

Trust Guideline for the management of staff colonized or infected with MRSA

A Clinical Guideline

For Use in:	Workplace Health & Wellbeing
By:	Occupational Health Nursing and Medical Staff
For:	All health care workers
Division responsible for document:	Corporate
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Assessed and approved by the:	Clinical Guidelines and Assessment Panel (CGAP) If approved by committee or Governance Lead Chair's Action; tick here <input checked="" type="checkbox"/>
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Compliance links: (is there any NICE related to guidance)	None
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	N/A

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

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Version and Document Control:

Version Number	Date of Update	Change Description	Author
3.1	04/08/2022	Added hyperlink and wording on infection outbreak and staff screening.	Hilary Winch Rachel Stirling

This is a Controlled Document

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1. Quick Reference Guideline

1.1 Management of a single Health Care Worker case of suspected / confirmed MRSA.

1.2 Management of staff with MRSA – Incident / Outbreak.

1.3 Exclusion criteria.

2. Objective

2.1 To provide guidance on the management of Healthcare workers (HCW) who are suspected or confirmed as being colonised or infected with MRSA. This will be established through individual screening or when requested by the Infection Prevention & Control (IP&C) team following an incident / outbreak.

2.2 To minimise the risk of transmission of MRSA between staff and patients.

3. Rationale

3.1 MRSA is a significant risk to patients during hospital admission. The Trust places an importance on ensuring there are preventative procedures in place to reduce the risk of patients contracting MRSA whilst in hospital.

Our local experience has shown that approx 2% of staff are colonised with MRSA. This guideline has been developed to reduce the risk of a HCW transmitting MRSA to a patient. It will be implemented when it has been identified by IP&C team that there is an incident / outbreak within a ward or department.

This guideline must be implemented in line with all other relevant Trust guidelines.

- Trust Guideline for the Management of Meticillin Resistant Staphylococcus Aureus (MRSA).
- Trust Infection Control Staff Screening Policy.

4. Application

4.1 This guideline applies to all HCWs who have direct clinical contact with patients. It also applies to non-Clinical Health Workers (e.g., ward clerks, ancillary staff etc) and volunteers who work with patients.

5. Responsibility of the Trust

5.1 To ensure the risk of transmission of MRSA to patients is minimised.

5.2 To provide appropriate management for staff members who have been identified as being colonised or infected with MRSA.

6. Responsibility of all Health Care Workers

6.1 To take professional responsibility for ensuring they minimise the risk of transmission by undertaking good hand hygiene and other infection control precautions as detailed

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in the Trust Guideline for the Management of Meticillin Resistant Staphylococcus aureus (MRSA) CA2043/C2B

- 6.2 To comply with requests from Workplace Health & Wellbeing (WHWB) when MRSA screening needs to be implemented.
- 6.3 To inform and attend WHWB if they have open wounds and / or unhealing wounds which will require screening for MRSA.
- 6.4 To present to WHWB where MRSA has been identified through other methods of screening or testing and if working in an area that requires more than one clear swab before returning to work.

7. The Responsibility of a Manager

- 7.1 To undertake regular skin checks as part of the Trust Guideline for the Management of Occupational Skin diseases. To identify if a recurrent skin issue is prevalent in a member of staff and to refer to WHWB using a management referral form.
- 7.2 To work with WHWB if an incident / outbreak screening programme is required to identify relevant staff for screening in accordance with the Trust Guideline for the management of Staff Screening in the event of an infection outbreak [Trustdocs ID: 16625](#).

8. The Responsibility of Workplace Health & Wellbeing

- 8.1 To undertake screening as indicated within this guideline using the technique and principles as indicated in Trust Guideline for the Management of Meticillin Resistant Staphylococcus Aureus (MRSA).
- 8.2 To advise managers on exclusion criteria if positive MRSA results are found.
- 8.3 To liaise with DIPC / IP & C when incident / outbreak screening has been requested and assist in the provision of relevant information and treatment to staff regarding the situation.
- 8.4 To maintain confidential records in relation to the screening and results of all swabs taken and to maintain a recall system for further testing.

9. Confidentiality

- 9.1 HCWs who are found to be MRSA positive will receive the same rights to confidentiality as any person seeking or receiving Occupational Health advice and support.
- 9.2 Personal health Information will not be released to the employer or any other agency or person without the written consent of the HCW.

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10. Audit Standards

Workplace Health & Wellbeing will audit the following standard **as part of Workplace Health & Wellbeing's rolling audit programme**:

All cases of staff who have been colonised with MRSA will be audited against compliance with this guideline in relation to screening and treatment.

11. Dissemination

This document has been prepared in discussion with the IP&C Department .

12. References

Trust Guideline for the Management of Meticillin Resistant *Staphylococcus Aureus* (MRSA).

