

## TRUST CLINICAL POLICY

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2 April 2009

### **Management of Individuals/Patients in hospital, colonized or infected with Meticillin Resistant Staphylococcus Aureus (MRSA)**

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**TRUST CLINICAL POLICIES**

**Authorisation Form**

**DOCUMENT: Management of Individuals/Patients in hospital, colonized or infected with Meticillin Resistant Staphylococcus Aureus (MRSA)**

<b>Authorisation</b>	<b>Name and Position</b>	<b>Date Approved</b>
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**Consideration at authorised groups (e.g. Board, Board sub committees, Policy Group, Clinical policies Sub Group, Departmental meetings etc)**

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## Management of Individuals/Patients in hospital, colonized or infected with Meticillin Resistant Staphylococcus Aureus (MRSA)

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## 1. DEFINITION OF TERMS

- 1.1 It is vital all healthcare workers adhere to and understand the different terms incorporated in infection control policies in order to prevent any misunderstanding, and it is for this reason a list of terms and their meanings are included in this policy.

### CLEANING

The physical removal of accumulated deposits by washing with cleaning solution (detergent and warm water) followed by adequate drying eg the cleaning of dusty medical or nursing equipment using a general purpose neutral detergent (Hospec).

### COLONISATION

The organism lives harmlessly on a person's skin or in the nose, but there is always the potential for it to become a problem if the patient has surgery or another invasive procedure subsequently.

### DETERGENT

A water soluble cleansing agent which combines with impurities and dirt to make them more soluble or dispersible in water, and differs from soap in not forming a scum with the salts present in the water.

### ENDOGENOUS INFECTION

The organisms derived from the patient's own bacterial flora.

- NB Some endogenous infections may be secondary to colonising bacteria that, at some point in the past were exogenously acquired.**

### EXOGENOUS INFECTION

The organism was acquired from a source other than the patient eg another patient, or healthcare worker or the environment.

### INFECTION

The deposition and multiplication of micro organism in tissues or on surfaces of the body where they can have adverse effects (clinical disease).

### SINGLE USE ITEMS

A medical device which is intended to be used **once** on an individual patient during a single procedure and then discarded.

### PERSONAL PROTECTIVE EQUIPMENT (PPE)

Can include disposable masks and non-disposable equipment such as aprons, gloves, gowns, eye protection and/or face masks.

## 2. INTRODUCTION

- 2.1 **Meticillin** Resistant *Staphylococcus aureus* (MRSA) – previously called Methicillin is a common bacterium which causes a range of illnesses from asymptomatic colonisation through to life threatening infections such as bacteraemias. Patients and members of the public have become increasingly aware of infection rates which are often highlighted through the media. All healthcare workers (HCW) need to take reasonable and sensible precautions to minimize the risk of acquiring MRSA within a healthcare setting. These standard precautions are a vital component of a patient's journey, as this is often how patients and members of the public rate the standard of care within Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

- 2.2 Mandatory Screening

The Department of Health (Dh) has provided further guidance that Acute National Health Service (NHS) Trusts introduce screening of MRSA for all elective and emergency admissions. This guidance became **mandatory** on 1 April 2008. In doing so they have identified which elective admissions and attendances **should** be routinely screened and they are as follows:

- Elective caesareans and any high risk cases, e.g. high risk of complications, in the mother and /or potential complications in the baby, (e.g. likely to need Special Care Baby Unit (SCBU), Neonatal Intensive Care Unit (NICU) because of size or known complications or risk factors).

### 3. AIM

- 3.1 To minimise the transmission and impact of Meticillin Resistant *Staphylococcus aureus* within GHNHSFT, it is important all HCW understand the importance of not only undertaking standard infection control precautions, but taking professional ownership for infection control within this trust.

### 4. BACKGROUND

- 4.1 *Staphylococcus aureus* is a very common bacterium found in the nose, or on the skin of up to 30% of healthy people.
- 4.2 The main mode of spread of *Staphylococcus aureus* is by direct contact (skin to skin transfer) and most of the control measures in this policy are designed to interrupt transmission by this route. An important but much less common means of transmission is by the airborne route (usually with *S.aureus* being carried on skin squames or less commonly aerosolised in respiratory droplets).
- 4.3 Most strains of *Staphylococcus aureus* are sensitive to a wide range of antibiotics, and infections are easily and effectively treated. Flucloxacillin has been the mainstay of treatment for *Staphylococcus aureus* infections for many years. However, a number of strains of the bacterium have emerged that are resistant to Flucloxacillin and all other  $\beta$ -lactam antibiotics i.e. penicillins, cephalosporins and carbapenems. These strains are referred to as Meticillin Resistant *Staphylococcus aureus* (MRSA).
- 4.4 It must be emphasised there are currently no MRSA strains that are resistant to **all** antibiotics. However, it is important to prevent the spread of this organism within this hospital, between vulnerable groups of patients. This is important because if vulnerable patients become colonised with MRSA they are at risk of developing invasive clinical infections which are more difficult to treat because the choice of suitable effective antibiotics is limited by resistance.
- 4.5 This MRSA policy is based on the recommendations from the 'Guidelines for the Control and Prevention of Meticillin-Resistant *Staphylococcus aureus* (MRSA) in healthcare facilities' which was published by a Joint Working Party of the British Society for Anti-Microbial Chemotherapy and the Hospital Infection Society, together with the Infection Control Nurses Association (2006).

### 5. COMMUNICATION

- 5.1 It is essential HCWs assist in alleviating the anxieties and concerns felt by patients and their visitors regarding MRSA. Therefore, it is essential effective communication takes place from the start of the patient's journey right up until their discharge from GHNHSFT.
- 5.2 There are several ways healthcare workers can communicate vital information to other healthcare workers, patients and visitors, by undertaking any of the following:
- Read the MRSA and other infection control policies and understand the implications to the staff, visitors and patients if policies are not followed.
  - Inform the patient of their MRSA status as soon as the result is received by the healthcare worker.

- If the patient is positive to MRSA, explain the implications of colonisation and/or infection and required treatment for colonisation. It is essential an explanation is given to the patient why they may be transferred to a side room or designated area.
- Close relatives or friends should only be informed of the patient's condition if the patient has given prior permission.
- Emphasise to the patient and/or close relatives these precautions are being taken not to stigmatise colonised/infected patients but to protect other vulnerable patients on the ward who could develop invasive infections with attendant morbidity and mortality.
- Make available a sufficient supply of MRSA patient leaflets on the ward or in the department, to both patients and visitors, and staff must familiarise themselves with its contents.
- Deal with concerns from patients and visitors regarding MRSA as they occur, do not wait until the problem escalates.
- Documentation and communication are key aspects in managing the patient with MRSA, and it is essential healthcare workers take ownership for their actions to ensure full and accurate information is documented in the healthcare records. When a result is received from a member of the Infection Control Team (ICT) ward staff are requested to document who they speak to, and record the date and time of the call in the appropriate documentation.
- The patient's medical and psychological welfare must not be compromised by unnecessary restrictive infection control practices. If in doubt, contact a member of the ICT.
- All patients' healthcare records will be labelled by the Infection Control Nurses with an 'Alert look inside' sticker and 'MRSA risk' sticker. The 'Alert look inside' sticker is placed on the top right hand corner on the outside of all notes, and the 'MRSA risk' sticker is placed on the inside cover of all notes. This acts as a backup to the electronic Patient Administration System 'PAS' system.
- The electronic 'PAS' system will be labelled MRSA by the Infection Control Nurses (ICN) at the top of the first page which shows details such as the patient's name, age and date of birth, and also acts as a backup to the labelled notes.

## 6. RISK ASSESSMENT

6.1 The course of action taken when a patient is colonised or infected with MRSA depends on a number of factors which may include the following:

- The location of the patient and whether they are nursed in a low, medium or high risk area.
- The available facilities within the ward or department eg the availability of a side room.
- The availability of side rooms within the ward or department.
- Not all patients are suitable for isolation due to their increased risk of falls, or confusion.
- If a side room is not available, the risk assessment process must be documented in the patient's healthcare records and on the appropriate documentation eg the Accident Incident Reporting.
- Some patients colonised with MRSA will be dispersers of the organism, ie they shed large numbers of the organism into the environment. This is especially likely in the case of patients with psoriasis, eczema, or infected sputum. These patients are a higher priority than others for side room isolation if available and appropriate.

## 7. GENERAL PRINCIPLES

- Active and timely intervention can be effective in reducing the numbers of colonised and infected patients.
- The control strategy for MRSA is designed to protect vulnerable patients from acquiring the organism and must not stigmatise MRSA positive individuals.
- The approach to controlling MRSA can be categorised according to the risk of vulnerability of other patients on the ward or unit (**Appendix 1**).
- The general principles of infection control are applicable and apply to all wards and departments.
- Intra and inter ward transfers must be reviewed and minimised wherever possible.
- Adequate and appropriate skilled healthcare workers and other staff levels must be maintained **and** must be supported by the organisation.
- There must be regular monitoring of compliance with this policy, not only from members of the ICT but from members of the multidisciplinary teams.
- This policy needs to be read in conjunction with the following Infection Control policies:
  - Standard Precautions Policy

- Hand Hygiene Policy
- Decontamination Policy
- Waste Policy
- Isolation Policy

## 8. IDENTIFICATION OF MRSA – SCREENING

8.1 All elective admissions to the Acute Trust must be screened

8.2 All **emergency** admissions to the Trust must be screened for MRSA at the **point of admission**. This includes all those identified in **point 2.2**.

