Information leaflet for parents/carers

MRSA

Methicillin-resistant Staphylococcus aureus
What is MRSA?

- MRSA stands for Methicillin Resistant Staphylococcus aureus (S.aureus).
- S.aureus is a common bacteria that is often found in healthy people on their skin; this is called colonization.
- Sometimes this bacteria can get from the skin into another part of the body, such as the blood stream, and cause an infection that needs to be treated with antibiotics.
- In recent years a strain of S.aureus has emerged that is resistant to the penicillin group of antibiotics; this is known as MRSA.
- It is important to remember that MRSA is not resistant to all antibiotics and infections can be treated; it is just that there are fewer antibiotics to choose from.

Is MRSA dangerous?

In general, MRSA is no more dangerous than the non resistant strains of S.aureus that we are all exposed to.

How is MRSA spread?

- MRSA can be spread by direct contact between one person and another.
- The bacteria can also pass from a colonised person to their environment, settling on surfaces and furniture.
How is MRSA diagnosed?

MRSA doesn’t have any signs or symptoms (unless the child or young person is infected); this is called colonisation. However, being colonised can still be an infection risk to the patient whilst in hospital. Therefore we pro-actively swab certain patients for MRSA who may be at greater risk of carrying the bacteria without realising it, and for whom an infection with MRSA would be a significant risk.

These patients include;

- Patients who are coming in for some types of surgery
- Patients who have been transferred from other hospitals

We may also discover MRSA if a swab is taken from the wound or surrounding skin if the area looks sore. The swab is sent to the laboratory where any bacteria found will be tested against antibiotics to see if they are resistant; this normally takes 48 hours.

What does MRSA cause?

- 3-5% of the population are colonised with MRSA. This means it lives quite happily on that person’s skin or in the nose
- There is a small risk that the person can develop an MRSA infection, particularly if they need hospital treatment
- Colonised people can also spread the bacteria to other people. This is a problem in hospital where other patients may be vulnerable, and an MRSA infection could make them very poorly.
What are the implications for family and visitors of patients with MRSA?

- MRSA rarely presents a danger to the general public, or to family and visitors of patients with MRSA
- Although special precautions need to take place in hospital, when at home such measures are not needed
- You should tell your named nurse if any family or visitors work in a hospital or have an illness that means they have to regularly attend a hospital

Will my child still be able to go to nursery or school?

Yes, children in whom MRSA has been detected can attend nursery and go to school as normal. You don’t have to inform the school or nursery.

How is MRSA treated if it is causing an infection?

Antibiotics are very effective at treating MRSA if it is causing an infection, however they don’t work very well at eliminating the bacteria from the skin. To do this we use topical antiseptics in the form of nasal creams and bath additives; these must be used for 5 days. After the child has had a bath it is important that they put on clean clothing to prevent re-colonisation. Unfortunately, in about half of MRSA cases the bacteria is still present even directly after topical treatment has finished and in some cases it only takes days or weeks to reappear.
What will happen if the treatment fails?

- If the first treatment fails then we can try again, unfortunately sometimes even repeated treatment can fail
- Often the MRSA disappears on its own once the child or young person is back in their home environment
- If your child attends hospital regularly, then repeat swabs may be taken to see if they are still colonised

When will my child be considered to be free of MRSA?

- If your child is in hospital then 2 days after treatment is finished we will take another set of swabs
- When they have had 3 negative swabs in a row, (taken 7 days apart) then we will consider them to be clear of MRSA
- The Infection Prevention team will assess when your child can come out of isolation
- If your child is at home then it may not be necessary to get 3 negative swabs, however if they have to re-attend the hospital they will need to be isolated
How can we prevent the spread of MRSA?

• By isolating colonised or infected patients
• By treating colonised patients to try to eliminate the MRSA, so they can’t spread it to others

Isolation of patients with MRSA – What we do

So MRSA doesn’t spread we will isolate any positive patients

• Hospital staff will wear gloves and aprons to reduce the risk of them coming into contact with the bacteria
• The cubicle door must always be kept shut
• We may have to take special precautions if your child has to visit another part of the hospital such as X-ray
• If your child is well enough then there is no reason why you can’t take them out of the hospital; you will need to discuss this with your named nurse
• Visitors and family do not need to wear gloves and aprons
• Hands must be washed or cleaned with alcohol gel before leaving the cubicle
• Hospital staff should also be washing their hands before and after contact with your child or their environment
• In order to make sure that staff have the correct information, any child or young person with MRSA will have this noted on their records
Where can I get more information?

If you would like more information, please speak to a member of the nursing or medical team caring for your child.

Looking after and sharing information about your child

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about your child relevant to their diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some of your information with other people and organisations who are either responsible or directly involved in your child’s care. This may involve taking your child’s information off site. We may also have to share some of your information for other purposes; such as research etc. Any information that is shared in this way will not identify your child unless we have your consent. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8403.