

MRSA screening

This leaflet is for patients, relatives and visitors and explains how and why we screen for MRSA.

What is MRSA?

MRSA stands for Meticillin resistant Staphylococcus aureus.

Staphylococcus aureus is a common type of bacteria (germ) that can live harmlessly on the skin but can sometimes cause a number of common infections, such as boils and wound infections.

Around 30% of people carry Staphylococcus aureus in their nose or on their skin, doing them no harm. Staphylococcus aureus is not normally a risk to healthy people and the majority of people who carry it do not have symptoms and aren't aware they are carrying it.

MRSA is a type of Staphylococcus aureus that has become resistant to Meticillin (a type of antibiotic) and to some other commonly used antibiotics. This means that the MRSA bacteria are not sensitive to commonly used antibiotics.

However, approximately 6% of patients coming to the hospital are colonised with MRSA. (They have MRSA on their skin or in their nose causing no harm to them.)

Because people are more likely to get infections when they are already unwell or undergoing an operation, we need to be aware of people who have MRSA in order to ensure that appropriate treatment is given. Sometimes, MRSA can cause serious chronic wound infections which take a long time to heal and can sometimes lead to blood poisoning. However, these can be treated with the correct antibiotics.

Why am I being screened for MRSA?

National guidance advises patients in high risk categories be screened. These categories include; ICU, HDU/HMU, CCU, Neonatal, Haematology and Oncology, Trauma and Orthopaedic surgery, Renal Dialysis. It also includes any patient that has any of the following high risk factors such as: has had an admission to any healthcare setting (including a nursing home) for more than 24 hours either in the UK or abroad in the last 12 months (including the Royal Berkshire Foundation Trust), is a diabetic with long standing ulcer (longer than 6 weeks), is a healthcare worker with any form of direct patient contact.

If we can find out who is carrying MRSA on their skin before or on admission to hospital, we can give them appropriate treatment to reduce the risk to them and other patients.

How will I be screened?

We can find out if you are carrying MRSA by taking a swab from the inside of your nose and throat and any open wounds. The test is painless and only takes a second or two. The results are not immediate as the swabs are processed in the laboratory.

Sometimes, we may not be able to test all sites on your body immediately on admission and this may be done later during your stay.



In these cases, initial results may be negative, but this does not guarantee all sites on your body will be negative.

What if I have MRSA?

If you are to have an operation you may be given treatment to reduce the number of germs on your skin. This consists of an antiseptic body wash to clean your skin and hair, and cream for your nose. If you are at home waiting for your operation you will also be advised to change (and launder) your clothes and bed linen for five days prior to your admission, whilst using the body wash and nasal cream.

You may be nursed in a single room or with other patients carrying MRSA on their skin. This is to minimise the risk of the germ spreading to other vulnerable patients. This will not affect the care you are given. If you are not having surgery you may be given the body wash to wash with for the duration of your stay.

Questions and concerns

If you have any questions or concerns about MRSA screening, please ask your nurse for further information or you can contact the Royal Berkshire NHS Foundation Trust Infection Control team on 0118 322 6914, email: infection.control@royalberkshire.nhs.uk.

How do I find out more?

<https://www.nhs.uk/conditions/mrsa/>

Health Protection Team Tel: 0344 225 3861 <https://www.gov.uk/health-protection-team>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Simon Wells, RBFT Infection Prevention & Control, October 2022

Next review due: October 2024