**NB** **If a patient is admitted to the Emergency Room, and requires an in-patient stay within the Acute Trust they must be screened before they leave the department. However, if the clinician responsible for the patient clearly documents that their clinical condition could be compromised by swabbing, and has given a clear rationale, then it can be undertaken at a later date during the patients stay within the Acute Trust**

8.3. All previously colonised or infected patients with MRSA, and all transfers from outside the County or from another hospital abroad must be admitted to a side room on admission to the Trust **(Appendix 2)**.

8.4 The screening regime for GHNHSFT is as follows:

- Use red swabs, which must be **moistened with sterile saline or sterile water** before use – **use one swab (the same swab) for both nostrils**.
- Sites: nose, groin, sputum (if productive) any wounds (including IV sites) and urine (if catheter in situ) or if intermittent catheterisation is undertaken.

**NB** **Three consecutive sets of negative swabs at 5-day intervals are required for clearance. The 1<sup>st</sup> set of these should be taken 2 days after clearance treatment has been completed and the patient is not on anti-MRSA antibiotics. If after re screening the patient is still MRSA positive, the ICT will advise ward staff or clinicians to commence a 2<sup>nd</sup> decolonisation regime immediately.**

**All MRSA screens and results must be documented in the patient's nursing and/or healthcare records, or in the appropriate Trust documentation using a MRSA care plan.**

**NB** **A third clearance therapy is not be commenced unless advice has been sought from a member of the ICT.**

## 9. ADDITIONAL LOCAL SCREENING WITHIN SPECIFIC SPECIALITIES

- |                                       |                       |
|---------------------------------------|-----------------------|
| ● MRSA screening                      | Please see Appendix 2 |
| ○ General and Renal specialities      | Please see Appendix 3 |
| ○ Critical Care                       | Please see Appendix 4 |
| ○ Orthopaedic Pre Admission screening | Please see Appendix 5 |
| ○ Vascular                            | Please see Appendix 6 |
| ○ Head and Neck                       | Please see Appendix 6 |
| ○ Upper/lower GI                      | Please see Appendix 6 |

## 10. MICROBIOLOGY REQUEST FORMS

10.1 Indications for obtaining a swab:

- Previously colonised/infected with MRSA
- Transfer from another Trust or abroad

- Patient in contact with other vulnerable patients eg contact screening in bays
- Patient in contact with known MRSA person ie. A relative/friend
- Pre-operative screening – type of surgery/procedure eg Head and Neck, Vascular, Orthopaedics or Upper and Lower Gastrointestinal Surgery
- Pre-admission screening
- Renal dialysis patient

**NB All microbiology request forms must be completed correctly otherwise if insufficient data is received the specimen may be unprocessed by the laboratory which will delay the reporting of specimens.**

## **11. DECOLONISATION/CLEARANCE THERAPY FOR MRSA POSITIVE PATIENTS**

Decolonisation refers mainly to the use of topical agents such as nasal ointment and body wash/shampoo to eradicate or reduce nasal and skin carriage of MRSA. The efficacy of any decolonisation regime depends on the presence of wounds, skin lesions and foreign bodies such as urinary catheters, nasogastric tubes, and haemodialysis lines. All decolonisation therapy for patients must be discussed with a member of the ICT if there is uncertainty about what is necessary.

### **NB. RECOMMENDED CLEARANCE THERAPY FOR PATIENTS WHO ARE COLONISED WITH MRSA WITHIN GHNHSFT**

- 11.1 All prescribed medicines used in the clearance/decolonisation regime for the eradication of MRSA, must be prescribed by either a clinician or a qualified nurse in line with the Patient Group Directives shown in **Appendix 7(a) (b) & (c)**
- 11.2 Ward pharmacists will then assist the clinical staff by providing the correct decolonisation regime for each patient, which may include all or some of the prescribed medicines listed below:
- 250 ml of Hibiscrub Surgical Scrub (4% Chlorhexidine Gluconate solution)
  - 3 gram of Mupirocin 2% (Bactroban Nasal Ointment)
  - 15 gram of Chlorhexidine Antiseptic Dusting Powder (Chlorhexidine Gluconate 1% Powder)
  - If a patient is found not to tolerate the Hibiscrub washes then Octenisan Antimicrobial wash lotion can be used

**NB Patient Group Directives will be made available for the administration of Mupirocin 2% nasal ointment, Hibiscrub Surgical Scrub 4% and Chlorhexidine Antiseptic dusting Powder**

## **12. NOSE**

- 12.1 Mupirocin 2% nasal ointment (also known as Bactroban nasal ointment) applied to the anterior nares 3 times daily for 5 days. The patient should be able to taste the ointment at the back of the throat.

## **13. SKIN**

- 13.1 Use an antiseptic detergent, i.e. 4% Chlorhexidine Gluconate (Hibiscrub) or 2% Triclosan (Aquasept) for skin, including a bath/shower daily for 5 days at the same time as Mupirocin 2% nasal ointment is being used. If the patient is allergic to Hibiscrub use Aquasept, and if the patient is allergic to Aquasept please contact a member of the ICT.
- 13.2 The antiseptic detergents must be applied directly to pre-wetted skin with a clean cloth and must not be placed in the bath water. Emollients can be used after bathing to ensure skin is adequately moisturised.
- 13.3 Use antiseptic detergents with care on individuals with dermatitis. Discontinue if there is any skin irritation and notify a member of the ICT or the Dermatology department.

#### 14. HAIR

The hair should be washed twice weekly with one of the antiseptic detergents. Ordinary shampoo can be used afterwards if desired.

#### 15. WOUNDS

Mupirocin 2% cream (also known as Bactroban cream) can be applied for 5 consecutive days to small wounds less than 5cm x 5cms that are known to be colonised. Consideration should also be given to prescribing systemic antimicrobial therapy.

**NB Repeated and prolonged courses, i.e. >10 days, may be associated with the emergence of resistance. If repeat treatment is required please discuss individual cases with the duty Consultant Medical Microbiologist.**

**It should not be used on burns or large raw areas, i.e. areas larger than 5 x 5 cms.**

#### 16. DECOLONISATION/CLEARANCE THERAPY FOR MRSA POSITIVE NEONATES

16.1 Octenisan is an antimicrobial hair and body wash used for the eradication of MRSA. It contains emollients to help prevent the skin from drying out therefore it is suitable for use on neonates and in cases where hypersensitivity to Hibiscrub and Aquasept have been reported.

16.2 The total contact time for Octenisan Antimicrobial Wash Lotion on the skin is 3 minutes and must be given for a total of 5 days, after which you must wait 2 days before undertaking a full screen for the neonate. Octenisan is available from the acute trust pharmacy and must only be used on neonates.

**NB A Patient Group Directive (PGD) will be made available for the administration of Octenisan Antimicrobial Wash Lotion, and must be prescribed and signed for either by the patients doctor or a registered nurse who has undergone (PGD) training**

#### 17. HOW TO USE OCTENISAN ANTIMICROBIAL WASH LOTION

- The baby must be washed daily for 5 days
- Wet the baby's skin and then apply the lotion by hand (do not use a cloth or sponge)
- Pay particular attention to the creases and folds in the baby's skin eg armpits, bellybutton, groin and nappy area
- Wrap the baby loosely in a clean warm towel and allow the Octenisan to take effect, this will take 3 minutes but **do not dry the baby at this stage**
- After 3 minutes rinse off the Octenisan and dry the baby thoroughly
- Repeat this procedure for 5 days
- Wait 2 days and then re-screen the patient

#### 18. STAPH Packs – what are they?

Staph packs are designed to be **used for out-patient use or for renal and diabetic in-patients and out-patients only**. These should **not be used** for regular in-patient use who only require Hibiscrub and Bactroban. Ward stock should be used in these cases. There are 2 types available from pharmacy

18.2 **'Staph pack normal'** – which contains 3g Bactroban ointment, 250ml Hibiscrub surgical scrub

18.3 **'Staph Pack renal and diabetic – contains 3g Bactroban ointment, 250ml Hibiscrub surgical scrub and 15g Chlorhexidine Antiseptic Dusting Powder**

18.4 The individual components of the 'staph pack' will have pre-printed labels specifying standard directions for use. The person supplying this to the patient will then need to complete the label with the patient's name and the date. The 'staph pack' may be issued against a prescription or via a patient group directive.

