

**Meticillin\* Resistant *Staphylococcus aureus* (MRSA)  
Policy**

**Documentation Control**

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Author	Infection Prevention and Control Team
Further Guidance/ Information	Infection Prevention and Control Team

\*In this document 'meticillin' has been used in place of 'methicillin' in accordance with the new international Phamacopoeia guidelines

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## **1. Policy Statement**

This policy aims:

- 1.1 To prevent colonisation of MRSA.
- 1.2 To minimise the risk of transmission of MRSA.
- 1.3 To describe the infection prevention and control best practices that should be adhered to when caring for a patient with MRSA.
- 1.4 This policy is primarily derived from national guidelines for the control and prevention of MRSA in healthcare facilities (Journal of Hospital Infection, 2006) and Department of Health Guidance (2007, 2008).

## **2. Background**

- 2.1 Meticillin-resistant *Staphylococcus aureus* (MRSA) is a bacterium that is resistant to several antibiotics, (notably flucloxacillin) that would commonly be used to treat *Staphylococcus aureus* infections.
- 2.2 The majority of patients who acquire MRSA are colonised (positive culture without signs of infection).
- 2.3 About one-third of colonised patients will however develop infection, ranging from minor skin infection to invasive life threatening blood infection.
- 2.4 MRSA infections cause significant morbidity and mortality. The mortality from MRSA bacteraemia is greater than that from Meticillin-Sensitive *Staphylococcus aureus* (MSSA) bacteraemia. Patients with MRSA surgical site infections have been shown to have a prolonged hospital stay and higher

mortality.

- 2.5 MRSA is common in hospitals in the UK. Epidemic strains (EMRSA) cause cross infection, and recently described community outbreaks are caused by a novel Community MRSA strain.
- 2.6 MRSA is readily transmitted between patients. In-patients who are colonised or infected with MRSA must have appropriate infection control special precautions (wound and skin) taken to prevent spread to other patients.
- 2.7 The Department of Health (DH) have stated that all NHS hospitals must have in place MRSA screening for all elective patients by April 2009 (DH, 2007). As part of the 2009/10 Operating Framework this should be extended to cover emergency admissions as soon as possible and definitely no later than 2011 (DH, 2009).

The latest information on screening and decolonisation can be found on the NUH Infection Prevention and Control intranet site.

### **3. Roles and Responsibilities (Duties)**

- 3.1 The Infection Prevention and Control Team (IPCT) have responsibility for assessing the risks and requirements for all patients who are MRSA positive.
- 3.2 All staff who have contact with MRSA positive patients have a responsibility to ensure that they adhere to the necessary wound and skin precautions as advised by the IPCT.
- 3.3 It is a DH requirement that all cases of MRSA bacteraemia are reported to the relevant Strategic Health Authority (for NUH, NHS East Midlands). When a patient is identified with MRSA bacteraemia, the IPCT will request an incident investigation

reporting form and root cause analysis (RCA) be completed. It is the responsibility of the Clinical Lead for the Directorate in which the patient is located to ensure that an incident investigation reporting form is completed, although it will usually be the ward manager or patient's doctor who does this. The Directorate will be supported by the Governance/Risk Lead for Healthcare Associated Infection who will advise them on undertaking a RCA and work with them to ensure that all necessary contributory and causal factors are identified, and an appropriate action plan is produced.

#### **4. Identification and Screening of an MRSA Patient**

- 4.1 MRSA is more likely to be identified in a patient with certain risk factors. These would include frequent admissions to hospital, patients with chronic wounds or long term catheters and those transferred from high-risk areas with a high prevalence of MRSA.
- 4.2 New diagnosis for MRSA often occurs from a clinical specimen, not from an MRSA screen.
- 4.3 Wards will be informed of any new positive result by Microbiology and/or the IPCT. A newly diagnosed patient will be electronically 'flagged' on the Trust clinical alert system by the IPCT. On subsequent admissions the clinical alert will appear on the patient's electronic record.
- 4.4 It is the responsibility of admitting staff to check clinical alerts. If the patient has previously been MRSA positive, wound and skin precautions must be commenced immediately and a full MRSA screen taken as indicated in 4.6. The IPCT must be informed at the first opportunity.
- 4.5 Screening swabs should be taken in patients who meet any of the following criteria:

