

**Information for Members of Staff  
Colonised with Methicillin  
Resistant Staphylococcus  
Aureus (MRSA)  
Infection Prevention Control Team**

Methicillin-Resistant Staphylococcus Aureus (MRSA) is a micro-organism which can live on the skin where it normally causes no problem i.e. it “colonises”. It is found amongst the community and hospital population.

As a result of screening, MRSA has been found to colonise your ..... It is important to destroy the MRSA so that it is not passed on to other staff or susceptible patients.

The Occupational Health Department (OHD) will be responsible for your care and they will take advice from the Infection Prevention Team. Please do not hesitate to contact either department at any time, Monday - Friday, 8:30am – 4.30pm for advice or support.

Occupational Health Nurses	01633 238348 / 238351
Microbiology and Infection Prevention	01633 234463
Infection Prevention Nurses, (RGH)	01633 238101 / 234921
Infection Prevention Nurses, (NHH)	01873 732048
Community inc. YYF & YAB	01495 768781 / 07903 324603

### What happens now?

- 1 Report to OHD for a full body screen (nose, throat, perineum/groin)
- 2 OHD will give you a prescription for decolonisation treatment. You will not have to pay for this prescription, if you collect it from the hospital pharmacy. The treatment will depend on where the MRSA is:-

<b>Nose</b>	5 days of a nasal antibiotic cream Mupirocin (Bactroban) 3 times a day.
<b>Throat</b>	5 days of antiseptic mouthwash (0.2% Chlorhexidine Gluconate) 3 times a day.
<b>Wound</b>	5 days of topical antibiotic cream Mupirocin (Bactroban) up to 3 times a day.

All colonised staff are asked to use Chlorhexidine Gluconate Bodywash to wash in for 5 days. If you have sensitive skin we can give you a milder alternative.

It may help with your decolonisation if you use a clean/disposable flannel every time you wash and a clean towel each day.

### **Will I have to stop working?**

The Occupational Health Team with advice from IPCT will carry out a risk assessment which will take into account a number of factors: the area of the hospital in which you work, the site(s) of your MRSA, if you have had any treatment, if you have had MRSA previously.

If you are requested to stay away from work, you will be given special leave i.e. medical exclusion so this will not affect your sickness record. Your enhancements for unsocial hours will be protected.

### **What about screening?**

You will require three negative full body screens before you are cleared. The first of these screens must be performed in the Occupational Health Department, commencing 48 hours after you finish your course of treatment. The second and third can be sent from your department. Clearance screens should be taken at weekly intervals. However, if time does not permit this, screens can be taken no less than 48 hours apart. A reduction in the period of time between each screen may affect the overall reliability of the negative results. Therefore, a 4<sup>th</sup> screen should be taken one week later followed by a 5<sup>th</sup> screen one week after that. Your appointments can be recorded on the back page of this booklet. As soon as the results are known, the Occupational Health Department will let you know.

### **Can MRSA come back?**

You may be requested to submit follow-up screens but this is not usually required. Some staff have recolonised in the past. If this happens you can restart the treatment. It is extremely unusual for us not to clear MRSA in staff.

### **Confidentiality**

The Occupational Health Department and Infection Prevention and Control Team will endeavour to maintain your confidentiality at all times. However, in extreme circumstances, it may be necessary to contact your manager initially, in order to get in touch with you. Please try to keep your manager aware of any progress.

### **Will MRSA affect my family?**

MRSA does not usually cause any problems to healthy people. If anyone in your family is concerned, please ask them to see their GP.

**Personal Notes:-** \_\_\_\_\_

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**APPOINTMENTS**

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