Infection Prevention and Control Care Checklist – *Meticillin Resistant* staphylococcus aureus (MRSA)

This Care checklist should be used with patients who are suspected of or are known to have MRSA, while the patient is considered infectious. Each criteria should be ticked \mathbf{v} if in place or \mathbf{X} if not, the checklist should be then initialled after completion, daily. If decolonisation treatment is prescribed, please complete decolonisation record also.

Patient Name:	
CHI:	

Date Isolation commenced:

		Date								
	Patient Placement/ Assessment of Risk			Daily	y check	(√/x)				
	Patient isolated in a single room with <i>en suite</i> facilities / own commode. If						Į.			
7 %	a single room is not available, an IPCT <u>risk assessment</u> is completed (see						Į.			
f ris	Appendix 1) Stop isolation only if patient has 2 full consecutive negative									
em o tr	screens at least 72 hrs apart, beginning no less than 48 hrs after						Į.			
Patient Placement /Assessment of risk	decolonisation therapy is complete.									
essi	Place yellow isolation sign on the door to the isolation room									
atie Asse	Door to isolation room is closed when not in use. If for any reason this is						Į.			
ď /	not appropriate then an IPCT <u>risk assessment</u> is completed.(Appendix 1)									
	Hand Hygiene (HH)									
	All staff must use correct 6 step technique for hand hygiene at 5 key									
	moments									
	HH facilities are offered to patient after using the toilet and prior to									
	mealtimes etc. (clinical wash hand basic/ wipes where applicable)									
	Personal Protective Clothing (PPE)									
	Disposable gloves and yellow apron are worn for all direct contact with									
	the patient and their equipment/environment, removed before leaving									
ns	the isolation area and discarded as clinical waste. HH must follow									
rtio	removal of PPE.						Į.			
caı	Safe Management of Care Equipment									
Pre	Single-use items are used where possible OR equipment is dedicated to									
pa	patient while in isolation.						Į.			
3as	There are no non-essential items in room. (e.g. Excessive patient									
n E	belongings)									
ssic	Twice daily decontamination of the patient equipment by HCW is in place									
Ë	using 1,000 ppm solution of chlorine based detergent with 5 minute									
ans	contact time before rinsing off and drying.						Į.			
Tr.	Safe Management of Care Environment									
8	Twice daily clean of isolation room is completed by Domestic services,									
tro	using a solution of 1,000 ppm chlorine based detergent with 5 minute									
Con	contact time. A terminal clean will be arranged on day of discharge/end						Į.			
u (of isolation.									
Standard Infection Control & Transmission Based Precautions	Laundry and Clinical/Healthcare waste									
nfe	All laundry is placed in a water soluble bag, then into a clear plastic bag									
Þ	(brown bag used in mental health areas), tied then into a laundry bag.									
dar	Clean linen must not be stored in the isolation room.									
tan	All waste should be disposed of in the isolation room as clinical/									
22	Healthcare waste.						Į.			
	Information for patients and their carers									
rs S	The patient has been given information on their infection/ isolation and									
n fc irer	provided with a <u>patient information leaflet</u> (PIL) if available									
tio /ce	If taking clothing home, carers have been issued with a Washing Clothes									
Information for patients/carers	at Home patient information leaflet (PIL)									
	(NB. Personal laundry is placed into a domestic water soluble bag, then									
E g	into a patient clothing bag before being given to carer to take home)									
	HCW Daily Initial									

r g	into a patient clothing bag before being given to carer	to take home)				
		HCW Daily Initial :				
Date Isolation	discontinued/ Terminal Clean completed:	Signature:		Da	ıte:	
		0.8				

Appendix 1: Infection Prevention and Control Risk Assessment (for patients with known or suspected infection that cannot be isolated)

Addressograph Label: Patient Name and DOB/CHI:



Daily Assessment / Review Required

	COMMENTS	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Daily Assessment Performed by								
Initials								
Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis. Please state								
Infection Control Risk , e.g. unable to isolate, unable to close door of isolation room.								
Please state								
Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition. Please state								
Additional Precautions put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. Please state								
Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy? Yes / No								
Summary Detail of Resolution								
Daily risk assessments are no longer required		Signed Date						-