

MRSA Policy

State whether the document is: <input checked="" type="checkbox"/> Trust wide <input type="checkbox"/> Business Group <input type="checkbox"/> Local	State Document Type: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Standard Operating Procedure <input type="checkbox"/> Guideline <input type="checkbox"/> Protocol		
APPROVAL / VALIDATION	<i>Infection Prevention Committee</i>		
DATE OF APPROVAL / VALIDATION			
INTRODUCTION DATE			
DISTRIBUTION	<i>All staff must be aware of this corporate policy Available on the IP Microsite</i>		
REVIEW	Original Issue Date <i>October 2000</i> Review Date (If appropriate)		
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AUTHOR/FURTHER INFORMATION	<i>N Featherstone Senior Infection Prevention Nurse Ext 4669</i>		
THIS DOCUMENT REPLACES	<i>Screening of elective admissions for MRSA, version 1, February 2009 Version 4, (IPC 11)May 2009 Version 3, (IPC 14) May 2007 Version 2, April 2005 Version 1, October 2000</i>		
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Issue No	Page	Changes made (include rationale and impact on practice)	Date
Version 5	ALL	Two policies (MRSA screening and MRSA) joined to one	September 2010

1. INTRODUCTION/PURPOSE OF THE DOCUMENT

MRSA is **Methicillin-resistant *Staphylococcus Aureus***. It is a bacterium that is resistant to certain antibiotics including all B lactams (e.g. flucloxacillin). MRSA is not a significant risk to healthy people including health care workers and visitors, but can cause a serious infection in vulnerable patients. Such infections can be both difficult and costly to treat in human and financial terms. Like other *S. aureus* strains, MRSA colonises moist or broken skin, in particular the axillae and groin areas. The most common carriage site is the nostrils. MRSA can cause a wide variety of infections including skin and wound infections and bacteraemia (bloodstream infection).

MRSA is spread from person to person either by direct or indirect contact. In a hospital environment MRSA is most commonly spread on the hands of health care workers. Hospital equipment can be a route of spread if not adequately decontaminated between patients. Patients with MRSA are likely to contaminate objects and the hospital environment in their vicinity. Subsequently this contamination can be transferred to other patients.

The aim of this policy is to:

- Provide SNHSFT staff with the information they need to identify and manage patient/s that are colonised or infected with MRSA, and those who are at high risk of being so.
- Provide SNHSFT staff with the screening process for elective and emergency admissions
- Ensure that patients with MRSA have effective and appropriate care
- Reduce the risk of transmission of infection from MRSA

2. STATEMENT OF INTENT / SCOPE OF THE DOCUMENT

This policy applies to all those working in the Trust, in whatever capacity. A failure to follow the requirements of the policy may result in investigation and management action being taken as considered appropriate. This may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees; and other action in relation to other workers, which may result in the termination of an assignment, placement, secondment or honorary arrangement.

3. SUMMARY OF THE DOCUMENT

This policy outlines the procedures for the safe and effective management of patients who have or are at high risk of having MRSA. It aims to help prevent and control the spread of MRSA within SNHSFT and to provide a safe environment for all patients, staff and visitors.

The policy aims to provide SNHSFT staff with the information that they need to implement the SNHFT MRSA Screening Programme.

This is a mandatory policy to be complied with by all clinical and non-clinical staff both permanent and those on a temporary basis such as students. It should be read in conjunction with the SNHFT Isolation Policy.

