Reference Number: **Version Number:** 6	**Date of Next Review:** *December 2024* **Previous Trust/LHB Reference Number: UHW 004**

INFECTION CONTROL PROCEDURE FOR METICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) IN ACUTE HOSPITALS

Introduction:

This procedure sets out the requirements for MRSA screening plus the management of patients found to be MRSA positive.

Patients may be carriers of MRSA or contract it through transmission from another, affected person. MRSA can cause skin and soft tissue, respiratory, urinary, blood stream and other infections.
Using the clinical risk assessment tool in this procedure ensures staff screen patients that are at a higher risk of infection from MRSA (for example, previous history or admission for high risk surgery).

The 'Implementation of modified admission MRSA screening guidance for NHS' from the Department of Health in 2014 recommended MRSA screens for acute and elective admissions in England were streamlined to the following:
• All patients admitted to high risk units.
• All patients previously identified as colonised with or infected by MRSA.

Cardiff and Vale UHB include the above as part of the MRSA admission screening as already advised from a CMO/CNO letter issued in February 2013 in addition to the following:

- is resident in a care home, other institutional setting or is a transfer from another hospital;
- has a wound or in-dwelling device (e.g. gastrostomy, urinary catheter, long term intravascular device) present on admission to the UHB.

Aim:

To provide structured and appropriate guidance to staff for the prevention and management of MRSA colonisation and management in all UHB hospitals.

Objectives

To outline the procedure for screening patients for MRSA.

To describe the actions required when a case of MRSA is identified either on admission or subsequently.

To provide advice on the action required during an infectious incident or outbreak situation caused by MRSA (see also the Infection Control Procedure for Infectious Incidents and Outbreaks).

To provide advice on the management if a staff member becomes colonised with MRSA.

Scope

This procedure applies to all staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.

Equality and Health Impact Assessment	*An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive/ negative/ no impact (delete as necessary).*
Documents to read alongside this Procedure	Procedure for Infectious Incidents and Outbreaks Procedure for Hand Decontamination Procedure for the prevention and Control of MDRO National Infection and Control Manual https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/chapter-2-transmission-based-precautions-tbps/ Transmission Based Precautions Standard Precautions Procedure https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/
Approved by	*Infection Prevention & Control Group*

Accountable Executive or Clinical Board Director	*Jason Roberts, Executive Nurse Director*
Author(s)	*Doctor IPC, Senior Nurse IPC, Clinical Nurse Specialist in IPC*

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
4	*02/12/14*	*09/12/2014*	*Revised document to incorporate* CMO/ CNO letter (4,2 2013).
5	2018		
6	2021	24.06.22	

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GENERAL GUIDANCE

1.1 *Staphylococcus aureus* (*S. aureus*) colonises the skin or anterior nares (nose) of approximately 20 - 30% of healthy individuals but this percentage can rise in hospitalised patients. The organism can cause abscesses, wound infections and septicaemia. One strain of *S. aureus* known as meticillin resistant *Staphylococcus aureus* (MRSA) is resistant to an antibiotic called meticillin and other antibiotics used to treat infection. This strain accounts for 2 – 3% of all *S. aureus* strains but is no more virulent or more readily spread than meticillin sensitive *S. aureus* (MSSA).

1.2 Guidelines for the specific control of MRSA were first published in 1986 and have been revised on a number of occasions since then. The CMO (4) / CNO (2) letter issued in February 2013 states that NHS bodies with in-patient beds are required to **review local policy on *MRSA* screening** to ensure that - **as a minimum** - it includes:

- a requirement to use Clinical Risk Assessment (CRA) to assess each admission as to whether the patient:
  - has a past history of colonisation/*infection* with MRSA at any time;
  - is resident in a care home, other institutional setting or is a transfer from another hospital;
  - has a wound or in-dwelling device (e.g. gastrostomy, urinary catheter, long term intravascular device) present on admission to the UHB.
- a requirement to swab screen any patient who answers yes to any of the above questions using a minimum of 2 swab sites (nasal/perineum)
- a record of the assessment and results of the swab;

- prioritisation (within existing schemes of prioritisation) for pre-emptive isolation/cohorting pending swab results;

- a local written policy specifying units/specialities that require universal admission swab screening - that should include **as a minimum** renal, cardiothoracic/vascular, intensive care and orthopaedics; and consideration of using Clinical Risk Assessment (CRA) in units/specialities in which there is universal admission swab screening, to direct prioritisation of pre-emptive isolation/cohorting in these units.

