



Policy No: JSD/HS/16	Authorised by: Davina Powell	Review Date: 24th October 2023
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MRSA		

Policy Statement

SJD Homes believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff

The Policy

SJD Homes aim is to prevent the spread of MRSA amongst service users and staff.

Goals

The goals of SJD Homes are to ensure that:

- Service users, their families and staff are as safe as possible from cross-infection
- All staff are aware of the causes of the spread of MRSA and are trained to avoid these
- Service users who are colonised with MRSA receive the highest quality of care and are not discriminated against.

Legal Considerations and Statutory Guidance

SJD Homes will adhere to the following infection control legislation:

- The *Health & Safety at Work Act 1974 (HSWA 1974)* and the *Public Health Infectious Diseases Regulations 1988* place a duty on SJD Homes to prevent the spread of infection
- The *Control of Substances Hazardous to Health Regulations 2002 (COSHH)* which place a duty upon employers to control dangerous substances in the workplace
- The *Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)* which place a duty on SJD Homes to report outbreaks of certain diseases as well as accidents such as needle-stick accidents.

What is MRSA?

MRSA, or Methicillin-resistant *Staphylococcus Aureus*, is a variant of *Staphylococcus Aureus*, a type of bacterium carried normally by about a third of the population. When the skin is broken or where a person is otherwise unwell the bacteria can cause boils or pneumonia and can prevent wounds from healing properly. MRSA behaves in much the same way as its more common relative but, while *Staphylococcus Aureus* is readily treatable with modern antibiotics, MRSA has a high resistance to antibiotics which makes MRSA infections much harder to treat.

Many people carry MRSA in the same way that they carry *Staphylococcus Aureus* — without it causing any harm to themselves or others. These people are said to be ‘colonised’ with MRSA rather than ‘infected’, as they are not ill and show no visible signs that they are carrying MRSA. However, when MRSA does cause an

infection this can be very dangerous, even life threatening, and is especially problematic in elderly, vulnerable patients who are debilitated.

Preventing MRSA

In healthcare organisations MRSA carriers should not be a hazard to staff and, according to Department of Health guidelines, the implementation of sound infection control techniques, especially rigorous attention to hand washing, are sufficient to control the spread of the bacteria.

Therefore, in SJD Homes:

- All staff should comply with SJD Homes' infection control policies and procedures and adhere to best practice in infection control at all times
- All staff should adhere to SJD Homes' Handwashing Policy at all times, ensuring that their hands are frequently thoroughly washed and dried. SJD Homes believes that, consistent with modern infection control evidence and knowledge, hand washing is the single most important method of preventing the spread of infection, whether or not a service user is known carrier of MRSA
- All staff should adhere to SJD Homes' Protective Clothing and Equipment Policy. Disposable gloves and aprons should always be worn when attending to loose dressings, performing aseptic techniques, dealing with blood and body fluids or when assisting with bodily care; gloves and aprons should be changed and disposed of after each procedure or contact and always between contacts with different service users
- Cuts, sores and wounds on staff and service users should be covered with suitable impermeable dressings
- Blood and body fluid spills should be dealt with immediately according to SJD Homes' Infection Control Policy
- Sharps should be disposed of into proper sharps containers provided by Health Professional
- Equipment should be properly cleaned thoroughly with detergent and hot water after use
- Service users and staff should not need routine screening for MRSA unless there is a clinical reason for such screening to be performed (for example, a wound getting worse or new sores appearing), and in such cases screening will be requested by a GP or by the local consultant in communicable disease control
- If a service user's wound gets worse or does not respond to treatment then the service user's GP should be advised immediately
- MRSA risks should be included in COSHH assessments and any appropriate control measures taken to reduce identified risks.

If a service user is identified as colonised with MRSA:

- They should not be isolated (according to Department of Health guidelines the isolation of colonised service users is not necessary and may adversely affect the service users' quality of life)
- They may receive visitors and go out, for example to see their family or friends, and should not be discouraged from normal social contact
- Friends or family need not take any special precautions when visiting

When arranging care for a new service user or when transferring service users to and from hospital:

- The relevant manager should always ask in the initial assessment of a potential service user if there is any record that the applicant is colonised or infected with MRSA and this should be entered into the plan of care
- Colonisation with MRSA should never be the reason for refusing a service to a potential service user, or preventing discharge from hospital or for any other form of discrimination
- Staff should always inform a hospital if a service user who is admitted to hospital is known to be infected with or colonised with MRSA

- Service users with MRSA should not normally require special treatment after discharge from hospital; however, if a specialised course of treatment needs to be completed, the hospital should be asked to provide all the necessary details and agree in advance in the discharge plan and check that SJD Homes has staff competent to carry out any specialised task.
- Staff should seek and follow infection control advice from the consultant in communicable disease control and/or community infection control for any case where support is required, and for any service user with MRSA who has a post-operative wound or a drip or catheter.
Contact details for the local Consultant in Communicable Disease Control (CCDC), Communicable Disease Team or Communicable Disease Control Staff.

Reporting

MRSA is not a notifiable infection under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR) which obliges SJD Homes to report the outbreak of notifiable diseases to the Health and Safety Executive (HSE).

The presence of MRSA in a service user can only be ascertained by the laboratory investigation of swabs and any positive result will be notified to their GP.

The home manager should liaise with the relevant GP if a positive result is received and should work with all relevant professionals to revise the service user's plan of care and to ensure that everybody involved in the care of the service user is informed and understands infection control requirements.

Related Policies

Accident and Incident Reporting (RIDDOR)
Dignity and Respect
Health and Safety
Infection Control
Protective Clothing Equipment

Training Statement

All new staff are to read SJD Homes' policies relating to infection control as part of their induction process. Training sessions covering basic information about infection control should be conducted at least annually, and those with special responsibilities for infection control and risk assessment should also be supported in doing additional training on infection control as required.

The home manager is responsible for organising and co-ordinating training.