ENCLOSURE 2
Ref: 3/09/public/A6

Birmingham Women's NHS Foundation Trust

MRSA SCREENING POLICY

Date of Policy: March 2009
Authors: Jim Gray; Julie Suviste; Jenny Henry
Next Review Date: December 2011

Type:	MRSA Screening Policy	**Version: Ref:**	1	**Directorate:**	N/A

Aim:	To define all aspects of the MRSA screening programme for admissions to BWNFt
Scope (who it applies to) :	This policy applies to all employees irrespective of grade, level, location or staff group.

Ratified by: **Date:**	Infection Control Task Force 19 March 2009
Final Approval by: **Date:**	Trust Board 19 March 2009
Approval Signatories	
Implementation Date:	20 March 2009

Review and consultation process (when review required & by whom):	There has been wide consultation with all relevant clinical teams in formulating this policy. The same process will be used when the policy is next reviewed.
Responsibility for Implementation:	All clinical, Microbiology laboratory and Infection Control staff

Revisions:		
Date:	**Author:**	**Description of Revision (Action by whom):**

HISTORY

Review date:	December 2011	**Effective from:**	March 2009
Effective to:	March 2012		
Action Required by Trust/Dept	Ensure that all relevant staff are aware of and, where appropriate, trained, in this policy		

Distribution methods:	Copy on Global U Drive Any printed copies may not necessarily contain latest updates and should be compared to the version on the U Drive.

1. INTRODUCTION

MRSA is an important cause of healthcare-associated infections. Identification, and appropriate management, of patients who are colonised with MRSA is an important means of controlling MRSA in hospitals. The Department of Health has set targets for the implementation of MRSA screening of elective and emergency hospital admissions. However, some patient groups are excluded from routine screening, including some uncomplicated obstetric cases.

2. PURPOSE

The purpose of this policy is to define which patient groups at Birmingham Women's NHS Foundation Trust are screened, as well as the processes around screening including sample collection, sample testing, communication of results, management of positive patients and assurance processes.

3. PRE-SCREEN COUNSELLING

As with any other laboratory investigation, patients (or, in the case of babies, those with parental responsibility) should have an appropriate understanding of the reasons for MRSA screening, and the implications of a positive result. Having received this information they have the right to decline to be screened (see Section 5).

Before attending the hospital, women will have been sent the leaflet *What we are doing to prevent and control HCAIs*, which indicates that they may be screened for MRSA. The person taking a swab must ensure that women understand that they are being tested for MRSA.

Admissions to the NNU are routinely swabbed to determine the presence of potential neonatal pathogens, including MRSA. Where possible, this should be explained to parents before delivery.

4. PATIENT GROUPS TO BE SCREENED

4.1 Patient groups who must routinely be offered screening

Table 4.1 indicates the patient groups that must routinely be offered screening for MRSA, and the optimal times for screening to be undertaken. In the case of Maternity cases, see also the Appendices to this policy, describing in more detail the MRSA screening of pregnant women.

TABLE 4.1: Patient groups that routinely require screening for MRSA, and the optimal times for screening to be undertaken

DIRECTORATE	PATIENT GROUPS TO BE SCREENED	TIME OF TESTING
Gynaecology	Elective admissions attending pre-op assessment	At pre-op assessment
	Elective admissions not attending pre-op assessment	At time of out-patient attendance or on admission
Maternity Services	Women under Consultant-led care	At 36-week appointment ***or*** on admission if they present to Delivery Suite before 36 weeks
	Women for ECV or induction of labour	At the time of booking of the procedure
	Women for Caesarean section who have not already been screened	On admission
	All IUTs	On admission
Neonatal	All admissions to NICU	On admission
	All admissions (mothers and babies) to the Transitional Care Ward	

4.2 Screening of patients who do fall into the categories for routine screening

Women who fall outside the groups that must be offered screening for MRSA (Section 4.1), but who are identified as being at increased risk of having MRSA must be offered screening. Risk groups for MRSA colonisation are defined in the *Policy for the control of meticillin-resistant Staphylococcus aureus (MRSA)*. Please note that one such risk group is Healthcare workers: pregnant healthcare workers should be screened at their 36-week antenatal appointment ***or*** on admission if they present to Delivery Suite before 36 weeks

No request from a patient to be screened for MRSA should be declined.