1.3 MRSA is resistant to all beta-lactam antibiotics (penicillins, cephalosporins and carbapenems) and may at times be resistant to other classes of antibiotics (multiple-resistant MRSA). Some strains of MRSA are epidemic in character and may cause serious outbreaks of infection in hospitals. MRSA can be colonised on both patients and staff and may also be isolated from the hospital environment.

1.4 The reason for the continuing effort to control MRSA is to prevent its occurrence in clinical areas and to minimize the incidence and clinical impact if it has occurred.

1.5 This procedural document gives advice on dealing with MRSA. However, each situation must be dealt with individually and more detailed advice should be obtained from the IPCT if necessary.

2. PATIENT SCREENING

2.1 Screening should be carried out according to the guidance below or as directed by the IPCT. A patient screen should only include:

- Nose
- Perineum/groin
- Any wounds or abnormal skin lesions including IV sites, catheter sites or other medical device sites.
- Umbilicus (in neonatology ONLY)

2.2 Specimens other than those listed above will not be processed as an MRSA screen unless prior arrangements have been made with the IPCT/Microbiology Laboratory.

2.3 Charcoal (black) swabs should be moistened with sterile saline or sterile water prior to use.

2.4 "MRSA screen" should be clearly marked in the investigation required box on the Bacteriology Request Form. It is essential that ward staff clearly indicate the type of investigation required; samples for MRSA screening investigations are processed differently in the laboratory to clinical samples for routine microbiological investigation.

2.5 The clinician requesting the investigation must sign all forms and provide the relevant clinical information.

2.6 Screening for admissions to acute sites (UHW, UHL). A Clinical Risk Assessment should be conducted to establish whether or not a patient has/is:

- a past history of colonisation/*infection* with MRSA at any time;
- resident in a care home, other institutional setting
- a wound or in-dwelling device present on admission to the UHB;
- all transfers from other hospitals (outside of the UHB)
- all admissions from care homes (nursing or residential)

2.7 Any patient who answers yes to any of the above questions MUST have an MRSA screen.

2.8 Pre-admission/pre-surgical screening is required for patients being admitted for:

- Cardio-thoracic surgery
- Orthopaedic Surgery
- Vascular surgery
- Breast surgery
- Oncology Surgery
- Other surgical specialties **if there is evidence of increasing rates**

2.9 “Universal” screening of all patients admitted to the following areas is also required:

- Critical Care
- Neonatal
- Haematology and stem cell transplant
- Renal medicine and transplant
- Neurosurgery
- Trauma wards

All these areas should have clear local screening protocols in place developed through their Clinical Boards in conjunction with the IPCT and should use a CRA

process to pre-emptively isolate any patients thought to be at high risk of being colonised with MRSA.

2.10 Areas that are exempt from screening:

- Outpatients (unless pre admission for surgery as above)
- Day surgery (unless admission is over 24 hours)
- Dental
- Ophthalmology
- Obstetrics and Gynaecology (excluding Oncology).

2.11 Emergency/Acute admission screens should be carried out within 48 hours of a patient's admission.

2.12 Negative pre-admission screens for surgery are valid for 12 weeks, as long as the patient has not had a hospital admission within this time.

2.13 The screening of family members/close contacts is not routinely recommended unless in special circumstances and under the direction of IPCT/Consultant Microbiologist.

3. CONTROL MEASURES

3.1 The primary objective of infection control is the prevention of acquiring and subsequent spread of infection in patients and staff.

