1.0 **PURPOSE:**

1.1 To prevent and/or minimize the transmission of MRSA from person to person both within the personal care home and between facilities/sites within the Winnipeg Regional Health Authority (WRHA).

1.2 To ensure consistent Infection Prevention and Control practices are followed for the management of MRSA in personal care homes within the WRHA.

2.0 **DEFINITIONS:**

2.1 **Additional Precautions:** Infection control precautions and practices required in addition to Routine Practices. They are determined by the mode of transmission of selected microorganisms, or clinical presentation.

2.2 **Cleaning:** The physical removal of foreign material, e.g. dust, soil, organic material such as blood, secretions, excretions and microorganisms. Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

2.3 **Cohorting:** Two or more residents colonized or infected with MRSA placed/roomed together to minimize their contact with other unaffected residents on the same unit.

2.4 **MRSA Colonized:** Resident who is positive for MRSA and has no signs and symptoms of infection caused by the organism.

2.5 **Colonization:** The presence, growth and multiplication of an organism in or on a body site without signs or symptoms of infection.
2.6 **MRSA Contact**: An individual who may be exposed to an MRSA case in which transmission can occur.

2.7 **Contact Precautions**: Precautions and practices that include single room or at least one meter between beds in multi-bed rooms, with health care workers wearing gown and gloves for interactions that involve contact with the resident or the resident’s environment.

2.8 **Deflagging**: A system to remove MRSA status from the health record.

2.9 **Facility Approved Disinfectant**: A disinfectant cleaner that has been approved by the facility or organization.

2.10 **Flagging**: A system that uses specific terminology to highlight information on a resident record, e.g. MRSA Positive, MRSA Suspect.

2.11 **Hand Hygiene**: A general term that applies to handwashing, antiseptic handwash, antiseptic hand rub, or surgical hand antisepsis.

2.12 **Handwashing**: The process of washing hands with soap (plain or antimicrobial) and water.

2.13 **Health Care Worker (HCW)**: An individual who provides care to patients/clients/residents in the healthcare workplace, e.g. nurses, physicians, allied health works, and emergency responders.

2.14 **Infected**: An individual who is MRSA positive and shows signs and symptoms of infection caused by that organism.

2.15 **Infection**: Tissue invasion by an organism with multiplication and overt signs and symptoms of infection (fever, increased white blood cell count, purulence, inflammation, etc).

2.16 **MRSA Outbreak**: More than the expected number of MRSA cases in the facility.

2.17 **MRSA Positive or MRSA POS**: An individual who is positive for Methicillin Resistant *Staphylococcus aureus* (MRSA). MRSA POS is a code that would be used in an Infection Prevention and Control Flagging System.

2.18 **Resident**: An individual who resides in a long-term care facility/interim care.
2.19 **Routine Practices**: A set of infection control precautions and practices used for all direct care regardless of their presumed infection status or diagnosis.

2.20 **Screening/Surveillance Cultures**: Cultures done in attempt to identify MRSA in an individual with risk factors for acquisition of the organism.

2.21 **Terminal Cleaning**: Thorough cleaning of all surfaces and equipment within the room with a Facility Approved Disinfectant. This will include spot cleaning of visible soil on walls and removal of privacy curtains.

3.0 **OPERATIONAL DIRECTIVES**:

3.1 Personal care homes/long term care facilities shall admit persons, including hospitalized patients with MRSA Colonization or Infection. MRSA Colonized/Infected individuals shall not to be denied admission into personal care homes/long term care facilities within the WRHA.

3.2 Management of Methicillin-Resistant *Staphylococcus Aureus* shall be implemented in the event a resident has MRSA Colonization or Infection.

3.3 A system, criteria and laboratory support shall be established for reporting of MRSA positive residents.

4.0 **PROCEDURE**:

4.1 In the event a Resident is MRSA Positive the registered nurse will:

   4.1.1 Notify the Infection Control Practitioner or designate.

   4.1.2 Implement Contact Precautions in addition to Routine Practices (Appendix A) if required.

   4.1.3 Identify on the Resident record and Resident care plan the MRSA status and infection control precautions required.

   4.1.4 Provide the Health Care Worker with verbal information regarding MRSA Positive infection control precautions also provide the written fact sheet “Methicillin-Resistant *Staphylococcus aureus* (MRSA) Fact sheet for Health Care Workers” (Appendix B).

