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| <b>Best Practice Guideline</b> | <b>Care and Management of Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) in Long Term Care (LTC)</b> |
| <b>Date</b>                    | January 19, 2024  |
| <b>Reviewed Date</b>           |   |
| <b>Revised Date</b>            |   |

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## Site Applicability

All Vancouver Coastal Health owned, operated and contracted Long Term Care (LTC) homes.

## Scope of Practice

All staff, students, volunteers, essential visitors and contracted staff in LTC homes.

## Purpose

Provide guidance on management of residents colonized or infected with Methicillin-Resistant *Staphylococcus aureus* (MRSA) in the LTC environment.

## Background

Methicillin Resistant *Staphylococcus aureus* is an organism that has developed resistance to multiple antibiotics, oxacillin, cloxacillin, and other semisynthetic antibiotics related to penicillin. MRSA is an opportunistic pathogen that can cause a range of infections from mild-to-moderate skin abscesses and post-operative wound infections to more invasive diseases such as bacteremia and pneumonia. Transmission of MRSA is person-to-person and contact surfaces.

## Table of Risk

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| <p><b>Patients at increased risk of transmitting MRSA include individuals:</b></p> <ul style="list-style-type: none"> <li>• With colonized tracheostomy and uncontrolled respiratory secretions</li> <li>• With respiratory infections</li> <li>• With wound or stoma drainage that is not contained by a dressing or appliance</li> <li>• With desquamating skin conditions (e.g. psoriasis, burn patients)</li> <li>• Who are cognitively impaired (unable to comply with instructions)</li> <li>• Who have poor hygiene and are non-compliant with instructions.</li> </ul> |
| <p><b>Factors that increase the risk of MRSA infection include:</b></p> <ul style="list-style-type: none"> <li>• The presence of a surgical wound, decubitus ulcer, or other chronic wound</li> <li>• Debilitated and/or bed bound, and requires extensive hands on care</li> <li>• The presence of invasive indwelling devices (intravascular lines, urinary catheter, endotracheal or tracheostomy tube, gastrostomy (feeding tube)</li> <li>• Recent antimicrobial therapy</li> </ul>   |



## Screening

There is no resident screening for MRSA on admission to LTC.

## Routine Practices

Staff to follow [Routine Practices](#) and complete a [Point-of Care-Risk Assessment](#) (PCRA) at all times and for all residents.

## Precautions Required

- Use [Contact Precaution](#), gowns and gloves for residents with an active infection in the skin or wound for the duration of the infection.
- Use [Droplet/Contact Precautions](#), gowns, gloves and facial protection for residents with an active MRSA respiratory infection for the duration of the infection and/or if at risk for splashes and sprays.
- Use [routine practices](#) for MRSA in the urine.

## Shared Equipment

- Dedicate equipment when possible.
- Clean and disinfect all shared equipment.
- If the wound can be covered with a dry dressing, the resident may come out of the room.

## Environmental Cleaning

- Routine cleaning and disinfecting processes are sufficient for resident with colonized or infections with MRSA.

## Documentation

- ICP will collaborate with the LTC home to develop a resident specific care plan PRN.

## References

Public Health Agency of Canada, (2012). PATHOGEN SAFETY DATA SHEET - INFECTIOUS SUBSTANCES

Provincial Infection Control Network, B.C., (2013). Antibiotic Resistant Organisms Prevention and Control Guidelines for Healthcare Facilities.

