



Information About MRSA for Healthcare Personnel

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Methicillin-resistant *Staphylococcus aureus* (MRSA) has become a prevalent nosocomial pathogen in the United States. In hospitals, the most important reservoirs of MRSA are infected or colonized patients. Although hospital personnel can serve as reservoirs for MRSA and may harbor the organism for many months, they have been more commonly identified as a link for transmission between colonized or infected patients. The main mode of transmission of MRSA is via hands (especially health care workers' hands) which may become contaminated by contact with a) colonized or infected patients, b) colonized or infected body sites of the personnel themselves, or c) devices, items, or environmental surfaces contaminated with body fluids containing MRSA. Standard Precautions, as described in the [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#), should control the spread of MRSA in most instances. Additional measures for prevent the spread of MRSA are described in [Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006](#) PDF (234KB/74 pages)

Standard Precautions

For more detail see [Standard Precautions](#)

1) Hand Hygiene

Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Perform hand hygiene immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. When hands are visibly soiled with blood or other body fluids, wash hands with soap and water. It may be necessary to perform hand hygiene between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

2) Gloving

Wear gloves (clean nonsterile gloves are adequate) when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin (e.g., of a patient incontinent of stool or urine) could occur. Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient. Do not wash gloves for the purpose of reuse since this practice has been associated with transmission of pathogens.

3) Mouth, nose, eye protection

Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.

4) Gowning

Wear a gown, that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.

5) Appropriate device handling of patient care equipment and instruments/devices

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed and that single-use items are properly discarded. Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g., bed rails, over bed tables) and frequently-touched surfaces in the patient care environment (e.g., door knobs, surfaces in and surrounding toilets in patients' rooms) on a more frequent schedule

compared to that for other surfaces (e.g., horizontal surfaces in waiting rooms).

6) Appropriate handling of laundry

Handle, transport, and process used linen to avoid contamination of air, surfaces and persons.

Contact Precautions

For more detail see [Contact Precautions](#)

Contact Precautions should be followed for some patients. To determine if a patient needs to be placed on Contact Precautions see page 37 of [Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006](#) PDF (234KB/74 pages)

In addition to Standard Precautions, Contact Precautions consist of:

1) Patient placement

In Patient placement in hospitals and LTCFs, When single-patient rooms are available, assign priority for these rooms to patients with known or suspected MRSA colonization or infection. Give highest priority to those patients who have conditions that may facilitate transmission, e.g., uncontained secretions or excretions. When single-patient rooms are not available, cohort patients with the same MRSA in the same room or patient-care area. When cohorting patients with the same MRSA is not possible, place MRSA patients in rooms with patients who are at low risk for acquisition of MRSA and associated adverse outcomes from infection and are likely to have short lengths of stay.

In general, in all types of healthcare facilities it is best to place patients requiring Contact Precautions in a single patient room. To assist with decision making about patient placement in various types of healthcare facilities see page 84 of [Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#).

2) Gloving

Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails). Don gloves upon entry into the room or cubicle.

3) Gowning

Don gown upon entry into the room or cubicle. Remove gown and observe hand hygiene before leaving the patient-care environment. After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganism to other patients or environmental surfaces.

4) Patient transport

In acute care hospitals and long-term care and other residential settings, limit transport and movement of patients outside of the room to medically-necessary purposes. When transport or movement in any healthcare setting is necessary, ensure that infected or colonized areas of the patient's body are contained and covered. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions. Don clean PPE to handle the patient at the transport destination.

5) Patient-care equipment and instruments/devices

In acute care hospitals and long-term care and other residential settings, use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.

In home care settings limit the amount of non-disposable patient-care equipment brought into the home of patients on Contact Precautions. Whenever possible, leave patient-care equipment in the home until discharge from home care services. If noncritical patient-care equipment (e.g., stethoscope) cannot remain in the home, clean and disinfect items before taking them from the home using a low- to intermediate-level disinfectant. Alternatively, place contaminated reusable items in a plastic bag for transport.

6) Environmental measures

Ensure that rooms of patients on Contact Precautions are prioritized for frequent cleaning and disinfection (e.g., at least daily) with a focus on frequently-touched surfaces (e.g., bed rails, overbed table, bedside commode, lavatory surfaces in patient bathrooms, doorknobs) and equipment in the

immediate vicinity of the patient.


7) Discontinuation of Contact Precautions

No recommendation can be made regarding when to discontinue Contact Precautions.

Control of MRSA Outbreaks

Information regarding the control of MRSA outbreaks see [*Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006*](#) PDF (234KB/74 pages)

[Top](#)

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Centers for Disease Control and Prevention, 1600 Clifton Rd,
Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24
Hours/Every Day - cdcinfo@cdc.gov (TTY)

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