

Infection Prevention and Control Care Checklist – Methicillin Resistant staphylococcus aureus (MRSA)

This Care checklist should be used with patients who are suspected of or are known to have MRSA. Each criteria should be ticked **✓** if in place or **X** if not, the checklist should be then initialled after completion, daily. If decolonisation treatment is prescribed, please complete decolonisation record also.

Patient Name:
CHI:

Date Isolation commenced:

		Date					
Patient Placement/ Assessment of Risk		Daily check (✓/x)					
Patient Placement /Assessment of risk	Patient isolated in a single room with <i>en suite</i> facilities / own commode. If a single room is not available, an IPCT risk assessment is completed (see Appendix 1) Stop isolation only if patient has 2 full consecutive negative screens at least 72 hrs apart, beginning no less than 48 hrs after decolonisation therapy is complete.						
	Place yellow isolation sign on the door to the isolation room						
	Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPCT risk assessment is completed daily						
Standard Infection Control & Transmission Based Precautions	Hand Hygiene (HH)						
	All staff must use correct 6 step technique for hand hygiene at 5 key moments						
	HH facilities are offered to patient after using the toilet and prior to mealtimes etc. (clinical wash hand basin/ wipes where applicable)						
	Personal Protective Clothing (PPE)						
	To prevent spread through direct contact, a yellow apron should be worn when in contact with a patients environment/equipment. Disposable gloves must be worn when exposure to blood and body fluids and non-intact skin is anticipated or likely. PPE should be removed before leaving the isolation area and discarded as clinical waste.						
	Safe Management of Care Equipment						
	Single-use items are used where possible OR equipment is dedicated to patient while in isolation.						
	There are no non-essential items in the room. (e.g. Excessive care equipment, sundries or dressings)						
	Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of chlorine based detergent before rinsing off and drying. Manufacturers' guidance should be followed for contact time.						
	Safe Management of Care Environment						
	Twice daily clean of isolation room is completed by Domestic services, using a solution of 1,000 ppm chlorine based detergent before rinsing off and drying. Manufacturer's guidance should be followed for contact time. A terminal clean should be arranged on day of discharge/end of isolation.						
	Linen and Clinical/Healthcare waste						
Treat used linen as infectious, i.e. place in a water soluble bag then a clear plastic bag (Brown bag used in Mental Health areas), tied and then into a red laundry hamper bag.							
Clean linen must not be stored in the isolation room.							
All waste should be disposed of as clinical/ healthcare waste.							
Information for patients/carers	Information for patients and their carers						
	The patient has been given information on their infection/ isolation and provided with a patient information leaflet (PIL) if available						
	If taking clothing home, carers have been issued with a Washing Clothes at Home patient information leaflet (PIL) (NB. Personal laundry is placed into a domestic water soluble bag, then into a patient clothing bag before being given to carer to take home)						
HCW Daily Initial :							

Date Isolation discontinued/ Terminal Clean completed: Signature: Date:

4% Chlorhexidine (Hydrex) Whole Body Wash		NASAL BACTROBAN		Re-Screen date
Date Commenced	Date completed	Date Commenced	Date completed	

Appendix 1: Infection Prevention and Control Risk Assessment
 (for patients with known or suspected infection that cannot be isolated)

Addressograph Label:
 Patient Name and DOB/CHI:



Daily Assessment / Review Required

	C O M M E N T S	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Daily Assessment Performed by <div style="text-align: right;"><i>Initials</i></div>								
Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis. <div style="text-align: right;"><i>Please state</i></div>								
Infection Control Risk , e.g. unable to isolate, unable to close door of isolation room. <div style="text-align: right;"><i>Please state</i></div>								
Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition. <div style="text-align: right;"><i>Please state</i></div>								
Additional Precautions put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. <div style="text-align: right;"><i>Please state</i></div>								
Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy? <div style="text-align: right;"><i>Yes / No</i></div>								
Summary Detail of Resolution								

Daily risk assessments are no longer required

Signed _____
 Date _____