

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
PERINATAL MRSA MANAGEMENT**

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Effective Date: March 2012

Policy No: IC004a

Cross Referenced: MRSA Elimination Guide, APIC 2007

Origin: Infection Control

Reviewed Date: 3/12, 5/13

Authority: Administrative Director

Revised Date: 3/12, 5/13

Page: 1 of 4

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SCOPE:

All employees working in Maternal Child Health department of HRMC

PURPOSE:

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

The existence of MRSA colonization in pregnant women has potential risks for newborns and basic infection control practices are key to the prevention and control of MRSA in this specialized population.

DEFINITIONS:

- I. **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.
- II. **Colonized:** When a person carries the organism/bacteria but shows no clinical signs or symptoms of infection.
- III. **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)
- IV. **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. The existence of MRSA colonization in pregnant women has potential risks for newborns and basic infection control practices are key to the prevention and control of MRSA in this specialized population.
- II. Distinctions and procedures differ in this patient population because it involves two patients (mother and baby).

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Page: 2 of 4

PROCEDURE:

I. Identification of MRSA Colonization or Infection Mother:

- A. Patient identified as having history of or active MRSA soft tissue infection:
 - Assess area of soft tissue involvement to assess for active infection.
 - If area is open and draining-collect a wound culture.
 - If area is old and healed-there is no longer active infection.
 - Collect a **MRSA nares Swab** screen to rule out colonization.
- B. Patient with history of nasal MRSA colonization:
- C. Collect MRSA Nares Swab to screen for active colonization. (Pre-delivery would be best)

II. Identification of MRSA Colonization infant:

- A. MRSA culturing of infant is at Pediatricians discretion.

III. Control

Place all mothers/ infants awaiting MRSA culture results on Contact Precautions. For patients in the labor and delivery suite, contact precautions should be maintained throughout the pre-op, operating room and recovery areas.

A. Placement:

- 1. Private room shared with infant.
- 2. Isolation Precaution Status needs to be ordered in Cerner.
- 3. Isolation Precaution cart with personal protective equipment should be placed at door way.
- 4. Isolation Precaution sign should be hung on door.

B. Gloves and Handwashing

- 1. Perform hand hygiene
- 2. Wear gloves (clean, nonsterile gloves) when entering the room. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material and wound drainage).
- 3. Remove gloves before leaving patients environment and perform hand hygiene.

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Page: 3of 4

C. Gown

1. Wear a gown (a clean, nonsterile gown) when entering the room if your clothing will have ANY contact with the patient, environmental surfaces, or items in the patient's room.
2. Remove the gown before leaving the patient's environment and discard.
3. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments. *Category IB*

D. Patient-Care Equipment

1. When possible, dedicate the use of noncritical patient-care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients.
2. If the use of common equipment or items, then adequately clean and disinfect them with hospital approved wipes before use on another patient.

IV. Caring for mother and infant:

- A. The healthcare worker needs to engage in meticulous hand hygiene between mother and infant.
- B. Move from “clean” to “dirty” in areas of patient care:
 - Assess infant first.
 - Then assess mother performing hand hygiene between patients and donning of new clean gloves.
- C. Assist mother with hand hygiene before handling infant. Provide her with education about performing hand hygiene often.

V. Transporting a patient out of room:

A. MOTHER

1. Limit the movement and transport of the patient from the room to essential purposes only.
2. If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment. *Category IB*
3. Before patient leaves room for transport, the patient should apply a clean gown, and be provided with assistance in performing hand hygiene.

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Page: 4 of 4

B. BABY

1. Limit the movement and transport of the patient from the room to essential purposes only.
3. If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment.
4. Use a second crib for transport, allowing the “contaminated” crib to remain in the patients room. Change infants t-shirt to a clean and transfer baby into clean crib with clean linen for transport. (*Ensure appropriate infant identification is with baby)

VI. Visitors:

- A. Visitors should be encouraged to follow recommendations and use of PPE while visiting to reduce the potential of transmitting infections. At a minimum; visitors should be instructed to perform hand hygiene upon leaving patients room.

REFERENCES:

Guide to the Elimination of Methicillin-Resistant Staphylococcus aureus (MRSA) transmission in hospital Settings, APIC2007CDC; APIC; NNIS Surveillance system report; data from 1986-1996.

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

Chen KT, Huard RC, Della-Latta P, Saiman L. Prevalence of methicillin-sensitive and methicillin-resistant Staphylococcus aureus in pregnant women. Obstet Gynecol 2006; 108: 480-1.