

Methicillin Resistant Staphylococcus aureus (MRSA)

Infection Prevention and Control Fact Sheet for patients and carers



What is Methicillin Resistant Staphylococcus aureus (MRSA)?

Staphylococcus aureus is a type of bacteria (germ) that is commonly found on the body. MRSA is a strain of Staphylococcus aureus which has become resistant to certain antibiotics that we commonly use.

Colonisation

MRSA can live harmlessly on the skin or in areas such as the nose. This is called colonisation. If you are found to have MRSA colonisation, we may refer to you as being a 'carrier'.

Infection

Sometimes MRSA can get under the skin's surface through a break or an indwelling device such as a catheter and cause infection.

Symptoms of infection may include a high temperature, painful swollen area of skin or a leaking wound. However, if you do develop an MRSA infection, there are antibiotics that can be prescribed as treatment for you.



How did I get MRSA ?

You may have acquired MRSA before you came into hospital as it is common in the community, or you may have acquired it in hospital.

Certain factors can put some patients at higher risk of acquiring MRSA, these include frequent or long hospital admissions, antibiotic treatment, surgery, indwelling devices or having wounds/ breaks to your skin.



How does it spread?

MRSA is mainly spread from person to person through hand contact. Good hand hygiene is one of the most effective ways of reducing the spread of MRSA.



What happens if you are diagnosed with MRSA while in hospital?

Ward staff will use precautions whilst caring for you in order to reduce the risk of spread. These precautions are listed below;

- In most cases when admitted, you will be nursed in a single room and asked not to visit any communal patient areas.

- You may be prescribed treatment for colonisation that will include an antibacterial skin cleanser and an antibiotic nose cream to use for 5 days. If you have an infection, you may also be prescribed antibiotics to treat this. Your nurse will administer treatment or you will receive guidance on how to do this yourself.
- Staff will wear gloves and yellow aprons when caring for you.
- Staff will increase the frequency of cleaning within your room to twice a day.
- We ask that you keep any personal items in your room to a minimum which will make access for cleaning easier.

Two days after your treatment has been completed if you remain an inpatient, we will take repeat swabs or samples for testing. When 2 sets of negative samples are reported, enhanced precautions will be discontinued.



Will the MRSA go away?

In some cases, you may remain colonised with MRSA, however, this should not stop you going home when you are fit to do so. Further samples in the community are not usually required.



Are my friends and family at risk? Do I need to take any precautions at home?

MRSA is not a risk for healthy people including pregnant women, children and babies although we do not recommend that babies visit patients in hospital.

We recommend that visitors:

- Wash their hands with soap and water/ use alcohol based hand rub before entering and leaving your room
- Do not sit on your bed.

Visitors are not required to wear gloves and aprons unless they are carrying out your personal care.

There are no specific precautions that you need to take when you are discharged from hospital, however, we would advise good hand hygiene practise for all household members. You should also tell your GP and any community staff that visit you that you have MRSA.



What will happen if I am admitted to hospital again?

We assess all patients admitted to hospital for MRSA.

If you are admitted, it is important that you tell staff you have had MRSA. We may nurse you in a single room and take swabs or samples for testing.

For more information you or your carer can speak to the nurse looking after you.