4. DEFINITIONS

- **Bacteraemia** – Isolation of a bacterium (in this case MRSA) from a patient's blood.
- **Carriage** – the presence of a micro-organism at a body site on or in a patient (either or both of “colonisation” and “infection”).
- **Colonisation** – the presence of a micro-organism at a body site on or in a patient, not causing infection.
- **Decolonisation** – the process of applying antimicrobial substances (e.g. disinfectants or antibiotics) to a patient with MRSA in an attempt to reduce the numbers of MRSA organisms to a safe level
- **Emergency admission** – patients admitted directly i.e. in the absence of any planned waiting period.
- **Elective admission** – a patient admitted following a planned period of waiting. This may be from a waiting list, from being “booked” (i.e. given a date at the time the decision to admit was made) or following any other plan for delayed admission.
- **Infection** – symptoms and signs caused by pathogenic (harmful) micro-organisms. These would include local evidence of inflammation (e.g. pain, redness, tenderness, swelling, and heat), systemic effects (e.g. fever, hypotension and shock) and presence of raised inflammatory markers (e.g. white blood cell count and C-reactive protein, CRP).
- **Known positive for MRSA** – MRSA has been isolated from a patient during the current admission, either through screening or microbiological investigation of possible infection.
- **MRSA-positive** – MRSA is present in or on a patient
- **MRSA screening** – the process of identifying patients who are MRSA carriers, by microbiological sampling.
- **MRSA** – Methicillin-resistant *Staphylococcus Aureus*
- **Prophylaxis** – administration of an antimicrobial agent in order to prevent the development of infection. In this policy “topical peri-operative prophylaxis” refers to topical anti-MRSA agents and “systemic peri-operative prophylaxis” to intravenous anti-MRSA antibiotics, both administered at or around the time of a surgical procedure.

5. ROLES & RESPONSIBILITIES

5.1 The Board of Directors: Have the overall responsibility and accountability for Infection Prevention, for ensuring a sound system of internal control that supports the achievement of the Department of Health objective for MRSA.

5.2 The Chief Executive: Has overall responsibility for the implementation of this policy. The Chief Executive delegates this responsibility to the Medical Director as the Director for Infection Prevention.

- Signs statement of compliance for the Department of Health regards MRSA screening.
- Monthly sign off of MRSA bacteraemias for the MESS Data

5.3 The Medical Director: As Director of Infection Prevention has the responsibility for the management of infection prevention within the Trust in partnership with the Director of Nursing and Midwifery

- Will report MRSA surveillance data to the clinical effectiveness committee and Trust Board

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- Chair Serious Untoward Incident meeting for all MRSA bacteraemia

5.4 The Director of Nursing and Midwifery: As the nominated Executive Director of the Trust with responsibility for the Nursing management of infection prevention and in partnership with the Medical Director has responsibility for the management of Infection Prevention

5.5 Assistant Director of Nursing (Infection Prevention): Has overall managerial responsibility for the Infection Prevention Team

- Ensure regular reports for MRSA are submitted to the Board
- Review current practice with the Infection Prevention Team ensuring evidence based

5.7 Infection Prevention Team:

- Perform surveillance on all new MRSA isolates
- Facilitate root cause analysis of MRSA bacteraemias
- Produce reports on surveillance data for the infection prevention committee
- Review all surveillance to monitor trends and facilitate appropriate measures
- Ensure new MRSA positive patients are alerted on PAS
- Ensure MRSA data is completed on the MESS database for the Department of Health
- Ensure provision of facilities are in place for screening all appropriate patients for MRSA

5.8 Associate Directors:

- Ensure MRSA is a standing agenda on the Business quality board meetings
- Oversee the application of this policy and associated procedures into their service.
- Provide assurance that MRSA screening and eradication are being adhered to within the business group

5.9 Clinical Directors:

- Ensuring appropriate antimicrobial and decolonisation prescribing by their staff
- Oversee the application of this policy and associated procedures into their service
- Review controls following incidents of MRSA bacteraemia.

5.10 Heads of Nursing:

- Ensure the analysis of an MRSA bacteraemia formulates an action plan
- Ensure that MRSA bacteraemia action plans are fed back through the business group quality board
- Ensure systems are in place for highlighting MRSA positive patients
- Review controls following incidents of MRSA bacteraemia.

