

Methicillin Resistant *Staphylococcus Aureus* (MRSA)

What is MRSA?

Staphylococcus aureus (often called “staph”) are bacteria that live in the nose and on the skin of about 25 percent of healthy people and 70 per cent of the chronically ill. Occasionally, these bacteria can get into the body (for example through a break in the skin) and cause minor infections, such as pimples or boils, or more serious infections such as pneumonia.

Methicillin is one of the antibiotics normally used to treat such staph infections, but these bacteria have developed resistance to methicillin and are no longer killed by this (and many other) antibiotics. Therefore, these bacteria are referred to as methicillin resistant *Staphylococcus aureus* (MRSA).

What if I am colonized with MRSA?

People who are colonized with MRSA have no signs of illness and do not usually require any special medical treatment. Treatment to eliminate the bacteria may be attempted for the hospital patient or resident in a long-term care home. This therapy may involve applying antibacterial ointment to the nostrils, taking an antibiotic orally and/or having baths with special soap to remove MRSA from the skin.

How is a MRSA infection treated?

MRSA can cause a variety of infections depending on how it enters the body. It can cause wound infections, skin infections, pneumonia and urinary tract infections. The infected person’s physician will determine treatment. As with all antibiotics, do not miss a dose or stop taking the drug before you finish all the medicine unless directed by your physician.

Who is likely to get MRSA?

Healthy people are usually not at risk of becoming infected with MRSA. However, the following risk factors do make a person more susceptible to acquiring MRSA:

- Recent admission to a hospital
- Residing in a long-term care home
- Frequent use of antibiotics
- Poor hygiene
- Over the age of 65 or under 6 months
- Exposure to a person colonized or infected with MRSA
- Prolonged or frequent hospitalization, especially if in a critical care area
- Surgical procedure
- Severe or chronic disease
- Immunocompromised status
- Insertion of a catheter or tube
- Having an open wound

For further information, please call:

York Region Health Connection 1-800-361-5653

TTY 1-866-252-9933 or visit www.york.ca

What is Community-Associated MRSA?

Recently there has been evidence of MRSA infection beginning in the community rather than in a hospital or long-term care home. The affected individuals in the community lack the usual risk factors for a MRSA infection (see bullets above). Certain populations seem to be more susceptible than others. Some of these groups include sports teams, homeless people, military troops, and children who attend daycare. In these groups, the spread of infection is likely due to crowding, frequent skin-to-skin contact, poor hygiene, contaminated environments (e.g. locker rooms) and the sharing of personal items that may become contaminated. Most of the time these infections are skin related (boils, cellulitis, impetigo) but occasionally these infections can be serious.

How is MRSA spread?

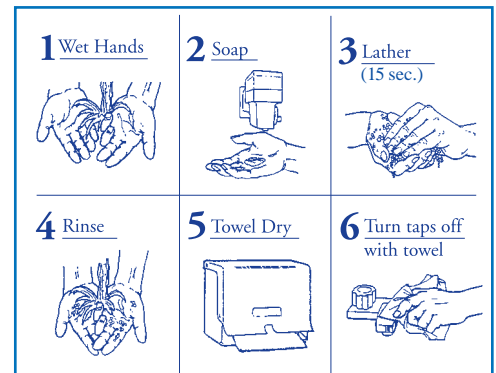
MRSA lives in and on the bodies of people who are colonized or infected. When these people touch their face or skin, or when they go to the bathroom, their hands may become contaminated with MRSA. If they do not wash their hands adequately before touching another person or items in their environment, they could potentially transfer this germ. Health care workers who care for MRSA positive patients may also contaminate their hands, and if they do not wash their hands adequately, they could transfer this germ to another patient. MRSA can survive on surfaces (e.g., counters, door knobs) and be transferred to another person when a person touches the contaminated surface and then touches their face or skin. MRSA is **not** spread through the air.

What can be done to stop the spread of MRSA?

1. Practice good hand hygiene. This is the most effective way to stop the spread as MRSA is mainly spread by unwashed hands.

a. Wash hands frequently for at least 15 seconds using the 6-step method, and especially:

- After visiting the washroom
- Before handling, preparing, serving or eating food
- When hands look or feel dirty
- After blowing your nose, coughing or sneezing
- When providing care to an ill person
- When visiting a hospital or long-term care home



OR

b. Use a hand sanitizer when handwashing facilities are not available and hands are not visibly soiled. When using a hand sanitizer, apply enough to wet the entire hand and rub solution into hands until completely dry.

2. Clean the environment. In addition to practicing good hand hygiene, thoroughly clean the person's environment (bedroom, bathroom, equipment) to prevent further spread of the organism. Use an all purpose household cleaner and follow the directions on the label.

Be sure to:

- Remove any visible feces (stool) **prior** to starting the cleaning process
- Always clean in the direction of **least soiled to heaviest soiled areas**
- Wet the surface well and clean using good **friction**

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- Pay special attention to frequently touched surfaces and areas that may be soiled with feces such as the toilet and sink. For heavily soiled areas you may want to **disinfect** the area using a solution of 5 ml (1 teaspoon) of household bleach mixed with one litre of water. Apply the solution to the surface after cleaning and **allow surface to air dry**

Note: No special precautions are required for handling dishes or waste

3. Clean Clothes/Fabric. Wash clothes/fabric separately if they are heavily soiled with feces:

- Rinse off feces
- Clean in a hot water cycle with soap
- Dry items in the dryer on high heat if possible
- Dry clean where appropriate

4. Use Antibiotics Wisely. To limit the development of new antibiotic resistant organisms, we all have to use antibiotics properly. It is important to:

- **Finish any antibiotics prescribed for you**, even if you feel better before they are gone. If you do not take all of your antibiotics, some of the stronger bacteria will not be killed and these may develop antibiotic resistance
- **Use antibiotics only for serious bacterial infections.** Antibiotics do not kill viruses like influenza (the “flu”) and the common cold, and so you should not take antibiotics for them. By taking an antibiotic when it is not needed, you could be helping the bacteria in your body to develop resistance to that antibiotic
- **Only take antibiotics prescribed for you;** do not share them with others who have a similar illness

Can people with MRSA have visitors?

Yes. Restrictions on activities or visitors at home or in the community are not necessary.

- If you are visiting a person with MRSA in hospital or a long-term care home, you may be asked by staff to wear gloves and gown before having contact with the person or his/her environment. This will reduce the chance of your spreading the germ to others. It is very important to perform hand hygiene after visiting these facilities. Wash your hands using the six-step method or use a hand sanitizer if hands are not visibly soiled
- When visiting health care providers in the community (doctor, nurse, physiotherapist), tell them about your MRSA so they can take the appropriate precautions (e.g. handwashing, use of gloves)

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