4.3 Screening of other individuals following detection of an MRSA carrier

- The mothers of babies found to have MRSA should be offered screening for MRSA. Screening of babies born to a mother who has had MRSA during her current pregnancy is recommended, regardless of the results of the most recent maternal swabs.
- It may be appropriate to screen fathers and other relatives of MRSA-positive babies on the NNU, depending on the outcome of an infection control risk assessment.

- Family members of others that fall outside the above groups who wish to be screened for MRSA should be referred to their GP.

5. MANAGEMENT OF PATIENTS WHO DECLINE TO BE SCREENED

Where a patient declines to be screened this fact should be recorded in their case notes.

No special infection control precautions are generally required for patients who decline to be screened. However patients with risk factors for MRSA should be managed in accordance with the Policy for Control of Meticillin-Resistant *Staphylococcus aureus* (MRSA).

6. SAMPLES REQUIRED FOR SCREENING

Table 6.1: Samples required for MRSA screening from different patient groups

Patient group	Samples required
Newborn babies (<12 hours old)	Ear swab
Older babies (≥12 hours old)	Ear swab + Nose swab (sample both nostrils with the same swab) + Umbilical swab + Any skin lesions that may be infected
Adults	Nose swab + Any skin lesions that may be infected + Any other sites that have positive for MRSA in the past one year

7. METHOD OF MRSA SCREENING

Swabs are cultured using a chromogenic medium that gives a provisional result on the next working day.

8. COMMUNICATION OF POSITIVE RESULTS

8.1 In-patients

A Medical Microbiologist or Infection Control Nurse will visit the Ward to transmit the result to the nurse, midwife and/or doctor caring for the patient and apply an ‘Alert’ sticker to the front of the notes. It is the responsibility of the Clinical Team

caring for the patient to ensure that she (or the parents in the case of baby) is informed about the result as soon as possible, and that the Policy for Control of Meticillin-Resistant *Staphylococcus aureus* (MRSA) is followed. The patient's General Practitioner will normally be advised that the patient has been found to be MRSA-positive on the discharge letter. This will include any instructions about collection of post-treatment swabs. On discharge any community-based staff who it is planned will attend the patient must also be informed of the diagnosis.

8.2 Out-patients

8.2.1 Gynaecology

A Medical Microbiologist or Infection Control Nurse will contact Pre-op Assessment to transmit the result to a nurse, and will apply an 'Alert' sticker to the front of the notes.

The nurse receiving the result is responsible for:

- Ensuring that the patient is contacted (normally by telephone) to advise her that she is MRSA-positive.
- Ensuring that the Consultant in charge of the case, the Ward or Department to which admission is planned, and theatres (where appropriate) are aware that the patient is MRSA-positive.
- Ensuring that any community staff who it is planned will attend the patient before admission are informed of the diagnosis.
- Communication with GP.

8.2.2 Maternity Services

The Microbiology Department will ensure that written reports of positive results are placed in the Antenatal Screening Coordinators' results tray in the Clinical Chemistry Department. The Antenatal Screening Coordinator receiving the results is responsible for:

- Contacting the woman to advise her that she is MRSA-positive, and giving her an appointment to attend the antenatal clinic for treatment.
- Ensuring the woman's community midwife and GP are informed of the result.
- Documenting that the woman is MRSA-positive on the Alert sheet at the front of the hospital notes.
- Prescribing treatment and coordinating collection of post-treatment swabs.
- Documenting clinical management actions in the handheld and hospital notes.

See also the Appendices to this policy, describing in more detail the MRSA screening of pregnant women.