5.11 Ward and department Managers:

- Ensuring prescribed antimicrobial agents are given at the correct time and dosage
- Ensure all patients are screened as per policy
- Ensure that all patients commence on decolonisation treatment as per policy
- Ensure all patients MRSA status is checked on admission to their ward/department

- Provide information to patients and visitors as required
- Identify to their line manager any problems or failings associated with the prevention of MRSA

5.12 Pharmacists:

- To monitor adherence to antimicrobial prescribing

6. THE POLICY

6.1 STANDARDS

Safe, effective and prompt detection and management of patients with MRSA requires adherence to the following standards:

Antimicrobial Prescribing

- All Divisions must put into place the Trust guidelines for effective antimicrobial prescribing to avoid unnecessary antibiotic prescribing. Adherence to antimicrobial prescribing guidelines will be monitored by the antimicrobial and ward pharmacists, non adherence will be referred to the microbiology ward rounds or more urgently to a medical microbiologist if required.
- Guidelines for surgical prophylaxis include recommended choice of agents and regimens for patients at high-risk of MRSA colonisation or infection or known to be colonised or infected with MRSA
- Guidelines for antibiotic prescribing will be audited quarterly by the antibiotic pharmacist to demonstrate effective prescribing patterns are maintained and fed back via the infection prevention committee
- All Consultant medical staff are responsible for ensuring appropriate antimicrobial prescribing by their junior staff. This includes ensuring courses of antimicrobial agents are prescribed at the correct time, duration and dosage and this includes topical decolonisation agents.
- Nursing staff are responsible for ensuring prescribed antimicrobial agents are given at the correct time and the correct dosage. This includes topical decolonisation agents.

Surveillance of MRSA

- The Infection Prevention Team will perform surveillance for new MRSA isolates routinely as part of alert organism surveillance. Clinical areas will be informed of all newly-identified MRSA-positive patients by the laboratory/Infection Prevention Team.
- The Infection Prevention Team will perform in conjunction with the clinical team, root cause analysis (RCA) of MRSA Bacteraemias in line with the Department of Health requirements, in some instances these will be investigated as serious untoward incidents. The results of the RCA will be fed back to Clinical and Management Teams for action.
- Clinical and Management Teams are responsible for ensuring review of each clinical case of MRSA Bacteraemia and implementation of local action plans to improve practice.
- MRSA surveillance data will be reported by the Infection Prevention Committee, at Business Group Boards and by the Clinical Effectiveness Committee.

- The Infection prevention team will review all surveillance in order to monitor trends and facilitate prevention and control measures.

MRSA Screening

- All elective admissions prior to admission will be screened for MRSA by taking a nasal swab.
- All emergency admissions will be screened for MRSA by taking a nasal swab and if necessary other susceptible sites.
- On a monthly basis Care of the Elderly and long stay wards will screen all their patients on their designated date.
- In addition to admission screening certain patients will be screened prior to invasive and high-risk procedures e.g. cardiac catheterisation, insertion of PEGs

MRSA Decolonisation

- All elective admissions found to be MRSA positive will be given topical decolonisation in an attempt to eradicate MRSA, and reduce the subsequent risk of infection prior to admission.
- All emergency admissions with high risk of MRSA colonisation will commence on decolonisation bodywash prior to receiving the screening result. If screening result is negative (for MRSA colonisation), the decolonisation prescription should be stopped. This can be performed by medical or nursing staff.
- 3 doses of eradication treatment can be given by nursing staff prior to the prescribing by the medical team under the PGD.

Isolation Care

- All patients found to be MRSA positive will have an alert placed on the PAS system by the Infection Prevention team Responsibility for checking previous MRSA history and required treatment rests with medical and nursing staff who admit the patient.
- All patients with MRSA will be managed with standard / universal precautions.
- In addition, contact precautions will be implemented in all wards and departments unless stated otherwise in local policy and approved by the Infection Prevention Team.
- Single room isolation will be implemented for all patients in accordance with the isolation risk score where possible.

Where single room isolation cannot be achieved an MRSA cohort bay must be established, and Bed Management and Site Co-ordination Teams informed.