   4.1.5 Provide the MRSA Positive Resident, family members and visitors with verbal instructions regarding MRSA Positive infection control precautions also provide the written fact sheet “Methicillin-Resistant *Staphylococcus aureus* (MRSA) Fact sheet for Patient, Resident, Family and Visitors” (Appendix C).

4.2 **Surveillance Cultures**

   4.2.1 Surveillance Cultures on patients waiting to be transferred from acute care to LTC are not required.
4.2.2 Surveillance Cultures if requested to identify MRSA are:
   • nares (both nares using one swab)
   • open wounds
    For culturing procedures refer to “Guideline for Specimen Collection (# 1 Specimen Collection from Nares & # 2 Specimen Collection from Wounds)” (Appendix D).
4.2.3 When sending cultures, complete the microbiology requisition. Mark “look for MRSA” on the requisition.

4.3 Flagging /Deflagging of Resident Records.
4.3.1 A system of Flagging /Deflagging Resident records is not necessary.

4.4 Admission Screening.
4.4.1 Surveillance Cultures for admission screening are not required.
4.4.2 Surveillance Cultures may be done as requested by acute care as part of an MRSA Outbreak investigation.

4.5 Implement Contact Precautions in addition to Routine Practices (Appendix A) for those residents with the following conditions:
   • Extensive desquamating skin disorder with known or suspected Infection or significant Colonization.
   • Draining infected wounds in which drainage cannot be contained by a dressing.
   • Colonized tracheostomy or pneumonia with uncontrolled respiratory secretions.
    If the Resident has any of the above conditions, place the Resident in a single room with individual toilet and Handwashing facilities. Follow Routine Practices if the Resident does not have any of the above conditions.

4.6 Contact Precautions
4.6.1 Resident Placement, Cohorting & Activities
4.6.1.1 Cohort residents if there is more than one MRSA Positive Resident.
4.6.1.2 If Cohorting is not possible place the MRSA Positive Resident with a low risk roommate. A room mate with:
   • No open wounds
   • No decubitus ulcers
   • No urinary catheters, feeding tubes or other invasive devices
    No debilitated or bed bound residents requiring extensive hands on care.
4.6.1.3 Allow an MRSA Positive Resident to socialize, go to the dining area and participate in therapeutic group activities outside his/her room. Assess MRSA Positive residents who require a private room on an individual basis to minimize direct contact with other residents.

4.6.1.4 Cover resident’s wounds with dry dressings and have Resident perform Hand Hygiene before participating in social or therapeutic group activities.

4.6.2 Hand Hygiene
4.6.2.1 Follow Routine Practices

4.6.3 Gowns, Gloves, Masks and Eye protection
4.6.3.1 Follow Routine Practices

4.6.4 Equipment
4.6.4.1 Follow Routine Practices
4.6.4.2 Have dedicated equipment e.g. slings, sliders, commodes if possible.
4.6.4.3 If equipment cannot be dedicated it must be cleaned and disinfected with a Facility Approved Disinfectant before use with another resident.

4.6.5 Linen
4.6.5.1 Follow Routine Practices.

4.6.6 Dishes
4.6.6.1 Follow Routine Practices

4.6.7 Needles and Syringes
4.6.7.1 Follow Routine Practices

4.6.8 Laboratory Specimens
4.6.8.1 Follow Routine Practices

4.6.9 Waste Disposal
4.6.9.1 Follow Routine Practices

4.6.10 Resident Health Record and Personal Documents e.g. Wills, Voting
4.6.10.1 Follow Routine Practices

4.6.11 Environmental Control/Housekeeping
4.6.11.1 Do routine Cleaning according to your facility policy using a Facility Approved Disinfectant. Pay particular attention to bathing and toileting
4.6.11.2 In outbreaks clean more frequently.
4.6.11.3 Do a thorough Terminal Cleaning when Contact Precautions are discontinued or the Resident is moved or transferred. Change the privacy curtain. Change cloth or string light cords and call bells. Clean wipable light cords and bells. Immediately clean soiled equipment or furnishings with a Facility Approved Disinfectant. Launder mop heads before reusing them.
4.7 Duration of Additional Precautions
4.7.1 Implement and discontinue Additional Precautions as outlined in 4.5.