- i. MRSA has been detected from a clinical specimen (to determine the extent of their MRSA colonisation).
- ii. Following MRSA eradication treatment (to check for MRSA clearance).
- iii. Previously MRSA positive (and now readmitted).
- iv. Admitted or transferred from another hospital including the UK or abroad.
- v. Admitted from a healthcare facility including nursing homes and residential care.
- vi. Adult in-patient emergency admissions .
- vii. In an area in which enhanced screening has been agreed with the IPCT and Microbiology. The latest information on screening and decolonisation can be found on the NUH Infection Prevention and Control intranet site.
- viii. Any adult that has been an in-patient for three weeks. Screens should continue weekly thereafter.
- ix. All adult elective admissions (e.g. surgery, medical, oncology) with the exception of maternity/ obstetrics. For maternity/ obstetrics, only patients having elective caesareans and any high risk cases i.e. high risk of complications in the mother and/ or potential complications in the baby (e.g. likely to need SCBU, NICU because of size or known complications or risk factors) should be screened. See section 5 for more details.
- x. Adult day case attendance except ophthalmology, dental, endoscopy and minor dermatology. See section 8 for more details.
- xi. Contact with a known MRSA positive patient, but only as requested by the IPCT.

4.6 For most areas an MRSA screen consists of:

- i. Nose swab (anterior nares) - one swab can be used for both nostrils. Pre-moisten swab with sterile saline, gently rotate in both nostrils and place in transport medium.
- ii. Perineum swab.
- iii. Wound swab - any surgical wounds, leg ulcers, breaks in skin or other lesions.
- iv. Swabs from manipulated sites - lines, cannulae, tracheostomy, Percutaneous Endoscopic Gastrostomy (PEG) and drain sites.
- v. Sputum if productive.
- vi. Umbilical swabs - neonates only.
- vii. Urine sample - in catheterised patients only.

4.7 For routine MRSA swabs, results will be made available on the Trust electronic results reporting systems. Negative results will be available the next working day after receiving the specimen; positive results generally take two working days to confirm, for swabs received before 4pm weekdays and 11am on Saturday at the QMC microbiology laboratory.

4.8 In some areas e.g. Critical Care, a rapid screening method (PCR) may be used. This uses different swabs from those used for routine screening. For a PCR screen only a nose swab is required. Only areas that have prior agreement with IPCT/ Microbiology may use this PCR method. Results will be available on the same day if the swab is been received in the QMC microbiology laboratory by 10.30. This service is available Monday to Friday.

4.9 Clinical staff are responsible for taking screening swabs on all

- patients who meet criteria section 4.5 and when requested by the IPCT. This should typically be done on the first day of admission and must be done within 48 hours of admission. Those patients that are screened after 48 hours and subsequently found to be MRSA positive will be designated as acquiring the MRSA in NUH.
- 4.10 Clinical staff have a responsibility for ensuring that whenever practicable any patient meeting the criteria in 4.5 i to iv is looked after in a single room until the results of screening is known. Where no single room is available the patient must have strict wound and skin precautions applied and continued until the results become known. The ward staff must consider whether a single room is, or can be made, available for the patient at least once per shift.
  - 4.11 A new MRSA positive in-patient should be informed within 24 hours of diagnosis, unless their clinical condition precludes this. This will typically be done by the clinical team who may request assistance from the IPCT. The IPCT will visit to give further support and information to patients and relatives as necessary, or if requested by the clinical team.
  - 4.12 Patients can refuse to be screened or receive treatment but this is unlikely. If this occurs the consequences of this should be explained to the patient. The outcome of this discussion should be clearly documented in the patient's medical record.
  - 4.13 Any communication between the patient and IPCT will be documented in the patient's record by the IPCT.
  - 4.14 The IPCT visit all in-patient areas with a known MRSA patient on a weekly basis. The IPCT will communicate verbally to ward staff and in the patients record any recommendations, including the requirement for further screening or treatment. Ward staff should liaise with the IPCT if further visits are required.
  - 4.15 Active surveillance for MRSA is undertaken in specific areas.

This should only be undertaken after consultation with the IPCT and Microbiology. The latest information on screening and decolonisation can be found on the NUH Infection Prevention and Control intranet site.

