

MRSA



Information for patients and visitors

This leaflet explains how we test for, treat and prevent infections with a bacterium (germ) called MRSA (meticillin-resistant *staphylococcus aureus*). If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is MRSA?

Staphylococcus aureus is a bacterium (germ) commonly found on the skin of adults and children and often causes no harm.

When *staphylococcus aureus* becomes resistant to meticillin and a range of other antibiotics, it means that those antibiotics no longer work. It is called meticillin-resistant *staphylococcus aureus* or MRSA. This **does not** mean that someone who has an infection caused by MRSA cannot be treated, just that they will have to be given different antibiotics to the ones usually used.

MRSA is carried in the nose or on the skin without people being aware of it (or having any symptoms) – this is called colonisation. It is far more common to be colonised with MRSA than to have an MRSA infection.

When does MRSA become harmful?

Most of the time MRSA does not cause any problems and people who are colonised with the bacteria do not look or feel different from anyone else.

However, you can sometimes get an infection caused by MRSA. This usually happens when the germ gets into your body through a break in your skin and causes a wound or skin infection. Occasionally, it can cause more serious infections. For example, it may get into your bloodstream and cause septicaemia (blood poisoning).

Who is most at risk of an MRSA infection?

MRSA can occur in any care setting and some people pick up the bacteria in the community. MRSA does not normally infect healthy people, even if they are colonised. Those people in hospital are more vulnerable to MRSA infection. This is because:



- patients often have a way for the bacteria to get into their body, such as through a surgical wound, a catheter or a drip into a vein
- they tend to be older, sicker and weaker than the general population, and often have a weakened immune system, which makes them more likely to get an infection
- they are surrounded by a large number of other patients and staff, so MRSA can spread more easily on the hands of staff and patient equipment

How is MRSA spread?

You can pick up MRSA at home or in hospital. You may become colonised or develop an infection.

It can be spread:

- from person to person by touching someone who is colonised or infected
- by touching or sharing towels or sheets with someone who is colonised or infected
- by touching room surfaces or objects that have MRSA on them

How do I know if I have MRSA?

Almost all NHS patients admitted to hospital are now tested (screened) for MRSA. This helps us to reduce the chance of patients getting an MRSA infection or passing MRSA on to another patient.

The test involves using swabs to take samples from areas such as your throat, the inside of your nose, your perineum (the skin between your anus and your vagina or scrotum) or your groin, and from any wounds or breaks in your skin, drip into your vein or urinary catheter sites:

- if you are coming in for a planned (elective) procedure, you will be screened before by a pre-admission nurse or outpatients



- if you come in as an emergency, we will screen you when you are admitted

How is MRSA treated?

If your screening swab results come back as MRSA positive, you will be informed by the preadmission nurse or your GP, or if in hospital, by your nurse or doctor looking after you on the ward.

If you are colonised with MRSA

We may prescribe you a course of treatment that involves using an antiseptic wash as well as an ointment that you put inside your nose. After using them as prescribed, you will stop for two days. You may be tested for MRSA again three days after the end of the course of skin treatment. It may take several days to get the results of this test.

If the test shows you still have MRSA on your skin, you will have to repeat the course of skin treatment. If you are discharged from hospital before the end of the skin treatment, we will give you a bottle of antiseptic wash and a tube of antibiotic nasal ointment so you can finish at home.

How to use the antiseptic wash

The pink-coloured antiseptic wash comes in a bottle and must be used as prescribed. You should use it as both a soap and a shampoo for a shower, bath or wash every day for five days. Avoid getting it in your eyes or ears.

1. Wet your skin.
2. Put the skin wash on a clean, damp flannel and use it to thoroughly clean your whole body, working downwards.
3. Make sure you wash your skin for at least one minute, in particular your face, nose, armpits and groin.



4. Rinse off with clean water.
5. Wash your hair on day one and five with antiseptic wash and rinse off thoroughly after application.

- Do not share the bottle with anyone else.
- Do not use it with other shampoos, soaps or moisturisers.
- Ask us for a new bottle if you run out.

How to use the ointment

The antibiotic nasal ointment comes in a small tube. You need to use it three times a day.

1. Squeeze a small amount of the ointment on to a clean finger.
2. Put the ointment on the insides of both of your nostrils.
3. Using clean fingers, gently press both nostrils together for a few seconds to thoroughly spread the ointment over the inside of your nose.

If you have an MRSA infection

We will ask you to follow the same course of antiseptic skin wash and antibiotic nasal ointment treatment as patients who are colonised with MRSA. We will also prescribe you antibiotics.

What happens if I am colonised or infected with MRSA?

If you are colonised or have an MRSA infection, everyone looking after you will wear gloves and an apron to prevent the spread of the bacterium, in addition to hand hygiene. We may also move you to a side room, off the main ward.

Sometimes, it may be necessary to delay your elective operation if the clinical team advise it is the case so you can have your MRSA treated with the protocol above before your operation. The team will explain this to you.



Do visitors need to take any special precautions?

Your family and friends are welcome to visit you. To prevent the spread of MRSA to other patients or elsewhere in the hospital, visitors must always wash their hands using soap and water or alcohol hand rub before going into or leaving the ward or your room.

Visitors do not need to wear gloves or aprons unless they are helping with your care, such as with your personal hygiene.

What happens when I leave hospital?

Having MRSA will not prevent or delay you from leaving hospital, so as soon as you are well enough you will be discharged. It should not affect your home life, including your usual daily activities.

Do I need to tell anyone I have or have had MRSA?

We will write to your GP or community nurse. You should also tell anyone caring for you that you have or have had MRSA. In particular:

- when you are admitted to hospital
- before you are admitted to a nursing or residential home
- before an outpatient appointment or a visit to your GP



Who can I contact with queries and concerns?

If you or your carers have any questions about your treatment or any information in this leaflet, please do not hesitate to ask one of the members of the nursing or medical staff on your ward.

You can also contact the Infection Prevention and Control teams at our hospital sites:

King's College Hospital, Denmark Hill

Tel: **020 3299 4374**

Email: **kch-tr.KCH-IC-Nurses@nhs.net**

Princess Royal University Hospital, Orpington Hospital,
Beckenham Beacon and Queen Mary's Hospital, Sidcup

Tel: **01689 863463**

Email: **kch-tr.PRUHInfectionPreventionandControlNurses@nhs.net**



PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.palsdh@nhs.net**

PALS at Princess Royal University Hospital,

Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palspruh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net.