Trust Infection Control Staff Screening Policy - [Trust docs ID: 16625](#)

13. Bibliography & Supporting Information /Source documents

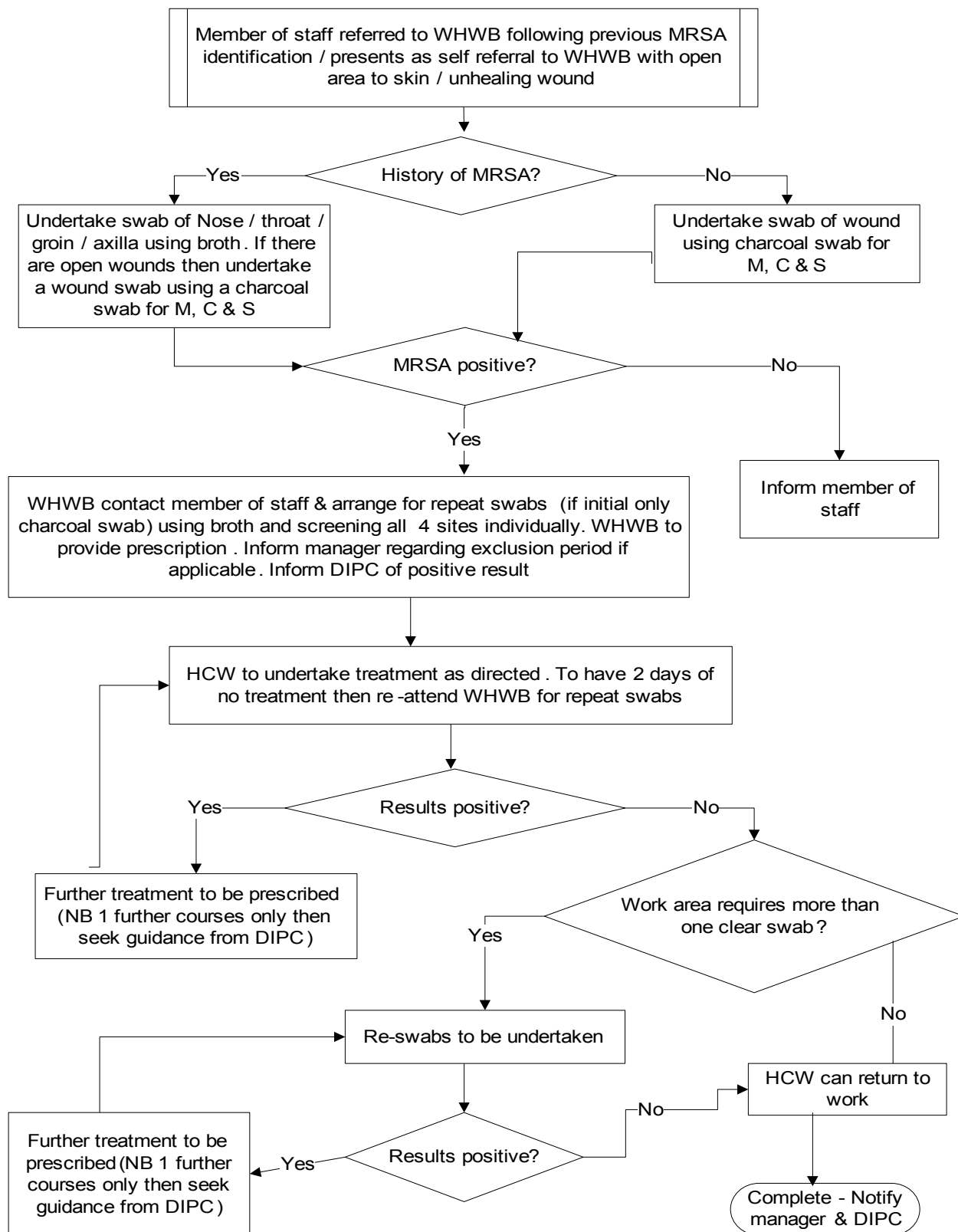
Working Party Report: Guidelines for the control of epidemic meticillin-resistant *Staphylococcus aureus*, Journal of Hospital Infection 2006.

Guidelines for the Control and Prevention of Meticillin Resistant *Staphylococcus aureus* (MRSA) in Healthcare Facilities. Coia et al. Journal of Hospital Infection 2006 63S; S1 – S44