3.1.1 Infection prevention and control is the responsibility of all staff. A high standard of infection control is required in all areas and is an important part of total patient care. However, the priority areas for control are high-risk units such as Critical Care and Neonatal Units, and for patients who are particularly susceptible to infection.

3.2 CONTACT ISOLATION

3.2.1 Transmission based precautions/isolation is used for the control of MRSA (spread usually via direct hand contact). If a patient is colonised with MRSA, a single room is preferred but not always required. Decisions on individual cases should be made by risk assessment by clinicians/bed managers with support from IPCT when necessary. Individual rooms should preferably have their own toilet facility. The door of the room should be kept closed unless the clinical need of the patient dictates otherwise.

3.2.2 Prior to transferring the patient to a single room, the implications of MRSA colonisation, infection and treatment should be clearly explained to the patient or relative by the nursing/medical team. Leaflets which provide information on MRSA should be available on all wards.

3.2.3 Cohorting of a group of patients may be considered on discussion with the IPCT.

3.2.4 A contact isolation sign should be displayed on the door (appendix 1).

3.2.5 Patients should not leave the room/ward area to attend other departments without prior arrangement/notification with the receiving department.

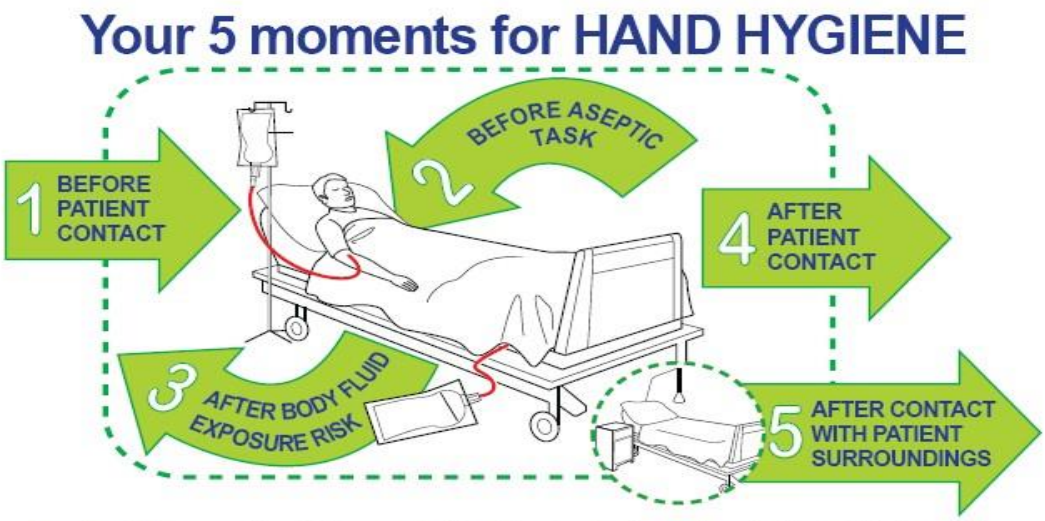
3.2.6 Visitors and members of staff from other departments must report to the nurse-in-charge before entering the room.

3.3 HAND DECONTAMINATION

3.3.1 Hands must be decontaminated by either washing with liquid soap and water and then applying an alcohol rub or washing with a hand disinfectant.

3.3.2 Hand decontamination should be performed in accordance with CAV UHB Hand Decontamination Procedure (2021).

1. Before patient contact.
2. Before aseptic task
3. After body fluid exposure risk
4. After patient contact
5. After contact with patient surroundings



Based on WHO poster 'Your 5 Moments for Hand Hygiene' and reproduced with their kind permission

3.4 PERSONAL PROTECTIVE EQUIPMENT (PPE)

3.4.1 Gloves should be worn if there is any risk of contact with blood and body fluids. If gloves have been worn they should be removed and hands decontaminated before leaving the room/area.

3.4.2 Plastic aprons must be worn when direct contact with the patient or the patients equipment is anticipated.

3.4.3 Face protection e.g. masks, visors/goggles must be worn if there is a risk of aerosol production or splashing from blood or body fluids and secretions.

