

## INFECTION CONTROL

**SUBJECT:** MRSA

**POLICY:**

Persons with a known history of MRSA, who may be colonized but do not have an active MRSA infection, are eligible for elective surgery at LSI following proof of negative MRSA screening and/or decolonization.

Persons with known active MRSA infections will not be accepted as elective patients due to the risk posed to the patient with the infection as well as other patients and visitors. They may be reconsidered for surgery only after completing treatment and resolution of the infection.

Persons with a surgical site infection following surgery at the Center, who are returning for I&D/washout/cultures, will be considered to be at high risk for MRSA and will be scheduled as “last case” on the surgery schedule to further minimize the risk of nosocomial MRSA transmission in the Center.

1. Preliminary screening questions regarding signs/symptoms of current or recent infection, or any history of an antibiotic resistant infection, will be asked during initial scheduling discussion with the patient. Patients with a stated positive history will be routed to the Medical Clearance staff for further inquiry, screening, work-up, treatment, and/or decolonization as indicated.
2. Patients with active infections will not be scheduled for surgery at the Center until resolution of the infection is verified by the patient’s primary physician and/or LSI Medical Staff.
3. If a patient fails to disclose a positive history and arrives in the Clinic for H&P and preop work-up, at which time a practitioner discovers a positive history without current infection, a screening test (nasal swab) will be completed and surgery will be delayed until a “negative” test result is received (typically 48 hours). If the test returns positive, the patient must be sent home or sent out for decolonization before returning for surgery.
4. If a patient is admitted to the Center for a procedure or surgery, and is found to have signs and/or symptoms of infection such as fever or draining wounds, the surgeon and supervising anesthesiologist will be notified immediately for evaluation and surgical decision.
5. **It is important to note that Universal Precautions, conscientious hand hygiene and current environmental cleaning procedures are sufficient to prevent the transmission of MRSA within the facility. Not all patients that are colonized and/or who have active MRSA infections will self-report and it is highly likely that many MRSA patients will go undetected through admission, surgery and discharge.**

6. If a patient with a postoperative wound infection requires reoperation at the Center for I&D/washout/cultures, appropriate levels of caution should be maintained in the Center according to infection control guidelines
  - a. Patient should be scheduled for last case of the day if possible.
  - b. Non-disposable items (bed, BP, equipment, etc.) coming in contact with the patients shall be thoroughly disinfected with germicide and/or sterilized as needed per current cleaning and decontamination procedures.
  - c. When staff is in direct contact with an infectious patient in the Center, they shall adhere to universal precautions regarding personal protective equipment and place particular emphasis on hand hygiene.
  - d. Assure proper disposal of disposable supplies, needles, syringes, etc., used with infectious patients.
  - e. The care areas and OR occupied by the MRSA patient will be thoroughly cleaned as would be the case for any patient.
  
6. The Director of Nursing and Infection Control Nurse will be responsible for monitoring all the infection control procedures and for tracking MRSA patients.