



CORRECTIONS MEDICINE
Infection Control – MRSA Infections
ACA Standard: 4 ALDF – 4C – 14

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Policy Number:
CM – 13.1

- I. **PURPOSE:** To establish strategies and provide information to prevent and control the spread of Methicillin-resistant Staphylococcus aureus (MRSA) infections within the Buzz Westfall Justice Center.

- II. **POLICY:** The prevention and control of MRSA infections within the Buzz Westfall Justice Center shall be performed through routine surveillance, management of known or potential wound/skin and soft tissue infections, improved personal and hand hygiene practices, cleaning and disinfection, and patient and staff education.

- III. **DEFINITIONS/ACRONYMS:**
 - **AAFP** – American Academy of Family Physicians
 - **CDC** – The U.S. Centers of Disease Control and Prevention
 - **CQI** – Continuous Quality Improvement
 - **EPA** – The United States Environmental Protection Agency
 - **MRSA** - Methicillin-resistant Staphylococcus Aureus
 - **PPE** – personal protective equipment
 - **SSTI** – skin and soft tissue infection

- IV. **RESPONSIBILITY:** All Corrections Medicine staff are responsible for the contents and adherence to this policy and the procedure therein.

- V. **PROCEDURES:**
 - 1. Infection Control Surveillance:
 - a. In order to identify new and/or recurrent MRSA infections, clinical laboratory results are reviewed by the Corrections Medicine CQI Coordinator. MRSA outbreaks are discussed with medical providers and the appropriate Department of Justice Services (DJS) staff. In the case of a noted increase in infections, the team shall discuss action items intended to remedy the issue.

 - b. Corrections Medicine medical providers and staff shall follow standard universal precautions when providing care to all patients.

 - 2. Clinical Management of Suspected and Confirmed MRSA Infections:
 - a. Corrections Medicine medical providers shall provide medical management of patients suspected of or diagnosed with MRSA infections through regular clinical care mechanisms.

 - b. Corrections Medicine medical providers shall follow current AAFP and CDC guidelines, or other health care clinical practice guidelines for the treatment of MRSA infections.

- c. When necessary, Corrections Medicine medical providers shall make referrals to infectious disease specialists within the community.
 - d. Wound care shall be ordered by the medical providers and performed by designated Corrections Medicine staff.
 - e. Corrections Medicine nursing staff shall follow all appropriate and current nursing processes for initiating physician orders for care of patients suspected of or diagnosed with MRSA infections.
 - f. Patients with MRSA infections will be seen in wound clinic daily or as ordered by the provider. The patient will have regular follow up visits scheduled with the provider to monitor progress. If the patient develops a fever or has other systemic symptoms, the provider will be notified immediately.
3. Placement of Patients with Suspected or Confirmed MRSA Infections:
- a. Any patient identified with an open, draining wound or other SSTI site that has drainage or secretions which cannot be contained by a simple dressing and/or requires more intensive monitoring shall be admitted to the Infirmary for medical care. Corrections Medicine nursing staff shall initiate the appropriate standing orders and patient specific orders.
 - b. Upon admission to the Infirmary, the patient shall be placed on contact precaution and placed in a single occupant room.
 - c. All Corrections Medicine staff shall observe contact precautions and use required PPE. Isolation gowns and gloves shall be worn at all times when coming into contact with the patient or their environment. Staff shall:
 - i. Wear gown and gloves immediately before entry into the patient’s room;
 - ii. Remove gown and gloves immediately before exiting rooms.
 - d. Staff shall use single-use noncritical equipment for patients on contact precautions.
4. Environmental Cleaning and Disinfecting:
- a. To reduce and prevent the spread of MRSA within the environment:
 - i. Hard surfaces and high-touch areas such as floors, door knobs/handles, sinks, showers and toilets shall be cleaned and disinfected daily using EPA-approved, hospital grade cleaning products.
 - ii. All patient care equipment, including non-critical portable equipment shall be disinfected immediately after each use, using EPA-approved, hospital-grade disinfecting wipes immediately when care tasks are completed.
 - iii. Heavily soiled non-critical equipment shall be discarded in appropriate biohazard bags or containers, in accordance with Corrections Medicine and DJS policies, as well as local, state and federal regulations.

- iv. All Corrections Medicine shall wear appropriate PPE when handling dirty laundry, patient equipment, or when performing cleaning and disinfection procedures.
- 5. Patient Education:
 - a. Patients shall receive information about maintaining good personal hygiene and performing hand hygiene during the DJS Inmate Orientation and in the Inmate Handbook.
 - b. Patients shall be instructed to keep wounds clean, dry and covered at all times. Patients shall notify Corrections Medicine and DJS staff if:
 - i. Dressings are no longer intact;
 - ii. There is drainage that cannot be contained by the dressing;
 - iii. Any wound has increased swelling, redness, warmth, pain, weeping/drainage.
- 6. Corrections Medicine Staff Education:
 - a. Corrections Medicine staff shall receive education related to MRSA prevention and control through just-in-time training, staff meetings, emails or other methods of instruction approved by the Department of Public Health and/or the Correction Medicine program's lead physician.
 - b. Resource materials from the Missouri Department of Health and Senior Services, the CDC, the National Commission on Correctional Health, and other health care and correctional industry websites may be used for staff training purposes.

VI. REFERENCES:

American Correctional Association. Performance-Based Standards for Adult Local Detention Facilities; 4th Edition; 2004

Centers for Disease Control and Prevention. Management of Multidrug-Resistant Organisms in Healthcare Settings; 2006