

# MRSA POLICY

## POLICY STATEMENT

Kemfa care Limited believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both Service Users and staff.

Mountain Care adheres fully to **Outcome 8:** of the **Essential Standards of Quality and Safety** and **Regulation 12:** of the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010;** which relates to ensuring materials to be used in the treatment of Service Users where such materials are at risk of being contaminated with a health care associated infection.

## OUR AIM

The aim of Kemfa care is to prevent the spread of MRSA amongst Service Users and staff.

## GOALS

The goals of Kemfa care are to ensure that:

- Service Users, their families and staff working for Kemfa care are as safe as possible from MRSA
- all staff in Kemfa care 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

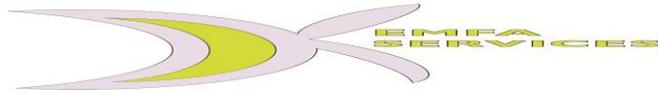
Kemfa care should adhere to the following infection control legislation:

- the **Health & Safety at Work Act 1974** and the **Public Health Infectious Diseases Regulations 1988** which place a duty on Marches Home Care 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 Mountain Care to report outbreaks of certain diseases as well as accidents such as needle-stick accidents.

## POLICY BACKGROUND

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. In most people Staphylococcus Aureus causes no harm.

However, when the skin is broken or where a patient 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 there are 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.

In healthcare settings, MRSA is spread by hand from person to person unwittingly by healthcare employees who do not wash their hands sufficiently between person contacts. It can also become established in clinical areas, on equipment and in such things as bedding and clothes and extremely vigorous cleaning and infection control techniques are required to eradicate it or halt its growth.

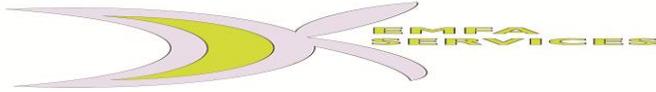
### **POLICY ON PREVENTING MRSA**

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, at Marches Home Care:

- all staff should comply with the Marches Home Care Infection Control Policies and Procedures and adhere to best practice in infection control at all times
- **all staff should adhere to the Mountain Care correct hand washing technique Procedure attached to this Policy**, ensuring that their hands are thoroughly washed and dried on arrival and before leaving a Service User's home, between seeing each and every Service User where direct contact is involved, after handling any body fluids or waste or soiled items, after handling specimens, after using the toilet and before handling foodstuffs;

Kemfa care 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 a Service User is a known carrier of MRSA or not and: 3

- **all staff should adhere to Mountain Care Protective Clothing Policy.** Disposable gloves and aprons should always be worn when attending to 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. Gloves should be worn when administering medication
- 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 Mountain Care's Infection Control Policy**
- **clinical waste should be disposed of according to Kemfa care Infection Control Policy**
- sharps should be disposed of into proper sharps containers



- equipment (such as commodes) should be 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 should 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 in nursing organisations is not necessary and may adversely affect the Service User's 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
- domiciliary staff with eczema or psoriasis should not perform intimate nursing care on Service Users with MRSA

When arranging care for a new Service User or when transferring Service Users to and from hospital, the Care 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 Care Plan.

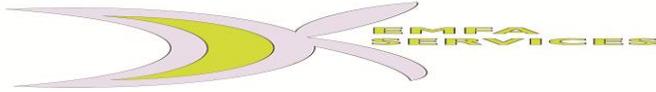
- colonisation with MRSA should never be reason for refusing a service to a potential client, for preventing discharge from hospital or for any other form of discrimination
- Service Users with MRSA should not normally require special treatment after discharge from hospital but if a specialised course 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 the organisation is agreeable
- care staff should seek and follow expert infection control advice from the consultant in communicable disease control and/or community infection control nurse in any case 4 where support is required and for any Service User with MRSA who has a post-operative wound, drip or catheter.

Contact details for NHS South Essex  
Prevention & Control Team

01268705217

Disease Team or Communicable  
Disease Control Nurse are as follows:

- Consultant in Communicable
- Disease Control
- Health Protection Team



- Communicable Disease Team
- Infection Control Nurses

## REPORTING

MRSA is not a notifiable infection under the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)** which obliges the organisation to report the outbreak of notifiable diseases to the Health and Safety Executive. 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 the Service User's GP. Domiciliary care managers should liaise with the relevant GP if a positive result is received and should work with all relevant members of the healthcare team to revise the Service User's Care Plan and to ensure that everybody involved in the care of the Service User is informed.

## TRAINING

All new staff will be encouraged to read the organisation's policies on Infection Control. In-house training sessions covering basic information about infection control should be conducted at least annually and clinical staff and those with special responsibilities for infection control and risk assessment should also be supported in doing additional advanced training on infection control as required.

The Registered Manager/Training Officer is responsible for organising and co-ordinating training.

Information sources used in the preparation of this Policy include:

- MRSA - What nursing and residential organisations need to know
- Department of Health guidance
- Hospital Infection Control: Guidance on the Control of Infection in Hospitals, HSG(95)10 - available free from the Health Publications Unit.

## CORRECT HAND WASHING TECHNIQUE

Removing all dirt and contaminants from the skin is extremely important. Hands and other soiled parts of the body should be cleaned at least at the end of each work period, prior to breaks, or when visiting the toilet.

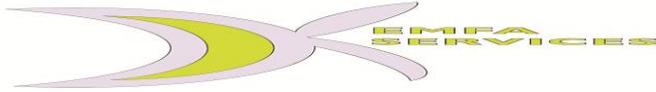
The correct method of cleaning is also important. Developing a good hand washing technique is imperative to ensure hands are thoroughly clean. Particular attention should be paid to the backs of the hands and fingertips as these are frequently missed.

It is usual to wet hands before dispensing a dose of soap into a cupped hand, however for heavily soiled hands it is advisable to apply the appropriate specialist hand cleanser directly to the skin before wetting. In all cases, it is important to follow the manufacturer's recommended instructions.

1. Rub palm to palm

2. Rub palm over back of hand, fingers interlaced

3. Palm to palm, fingers interlaced



4. Fingers interlocked into palms

The skin should always be properly dried to avoid risk of chapping particularly during cold weather.  
Clean towels should be available at all times – dirty towels mean exposing the skin to more dirt and the risk of infection.  
Ideally, ‘single issue’ disposable towels should be used, as the use of ‘communal’ towels can lead to contamination.

5. Rotational rubbing of thumb clasped into palm

6. Rotational rubbing of clasped fingers into palm