## **5. Adult Elective Admissions and Day Case**

- 5.1 An MRSA screen should be taken as part of pre assessment for all adult patients being admitted as an elective admission with the exception of maternity/ obstetrics. For maternity/ obstetrics, only patients having elective caesareans and any high risk cases i.e. high risk of complications in the mother and/ or potential complications in the baby (e.g. likely to need SCBU, NICU because of size or known complications or risk factors) should be screened. This should be done 2-8 weeks prior to admission. If this is not possible a screen must be taken on the day of admission.
- 5.2 An MRSA screen should be taken as part of a pre assessment for all adult day cases (including day surgery) with the exception of ophthalmology, dental, endoscopy and minor dermatology. This should be done 2-8 weeks prior to admission. If this is not possible a screen must be taken on the day of admission.
- 5.3 If a patient is found to be colonised with MRSA, eradication treatment should be prescribed and administered prior to surgery as detailed in section 6. Any antibiotic prophylaxis should be changed to provide additional cover for MRSA (to reduce the risk of peri-operative infection). For further information see the NUH antibiotics intranet/ internet site.

## **6. Treatment**

- 6.1 Antibiotic therapy for MRSA should be in line with the antibiotic guidelines that are available on the NUH antibiotics intranet/ internet site. Treatment should be discussed with a Medical

Microbiologist if uncertain.

- 6.2 MRSA is intrinsically resistant to all beta-lactam antibiotics (e.g. flucloxacillin, cephalosporins & co-amoxiclav). Quinolones (e.g. ciprofloxacin & levofloxacin) may select out MRSA and should NOT be prescribed for any indication unless advised by a Medical Microbiologist.
- 6.3 If a patient is newly identified with MRSA treatment with both Mupirocin 2% nasal ointment and Chlorhexidine 4% washes should be commenced. If the patient is being treated with Stellisept and/ or Naseptin nasal cream these should be discontinued. It is the responsibility of ward medical staff to ensure these treatments are correctly written up on the treatment card. To prevent resistance no more than two clearance treatments should be attempted. For further advice contact the IPCT.

The treatments are as follows (for neonates and patients allergic/ hypersensitive to Chlorhexidine see section 6.3):

- **Mupirocin 2% nasal ointment (Bactroban®):** For nasal colonisation. Apply using a swab to the inner surface of each nostril (anterior nares) three times daily for five days. The patient should be able to taste Mupirocin at the back of the throat following each application.
- **Chlorhexidine 4% washes:** A liquid disinfectant used as a total body wash. Best applied directly with a single use/disposable cloth paying special attention to sites of known carriage e.g. axilla, groin and perineal areas. Wash daily for five days only. The product must be in contact with skin for longer than 2 minutes. Hair should be washed on day one or two and then once more during the course of the treatment.

- 6.4 For neonates and patients allergic/ hypersensitive to Chlorhexidine use either:

Octenisan®: A liquid disinfectant used as a total body wash. For washing, apply Octenisan® undiluted to a damp washcloth, paying special attention to sites of known carriage e.g. axilla, groin, and perineal areas. This must be in contact with the skin for 3 minutes and then washed off. For showering or hair wash, use Octenisan® antimicrobial wash lotion in the same way as other hair and skin washing preparations. Always observe the recommended contact time of 3 minutes. Hair should be washed twice during course of treatment.

- 6.5 For patients with eczema, dermatitis or other skin conditions eradication should be discussed and agreed with a dermatologist. Where Chlorhexidine is not appropriate Octenisan® (as detailed above) or Oilatum plus® (containing benzalkonium chloride 6% and triclosan 2%) are possible alternatives for use. It is important to ensure that the underlying skin condition is also treated.
- 6.6 A patient should not be re-screened until 48 hours after completion of treatment, unless requested by the IPCT.
- 6.7 A wound should generally be treated the same as for a non-colonised wound. Tissue viability should be contacted if specific guidance on wound management is required.
- 6.8 Complete eradication of MRSA may not be possible in patients with colonised wounds, indwelling lines, PEGs and tracheostomies.

## **7. Staff Screening**

- 7.1 The screening of staff for MRSA is not routinely performed and must only be undertaken at the request of the IPCT or the Occupational Health.
- 7.2 The case management of any staff member found to be MRSA positive as part of staff screening will be undertaken by

Occupational Health. If appropriate Occupational Health will liaise with relevant parties following consent of the staff member.

- 7.3 Staff found to have colonised/ infected hand lesions with MRSA should refrain from work while receiving treatment and decolonisation therapy. This should be classed as authorised absence.
- 7.4 Staff found to be positive in other sites should seek advice from Occupational Health regarding fitness to work whilst receiving decolonisation treatment.
- 7.5 Staff found to have MRSA can be declared clear following 3 negative screens taken at weekly intervals.