## 19. PREVENTION AND MANAGEMENT OF A PATIENT COLONISED OR INFECTED WITH MRSA

19.1 The course of action taken for the management of patients infected or colonised with MRSA will depend on a variety of factors which will be influenced by local issues, and may include any of the following:

- The type of hospital or facility within that hospital.
- The type of ward (non-acute, acute, admission, intensive care unit or other high risk unit).
- Ward design eg bays, nightingale wards, or open plan, and the availability of side rooms.
- Are patients heavy shedders of MRSA eg exfoliating skin conditions eg psoriasis or eczema?
- Resistance pattern, virulence eg strains that produce Panton-Valentine Leucocidin (PVL) and potential transmissibility of the organism eg Epidemic Methicillin Resistant *Staphylococcus aureus* 16 (MRSA 16) or Vancomycin resistant *Staphylococcus aureus* (VRSA) (**Appendix 8**).
- Inform the patient of their condition, its implications and the actual or potential treatment involved.

## 20. TREATING CLINICAL INFECTIONS

If there is uncertainty as to whether the patient is colonised with MRSA or has a clinical infection with MRSA, then please contact the duty Consultant Medical Microbiologist (CMM) to discuss treatment. If the patient does have a clinical infection the choice of suitable antibiotic treatment can also be discussed with the CMM.

Any serious infection treatment should normally include a parenteral glycopeptide antibiotic, plus or minus a second agent.

## 21. SOURCE ISOLATION WITHIN GHNHSFT

- The source isolation policy should be followed for such patients from high-risk areas. Please refer to the Isolation Policy.
- High standards of hand decontamination are required to minimise the risk of cross infection. Hands must be decontaminated before and after patient contact either by thorough hand washing, and/or the use of alcohol hand gel, which can be used on physically clean hands.
- Gloves must be worn when dealing with bodily fluids or handling contaminated linen or dressings, and hands must be decontaminated after their removal with soap and water.
- Disposable aprons, gowns and gloves must be worn by all staff (and visitors and/or other healthcare professionals if involved in their personal care\*) handling the patient or having contact with their immediate environment, and must be disposed of appropriately into the correct clinical waste stream

**NB** \*this applies to visitors and/or healthcare professionals who assist with the patient's personal care

- **All** linen must be treated as infected, ie place all linen into a water-soluble bag and then into a red plastic bag. All linen must be removed from the patient's room or bay immediately.
- No special precautions are required for crockery/cutlery.
- A card or information sheet must be displayed which states 'Please see Nurse in Charge' for information regarding the isolated patient.
- The door should be kept closed to minimise the spread to adjacent areas. If this is likely to compromise patient care, a risk assessment must be made as to whether the door may be kept open. This decision should be informed on the medical condition of the patient, i.e. door closure would be recommended if the patient had an MRSA chest infection with a cough or if they had an exfoliative skin condition (see section on 'Dispersal'). If the option is to keep the door open, this must be recorded in the patient's nursing documentation and also on a Incident Accident Reporting Form

- Visitors who only have social contact with the patient do not need to wear protective clothing, but do need to decontaminate their hands after leaving the room, either by using soap and water or by using alcohol hand gel on physically clean hands

**NB The side room door must be kept shut during procedures that may generate aerosols/skin cell dispersal, i.e. chest physiotherapy in patient with MRSA chest infection, wound dressing, bed making.**

## **22. HAND HYGIENE (ALL SETTINGS)**

The single most important way to prevent the spread of MRSA in any healthcare setting is by implementing stringent hand washing, which must be carried out before and after contact with the patient or immediate environment, after removal of protective clothing, after removal of gloves and after disposing of waste using either a hand detergent, eg liquid soap or alcohol hand gel, which can be used on physically clean hands.

### **22.1 BARE BELOW THE ELBOW**

The 'Bare below the Elbow' initiative facilitates effective hand washing which must be undertaken in all areas within GHNHSFT. This initiative should be taken when in your professional judgement, hand washing needs to be undertaken. This specifically means not wearing jackets, using short sleeved shirts or rolled up sleeves and not wearing watches, jewellery or stoned rings. (Band wedding rings are permitted).

Please refer to the infection control Hand Hygiene Policy.

## **23. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

23.1 PPE can include any or all of the following depending on the task undertaken:

- Disposable aprons
- Disposable gloves
- Full body repellent disposable gowns
- Face visors or goggles

23.2 Disposable aprons must be worn by all staff for any procedure where potential **direct** contact with the patient is likely, i.e. bed bathing, handling, lifting and medical examination.

23.3 Disposable aprons and non sterile gloves must be worn if there is likely to be contact with blood/body fluids eg vomit, wound exudates, urine, faeces and sputum. Hands must be washed after any of the above procedures is completed.

23.4 Following removal of PPE, it must be safely disposed of as clinical waste and placed into the appropriate waste stream.

## **24. NON-DISPOSABLE MEDICAL EQUIPMENT**

24.1 Management of equipment must also be regarded as central to decreasing the spread of MRSA. Patient equipment which would include: beds, wheelchairs, hoists, hoist slings, sliding sheets, intravenous stands, patient tables, stethoscopes, otoscopes and pulse oximeters etc must all be decontaminated in accordance with the manufacturer's instructions or in line with local policy. All non-disposable equipment must be decontaminated after every patient use.

## **25. DISPOSABLE MEDICAL EQUIPMENT**

25.1 Disposable medical equipment is widely available and must be used whenever possible to decrease the spread of MRSA. Disposable equipment such as nebulisers, blood pressure monitoring cuffs, and tourniquets and hoist slings must be used with patients isolated with MRSA.

## 26. TRANSFER OF MRSA COLONISED OR INFECTED PATIENTS WITHIN THE HOSPITAL

- Inter hospital transfers should be kept to a minimum to prevent the increased risk of cross infection, but must not compromise any care deemed necessary by clinicians.
- Departments dealing with these patients must be informed in advance that the patient is MRSA positive, in order to give them the opportunity to decrease transmission to vulnerable patients who may also be present in the department.
- All wounds must be covered with an appropriate dressing. If for any reason these dressings need to be removed whilst undergoing a clinical investigation the dressing and its contents must be disposed off into the correct clinical waste stream.
- Patients should spend the minimum of time in communal waiting areas before being attended to reduce the risk of transmission to vulnerable patients.
- Any staff involved in direct patient care must wear disposable PPE eg disposable aprons and gloves, which must be removed when care is completed. PPE must be discarded as clinical waste and into the correct waste stream (**Refer to GHNHSFT Waste Policy**)
- The trolley or chair can be decontaminated using a general purpose neutral detergent (Hospec), or a detergent wipe or in accordance with the manufacturers decontamination instructions. The trolley or chair can be used immediately after use.
- All linen to be treated as infected and must be disposed of into a red soluble bag, which is then placed inside a red plastic bag. (**Refer to GHNHSFT Linen Policy**).
- All staff must decontaminate their hands thoroughly after dealing with the patient and after decontaminating inanimate objects such as chairs, beds and trolleys. This practice must be the same as when the patient is on the ward

**NB The appropriate documentation must be completed when the patient is being transferred within the hospital to enable the receiving department to be aware of the patients MRSA status.**

## 27. TRANSFER OR DISCHARGE FROM HOSPITAL

27.1 Patients who are colonised or infected with MRSA can be discharged home or transferred to another hospital/nursing home if their underlying condition permits this. There should be no reason for residential/nursing homes to refuse admission or re-admission of the patient. A telephone call in advance is considered appropriate in order to inform the receiving healthcare setting of the patients MRSA status. This must also be made clear on the discharge summary form or transfer letter which must accompany the patient on discharge from GHNHSFT.

**NB It is the responsibility of the ward staff from the transferring hospital to notify the nursing, residential or care home of the MRSA status of the patient. If the patient is being transferred to another hospital it is the responsibility of ward staff to inform the receiving ward, and the receiving hospitals Bed Managers and Infection Control Team.**

27.2 There is no indication for routine screening before hospital discharge to the community, however, if a patient is discharged to their own home, nursing or residential home they should complete any clearance treatment that was commenced whilst in hospital. However, this may vary in accordance with local policies as an event such as re-admission for a planned invasive procedure may occur.

27.3 Once at home, they do not normally need to take any special precautions, but if community multidisciplinary team members are involved in the patients care eg district nurses to dress wounds, a telephone call in advance is essential.

## 28. VISITORS

28.1 Visitors who only have social contact with the patient, such as shaking hands, do not need to wear protective clothing but do need to wash their hands after leaving the room or bay, or apply alcohol hand gel to physically clean hands. To minimise the risk of transfer of MRSA to other

patients on the ward visitors should only visit their friends or family members on the ward, and not other patients. If contact is more extensive and the visitor is involved in giving nursing care to the patient then they must wear the same PPE as nursing staff.

**NB Visitors are requested not to sit on patient's beds or commodes and it is the responsibility of ward staff to reiterate this directive to all patients' visitors. It is the responsibility of the ward staff to ensure items such as commodes are removed immediately after patient use.**

## **29. HEALTHCARE WORKERS WITH MRSA**

- 29.1 Healthcare workers with psoriasis, eczema or any other exfoliative skin condition should not attend patients with MRSA.
- 29.2 For all staff any cuts or skin lesions must be covered with an occlusive dressing. Routine screening of staff for MRSA is not normally required. It may be undertaken at the discretion of the ICT. If staff members are screened, results should be sent to the Occupational Health Department (**Appendix 9**)
- 29.3 If results are positive the ICT will liaise with and advise Occupational Health staff on any necessary measures, eg topical decolonisation, work restriction.

