

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



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Information for patients and carers about MRSA and going into hospital

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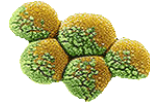
Information about MRSA and going into hospital is available on our website in audio format, source information will also be available in other languages from the Department of Health and details can be found on our website.

We can also make this information available in large print

This leaflet has been written to provide a guide for patients, carers and visitors about MRSA and going into hospital, and deals with some frequently asked questions that you may have.

What is MRSA?

Staphylococcus aureus is a common germ that is found on the skin and in the nostrils of about a third of healthy people. It can cause harm if it enters the body, for example through cuts and sores.



Staphylococcus aureus

Meticillin is a type of penicillin, and is used for testing purposes. MRSA stands for meticillin (M) resistant (R) Staphylococcus (S) aureus (A). MRSA is a type of Staphylococcus aureus that has developed resistance to all penicillin based antibiotics and some others that are used to treat common infections. Strains of MRSA were first found in the 1960s following the widespread use of antibiotics, and occur in many countries. Some people carry MRSA on their skin or in their nostrils quite harmlessly. Some people carry MRSA for just a few hours or days, but other people carry MRSA for weeks or months. They don't know that they carry MRSA because they have no symptoms and it does not harm them. This is called 'colonisation'.

MRSA and other germs can cause problems in hospitals. Complicated medical treatments, including operations and intravenous lines (drips), provide opportunities for germs to enter the body. MRSA and other types of *Staphylococcus aureus* can cause local skin infections such as boils and, in more vulnerable patients; they can cause more serious infections in wounds, bones, lungs and blood (bloodstream infections).

How do you know if someone has MRSA?

People who carry MRSA do not look or feel different from anyone else. The MRSA does not harm them and they have no symptoms of infection. When patients come into hospital, a nurse may take swabs for laboratory tests to check for MRSA.

Patients who have an infection may develop signs and symptoms, such as a high temperature or a fever. An infected wound may become red and sore and discharge pus. Many different germs can cause these signs and symptoms. Laboratory tests can show whether MRSA or other germs are the cause.

How do hospital staff care for patients with MRSA?

A nurse may take swabs from different parts of the patient's body to check if MRSA is present. People who carry MRSA or have an MRSA infection can be treated with antibiotics.

A patient who carries MRSA may be treated with antiseptic shampoo and body wash, which reduce or remove MRSA from hair, skin and nostrils. A patient who is infected with MRSA is usually treated with an antibiotic which is given through an intravenous line (drip).

How does MRSA spread?

If people have MRSA on their hands, they can transfer it to people and objects that they touch. Other people can then pick it up on their hands and pass it on to others.

How do hospital staff stop MRSA spreading?

There are many people in the community who may have the MRSA germ without showing any symptoms. By screening (performing a simple swab test) before your operation, the hospital can find out who is carrying MRSA and provide treatment before you are admitted to hospital.

If someone is found to have MRSA during their stay, simple hygiene measures reduce the risk of spreading MRSA

- Everyone should clean their hands before and after touching patients, and make sure that they use the alcohol rub provided
- Hands should be cleaned with soap and water, and for clinical care, alcohol hand rubs

- Staff will wear gloves and aprons when they care for a patient who has MRSA
- Patients who have MRSA may be moved to a room on their own or into a separate area for people who have MRSA

Do patients have to stay longer in hospital because they have MRSA?

Patients who have an MRSA infection or any other infection may have to stay in hospital until it shows signs of clearing up.

They may stay until they have completed their course of antibiotics or they may need to continue treatment when they go home. A patient who has MRSA can go home or be cared for safely in a nursing home or residential home, using simple hygiene measures.

Can MRSA harm friends and family visiting patients in hospital?

MRSA does not usually affect healthy people. It does not usually harm elderly people, pregnant women, children and babies. But it can affect people who have serious health problems, and people who have chronic skin conditions or open wounds.

Nurses can give you advice, which reflects the hospital's policy. You should ask nurses for advice if:

- Someone who has a long-term health problem wants to visit a patient who has MRSA.
- A patient who has MRSA wants to visit another patient in the hospital.

Visitors can reduce the risk of spreading MRSA to other people if they do not sit on beds and if they clean their hands using alcohol hand rub or washing hands prior to leaving.



Going into hospital – some useful tips

If you are going into hospital or receiving any clinical care as an outpatient there are some simple steps you can take to reduce the risk of getting an infection. Staff at your GP surgery and at the hospital will be happy to discuss any concerns you have about any aspect of your care. You may find it useful to write down a list of questions you wish to ask.

