

HARBOR-UCLA MEDICAL CENTER

SUBJECT: MRSA SCREENING AND EDUCATION

POLICY NO.: 328

PURPOSE:

To ensure, in accordance with State law and California Chapter 296: 1) screening for asymptomatic colonization with methicillin-resistant *Staphylococcus aureus* (MRSA) upon hospital admission in selected patients at increased risk for MRSA infection; 2) screening for asymptomatic colonization with MRSA upon hospital discharge in selected patients at high risk for MRSA colonization and infection; and 3) counseling for selected patients found to be positive for MRSA.

POLICY:

Harbor-UCLA Medical Center shall identify selected patients at risk for infection or colonization with MRSA by screening within 24 hours of admission. Additionally, MRSA screening will be performed on certain patients at very high risk for MRSA upon hospital discharge.

BACKGROUND:

MRSA "colonized" refers to the presence of this organism on a patient in the absence of clinical signs or symptoms of infection. "Infection" refers to the presence of the organism with concomitant clinical signs and symptoms attributable to MRSA.

Effective January 1, 2009, in accordance with California Chapter 296 (formally Senate Bill 1058), the following patients are required to be screened for MRSA colonization within 24 hours of hospital admission:

- Patients scheduled for inpatient surgery who have diabetes mellitus or who are immunocompromised (the latter as determined by the physician of record).
- Patients discharged from a general acute care facility within the 30 days prior to hospital admission, not to include rehabilitation facilities or temporary housing facilities, (e.g., shelters).
- Patients admitted to any intensive care unit.
- Patients transferred from a skilled nursing facility.
- Patients who will receive inpatient dialysis treatment.

EFFECTIVE DATE: 3/09

SUPERSEDES:

REVISED: 7/11, 6/14, 4/15, 9/16, 7/20

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REVIEWED COMMITTEE: Infection Prevention and Control Dept.

APPROVED BY: 
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Effective January 1, 2011, in accordance with California Chapter 296 (formally Senate Bill 1058), California law mandates that the following patients are required to be screened for MRSA colonization immediately prior to discharge:

- Patients who show evidence of increased risk of invasive MRSA shall again be tested for MRSA.
- Testing upon discharge shall not apply to a patient who has tested positive for MRSA infection or colonization upon entering the facility.
- Patients who test positive for MRSA infection shall receive oral and written instructions regarding aftercare and precautions to prevent the spread of the infection to others.

PROCEDURE:

1. At each patient hospital admission, the physician of record must order a MRSA surveillance culture if the patient fulfills any of the above five criteria. **NOTE:** Patients previously known to be positive for MRSA colonization or infection do not require MRSA screening as they are still considered MRSA colonized.
2. The nurse from the receiving unit or ward will collect a nasal swab from the anterior nares and send the specimen to the Pathology Laboratory, Specimen Receiving window. **NOTE:** If the patient will be admitted to the hospital (e.g., from the Emergency Department [ED]) but has not been transferred to an inpatient unit after 24 hours of stay in the ED, the ED nurse assigned to the patient will collect and submit the MRSA screening culture.
3. Prior to collecting the specimen, the person performing the procedure must perform hand hygiene. Specimen collection includes swabbing both anterior nares by inserting the swab 1-2 cm into the right nostril and rotating the swab in a 360-degree circle over the septal area (against the inside of the nostril) and then using the same swab repeating this process with the left nare. Hand hygiene must be performed after specimen collection.

NOTE: If the patient cannot have a nares swab performed for MRSA screening (e.g., major facial trauma, a neonate whose nares are too small to allow the swab to be placed into the nares, etc.) the inguinal region will be an alternative source to swab. An inguinal swab will be performed by putting the swab in the bottom right inguinal fold and swabbing with upwards motion from bottom to top of right inguinal fold; while moving the swab upwards, simultaneously rotate swab at least two complete turns. Using the same swab, repeat the technique on the left inguinal fold. If the nares and inguinal regions cannot be swabbed, then a rectal swab (performed by placing the swab approximately 1 cm into the rectum and rotating the swab fully two times) can be performed.

4. The specimen should be placed in a collection tube designated for MRSA screening.
5. All MRSA swabs should be sent to the Pathology Laboratory at Specimen Receiving window with a requisition labeled "MRSA screening" (source: nasal).
6. Prior to hospital discharge, patient education regarding MRSA will be conducted by the assigned nurse to all patients known to be infected or colonized with MRSA. Verbal education will be done under the administrative supervision of the patient's resident and/or attending physician. A written MRSA information sheet will be provided to the patient by the nurse, and education given will be documented in the patient's electronic medical record.

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NOTE: To comply with Health Insurance Portability and Accountability Act (HIPAA) regulations, if the patient is not able to understand or receive information about MRSA (e.g., because of severe medical conditions or underlying neurologic impairment), MRSA education will be given only to those family members or the guardian (e.g., those with durable power of attorney, conservatorship, etc.) who are able to legally obtain medical information. In cases where family members cannot be informed about patient's diagnosis, MRSA information will not be provided.

The following patient group will be screened upon hospital discharge: Patients who have undergone renal transplant and their cadaveric kidney still functions. Patients in this group will have MRSA screening, as described above, performed by the Renal Transplant Service personnel or their designees upon planned discharge.

Verbal and written instructions regarding MRSA aftercare and precautions to prevent the spread of the infection to others will be provided by the Renal Transplant Service or their designees to those patients who test positive. Instructions given will be documented in the patient's electronic medical record.

REFERENCES:

- California Code of Regulations, Title 22, Health and Safety Code, Sections 1255.8 and Section 1288.5 (b) (1) B, (c), (D), and (E).
- www.cdph.ca.gov/services/boards/Documents/SB1058chaptered09_25_08. Pdf (Accessed August 9, 2016).