Documentation

- The MRSA status of all patients must be accurately recorded in pre-op, medical and nursing notes, including information on topical decolonisation therapy and specimen results. This is the responsibility of the medical and nursing teams caring for the patient, and is essential to ensure safe, effective care.
- All MRSA positive patients will be alerted on the PAS system by the Infection Prevention Team.
- New MRSA isolates that are inpatients will have a sticker placed in the medical and nursing notes by the Infection Prevention team.

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Communication and Patient information

- Patients and visitors must be provided with accurate information on MRSA, including the risk of infection and management of those who are positive. This is the responsibility of the medical and nursing team admitting or providing care for the patient.
- Every patient who has MRSA must be given a Trust MRSA information leaflet. Information leaflets are available on the intranet site of the Trust.
- Accurate information on MRSA status must be recorded and communicated to other wards and departments within Stockport NHS Foundation Trust (SNHSFT) in order to facilitate safe care.
- Accurate information on MRSA status including information on topical decolonisation and specimen results, must be recorded and communicated to staff in primary and community care and upon transfer to another organisation or discharge home. This information for all patients should include the risk of infection during procedures, and information for those found to be positive on their management.
- Section on discharge summary to be completed by medical team

Provision for patients whose first language is not English or who have other communication needs.

This trust is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. There are no circumstances in which it would be acceptable for any family member or friend to interpret any discussion. The Trust has a responsibility to ensure that every patient who under goes treatment has been able to make an informed decision. This means that we have to be certain that the patient fully understands the information provided to them in regard to the treatment or procedure they are considering.

Whilst family members/ friends cannot be relied on to act as an interpreter, they should be allowed to remain with the patient if the patient wishes for them to be present to provide personal support during any discussions where an interpreter is engaged.

All the trust leaflets include a text box containing the following paragraph in the five most common local languages:

“A free interpreting service is available if you need help with this information. Please telephone Stockport Interpreting Unit on 0161 477 9000”

Services for Hearing Impaired people

Where sign language is considered to be the most appropriate method of communication, arrangements should be made for a qualified British Sign Language (BSL) interpreter to be present.

If you require a **signer or lip speaker** for deaf or hearing impaired patients please contact the **Royal National Institute for Deaf People** (RNID) on telephone **0161 276 2307 (speed dial 6115** from within the hospital) or fax 0161 276 2328.

Staff and MRSA

Staff will be informed and managed by the Occupational Health Department, in strict confidence, following an MRSA screen.

Diagnostic Investigations and Treatment in other Departments

- All patients with MRSA may visit other departments for investigations or treatment provided the department is informed of the patient's MRSA status in advance. Though standard precautions are usually adequate in most departments for most investigations, this information will allow staff in these departments to call the patient in a timely manner and to take appropriate additional infection prevention precautions if necessary during the procedure.
- The patient can be seen at any time during the working session provided contact precautions are implemented by staff who have hands-on contact with the patient.
- Equipment used on the patient must be cleaned after use.
- Gloves and aprons must **not** be worn to push the bed or trolley through the hospital.
- Hand hygiene using alcohol gel is sufficient in this situation.

Theatres

- MRSA positive colonised patients who have completed decolonisation therapy can be placed anywhere on the operating theatre list provided all surfaces and equipment are cleaned between the MRSA positive patient and the next patient.
- MRSA patients who have not received the decolonisation treatment prior to admission should have a wash with the body wash prior to surgery and be placed last on the list.
- Patients colonised with MRSA who have evidence of clear infection, should have a wash with the body wash prior to surgery and be placed last on the list.
- Routine cleaning measures should be adequate between the MRSA colonised patient leaving the theatre and the next patient entering in conventionally ventilated theatres. If the patient is MRSA infected or has not received the decolonisation treatment prior to admission, the theatre **MUST** be rested for 15 minutes prior to the next case, this allows sufficient time for adequate air change between patients or the patient should be placed at the end of a list. Airflows in ultra-clean theatres make a minimum time unnecessary.
- MRSA positive patients may be recovered in recovery units, providing contact precautions are adhered to, and equipment in contact with the patient is cleaned after use using detergent/water or detergent wipes.
- Procedures that require antibiotic prophylaxis – for ALL MRSA positive patients or high risk status unknown patients the antibiotic guidance should be checked.