3.4.4 All PPE should be disposed of before leaving the room and hand decontamination performed.

3.5 DISPOSAL OF WASTE

3.5.1 All infected waste should be disposed of into the appropriate clinical waste bag (HTM 07-01 Safe Management of Healthcare Waste 2013)

3.6 LINEN

3.6.1 All linen should be placed in the appropriate bag for infected linen and returned to the laundry.

3.6.2 Curtains, including window curtains, adjacent to MRSA positive patients should be changed when a patient has been transferred/discharged or when visibly soiled.

3.7 INSTRUMENTS OR EQUIPMENT

3.7.1 Whenever possible instruments and equipment such as writing materials, sphygmomanometers and stethoscopes should be designated for MRSA positive patients.

3.7.2 If this is not possible, such items should be cleaned and disinfected before use on another patient. For more information, see the Cardiff and Vale UHB Decontamination of Reusable Medical Devices Procedure (2016).

3.8 CLEANING

Daily cleaning

3.8.1 If the patient is in a single room, the nurse-in-charge must ensure that the appropriate cleaning is carried out by liaising with ward housekeeping staff.

3.8.2 If the patient is not in a cubicle, the bed space where the patient is present should be cleaned twice a day with a combined detergent and chlorine releasing disinfectant (e.g. Actichlor+).

Cleaning on discharge

3.8.3 The patient's room must be cleaned thoroughly with a combined detergent and chlorine releasing disinfectant at 1,000 ppm (e.g. Actichlor +). Curtains will also need to be changed.

3.8.4 All hospital furniture (e.g. bed frame, tables) and any dust collecting ledges should also be wiped with a chlorine releasing disinfectant.

3.8.5 T h e mattress should be decontaminated with a chlorine releasing disinfectant solution (1,000 ppm) and the mattress integrity checked

4. DECOLONISATION OF MRSA POSITIVE PATIENTS

(For Healthcare Personnel see section 7).

4.1 All patients found to be MRSA positive should be decolonised for five days. Contact IPCT if advice required.

4.2 Complete eradication of carriage of MRSA may fail. This is especially the case in patients with multiple co-morbidities, when patients are colonised at sites other than the nose and when patients have multiple sites of MRSA colonisation. Systemic treatment may sometimes be necessary for eradication of colonisation but this must be considered carefully and should only be employed if eradication with topical agents has failed. A risk assessment should be made in conjunction with the IPCT as to whether the benefits of decolonisation outweigh the risks. It is important to discuss this with the affected patient.

4.3 For decolonisation of neonates, discussion with IPCT is advised and the use of Octenisan as the antimicrobial body wash is suggested.

4.4 DECOLONISATION OF CARRIERS

RECOMMENDATIONS FOR MRSA DECOLONISATION
Nasal decolonisation Mupirocin 2% (e.g. Bactroban Nasal) TDS for 5 days topically *Superficial decolonisation/suppression* Antibacterial Body Wash (eg Skinsan, Octenisan) topically as a body wash for 5 days. Hair wash to be included on two non-consecutive days Do not dilute.

4.4.1 Nasal carriage

The most effective treatment for nasal carriage is 2% Mupirocin - Bactroban Nasal. As a paraffin base preparation, it is applied to the anterior nares using a cotton wool swab three times daily for five days (available from pharmacy). Prolonged (more than seven days) or repeated courses (more than two per hospital admission) of Mupirocin must be avoided to prevent the development of resistance.

4.4.2 Other sites

The staphylococcal load on the skin may be reduced by using an antiseptic for skin and hair washing. Antibacterial Body Wash (eg Skinsan, Octenisan) is used for this purpose; attention should be given to the manufacturer's instructions. Special attention should be paid to axillae, groin, perineum and buttocks.

Mupirocin (Bactroban) in a polyethylene glycol base is particularly effective in removing staphylococci from lesions such as eczema and small pressure sores, but should be avoided on burns and large raw areas.

During the decolonisation course and after it has been completed, clean clothing, bedding and towels should be provided.