**NB Three consecutive sets of negative swabs at 5-day intervals are required for clearance. The 1<sup>st</sup> set of these must be taken 2 days after clearance treatment has been completed providing the patient is not on anti-MRSA antibiotics. If after re screening the staff member is still MRSA positive, the ICT may advise ward staff or clinicians to immediately commence a 2<sup>nd</sup> decolonisation regime as this may depend on the area in which the member of staff is employed.**

## **30. DECONTAMINATION OF THE ENVIRONMENT**

### **30.1 Baths>Showers**

- 30.2 These must be cleaned thoroughly with a neutral general purpose detergent (Hospec) between and after every patient use.

**NB Side rooms/affected bays daily cleaning during the stay of an MRSA positive patient to reduce environmental contamination.**

- 30.3 All side rooms must be cleaned with a neutral general purpose detergent daily. All equipment used on the patient i.e. drip stands, commodes, must be cleaned with detergent and warm water if it is compatible with this process, dried thoroughly and removed from the room if not in use. Please keep equipment in these areas to a minimum.
- 30.4 This procedure must be followed for **all** patients who are nursed in side rooms and on the open ward.

## **31. TERMINAL CLEANING OF THE ROOM**

- 31.1 When the patient has been discharged, the room, to include the floor, horizontal surfaces and any ledges must be thoroughly cleaned with a neutral general purpose detergent and dried thoroughly. Walls and ceiling do not require routine cleaning unless visibly soiled. The side room can be used immediately once surfaces have dried. Curtains must be changed if the patient was a heavy disperser of MRSA i.e. from skin scales (exfoliative skin conditions) or chest infection with a cough (**Appendix 10**)

## **32. CROCKERY/CUTLERY**

- 32.1 There are no special requirements.

### **33. INVASIVE EQUIPMENT**

33.1 No additional precautions eg labelling with bio-hazard tape, is required for invasive equipment, eg surgical instruments processed in the Sterile Services department.

### **34. AMBULANCE CREW AND TRANSPORTATION**

34.1 Most patients can be transported with other patients in the same ambulance without special precautions being implemented. High risk categories (**Appendix 1**) of susceptible patients should not be transported in the same ambulance as a known MRSA patient. Ambulance staff must be made aware so that they have the opportunity to implement their local policy of not transporting MRSA patients with other vulnerable patients who are at risk of acquiring MRSA.

**NB Effective communication from ward staff is essential to ensure patients discharge is not delayed, and ward staff can often reiterate important points to staff working on ambulances, which can include some of the following:**

- Notify the ambulance staff in advance if necessary to allow them to take precautions by undertaking a risk assessment on the patients they will be transporting.
- To minimise the risk of cross infection with any infectious agent, ambulance staff should use an antibacterial hand rub eg Spirigel after contact with all patients as part of good, basic infection control practice.
- Change stretcher/trolley linen if patient is a high disperser of MRSA.
- Wear disposable aprons and gloves if lifting and handling of a patient is required, and decontaminate hands either by hand washing or using an alcohol hand gel.
- Decontaminate/clean stretcher/trolley using a general purpose neutral detergent eg Hospec, or detergent wipes of which there are many different market brands. Once the equipment is cleaned it can be used again immediately.

**NB There is no reason why ambulance staff should refuse to transport a patient from one hospital to another hospital, from hospital to a nursing or residential home, or to the patients own home if the patient is MRSA positive.**

### **35. RESPONSIBILITIES OF THE MULTIDISCIPLINARY TEAMS**

35.1 (**Appendix 11**) shows a brief breakdown of the responsibilities of different members of the multidisciplinary teams involved in the patient pathway of a patient colonised or infected with MRSA.

### **36. EXISTING AND NEW MRSA PATIENTS**

36.1 It is the responsibility of all ward staff to check the MRSA status of all patients screened whilst in their care. The ICT will only inform the wards when a new MRSA has been identified. The result will be passed on, and advice given to isolate the patient where possible, start the decolonisation treatment, document in the healthcare records which ICN gave the result and commence a MRSA care plan.

**NB It is the responsibility of ward staff to check each and every patients' MRSA status on admission to the Acute Trust.**

**36.2** Any patient identified as being colonised/infected in the past with MRSA and is then admitted to GHNHSFT must be rescreened, alongside any other emergency or elective in-patient. Previously colonised/infected MRSA patients can also be identified on the front-page of their Patient Administration System (PAS) screen which also shows other patient information. Documentation may also exist on the healthcare record which also informs the practitioner the patient is a previous MRSA. It is the responsibility of ward staff to view the patient's latest MRSA screen results.

36.3 Do not start a MRSA care plan unless you receive a positive result for the patient.

**NB** Ward staff must take responsibility for obtaining any subsequent results while the patient is admitted to GHNHSFT. If any doubts arise regarding the patient's MRSA status, please contact a member of the ICT.

### 37. REFERENCES

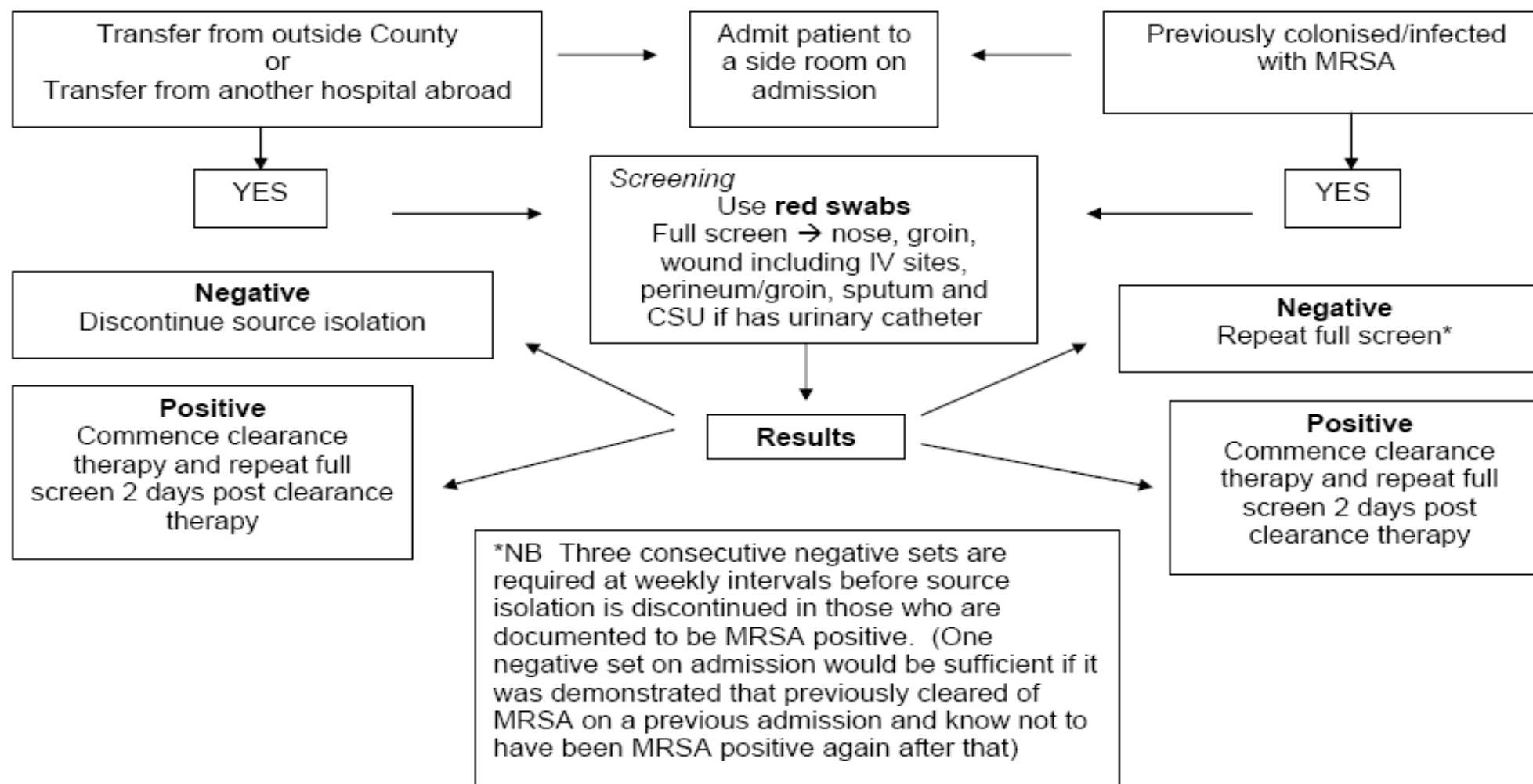
Guidelines for the control and prevention of Meticillin-Resistant *Staphylococcus aureus* (MRSA) in healthcare facilities. (2006) *The Journal of Hospital Infection*.

The *Epic* Project: Developing National Evidence-based Guidelines for Preventing Healthcare associated Infections. (2001) *The Journal of Hospital Infection*.

