Appendix 12

MRSA Screening Guidelines for Staff

If MRSA result positive **nose/groin** only:

- Commence treatment/decolonisation regime as soon as possible, for total of 5 days (Mupirocin (Bactroban) 2% nasal ointment and Chlorhexidine gluconate 4% surgical scrub).
- To remain at work.
- To be allocated duties that avoid direct patient contact with respect to dealing with wounds, any intravenous (IV) lines or patients in ‘high risk areas’ (e.g. NICU, Radnor Ward (ICU and HDU), Britford Ward (Acute Male and Female High Care Bays), Burns Unit, Amesbury & Chilmark Suites), including any invasive procedures or operating, **until** completion of decolonisation.
- Further follow up screens are necessary 5 days apart, until 3 sets of consecutive negative screens are obtained post-treatment.

If MRSA result positive in **wound(s) +/- nose/groin**:

- Commence treatment/decolonisation regime as soon as possible, for total of 5 days (Mupirocin (Bactroban) 2% nasal ointment and Chlorhexidine gluconate 4% surgical scrub).
- Treat any active infection with appropriate antibiotic therapy.
- Wound(s) to be covered appropriately.
- If infected wound(s) is unable to be covered or the wound is on the hands, then staff member should not be at work (special leave), until active infection treated and open skin wound(s) healed.
- If infected wound(s) covered and not on the hands, then to remain at work and to be allocated duties that avoid direct patient contact with respect to dealing with wounds, any intravenous (IV) lines or patients in ‘high risk areas’ (e.g. NICU, Radnor Ward (ICU and HDU), Britford Ward (Acute Male and Female High Care Bays), Burns Unit, Amesbury & Chilmark Suites), including any invasive procedures or operating, **until** completion of decolonisation.
- Further follow up screens are necessary 5 days apart, until 3 sets of consecutive negative screens are obtained post-treatment.

In addition, the Infection Control Doctor and/or Infection Control Nurse(s) will provide support as required on an individual basis, and emphasis the need for adherence to infection control practices/policies, including hand hygiene.

Further management of positive results after completion of decolonisation should involve local risk assessments for return to work with advice from Occupational Health (OH), the Infection Control Team and the staff member’s Line Manager.