6.2 SCREENING PROCESS

All patients screened for MRSA should:-

- Be given a Patient Information Leaflet, giving information about the MRSA screening process and treatment options and asked for verbal consent to being screened. This information leaflet is located on the Infection prevention microsite under patient information leaflets.
- Nurses should make a note in the patient's medical and nursing notes also if necessary on the pre- op assessment sheet as to whether there is a history of allergy to any products used in MRSA decolonisation (this includes arachis/peanut oil, which is a component of Naseptin), and the presence or absence of potentially "hard-to-decolonise" sites, as defined above.
- Details of how to take screening swabs are given in Appendix 1. Swabs should be taken from the following sites:
 - All patients: Anterior nares (use a single swab to sample both nostrils)
 - In addition, swabs should be taken from sites that are likely to be colonised. This would include exit sites of indwelling cannula, PEG sites, stoma sites, supra pubic catheter or discharging wounds. These sites should be sampled only if it is practicable to do so, and sampling will not usually be done if complex dressings or bandages would need to be taken down. A separate swab should be used for each site, if patient has a catheter insitu then a CSU needs to be taken and sent to the lab for MRSA screening.
- All MRSA screening swabs except the wounds should be put in a single specimen bag and submitted to Microbiology with a single request form sample labelled "MRSA screening – elective admission" or "MRSA screening – emergency admission". They will be processed in the laboratory as a single specimen. The wound swab should be on a separate form for micro & sensitivity and MRSA.
- Submission of MRSA screening specimens should be documented in the nursing notes. NB: If there are sites that are considered to be clinically infected (e.g. erythematous wounds or inflamed sites) additional swabs should be sent to Microbiology on separate request forms, with appropriate clinical details and a request for culture and sensitivity testing. These specimens should be submitted separately from MRSA screening swabs, as they will be processed separately and differently.
- It is within the rights of a patient to refuse to be screened for MRSA. In this situation the patient should be reminded that screening is in the best interests of both the patient and the other patients in the hospital, and it is a Department of Health requirement that screening is offered. If the patient continues to refuse this should be noted in the nursing or clinical notes.

Elective admissions

All patients that are listed for an elective admission for a medical or surgical procedure to SNHSFT are to be screened for MRSA. **If patients being admitted fall into the exclusion criteria (Table 1) but are deemed to be high risk (Table 2) they need to be screened**

Table 1 - EXCLUSIONS TO ELECTIVE MRSA SCREENING-
Day case ophthalmology
Day case dental
Day case endoscopy
Minor dermatology procedures, e.g., warts or other liquid nitrogen applications
Children/paediatrics unless already in a high risk group
Maternity/obstetrics except for elective caesareans and any high risk cases, i.e. high risk of complications in the mother and/or potential complications in the baby, (e.g. likely to need SCBU, NICU because of size or known complications or risk factors.)

Table 2 - HIGH RISK MRSA SCREENING (continue to be screened as per MRSA policy)
Previously or known colonisation with MRSA
Hospitalisation within the last 90days
Institutional residence such as nursing, care home placements
Transfers in from other health care establishment
Those patients admitted with chronic illnesses such as Diabetes, Asthma etc
Those patients admitted with chronic skin conditions/soft tissue lesions
ALL trauma patients
ALL Urology patients
All patients with medical devices insitu

When patients attend for pre-operative assessment a check will be made to ensure that MRSA screening has taken place at listing and if not an MRSA screen will be carried out at pre-operative assessment. If patient is due to be admitted within 7 days they must be screened, assessed as to high or low risk. If the patient is high risk they must be commenced on decolonisation agents until advised negative or they have procedure.

Emergency admissions

All patients that are admitted to SNHSFT as an emergency are to be screened for MRSA and those that are high risk (Table 2) to be commenced on the decolonisation body wash prior to receiving the result.