PVL-associated *Staphylococcus aureus*. Accessed 18 June 2007 from <http://www.hpa.org.uk>



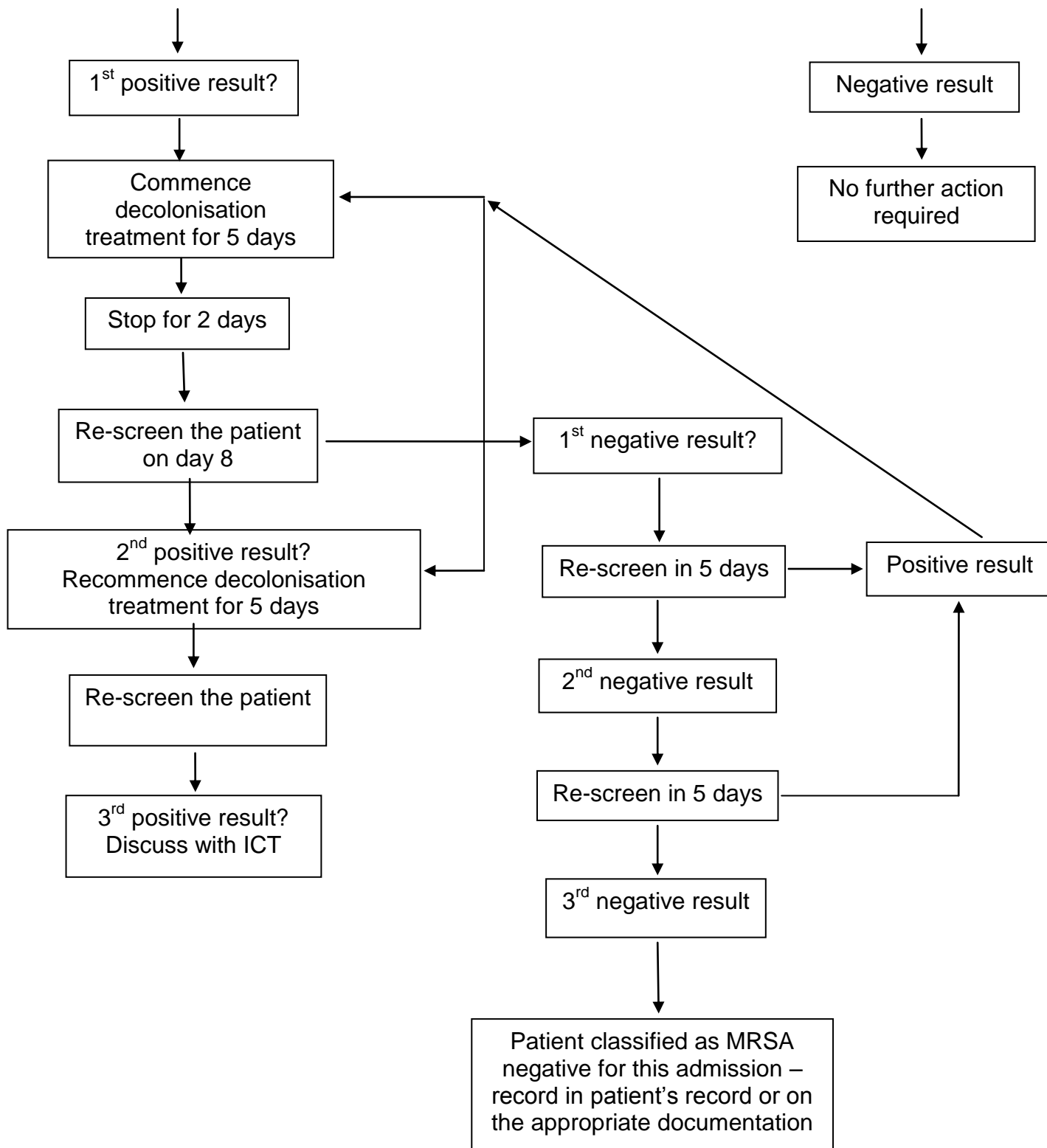
### MRSA SCREENING AT THE POINT OF ADMISSION TO THE ACUTE TRUST

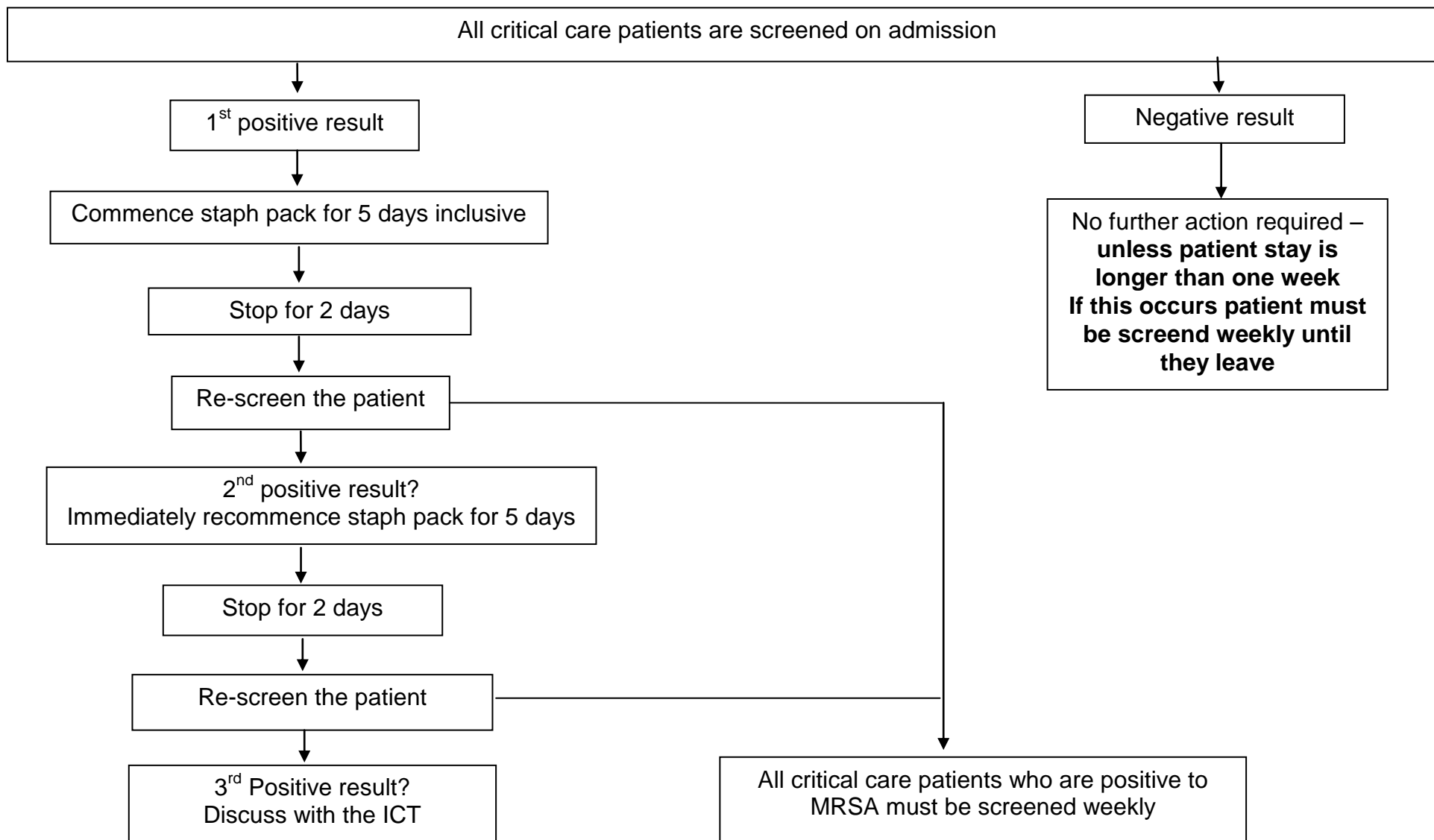


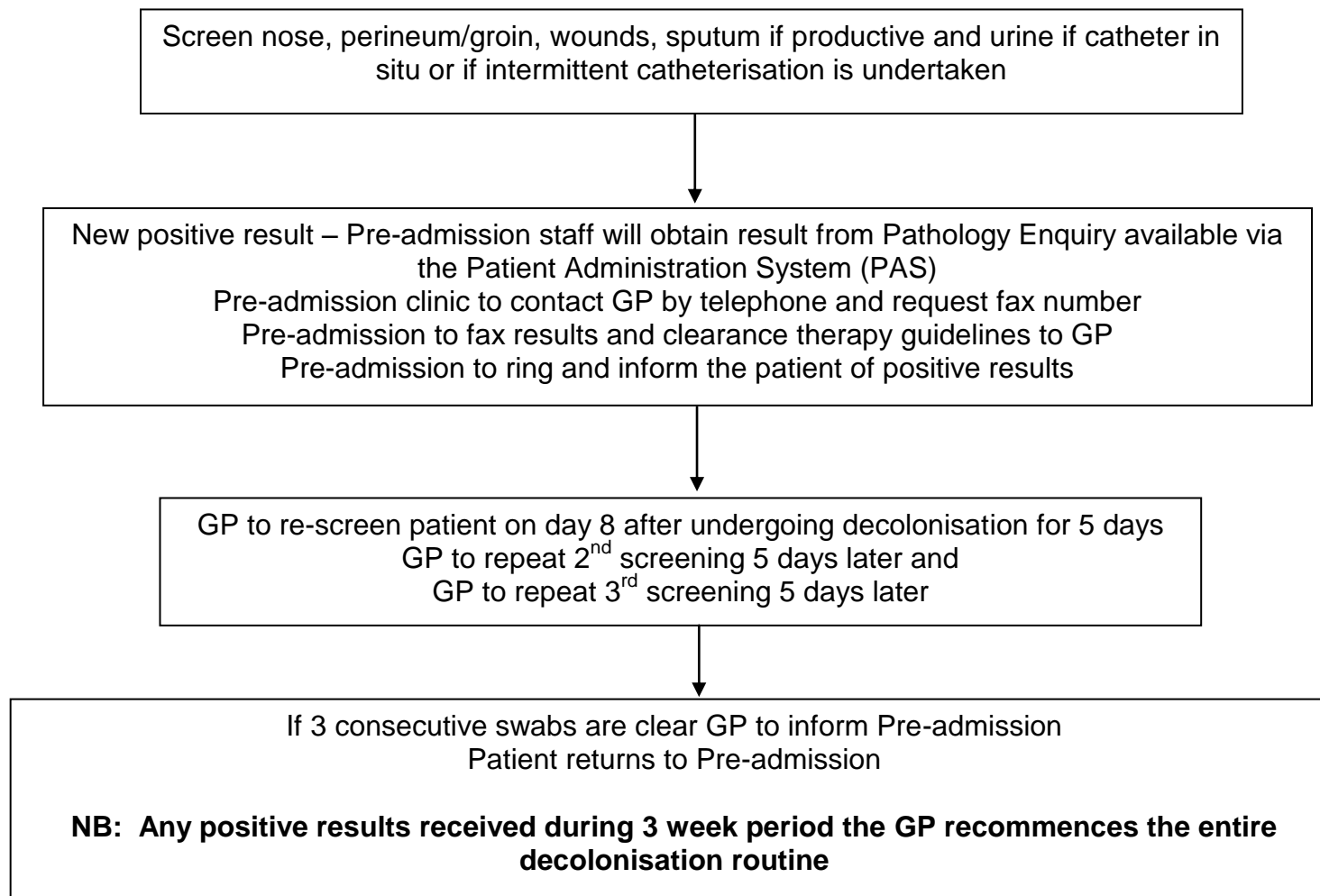
**Three consecutive sets of negative swabs at 5-day intervals are required for clearance. The first of these should be taken at least 2 days after clearance treatment has been completed.**

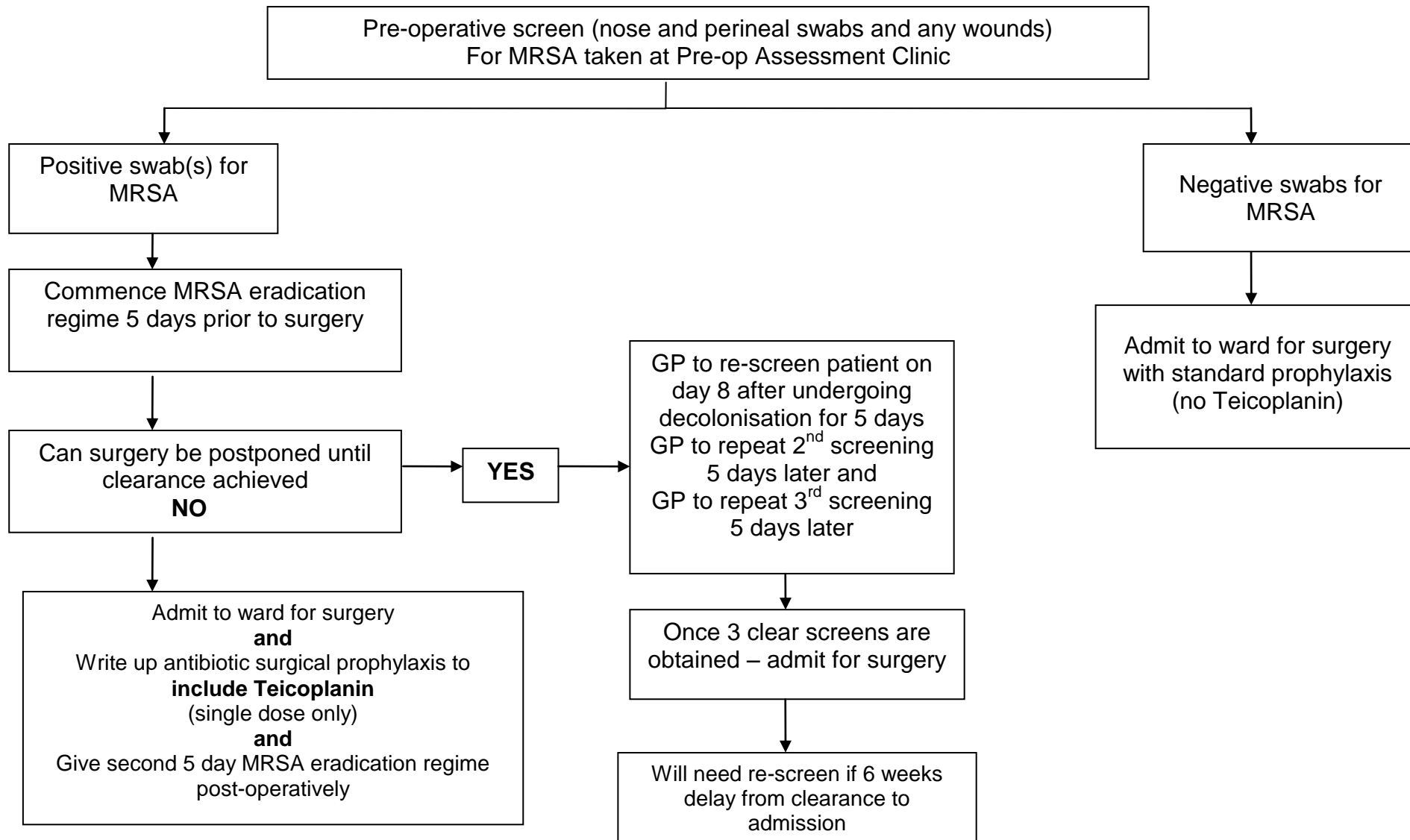
## GENERAL SPECIALITIES INCLUDING RENAL WARD

In-Patient Pathway – Screen undertaken on ward or ward informed of positive result – screen includes nose, perineum, groin, wounds, sputum if productive and urine is catheter in situ or if intermittent catheterisation is undertaken - **NB All renal patients must be screened every three months**









Reference Number – GHNHSFT/Decolonisation Pack 1
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**Patient Group Directive for the administration of Mupirocin nasal ointment to both nostrils for patient with MRSA.**

Date of PGD	January 2008
Expires on	January 2009

**1. Medicine details**

Medicine name	<b>Mupirocin 2%</b>
Form (e.g. tabs, inj etc)	Ointment
Strength	
Dose including frequency	Adults – apply three times a day
Legal category (POM, GSL or P)	POM
Route of administration	Topically
Duration of treatment	Treatment to continue for five days
Administration details	Wash and clean area for application of ointment between each treatment
Potential adverse reactions	<b>Significant:</b> <ul style="list-style-type: none"> <li>• Stinging</li> </ul>
