wiggins,</td>
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<tr>
<td>Author's job title</td>
<td>Consultant Microbiologist and Consultant Nurse</td>
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<tr>
<td>Division</td>
<td>Surgery, Medicine, Womens &amp; Childrens</td>
</tr>
<tr>
<td>Version number</td>
<td>Version 4</td>
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<td>Ratifying Committee</td>
<td>Integrated Standards Committee</td>
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<tr>
<td>Ratified date</td>
<td>January 2013</td>
</tr>
<tr>
<td>Review date</td>
<td>January 2016</td>
</tr>
<tr>
<td>Name of manager responsible for review</td>
<td>Jane Jackson</td>
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<td>Job title of manager responsible for review</td>
<td>Consultant Nurse</td>
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<td><a href="mailto:Jane.jackson@whht.nhs.uk">Jane.jackson@whht.nhs.uk</a></td>
</tr>
<tr>
<td>Source of evidence (if applicable)</td>
<td>n/a</td>
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<td>Yes</td>
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<tr>
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<td>MRSA, Screening, Elective, POA</td>
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<tr>
<td>User Group</td>
<td>Clinicians, Nursing staff</td>
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The Trust is committed to promoting an environment that values diversity. All staff are responsible for ensuring that all patients and their carers are treated equally and fairly and not discriminated against on the grounds of race, sex, disability, religion, age, sexual orientation or any other unjustifiable reason in the application of this policy, and recognising the need to work in partnership with and seek guidance from other agencies and services to ensure that special needs are met.
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Change History

<table>
<thead>
<tr>
<th>Version</th>
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<th>Reason for change</th>
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<tr>
<td>Version 2</td>
<td>25 August 2010</td>
<td>To reflect changes with admission protocol for elective surgical patients</td>
<td>Jane Jackson Cons Nurse Colin Johnston Medical Director Robin Wiggins Cons Microbiologist</td>
<td>Yes</td>
</tr>
<tr>
<td>Version 3</td>
<td>September</td>
<td>To correct x2 spelling</td>
<td>Jane Jackson Cons Nurse</td>
<td>Yes</td>
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1. Introduction

Following publication of advice from the Department of Health (2008) it is recommended that all elective procedures and those who are considered to fall into high-risk groups should be screened for MRSA prior to hospital admission from 1st April 2009.

This protocol should be read in conjunction with the following policies and guidelines:
- Management of Infection Prevention and Control
- Guidelines for the Prevention and Management of MRSA
- Isolation Policy

2. Aim

To identify the MRSA status of patients due for elective surgery.
To provide the protocol for declonisation and admission.

3. Speciality

The following patient groups have been identified as requiring MRSA screening:

**Surgery:**

(Adults - Day surgery or In-patient)
- General surgery
- Breast Surgery
- Urology
- ENT
- Gynaecology
- Orthopaedics
- Invasive pain relief under care of anaesthetists

*(Patients NOT requiring screening (unless high-risk) children, day-case ophthalmic, dental and endoscopy patients)*

**Medicine:**

- Cardiac catheter laboratory for Pacemakers or Reveal device insertion
- Chemotherapy (urgent, 1st admission and subsequent cycle admissions)
- Hand surgery at St Albans and Harpenden Memorial hospitals

*(Patients NOT requiring screening (unless high-risk) include day-case endoscopy or bronchoscopy, minor dermatology procedures and out-patient procedures in Helen Donald unit)*

**Obstetrics:**
• Elective caesarean sections
• High-risk cases of complications in the mother and/or potential complications in the baby

Children:
There is no routine screening of elective admissions to the children's ward unless high risk.

4. The Screening Procedure

All patients who attend a pre operative assessment are screened for MRSA

What sites should be screened for MRSA?

All elective admissions should have a ‘full’ MRSA screen, which includes swabs from all the following sites:

• Nose (anterior nares - one swab to both nostrils)
• Groin/Perineum
• Sputum (if expectorating)
• Catheter Specimen Urine (CSU) – only if indwelling catheter present
• Any wound sites
• Insertion sites of any indwelling device e.g. Gastrostomy sites, long-term intravenous device

The date of the swab and location of the swab taken is recorded in the pre operative assessment documentation.

Obtaining a swab

The following steps should be taken when obtaining a swab:

• Decontaminate hands immediately before swabbing.
• When swabs are taken from 'dry' parts of the body e.g. the groin the swab must be moistened prior to sampling using the swab medium, sterile water or sterile saline.
• Moisten swabs if necessary.
• Rub and rotate the swab firmly on each area.
• Place swab in the medium tube and label
• Each patient screen should be accompanied by a microbiology request form labelled MRSA screen.
• Samples are collected from ward/department and delivered by porter to specimen reception, level 2 Pathology WGH
• Laboratory staff collect samples and take to Microbiology for processing

A register of the samples taken for all patients remains in POA.

5. Informing the patient and the clinician of the result

All results are checked on the ICE system by the POA team, any positive results are recorded on the POA outcomes spreadsheet which details all patients that have been to POA, if the are any 'MRSA positive new isolate only' the resulting action is documented in the comments section.

