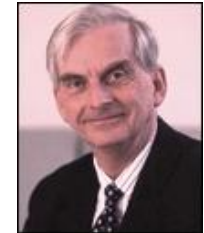







Patron:
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Advice for those affected by MRSA outside of hospital

If you have MRSA this booklet provides
information to help manage your day-to-day life

 Telephone: 07762 741114 or 01337 841 098
 Email: info@mrsaactionuk.net
 Internet: <http://mrsaactionuk.net>



Information about MRSA is available on our website in audio format, source information will also be available in other languages from the Department of Health and details can be found on our website.

**We can also make this information
available in large print**

What we should be doing

- Staff should always clean their hands before and after each care activity.
- Staff should use correct hand hygiene procedure.



1. Palm to palm.



2. Right palm over the back of the left hand and vice versa.



3. Palm to palm and fingers interlaced.



4. Backs of fingers to opposing palms with fingers interlocked.



5. Rotational rubbing of right thumb clasped in left palm and vice versa.



6. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.

How should we be doing this

- **Preparation:**
Wetting hands under running water before applying liquid soap.
- **Rinsing:**
Hands should be rinsed thoroughly before they are dried.
- **Washing:**
The hand wash solution must come in to contact with all surfaces of the hand.
- **Drying:**
A good quality paper towel should be used throughout.



This handwashing technique applies if you are using soap and water as described above. You should also use the technique shown in 1 to 6 if you are using alcohol hand rub, just push the pump and spread the alcohol rub in the same way. Help nursing staff by having a supply of soap and a clean towel available if they are visiting you at home.

Advice for those affected by MRSA outside of hospital

If you have MRSA this booklet provides information for managing your day-to-day life



There are lots of different types or families of germs found on the human body and in the environment around us. One of these families of germs is called *Staphylococcus aureus*. MRSA belongs to this family.

Staphylococcus aureus

Staphylococcus aureus (*S. aureus*) is found on about a third of the population. It usually lives in the moist areas such as armpits, groin and nose, although it can be found on other parts of the body such as your hands. Mostly, it causes no problems, though like any other germ, it can cause infections. In particular, *S. aureus* can cause skin-related problems such as pimples and boils. These germs can cause more serious infections if they get into sites where they would not normally be found, for example through cuts or surgical wounds. This family of germs is treatable with a wide range of antibiotics and is known sometimes as MSSA, or **meticillin sensitive** *Staphylococcus aureus* (meticillin being a type of antibiotic).

MRSA

MRSA (meticillin **resistant** *Staphylococcus aureus*) is when *S. aureus* becomes resistant to meticillin, meaning that there is a reduced choice of antibiotics available to treat it, although it is still treatable with other antibiotics.

How it is spread

MRSA exists throughout the community. It is more common in hospitals and care homes where people are having medical procedures and are being cared for. Mostly the germ does not cause harm to people unless it gains entry to the body via a break in the skin. Normal social contact such as holding hands or hugging does not usually present a risk.

People with breaks in their skin such as a sore or surgical wound, or those who have medical tubes in place, should keep them covered with a dressing to limit the risk of the germ getting into the body. They should also be sure to wash their hands before and after changing their dressings or touching their wounds. This is because germs are most commonly passed on from the hands.

Understanding the difference between MRSA colonisation and MRSA infection

MRSA colonisation

About 30% of the general population are **colonised** with *S. aureus*. In about one tenth of these cases (3% of the population overall), the *S. aureus* is MRSA and these people are said to be **colonised** with MRSA. People colonised with or carrying MRSA on their skin and/or nose ARE NOT ILL. Some of us carry it for a few hours, or days, while others carry it for weeks or for their whole lives. Most people will be unaware that they carry MRSA, because it does not harm them and they have no symptoms.

MRSA infection

MRSA can cause harm when it gets an opportunity to enter the body, for example through a cut or wound. It can cause pimples and boils, or more serious problems such as wound infections and chest infections. In more serious cases it can cause bloodstream infections.

Dealing with MRSA

On the whole, colonisation with MRSA does not require treatment. If, however, you need a healthcare procedure or surgery, there may be an increased risk of infection, (because this makes it possible for MRSA to enter the body). Your healthcare professional will consider whether you need to be 'decolonised'. This means removing as much of the MRSA as possible. Decolonisation can be carried out either in hospital or at home. It will usually include treatment with bodywash, antiseptic shampoo and nasal cream, in order to remove MRSA from the body, hair and nostrils respectively. If you are being treated for an MRSA infection, you may be given antibiotics to take orally, to rub on your skin or by a drip. There are some specific precautions that you should take while you are being decolonised or treated for an infection to ensure that this is effective (please see the last section of this leaflet, 'Around the house').