Management of adverse reactions	Stop treatment immediately. Clean ointment from affected area and seek medical advice for alternative treatment

**2. Administration/Supply criteria**

Clinical area	Ward/Dept	GHNHSFT
Clinical condition or situation	MRSA positive patients.	
Inclusive criteria	MRSA	
Exclusion criteria	Hypersensitive to Mupirocin Skin allergies	
Action to be taken for patients excluded from, declining or not adhering to the treatment	Patient declining treatment must be informed of associated dangers. Report to Infection Control Team.	
Advice to be given to patient or carer	<ul style="list-style-type: none"> <li>• Avoid contact with eyes</li> <li>• Five days treatment only</li> </ul>	
Circumstances for which further medical advice is required	Reaction to ingredients	
Referral arrangements	Medical staff	
Records required	On In-patient Prescription Chart, Nursing Kardex, and MRSA care plan	

**3. Professionals**

Professional group	Registered Nurse with training in the use of Patient Group Directions.
Additional personal criteria	Protocol
Additional training required	Competency

#### 4. Signatures

Signatures  Authors of the PGD	Consultant/Clinical Director .....
	Pharmacy Director .....
	Lead Nurse .....

For GHNHSFT	Mrs M Arnold, Nurse Director .....
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#### 5. Individual health professional signatures

I/We confirm that I/ we have read the policy, received training on Patient Group Directions and am/are competent to follow the Patient Group Direction above.