4.5 TESTS FOR CLEARANCE FOLLOWING DECOLONISATION

4.5.1 Following decolonisation, the nose, perineum, skin lesions, and other sites that were previously positive in colonised or infected patients should be sampled two days after the completion of the decolonisation. Any further sampling will be advised by the IPCT.

4.5.2 Negative MRSA clearance screens are NOT required for transfer of a colonised patient from an isolation room to other wards/hospitals, or for discharge. Ideally MRSA positive patients should not be moved around the hospital, but where clinical need requires a move the MRSA status of the patient should not hinder patient care. However, the receiving hospital or unit should be informed of the current status of the patient.

4.5.3 It must be remembered that screening samples should be clearly marked "MRSA Screen" on the Bacteriology Request form.

4.5.4 Repeated sampling for MRSA is **not** necessary for patients in whom decolonisation is not carried out.

5. SURGICAL OPERATIONS

5.1 Every effort, taking into account the needs of the patient e.g. emergency surgery, should be made to eliminate or suppress colonisation or infection with MRSA before surgery. As part of the pre-operative preparation:

- bathe/shower the patient with an antiseptic solution (eg Skinsan, Octenisan), applied direct to dampened skin as a wash, and rinsed off.
- cover affected lesions with an impermeable dressing.
- apply mupirocin to the nose before the operation if the patient is a nasal carrier
- consideration may be given to placing the patients at the end of the theatre list. However, with effective theatre ventilation systems, there should be an adequate number of air exchanges to provide a safe environment within 15 minutes of removal of the MRSA patient from the operating theatre.
- theatre surfaces in close contact or near the patient, such as the operating table or instrument trolley, should be decontaminated with a combined detergent and chlorine releasing product such as Actichlor+ before being used for the next patient.

- patients may be allowed to recover after surgery in the operating theatre or an area not occupied by other patients to avoid possible contamination of the usual recovery area. If this is not possible, the patients should be segregated as far as possible within the recovery area, and nursed by staff dedicated to their care, employing contact precautions.

5.2 Surgical antibiotic prophylaxis may need to be adjusted for patients colonised or infected with MRSA, particularly in high-risk surgery such as implant surgery. This should be discussed with microbiology if there is no empiric guidance on Microguide.

6. TRANSFER OF COLONISED OR INFECTED PATIENTS

6.1 The ward manager or nurse-in-charge of the ward has the responsibility to ensure that the necessary information regarding an infected/colonised patient is passed on to a senior member of staff of the receiving ward/department or other healthcare establishment, prior to transfer and be part of patient handover.

6.2 WITHIN THE HOSPITAL

6.2.1 Unnecessary movement within the ward area should be avoided if at all possible, as should transfers to other wards. If transfer has to be effected then the receiving ward should be informed of the current status of the patient. If the patient has been cleared of infection/colonisation then they should be bathed, given clean clothing and transferred to a clean bed. Lesions should be occluded with an impervious dressing.

6.2.2 After transfer, all linen should be treated as infected and the trolley/chair should be wiped down with detergent and water and disinfected with a chlorine releasing disinfectant (Actichlor +).

6.3 VISITS TO THE OTHER DEPARTMENTS

6.3.1 Visits to other departments by patients colonised with MRSA should be kept to a minimum and risk assessed. When visits are essential, prior arrangements should be made with the senior staff of the department concerned. Patients may be seen at any time during the normal working session but should spend the minimum time in the department. They should be sent for when the receiving department is ready and not left in a waiting area with other patients. Equipment used and the number of staff attending the patient should be kept to a safe minimum, and the equipment should be disinfected after use.

6.4 AMBULANCE TRANSPORTATION

6.4.1 The ambulance service should be notified prior to transfer. Further information for the ambulance service should be obtained from Public Health Wales (029 20402478).

6.5 TRANSFERS TO OTHER HOSPITALS

6.5.1 Inter-hospital movements should be kept to the minimum possible. It is the responsibility of the transferring ward to identify the patient as MRSA positive and to highlight it in the patient's notes. Patients that are discharged from high-risk areas should have their status established on discharge. This can either be done by the discharging or receiving hospital by arrangement. There is however no need to delay or prevent discharge while waiting for the results as long as the receiving unit is aware of the current status.