If the patient is MRSA positive a telephone call is made and a follow up letter is sent (within 1 week)

If the patient is MRSA positive the consultant is informed by receiving a copy of the same letter sent to the patient.

A copy of the letter sent is saved on Infloflex.

6. Follow up Treatment
The follow up treatment is detailed in the attached POA flowchart and letter sent to the patient,

When the patient is admitted to Day surgery the admitting team is prompted on the day surgery admission documentation to check the MRSA status of the patient.

7. Surgical Assessment MRSA Screening Flowchart

**MRSA STATUS**

PRE-OPERATIVE ASSESSMENT (POA) PROTOCOL FOR PLANNED ADMISSION OF ADULT ELECTIVE SURGICAL PATIENTS

Swabs/specimens from nose, groin, wounds/skin lesions, and any indwelling devices will be taken in POA clinic and tested for MRSA

POA staff to check the MRSA screen results of their patients (48-72hrs results available on ICE system)

- **If MRSA positive:**
  - Commence MRSA topical decolonisation regime as per Trust MRSA policy (Mupirocin 2% (Bactroban) ointment to nasal nares, and body wash (Chlorhexidine or Triclosan))

- **If MRSA negative & previous +ve:**
  - Proceed with admission

- **If MRSA negative & not previous +ve:**
  - Provide patient with body wash to be used 5 days prior to admission and throughout hospital stay

Patient to commence full course of decolonisation treatment and attend POA for re-screening.

- **If positive – all patients:**
  - Inform patient and consultant of result.
  - Arrange for Consultant to see patient to discuss plan of care – appointment and decision to be made within one month.
  - Action: Pause 18 week wait, pending response from Consultant (1).
  - Repeat decolonisation regime and repeat swabs

  If admission is to proceed, then provide patient with 5 days of body wash to use prior to admission.

  Complete communication sheet to inform infection control team, Matron, and surgeon re MRSA status, date of admission.

  Patient who is MRSA positive must be admitted to side room for source isolation.

**ORTHOPAEDIC PATIENTS**

If MRSA negative:
- Request room for source isolation and arrange admission as soon as possible.
- Provide patient with body wash to be used 5 days prior to admission and throughout hospital stay.

**Non ORTHOPAEDIC PATIENTS**

If MRSA negative:
- Complete a further two screenings. If all negative, patient may be admitted into the open ward. If a screening returns positive, proceed as per positive (left hand box)

  Provide patient with body wash to be used 5 days prior to admission and throughout hospital stay
All patients:

If admission exceeds seven days, re-screen weekly & treat as per Trust MRSA policy.

1 MRSA Screening – Operational guidance 2 DH Gateway 11123 December 31 2008.
8. Pre-Operative Assessment Patient Letter

West Hertfordshire Hospitals
NHS Trust

Pre operative Assessment Clinics

<table>
<thead>
<tr>
<th>St. Albans City Hospital</th>
<th>Level 3 Verulam Wing</th>
<th>Princess Michael of Kent Building</th>
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<tbody>
<tr>
<td>Waverley Road</td>
<td>Hemel Hempstead General Hospital</td>
<td>Watford General Hospital</td>
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<tr>
<td>St. Albans</td>
<td>Hillfield Road</td>
<td>Vicarage Road</td>
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<tr>
<td>Hertfordshire</td>
<td>Hertfordshire</td>
<td>Watford</td>
</tr>
<tr>
<td>AL3 5PN</td>
<td>HP2 4AD</td>
<td>Hertfordshire</td>
</tr>
<tr>
<td>Tel 01727 8977140</td>
<td>Tel 01442 287191</td>
<td>Vicarage Road</td>
</tr>
<tr>
<td>Fax 01727 897711</td>
<td>Fax 01442 287253</td>
<td>WD1 8HB</td>
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</table>

Date:
Patient details
Hospital number

Dear ………………………...

During your pre-operative assessment, swabs were taken from your nose and groin to identify if you have Methicillin-resistant *Staphylococcus aureus* (MRSA). I am writing to inform you that the laboratory has identified that you have MRSA.

We recommend a treatment plan to treat the MRSA, following which we will take further swabs to identify how effective the treatment plan has been.

If you have any queries or wish to discuss this, please do not hesitate to contact the pre-operative assessment clinic on the numbers above.

Sister
Pre operative assessment clinic

**MRSA TREATMENT PLAN**

**Treatment to body and nose**

1. Change bed linen, nightwear and towels on day commencing treatment

2. Apply bodywash directly to wet skin (as with shower gel) with particular attention to groin and rinse off afterwards – preferably by shower or bath.

3. Apply Mupirocin 2% (Bactroban) to the nose - repeat THREE TIMES A DAY

4. Continue using bodywash and nasal ointment for 5 days.

5. A repeat set of swabs (nose and groin) is required 48 hours following treatment. The swabs will be undertaken in the Pre-operative assessment clinic. Please telephone Pre-operative assessment department to book date / time.