## **8. Precautions for a Patient with MRSA**

- 8.1 Wound and skin precautions must be implemented for all patients with established MRSA or those that require screening as detailed in section 4.5 i to iv pending results.
- 8.2 All Trust staff must strictly adhere to the 'Hand Hygiene' policy, including 'bare below the elbows' which is available on the NUH policies and Trust wide procedures intranet site.
- 8.3 Patients with highly resistant strains of MRSA (e.g. Mupirocin resistance) should be accorded the highest priority for single room isolation and managed with the strictest wound and skin precautions.
- 8.4 All patients having wound and skin precautions should, wherever possible, be isolated in single rooms. A green card for wound and skin precautions should be clearly displayed on the door to inform staff. Please refer to the 'Patient Isolation - Colour Coded Sheet System' available on the Infection Prevention and Control Intranet site and the 'Isolation Policy'

which is available on the NUH polices and trust wide procedures intranet site.

- 8.5 The room/ bed area must be cleaned as detailed in the 'Isolation Policy' and 'Infection Prevention and Control Cleaning and Decontamination Policy' which is available on the NUH polices and trust wide procedures intranet site.
- 8.6 Where a single room is unavailable, the patient may receive wound and skin precautions on the open ward following discussion with the IPCT. The reason for not using a single room must be clearly documented in the patient's record.
- 8.7 Staff must consider the psychological effects and safety risks of isolation, and take these into account when planning care.

## **9. Discontinuation of Wound and Skin Precautions**

- 9.1 An in-patient who has established MRSA should have wound and skin precautions discontinued only after discussion with the IPCT.
- 9.2 A patient with established MRSA during this admission must have 3 full negative MRSA screens [described in 4.6) prior to wound and skin precautions being discontinued. Screens must be taken at least 48 hours after completion of treatment (including antibiotics) and at weekly intervals. A patient with established MRSA who remains in hospital for less than 3 weeks will continue to receive wound and skin precautions throughout their stay.
- 9.3 A patient previously known to have had MRSA that has been readmitted or at high risk (as detailed in 4.5) must have one negative screen before wound and skin precautions can be discontinued.
- 9.4 It is the responsibility of ward staff to follow up results on an in-

patient and continue precautions until the above criteria for discontinuation are met.

- 9.5 The MRSA positive clinical alert status can be removed if the patient remains negative for a prolonged period. This will be undertaken on an individual patient basis by the IPCT.

## **10. Mobilisation/rehabilitation/visits to other departments**

- 10.1 An MRSA patient having wound and skin precautions may leave the single room/bed area to mobilise in non-clinical areas, i.e. hospital entrances and grounds, restaurant.
- 10.2 An MRSA positive patient may use ward bathroom facilities. The patient should be last to use the facilities and the environment must be thoroughly cleaned after use. Staff must ensure this is completed before allowing any other patients to use the facilities.
- 10.3 All wounds should be covered with an impermeable dressing.
- 10.4 An MRSA positive patient may visit other departments for necessary investigations. Staff must ensure that receiving departments are aware of the MRSA status to allow sufficient time for preparation. If possible the patient should be 'last on the list' and visits kept as short as possible.
- 10.5 Clinical areas such as diagnostic imaging, outpatients and theatres should have their own local protocols for managing a patient with MRSA that is in line with Trust Policy.

## **11. Visitors/Relatives**

- 11.1 Visitors/relatives should be reassured that they can safely visit

a patient with MRSA. Wearing of gloves and aprons is not required, unless visitors/ relatives are helping with nursing care or visiting other patients on the same day.

- 11.2 Visitors and relatives should be encouraged to decontaminate their hands after visiting a patient with MRSA and shown by the ward staff how to do this effectively.
- 11.3 Visitors/relatives who wish to discuss issues related to MRSA and isolation care in greater detail should be referred to the IPCT. The IPCT will discuss MRSA and isolation care as appropriate with relatives (contingent on patient consent).

