

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.60.08	Page 1 of 7
	Original Effective Date: 05/06/05	New Effective Date: 08/31/20
	Supersedes: BHS600:08	Dated: 06/01/16
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: MRSA Skin and Soft Tissue Infections		

POLICY

The Division of Adult Institutions shall treat patients suspected of having or diagnosed with MRSA utilizing designated precautions until the patient is no longer communicable in order to prevent the spread of the infection.

REFERENCES

Federal Bureau of Prisons (BOP) Clinical Practice Guidelines for the Management of Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections, October, 2012

(<http://www.bop.gov/news/PDFs/mrsa.pdf>)

National Commission of Correctional Health Care, Standards for Health Services in Prisons, 2018, P-B-02, Infection Prevention and Control Program

Centers for Disease Control – www.cdc.gov

DAI Policy 500.60.01 – Infection Prevention and Control Program

DAI Policy 500.60.12 – Infection Control through Hand Washing and Hand Sanitation

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

BHS – Bureau of Health Services

Contained Wound Drainage – Patients with open and draining wounds covered and contained within a dressing and drainage does not contaminate the environment.

Cleaning Solutions – Registered Environmental Protection Agency approved products.

Colonized – Presence of a microorganism in or on the body without associated disease.

Contact Precautions – Designed to reduce risk of transmitting potentially harmful microorganisms by direct or indirect contact.

Disinfection – The process of inactivating pathogenic organisms (except spores) on inanimate objects.

DOC-3504 – Infection Control: Patient and Employee Precautions

Infectious Waste – Liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of

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releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM [29 CFR 1910.1030(b)].

Methicillin Resistant Staphylococcus aureus (MRSA) – Staphylococcus aureus bacterium that has become resistant to beta-lactam antibiotics including penicillin, ampicillin, amoxicillin, augmentin, methicillin, oxacillin, dicloxacillin, cephalosporins, carbapenems and the monobactams. MRSA causes the same types of infections as S. aureus.

MRSA outbreak – A clustering of two or more epidemiologically related, culture positive cases of MRSA infection.

POC-0040 – Infection Control – Hand Hygiene

POC-0040A – Infection Control – Personal Protective Equipment (PPE) – Gloves, Gowns and Respirators

POC-0040B – Infection Control – Housekeeping/Laundry

POC-0040C – Infection Control – Standard Precautions

Staphylococcus aureus – A commonly occurring bacterium which is carried on the skin and in the nose of healthy persons. The bacterium may cause minor skin or soft tissue infections such as boils, as well as more serious infections such as wound infections, abscesses, pneumonia, and sepsis.

Terminal cleaning/disinfection – Procedure of cleaning/disinfection of a room and its contents/surfaces after one inmate leaves and before another inmate occupies.

Uncontained Wound Drainage – Drainage from wounds that cannot be contained by dressings and contaminates the environment.

PROCEDURES

I. Prevention: Preventing MRSA Infections

- A. Primary prevention shall be addressed at each facility to identify strategies to prevent MRSA infection and transmission. The following general interventions shall be implemented:
1. Patients and correctional staff shall be provided information on the transmission, prevention, treatment and containment of MRSA.
 2. Regular hand washing shall be emphasized as the most important intervention for preventing a MRSA outbreak.
 3. Refer skin infections for a medical evaluation promptly.
 4. Precautions shall be taken whenever direct contact is anticipated with blood, body fluids (e.g., secretions, excretions, feces, and urine), non-intact skin and mucous membranes.
 5. Increased emphasis on sanitation in housing areas, as well as other areas presenting a risk for transmission of MRSA (e.g., sharing of razors and

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towels, use of exercise benches and equipment, and participation in sweat lodges) shall occur.

- B. Secondary prevention involves measures to prevent transmission of infection when there is a known or suspect case. The following measures shall be implemented:
1. A DOC-3504 – Infection Control: Patient and Employee Precautions shall be utilized when a patient is identified.
 2. Patients with MRSA infections shall be instructed in regular hand-washing, maintaining personal hygiene, including regular showers, and the importance of keeping wounds covered.
 3. Patients diagnosed with MRSA infections shall be examined by health care staff to determine the risk of contagion to others.
 4. Factors influencing decisions about where to house inmates with MRSA include:
 - a. The degree to which wound drainage can be contained.
 - b. Ability or willingness of a patient to follow infection control instructions.
 - c. Available housing options.
 5. Patients with wounds in which drainage can be completely contained can be housed in general population.
 6. If drainage cannot be contained, the patient shall be housed separately.
- C. Proper hand hygiene should be re-emphasized with staff who work with patients diagnosed with MRSA infections. Follow DAI Policy 500.60.12.
1. Hand washing supplies for patients diagnosed with MRSA and for the staff who are in contact with them is critical.
 2. The availability of these supplies should be regularly assessed and remedied as necessary.
- D. Sanitation measures used for primary prevention of MRSA infections shall be strictly enforced.

II. Detection/Screening

- A. Requests for evaluation of skin problems, such as boils, spider bites or draining wounds, may be initiated by inmates or non-health care staff.
- B. The patient shall have a skin assessment by a RN or ACP as soon as possible.
- C. Copayment shall be waived for these appointments.

