**PURPOSE:**

Methicillin-Resistant *Staphylococcus aureus* is a common hospital-acquired infection. According to California SB 1058, all inpatient hospitals in the state of California are required to screen for Methicillin-Resistant *Staphylococcus aureus* upon admission and discharge for high-risk patients. An assessment of the patient’s admission history and MRSA status will be made at the point of entry to the facility.

**PROCEDURE:**

1. One (1) bilateral nares culture or Polymerase Chain Reaction (PCR) will be obtained within 24 hours of admission for all admitted inpatients. A standing order will automatically be generated in KIDS for the MRSA screen.
2. To conduct a nares culture or PCR, the following steps are taken:
   1. Perform hand hygiene
   2. Put on gloves
   3. Open swab container and remove swab
   4. Place swab one (1) inch inside nares
   5. Swab nares 5 times in a clock-wise motion and 5 times in a counter-clockwise motion
   6. Repeat with the opposite nares using the same swab
   7. Place swab in the culture tube, sealing the cap securely
   8. Perform hand hygiene
   9. Document culture or PCR in the appropriate section of the patient record.
   10. Send to lab as quickly as possible.
3. Reference IC 825 for isolation guidelines for MRSA

Patients identified as high risk who tested negative on the admission screening shall be screened for MRSA prior to discharge. High Risk groups will be determined based on surveillance data and recommendation of the Infection Control Committee.

**FAMILY NOTIFICATION AND EDUCATION:**

1. The patient’s primary provider is responsible for notifying patients and families of a new positive MRSA result as soon as possible.
   1. For inpatients, the Infection Prevention and Control (IPC) team will notify the care coordination team (CCA-MDs or CCCs) by e-mail regarding any new MRSA positive patient with a reminder to provide the notification and education to patients and their families.
   2. With assistance from the care coordination team, the patient’s primary provider will provide families with verbal and written information on MRSA and isolation precautions.
   3. Materials are available in Attachments A-E of IC Policy 318: Methicillin resistant   
       *Staphylococcus aureus* Screening and Surveillance.
   4. The family notification and education should be documented in KIDS by the primary provider.
2. If a patient’s positive MRSA results are finalized post discharge, the Infection Prevention and Control team is responsible for informing the patient/family through a notification letter (See attachment E )

**ATTACHMENTS:**

1. [IC – 318.1 MRSA Guide English](https://secure.compliance360.com/ext/rcAMqlbQmlGlC6NOg5tNfw==)
2. [IC – 318.2 MRSA Guide Spanish](https://secure.compliance360.com/ext/D6lCeVh1QABjiIOcXgAtAA==)
3. [IC – 318.3 CDC MRSA Fact Sheet English](https://secure.compliance360.com/ext/nPS6n9yT1debYnWf0rEYzA==)
4. [IC – 318.4 CDC MRSA Fact Sheet Spanish](https://secure.compliance360.com/ext/2DKSrlckorwbPB0qUN4R4g==)
5. [IC – 318.5 MRSA positive sample notification letter](https://secure.compliance360.com/ext/d4Fw0vEfzy3XeQYWdiN3Wg==)

**REFERENCES:**

1. California Senate Bill 1058 (of Methicillin-Resistant Staphylococcus aureus) and the Medical Facility Infection Control Prevention Act.
2. Jane D. Siegel, MD, el. al., Management of Multidrug-Resistant Organisms in healthcare Settings, HICPAC-CDC, 2006
3. Kathleen Meehan Arias, MS, ME, SM, CIC, et. al., Guide to the Elimination of Methicillin-Resistant Staphylococcus aureus (MRSA) Transmission in Hospital Settings, APIC, March 2007
4. Carlene A. Muto, MD, MS, et. al., SHEA Guideline for Preventing Nosocomial Transmission of Multidrug-Resistant Strains of Staphylococcus aureus and Enterococcus, ICHE, May 2003
5. APIC text of Infection Control and Epidemiology. Chapter 93: Staphylococci; Chapter 29: Isolation Precautions, 2014

**POLICY OWNER:**

*Executive Director, Accreditation & Licensing, Infection Prevention, and Emergency Management*