



**Southend University
Hospital**
NHS Foundation Trust

Patient Information Service

Infection prevention and control department

MRSA

Meticillin-resistant Staphylococcus aureus
This is an information leaflet to help explain MRSA



This leaflet has been produced for patients by the infection control department to explain about MRSA and why precautions are necessary in hospital.

If this leaflet does not answer all of your questions, or if you have any other concerns please contact the infection control department on 01702 435555 extensions 6639, 6986, 6919 or 6988.

What is MRSA?

MRSA stands for Meticillin-resistant Staphylococcus aureus.

Meticillin is an antibiotic used to treat certain bacteria.

Resistant means that the meticillin has no effect on the bacteria.

Staphylococcus aureus is a bacterium that is found on the skin and nose of a third of the population, without causing harm.

What infections does Staphylococcus aureus cause?

Usually, Staphylococcus aureus causes no problems. If it does the infection is usually minor affecting the skin, resulting in an abscess or boils. Staphylococcus aureus can be a problem to hospital patients with deep wounds, catheters or drips which allow the bacteria to enter the body. This may result in an infection which needs to be treated with antibiotics.

Why are we concerned about MRSA?

MRSA acts in exactly the same way as Staphylococcus aureus and causes the same range of infections. Staphylococcus aureus can be treated with many antibiotics, but the most commonly used antibiotics do not destroy MRSA because the bacterium has become resistant to these antibiotics.

Where does MRSA come from?

MRSA is spread from person to person by direct contact with skin; therefore regular hand washing by carers is essential.

People who are most prone to MRSA are those who:

- have damage to the skin
- have been in hospital for a long period of time
- have been taking antibiotics for some time
- are very ill and therefore find it hard to fight infections.



Meticillin-resistant *Staphylococcus aureus* bacteria

How will I know if I have MRSA?

Patients with MRSA do not have any symptoms or look or feel any different. We will not know if you have MRSA until a swab, sputum or urine sample has been taken and sent to the laboratory to be cultured.

Now that my swabs have come back positive for MRSA what will my treatment be?

You may be nursed in a single room and you will be under the care of an infection control nurse who will advise the correct

treatment – an antimicrobial body wash, also known as an antibacterial body wash will replace your usual soap, it is used for your main washes daily throughout your stay in hospital, it works by reducing the amount of Staphylococcus aureus that you have on your skin, it is applied directly to the skin.

You will also be prescribed a nasal ointment to apply to the inside of your nose twice a day for five days, this works again by reducing the amount of Staphylococcus aureus that is present in the inside of your nose.

(Should either of these products be unsuitable for you, an alternative preparation will be used instead).

How to use the body wash:

Step 1 Wet skin and/or hair

Step 2 Apply a small amount of antimicrobial wash undiluted onto a damp wash cloth

Step 3 Apply antimicrobial wash evenly all over the body and/or hair (recommended skin contact time one minute*)

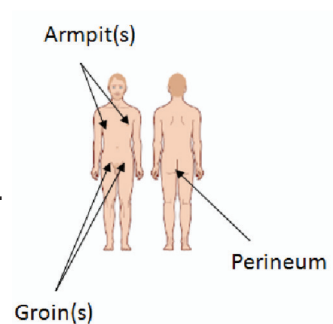
Paying particular attention to:

- armpits
- groin
- perineum (area of skin around bottom).

Step 4 Rinse off

Step 5 Dry with a clean towel

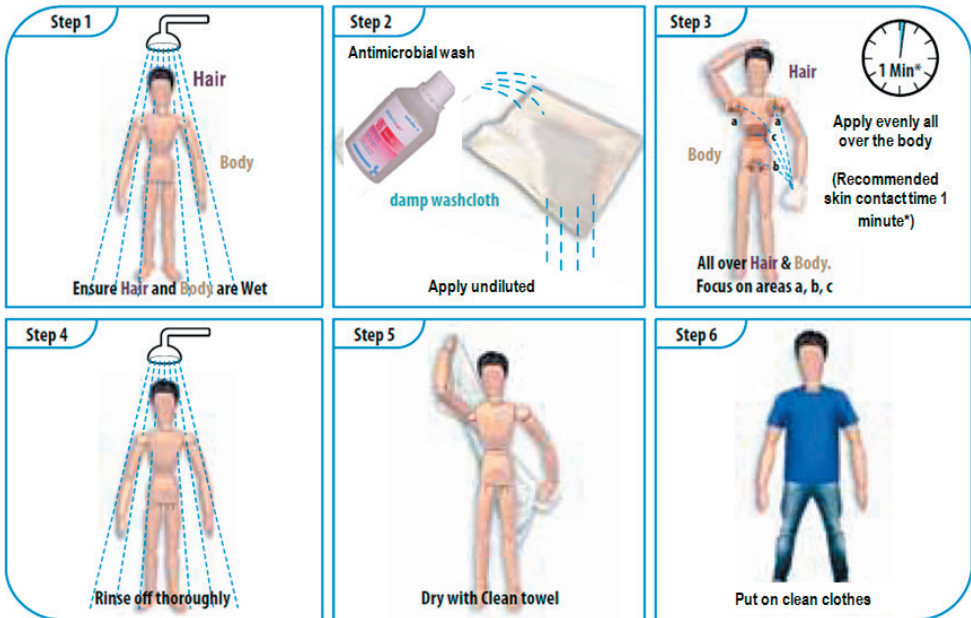
Step 6 Put on clean clothing.



Ensure that you are the **sole user** of the washcloth and towel, and change both daily.

If you experience any difficulty in the following procedure, please inform a nurse.

If you have any concerns, please contact the Infection, prevention and control team.



Antibacterial Wash Protocol



Apply **UNDILUTED**

How to use the nasal ointment

Apply nasal ointment to your nose twice a day for five days:

1. Wash and dry your hands.
2. Place a small amount of nasal ointment, about the size of a match head, on your little finger.
3. Apply this to the inside of one nostril.
4. Repeat steps two and three for your other nostril.
5. Press the sides of your nose together to spread the ointment around the nostril.*
6. Replace the cap on the tube and wash your hands.

*A cotton bud can be used instead of your little finger to apply the ointment, particularly in infants or the very ill.



Will MRSA harm my visitors?

Visiting can continue as usual as MRSA is not harmful to healthy family members or friends. However if there is anyone with long-term health problems please discuss this with the nursing staff or your infection prevention and control nurse.

Are there any precautions visitors should take?

All visitors should wash their hands and use the alcohol hand sanitiser available in the dispensers situated outside all wards and clinical areas, before and after visiting, this will decontaminate your visitors hands.

Will MRSA stop my discharge home?

Once you are ready to go home there will be no delay, as MRSA is not a problem in the community. If you are discharged during a course of treatment, the course of treatment can be completed at home.

What will happen when I go home?

Further treatment is not usually necessary, but if you have an infection requiring further treatment the ward staff will arrange for this to continue at home and if required your GP and district nurse will be informed





What will happen if I am admitted to hospital again?

If you are admitted to hospital please inform your nurse and doctor that you have previously had MRSA.

In order to determine if you still have MRSA a set of swabs will be taken. You may be given a single room if available.

Further information

If you would like any further information or advice, please ask the nursing staff to arrange for your infection control nurse to visit you while you are on the ward and discuss your concerns with either yourself or with your relatives.

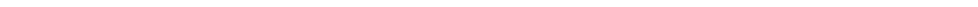




Notes

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www.southend.nhs.uk

For a translated, large print or audio tape version of this document please contact:

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