

Simple hygiene measures reduce the risk of spreading MRSA

Everyone should clean their hands before and after touching patients.

Hands can be cleaned with soap and water, or hand sanitiser.

Staff will wear gloves and aprons when they care for patients who have MRSA.

Visitors must not sit on the bed and they must clean their hands before and after the visit but do not need to wear gloves unless carrying out hands on care.

Patient Records

The fact that you have had MRSA will be recorded in your electronic patient record. This may result in additional tests being done prior to or during any future visits to hospital.

How can I help reduce healthcare associated infections?

Infection prevention & control is important to the well-being of our patients and for that reason we have infection prevention & control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

For Infection prevention and control purposes and to keep you safe and well visitors are requested not to:

- Visit if they are unwell or have been unwell in the previous 48 hours
- Sit on your bed or use the patient toilets
- Touch your wounds, or any medical devices, drips or catheters.

How can I find out more?

Leaflets are available that give information on MRSA and caring for patients in isolation. If you have not been given these leaflets and would like one please ask the staff looking after you.

Contact the Infection Prevention & Control Department on:

Stoke Mandeville Hospital Tel: 01296 315337
Public Health England Tel: 0344 225 3861
(option 4, option 1)

NHS Choices Website:

<http://www.nhs.uk/pages/home.aspx>

If you require a translation or alternative format of this leaflet please call Infection Prevention & Control 01296 315337

Author: Infection Prevention & Control Team
Leaflet code: IPC 009 MRSA EradV3.0
Issued 2003
Revised May 2019
Review May 2022

www.buckshealthcare.nhs.uk

Follow us on Twitter:

@buckshealthcare

MRSA Eradication Therapy Patient Instructions

Information about the treatments and medicines used to **eliminate** MRSA bacteria on your skin

This leaflet is for patients who have been identified as carrying MRSA on their skin.

Safe & compassionate care,

every time

What is MRSA?

MRSA (Meticillin Resistant *Staphylococcus aureus*) is the name given to varieties of *Staphylococcus aureus* that have become resistant to the antibiotics that are commonly used to treat infections.

It is a micro organism (germ) which some people carry on their skin or in their nostrils. Those who carry MRSA are unaware as it does not harm them and they have no symptoms.

MRSA may cause harm when it gets an opportunity to enter the body. It can cause simple local infections such as pimples and boils, or more serious problems such as wound infections, chest infections or blood stream infections.

MRSA and other germs cause problems in hospitals. This is because people who are ill are more vulnerable to infections, and medical treatments including operations, and intravenous lines (drips) provide opportunities for germs to enter the body.

How do people get MRSA?

MRSA is usually spread by touch. If a person gets MRSA on their hands, they can pass it to people and things that they touch. It may then be picked up and passed on to others.

Minimising the effects of MRSA

People who carry MRSA and are in hospital or who are about to have an operation can receive therapy to reduce the possibility of MRSA getting into deeper parts of the body and minimise the risk of MRSA infection.

Eradication Therapy

Most patients are recommended to have suppression rather than eradication therapy for MRSA. The treatments used for both suppression & eradication therapy are similar. However for eradication therapy further swabs are taken after each course of treatment to show if the MRSA has gone. Patients may also receive oral antibiotics if the throat and/or urine is affected.

Attempts to **eradicate MRSA tend to only be recommended:**

- i) when there is a greater risk of deep and chronic infection to the patient
- ii) where it is more likely to be successful i.e. patient with normal skin, no wounds or ulcers and no catheters.

There is no guarantee of success with eradication attempts and later swabs may prove positive again.

MRSA suppression is more commonly recommended as it is simple and is highly effective in reducing infection with MRSA.

Where therapy is being used prior to a planned operation, patients also receive antibiotics at the time of the operation which are effective against MRSA.

Therapy

You will need to use the following eradication therapy:

Nasal ointment	To be used three-four times a day for five-ten days depending on the ointment prescribed. When you apply it to the inside of both nostrils you should be able to taste the ointment at the back of your throat.
Antiseptic body wash or shampoo	To be used once a day for five or ten days depending on nasal ointment prescribed. <i>Do not apply internally or add to bath water or sink water.</i> Wet hair and body completely. Apply body wash solution to a clean, damp washcloth that is used only by yourself and is replaced each day. Apply to body and hair. Ensure that the body wash comes into contact with all parts of the skin surface paying special attention to skin folds, groin, armpits, scalp, and ears. Rub the surface of the skin gently all over. Rinse thoroughly and dry with clean towel. Where possible use clean sheets and clothing afterwards. You can use your own shampoo afterwards if you wish.
Oral antibiotics	Only for patients with throat carriage or urinary tract infection. Take the tablets as instructed on the bottle and complete the course.

Swabs to show the MRSA has gone are required at least 72 hours after all therapy is complete.

Three sets of swabs are required, at least 72 hours apart, taken from the nose, throat and groin and any wounds or skin lesions. Urine samples will be taken from patients with catheters or previous urinary tract infection.