6.6 TRANSFERS TO NURSING/RESIDENTIAL HOMES

6.6.1 Public Health Wales have advised long term community care facilities that they **should** accept MRSA positive patients. Colonisation with MRSA should not delay patient discharge from the hospital.

6.7 DISCHARGE OF PATIENTS

6.7.1 The General Practitioner, other health care and relevant social agencies involved in the patient's care should be informed and advised of any on-going decolonisation procedures. Ward staff should inform patients that there is no risk to healthy relatives. Whilst an attempt should be made to decolonise the patient in hospital, it is important to note that continued MRSA carriage does not preclude discharge from hospital. If decolonisation has not been completed during the patient's hospital stay, it should be continued after discharge until the course has been completed.

6.8 DECEASED PATIENTS

6.8.1 Inform the mortuary. Precautions taken should be the same as when the patient was alive. Any lesions should be covered with impermeable dressings. Plastic body bags are not necessary.

7. HEALTHCARE PERSONNEL

7.1 Routine screening of staff is not recommended but may be considered in an outbreak situation or if transmission continues on a unit despite active control measures.

7.2 It must be emphasised that MRSA colonisation poses a little to no risk to healthy individuals. If a staff member does become colonised and shares accommodation with other healthcare workers or other vulnerable individuals (e.g. immunocompromised), they should contact the IPCT for further advice.

7.3 Decolonisation of known MRSA positive staff members is attempted to prevent transmission of MRSA to vulnerable patients.

7.4 All decolonisation and follow-up screening is undertaken by the Occupational Health Department and not done at ward level. Occupational Health should be informed immediately when a staff member is known to be MRSA positive.

7.5 NASAL CARRIAGE

7.5.1 Nasal carriers should be given 2% Mupirocin (Bactroban Nasal), which is part of the decolonisation pack obtainable via Occupational Health on prescription. If the staff member works in a non-high risk area they can continue to work once treatment has started. If they work in a high-risk area e.g. Critical Care, the IPCT, in conjunction with Occupational Health will review their work status on an individual basis.

7.6 OTHER SITES

7.6.1 The Director of Infection Prevention and Control/Consultant Microbiologist and Occupational Health will review the management of colonisation or infection of other body sites on an individual basis.

8. RESOURCES

8.1 The necessary resources for the management, training, risk assessments, monitoring and auditing for MRSA control are already in place and the implementation of this procedure will not entail additional expenditure.

9. TRAINING

9.1 Mandatory Infection and Prevention and Control training updated every two years.

9.2 Further departmental based training as identified by training needs analysis.

10. IMPLEMENTATION

10.1 The document will be available on the UHB Intranet site and the Infection Prevention and Control clinical portal site. Individual Clinical Boards will be responsible for the implementation of the procedure document in clinical areas.

11. FURTHER INFORMATION

11.1 Revised guidelines for the control of MRSA infection in hospitals were released in 2006 by the joint Working Party of the Hospital Infection Society, British Society for Antimicrobial Chemotherapy, and the Infection Control Nurses Association. The advice given in this procedure takes into account the revised guidance and local circumstances within Cardiff and Vale University Health Board.

12. EQUALITY

12.1 This procedure has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular individual or group

13. AUDIT

13.1 Audit of compliance with the procedure document, will be carried out by the Infection Prevention and Control Department, as part of their procedure audit programme.

14. REVIEW

14.1 This procedure will be reviewed every three years or sooner if the national guidelines are updated.

15. REFERENCES

15.1 Guidelines for the control and prevention of meticillin-resistant Staphylococcus aureus (MRSA) in healthcare facilities by the Joint BSAC/HIS/ICNA Working Party on MRSA. Journal of Hospital Infection 2006; 63S: S1 – S44.

