

HACKETTSTOWN REGIONAL MEDICAL CENTER
Administrative Policy and Procedure

SECTION: PATIENT CARE SERVICES

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**TITLE: ACTIVE SURVEILLANCE FOR METHICILLIN-RESISTANT
STAPHYLOCOCCUS AUREUS (MRSA) COLONIZATION IN
DESIGNATED POPULATIONS WITH FOCUSED INTERVENTIONS**

PURPOSE

To develop a comprehensive strategic plan to detect, prevent and control infection and colonization with MRSA.

SCOPE

This policy applies to all patients admitted/transferred to the Intensive Care Unit of HRMC.

SUPPORTING DATA

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. Aug. 2, 2007; Management of Multidrug-Resistant Organisms in Healthcare Settings 2006 CDC.

DEFINITIONS

Staphylococcus aureus- (Staph aureus) – a type of bacteria commonly found in the environment and sometimes found in the nose and on the skin of healthy people.

MRSA- Methicillin-Resistant Staphylococcus Aureus a subgroup of Staphylococcus aureus that cannot be killed by many frequently used antibiotics, including methicillin. If a bacterium is resistant to many antibiotics, treating the infections it causes can be very difficult or even impossible.

Colonization- when bacteria are present, but do not cause illness. A person may be colonized with bacteria and feel fine.

Decolonization- the use of antibiotics to treat colonized patients for the purpose of reducing the magnitude of the reservoirs for MRSA. The need for decolonization should be based on the patient's medical condition and expected outcome.

POLICY

As per HRMC's Infection Control Committee recommendation, all patients admitted to or transferred into ICU will be screened for MRSA nasal colonization at the time of admission and at the time of discharge/transfer if ≥ 72 in ICU. Patients with positive MRSA results will have contact precautions initiated to contain transmission. Decolonization of these patients will be at the discretion of the physician or LIP (Licensed Independent Practitioner).

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ROLES AND RESPONSIBILITY

- 1) The Emergency Department nurse will obtain the MRSA screening culture in the ED on any patient being admitted to the ICU.
- 2) The ICU nurse will obtain the MRSA screening culture in the ICU upon arrival of the transfer patient.
- 3) The ICU nurse will obtain a second MRSA screening culture in the ICU at the time of discharge/transfer from ICU, if the patient has been in ICU ≥ 72 hours.

PROCEDURE

- 1) A preprinted standing physician order sheet for the MRSA nasal screen will be stamped, dated/timed and placed in the patient's medical record.
- 2) The appropriate line will be checked to indicate which criteria for MRSA screening is being met.
- 3) The RN will sign, time and date where indicated on the physician order sheet when the MRSA screen has been completed.
- 4) Enter one order in Affinity for "MRSA Screen" designate as NOW so labels and a slip will print out on the unit.
- 5) Use one red-capped nasal culturette containing 2 swabs to collect the nasal specimen.
 - A. Carefully insert the swab into the patient's nostril. For adults the swab tip must be inserted approximately 1 inch (2.5 cm). Roll the swab 5 times, then insert the swab into second nostril and roll swab 5 times. Repeat the process with the second swab.
 - B. Place both swabs in container apply label while at bedside and send to lab.
- 6) MRSA positive tests results are a critical value and will be reported by the laboratory staff to the RN in accordance to policy and procedure. The RN receiving the communication must document the result and confirm via read back and verified policy. Patient is then placed on contact precautions.
- 7) Decision to decolonize a positive colonized patient will be at the discretion of the attending physician. If the physician elects to decolonize they will be advised to follow the protocol set forth by the Infectious Disease physician in charge of Infection Control at HRMC.

RE-EVALUATION

Patients who are treated for active infection of MRSA can be retested in accordance with IC policy 8762.06.

SPECIAL CONSIDERATIONS

Read Back and Verify

2 Patient Identifiers

Contact/Standard Precautions

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REFERENCES

APIC Text of Infection Control & Epidemiology (2nd Edition) January 2005

Administrative Policy AD85; Patient Identification

Administrative Policy AD113; Verbal/Telephone Order/Test Result with Readback and Authentication

APPROVALS

Pharmacy & Therapeutics Committee, January 8, 2008

MRSA Screening Team, January 29, 2008

Operations Council, January 29, 2008