8.2.3 Neonatal

A Medical Microbiologist or Infection Control Nurse will contact the Community Team &/or Neonatal Team (as appropriate) to transmit the result, and will also apply an 'Alert' sticker to the front of the notes.

The Community or Neonatal Team is responsible for:

- Ensuring that the baby's family is contacted (normally by telephone) to advise them that he or she is MRSA-positive.
- Ensuring that any community staff attending the baby are informed of the diagnosis.
- Communication with GP.

9. COMMUNICATION OF NEGATIVE RESULTS

The Microbiology laboratory reports negative results one working day after receipt of the specimen in the laboratory.

Results can be communicated to in-patients as soon as they are available.

It is not practical to contact all women with negative MRSA screening results to advise them of this. Instead, women should be advised to assume that their test was negative if they have not heard from the Trust within 10 days of their swab being taken. They can ask for confirmation of their result at their next hospital visit. In the case of antenatal women, their results will be discussed at their next antenatal clinic appointment: this will be documented in the notes.

Women should not be invited to telephone the hospital to ask for their results.

10. DECOLONISATION TREATMENT

All patients who are found to be MRSA-positive must be prescribed decolonisation treatment. For in-patients, this is easy to organise. For out-patients it is more difficult to organise treatment and to be assured that patients obtain, and comply with, treatment.

10.1 Decolonisation of babies and women who are not pregnant and not breast-feeding

10.1.1 Babies and women who are in-patients when MRSA is detected

Decolonisation treatment must be commenced immediately, in accordance with the *Policy for control of meticillin-resistant Staphylococcus aureus (MRSA).*

10.1.2 Babies and women who are out-patients when MRSA is detected

For postnatal women the Community midwife will contact the patient's General Practitioner to request a prescription for the patient.

For babies the Community midwife or Neonatal Team will contact the patient's General Practitioner to request a prescription for the patient.

For Gynaecology patients who are due to be admitted for a procedure that would not normally require antibiotic prophylaxis, decolonisation treatment can be commenced when the patient is admitted to hospital.

For Gynaecology patients who are due to be admitted for a procedure where perioperative antibiotic prophylaxis is indicated the patient should commence decolonisation treatment 3-4 days pre-operatively. This should be explained to the patient by telephone, and a letter sent to the General Practitioner requesting that a prescription be written. At the time of surgery the patient should also receive antibiotic prophylaxis that includes activity against MRSA.

Because compliance with out-patient treatment cannot be assumed, screen-positive patients should be asked on admission whether they have received and complied with treatment.

10.2 Decolonisation of pregnant women and women who are breast feeding

Currently two topical pharmaceutical preparations are available for eradication of nasal staphylococci:

- Mupirocin is not licensed for use in pregnancy: the manufacturer's datasheet advises *Avoid unless potential benefit outweighs risk—no information available*.
- Naseptin® is a combination of chlorhexidine and neomycin. The manufacturer records that neither product can be detected in the blood following topical application of Naseptin®, and that its use is therefore unlikely to harm the foetus or breast-fed baby.

The Maternity Services Directorate and Infection Control Team have considered the risks and benefits of antenatal decolonisation, and concluded that decolonisation therapy with mupirocin and chlorhexidine should be offered to all women as soon as they are found to have MRSA. The basis for making this recommendation is that:

- There is evidence that mupirocin is more effective that Naseptin® in achieving long-term MRSA decolonisation.
- There is no reason to believe that there would be systemic absorption of mupirocin after topical administration.
- The fact that Naseptin® contains peanut oil, and is contraindicated in persons with peanut allergy, presents a small but significant risk in circumstances where requests to prescribe decolonisation therapy will often be made without the patient being present.
- It is considered that most women would prefer to receive immediate decolonisation treatment, rather than wait until delivery, or until they are no longer breast feeding. Where a woman declines treatment whilst pregnant, she should be offered treatment after delivery. Where a woman declines treatment whilst she is breast feeding, her General Practitioner should be informed.

