

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
MRSA ACTIVE SURVEILLANCE SCREENING GUIDANCE**

=====

Effective Date: June 2010

Cross Referenced: CDC/NJ Senate Bill 2580

Reviewed Date: 5/13

Revised Date: 5/13

Policy No: IC004

Origin: Infection Control

Authority: Administrative Director

Page: 1 of 5

=====

SCOPE

Employees, physicians, patients, and visitors at Hackettstown Regional Medical Center Hospital.

PURPOSE

To outline the procedures for:

1. Active Culture Surveillance MRSA Screening in high risk patients.
2. Identification / Isolation / Charting/ Flagging of MRSA positive patients.

DEFINITIONS

- I. MRSA:** Methicillin-resistant *Staphylococcus Aureus* (MRSA) is a type of staph bacteria that is resistant to certain antibiotics called beta-lactams. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin, and amoxicillin. In the community, most MRSA infections are skin infections. More severe or potentially life-threatening MRSA infections occur most frequently among patients in healthcare settings. While 25% to 30% of people are colonized* in the nose with staph, less than 2% are colonized with MRSA. (Gorwitz,2008)
- II. Colonization:** The presence of bacteria on a body surface (like on the skin, nares, mouth, intestines or airway) without causing disease.
- III. Infection:** Invasion and multiplication of microorganisms in body tissues, especially that causing local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response.
- IV. PPE:** Specialized clothing or equipment worn by employees for protection against health and safety hazards. (i.e. Gloves, gowns, masks, goggles)
- V. Community acquired MRSA:** (CA-MRSA) MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters)
- VI. Hospital acquired MRSA:** (H-MRSA) persons who have had frequent or recent contact with hospitals or healthcare facilities (such as nursing homes or dialysis centers) within the previous year, have recently undergone an invasive medical procedure.

POLICY

- I. Active Surveillance Screening (ACS):** As defined in Senate Bill #2580 NJ 212th Legislature.
 1. ACS testing will be done on all high risk patients defined as:
 - a. Any patient with history of MRSA Infection/ Colonization.
 - b. Every ICU admission. (direct or transfer)
 - c. Patients from Long Term Care Facilities.
 - d. All hemo-dialysis patients.

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
MRSA ACTIVE SURVEILLANCE SCREENING GUIDANCE**

Effective Date: June 2010

Cross Referenced: CDC/NJ Senate Bill 2580

Reviewed Date: 5/13

Revised Date: 5/13

Policy No: IC004

Origin: Infection Control

Authority: Administrative Director

Page: 2 of 5

2. Emergency Department to collect MRSA Nares cultures when the high risk patients are admitted through the ED. Direct admission patients in the high risk category MRSA Screening should be performed by receiving department. Screening *should* be complete before antibiotic treatment begins and needs to be collected during the first 24 hours of the patient stay.
3. Standing order form **MRSA NARES SCREEN** will be used.
4. Screening cultures will be done in accordance with HRMC laboratory policy for specimen

PROCEDURE:

- I. Screening cultures will be done in accordance with HRMC laboratory policy for specimen Collection; **PROCEDURE NARES SWAB**

Both nostrils will be sampled with a paired sterile culture swab, using the following procedure collect the swab:

- Wash hands and put on clean gloves.
- Open the double-swab collection device by peeling back the outer packaging.
- Remove the plastic transport tube. Twist off the tube cap and discard it. Note: the swabs should stay attached to the red cap at all times.
- Assist the patient or ask him/her to tilt head back.
- Insert swab tips into each nostril. BOTH SWAB TIPS to culture BOTH NARES. Note: Insert only the white Dacron tip into the nostril and not any further in.
- *Rotate the swab against the inside of each nostril for 3 seconds - slight pressure with a finger on the outside of the nose helps to assure good contact between the swab and the inside of the nose.*
- **Using the same swab**, repeat for second nostril, trying not to touch anything but the inside of the nose.

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
MRSA ACTIVE SURVEILLANCE SCREENING GUIDANCE**

=====

Effective Date: June 2010

Cross Referenced: CDC/NJ Senate Bill 2580

Reviewed Date: 5/13

Revised Date: 5/13

Policy No: IC004

Origin: Infection Control

Authority: Administrative Director

Page: 3of 5

=====

- Return swab to the plastic transport tube and make sure the red cap is on tight.
- Label the plastic transport tube with appropriate patient identifiers. (It is not necessary to label left and Right Nares: as BOTH Nares should be cultured)
- Transport labeled nares swab at ambient temperature to the microbiology laboratory (specimen processing area) in the plastic transport bag.

