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Herndon Family Medicine Standards for Preventing the Spread of MRSA

Communicable diseases control

The following settings for community transmission of MRSA are grouped by the population involved. In general, when people are in closer quarters, a greater potential for amplification of microbial interactions exists.

- **Families**
- **Schools**
- **Child care**
- **Athletics**
- **Incarcerated populations**
- **Other, e.g., nursing homes**

1. Families

Experts have documented the spread of MRSA within households. Families or households with members who have a known MRSA diagnosis should practice good personal infection control. While a MRSA diagnosis does not mean that an infected individual or other household members have poor hygiene, strengthening hygiene can help slow or prevent MRSA spread.

This means everyone in the household should:

- keep hands clean by washing thoroughly with soap and water;
- use individual towels and soaps;
- avoid sharing other potentially contaminated items such as razors, clothing, linen;
- avoid touching contaminated bandages or dressings.

Bed linens of the infected individual should be washed frequently in hot water until the infection is resolved.

Hand washing is always a good idea, but is particularly important both before and after touching anything that might add risk of spread, e.g., open lesions, dressings.

A word about skin care is in order. Proper first aid for skin wounds such as cuts or abrasions includes properly disinfecting the affected area. This practice can reduce risk of many infections, including MRSA.

Use of soap and water, application of approved disinfectants, and proper wound care can reduce MRSA risks for spread and colonization.

Recurrent infections: Education is critical, as is early recognition of infections. Household members should look for suspicious lesions, and, if found, should be evaluated by a medical provider immediately. Decolonization advice may be considered only if hygiene measures have not worked.

2. Schools

MRSA outbreaks in school settings can cause much anxiety for parents and school staff. Control measures initially include a clear identification of the extent of the problem, also known as an epidemiologic investigation. School nursing staff can help perform this investigation once a student is diagnosed. The nurse, in collaboration with local or state public health workers, will interview parents of the affected student and the student's teacher(s) to determine who needs to know more about the problem and its control. As mentioned above, early recognition is a key factor in preventing the spread of MRSA, so students should be encouraged to report suspicious skin lesions to their school nurse immediately. Prevention messages are similar to those for MRSA-affected **households** or **athletic teams**. Public health and school nursing staff will tailor prevention and control measures to the findings of the investigation.

3. Child care

Child care settings offer opportunities for many kinds of microbial interaction, including the kinds of interactions that spread MRSA. Once a child who attends child care is diagnosed, proper control will require adequate investigation to define the extent of the problem. Parents of potentially exposed children need to know how to find out if their child is involved in an outbreak, and if so, what control measures they need to apply. Other parents will likely be concerned and need information about prevention.

Strategies for prevention and reducing MRSA spread in child care settings include:

- Definition of contacts, and surveillance for infections among them;
- Exclusion of colonized persons who develop respiratory illnesses (e.g., runny nose, coughing, sneezing) until symptoms resolve;
- Covering lesions; and
- Exclusion of attendees with draining sores caused by MRSA or suspected to be caused by *Staph*.

4. Athletics

Staph, including MRSA, can spread among people having close contact with an infected person. MRSA almost always spreads by direct physical contact and not through the air. However, spread may also occur through indirect contact by touching objects (e.g., towels, sheets, wound dressings, clothes, workout areas, or sports equipment) contaminated with the bacteria. Injury to the skin (e.g., scrape or cut) can allow an opportunity for bacteria to enter the skin and cause an infection. Sports

activities can present numerous opportunities for the spread of *Staph* infections like MRSA.

Please see:

CDC review of athletic-related MRSA outbreaks (MMWR, Aug. 22, 2003):
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5233a4.htm>

5. Incarcerated groups

Prisons offer opportunity for extensive MRSA spread. Some estimates of MRSA colonization in prisons are as high as 80-90%.

The Federal Bureau of Prisons [Management of Methicillin-Resistant Staphylococcus aureus \(MRSA\) Infections August, 2005 Clinical Practice Guidelines](http://www.bop.gov/news/PDFs/mrsa.pdf) are available on the web: <http://www.bop.gov/news/PDFs/mrsa.pdf>

6. Other: Nursing homes and other groups

As MRSA further establishes itself in community settings, recognition of other groups or settings for outbreaks will be defined. To date, MRSA outbreaks have also occurred in nursing home and other settings.

For more information, see the CDC Division of Healthcare Quality Promotion's:
<http://www.cdc.gov/ncidod/dhqp/index.html>