

◆ Surveillance cultures can also be done after discharge from the hospital. Your nurse will give you specific instructions on what areas of the body to culture and when the cultures can be done. Please call the Infection Control Department at 225-3689 when the cultures are done. This will insure that the patient is no longer isolated if the cultures are negative.

◆ IS IT SAFE TO BE IN THE SAME ROOM AS A PERSON WITH MRSA?

◆ Again, healthy people are at low risk of getting infected with MRSA. As long as family members or other visitors are healthy, it's okay for them to be in the same room with a person with MRSA. Casual contact, such as touching or hugging, is also okay. However, be sure to wash your hands or use hand gel before you leave the hospital room (or the patient's home). Persons who are very ill or have weak immune systems should avoid handling the body substances of a person with MRSA and should limit their physical contact to no more than casual touching. They should wash their hands after physical contact with a person with MRSA.

◆ CAN MY CHILDREN GET MRSA BY BEING AROUND A PERSON WITH MRSA?

◆ Healthy people, including children, are at very little risk of getting infected with MRSA. Hand washing with germicidal soaps or using alcohol gel will further reduce the risk.

◆ WHEN A PERSON WITH MRSA IS BEING CARED FOR AT HOME WHAT PRECAUTIONS SHOULD BE FOLLOWED?

◆ Before the patient leaves the hospital, be sure to ask the nurse or doctor about what precautions should be taken at home. In general, the following precautions are recommended for the care of a person with MRSA at home, to prevent family members and others in the home from getting MRSA:

- Wash your hands after caring for the person with MRSA.
- Periodically clean the person's room and personal items with a commercial disinfectant or a fresh solution of one part bleach and 100 parts water (for example, one tablespoon of bleach in one quarter of water).
- Wear disposable gloves if you handle body substances (blood, urine, wound drainage) and wash your hands after removing the gloves.

Additional health information is available through the
MGHS Health Information Center (906) 225-4950
or 1-800-562-9753, ext. 4950.

© 5/03 Marquette General Health System, Inc.
— Revised 5/2007 —

HEALTH INFORMATION

MRSA
(Methicillin Resistant
Staphylococcus Aureus)



MMG MARQUETTE
GENERAL
HEALTH SYSTEM



◇ This pamphlet has been designed by the health care professionals of Marquette General Health System to provide you with information about MRSA (Methicillin Resistant Staphylococcus Aureus). After reading this pamphlet you should be able to discuss:

- what MRSA is.
- how you get MRSA.
- what the symptoms of MRSA are.
- how MRSA is treated.

◆ WHAT IS STAPH?

◇ *Staphylococcus aureus*, often referred to simply as "staph", is a bacteria commonly found on the skin and in the nose of healthy people. In certain circumstances, particularly when the skin is broken, staph can get into the body and cause an infection. This infection can be minor (such as pimples, boils and other skin conditions) or serious (such as blood infections or pneumonia). Hospital patients are more vulnerable to infection with *S. aureus* because they are unwell or may have surgical wounds.

◆ WHAT IS MRSA?

◇ Methicillin is an antibiotic that was commonly used to treat staph infections. Although methicillin was very effective in treating most staph infections, some staph bacteria developed resistance to methicillin and can no longer be killed by this or similar antibiotics. These resistant bacteria are called methicillin-resistant Staphylococcus aureus, or MRSA.

◆ WHO GETS MRSA?

◇ MRSA infections can develop in people in the hospital who are very sick, received antibiotics, or have a wound such as a bedsore. MRSA infections also occur in healthy people who have not been in a hospital. The infections are usually skin infections like pimples or boils.

◆ WHERE IS MRSA FOUND?

◇ MRSA can be found on the skin, in the nose, and in blood and urine.

◆ WHAT IS THE DIFFERENCE BETWEEN COLONIZATION AND INFECTION?

◇ Colonization means that MRSA is present on or in the body without causing illness. Infection means that MRSA is making the person sick (fever, wound redness, etc.).

◆ IS MRSA TREATABLE?

◇ Yes. Although MRSA is resistant to many antibiotics and often difficult to treat, a few antibiotics can still successfully cure MRSA infections. Patients who are only colonized with MRSA usually do not need treatment.

◆ CAN MRSA SPREAD?

◇ Yes, those who have MRSA are at risk of transmitting it to someone else. While this isn't really a big problem for otherwise healthy people, MRSA can spread among other patients, who are often very sick with weak immune systems that may not be able to fight off infections.

◇ MRSA is usually spread by physical contact, and not through the air. Hospitals take special steps to prevent the spread of MRSA from patient to patient. One of these steps may be to separate, or isolate, a patient with MRSA from other patients.

◆ WHAT HAPPENS WHEN A PATIENT WITH MRSA IS ISOLATED?

- The patient is placed in a private room.
- The patient's movement from the room is limited to essential purposes only, such as for medical procedures or emergencies.
- Health care workers usually put on gloves (and sometimes hospital gowns) before entering the patient's room, remove their gloves (and gowns) before leaving the room and then immediately wash their hands or use alcohol hand gel.
- Visitors also may be asked to put on gloves (and sometimes gowns), especially if they are helping to take care of the patient and likely to come in contact with the patient's skin, blood, urine, wound, or other body substances. This helps to keep the MRSA contained within the patient's room. Visitors should always wash their hands before leaving the patient's room to make sure they don't take MRSA out of the room with them.

◆ HOW LONG DOES A PATIENT WITH MRSA HAVE TO BE ISOLATED?

◇ The hospital staff will do a culture to decide when it is safe for a person with MRSA to come out of isolation. These cultures are called Surveillance Cultures and can be done when the infection has improved and the patient has not received antibiotics for at least two days. These cultures are done at two different times at least a week apart from each other.