Where patients refuse consent for MRSA screening this should be clearly documented in the notes and the Consultant responsible for care informed. Patients who refuse to be screened but are deemed high risk for MRSA colonization will be offered a 5 day course of MRSA decolonisation.

6.3 SCREENING RESULTS

Elective admissions

- Positive results will be communicated by the Infection Prevention Team.
- Advice will be provided with the positive results to the patient / GP of the next steps required in the form of patient information leaflets and letters. The GPs of patients outside of the Stockport & Buxton area will be asked to prescribe decolonisation treatment.
- A patient group directive will be used by the Infection Prevention Nurses; Specialist nurses in urology to issue decolonisation therapy to positive patients.

- The Infection Prevention Team will distribute these packs to GP surgeries in Stockport and Buxton via the Department of Laboratory Medicine
- GP practices within Stockport and Buxton will be asked to contact the Infection Prevention Team if patients have not collected their treatment within two weeks of it arriving at the GP surgery.
- All positive MRSA screen patients will have this information recorded in their clinical notes
- The Infection Prevention Team will update PAS.

Emergency admissions

- Receipt of MRSA screening specimens by the laboratory is indicated in the Results Server under “Orders”. If a request is not visible on the Results Server within 24 hrs of submission then it has not been received by the laboratory. **This should not be checked by telephone, as the information available to the laboratory staff is the same as that available to the Results Server.**
- Screening results are available 48-72 hrs after the sample is received in the laboratory, and released to the Results Server as soon as the test is complete (NB: processing of samples received after approx. 16:30 will not commence until the following working day, and results will be delayed accordingly). It is the responsibility of the Divisions to have systems in place to ensure that MRSA screening requests are followed up on the Results Server until either a positive or negative result is available. MRSA screening results should be looked up using the “Patient Search” feature rather than the “Locations Search” feature, as there is a delay in updating patient locations in the Results Server.
- If a MRSA screen is not visible on the Results Server within 2 days of submission it has not been received in the laboratory. Attempts should be made to trace the samples or re-screen the patient.
- The screening process in use in SNHSFT uses “pooled” samples, so the positive result will not provide information about which specific site(s) is/are colonised.
- All high risk (see table 2) emergency screened patients must commence decolonisation bodywash until result is obtained, if positive then the body wash will continue, if negative, then the body wash must be stopped.
- Advice will be provided to the Nurse in charge of the ward, for all newly identified MRSA patients, providing an information leaflet and placing stickers in the medical/nursing notes by the Infection Prevention Team

6.4 ADMISSION OF PATIENTS COLONISED WITH MRSA OR NOT SCREENED FOR MRSA COLONISATION

Elective Admission of Patients Colonised with MRSA

- Ensure the MRSA status of all patients is accurately recorded, including information on topical decolonisation
- Ask patient if they have complied with decolonisation treatment – continue with treatment (BODY WASH only) on admission

- If patients have not complied with decolonisation treatment, the decolonisation treatment should be commenced on admission to hospital & nursed in a single room (where possible)
- If not screened at listing or pre op the patient **MUST** be screened on admission, and then risk assessed. If they meet the high risk criteria (see table 2) decolonisation treatment must be commenced after the patient has been screened. If they do not meet the high risk criteria then these patients can be admitted as a normal (low risk) admission (no decolonisation required).

Emergency Admission of Patients previously known to be Colonised with MRSA or have other high risk factors (see table 2)

- Screen patient and commence on bodywash and aqueous cream only.
- If patient has flaky skin or MRSA in sputum commence on decolonisation treatment and nurse in single room.

6.6 ISOLATION

- **Refer to Isolation policy** (available on the infection prevention Intranet site)
- **Action to take if there is no isolation room available**
 - Bed Management and Site Co-ordination Teams should be informed when an isolation room is not available. Cohort nursing can be used if there are several patients colonised with MRSA. An Incident form should be completed if there are any delays in isolating a patient or if isolation facilities are unavailable. This may have operational issues for the area.