6. We will also provide you with bodywash to use in the 5 days prior to your admission.

Jane Jackson
Consultant Nurse
9. Medical Assessment MRSA Screening Flowchart

**MRSA STATUS**
**PROTOCOL FOR PLANNED ADMISSION OF ADULT MEDICAL PATIENTS**

- Swabs/specimens from nose, groin, wounds/skin lesions, and any indwelling devices will be taken in pre-assessment and tested for MRSA.

- Nursing staff from cardiac catheter laboratory or Helen Donald awaiting confirmation & if screening needed? Frequency unit to check the MRSA screen results of their patients.

**If MRSA positive:**
- Print results.
  - One copy to file in patient notes
  - One copy to fax to GP and request prescription for MRSA topical treatment as per Trust MRSA policy.
  - Mupirocin 2% (Bactroban) ointment to nasal nares, and body wash (Chlorhexidine/Triclosan).

**If MRSA negative & not prev +ve:**
- Proceed with admission.

**If MRSA negative & prev +ve:**
- Inform patient of result and arrange for collection of prescription.
- Application of de-colonisation treatment regime to be explained to patient.

- **Cardiac catheter laboratory** waiting list administrator to be informed of patient’s MRSA status.
- **Gade** ward sister to be informed of patient’s MRSA status and side room requested for source isolation.

- **Inform consultant of action taken**

- **Ensure patient has sufficient body wash for use 1 week prior to admission and to continue throughout hospital stay.**

- **Heronsgate:** 1 negative MRSA screen is required prior to admission where possible. Request side room for source isolation.

- **Cardiac catheter laboratory:** schedule patient for the end of the list. If admitted, request side room for source isolation.
10. Obstetric Assessment MRSA Screening Flowchart

<table>
<thead>
<tr>
<th>MRSA STATUS</th>
<th>PROTOCOL FOR PLANNED ADMISSION OF OBSTETRIC PATIENTS</th>
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</table>

Women booked for lower segment caesarean section (LSCS), to be screened for MRSA (nose, groin or perineum, wounds/skin lesions, and any indwelling devices) in antenatal preoperative assessment clinic (APOA).

Women who are an in-patient prior to their delivery are to be screened by Victoria ward or Delivery suite staff as appropriate.

If screened late, surgery is **not** to be delayed.

MRSA information leaflet to be given to woman at time of screening. Women are able to refuse screening if they wish.

<table>
<thead>
<tr>
<th>If MRSA positive:</th>
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<tr>
<td>- Midwife in maternity assessment unit (MAU) to contact woman to inform her of result.</td>
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<tr>
<th>If MRSA negative &amp; prev +ve</th>
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<tr>
<td>No further action required.</td>
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<th>If screening refused:</th>
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<tr>
<td><strong>Low risk</strong> – No further action required.</td>
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<tr>
<td><strong>High risk</strong> – Treat as MRSA positive and commence MRSA decontamination protocol as per Trust policy</td>
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</table>

Medical and midwifery/nursing staff to be informed of MRSA status.

**Sufficient time for treatment:**
Woman to collect MRSA topical treatment from MDAU (Mupirocin 2% (Bactroban) ointment to nasal nares, and body wash (Triclosan/Chlorhexidine)) and commence 5 day course of treatment as per Trust policy.

Request side room for source isolation.

**Insufficient time for treatment:**
Request side room for source isolation.

Topical treatment to commence on day of admission / operation.

Schedule patient for the end of the LSCS list.

For monitoring purposes, the screening status of all women must be documented on the data sheet / ciconia maternity information system (CMIS).
## 11. Maternity Data Sheet

<table>
<thead>
<tr>
<th>CHECKLIST COMMENCED</th>
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12. Monitoring Compliance and Effectiveness

A monthly performance report is tabled at the Infection Control Committee which reviews the percentage compliance of MRSA swabs undertaken for all elective patients.

On an annual basis an audit will be undertaken to review whether the patient and treating clinician have been informed of the patients MRSA positive status, all positive MRSA patients who attended POA will be identified and a review of Infloflex will take place to ensure that the patient was sent a letter informing them of their status and the need for treatment.

<table>
<thead>
<tr>
<th>Element to be monitored from relevant NHSLA standard</th>
<th>Lead</th>
<th>Audit Tool / Report</th>
<th>Frequency</th>
<th>Reporting arrangements for monitoring</th>
<th>Acting on monitoring recommendations</th>
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<tr>
<td>How the clinician treating the patient is informed</td>
<td>Consultant Nurse POA</td>
<td>Audit Report on the element of the approved process (page 4, 5 &amp; 6)</td>
<td>Annually</td>
<td>Infection Control Committee</td>
<td>Infection Control Committee Consultant Nurse POA</td>
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<tr>
<td>How the patient is informed of the result</td>
<td>Consultant Nurse POA</td>
<td>Audit Report on the element of the approved process (page 4, 5 &amp; 6)</td>
<td>Annually</td>
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