

# Meticillin Resistant Staphylococcus Aureus (MRSA)

Information for patients, staff  
and relatives



## What is MRSA?

MRSA stands for methicillin (M) resistant (R) Staphylococcus (S) aureus (A). It is a variety of a bacterium (germ) called Staphylococcus aureus which does not respond to common antibiotics. Some people call MRSA 'a Superbug' but the germs are not stronger than other germs, they just require different treatment.

## What does MRSA Screening mean?

The screening test for MRSA involves taking swabs. This involves touching the inside of your nose with a large cotton wool bud commonly known as a swab. Another swab is taken from your groin area. The swabs are then sent to the laboratory for testing.

## Why am I being screened for MRSA?

Some people carry MRSA as one of their 'normal' body germs. The aim of screening is to see if you are carrying the germ on your skin or within your nostrils. This

is sometimes called being 'colonised'.

MRSA screening is often done:

- before an operation
- if you are admitted to hospital
- as part of routine maternity screening.

If you have been screened and your results are positive, it means that MRSA has been found somewhere on your body. This does not mean that you have an MRSA infection. If your test results are negative, it means that MRSA was not found.

## I have MRSA what will happen to me?

If you have been told that you have MRSA it doesn't automatically mean you are infected so there's no need to be alarmed.

- If you are colonised with MRSA (just nose or groin positive) you can be nursed in a bay with other patients.

- You will be asked to move to a single room if you are infected with MRSA.

## Can MRSA be treated?

Yes. If MRSA is living harmlessly on your body this does not always need to be treated. You will be asked to use chlorhexidine soap and mupirocin cream to kill the germs, for 5 days. This is called decolonisation therapy. If you have MRSA in a wound or your blood you will receive decolonisation therapy and antibiotics, these may be tablets or via a drip.

## Mupirocin Resistant MRSA

In some cases, the germ has also become resistant to the nasal ointment we usually use. So you will be prescribed the same Chlorhexidine wash for 5 days, but a nasal ointment which is Neomycin and chlorhexidine. This ointment is used exactly the same but it is for 10 days. Please tell your Doctor if you have a peanut allergy.

## How will I know when the MRSA is gone?

People who are colonised with MRSA do not look or feel different from other people.

Two days after you have finished decolonisation therapy, hospital staff will repeat the swabs from your nose and groin to see if the MRSA has gone.

If you have 3 separate negative MRSA screens 1 week apart, we can be reassured that the MRSA has gone.

## Can MRSA come back?

Yes, so if you need to come back into hospital you will be screened again. You might need another course of decolonisation therapy. It might also be necessary to give a longer course of antibiotic treatment if you have an infection. If you come into hospital or if you have an infection, it is important that you tell your doctor you have had MRSA previously.

## Hospital hygiene

Doctors, nurses and other hospital staff must take precautions against the spread of infection. They will wash their hands or use hand sanitiser before and after touching all patients. The main ways to prevent MRSA from spreading are:

- caring for people with MRSA in a single room where clinically indicated.
- staff using gloves and aprons when providing close personal care, and removing them appropriately
- thorough cleaning and disinfection of the environment and equipment
- daily changing and washing of linen, clothing and towels
- thorough hand washing using soap and water, especially after using the toilet and before eating.
- If you prefer, special laundry bags are available from the nurses for your clothing so your relatives / carers can put the bags directly in the washing machine at home.

## What about my family?

We all have our own germs that live on our bodies. MRSA on your skin does not harm healthy people, including pregnant women, children and babies.

You can continue to have normal social contact. MRSA can affect people who have certain long-term health problems. If you are in doubt please discuss it with the staff looking after you.

## Can I still have visitors?

We ask that visitors who are unwell themselves must not visit until they are better. Visitors do not need to wear gloves and aprons but they must wash their hands or use the hand sanitiser before and after visiting anyone in hospital. This protects patients and prevents the spread of infections to others. If your visitors are going to see another patient on the same day, they should come to see you afterwards. Please adhere to local infection prevention and control guidance. The Trust reserves the right to refuse or

end a visit if safety cannot be maintained.

## How did I catch MRSA?

It is often not possible to say where somebody developed MRSA colonisation. You may have been in contact with somebody else who had MRSA while you were in hospital or before you came into hospital. You might have developed a strain of MRSA due to previous courses of antibiotic, especially if you did not complete the course.

## Will I have to stay in hospital longer?

If you have an infection caused by MRSA you might need to stay in hospital for treatment until the infection improves. If you are colonised with MRSA, you do not need to stay in hospital. You will need to finish your decolonisation therapy at home.

## Other information about MRSA

To remove MRSA from your clothes and bedding wash on

the maximum temperature the fabric can tolerate for greater than 15 minutes.

## Where can I get more information about MRSA?

Please speak to any of the ward staff who are caring for you. If your doctors or nurses are unable to answer your questions or if you require further information, the infection prevention and control nurses are available via switchboard at the Countess of Chester Hospital – 01244 365000.

## Instructions for MRSA Decolonisation

Using Antiseptic Skin Cleanser (Chlorhexidine 4%):

- individuals should shower or be bedbathed daily for 5 days with skin antiseptic
- this includes daily hair washing if possible
- particular attention must be paid to the armpits, groin and any other skin folds on the body

- the skin antiseptic must be applied directly to the hair and skin, as you would shampoo or liquid soap
- repeat the process as two applications = 1 dose
- rinse well and dry
- do not pour the antiseptic into the bath/wash water as the correct dilution will not be achieved
- always use disposable wipes and a clean towel every day. You must use hospital towels.
- bed linen and clothes must be changed every day directly after bathing.
- apply the ointment to the inside of one nostril
- repeat for the other nostril with a fresh cotton bud
- close nostrils by pressing the sides of the nose together for a moment. This ensures that the ointment is spread inside each nostril.

## Using Nasal Ointment:

- Nasal ointment should be applied three times daily inside each nostril. Staff (and some patients) may prefer to use a clean, gloved finger or a cotton bud to apply the cream
- squeeze the required amount on to the cotton bud - this may be a thin line of cream about 1cm long or a small blob of cream about the size of a match head



## If you require a special edition of this leaflet

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Telephone: 01244 366066  
or email: coch.patientexperience@nhs.net

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Si vous voulez cette brochure en français, contactez le bureau des rendez-vous ou demandez à un membre du personnel.

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