

## MRSA

*Staphylococcus aureus* (“staph”) is a type of bacteria that approximately one out of every three people have living in their nose. This bacteria does not cause problems for most people. However, if it manages to get into the body, it can cause skin/wound infections, pneumonia or bloodstream infections.

When this happens, antibiotics are prescribed to treat the infection. Sometimes, staph is resistant to the type of antibiotic prescribed, making treatment difficult.

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of staph that is resistant to some of the antibiotics that are used to treat a staph infection.

### Colonization vs. Infection

MRSA can live on the body but not make a person sick. This is called colonization. People who are colonized with MRSA will have no signs or symptoms of an infection.

An MRSA infection means that the bacteria are in or on the body and are making the person sick. Signs and symptoms include fever, pus from a wound, a high white blood cell count, a urinary tract infection, or pneumonia.

For more information visit the following websites:

#### CDC MRSA

[www.cdc.gov/mrsa](http://www.cdc.gov/mrsa)

#### CDC Long Term Care Infection Control

[www.cdc.gov/longtermcare/prevention/index.html](http://www.cdc.gov/longtermcare/prevention/index.html)

#### Implementing Long-Term Care Infection Control Guidelines Into Practice: A Case-Based Approach

[www.managedhealthcareconnect.com/content/implementing-long-term-care-infection-control-guidelines-into-practice-a-case-based-approach](http://www.managedhealthcareconnect.com/content/implementing-long-term-care-infection-control-guidelines-into-practice-a-case-based-approach)

#### APIC/SHEA Guideline-Infection Control in Long Term Care

[www.apic.org/Resource\\_/TinyMceFileManager/Practice\\_Guidance/id\\_APIC-SHEA\\_GuidelineforICinLTCFs.pdf](http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf)

#### Infection Prevention in Long Term Care—Multidrug Resistant Organisms, Massachusetts Department of Health

[www.mass.gov/eohhs/docs/dph/cdc/infection-control/mdro-guide.pdf](http://www.mass.gov/eohhs/docs/dph/cdc/infection-control/mdro-guide.pdf)

#### American Journal of Infection Control (AJIC)

[www.ajicjournal.org/](http://www.ajicjournal.org/)

#### Healthcare Infection Control Practices Advisory Committee (HICPAC)

[www.cdc.gov/hicpac](http://www.cdc.gov/hicpac)

#### Isolation Precautions

[www.cdc.gov/infectioncontrol/guidelines/isolation/index.html](http://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html)

#### Association for Professionals in Infection Control and Epidemiology (APIC)

[www.apic.org](http://www.apic.org)

#### John Hopkins Medicine—MRSA

[www.hopkinsmedicine.org/heic/infection\\_surveillance/mrsa.html](http://www.hopkinsmedicine.org/heic/infection_surveillance/mrsa.html)

#### North Dakota Department of Health

[www.ndhealth.gov/disease/hai/](http://www.ndhealth.gov/disease/hai/)

Prevention tips and care  
for the resident with

# MRSA

(Methicillin-resistant  
*Staphylococcus aureus*)



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## Important Things to Remember!

- MRSA can live days, weeks or months outside of the body on items such as bathroom fixtures, wheelchairs and bedding/towels, depending on the environment. Some studies suggest that MRSA can live on common hospital materials for up to 90 days.<sup>1</sup>
- Gowns and gloves should be used when having direct contact with a MRSA infected site or fluid and when handling laundry. Guests should check with staff before visiting residents.
- Environmental cleaning is of vital importance. Use EPA-registered, hospital grade disinfectants that have appropriate claims against MRSA. Follow the recommended contact time.
- Washing hands with soap and water or using an alcohol-based hand sanitizer is a must.
- **HAND HYGIENE IS THE FIRST LINE OF DEFENSE!**



1. Neeley, A. N. and Maley, M. P. (2000). Survival of enterococci and staphylococci on hospital fabrics and plastics. *Journal of Clinical Microbiology*, 38 (2), pp. 724-726. Retrieved March 31, 2010 from [www.ncbi.nlm.nih.gov/pmc/articles/PMC86187/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC86187/)

## Stop the Spread!

Residents with MRSA should have their own dedicated equipment, including wheelchairs, walkers, blood pressure cuffs, stethoscopes, whole blood glucose testing devices, etc.



Hand washing should occur:

- After using the bathroom.
- Before and after all resident contact.
- Before and after contact with items in the resident's room.
- Immediately after removing gloves.

For residents with MRSA:

- Health care providers should use contact, or modified contact, isolation procedures during an active infection, depending on the resident's clinical situation. Proper personal protective equipment (PPE) should be used when providing direct, personal care to residents with MRSA colonization.
- Visitors also may be asked to wear gowns and/or gloves.
- Ambulatory residents who are not alert and oriented should be in a private room, when possible, or cohorted with residents with the same organism. If this isn't possible, the resident should be placed in a room with a resident who is not immunocompromised or does not have any wounds or indwelling devices.

Residents can participate in group activities if they are afebrile, alert and the source of the infection can be contained (i.e. wound is dry and can be covered). However, residents must wash their hands with soap and water or an alcohol-based hand rub prior to leaving their room to attend activities and before all meals.

## Environmental Cleaning

Environmental cleaning is of vital importance to keep healthcare providers and visitors healthy. This includes cleaning the resident's room and their dedicated equipment. Cleaning reduces the chance of residents becoming reinfected.

Dirty laundry should be handled using standard precautions, followed by hand hygiene.

## Antibiotic Use

Residents with MRSA should avoid excessive antibiotic use, unless necessary. It is important to educate residents and families about the importance of taking all medication as directed, including antibiotics to treat MRSA.

All antibiotics should be taken until completed.

