National Screening Policy for MRSA

Introduction

The National MRSA Screening Programme includes a universal programme of Clinical Risk Assessment (CRA) as a first line screening test for all admissions >23 hours. The CRA identifies patients at high-risk of MRSA colonisation, who will be screened (nose and perineum).

For completion within 24 hours of admission:

Part A: **CRA (Clinical Risk Assessment) for all admissions >23 hours**

1. Has the patient ever had a previous positive MRSA result?
2. Has the patient been admitted from a care home/institutional setting or another hospital?
3. Does the patient have a wound/ ulcer or invasive device which was present prior to admission?

*If the patient answers '**Yes**' move to **Part B**,*

Part B: **Full Screen – Swab Test includes:**

- Both nostrils
- Perineum * (If patient refuses perineal screening they should be offered throat screening. Any modification to the standard screening should be recorded in the notes)

Also if present :

- skin lesions/wounds
- invasive devices, e.g. Central Venous Catheters, catheter urine,
- sputum from patients with a productive cough

Part A and B: **High Impact Specialties:**

All admissions (>23 hours) to the following specialties (in addition to having a CRA completed) should receive a nasal and perineal MRSA screen within 24 hours of admission:

- ICU/ ITU/ HDU (Intensive Care/ Therapy/ High Dependency Unit)
- Orthopaedics
- Renal/ Nephrology
- Vascular
- Cardiothoracic Surgery

Exclusions: Patients admitted to the following specialties are not required to be screened under the National Programme. (This does not mean that these categories of patient should not be screened if there is a clinical need to do so):

- Day cases or patients with a length of stay <23 hours (unless previously positive in which case a full MRSA screen should be taken)
- Psychiatry
- Obstetrics
- Paediatrics
- Continuing Care

Admission Screening Criteria:

Type of admission	When should they be screened?	How should they be screened?
Elective patients to high impact specialties	At pre-assessment or out-patient clinic where possible and within 18 weeks of procedure, if not, then on admission to hospital (within 24 hours of admission, and certainly prior to the elective procedure)	CRA and then two body site swabbing (nasal and perineal) regardless of the answers given in the CRA
Elective patients to non-high impact specialties		CRA and if they answer yes to at least one question, two body site swabbing (nasal and perineal)
Emergency patients to high impact specialties	On admission to hospital, within 24 hours of admission. It is not recommended that screening is undertaken in Accident and Emergency.	CRA and then two body site swabbing (nasal and perineal) regardless of the answers given in the CRA
Emergency patients to non-high impact specialties		CRA and if they answer yes to at least one question, two body site swabbing (nasal and perineal)

Transfer Screening Criteria:

Type of transfer	When should they be screened?	How should they be screened?
Transfer into a high impact specialty (from any source other than a high impact specialty)	Once they have been transferred into their new location (within 24 hours).	Two body site swabs (nasal and perineal). **Note**: If the patient has previously been swabbed and the result is awaited from the lab, there is no requirement to again swab the patient.
Transfer from one hospital into another hospital (within the same Board, regardless of the specialty)		
Transfer from one Board to another Board		
Transfer from one high impact specialty to another high impact specialty in the same hospital	There is no requirement to undertake another screen.	N/A
Transfer from one non-high impact specialty to another non-high impact specialty in the same hospital		