11. FOLLOW-UP OF PATIENTS WHO HAVE RECEIVED DECOLONISATION TREATMENT

11.1 Hospitalised babies

Babies receiving neonatal care as in-patients should have post-treatment swabs collected in accordance with the Policy for Control of Meticillin-Resistant *Staphylococcus aureus* (MRSA). These patients should remain isolated until three sets of negative swabs collected at least one week apart have been obtained.

11.2 Babies who are not hospitalised

Babies who are not receiving specialised neonatal care will have a set of post-treatment swabs collected by the community midwife. The results will be passed on to the General Practitioner, who will be responsible for any further action. If the mother and baby have been discharged from midwifery care before the date when swabs are due, responsibility for collecting these should be passed to the General Practitioner.

11.3 Maternity cases

11.3.1 Antenatal

Women who are screened positive in the antenatal period and have received decolonisation treatment will be given a follow up appointment in a 'Specialist Midwife MRSA' Clinic

11.3.2 Postnatal

If a woman is still hospitalised 48 hours or more after completing decolonisation treatment post-treatment clearance swabs should be collected on the ward. Where a woman has been discharged before then, swabs can be collected by the Community Midwife (if still attending the woman). Otherwise responsibility for collecting follow-up swabs is normally left to the General Practitioner.

11.4 Gynaecology cases

If a woman is still hospitalised 48 hours or more after completing decolonisation treatment post-treatment clearance swabs should be collected on the ward. Where a woman has been discharged before then, responsibility for collecting follow-up swabs is normally left to the General Practitioner.

12. MONITORING OF COMPLIANCE WITH THIS POLICY

The Trust has to be able to demonstrate that 100% of eligible patients (as defined in Table 4.1) are offered screening for MRSA. Compliance with screening patients in these categories will be monitored on a monthly basis by reconciliation of data from the patient administration and laboratory information systems. Monthly screening rates (based on number of eligible admissions that month with a screening test collected either pre-admission or on admission) are a Directorate Key Performance Indicator.

Day-to-day monitoring of compliance with this all aspects of this policy will be undertaken by Ward and Department Managers, Matrons and the Infection Control Team. An Incident Report Form will be completed for instances of non-compliance with the policy.

The Annual Infection Control Programme includes formal audits of compliance with Infection Control Policies. Inclusion of aspects of this policy that are not encompassed by KPIs will be considered each year.

13. ASSOCIATED DOCUMENTS & REFERENCES

- Department of Health. Screening for MRSA colonisation – a strategy for NHS Trusts: a summery of best practice
- Department of Health. MRSA Screening – Operation Guidance issued 31 July 2008
- Department of Health. MRSA Screening – Operation Guidance 2 issued 31 December 2008

Other Infection Control Policies may be applicable to the implementation of this policy, especially:

- Policy for Control of Meticillin-Resistant *Staphylococcus aureus* (MRSA)

14. APPENDICES: MRSA SCREENING OF PREGNANT WOMEN

Appendix I **CARE PATHWAY FOR SCREENING ELECTIVE AND HIGH RISK CASES**

Appendix II **CARE PATHWAY FOR MANAGEMENT OF MRSA SCREEN-POSITIVE WOMEN**

Appendix III **CARE PATHWAY FOR ADMISSION TO HOSPITAL OF WOMEN WHO DECLINE SCREENING**

Appendix IV **CARE PATHWAY FOR HIGH RISK POSTNATAL WOMEN WHO TESTED MRSA-POSITIVE**

Appendix V **SAMPLE LETTERS**

SCREENING WOMEN FOR MRSA
(APPENDIX I)

