

Meticillin Resistant *Staphylococcus aureus* (MRSA) Care Plan

Resident's Name

Date of BirthRoom

Problem: - MRSA has been isolated from - site(s) & date:

Goal: Minimise the potential of cross infection and environmental contamination.

Actions:

1. **Communication** – The affected resident should be provided with an information leaflet. With the residents permission where appropriate, their relatives and visitors should be provided with an information leaflet. Visitors should be advised on effective hand washing after visiting the resident and advised to cover cuts and lesions with a waterproof dressing.
2. **Environment - Single room** accommodation is preferable but if the person already shares a room or is required to share a room this will be acceptable, as long as the other person has no invasive devices (e.g. urinary catheters, PEG tubes). The door should be kept closed during dressing changes, cleaning and bed making.
3. **Cleaning of the resident's room** - The room requires a thorough clean **daily** using **hot water and detergent**, including high-level damp dusting where possible.
 - **Cleaning of equipment** – All equipment that is not single use must be cleaned thoroughly after use with detergent and water or detergent wipes. Care must be taken when cleaning electrical equipment. The use of disinfectants (hypochlorite), are only required when there is evidence of contamination of blood or body fluids. Refer to manufacturers instructions if you have queries.
 - **Cleaning of baths and showers** – Baths and showers must be cleaned with detergent and water after each resident regardless of their MRSA status.
 - **On resident's discharge**– a thorough clean is required of all the surfaces of the room/bed area, mattress, bed frames, call bells, duvets and pillows, with hot water and detergent.
4. **Protective clothing** - Single use plastic aprons and vinyl / nitrile gloves **must** be worn by all staff who have contact with the patients laundry, wounds or blood / body fluids. Protective clothing must be removed and disposed of as clinical waste, in the patient's room unless transporting linen or body fluids to the sluice. Aseptic procedures on the same resident require hand washing and fresh gloves and apron per procedure.
5. **Hands**- Hands must be washed using liquid soap and warm water to prevent cross infection after direct contact with the resident or their immediate environment, even if gloves have been worn. An alcohol based hand rub can also be used on visibly clean hands. Always cover cuts and lesions with a waterproof dressing whilst on duty.
6. **Laundry** – All garments and linen must be washed on the highest tolerable temperature above 60°. For any garments i.e. woollens that cannot tolerate this temperature wash separately from other laundry on the appropriate temperature.
7. **Waste** – All potentially infected material must be placed in a clinical waste bag.
8. **Screening swabs** – Screening for MRSA is not required. Should an infection be suspected, a swab for culture and sensitivity should be sent- NOT MRSA.
9. **Colonisation Suppression** – If colonisation suppression is required please follow separate guide. Re-swabbing is not required following a course of colonisation suppression.
10. **Transfer to other healthcare facilities** Inform the receiving area in advance, use an infection status sticker as well as verbally informing the receiving unit.

Remember Standard Infection Control Precautions for all residents