Safety and effectiveness of home treatment

Your healthcare professional will decide whether it is safe for you to be decolonised or treated at home. If you need treatment or decolonisation and there is no other reason for you to be in hospital, then it is safe for you to be treated at home. This can offer benefits such as enabling you to be cared for in the comfort of your own home, as well as assisting hospital staff in controlling the spread of infection. The decolonisation regime can be done simply and effectively at home. If you have had a bloodstream infection, your healthcare professional may decide that it is safe for you to continue your treatment at home and may arrange for a nurse to visit you at home and give you your antibiotics. The important thing to remember is to follow your treatment instructions carefully and make sure you complete it.

Tackling MRSA: how you can help

It is the responsibility of everyone who comes into contact with the NHS (from patients to healthcare staff, from managers to visitors) to help tackle infection and promote safe, clean care.

Tackling infection is everyone's business. However, you can play an important role in reducing risks, by taking some specific actions, and this section focuses on such issues.

Pay particular attention to hygiene

Because they are an important route through which the germs are passed on, hands should be washed regularly, especially before and after wound care and handling any drips or tubes that enter your body. This is especially important if you are involved in changing or handling a dressing from a wound. Even when gloves are worn as an extra barrier, they should be thrown away with the soiled dressing.

Hands should then be thoroughly washed again.



Take precautions when looking after wounds

If you have MRSA there is a small risk to those people with whom you come into contact, if they have open wounds, intravenous lines, catheters or if they have chronic skin conditions. In addition to general maintenance of good hand hygiene, the most effective way to reduce the risk is for them to take sensible precautions such as covering open wounds, cuts and abrasions with a waterproof dressing or plaster.

Frequently asked questions

How will I know that I am colonised?

If you are colonised you will not have **any** symptoms at all, this is because the germ has not caused an infection.

How will I know that I have an infection?

If you develop a general infection you may feel unwell, hot, lethargic and have a poor appetite. There are **5 signs** that can help you recognise any wound infection (including an MRSA infection):

- heat
- redness
- pus
- swelling
- pain

If you have any doubts, you should contact your GP or NHS Direct for advice.

How much of a risk am I to other people?

If you have MRSA, you do not normally present a risk to generally healthy people in the community (including elderly people, pregnant women, children and babies).

What about personal and sexual relations?

You should continue your normal life and this can include maintaining a normal relationship with your partner without restriction. If you do have MRSA, it is unlikely to harm your partner. While close contact could lead to your partner becoming colonised, this will not present a significant risk. If you are undergoing a decolonisation regime, say prior to surgery, you should ensure that you complete the treatment as advised by your healthcare professional, in order to reduce risk.

What if I am pregnant or a nursing mother?

If you are pregnant, and fit and healthy, there are no additional risks from MRSA. Breastfeeding is safe for you and your baby. However, in common with the usual advice given to breastfeeding mothers, if you notice certain symptoms, you should contact your GP, midwife or health visitor for advice. These include:

- painful breasts
- red patches or a sense of 'lumpiness' around the breasts
- flu-like symptoms, including a temperature

These symptoms indicate that you may have mastitis but this may or may not be MRSA. It is important that you tell your healthcare professional that you have or have had MRSA so that they can treat you appropriately.

Can my child go to school/nursery?

Children in whom MRSA has been detected can attend nursery and go to school as normal (see also the advice about leisure below). You do not have to inform the school or nursery.

Can I do my normal leisure activities and go to work?

MRSA colonisation does not prevent you going about your usual activities, including socialising, swimming, going to the gym etc. Regardless of whether you have MRSA or not, you should avoid swimming if you have a sore or open wound, and cover sores and wounds completely with a waterproof dressing if you are taking part in sports.

In general, you will be able to go to work as normal. However, if you work in a healthcare setting, and have an MRSA infection, you should contact your GP or occupational health service for advice.

Do I have to tell people that I have MRSA?

You do not have to tell anyone that you have MRSA, (this may be dependent on your occupation and terms and conditions of employment). However, if you seek medical advice or visit the hospital for treatment, you should share this information with your healthcare practitioner. This is important because they might decide that you need an invasive procedure that may require decolonisation in advance.

Can I expect to be screened for MRSA?

Screening means that swabs will be taken from various parts of your body and tested for MRSA. You will be informed of the results. These results will help healthcare staff decide the safest way to proceed with your treatment.

Since 2009, all hospitals have screened patients who are admitted for a planned stay. Since 2011 patients who come into hospital in an emergency are also screened.

What about my pet?

Pets pose minimal risk in the spread of MRSA. In general, the germs that live on humans are different from the germs that live on animals. Occasionally, human germs may pass to animals, and that includes MRSA. MRSA is not common in animals, although it is possible for a pet to become colonised with MRSA and develop an infection. Likewise, it may be possible (although it is extremely rare) for an animal with MRSA to pass these germs to you. You should always, as a matter of course, wash your hands after handling your pets, and keep wounds covered.