15.2 Cardiff and Vale UHB Decontamination of Reusable Medical Devices Procedure (2016).

15.3 Cardiff and Vale UHB Hand Decontamination Procedure (2017).

15.4 HTM 07-01. Safe Management of Healthcare Waste 2013

15.5 Health and Safety at Work etc Act 1974.

15.6 Control of Substances Hazardous to Health Regulations 2002, SI 2002 No 2677.

15.7 NHS Scotland MRSA Screening Pathfinder Programme (2011), available at: https://www.hps.scot.nhs.uk/web-resources-container/mrsa-screening-pathfinder-implementation-study-reports/

15.8 CMO(4); CNO(2) Letter February 2013: MRSA screening.

15.9 DoH England, MRSA Screening Guidance (2014) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/345144/Implementation_of_modified_admission_MRSA_screening_guidance_for_NHS.pdf

APPENDIX 1: Contact Isolation Sign

APPENDIX 2: MRSA Action Card

Summary of MRSA Screening Advice in accordance with the PROCEDURE FOR METICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) IN ACUTE HOSPITALS

PRE-ADMISSION SCREENING is required for **ALL** patients being admitted for:

Cardio-thoracic Surgery
Orthopaedic Surgery
Vascular Surgery
Breast Surgery
Oncology Surgery

ADMISSION SCREENING should be carried out for **ALL** patients admitted to:

Critical Care
Neonatal Unit
Haematology and Stem Cell Transplant
Renal Medicine and Transplant
Neurosurgery
Trauma

In ALL other acute ward areas A CLINICAL RISK ASSESSMENT should establish if the patient is/has the following:

A past history of MRSA colonisation or infection?
A wound or indwelling device (catheter/IV/medical device)?
An admission from a hospital outside the UHB?
A resident in a care/residential home (or from similar setting)?

If **YES** to any of the above, then a **FULL SCREEN** is needed

SCREENING SITES:

Nose
Perineum/Groin
Umbilicus (Neonates ONLY)
Any wounds (including urinary catheters/IV/medical devices – swab insertion site)

Charcoal swabs must be used (moistened with sterile water/saline prior to use)
'MRSA Screen' must be clearly marked on the request form

Equality & Health Impact Assessment for

MRSA Procedure

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[1]
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	INFECTION CONTROL PROCEDURE FOR METICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) IN ACUTE HOSPITALS
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Corporate Directorate Vince Saunders CNS for IP&C & Riina Lehtonen- Harwood Associate Nurse IP&C Extension 25512 / 26389
3.	Objectives of strategy/ policy/ plan/ procedure/ service	This procedure describes and demonstrates how and when MRSA screening and decolonisation should be carried out within the clinical environment of C&V UHB. Aims/Objectives: To provide all employees of the UHB with an understanding of what MRSA is and the implications of a positive result on both patients and staff. To ensure all staff are aware of the CRA to be used on admission of all patients and it's use where applicable. To ensure staff fully understand how and when to carry out correct MRSA screening on a patient and the necessary treatment following a positive result.
4.	Evidence and background	Cardiff and Vale University Health Board accepts its responsibility under the Health and Safety at Work Act 1974 and the Control of

