

Informing patients and their families of MRSA.

General Principles.

1. Background

It is the policy of the Health Service Executive (HSE) to inform patients as soon as possible when they become colonized or infected with meticillin-resistant *Staphylococcus aureus* (MRSA). Much of the anxiety that patients with MRSA feel has stemmed from the fact that they were not fully or appropriately informed early or alternatively, that they were not informed at all, and only heard through a secondary or tertiary source. Consequently, the HSE is anxious to ensure that all patients who are identified and confirmed as being colonized or infected with MRSA, are informed as soon as is practical and feasible.

When the patient is being informed, every effort must be made to protect the privacy of the patient and his/her right to confidentiality. Unless, the patient specifically requests otherwise, the patient's MRSA status must not be disclosed to other parties, including friends or relatives. In the case of children or adults who are not compos mentis, the information must be conveyed to a close relative or carer as indicated in the information recorded in the patient's medical or nursing records.

2. General approach to informing patients/families/carers

The following principles must apply when informing patients, their families or their carers of their MRSA status:

1. In hospitals, it is the primary duty of the consultant responsible for the patient's care to inform the patient that they are MRSA positive. In the community, this responsibility rests with the General Practitioner or equivalent. When conveying any information on MRSA, they may be assisted in this by the nursing team (in hospitals or other healthcare institutions) or by other healthcare workers.
2. In hospitals the MRSA status of the patient must be permanently recorded by tagging/labelling the patient's notes and/or by indicating this also on the hospital IT system or equivalent. This must be done in a sensitive manner e.g. the label or electronic tag could indicate "infection risk", rather than explicitly stating "MRSA positive". Some form of record of positive MRSA status must be maintained in the community or in general practitioner's surgeries.
3. The nursing and medical notes in hospital and patient record/notes outside hospital must indicate the care plan for the patient *vis-a-vis* MRSA decolonisation, e.g. a regimen to eradicate MRSA from the nose using mupirocin. This will be in line with national policy (HPSC, 2005).
4. The patient must be given a Patient Information Leaflet, which is either locally generated (e.g.

customized for a particular hospital) or one that is available from the HPSC or HSE. In addition, a copy of this Patient Information Leaflet must be inserted into the patient's notes or record.

5. When the patient is being discharged to the care of his/her general practitioner or when the patient is being transferred to another hospital, community unit or nursing home for further care, the MRSA status of the patient must be notified to the receiving carer. Even where a patient is no longer MRSA positive, i.e. three negative sets of screening samples at weekly intervals following decolonisation therapy, the fact that the patient was MRSA positive in the past must be communicated, as MRSA may recur.
6. When discussing a positive MRSA result with a patient, the distinction between colonization, or carriage, and infection must be highlighted. Colonization, e.g. MRSA from a nasal swab, is usually not accompanied by illness, but it is often appropriate to eradicate MRSA from the patient especially if the patient is due for surgery (see 3 above). Infection with MRSA, e.g. bloodstream infection, requires antibiotics and advice can be obtained from the local microbiologist or an infectious disease physician.
7. MRSA is not a risk to otherwise normal healthy individuals, e.g. relatives, friends. Good standards of personal hygiene, e.g. hand hygiene and normal standards of cleaning in the home will help prevent spread. Where patients or relatives are concerned about a potential risk to a family member, they should seek advice from their general practitioner.

3. Conclusions

It is in everybody's interest to ensure that patients who are colonized or infected with MRSA are informed of this as early as possible. The above guidance is designed to ensure a consistent approach but it is accepted that there may be some local variations in approach. While acquiring MRSA may be a surprise and a cause of concern to patients, early disclosure is in the interest of the patient, the healthcare worker and the health service. Furthermore, frank and prompt disclosure with due regard to the privacy of the patient, is likely to allay, to some extent, the fears and anxiety of all concerned.

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