

What is MRSA?

MRSA stands for Meticillin Resistant Staphylococcus Aureus. MRSA is a type of bacteria called Staphylococcus aureus (commonly referred to as Staph aureus). Staph aureus is a common bacteria that lives harmlessly on the skin and in the nose of around 30% of healthy people without causing any adverse effects. This is known as colonisation. Staph aureus can sometimes be the cause of wound and skin infections.

MRSA is a type of Staph aureus that has become resistant to Meticillin and many other commonly used antibiotics and spreads easily in hospital environments, particularly among patients with skin damage e.g. wounds, leg ulcers or pressure sores.

The difference between colonisation and infection is important:

- **Colonisation** means that the MRSA is carried in the nose, on the skin and possibly in wounds but is causing no harm and producing no symptoms.
- **Infection** with MRSA can occur when the MRSA gets into the body through a break in the skin and there are signs of infection such as a high temperature or pus discharging from a wound.

Who is most at risk?

The majority of MRSA appears to occur in patients with risk factors. These include patients who have;

- been admitted to hospital in the recent past
- been in hospital for a long time
- been taking antibiotics
- broken skin (leg ulcers, pressure sores)
- long-term urinary catheters

How is MRSA spread?

People may carry the bacteria without knowing it, and therefore MRSA can be caught and passed on almost anywhere, not just in hospital environments. The MRSA bacteria is usually spread on the hands and skin from person to person but can also be passed on if a person is coughing/sneezing and has the bacteria in their nose or throat. Staff, patients and visitors can help to prevent the spread of MRSA by thorough, regular hand washing with soap and water and by using the alcohol gel which can be

found on the entrances to wards. Staff will also wear plastic aprons and gloves when caring for a patient with MRSA.

How do you know if you've got MRSA?

Some patients may be unaware that they have MRSA because it has caused them no problems. To identify MRSA a swab will need to be taken and sent to the laboratory for testing. In Oxleas swabs are only taken from patients who have clinical signs that alert staff to the possibility that they may have MRSA. These signs may include; a wound or sore that is taking a long time to heal, is red, swollen and/or painful.

Can visitors catch MRSA?

If visitors carry out effective hand washing using the alcohol hand gel as they enter and leave the ward and keep any cuts or abrasions covered with a waterproof plaster or dressing they will largely protect themselves from being colonised with MRSA. Even if they acquire MRSA it will usually cause them no harm, they will probably be unaware of it, and it will usually be temporary and won't need to be investigated or treated. Visitors who may have a reduced resistance to infection because of their own chronic ill health or frailty should discuss those risks with the nurse or doctor who is caring for the person they are visiting.

How is it treated?

Colonisation – patients who are found to be carrying MRSA on their skin without any symptoms will usually be treated by an ointment that is put up the nose and around any medical devices or in wounds and by washing with an antibacterial soap for five days. After 5 days the treatment will stop, and following a further two days more swabs will be taken to see if the MRSA has gone.

Infection – patients who have a clinical infection with MRSA will usually be treated with one of a small number of antibiotics which can kill the MRSA. Patients may need to receive this treatment in a general hospital.

Will I have to stay in my room?

As Oxleas is considered a low risk environment for MRSA patients are not isolated in the same way as they would be in a general hospital. Most patients will have their

own room, but if you are sharing a bedroom it may be necessary for you to be moved into a room of your own, this is particularly important if you or the person you are sharing a room with has open sores or wounds, drips or catheters. You may join other patients in the communal areas such as sitting and dining rooms. It is important that any wounds you have are covered with an appropriate dressing.

Will having MRSA stop me from going home?

Having MRSA should not prevent or delay your discharge home or to another care environment, as long as you are otherwise fit to do so.

What is the Trust doing to help prevent the spread of MRSA?

The prevention and control of infection is a high priority for the Trust.

We are:

- training all staff in the correct way to wash their hands to prevent cross infection
- ensuring that staff have access to the correct equipment to be able to wash their hands effectively with soap and water or alcohol gel.
- Monitoring and improving cleanliness in all wards and departments
- Ensuring that patients who are found to be colonised with MRSA receive the treatment protocol
- Encouraging visitors to wash their hands with soap and water and to use the alcohol hand gel on entering and leaving the wards.

If you have any questions or concerns you can speak to the nurse in charge of your care, the ward manager or you can contact the Infection Control Nurse, Helen Nicholls on 01322 625700, ext 5872 or email Helen.nicholls@oxleas.nhs.uk.