Can I still go to a care home?

Yes. As long as there is no other reason for you to be in hospital, it is safe for both you and the other residents, providing sensible precautions – such as regular hand washing by staff and visitors – are taken. Your care home should already follow good basic hygiene principles.

It is safe for you to share a room, as long as neither you nor the other occupant has open sores, wounds, drips or catheters. You can also join other residents in communal areas. Any sores or wounds should be covered with a dressing.

What is PVL? You may have heard of the PVL type of *S. aureus*. PVL stands for Pantan-Valentine Leukocidin. A small proportion of *S. aureus* germs (2%) are the PVL type. These infections are rare in the UK and are not common in hospitals. This rare type can cause more severe infections, but they can still be treated with antibiotics.

Around the house

While special cleaning measures are not required, good hygiene and cleaning procedures in your household, will lower the risk of potential spread of MRSA.

Keep surfaces dust-free and regularly vacuum carpets. Clean your bath, shower, basins and toilets regularly with your usual cleaning products.

You should wash your clothes, bedding and linen as normal using your usual washing powder or liquid detergent at the hottest temperature suitable for the fabric. Wash towels, bedding and underwear separately, taking care not to overload your machine. You can tumble dry or line dry and iron clothes as normal.



Additional precautions

If you are being decolonised or treated for MRSA infection, there are some extra precautions to be taken. These will help get rid of as much MRSA as possible from your body, and will help reduce the chance of you becoming recolonised. *(You do not have to do these if you are colonised but not being treated.)*

Additional precautions for those undergoing decolonisation or treatment

Towels

You should not share personal towels and should change yours daily for the duration of your treatment.

Washing and bathing

You can use your bath or shower and will probably have a special body wash and shampoo prescribed by your doctor.

Clothing

After washing, it is important that fresh clothing is worn, also that fresh night clothes are worn each night, for the duration of your treatment.

Bedding

This should be changed daily for the duration of your treatment.

Razors and shaving equipment

Even if you do not have MRSA, you should not share razors or other shaving equipment such as brushes and soaps because of the possibility of breaking the skin, allowing germs to enter your body and cause infection. If you are being decolonised or treated for infection you should take the additional precaution of using a pump action shaving cream or gel rather than a bar of soap to reduce the risk of re-colonisation

At a glance

Can I still do these? Activity	I have MRSA and: I don't need treatment	I am being treated
Swimming	Yes (but not if you have open wounds)	Yes (but not if you have open wounds)
Work	Yes – as normal	Yes – as normal
School and nursery	Yes – as normal	Yes – as normal
Friends and partners	Yes – keep any open wounds covered	Yes – keep any open wounds covered
Partners and sexual relationships	As normal	As normal
Breastfeeding	Yes – be aware of signs of mastitis as usual	Yes – be aware of signs of mastitis as usual
Cleaning the house	Usual cleaning regime	Usual cleaning regime
Laundry	Wash clothes at hottest temperature for the fabric using usual detergent. Avoid overloading the machine, keep items such as towels, bedding and underwear separate from the main wash	Wash clothes at hottest temperature for the fabric using usual detergent. Avoid overloading the machine, keep items such as towels, bedding and underwear separate from the main wash
Pets	Wash your hands after handling pets	Wash your hands after handling pets
Care home	You can go back to your care home as normal. Wounds should be covered	You can go back to your care home as normal. Wounds should be covered
Towels	As normal	You shouldn't share personal towels and should change them daily
Washing and bathing	As normal	Follow treatment instructions given by your healthcare professional
Shaving	Don't share shaving equipment	Don't share shaving equipment
Clothes	As normal	Use fresh clothes/nightware daily

Reference: Infection Prevention Society and Department of Health – April 2008
Bloomfield SF, Exner M, Signorelli C, et al (2011). The infection risks associated with clothing and household linens in home and everyday life settings, and the role of laundry

RIGHT PLACE: RIGHT TIME HAND HYGIENE



Toilet		✓	✗
Eating		✓	✗
Visiting patients		✓	✓
Medical visits		✓	✓
Coughs & sneezes		✓	✗

GENERAL HAND HYGIENE

It's good to get into the habit of washing hands regularly particularly:

- after using the toilet / changing nappies
- after touching animals or animal waste
- after handling rubbish
- before meals
- before and after preparing food and drinks
- after blowing your nose, coughing or sneezing
- when hands look or feel dirty

References to clinical evidence and information is available on the MRSA Action UK website at <http://mrsaactionuk.net/references.html>

For more information about MRSA or other healthcare associated infections in your hospital please speak to your GP, talk to your local hospital or get in touch with us.

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