Nurses Name	Initials	Signature

Reference Number – GHNHSFT/Decolonisation Pack 2
---

**Patient Group Directive for the administration of Hibiscrub Surgical Scrub for patient with MRSA.**

Date of PGD	January 2008
Expires on	January 2009

### 1. Medicine details

Medicine name	<b>Hibiscrub Surgical Scrub</b>
Form (e.g. tabs, inj etc)	Liquid
Strength	4% Chlorhexidine Gluconate
Dose including frequency	Daily wash, twice weekly hair wash
Legal category (POM, GSL or P)	POM
Route of administration	Topically
Duration of treatment	Once only Pre-op or continue for 5 days for MRSA patients
Administration details	Use as liquid soap to wash body
Potential advise reactions	Allergy
Management of adverse reactions	Consult Medical staff. Stop treatment

### 2. Administration/Supply criteria

Clinical area	Ward/Dept	GHNHSFT
Clinical condition or situation	Pre-operatively, MRSA	
Inclusive criteria	MRSA skin contamination	
Exclusion criteria	Allergy to Chlorhexidine	
Action to be taken for patients excluded from, declining or not adhering to the treatment	Inform patient of risks to self and other associated with MRSA, inform Infection Control	
Advice to be given to patient or carer	Leaflet	
Circumstances for which further medical advice is required		
Referral arrangements	Medical staff	
Records required	In-patient Prescription Chart, Nursing Kardex and MRSA care plan	

### 3. Professionals

Professional group	Registered Nurse
Additional personal criteria	Protocol
Additional training required	Competency

### 4. Signatures

Signatures	Consultant/Clinical Director .....
	Pharmacy Director .....
	Lead Nurse .....

For GHNHSFT	Mrs M Arnold, Nurse Director .....
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**5. Individual health professional signatures**

I/We confirm that I/ we have read the policy, received training on Patient Group Directions and am/are competent to follow the Patient Group Direction above.

Nurses Name	Initials	Signature

Reference Number – GHNHSFT/Decolonisation Pack 3
---

**Patient Group Directive for the administration of Chlorhexidine Antiseptic Dusting Powder for patients with MRSA.**

Date of PGD	January 2008
Expires on	January 2009

### 1. Medicine details

Medicine name	<b>Chlorhexidine Antiseptic dusting powder</b>
Form (e.g. tabs, inj etc)	Powder
Strength	Chlorhexidine Gluconate 1%
Dose including frequency	Skin disinfection – once daily
Legal category (POM, GSL or P)	P
Route of administration	Topically
Duration of treatment	5 days
Administration details	Sprinkle powder onto the affected area, groin, axilla and other colonized site
Potential advise reactions	Allergic reaction
Management of adverse reactions	Stop treatment. Consult medical staff

### 2. Administration/Supply criteria

Clinical area	Wards/Dept	GHNHSFT
Clinical condition or situation	MRSA positive	
Inclusive criteria	MRSA positive	
Exclusion criteria	Allergy to Chlorhexidine	
Action to be taken for patients excluded from, declining or not adhering to the treatment	Inform medical staff and ICT. Inform patient regarding risks associated	
Advice to be given to patient or carer	MRSA leaflet	
Circumstances for which further medical advice is required	Second positive MRSA swab	
Referral arrangements	Medical staff/ICT	
Records required	In-patient Prescription Chart, Nursing Kardex and MRSA care plan	

### 3. Professionals

Professional group	Registered Nurse
Additional personal criteria	
Additional training required	Competency

### 4. Signatures

Signatures	Consultant/Clinical Director .....
	Pharmacy Director .....
	Lead Nurse .....

For GHNHSFT	Mrs M Arnold, Nurse Director .....
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**5. Individual health professional signatures**

I/We confirm that I/ we have read the policy, received training on Patient Group Directions and am/are competent to follow the Patient Group Direction above.

Nurses Name	Initials	Signature

Reference Number – GHNHSFT/Decolonisation Pack 4
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**Patient Group Directive for the administration of Octenisan Antimicrobial Wash Lotion for Neonates with MRSA.**

Date of PGD	January 2008
Expires on	January 2009

**1. Medicine details**

Medicine name	<b>Octenisan</b>
Form (e.g. tabs, inj etc)	Liquid
Strength	0.3%
Dose including frequency	Skin disinfection – once daily
Legal category (POM, GSL or P)	P
Route of administration	Topically
Duration of treatment	5 days
Administration details	Use as liquid soap to wash body and hair
Potential adverse reactions	Allergic reaction
Management of adverse reactions	Stop treatment. Consult medical staff

**2. Administration/Supply criteria**

Clinical area	Ward/Dept	GHNHSFT
Clinical condition or situation	MRSA positive	
Inclusive criteria	MRSA positive	
Exclusion criteria	Allergy to Chlorhexidine	
Action to be taken for patients excluded from, declining or not adhering to the treatment	Inform medical staff and ICT. Inform patient regarding risks associated	
Advice to be given to patient or carer	MRSA leaflet	
Circumstances for which further medical advice is required	Second positive MRSA swab	
Referral arrangements	Medical staff/ICT	
Records required	In-patient Prescription Chart, Nursing Kardex and MRSA care plan	

**3. Professionals**

Professional group	Registered Nurse
Additional personal criteria	
Additional training required	Competency

**4. Signatures**

Signatures  Authors of the PGD	Consultant/Clinical Director .....
	Pharmacy Director .....
	Lead Nurse .....

For GHNHSFT	Mrs M Arnold, Nurse Director .....
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**5. Individual health professional signatures**

I/We confirm that I/ we have read the policy, received training on Patient Group Directions and am/are competent to follow the Patient Group Direction above.

Nurses Name	Initials	Signature

### **Panton Valentine Leukocidin *Staphylococcus aureus***

Panton Valentine Leukocidin (PVL) is a toxic substance produced by some strains of *Staphylococcus aureus* and is associated with an increased ability to cause disease. The incidence is low at present but it is important healthcare professionals and the public are aware of the infections PVL producing strains of *S. aureus* can cause and the precautions which should be taken.

PVL can be produced by **both** methicillin sensitive and methicillin resistant strains of *S. aureus*. Most of the PVL positive *S. aureus* strains identified in the UK are sensitive to many antibiotics.

#### **How common is PVL *S. aureus*?**

The PVL toxin is carried by less than 2% of *S. aureus* and can be carried by MRSA (methicillin resistant *Staphylococcus aureus*) and MSSA (methicillin sensitive *Staphylococcus aureus*).

#### **What are the symptoms?**

Infections caused by PVL strains of *S. aureus* normally cause cellulites (inflammation of layers under the skin) and pus-producing skin infection (eg abscesses, boils and carbuncles). However, they can, on very rare occasions, lead to more severe invasive infections, such as septic arthritis, bacteraemia (blood poisoning) or necrotising pneumonia (a severe, life threatening form of pneumonia).

#### **Why do people get PVL *S. aureus* infections?**

Not all patients with PVL *S. aureus* will suffer an infection. When these occur they are usually associated with the presence of other risk factors such as overcrowding, skin abrasions resulting from close contact sports such as wrestling or rugby, or using contaminated articles such as sharing towels, razors, poor hand hygiene and damaged skin from other conditions such as eczema.

#### **Is this a new type of MRSA?**

No, PVL producing strains of *S. aureus* normally causes skin infection, but can occasionally cause more severe infections, and rarely death. Infections caused by many antibiotic-sensitive varieties of PVL *S. aureus* are usually successfully treated with antibiotics such as some types of penicillin and erythromycin. PVL MRSA is resistant to antibiotics of the methicillin class (eg Flucloxacillin) and occasionally other antibiotics such as erythromycin.

#### **What decontamination methods can be used on people, wards, clothing etc?**

As with any kind of *S. aureus*, thorough hand washing and drying, or use of alcoholic hand rubs if hands are not visibly soiled, have been shown to be the most important measure in reducing cross-infection in both the community and the hospital.

## **RECOMMENDED CLEARANCE THERAPY FOR HEALTHCARE WORKERS WHO ARE COLONISED WITH MRSA**

Whilst infected and colonised patients are the main reservoirs of MRSA, on occasions, it may be necessary to screen health care workers. If this occurs these measures will be arranged through Occupational Health in collaboration with the Infection Control Team (ICT).

**NB Results from healthcare workers will be treated confidentially and stored in the occupational health records.**

### **NOSE**

Mupirocin 2% nasal ointment applied to the anterior nares 3 times daily for 5 days.

### **SKIN**

Use an antiseptic detergent, i.e. 4% Chlorhexidine Gluconate (Hibiscrub) or 2% Triclosan (Aquasept) for skin, including a bath/shower daily for 5 days at the same time as Mupirocin 2% nasal ointment is being used. If the patient is allergic to Hibiscrub/Aquasept please consult a member of the ICT.

The antiseptic detergents must be applied directly to pre-wetted skin with a clean cloth rather than put into the bath water. Emollients can be used after bathing to ensure skin is adequately moisturised. Use antiseptic detergents with care on individuals with dermatitis. Discontinue if there is any skin irritation and notify a member of the ICT.

In individuals with skin conditions MRSA decolonisation, may be difficult to achieve. Consider Using CX powder for persistent groin/perianal/axilla colonisation. In certain cases it would be advisable for a dermatology opinion to be arranged through Occupational Health.