[1] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

	information considered.	Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to an infectious disease in patients, staff and other persons working at or using its premises. In order to prevent the possible spread of infection amongst patients and staff it is recognised that the UHB requires procedural documents to ensure effective management of infection. The procedure is supported by the UHB's: PROCEDURE FOR THE PREVENTION, CONTROL & MANAGEMENT OF MULTI DRUG RESISTANT ORGANISMS (MDRO) INCLUDING CARBAPENEMASE RESISTANT ORGANISMS (CRO), METICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) AND GLYCOPEPTIDE RESISTANT ENTEROCOCCI (GRE) (2018). Please be advised that all the below lists and links are not an exhaustive list of the available evidence and information but provides an indicative summary of the evidence and information applicable to this policy. An internet search was conducted in June 2021 using the following search terms in combination "MRSA", "MRSA Screening", "Procedure", "Policy" and "Equality Impact Assessment". The search revealed several equality impact assessments. Examples can be found by following the links below: Sherwood Forest Hospitals NHS Foundation Trust 'Meticillin Resistant Staphylococcus aureus (MRSA) Policy' (2018) https://www.sfh-tr.nhs.uk/media/8946/mrsa-meticillin-resistant-staphylococcus-aureus-prevention-and-control-policy.pdf West Hertfordshire Hospitals Trust 'Policy for Methicillin Resistant Staphylococcus Aureus' (2017) http://www.westhertshospitals.nhs.uk/foi_publication_scheme/documents/trust_policies/C198-MRSA_Policy_v2.pdf Isle of Wight NHS Trust 'MRSA Policy' (2020) https://www.iow.nhs.uk/Downloads/Policies/MRSA%20policy.pdf North Devon Healthcare NHS Trust MRSA Policy including Staph aureus suppression (2019) https://www.northdevonhealth.nhs.uk/wp-content/uploads/2019/10/MRSA-Policy-v-6-0-Sep-19.pdf

5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This procedure applies to all staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB. Patients, their visitors and UHB staff will benefit from compliance with the policy in that the risk of transmission of infection will be reduced by ensuring they carry out hand hygiene in the clinical environment where necessary. The UHB will benefit organisationally and financially from reducing the impact and cost of the transmission of infection.

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	No evidence to suggest that there would be any impact, positive or negative, on any age group.		
6.2 Persons with a disability as defined in the Equality Act 2010	No evidence to suggest that there would be any impact, positive or negative, to any person with a disability defined in the Equality Act 2010.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	No evidence to suggest that there would be any impact, positive or negative, on either gender group.		
6.4 People who are married or who have a civil partner.	No evidence to suggest that there would be any impact, positive or negative, on anyone who is married/civil partnership.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	No evidence to suggest that there would be any impact, positive or negative, on anyone is pregnant, had a baby or who are breastfeeding.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	No evidence to suggest that there would be any impact, positive or negative, on any different race, nationality, colour, culture or ethnic origin.		
6.7 People with a religion or belief or with no religion or belief.	No evidence to suggest that there would be any impact, positive or negative,		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
The term 'religion' includes a religious or philosophical belief	on any religion or belief.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	No evidence to suggest that there would be any impact, positive or negative, on heterosexuals, lesbian/gay or bisexuals.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	The format of this policy is in the English language only.	To consider the UHB procedures bilingually online.	For consideration at the IPCG/UHB.
6.10 People according to their income related group:	No evidence to suggest that there would be any impact, positive or negative, depending on their income status.		
6.11 People according to where they live:	No evidence to suggest that there would be any impact, positive or negative, depending on where individuals live.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No evidence to suggest that further groups will be impacted, positively or negatively.		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered:	No evidence to suggest that there would be any impact, positive or negative, depending on where they live or experiencing health inequalities.		
7.2 People being able to improve /maintain healthy lifestyles:	No evidence to suggest that there would be any impact, positive or negative, depending on their lifestyles.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.3 People in terms of their income and employment status:	No evidence to suggest that there would be any impact, positive or negative, depending on income or employment status.		
7.4 People in terms of their use of the physical environment:	No evidence to suggest that there would be any impact, positive or negative, depending on where the use of the physical environment.		
7.5 People in terms of social and community influences on their health:	No evidence to suggest that there would be any impact, positive or negative, depending social and community influences on health.		
7.6 People in terms of macro-economic, environmental and sustainability factors:	No evidence to suggest that there would be any impact, positive or negative, depending on macro-economic, environmental and sustainability factors.		

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the	The MRSA Procedure will ensure that MRSA screening and potential necessary treatment in the clinical area is correctly adhered to. The procedure

strategy, policy, plan or service	also supports other infection prevention and control policies and procedures. This procedure will have a positive impact in supporting the aim of the UHB to reduce Healthcare Acquired Infections.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No negative impact identified.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	No further EQIA required as limited impact identified			
8.4 What are the next steps?	This procedure will be reviewed in 3 years' time.			