6.7 RE-SCREENING

- Patients found to be colonised with MRSA on pre-admission elective screening will not routinely be re-screened
- Patient found to be colonised with MRSA who remain in hospital for 7 days or more MRSA, should be screened on a weekly basis.

6.8 MEASURES REQUIRED ON TRANSFER OR DISCHARGE

- Colonisation/infection with MRSA should never be a contraindication to nursing home/residential care. If a patient is discharged whilst he/she is being decolonised, either as a result of a positive MRSA screen or because he/she is in a "High Risk Group", decolonisation should be continued until the bottle of antiseptic has been finished.
- If a patient who has been found to be positive for MRSA is discharged to the care of a nursing or residential home or a district nurse then his/her MRSA status must be documented clearly in the patients discharge sheet. The information must also be communicated to the ambulance crew transferring the patient.
- If a patient is being transferred to another hospital trust or healthcare provider the management of the patient must be discussed with the receiving facility prior to the transfer occurring.

- On occasions other hospital trusts may require evidence of MRSA clearance or past screening results. If this is requested please contact the IP team for further advice.

7. IMPLEMENTATION

- This policy will be placed on the Infection Prevention Microsite and the intranet websites in order that the information contained within it is available to primary and community care providers, patients and the public.
- This revised policy will be launched with communication via the intranet news pages, an email alert, and via team brief.
- The Infection Prevention Team will also issue a briefing paper, highlighting the main changes in the revised policy, and this will be circulated to all care groups.

8. MONITORING

Compliance with MRSA screening and eradication will be monitored through annual audits, the results of which are fed back immediately to the nurse in charge, and to the Infection Prevention Team. Compliance will be fed to the Infection Prevention committee on an annual basis within the Infection Prevention care indicators.

Monitoring Arrangements	The Infection Prevention Team will have a process in place for monitoring the screening and decolonisation of patients across the trust
Process for monitoring e.g. audit	Audit
Responsible individual/ group/ committee	IP Nursing Team
Frequency of monitoring	Annual
Responsible individual/ group/ committee for review of results	Ward Manager/IP Nursing Team
Responsible individual/ group/ committee for development of action plan	Ward Manager
Responsible individual/ group/ committee for monitoring of action plan	Ward Manager/IP Team/Heads of Nurses

If you would like this document in a different format, e.g. in large print, or on audiotape, or for people with learning disabilities, please contact PCS.
Your local contact for more information is Patient and Customer Services at Poplar Suite, SHH,
Tel: 0161 419 5678 or

www.stockport.nhs.uk

A free interpreting service is available if you need help with this information.
Please telephone Stockport Interpreting Unit on 0161 477 9000.
Email: eds.admin@stockport.gov.uk

如果你需要他人為你解釋這份資料的內容，我們可以提供免費的傳譯服務。
請致電 0161 477 9000 史托波特傳譯部。

W przypadku gdybyś potrzebował pomocy odnośnie tej informacji,
dostępne są usługi tłumaczeniowe. Prosimy dzwonić do Interpreting
Unit pod numer 0161 477 9000.

যদি এই খবরগুলি সম্পর্কে আপনার কোন সাহায্য দরকার হয় তবে বিনা খরচে আপনার জন্য দোতখীর ব্যবস্থা করা হতে পারে। মেহেরবানী করে স্টকপোর্ট ইন্টারপ্রিটিং ইউনিটে ফোন করুন টেলিফোন নম্বর, 0161 477 9000.

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0161 477 9000 پر فون کریں۔

خدمات ترجمہ رایگان این اطلاعات در صورت نیاز موجود میباشد. لطفاً یا شماره تلفن 0161 477 9000 یا
واحد ترجمه (اینترپریٹینگ یونیت) ما تماس بگیرید.

تنو فر خدمة ترجمة شفوية اذا تطلبت مساعدة في فهم هذا المعلومات. نرجو الاتصال اربن رينيول على رقم
الهاتف: 0161 477 9000

