Questions and Answers for Staff

Methicillin Resistant Staphylococcus aureus (MRSA)

What is MRSA? MRSA is a type of Staphylococcus aureus (S. aureus) that has become resistant to many of the antibiotics used to kill it.

How is it transmitted? MRSA can live on people or in the environment for long periods (days or months). It can be spread by unwashed hands or gloves of personnel after direct contact with patients or the contaminated environment. If workers do not wash their hands or if they fail to remove gloves between patients and then wash, they can pass this organism on to the next client or (rarely) to a staff member.

What is the difference between colonization and infection? Colonization is when the organism lives on one or more body sites with no signs and symptoms of illness. Infection is when the organism gets past the person’s normal defenses and becomes a pathogen, examples include bloodstream infections, pneumonia, urinary tract infections and wound infections.

What special precautions are taken?

A. Isolation - Infection Control staff will decide whether a private room with an Isolation/Precautions sign is required. This provides an alert to staff. Staff and visitors should be reminded of any special isolation requirements. Occasionally, patients with MRSA may be roomed together. Some areas may not have a private room. The space/area around the client is to be considered the isolation area.

B. Barrier use - Gowns are required for all direct hand-on contact with the patient especially when lifting/turning or bathing the patient and with dressing changes. A mask for general care is not normally required, as MRSA is not known to be transmitted by airborne route. Gloves are needed for direct contact with the client and body excretions/secretions. In certain circumstances, such as an outbreak, glove requirements may be increased.

C. Hand disinfection - Hand disinfection, either with an antiseptic soap or an antiseptic hand rub, must be practiced between all patients and after handling used equipment.

D. Equipment - Direct patient care equipment such as stethoscopes, BP cuffs, and commodes may be dedicated to patient rooms as directed by Infection Control. If not dedicated, equipment must be cleaned and disinfected between patients as the organism can be transmitted from one patient to another via shared items.

Take the least amount of supplies into the room, e.g. packages of gauze. When isolation is discontinued, disinfect equipment and discard all unused supplies.

E. Cleaning - All touch surfaces in client rooms are cleaned daily and as needed. At the end of isolation, following patient discharge or transfer, a special isolation clean is required.

Treatment for patients with MRSA - Treatment depends partly on whether the patient is colonized or infected with the organism. Patients may be bathed with the special antibacterial soap in order to decrease the number of MRSA on the skin. Infection Control or an attending physician may prescribe the application of an antibiotic cream (e.g. mupirocin or Bactroban) for nostrils and other infected sites for seven to ten days. Treatment of infections will be directed by the patient’s doctor usually in consultation with Infection Control or Infectious Diseases.

How long do patients require isolation? - Following treatment, Infection Control will request cultures from specific body sites at designated intervals. Following a series of negative cultures, Infection Control will determine the isolation status of the patient and the level of barrier precautions required.

Will I become a carrier? - About 3% of personnel exposed to MRSA during outbreaks may become carriers through inadvertent transmission from hands to nose. You can prevent this by washing your hands after every patient contact, by using gloves appropriately, and not rubbing your nose with your hands. Also, keep your hands in good condition with moisturizers to decrease your risk of becoming a carrier (persons with dermatitis are at greater risks of becoming carriers).

Do I need to be cultured to see if I am a carrier? - This is not commonly done, as it is difficult to prove cause and effect, i.e. a positive health caregiver does not necessarily mean that the individual is transmitting the organism to others. In addition, nasal swab cultures are not 100% reliable in detecting carriage of MRSA. Prevention of transient carriage, particularly on your hands remains the key. Swabs will be done only under the direction of Infection Control. If they are done and if you are found to be a carrier, your results will be kept confidential and you can be treated.

If I am immuno-compromised or pregnant, am I at increased risk of acquiring MRSA? - No, the risk (which is very low) is the same for all health caregivers.

If you need more information, contact the Infection Control Department: OTMH. ext. 3550; MDH ext. 7431