Some useful tips on questions to ask and things you can do

Ask your GP about screening for MRSA. Nasal swabs and swabs from other parts of the body such as the groin, underarm and perineum are routinely taken for emergency admissions and some procedures to test to see if you are colonised (carrying MRSA on the skin or in the nose). If you are colonised ointments and antiseptic washes are given to ensure the colonisation is cleared up prior to any surgery.

We recommend showering, bathing and shampooing your hair in antibacterial wash five days prior to surgery, Chlorhexidine wash and Mupirocin may be prescribed by your doctor if you are found to be colonised with MRSA on your skin or in the nose.

It is advisable not to wax or shave the area where you are to have surgery, nicks and cuts can harbour bacteria, surgeons are now using clippers to avoid the risk of introducing surgical site infection, you may want to check this by asking your surgeon.

General hygiene

Before admission you can buy antibacterial washes from any high street pharmacy, it would be advisable not to share soaps and personal items with other patients. Liquid soaps are more convenient, and if you are found to be colonised with MRSA or *Staphylococcus aureus*, we advocate that bars of soap should be avoided for whole body washing as there is evidence that shows bar soap can spread bacteria found on skin to other areas of the body. Do not use sponges and face-flannels should only be used once before washing.

If on admittance the area around your bedside is dirty or if bathrooms are dirty, ask that they are cleaned, do not attempt to do this yourself as this may put you at risk, staff expect to be asked with hospital cleanliness being high profile and shouldn't mind you asking.

Hand hygiene

The number of healthcare associated infections in hospital can be kept down if all hospital staff adhere to good hygiene measures. The most important is to wash hands before and after contact with each patient, and before carrying out any procedure. Bacteria get onto hands very easily, so this simple measure reduces the chance of passing on bacteria from patient to patient. Most staff remember to do this, but sometimes when they are busy they can forget and don't mind being reminded. If this does happen politely, but firmly ask staff to wash their hands before touching you if they have come from another patient or were finishing a task before they came to treat you.

Always wash your hands with soap and water after using the lavatory or commode. Keep nails clipped and avoid wearing rings and jewellery, as these can harbour bacteria. Apply hand rub after washing with soap and water.



Wash your hands with soap and water before eating or preparing food, if you have any food brought in keep it covered, talk to the staff about whether it is appropriate for your visitors to bring in food and ensure it is stored at the correct temperature.

If you need help with washing your hands then ask the nursing staff or get your carer to talk to the staff about any assistance you may need.

Ask your visitors to wash their hands before they come onto the ward and when they leave, ask them not to sit on the bed and that they follow the guidance on visiting times. If your visitors are unwell with a fever or tummy upset ask them not to visit until they have been well for at least 48 hours after they have had any symptoms.

Equipment

Do not tamper with drips or catheters. Some hospitals advise changing the cannula after 3 days, that is the area where the drip enters the body, you may wish to ask staff about this if your cannula has been left in for longer than 3 days without changing. If there are any signs of redness or soreness at drip sites then you should tell the nursing staff immediately.

If you are expected to stay in hospital for longer than 5 days ask your doctor about the benefits of antibiotic-impregnated or silver-Chlorhexidine coated catheters to reduce the risk of infection.

Do not be afraid to ask if equipment is cleaned before any procedure as stethoscopes, blood-pressure cuffs and other items used for daily observations can become contaminated with bacteria.

Personal items

Keep all towels, flannels, toothbrushes, razors separate for your own use, do not share personal items. Avoid walking around in bare feet and dry between your toes after bathing. If someone is colonised with MRSA it is good practice to change towels, flannels and clothing that is directly next to the skin daily.

If you have laundry we advise that it should be bagged and sealed if taking home and washed separately at 60 degrees. If using antibacterial detergent at lower temperatures check it has been tested and proven to be effective against MRSA and C.diff and follow the manufacturer's instructions. Guidance on laundry is available on our website with links to the Institute for Home Hygiene.

Your comfort and peace of mind

Staying warm before surgery can lower the risk of post-operative complications (including surgical site infection). The hospital environment may be colder than your own home so bringing additional clothing, such as a dressing gown, a vest, warm clothing and slippers, can help keep you comfortably warm. You should tell staff if you feel cold at any time during your hospital stay.

Do not try to put up with soreness or discomfort, or be afraid to ask if you feel things aren't right, talk to the ward sister.

Sources: Information about MRSA – the Health Protection Agency 2011

References to other clinical evidence and information is available at 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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