PATIENT INFORMATION LEAFLET IS SENT TO ALL PREGANANT WOMEN WITH THE BOOKING APPOINTMENT

CONSULTANT LED CARE

OFFER SCREENING TO
1. ALL WOMEN AT 36 WEEKS
2. ANY WOMAN ADMITTED TO HOSPITAL AT ANY GESTATION

MIDWIFE LED CARE

-OFFER SCREENING TO
-PREGNANT WOMEN WHO ARE HEALTH CARE WORKERS*

RESULTS

POSITIVE+VE

ALL POSITIVE RESULTS WILL SENT TO THE ANTENATAL SCREENING CO-ORDINATOR

FOR CARE PATHWAY SEE **APPENDIX II**

NEGATIVE-VE

NEGATIVE RESULTS WILL BE AVAILABLE ON PATH LAB ON LINE

RESULTS GIVEN TO WOMAN AT NEXT HOSPITAL APPOINTMENT

DOCUMENT IN HAND HELD NOTES Pg11

Note
*Screening of women who are healthcare workers is not a target that we need to report compliance with externally. However, we consider that screening this group of women represents good practice

MRSA SCREEN POSITIVE WOMEN
(APPENDIX II)

REPORTS ARE SENT TO THE ANTENATAL SCREENING CO-ORDINATOR

↓

WOMEN WILL BE CONTACTED BY PHONE TO ARRANGE AN APPOINTMENT

↓

APPOINTMENT WILL BE POSTED TO THE WOMAN, COPY TO GP AND COMMUNITY MIDWIFE

↓

DOCUMENT ON ALERT SHEET IN HOSPITAL NOTES

WOMAN ACCEPTS TREATMENT

↓

DR TO PRESCRIBE Mupirocin 2% **FOR 5 DAYS** (STOCKS IN ANC)

ALSO GIVE WOMAN HIBISCRUB WASH INSTRUCTION LEAFLET

↓

OFFER RE SCREENING **NO LESS THAN 48HRS** FOLLOWING TREATMENT **SWAB NOSE AND GROINS**

TREAT AGAIN IF NECESSARY

DOCUMMENT IN HANDHELD NOTES Pg11 AND HOSPITAL NOTES

WOMAN DECLINES TREATMENT

↓

DOCUMENT
1. HANDHELD NOTES Pg 11
2. ALERT SHEET IN HOSPITAL NOTES

↓

REFER TO **APPENDIX III** FOR INPATIENT CARE

ADMISSION TO HOSPITAL
MRSA POSITIVE WOMEN WHO DECLINE TREATMENT
(APPENDIX III)

MRSA POSITIVE WOMEN WHO DELINED TREATMENT

↓

ISOLATE WOMAN IN A SINGLE ROOM

FOLLOW TRUST POLICY FOR THE CONTROL OF MRSA.

ANTENATAL

↓

OFFER TREATMENT (STOCKS IN ANC)

