

Section: UTMB On-line Documentation Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	Policy 01.42 11.10.20 - Revised 2004 - Author
Topic: 01.42 - MRSA Control Plan	

01.42 - Methicillin-Resistant *Staphylococcus aureus* (MRSA) Control Plan

Isolation Patients who are infected with MRSA will be placed on Contact Precautions. Outside NICU, patients who are only colonized with MRSA (e.g. nasal site only) are not placed in precautions.

In addition to an entering an isolation order, which is encounter-specific, the patient's electronic medical record (EMR) will be flagged in EPIC. This flag remains in place after discharge in order to assure Contact Precautions are implemented if the patient is readmitted.

Isolation will be discontinued under the following circumstances:

- 1) The patient has not been readmitted within 6 months after the initial isolation order unless there is a recent clinical culture positive for MRSA
- 2) The initial site of infection has resolved, there are no open wounds, drains, or invasive devices present AND two nasal specimens collected at least a week apart are negative for MRSA. The specimen may be a culture or PCR.

Results are documented in the progress notes of the chart and in the infection control flag as soon as these results are available. The Infection Control and Healthcare Epidemiology staff are responsible for adding and deleting isolation flags.

Other healthcare facilities will be notified of patients who are infected with MRSA prior to transfer.

Labor and Delivery: Infants born to MRSA-positive mothers will room in if medically feasible.

If the baby needs specialized care, it will be admitted to the appropriate nursery under Contact Precautions.

If the baby needs to undergo a special test or procedure (circumcision), this will be done using Contact Precautions for the duration of hospitalization.

NICU Neonate will be isolated for both colonization and infection until 2 nasal specimens (culture or PCR) are obtained at least 1 week apart. If the neonate is discharged and subsequently admitted to Pediatrics, the Contact Precautions flag will be removed under the following circumstances:

- 1) The isolation was for colonization only and no subsequent clinical isolate was positive for MRSA or
- 2) The patient was infected or colonized, but not readmitted for more than 6 months and there is no positive clinical isolate.

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Outpatient	During outpatient visits, healthcare workers will observe Contact Precautions to care for a patient who has a draining skin/soft tissue infection. If the primary infection has resolved or the patient is only colonized, follow Standard Precautions.
TDCJ Hospital Galveston	Patients infected with MRSA may be cohorted into semi-private rooms after every effort has been made to provide a private room. Cohorting is acceptable only when neither patient is colonized or infected with another microorganism requiring isolation.
Patient Care in the TDCJ Clinics	Contact Precautions are required only for draining skin/soft tissue infections.
Decoloni- zation	See protocols 01.30.01, 01.30.02, and 01.30.03
Nasal Cultures for Employees	<p>Healthcare Epidemiology (HCE) may obtain surveillance cultures for MRSA from employees only in selected circumstances.</p> <ol style="list-style-type: none"> 1. Healthcare Epidemiology staff may take nasal swab samples from employees for culture for MRSA when needed during epidemiologic investigations of outbreaks or when needed for control of MRSA. Cultures will be processed by the Clinical Microbiology laboratory. 2. Each employee cultured will receive a letter via campus mail informing them of the culture results. If the nasal culture is positive for MRSA, the letter will indicate that the employee may be decolonized for MRSA on request. For employees who wish to exercise this option, they should first notify the Department of Healthcare Epidemiology and contact Employee Health for an appointment. 3. Healthcare Epidemiology will send Employee Health a UTMB consult form if the employee elects to be decolonized. 4. The employee will complete a 5 day course of mupirocin (trade name Bactroban). 5. Two weeks after completion of Bactroban, Employee Health will collect a nasal culture for MRSA. 6. Nasal cultures will be collected using a standard culturette by inserting the culturette into the nares and rotating the culturette to obtain a sample for culture. 7. The culturette will be labeled with the patient's identification information. The laboratory request slip will be labeled "nasal culture, rule out MRSA". The culturette should be sent to the UTMB laboratory for processing. 8. The Employee Health Service will notify the employee of the culture results. If negative, no further follow-up is required. If positive, the employee will be evaluated for further treatment. If further treatment is necessary, a repeat nasal culture will again be collected 2 weeks after completion of Bactroban as described above.