

- When a patient who was previously known to be infected or colonised with MRSA is re-admitted into hospital, they will be given skin and hair antiseptics for five days.

Please note these precautions will not reduce the quality of care given to a patient with MRSA. We try to ensure that the infection control precautions used on patients are not excessive, so that they do not feel totally isolated or singled out from the other patients on the ward.

#### How can we treat MRSA?

The laboratory routinely does tests to identify the type of bacteria, including staph aureus and MRSA. Tests may take up to four working days before the full results are known. Depending on the results, the treatment may include either skin antiseptics or treatment with special antibiotics, which are known to be effective against MRSA.

#### What happens when a patient with MRSA leaves hospital?

No special precautions are needed at home. Healthy people including babies, children and pregnant women who live with or visit someone with MRSA are at no extra risk of getting colonised.

#### Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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## Infection Prevention & Control

### MRSA

#### A patient's guide



This leaflet addresses some of the most frequently asked questions about MRSA.

### **What is MRSA?**

MRSA stands for Meticillin Resistant Staphylococcus Aureus.

### **What does this mean?**

Staphylococcus aureus sometimes called 'staph' are bacteria found on the skin or in the nose of healthy people. Occasionally, it may cause infection. Skin pimples and boils are examples of minor infections caused by staph.

These infections can be easily treated with antibiotics, such as penicillin's. However, staph bacteria sometimes can cause more serious infections, such as surgical wound infections.

Over the last fifty years it has become more difficult to treat these infections because the bacteria have become resistant to common antibiotics including penicillin. These resistant forms of staph bacteria are known as MRSA.

MRSA is now widespread in many UK hospitals together with many areas worldwide.

MRSA is neither more infectious nor worse than other Staphylococcus aureus bacteria; it is just more difficult to treat.

### **Is MRSA always a problem?**

No, not always. Staph bacteria and MRSA can be found on the skin and in the nose of some people without causing illness. This is called 'colonisation' and individuals are called carriers'.

Approximately 25-30 percent of the population are carriers and they are healthy and unaffected by the MRSA. Colonisation can be minimised by using skin antiseptics. An infection may occur when there are breaks in the skin, such as an operation site, and the MRSA gets beneath the top layer of skin and grows, causing symptoms. These infections generally require treatment with special antibiotics.

### **Who gets MRSA?**

MRSA occurs more often among patients and staff in hospitals or health care facilities. Staff or patients can be carriers; it can happen at any time and come and go. MRSA infections usually develop in hospitalised patients who are; elderly, very sick, have an open wound such as from an operation or bed sore.

### **How does it spread?**

The infection is spread mainly through direct physical contact, for example touching objects; towels, sheets or wound dressings that have been contaminated by the skin of an infected or colonised patient.

Unwashed hands are the main source of infection. As nurses and doctors have a lot of hand contact with patients MRSA can be carried on their hands from patient to patient. Airborne contact, through coughing and sneezing is only thought to be responsible for a small percentage of MRSA cross-infections.

### **Can it spread to others?**

The main risk is to other patients. Friends and family are very unlikely to get MRSA, especially if they wash their hands after patient contact. Visitors with a severe skin condition, or open wounds may be at extra risk of infection, and should discuss their condition with the ward sister before visiting a patient with MRSA.

### **How can MRSA be prevented from spreading to other patients?**

By keeping your hands clean: wash thoroughly with soap and water or using the alcohol hand rub provided on the ward.

### **Will I always have MRSA?**

- Yes, when in hospital you will be nursed as if you are MRSA positive once positive, always positive.
- Patients with MRSA are nursed with special precautions such as disposable aprons and gloves.
- Staff and visitors are asked to wash their hands or use alcohol hand rub after contact with infected patients.