III. Diagnosis and Clearance

- A. Diagnosis: Any new skin or soft-tissue infection shall be assumed to be MRSA until confirmed or determined otherwise by an ACP.
- B. Clearance: MRSA infection is considered cleared or non-communicable when the wound is closed, non-draining, or culture negative.

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IV. Notification

- A. Suspected and confirmed cases of MRSA infection shall be reported to an ACP.
- B. Outpatient care providers shall be notified if a patient with a current MRSA infection is taken off-site for care and treatment.
- C. Internal notification responsibilities are described in the DAI Policy 500.60.01.

V. Surveillance

- A. The current contract lab reports positive MRSA culture results information to BHS Central Office monthly.
- B. Facilities shall track confirmed and suspect cases not identified by the contract lab.
- C. The DOC Infection Control Committee shall review statistics at scheduled meetings.

VI. Patient Management

- A. An ACP shall assess the wound and implement suspected MRSA infection EMR PowerPlan for treatment and contact precautions.
- B. If there is not an ACP on-site, the onsite RN shall call the on-call ACP to communicate the patient assessment. The ACP shall:
 - 1. Determine the plan of care.
 - 2. Initiate the suspected MRSA infection EMR PowerPlan as clinically determined.
- C. MRSA Management:
 - 1. Contact precautions shall be entered on DOC-3504 – Infection Control: Patient and Employee Precautions. See DAI Policy 500.60.01.
 - 2. Clean, non-sterile gloves shall be worn when contact with wound drainage is anticipated. Hand hygiene shall be performed after glove removal per DAI Policy 500.60.12.
 - 3. When caring for isolated patients with grossly draining wounds, a clean non-sterile gown shall be worn whenever it is likely that there will be contact with wound drainage.
 - 4. A plan shall be developed to assure that dressings can be changed regularly to prevent contamination of environmental surfaces.
 - 5. Patients shall be assessed for their ability to complete dressing changes on their own. If able after return demonstration, adequate supplies of gloves, dressing supplies, plastic bags for waste disposal and hand hygiene supplies shall be provided.

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6. Contaminated dressings shall be placed in a sealed regular plastic bag and then placed in a regular waste receptacle. A red bag is to be used only if the drainage meets the infectious waste criteria.
7. Liquid antimicrobial soap shall be issued for daily showers and hand washing. The issuance and use of antimicrobial soap shall only be used during episodes of active infection.
8. Contact precautions may be discontinued once the patient's wound is closed or upon ACP order.
9. Patients with wounds responding to treatment, but still draining, may be released from contact precautions per ACP discretion.

D. Cultures

1. Require an ACP order.
2. Obtain a culture and sensitivity for superficial draining wounds.
3. Order aerobic/anaerobic culture for deep wounds or abscess.
4. MRSA Screen
 - a. Do not obtain unless specifically ordered to verify elimination of the MRSA organism.
 - b. It may be used for a follow-up culture to see if MRSA is still present. No sensitivities shall be done.
5. Cultures to assess efficacy of treatment should generally be done no sooner than 48 hours after antibiotics are finished.

E. Patient Education and Hygiene

1. Hand washing is recognized as the single most important action that can be taken to prevent the spread of infection. See POC-0040.
2. Patients should be counseled about the infection, the importance of hand washing and good personal hygiene, proper wound management and how to clean areas such as the shower after use.
3. Instruct a patient who has a closed, non-draining wound to report to HSU any drainage or development of open lesions.
4. A liquid anti-bacterial soap shall be supplied by the HSU to patients with MRSA infections.
5. Patients shall not share personal hygiene items, such as towels, wash cloths, combs, clothes, razors, etc.
6. Document education provided in the health record.

VII. Facility Management

A. Housing and Cleaning

1. Patients with draining, open lesions, should be placed in a single cell if available, preferably a wet cell. If a wet cell is not available, a plan shall be developed to provide non-alcohol based hand sanitizer whenever the patients leave their cells, change their dressings, or have other contact with wound drainage.
2. Patients may be housed with another currently active MRSA patient if both are culture-confirmed to be MRSA with similar sensitivities as determined by prescribing practitioner.

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3. Patients whose lesions are closed do not need special housing.
4. Prioritize the cleaning of rooms that are used to house patients who are placed on infection control precautions with focus on cleaning and disinfecting frequently touched surfaces. Rooms of infected patients shall be decontaminated (terminally cleaned) prior to occupancy by another inmate.

B. Activity Restrictions

1. Patients with uncontained wound drainage shall be restricted from all work assignments, dining hall, visiting room, community and recreation activities until the wound drainage is contained. Security and HSU shall consult and determine whether alternative methods for visits can be accommodated.
2. Patients with contained wound drainage are restricted from work, but may be permitted some community activities such as observing recreation as long as they do not use the equipment, and may eat in the dining area as long as they use proper hygiene.

C. Patient Transfers

1. Patients with uncontained MRSA infections should ordinarily not be transferred to other DOC facilities.
2. Facilities that cannot care for MRSA infected patients can contact the Infection Control Nursing Coordinator/Facility Nursing Coordinator for consultation regarding transfer to an appropriate facility for care.
3. Coordination of care and treatment between the facilities shall occur prior to transfer.

Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Administration

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.60.08	Page 7 of 7
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: MRSA Skin and Soft Tissue Infections		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.
- II.
 - A.
 - B.
 - C.