II. While awaiting testing results:

- a. Patient with **history of MRSA** will be treated as MRSA positive:
 - Patient maintained on Contact Precautions.
 - Patient & visitor education regarding isolation precautions and MRSA. Education can be located on *S:\Performance Improvement Dept\INFECTIOUS CONTROL\Patient EDUCATION*
- b. Patient with **no history of MRSA**:
 - Patient maintained on standard precautions.

III. MRSA Positive Results:

- c. The laboratory notifies the patient unit and Infection Prevention of a positive MRSA result. RN receiving report must document the result and communicate to the LIP.
- d. Patient is placed on Contact Isolation Precautions (*refer to policy# IC003: Transmission Based Precaution & #IC008: Personal Protection Equipment*)
- e. Patient & visitor education regarding isolation precautions and MRSA. Education located on- *S:\Performance Improvement Dept\INFECTIOUS CONTROL\Patient EDUCATION*

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
MRSA ACTIVE SURVEILLANCE SCREENING GUIDANCE**

=====

Effective Date: June 2010

Policy No: IC004

Cross Referenced: CDC/NJ Senate Bill 2580

Origin: Infection Control

Reviewed Date: 5/13

Authority: Administrative Director

Revised Date: 5/13

Page: 4 of 5

=====

- f. Infection Prevention documents MRSA result in Problems and Diagnosis section in Cerner and updates the PM conversation: Infection Control.
- g. Infection Prevention performs surveillance and monitors HRMC MRSA Incidence, Prevalence, and rates. MRSA ACS compliance and deviations from baseline rates will be reported to Nursing Leadership, ICCM, and Critical Care Committee.

VII. Flagging System for Readmission:

- a. Infection Prevention and nursing will be responsible for entering the computer flag for drug resistant organisms in Diagnosis/Problems and in PM Conversation Infection Control.
- b. Patients with history of MRSA will be isolated on admission or readmission to Hackettstown Regional Medical Center.

VIII. General MRSA Guidelines for colonized/infected Inpatient :

- h. Disposable dishes are unnecessary. Regular food service trays are allowable.
- i. All soiled linen should be bagged at the location where it is used. It should not be sorted or rinsed in the patient care area. Linen that is heavily soiled with moist body substances that may soak through a linen bag must be placed in a impervious bag to proven leakage. Linen handlers must wear barrier protection, which includes gloves, and take special precaution with soiled linen by bagging to proven leakage. Soiled linen need not be washed separately
- j. Routine waste from all patients' rooms is considered dirty, not infectious. Persons assigned to handle trash should wear gloves, wash hands, and report all accidents.

- 1. Daily, routine cleaning must be done in all patients' areas to reduce bacterial load. Cleaning must be done with a disinfectant registered with the EPA and performed in a

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
MRSA ACTIVE SURVEILLANCE SCREENING GUIDANCE**

Effective Date: June 2010

Cross Referenced: CDC/NJ Senate Bill 2580

Reviewed Date: 5/13

Revised Date: 5/13

Policy No: IC004

Origin: Infection Control

Authority: Administrative Director

Page: 5 of 5

sanitary manner as is done in all rooms regardless of the presence of MRSA.

2. Equipment should be routinely cleaned, disinfected or sterilized per hospital policy. (*IC021 Cleaning of Non-critical, Reusable Patient Care Equipment*)

Related Policies:

MRSA Orthopedic Surgery MRSA Screening and Decolonization

MRSA Perinatal Recommendations

Transmission Based Isolation Precautions #IC003

Personal Protection Equipment #IC008

Hand Hygiene #IC001

Cleaning of Non-critical, Reusable Patient Care Equipment #IC021

REFERENCES

Gorwitz RJ et al. Journal of Infectious Diseases. 2008;197:1226-34.).

Guideline for Isolation Precautions: Preventing Transmission of Healthcare Settings 2007. Siegel J, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. Centers for Disease Control and Prevention, June 2007.

http://www.cdc.gov/ncidod/dhqp/gl_isolation.html

Senate, No. 2580; State of New Jersey; 212th legislature; Assembly, No. 4179 State of New Jersey. C.26:2H-12.35 – C.26:2H-12.38.

Klevens RM, Edwards JR, Tenover FC, McDonald LC, Horan T, Gaynes R. National Nosocomial Infections Surveillance System. Changes in the epidemiology of methicillin-resistant *Staphylococcus aureus* in intensive care unites in US hospitals, 1992-2003. *Clin Infect Dis.* 2006; 42: 389-391.

Klevens RM, Morrison MA, Nadle J, Petit S, Gershman K, Ray S, et al. Invasive methicillin-resistant *Staphylococcus aureus* infection in the United States. *JAMA* 2007; 298: 1763-1771.