

NORTHERN TRUST: Screening of Patients for MRSA

Screening of patients: Initial screen (The swabs taken at this stage are processed collectively and indicate only MRSA present/absent i.e., the status of individual sites is not identified).

The following patients should have contact isolation precautions instigated and be screened for MRSA carriage on admission:

1. All patients admitted with a history of MRSA.
2. All patients admitted from residential and nursing homes and other hospitals.
3. All patients admitted to ICU, Neonatal Unit, Renal Unit.
4. When requested by the Infection Control Department.
5. In the event of an outbreak situation.

Screening of Patients in Acute Mental Health Facilities

1. All patients admitted with a history of MRSA.
2. When requested by the Infection Control Department.
3. In the event of an outbreak situation.

N.B. Contact isolation precautions must be maintained until negative MRSA results are available.



Screening of patients: Site specific screen/Full screen (The swabs taken at this stage determine the extent of MRSA carriage which allows clinical decisions to be made regarding decolonization.)

The following patients should have site specific screens taken:

1. Patients found on initial screening to be MRSA positive who have been assessed as suitable and are going to undertake the decolonisation programme.
2. Follow-up screening after decolonization has been completed.

The swabs taken at this stage are processed individually allowing detection and extent of persisting colonization to be identified.

Detection of MRSA

Swab the following sites:

- Nasal (1 swab for both nostrils)
- Throat
- Axilla (1 swab for both axillae)
- Groins (1 swab for both groins)
- Wounds e.g., operation sites, leg ulcers, pressure sores, tracheostomy sites, peg sites. (1 swab for each individual site)
- Indwelling devices e.g., Peripheral venous cannulae
- Skin lesions (1 swab for each individual site)
- CSU if patient is catheterised
- Umbilicus in infants
- Rectal/faecal specimens from patients in ICU Antrim Hospital.



Procedure

- Moisten blue transport swab in sterile water/normal saline prior to sampling the sites.
- Rotate moistened swab slowly over the selected site approximately ten to twenty times.
- Use one Multi-screen (white) Microbiology form. Indicate on form "MRSA Initial Screen" or "MRSA Site Specific Screen"/"Full Screen" as appropriate.
- N.B. 'Initial' screen swabs will be processed by the laboratory any day of the week, including Saturday and Sunday.
- Site specific screening swabs from known MRSA positive patients will be processed by the Antrim Hospital Laboratory on Monday and Tuesday and Causeway Hospital Laboratory on Monday only.

Assessment for Decolonisation

Patient should have:

- Intact skin - occasionally a small superficial non-infected lesion may be treated with Bactroban as part of decolonisation.
- Healthy skin - to permit the use of antiseptic directly on to the skin
- No indwelling devices (except Venflon, peg or NG tube) - if urinary catheter is present but the CSU is negative, decolonisation may still be appropriate.
- Anticipated to remain in hospital for the duration of the decolonisation process or returning to a nursing or residential home where the decolonisation process may be continued.
- Antibiotic Therapy: any antibiotic therapy completed prior to commencement of decolonisation.

NB: The agreement of the consultant responsible for the patient must always be sought prior to decolonisation.