## **12. Transfer of a patient with MRSA in NUH**

- 12.1 An MRSA positive patient should only be transferred to another clinical area for clinical reasons. If a patient with MRSA is transferred within the hospital to another ward, the transferring ward must make the receiving area fully aware of the patient's MRSA status prior to transfer and this should be documented. The patient should not be transferred until the receiving environment is prepared.
- 12.2 When transferring an MRSA positive patient, wound and skin precautions (including single room) must not be downgraded without prior consultation with the IPCT wherever practicable.
- 12.3 The 'sleeping out' of an MRSA positive patient should be avoided.
- 12.4 If an MRSA positive patient is transferred without the full knowledge of the receiving ward this is an untoward incident and an incident report must be completed in accordance with the Trusts Incident Reporting Policy. The IPCT should also be informed.

**13. Home discharge or transfer to another healthcare facility of a patient with MRSA**

13.1 Good communication is essential in ensuring a safe discharge of a MRSA positive patient.

13.2 Ward staff should inform the IPCT as soon as a patient discharge or transfer is planned.

13.3 Discharge to community:

- i) It is the responsibility of the medical staff caring for the patient to ensure that the MRSA diagnosis is included in the discharge summary (TTO and subsequent letter) that is given to the patient (and/ or sent to their GP).
- ii) The ward staff must ensure that community agencies (e.g. District Nurse) are aware of the MRSA diagnosis.
- iii) The IPCT will additionally write to the patient's GP to communicate their MRSA status following discharge.

13.4 Discharge to other hospitals/healthcare settings (including nursing homes):

- i) It is the responsibility of the medical staff caring for the patient to ensure the MRSA diagnosis is included in the discharge summary (TTO and subsequent letter) that is sent with the patient (and/or sent to their GP).
- ii) The ward staff must ensure that the receiving ward/ nursing home are aware of the MRSA status at the time of the initial referral and updated prior to discharge.
- iii) When transferred to another hospital the IPCT will liaise with the receiving Trusts IPCT.

- 13.5 It is the responsibility of the ward staff to ensure that the ambulance service is fully aware of the MRSA status of any patient being transferred/ discharged via ambulance.
- 13.6 If a patient is receiving decolonisation treatment at the time of discharge, any remaining days should be prescribed on their TTO form.
- 13.7 Following discharge the Room/ bed area must be cleaned as detailed in the 'Isolation Policy' and 'Infection Prevention and Control Cleaning and Decontamination Policy' which is available on the NUH policies and trust wide procedures intranet site.

#### **14. Equality and diversity statement**

- 14.1 All patients, employees and members of the public should be treated fairly and with respect, regardless of age, disability, gender, marital status, membership or non-membership of a trade union, race, religion, domestic circumstances, sexual orientation, ethnic or national origin, social & employment status, HIV status, or gender re-assignment.
- 14.2 All trust policies and trust wide procedures must comply with the relevant legislation (non exhaustive list):  
Equal Pay Act (1970 and amended 1983)  
Sex Discrimination Act (1975 amended 1986)  
Race Relations (Amendment) Act 2000  
Disability Discrimination Act (1995)  
Employment Relations Act (1999)  
Rehabilitation of Offenders Act (1974)  
Human Rights Act (1998)  
Trade Union and Labour Relations (Consolidation) Act 1999  
Code of Practice on Age Diversity in Employment (1999)  
Part Time Workers - Prevention of Less Favourable Treatment Regulations (2000)  
Fixed Term Employees - Prevention of Less Favourable

Treatment Regulations (2001)  
Employment Equality (Sexual Orientation) Regulations 2003  
Employment Equality (Religion or Belief) Regulations 2003  
Employment Equality (Age) Regulations 2006  
Equality Act (Sexual Orientation) Regulations 2007

#### 14.3 Equality Impact Assessment Statement:

NUH is committed to ensuring that none of its policies, procedures, services, projects or functions discriminate unlawfully. In order to ensure this commitment all policies, procedures, services, projects or functions will undergo an Equality Impact Assessment.

Reviews of Equality Impact Assessments will be conducted inline with the review of the policy, procedure, service, project or function.

### 15. **Here for You**

15.1 This Trust is committed to providing the highest quality of care to our patients, so we can pledge to them that 'we are here for you'. This Trust supports a patient centred culture of continuous improvement delivered by our staff. The Trust established the Values and Behaviours programme to enable Nottingham University Hospitals to continue to improve patient safety, outcomes and experiences. The set of twelve agreed values and behaviours explicitly describe to employees the required way of working and behaving, both to patients and each other, which would enable patients to have clear expectations as to their experience of our services.

