



MRSA Prevention Action Plan Frequently Asked Questions

1. What is MRSA?

MRSA is one of the infections belonging to the family of Staphylococcus aureus, a leading cause of infection in the U.S. healthcare facilities.

2. Why is MRSA a big concern for healthcare facilities?

MRSA can cause serious infections especially if it gets into the bloodstream. It can lead to prolonged hospital stay, sepsis, and even death.

3. What is THA's plan for preventing MRSA?

THA is partnering with hospitals across Tennessee to implement universal decolonization among all ICU patients and in patients undergoing high-risk surgeries such as cardiothoracic, neuro, and orthopedic surgeries based on [CDC Strategies to Prevent Hospital-onset Staphylococcus aureus Bloodstream Infections in Acute Care Facilities](#).

4. Why is it important to prevent MRSA in Tennessee?

Data from the TN Department of Health and the Centers for Disease Control and Prevention (CDC) shows that TN has a very high rate of MRSA bloodstream infections. Between 2014 and 2018, there was a 54% increase of all MRSA bloodstream infections in Tennessee.

5. What is universal decolonization?

*Universal decolonization is an enhanced protocol to apply daily chlorhexidine (CHG) bathing/treatment on the skin of patients **AND** special ointment or antiseptic to the nares.*



6. What is the evidence for using universal decolonization?

Scientific evidence from several large randomized trials shows that the use of universal decolonization has been successful in reducing MRSA and other pathogens in ICUs and among surgical patients. In the REDUCE Trial with 43 hospitals (74 adult ICUs and 74,256 patients), researchers found significantly less bloodstream infections among patients who had universal decolonization than those who had routine care. The reduction was not limited to MRSA bloodstream infection but included other infections. There was a 37% reduction from MRSA-positive clinical cultures and a 44% reduction of bloodstream infections from any pathogen.

7. How is CHG applied for patients in the ICU?

Patients who are in the ICU will have a bath daily with CHG disposable wipes or CHG liquid.

8. Is the patient clean without using standard soap and water?

CHG actually works better than soap and water in removing bacteria from the skin. To get the full effect of the treatment, soap and water should not be used before or after applying CHG.

9. How do I provide the CHG treatment for patients who have several devices?

CHG should be used to clean devices on and within 6 inches of the patients. These devices include Foleys, drains, G-tubes/J-tubes, rectal tubes, IV lines, and EKG leads. Contaminated devices increase risk of infection to patients. Cleaning these devices with CHG reduces the risk of infection.



10. Is it safe to use CHG on wounds?

CHG is safe to use on stage 1 and stage 2 wounds. It can be applied to occlusive dressings, excoriated areas, rashes and superficial burns. CHG is approved as a wound cleanser.

11. Is CHG safe for use of the face?

CHG is safe for use of the face. However, avoid getting CHG into the eyes or the ears.

12. How do I apply CHG properly to patient's skin?

CHG should be applied firmly to remove grime and massaged into the skin including face and hair paying attention to commonly missed but high-risk areas such as the neck and shoulders, skin folds, back of the knees and between fingers. Do not rinse CHG off after application and allow skin to dry. Allow folds to dry by fan drying or propping with rolled towels.

13. Can I apply lotion to the patient's skin after bathing with CHG?

Only CHG compatible lotion should be used. Incompatible lotion can inactivate the effect of CHG.

14. Why do I have to decolonize the nose?

The nose harbors a lot of bacteria, which can cause infections. The nose is a favorite place for MRSA/MSSA bacteria. Decolonizing the nose inactivates those bacteria and reduces the risk of infections.

15. What is the process for decolonization for surgical patients?

- a. *Patients should have daily chlorhexidine wash or wipes up to 5 days before surgery.*
- b. *Patients should apply nasal decolonization product pre-op twice a day for 5 days or 2 applications to each nare within two hours prior to surgery depending on product used.*



16. My patient is refusing to have CHG bathing and nasal decolonization?

Take time to explain the benefit of the treatment. Escalate the safety concern to higher levels of leadership if the patient continues to refuse. ([Access sample patient script here](#))

17. What are some ways to gain support for and sustain this process?

- a. Present the evidence.*
- b. Identify and engage early adopters including leadership, physicians and front-line staff.*
- c. Develop order sets.*
- d. Train staff to develop competency.*
- e. Monitor and evaluate compliance.*
- f. Report progress.*
- g. Celebrate success.*



Sources

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