### **HAIR**

The hair should be washed twice weekly with one of the antiseptic detergents. Ordinary Shampoo can be used afterwards if desired.

### **WOUNDS**

If a member of staff has a colonised wound, clearance can be discussed with a member of the ICT.

In general staff with nasal colonisation only will be allowed to work in low to moderate risk areas. Staff working in high risk areas or who are more extensively colonised will need to be temporarily suspended until they are clear, if there are no alternative non-clinical duties for them to undertake.

Fitness to work will be discussed on an individual basis in conjunction with the ICT and Occupational Health.

## 50. Appendix 10 (a)

	Isolation Clean Disposable	Isolation Clean Enhanced	Terminal Clean with Hypochlorite and Curtain Change	Terminal Clean with Hypochlorite No Curtain Change	Terminal Clean No Hypochlorite Curtain Change	Terminal Clean No Hypochlorite No Curtain Change
<b>MRSA</b>	✓					✓
<b>MRSA (sputum/ heavy disperser)</b>	✓				✓	
<b>Tuberculosis</b>	✓					✓
<b>Multi resistant organisms including ESBLs, GREs</b>	✓					✓
<b>Clostridium difficile</b>		✓	✓			
<b>Mumps</b>		✓		✓		
<b>Measles</b>		✓		✓		
<b>Chicken pox</b>		✓		✓		
<b>Diarrhoea &amp; Vomiting</b>		✓	✓			

## CLEANING TERMINOLOGY

### 1. **Standard Clean**

Cleaning with neutral detergent and water (micro-fibre if applicable)  
Applies to **all** patients.

### 2. **Isolation Clean - disposable**

Cleaning with neutral detergent and water using disposable cloths  
Applies to patients with:

- MRSA
- TB
- Multi-resistant organisms

### 3. **Isolation Clean – enhanced**

Cleaning with neutral detergent and water using disposable cloths followed by disinfection with hypochlorite @ 1000 ppm

Applies to patients with:

- C diff
- Mumps
- Measles
- Chickenpox
- Diarrhoea and vomiting
- Glycopeptide-resistant enterococcus

### 4. **Terminal Clean (with or without hypochlorite) (with or without curtain change)**

Cleaning with neutral detergent and water using disposable cloths, (MRSA)

- Followed by disinfection with hypochlorite @ 1000 ppm (Measles, mumps and Chickenpox, C diff, diarrhoea and vomiting and Norovirus (SRSV), GRE)
- And curtains changed (C diff, diarrhoea and vomiting, Norovirus (SRSV) and GRE).

When the patient is:

- Discharged home
- Transferred
- 48 hours clear from C diff toxin positive diarrhoea
- Dies

### 5. **Terminal Clean (end of ward closure)**

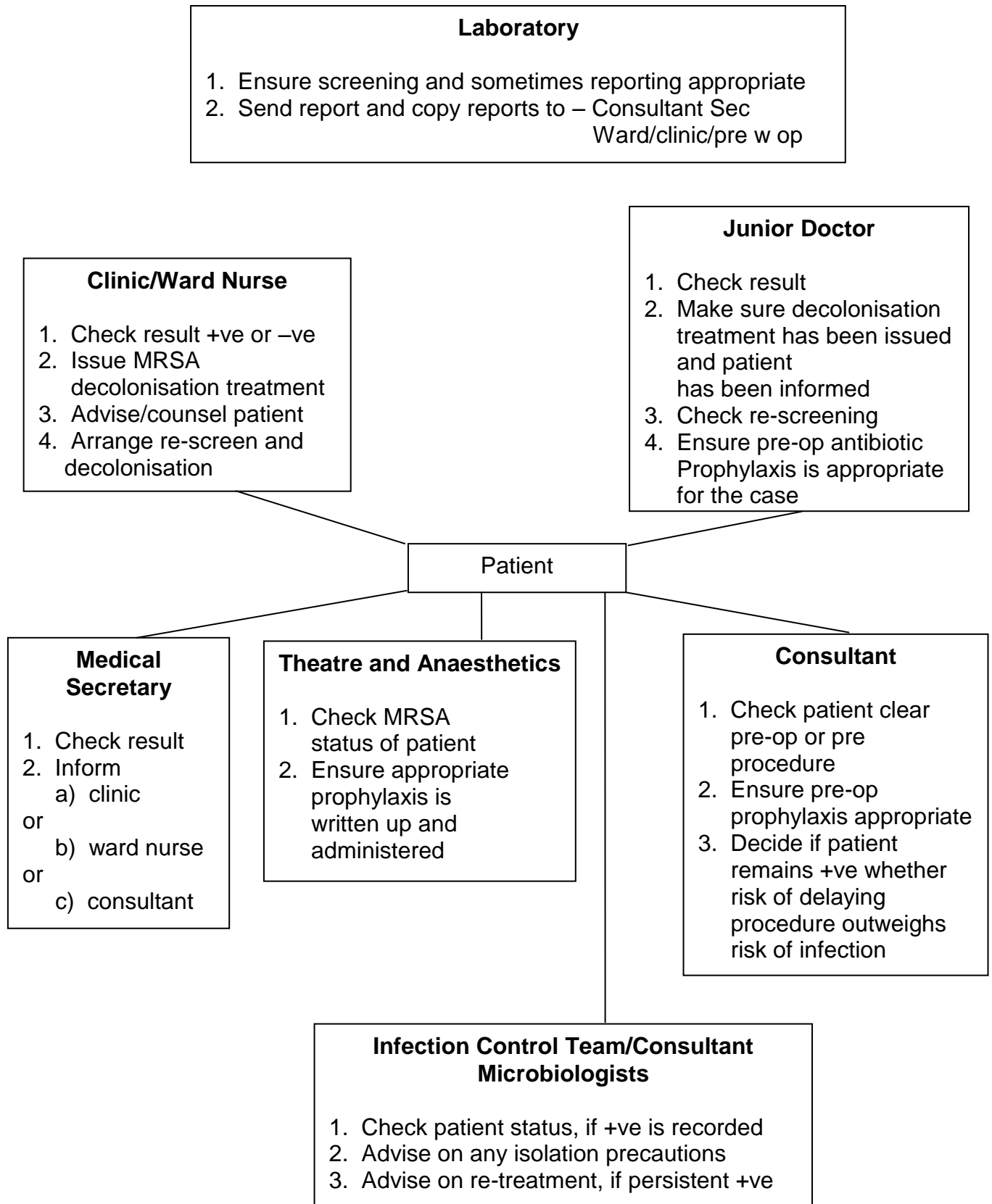
During a ward closure all cleaning by domestics and nursing staff must include:

- Cleaning with neutral detergent followed by disinfection with hypochlorite @ 1000 ppm  
May be done in sections depending on how the ward is divided

When Infection Control re-open ward the following procedure should happen:

- Curtains are taken down
- Full ward/bay clean
- Full ward clean using neutral detergent and water followed by hypochlorite @ 1000 ppm (including floors and beds pulled out from walls)
- Nurses clean empty beds and any patient equipment with neutral detergent and water followed by disinfection with hypochlorite @ 1000 ppm
- Following clean, clean curtains re-hung
- Empty beds re-made with clean linen
- Ward can re-open

It is the responsibility of the ward manager/person in charge to co-ordinate the domestic and linen room to ensure the ward is re-opened as quickly and efficiently as possible.





**EQUALITY IMPACT ASSESSMENT**

**INITIAL SCREENING**

1. Lead Name : Job Title :																															
2. Is this a new or existing policy, service strategy, procedure or function? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>New</span> <span>Existing</span> </div>																															
3. Who is the policy/service strategy, procedure or function aimed at? Patients                      Carers                      Staff                      Visitors Any other                      Please specify:																															
4. Are any of the following groups adversely affected by this policy: If yes is this high, medium or low impact (see attached notes): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Disabled people:</td> <td style="width: 10%;">No</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Race, ethnicity &amp; nationality:</td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Male/Female/transgender:</td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Age, young or older people:</td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sexual orientation:</td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Religion, belief &amp; faith:</td> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> </tr> </table> <p>If the answer is yes to any of these proceed to full assessment.                  If the answer is no to all categories, the assessment is now complete.</p>		Disabled people:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Race, ethnicity & nationality:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Male/Female/transgender:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Age, young or older people:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Sexual orientation:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Religion, belief & faith:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Disabled people:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>																											
Race, ethnicity & nationality:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>																											
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Religion, belief & faith:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>																											
Date of assessment: Signature: Director:	Completed by: Job title: Signature:																														

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIA's are completed in accordance with this procedure.

**Training Needs Analysis for .....** **Completed on.....** **By.....**

*Level of training required	Staff Group / s	Division / Department	Frequency of training / update	Method of training delivery	Lead and department responsible for provision of training

**\*Levels of Training**

<b>A = Awareness</b> (Micro-teach, drop in session, e-learning)	<b>B= ½ day (2.5 – 3 hours)</b> (workshop, training event, e-learning)	<b>C = Full day (5-6 hours)</b> (workshop, training event)	<b>D= Course</b> (more than one day training)
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