Infection Prevention and Control Care Checklist – *Meticillin Resistant staphylococcus aureus* (MRSA)

This Care checklist should be used with patients who are suspected of or are known to have MRSA, while the patient is considered infectious. Each criteria should be ticked √ if in place or X if not, the checklist should be then initialled after completion, daily. If decolonisation treatment is prescribed, please complete decolonisation record also.

Date Isolation commenced: ...........................................................................................

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Patient Placement/ Assessment of Risk</th>
<th>Daily check (√/x)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Placement/Assessment of risk</td>
<td></td>
<td>Patient isolated in a single room with <em>en suite</em> facilities / own commode. If a single room is not available, an IPCT risk assessment is completed (see Appendix 1) Stop isolation only if patient has 2 full consecutive negative screens at least 72 hrs apart, beginning no less than 48 hrs after decolonisation therapy is complete.</td>
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<td>Place yellow isolation sign on the door to the isolation room</td>
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<td>Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPCT risk assessment is completed. (Appendix 1)</td>
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**Hand Hygiene (HH)***

All staff must use correct 6 step technique for hand hygiene at 5 key moments.

HH facilities are offered to patient after using the toilet and prior to mealtimes etc. (clinical wash hand basic/wipes where applicable)

**Personal Protective Clothing (PPE)***

Disposable gloves and yellow apron are worn for all direct contact with the patient and their equipment/environment, removed before leaving the isolation area and discarded as clinical waste. **HH must follow removal of PPE.**

**Safe Management of Care Equipment***

Single-use items are used where possible OR equipment is dedicated to patient while in isolation.

There are no non-essential items in room. (e.g. Excessive patient belongings)

Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of chlorine based detergent with 5 minute contact time before rinsing off and drying.

**Safe Management of Care Environment***

Twice daily clean of isolation room is completed by Domestic services, using a solution of 1,000 ppm chlorine based detergent with 5 minute contact time. A terminal clean will be arranged on day of discharge/end of isolation.

**Laundry and Clinical/Healthcare waste***

All laundry is placed in a water soluble bag, then into a clear plastic bag (brown bag in mental health areas), then into a laundry bag.

Clean linen must not be stored in the isolation room.

All waste should be disposed of in the isolation room as clinical/Healthcare waste.

**Information for patients and their carers***

The patient has been given information on their infection/isolation and provided with a patient fact sheet.

If taking clothing home, carers have been issued with a Washing Clothes at Home PIL.

(NB. Personal laundry placed in a patient water soluble bag, then a patient clothing bag before being given to carer to take home)

**HCW Daily Initial :**

Date Isolation discontinued/ Terminal Clean completed: ........................................................................................................ Signature: ........................................................................................................ Date: ..................................................................................................
## Appendix 1: Infection Prevention and Control Risk Assessment
(for patients with known or suspected infection that cannot be isolated)

**Daily Assessment / Review Required**

<table>
<thead>
<tr>
<th>Date</th>
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</table>

- **Daily Assessment Performed by**
  - Initials

- **Known or suspected Infection**
e.g. unexplained loose stools, MRSA, Group A Strep, *C. difficile*, Influenza, pulmonary tuberculosis.
  - Please state

- **Infection Control Risk**
e.g. unable to isolate, unable to close door of isolation room.
  - Please state

- **Reason unable to isolate**
  - close door to isolation room, e.g. falls risk, observation required, clinical condition.
  - Please state

- **Additional Precautions**
  - put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space.
  - Please state

- **Infection Prevention and Control have been informed**
of patient’s admission and are aware of inability to adhere to IPC Policy?
  - Yes / No

**Summary Detail of Resolution**

Daily risk assessments are no longer required

Signed ________________________________

Date  ________________________________