

Critical Care MRSA Prevention Policy

Steve Batson, Jim Down, Sandra Hinds, Geoff Bellingan May 2008

Many critical care units have recently started routinely washing all patients with chlorhexidine as a method of reducing the incidence and spread of MRSA. There is anecdotal evidence that this has led to significant fall in the incidence of MRSA and some units adopting this policy are now reporting MRSA bacteraemia rates of zero. There is no consistency between units on the strength of chlorhexidine used or the frequency of the washes. UCH Critical Care Unit has agreed to adopt the following policy in relation to washing patients.

- 1) All patients will have preventative washes for 5 days from admission. This will be followed by 5 days of standard washes.
- 2) This cycle will continue until discharge.
- 3) If a patient has a positive MRSA screen then 5 days of preventative washes will be added over and above the 5 days on, 5 days off regimen instituted on the day of the positive screen as part of the suppression therapy currently in place.
- 4) The product used will be hibiscrub which contains 4% chlorhexidine.
- 5) Hibiscrub should be poured undiluted onto a damp cloth and applied to the patient. Once the application of the hibiscrub is complete it can then be washed off in the same order it was applied. Once the patient is dry chlorhexidine powder should be sparingly applied to the axilla and groin areas. The hibiscrub should not be diluted into the washbowl. Care should be taken around the face and any surgical wounds as hibiscrub should not be allowed to enter any body cavities.
- 6) Self caring / ambulant patients should be asked to shower with hibiscrub or wash using the same process outlined above during the "5 days on" period at least daily.
- 7) In order to remind staff of the days when preventative washes are required the background of the "number of days since admission" section on the top line of the CIMS will turn pink. On days with standard washes the background will be blue. On the 5 days where suppression therapy is required following a positive screen the background will also be pink. The trigger for this to happen is that Mupirocin has been prescribed and given (see examples below).
- 8) One percent of people are sensitive to chlorhexidine. In these cases the alternative product Octenisan, which is not chlorhexidine based, should be used. If sensitivity to this product is suspected medical advice should be sought. Any adverse effects observed with either product should be reported on an adverse incident form.
- 9) Patients excluded are those with active inflammatory skin conditions (e.g. psoriasis, cellulitis etc), however we will include those who have a history of these types of skin problems but are not in an active inflammatory phase.
- 10) This policy will form part of the MRSA policy for Critical Care at UCH.

Examples of when chlorhexidine washes would be required (Pink = Chlorhexidine, Blue = Standard)

No MRSA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
No Mupirocin given																				
Positive MRSA screen day 4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Mupirocin given				✓	✓	✓	✓	✓												
Positive MRSA screen day 9	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Mupirocin given									✓	✓	✓	✓	✓							