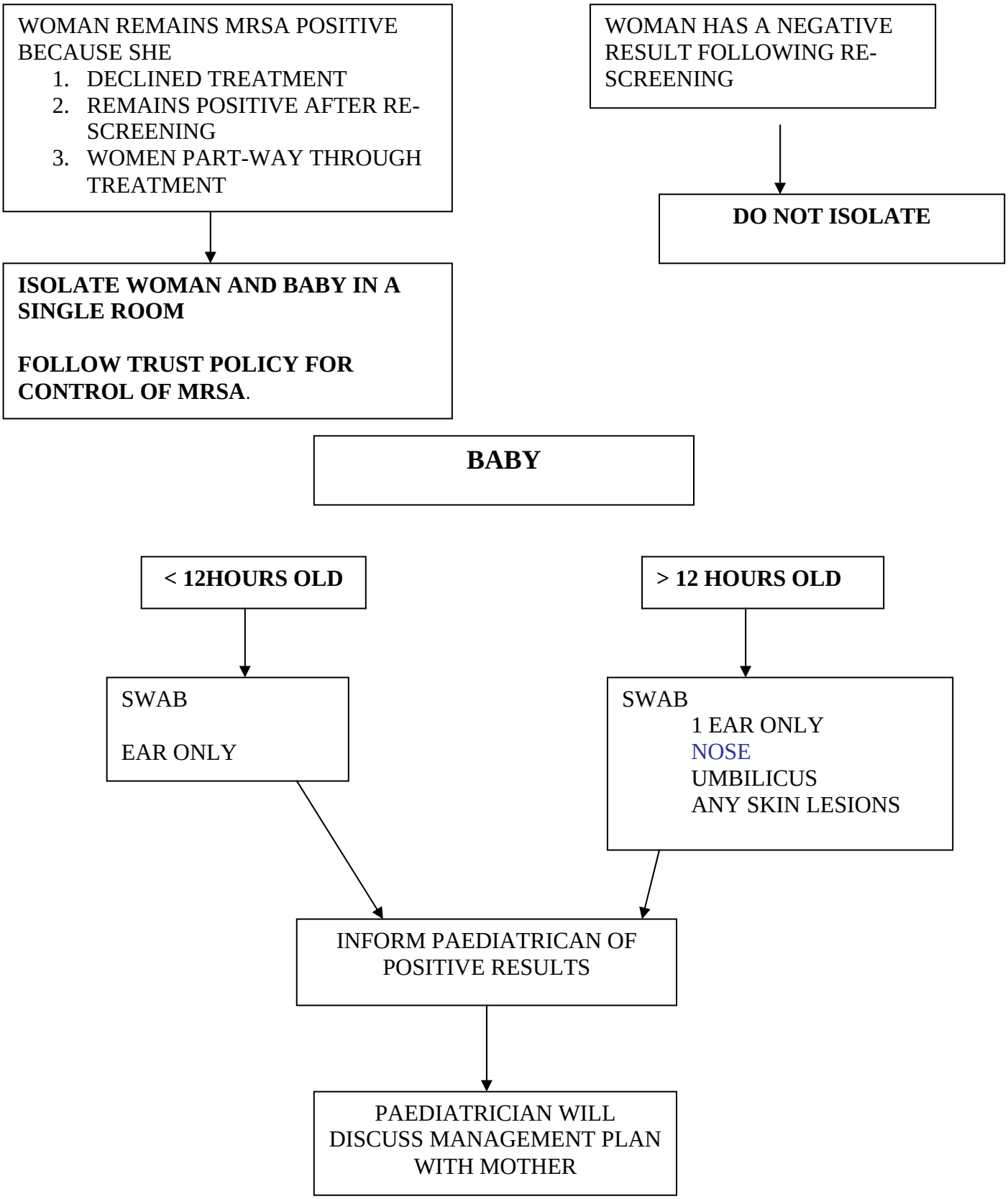
SEE APPENDIX II

POSTNATAL

↓

SEE APPENDIX IV

HIGH RISK POSTNATAL WOMEN WHO TESTED MRSA POSITIVE (APPENDIX IV)



Birmingham Women's NHS
NHS Foundation Trust

Maternity Services Directorate
Metchley Park Road
Edgbaston
Birmingham
B15 2TG

0121 472 1377 EXT 8720

Ref/hospital number

Date:

Name and address

Dear ……..

Following our telephone conservation I am writing to confirm your test results which show that you are a carrier of MRSA. It is important for you to be treated to prevent passing the bacteria to your baby and others.

An appointment has been made for you with the midwife in antenatal clinic.

Date:……..
Time:……..
Venue:…….

At this appointment the midwife will discuss your results and offer you treatment which is a bacterial body wash and nasal ointment.

If you are unable to attend this appointment please let us know on the contact number above.

Yours sincerely,

Antenatal Clinic Midwife

Cc GP
Community Midwife

Birmingham Women's NHS
NHS Foundation Trust

Maternity Services Directorate
Metchley Park Road
Edgbaston
Birmingham
B15 2TG

0121 472 1377 EXT 8720

Ref/hospital number

Date:

Name and address

Dear ……..

I am writing to confirm your test results which show that you are a carrier of MRSA. It is important for you to be treated to prevent passing the bacteria to your baby and others.

It is important that you contact us as soon as you receive this letter to arrange an appointment

At this appointment the midwife will discuss your results and offer you treatment which is a bacterial body wash and nasal ointment.

Yours sincerely,

Antenatal Clinic Midwife

Cc GP
Community Midwife