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MRSA Screening in NICU
Policy Statement

- Infant within the Neonatal Intensive Care Unit (NICU) will be more susceptible to infection

- Area to insure early detection and treatment (if required of MRSA)
Definition of Terms

- Staphylococcus aureus (Staph aureus)
- Methicillin resistant Staphylococcus (MRSA)
- Colonisation
- Infection
- Carrier of MRSA
Screening Babies from other Hospital

- Known MIRSA positive babies
- Any baby admitted from another hospital
- Any baby with a known MRSA positive mother
- Dai handled – home delivery
- Screen will be taken within the first few hours of admission
- Where possible, admit to the special care nursery documentation is completed
- Ensure all staff are aware of the need to follow infection control measure
- Hand hygiene, personal protective equipment, through environmental hygiene
- Cleaning of clinical equipment
- Swab results should take approximately three days
Management of MRSA within NICU

- Ensure relevant personal are informed
- Gloves and aprons should be worn for direct care and the handling of babies
- Ideally, all babies and contacts of babies with MRSA should be cohort nursed
- Visitors are not
- In order to prevent the spread of MRSA
A baby will only be considered to be MRSA negative after three negative sets of full screens have been obtained.
Swabs should be taken from the following sites:

- **Nose** – use the same swab for both nostrils
- **Perineum** – groin if it is difficult to obtain a perineal swab
- **Axillae** – use the same swab for both axillae
- **Skin lesions** – including eczema
- **Inertion site** – e.g. venflons, PEGS, Catheters, Tracheostomy site
- **Wound sites** – including pressure areas where skin is broken
- **CSU** - if catheterised
- **Sputum or NPA** - if ventilated or respiratory tract infection present
- **Throat swabs** - if dentures are worn
- **Umbilicus** - infants only
Contact Screen

- **Nose** – use the same swab for both nostrils
- **CSU** – if catheterised
- **Areas of non intact skin** – as detail above

Send specimens straight to the laboratory in the usual way. Single forms can be used for multiple sites, provided they are clearly listed on the form and on the specimens itself.

Ensure extensive wounds or pressure sites are clearly listed and identified.

Note any previous details of MRSA or other relevant clinical details on the request form.
How to wash hands correctly and reduce infection

1. Rub palm to palm

2. Rub the back of both palms

3. Rub palms again with fingers interlaced

4. Rub backs of interlaced fingers

5. Remember to wash back thumbs

6. Rub both palms with fingertips

7. Wash hands under running water using soap, rinse and dry thoroughly
- Roll up sleeves and take
- If unable to remove
- Use running hot water
- Hold hands down below
- Rub hands together
- Rinse hands thoroughly
- Turn off water
- Dispose of towels
Note

- It is advisable to carry
- If any member of the staff has a hand lesion
- If skin problem such as eczema are present
- Cuts and abrasions on the hands must adequately
Epidemiology and control of selected infections transmitted among hospital personal and patients

- These diseases have been divided into two groups, according to what we know about the epidemiology and whether the primary concern is

1- Preventing transmission of infection both to and from personal and patients

2- Preventing transmission of infection primarily from infected patients to personal
Acquired Immunodeficiency Syndrome

- The agent appears to be transmitted most commonly through intimate, direct contact with mucosal surface or through parental spread.
- Extraordinary care must be taken to avoid accidental wounds from sharp instruments contaminated with potentially infective material and to avoid contact to of membranes and open skin lesion with material from AIDS patients.
Acute Diarrhea

- Salmonella
- Shigella
- Campylobacter sepsis are among the common bacterial enteric pathogens
- Rotavirus
- Giardia lamblia and other protozoa
- Any of these agents may be nosocomially transmitted via the hands of personnel who are infected
- Not allowing these persons to take care of patients pending evaluation will prevent transmission
Carriage of Enteric pathogens personnel

- Generally, personal hygiene, particularly hand washing by personal before and after all patients contacts, will minimize the risk of transmitting enteric pathogens to patients. Maintaining to good hygiene when away from the work when away from the work setting will minimize the risk of transmission to family contacts.
Hepatitis

- The agents that most commonly cause vital hepatitis A virus (HAV), hepatitis B virus (HBV) and or more viruses currently designated non0A, non B (NANB)

Hepatitis A

- Hepatitis