



# **Meticillin Resistant *Staphylococcus aureus* (MRSA)**

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Version 9

## **> About this leaflet**

The purpose of this leaflet is to provide you with information about Meticillin Resistant *Staphylococcus aureus* (MRSA).

## **> What is MRSA?**

*Staphylococcus aureus* is a germ that is commonly found both in hospital and the community. MRSA is a type of *Staphylococcus aureus* that is resistant to some antibiotics commonly used to treat infections.

### **How can it affect me?**

Like almost all germs, MRSA can sometimes cause infection. Most of the time it lives like many other germs on the skin or in the nose and causes no harm. If there are no signs or symptoms to indicate that it is present, this is called colonisation.

For a minority of patients MRSA causes an infection and signs and symptoms are present. These may vary from person to person.

### **Where has it come from?**

As a result of heavy use of antibiotics in hospitals over the last 30 years, some strains of *Staphylococcus aureus* have become resistant to many antibiotics. The continued use of antibiotics results in these resistant strains being selected out in hospital bacterial populations.

In NHS Golden Jubilee we screen all our patients when they are due to stay overnight or longer for MRSA at pre assessment and on admission.

## **> How did we find out you had MRSA?**

Swabs / specimens sent to the laboratory will have grown MRSA. It can take up to three days until the results of MRSA specimens are ready.

## How does it spread?

It can be carried in the nose and/or on the skin of people without causing any infection. MRSA is most commonly spread by direct contact from one person to another, usually on the hands. It can also be spread from contaminated equipment. Failure to follow normal hygiene procedures such as washing hands may result in spread of the germ, via hands, to other people.

MRSA can also survive in the environment. Dust is largely made up of human skin scales, and ordinary *Staphylococcus aureus* and MRSA can be shed from carriers on their skin scales and survive for one to two days if dust is allowed to collect. Patients and staff may then become colonised from this source.

## How do I stop it spreading?

MRSA is mainly spread from one person to another by hand contact and from the environment. Washing your hands thoroughly or using alcohol based hand rubs are the most effective ways of stopping the spread of MRSA.

Our housekeeping staff clean all horizontal surfaces, push buttons etc. regularly to prevent build-up of dust where MRSA or ordinary *Staphylococcus aureus* may persist.

## What happens now?

You may either be isolated in a single room or nursed in an area with other MRSA patients. This is because it is easy for the germ to spread to other vulnerable patients. We will ask you to help us prevent spread to other patients by taking some simple measures.

1. Stay in the room or area where you are being nursed.
  - If you want to leave the room or area you must discuss this with nursing staff.
  - You must wash and dry your hands carefully before leaving the room, if you have a wound the dressing must be clean, dry and secure.
  - You should not mix with other patients or have direct contact with them.
  - You may go outside the ward as long as you have discussed this with the ward staff.
2. You may be asked to wash with a special liquid soap and use a cream for your nose. If you cannot manage this yourself the nurses will help you. This is to reduce the amount of MRSA on your body.
3. If you are feeling unwell or notice a change in your condition, tell the nurses or doctors as soon as possible.
4. Please ask your visitors to wash their hands thoroughly before leaving the room.

Your doctors may decide that you need antibiotics. These are usually given in a drip, but can also be given in tablet form. If this is the case it is important that you take them as instructed.

The nurses will take swabs from you at regular intervals. The swabs are usually taken from your nose, perineum, any previously positive sites, and other sites may also be included. This is to see if we can still detect MRSA, however, it will not stop you from being discharged when you are ready to go home.



## **Will I always be in isolation?**

When repeated swabs are negative, you may be taken out of isolation, but this depends on the type of ward you are in. This also depends on the vulnerability of patients in your ward.

Do I have to take any special precautions when I go home?

- No, good hand hygiene for all members of the household is the single most important infection control measure, not only to prevent the spread of MRSA but for lots of different types of infections.
- If you have wounds or dressings the community nurse will wear disposable aprons and gloves; this is because they are often going on to visit other vulnerable patients in the community.
- No special precautions are required for items laundered at home.
- There is no need to exclude yourself from any social event or public place if you feel well enough to attend.
- There is also no need to avoid close intimate contact with your partner.

## **Can MRSA harm my family and friends?**

MRSA does not harm healthy people, including pregnant women, children and babies. MRSA can affect people who have certain long-term health problems, such as renal failure or diabetes. Please ask your GP or district/community nurse if you have specific worries in relation to friends and family.

## **Will I need treatment for MRSA when I go home?**

If you are colonised (have MRSA without any sign of infection) it is unlikely that you will need to continue with your treatment when you go home. However, if you are discharged and prescribed antibiotics it is important that you complete the course.

## **What about screening?**

You will not normally be screened for MRSA at home. If there is a medical reason, for example a wound becomes red or a new sore develops, a swab may be taken to identify if any infection is present.

## **What is my pre assessment MRSA screen is positive?**

You and your GP will be informed by the hospital that you are MRSA positive. You will commence treatment to try and remove or reduce MRSA. Ideally we require two negative MRSA screens before your surgery. When this is not possible your consultant will discuss further options with you.

## **Can I forget all about it when I leave hospital?**

When you go home, you can carry on with life as normal. You should let your GP and any community nurses or staff that visit know that you have MRSA. Your GP will be informed by the hospital after you have been discharged but, this may take several days.

If you come back in to hospital please inform medical and nursing staff that you have had MRSA in the past. This is important as it will ensure that you get the right treatment straight away. You will probably be isolated and swabs will be taken to see if you are still carrying MRSA.

The ward staff will inform your district nurses / practice nurses before you go home.



## Will I always have MRSA?

Some people get rid of MRSA very quickly, for others it takes much longer. Even if you have had negative swabs, MRSA can still be there as the number of germs can be so small that it cannot be detected.

It is important to remember that unless you are having any problems or are unwell and need to come into hospital, MRSA is not a problem.

## Further information

### If I need more informaton, who can I speak to?

If nurses on the ward are not able to answer all of your questions, you can ask them to contact the infection control nurses who will be able to give you more information about MRSA.

### All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

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كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعية الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clàistinn no riochd eile a tha sibh airson a thaghadh.

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