

Best Practice Guideline	Care and Management of Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) in Long Term Care (LTC)
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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

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



- The presence of invasive indwelling devices (intravascular lines, urinary catheter, endotracheal or tracheostomy tube, gastrostomy (feeding tube))
- Recent antimicrobial therapy

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, maintain precautions until the wound is healed or no signs and symptoms of infection.
 - Resident may leave the room if:
 - The wound can be covered with a dry dressing,
 - Staff assess integrity of the dressing,
 - Resident hands are cleaned,
 - Touchpoints of wheelchair are cleaned daily.
- 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 practice](#) for an active infection in the urine.

Shared Equipment

- Dedicate equipment when possible.
- Clean and disinfect all shared equipment.

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

1. Public Health Agency of Canada, (2012). PATHOGEN SAFETY DATA SHEET - INFECTIOUS SUBSTANCES
2. Provincial Infection Control Network, B.C., (2013). Antibiotic Resistant Organisms Prevention and Control Guidelines for Healthcare Facilities.