### 16. **Implementation and monitoring**

16.1 The Infection Prevention and Control Committee is responsible for the ongoing development of this Policy.

- 16.2 The IPCT is responsible for the provision of specialist advice to clinical areas in relation to those areas covered in this policy.
- 16.3 The IPCT is responsible for the development of training in relation to this policy that forms part of the Trust's Mandatory Programme of Education.
- 16.4 Each member of staff is responsible for adhering to this policy
- 16.5 Each Directorate is responsible for the full implementation of this policy and that all staff are aware of its implications for their practice.
- 16.6 Each Directorate will monitor compliance with this policy through the developed Key Performance Indicators, the Infection Prevention and Control Audit Programme and the Saving Lives High Impact Interventions Programme.
- 16.7 Compliance with screening for the whole Trust will be audited on a monthly basis. Audit results will be reported to the Trust Infection Control Organisational Group (ICOG).
- 16.8 All RCAs involving an MRSA bacteraemia will be reported to ICOG by the directorate in which it occurred.
- 16.9 When monitoring or incident reporting identified variances from the policy, the Directorate Clinical Lead will be responsible for producing an action plan to ensure improved compliance.

## **17. References**

Department of Health (2007), Our NHS, Our Future, NHS next Stage Review, Interim Report, October 2007, Department of Health, Crown Copyright.

Department of Health (2008), MRSA Screening – Operational

Guidance 2, Gateway Reference Number 11123, Department of Health, Crown Copyright.

Available at:

[www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_092844](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_092844)

Accessed February 1<sup>st</sup> 2010.

Department of Health (2009) Emergency Admissions MRSA Screening Pathway, October 2009, Department of Health, Crown Copyright.

Available at:

[http://www.clean-safe-care.nhs.uk/Documents/Emergency\\_Admissions\\_MRSA\\_Screening\\_Pathway.pdf](http://www.clean-safe-care.nhs.uk/Documents/Emergency_Admissions_MRSA_Screening_Pathway.pdf)

Accessed December 3<sup>rd</sup> 2009.

Joint Working Party of the British Society of Antimicrobial Chemotherapy, the Hospital Infection Society and the Infection Control Nurses Association (2006). Guidelines for the control and prevention of meticillin-resistant *Staphylococcus aureus* (MRSA) in healthcare facilities. Journal of Hospital Infection (Supplement), 63S, S1-S44.

**17. Employee record of having read the Policy**

**Meticillin\* Resistant Staphylococcus aureus (MRSA) Policy**

I have read and understand the principles contained in the named policy.

PRINT FULL NAME	SIGNATURE	DATE

## **Equality Impact Assessment Report Outline**

Remember that your EIA report should demonstrate what you do (or will do) to make sure that your service/policy is accessible to different people and communities, not just that it can, in theory, be used by anyone. A one size fits all approach can often inadvertently exclude.

1. Name of Policy or Service  
Meticillin Resistant *Staphylococcus aureus* (MRSA) Policy
2. Responsible Manager  
Stephen Fowlie, Medical Director
3. Name of person Completing EIA  
Mitch Clarke, Infection Prevention and Control
4. Date EIA Completed  
23<sup>rd</sup> November 2009
5. Description and Aims of Policy/Service (including relevance to equalities)  
This document provides the expected standards of Infection Prevention and Control for patients with MRSA. Its aims are:  
  
To prevent colonisation of MRSA.  
  
To minimise the risk of transmission of MRSA.  
  
To describe the infection prevention and control best practices that should be adhered to when caring for a patient with MRSA.
6. Brief Summary of Research and Relevant Data  
The Policy reflects National guidance and current NUH policies in relation to Infection Prevention and Control
7. Methods and Outcome of Consultation

Consultations have been carried out with the following:

Directors' Group  
Infection Prevention and Control Team  
Infection Prevention and Control Committee  
Clinical Risk Committee  
Pharmacy

**8. Results of Initial Screening or Full Equality Impact Assessment:**

Equality Group	Assessment of Impact
Age	None
Gender	None
Race	None
Sexual Orientation	None
Religion or belief	None
Disability	None
Dignity and Human Rights	None
Working Patterns	None
Social Deprivation	None

**9. Decisions and/or Recommendations (including supporting rationale)**

From the information contained in the policy, it my decision that a full assessment is not required at the present time.

**10. Equality Action Plan (if required)**

N/A

**11. Monitoring and Review Arrangements (including date of next full review)**