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Quick Reference Guide 1.1

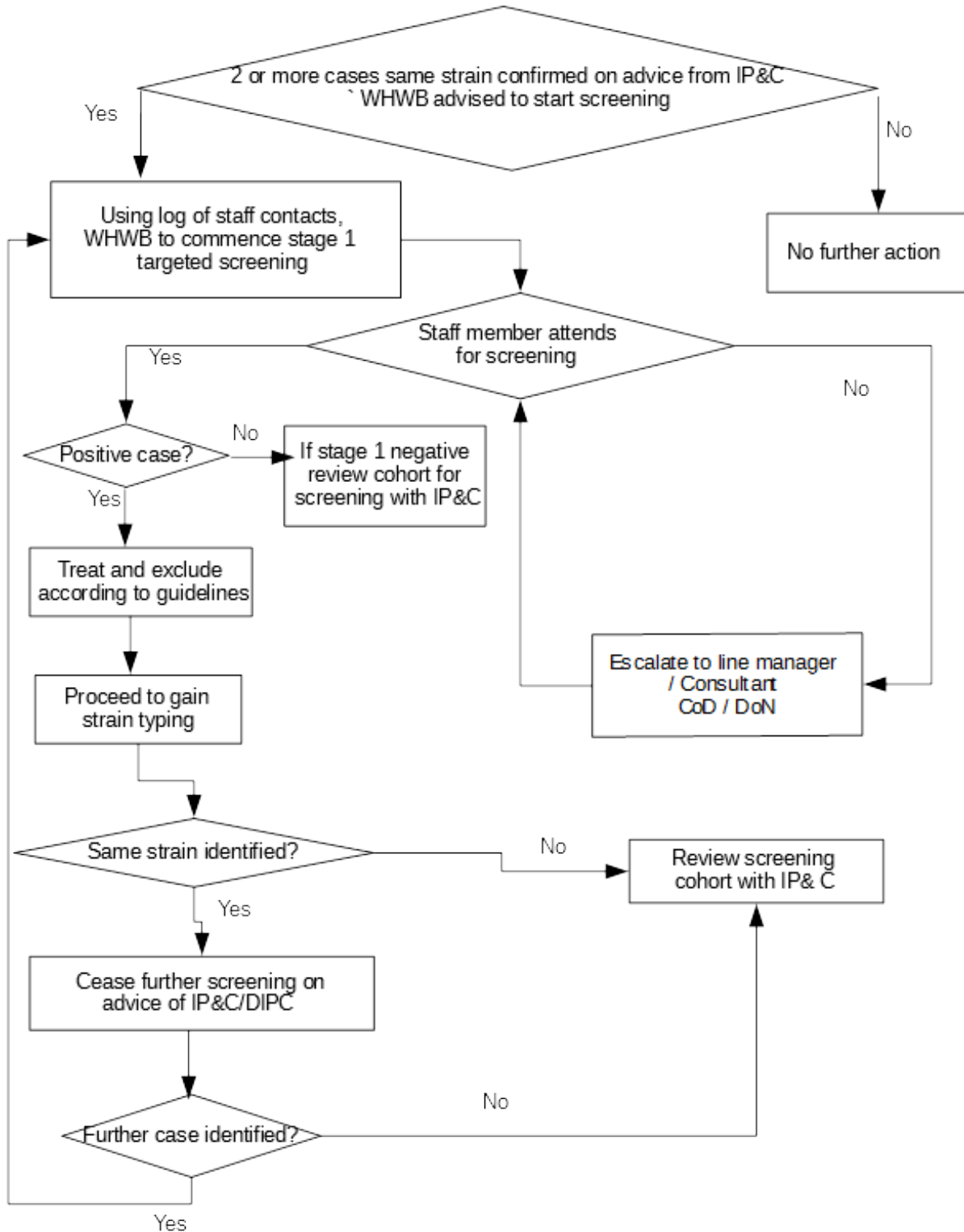
Management of single staff case of suspected/ confirmed MRSA



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Quick Reference Guide 1.2

IP&C identify pattern of 2 or more cases of infection where staff may be involved
Alert WHWB of potential need for staff screening and invite to IP&C incident management meeting.
IP&C request ward staff to collate names of staff contacts (including physios, SALT's, OT's & physicians)
and retain for minimum 6 weeks unless advised otherwise



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Quick Reference Guide 1.3

Exclusion Criteria – Single case

	Working in Surgical area, NICU, Renal Dialysis, Oncology	Working in clinical environment where Indwelling devices, invasive procedures or wound care is undertaken	Working in areas where Indwelling devices, invasive procedures or wound care is not undertaken (lower risk) or can be redeployed to this type of area
Open wound / Broken Skin MRSA positive but negative to other site screening (eg nose, throat, axilla, groin)	Return to work after 3 clear swabs and when skin condition / lesion much improved	Return to work after 1 clear swabs and when skin condition / lesion much improved	Return to work after 1 clear swab and continue to treat skin condition.
Skin carriage (groin / perineum) MRSA positive and shedding skin	Return to work after 3 clear swabs and when skin condition / lesion much improved	Return to work after 3 clear swabs and when skin condition / lesion much improved	Return to work after 1 clear swab and continue to treat skin condition.
Nasal carriage of MRSA / skin carriage – not shedding skin	Return to work after 3 clear swab	Return to work after 1 clear swab	Can remain at work if on tropical treatment

Exclusion Criteria – Incident / Out break

All positive cases may need to have 3 negative swabs before returning to work. This depends on the area and will be confirmed by the DIPC at the time of the incident / outbreak. If alternative employment activities can be identified to reduce the need for exclusion whilst awaiting 3 clear swabs then this should be identified and implemented.

If the number of positive staff that requires 3 clear swabs will have significant impact on service delivery, then these exclusion criteria will be reviewed and decided and directed by the Incident Management team.