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

Isolation

Patients who are infected or colonized with MRSA will be placed on Contact Precautions.

Patients will be flagged in the Invision system to alert healthcare workers that Contact Precautions are needed for care of the patient. Patients will remain flagged in the Invision system after discharge. Flags in the Invision system will serve to remind healthcare workers (HCWs) about the need for Contact Precautions on readmission.

Patients who are colonized or infected with MRSA must have 3 negative cultures of nose and any other culture positive site (that is still available for culture and is not a sterile body fluid) at least one week apart before they can be removed from Contact Precautions.

Healthcare Epidemiology will obtain the cultures and maintain a database of the results. Results are documented in the progress notes of the chart as soon as these results are available. They will also be responsible for adding and deleting patient flags from the Invision system.

Long-term care and rehabilitation centers will be notified of patients who are colonized or 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.

Mothers colonized with MRSA may visit their newborn in the Nursery. The mother must visit only her baby and will be encouraged not to touch anything in the environment of the nursery. She may hold her baby after washing her hands and using a gown or barrier between her body and the body of the baby.

If the baby born to a MRSA-positive mother returns to UTMB within the first year of life, he/she will be admitted under Contact Precautions. The flag will be removed if the patient is cultured and found to be negative for MRSA or if the patient has not been in the hospital for the past year.

Outpatient

During outpatient visits, healthcare workers must wear gloves to enter a patient's room that is flagged for MRSA (Glove Only Precautions). Gowns are required for all contact with the patient or the patient's environment. Clinic personnel will collect specimens to remove patients from Glove Only Precautions. The flag will be removed if the patient has not been seen in the clinic/hospital for the past year.

TDCJ Hospital Galveston

- Patients in the TDCJ Hospital who are discovered to be colonized/infected with MRSA will be placed on Contact Precautions. This requires:
  - When transporting a patient who is on Contact Precautions, the officer should wear a gown and gloves when assisting the patient into a wheelchair or onto a stretcher. Gown and gloves will be removed before existing the patient's room. Hands must be washed before transporting the patient. During transport, gowns and gloves should not be worn by either the transporter/TDCJ officer or the patient. When the destination is reached, the TDCJ officer shall wear a gown and gloves when assisting the patient out of the wheelchair or off the stretcher. Hands must be washed immediately upon completion of this procedure.
  - Patients colonized/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 patients' MRSA isolates have the same sensitivity patterns and when neither patient is colonized or infected with another microorganism requiring isolation.

Patient Care in the TDCJ Clinics and Infirmaries

The overwhelming majority of patients with cultures positive for MRSA just prior to discharge will be colonized and not infected. Personnel at each prison unit who provide medical care for inmates colonized or infected with MRSA shall wear gloves when caring for a patient. A gown must be worn when caring for open or draining wounds.

Psychiatry

Patients known to have MRSA colonization or infection may be admitted to the psychiatry unit. The Contact Precautions flag in the Invision system will not be observed during the psychiatric admission and will be reinstated upon discharge for future UTMB admissions.

A patient should not be admitted to the Behavioral Care Unit if the patient has a wound more than 3 cms in greatest dimension that requires dressing changes.

Healthcare workers will observe strict hand washing when providing any hands on care to these patients. The patients will be urged to wash their hands frequently and not touch other patients or healthcare workers. Patients may participate in all group activities, including meals, physical activity, and group therapy.

Decoloni-zation

Patients may not be decolonized without permission from the Department of Healthcare Epidemiology.

Employees who are known to be colonized with MRSA may be decolonized at their request under the direction of Healthcare Epidemiology.

Nasal Cultures for Employees

Healthcare Epidemiology (HCE) may obtain surveillance cultures for MRSA from employees.

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 HCE 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.