



An Roinn

Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí

Department of

Health, Social Services  
and Public Safety

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

MRSA

## PATIENT INFORMATION LEAFLET

You have been told that you have MRSA or *Meticillin-Resistant Staphylococcus aureus*. These notes may help you to understand what this means and answer some of your questions.

MRS

## 1. What is MRSA and what can it do?

- Some *Staphylococcus aureus* germs are resistant to a representative antibiotic called Meticillin and are referred to as *Meticillin-resistant Staphylococcus aureus* (MRSA).
- It is estimated that one in three healthy people carry *Staphylococcus aureus* on their skin, in their nose or in the back of their throat. It is normally carried harmlessly and most people are not aware of it; this is known as colonisation.
- If *Staphylococcus aureus* enters the body through a cut or graze or any break in the skin, it sometimes causes infection such as boils, abscesses and wound infections, particularly in those who are already unwell. Such infections can usually be effectively treated by commonly prescribed antibiotics.
- Meticillin-resistance, and as a consequence MRSA, has resulted from the widespread use of antibiotics in the past. It is estimated that between 1 in 100 and 1 in 500 healthy people, who are not in hospital, carry MRSA on their body surface, that is, are colonised with MRSA.
- Though infections caused by MRSA cannot be treated with Meticillin-type antibiotics, there are a number of other effective antibiotics available.

## 2. Why is MRSA important in hospital?

*Patients in hospital can be more susceptible to infection because of their illness and/or treatment. MRSA infections may be more difficult to treat because they are resistant to commonly used, but not all, antibiotics.*

This is why we take special infection control measures to prevent the spread of MRSA in hospitals.

### 3. How do you know when someone has MRSA?

The only way we can tell if someone has MRSA is by sending a swab or other sample such as urine to the hospital laboratory for examination.

### 4. How did I get MRSA?

It is rarely possible to know how you may have acquired MRSA. MRSA may have been on your skin/in your nose before you came into hospital or you may have picked it up since admission. The germ can spread from one person to another by hand contact.

**Hand hygiene is the most important way to prevent the spread of MRSA.**

### 5. What will happen to me now?

If you are medically fit you will be discharged home or back to your nursing or residential home.

If you remain in hospital you may be asked to move to a single room or another ward (this makes it easier to prevent the germ being passed to other patients).

### 6. How can I get rid of MRSA?

- In some cases, MRSA is lost naturally over a short period of time; however, in others colonisation may be prolonged.
- To help you get rid of MRSA (known as decolonisation), your doctor may give you an antibiotic ointment to put up your nose; an antiseptic skin cleanser to use as part of your normal daily body wash/bath/shower or shampoo, and perhaps an antiseptic mouthwash or gargle.
- If you have any wounds or sores you may also be given special dressings and/or ointment to apply. Sometimes you

may be given antibiotics if you are carrying MRSA in your throat.

**Please note** While you are in hospital, staff may need to take swabs more than once, from different places on your body, and to repeat treatments to be sure that the MRSA has been removed. Even when you have got rid of MRSA, it can come back, especially if you are vulnerable or have been on antibiotics.

## 7. How long will the treatment take?

- Each course of MRSA treatment usually takes 5-7 days.
- If you are ready to be discharged during this time, you will be given instructions on how to complete your treatment at home.

## 8. Can I have visitors in hospital?

- Yes you may have visitors, but they should adhere to the hospital visiting policy.
- Generally it is not necessary for your visitors to wear plastic aprons or disposable gloves while visiting you, however if necessary, the nursing staff will advise you. Hospital staff wear these items, as they are caring for other patients and the aprons/gloves help to prevent spread of germs to other patients. If your visitors are assisting with a lot of your personal care, they should wear gloves and aprons.
- Visitors can reduce the possibility of spreading MRSA to other people by not sitting on the bed, by cleansing their hands before and after they visit and by limiting the number of visitors to two at any one time. Your visitors should refrain from visiting other patients in the hospital after visiting you.
- If you or your visitors have any concerns please feel free to discuss them with the nursing/medical staff or Infection Prevention and Control Team.

## 9. What happens when I go home?

MRSA does not usually harm healthy people, including elderly people, pregnant women, children and babies.

**Not all of the precautions taken in hospital are necessary at home!**

- If you are undergoing special treatment (decolonisation) you will be given written information before you leave hospital on what is required.
- Special measures are not normally required in your home; however a good standard of hygiene is advised.
- Please note that if health care workers visit your home they may need to maintain the precautions practised whilst you were in hospital such as the use of gloves and aprons, in order to prevent spread to other vulnerable patients whom they may also be visiting.

**Everyone should follow these basic hygiene guidelines:-**

- Continue to wash hands thoroughly and regularly throughout the day.
- Towels/washcloths should be regularly laundered, using as hot a wash cycle as is compatible with the fabric, and not shared with other family members.
- Underwear/bed linen should also be changed regularly and laundered as above.

## 10. What will my GP and Community Nurse need to do about the MRSA?

When you leave hospital, ward staff will write to your GP telling them about your swab results and your treatment. They will also be told when/if your swabs need to be repeated.

## 11. What happens if I have to come back to hospital?

- If you come back to the hospital or go to a different hospital, it is very important that you inform the Accident and Emergency Department/Admissions Office that you have previously had MRSA and whether or not you have been successfully decolonised, BEFORE a bed is allocated to you in a ward.
- If your GP is arranging your admission with the hospital please remind them about your history of MRSA.
- MRSA can come back, even after treatment appears to have been successful, so we may need to take some precautions if you come into hospital. You may need some more swabs taken and be asked to go into a single room or a special ward until negative sample results are obtained.

**Please note** this refers to any hospital and not just the hospital you were in when your MRSA was identified.

**If you have any further questions please do not hesitate to ask a member of staff for information.**

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This leaflet is available from Trust Infection Control Nurses and Health Board CCDCs and is accessible on the DHSSPS website [www.dhsspsni.gov.uk/mrsa-may07.pdf](http://www.dhsspsni.gov.uk/mrsa-may07.pdf)