4.8 Treatment or Decolonization
4.8.1 The attending physician in consultation with an Infectious Disease Consultant determines treatment of infections.
4.8.2 Decolonization is not recommended. Individuals Colonized with MRSA do not require decolonization before transfer to a PCH/LTCF.

4.9 Subsequent Cultures for Persistent Carriage
4.9.1 Obtain cultures only when acute clinical symptoms e.g. respiratory infection or wound drainage develop. Refer to Appendix D for culturing procedures.

4.10 Management of Contacts
4.10.1 No screening of Resident contacts unless there is an outbreak.

4.11 Diagnostic Procedures/Transfers of Residents within the Facility
4.11.1 If the Resident is transferred, notify the receiving department of the Resident’s status and the necessary infection control precautions required.
4.11.2 Resident precautions for transport
   4.11.2.1 Have Resident perform Hand Hygiene on leaving his/her room for transfer. The Resident is not required to wear gloves.
   4.11.2.2 Ensure Resident is wearing clean clothes, housecoat or cover gown and wounds are covered.
   4.11.2.3 If the Resident is to be transferred in a stretcher or wheelchair, clean and cover the stretcher/wheelchair with a clean sheet prior to entering the resident’s room. After returning from the transfer, clean the stretcher/wheelchair with facility approved disinfectant before using on another Resident.

4.12 Discharge/Transfer of Resident between Facilities
4.12.1 Document the resident’s MRSA status on the Regional Health Authorities of Manitoba Transfer/Referral Form (Appendix E), if the Resident is MRSA Positive (Colonized or Infected). Send the completed transfer form with the Resident to the receiving facility.
4.12.2 Contact the receiving infection control practitioner or designate and provide the resident’s MRSA status, culture and sensitivity information and pulse field gel electrophoresis results if available.
if the Resident transferred is MRSA Positive (Colonized or Infected).

4.12.3 Transport Resident by a transportation system e.g. Stretcher Car Service. The transportation company should have trained staff with the ability to follow appropriate infection control precautions. Residents with positive MRSA status do not require an ambulance for transport.

4.12.4 Prior to transfer the Resident must:
- Have a clean stretcher or wheelchair covered with clean sheet
- Perform Hand Hygiene on leaving his/her room
- Have wounds covered
- Wear clean clothes, housecoat or cover gown.

4.12.5 The Health Care Worker must perform Hand Hygiene before and after Resident contact.

4.13 Transport of Resident by Transport Service

4.13.1 Notify Transport Service if Resident is on Contact Precautions.

4.13.2 The Transport Service must:
- Follow Contact Precautions, if indicated, to collect the Resident in his/her room and when leaving the Resident room
- Follow the Infection Control Guidelines for Health Care Workers in the Community (Appendix F)
- Consider the wheelchair/stretcher used to transport the Resident as contaminated
- Disinfect vehicle surfaces and any equipment that was in contact with the Resident with an approved disinfectant
- Use clean sheets for the next Resident

4.14 Home visits with the Health Care Worker, Companion or Family

4.14.1 Follow Routine Practices for all home visits. Refer to the “Infection Control Guidelines for Health Care Workers in the Community” (Appendix F).

4.15 Visitors including any Residents Visiting a Positive Resident

4.15.1 If the resident is on precautions visitors should check with the nurse prior to visiting for instructions on following precautions.

4.15.2 Ask visitors to perform Hand Hygiene before and after visiting the Resident.

4.15.3 Have visitors ask for assistance in obtaining Resident care supplies on the nursing unit.

4.15.4 An MRSA Positive Resident wanting to visit other residents in the LTCF should check with the nurse prior to visiting.
4.16 Outbreak Management
   4.16.1 Refer to Outbreak Management (Appendix G).

4.17 Surveillance
   4.17.1 Keep a standard data collection form: Surveillance Forms-MRSA/VRE Screening Line Listing (Appendix H) and ARO Patient/Resident Management Form (Appendix I) on every identified Resident Colonized/Infected with MRSA to maintain a database of MRSA Positive residents and to monitor the frequency of MRSA cases.

5.0 REFERENCES:
   5.2 Manitoba Health statement (February, 1995) states that based on substantial current information there is no justification for exclusion of hospitalized patients with MRSA colonization or infection from admission to long term care facilities.

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