



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

### **What is MRSA?**

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

### **How is MRSA spread?**

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

### **Colonization and Infection**

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

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

### **Risk factors for MRSA Infection**

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

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

### **Good Hand Hygiene Practices**

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

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

### **Hand hygiene should occur:**

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

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

### **Prevention and Control of MRSA**

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

### **Family and Visitors**

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

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

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

Source: Provincial Infection Control (PIC-NL)

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