



Methicillin-Resistant *Staphylococcus aureus* (MRSA) Fact Sheet for Healthcare Professionals

What is MRSA?

Staphylococcus aureus is a bacterium that periodically lives on the skin and mucous membranes of healthy people. When *Staphylococcus aureus* develops resistance to the beta-lactam class of antibiotics, it is called methicillin-resistant *Staphylococcus aureus* or MRSA.

How is MRSA spread?

MRSA is spread from one person to another via the hands of healthcare workers. Hands are easily contaminated during the process of care-giving or from contact with environmental surfaces in close proximity to the patient.

Colonization and Infection

Colonization occurs when bacteria are present on or in the body without causing clinical signs or symptoms of disease.

Infection occurs when bacteria enters a body site and multiplies in tissue causing clinical manifestation of disease. This is usually evident by fever, a rise in white blood cell count, or purulent drainage from a wound or body cavity.

Risk factors for MRSA Infection

MRSA infection usually develops in hospitalized clients/patients/residents who are elderly or very sick (weakened immune systems). Other factors that increase the risk for acquiring MRSA infection include:

- Being colonized with MRSA
- Previous hospitalization or transfer between health care facilities (in Canada or outside Canada)
- Presence of an indwelling device

Good Hand Hygiene Practices

Remind all staff and visitors to practice good hand hygiene before and after client/patient/resident contact/care. Health care staff should review the correct method of hand hygiene, as well as demonstrate the proper donning/removal of personal protective equipment (PPE) to clients/patients/residents families and visitors.

Good hand hygiene practices refer to the use of alcohol based hand rub or soap and running water for at least 15 seconds.

Hand hygiene should occur:

- Before client/patient/resident or environment contact
- Before performing aseptic procedures

- After care involving bodily fluids
- After client/patient/resident or environment contact

Prevention and Control of MRSA

- If the patient is known to have had MRSA in the past, Contact Precautions should be initiated:
 - Hand hygiene as described in Routine Practices
 - Appropriate placement
 - Gloves for all activities in the patient's room or bed space in acute care, or for direct care of clients/residents in long term care and ambulatory/clinic setting
 - Gowns if contact with the patient or the patient's environment is anticipated
 - Hand hygiene must be performed after removing PPE
 - Dedicated equipment or adequate cleaning and disinfecting of shared equipment, including transport equipment
 - Daily cleaning of all touched surfaces in the room
- Notify the Infection Prevention and Control Practitioner or delegate to discuss the infection control management of client/patient/resident activities
- Additional surveillance specimens for colonization of client/patient/resident contact(s) may be required, as directed by Infection Prevention and Control

Family and Visitors

All families/visitors should practice good hand hygiene before and after leaving the client/patient/resident room.

Families/visitors who provide direct care are to wear the same PPE as staff. "Direct care" is defined as providing hands-on care such as bathing, washing, turning the client/patient/resident, changing clothes/incontinent pads, dressing changes, care of open wounds/lesions and toileting. Feeding and pushing a wheelchair are not classified as direct care.

Written information should be available for clients/patients/residents that explain the precautions required.

Source: Provincial Infection Control (PIC-NL)

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