

MRSA SCREENING STRATEGY

1.0 INTRODUCTION

MRSA stands for Meticillin resistant *Staphylococcus aureus*. It is associated with morbidity and mortality. Early detection of MRSA is a well recognised containment strategy.

1.1 Purpose of the Strategy

The MRSA screening strategy will reduce the risk of infection from MRSA through the screening of patients identified as at risk from MRSA colonisation. The transmission of MRSA and the subsequent risk of MRSA infection including MRSA bacteraemia, can only be addressed effectively, if measures are taken to identify MRSA carriers as potential sources and treating them to reduce risk of transmission. It is generally accepted that colonisation precedes infection and the transmission from skin borne infection to bloodstream infection is the primary infection route. Direct transmission is the other route through lapses in hand hygiene or aseptic technique. These may account for 10% of cases. The objective is to reduce the prevalence of MRSA and ultimately the number of infections by screening elective patients for MRSA and decolonising those found to be carriers.

Wolverhampton Care Economy formed an MRSA Screening Group in November 2007.

The Department of Health issued advice to Trusts in Screening for Meticillin resistant *Staphylococcus Aureus* (MRSA) colonisation 2007 in response to meeting the challenge of reducing Healthcare acquired infections. The PCT MRSA policy 2007 is being revised to include the latest screening and treatment guidance.

1.2 What is screening?

MRSA screening is the microbiological testing of a sample taken from the potential carriage sites of a patient on or before admission. It is the process by which patients who are colonised with MRSA are identified. A consistent and comprehensive screening scheme is required.

1.3 Current position

This is detailed in the Action Plan, appendix 1.

1.4 Which groups should be screened

All elective admissions and attendances -requirement from April 1st 2009

- Admissions and transfers to West Park rehabilitation hospital
- Elderly Care elective admissions to Penn Hospital
- Compton hospice
- Nuffield private hospital

1.5 Which groups should be screened by 2011

- Patients attending General practice for minor surgery **excluding** minor dermatology procedures e.g. warts or other liquid nitrogen applications
- Patients attending podiatry for minor surgery
- Patients identified following profiling of the patient population as 'high risk' of acquiring an MRSA bacteraemia.
- Patients resident in nursing residential and resource centre beds

ACTION 2009-10	LEAD	TIMESCALE	PROGRESS
Penn Mental Health hospital Elderly care elective admissions only	CW/Head nurse	April 2009	In discussion
Discharge protocol for patients identified as MRSA positive after screening at RWHT and discharged before treatment			Positive results sent to GP by letter at present GP contacts patient and offers treatment and rescreening Review and discuss at Care Economy MRSA screening meeting
Community patient profiling to identify 'high risk patients for screening	CW	March 2008	Business case Funding agreed Issues around access of confidential information and consent need to be resolved before data collection can be commenced. Discussions in progress
ACTION 2010-11	LEAD	TIMESCALE	PROGRESS
Compton Hospice	CW		Review and discuss at care economy MRSA screening group
Minor surgery in General Practice	CW		Review and discuss at care economy MRSA screening group
Minor surgery in Podiatry	CW		In discussion at care economy MRSA screening group