

**MARYLAND DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
EPIDEMIOLOGY AND DISEASE
CONTROL PROGRAM**

**GUIDELINES FOR CONTROL OF METHICILLIN RESISTANT
STAPHYLOCOCCUS AUREUS IN LONG TERM CARE
FACILITIES, JANUARY, 2001**

FREQUENTLY ASKED QUESTIONS

- 1. We have always screened new admissions to our facility for MRSA colonization in their nares. Should we continue this?**

Routine nares cultures for MRSA of residents are not indicated unless the resident is epidemiologically implicated in an MRSA outbreak. (Page 3, "Procedures for Obtaining Cultures to Identify MRSA")

- 2. What drug(s) should we use to treat (decolonize) a resident with MRSA in their nares?**

Decolonization of MRSA from residents should only be done in consultation with an infectious disease physician and only in an outbreak situation to decrease the possibility of promoting further antimicrobial resistance. (Page 6, "Decolonization")

- 3. Do we still need to place a resident with MRSA colonization in the nares on contact precautions?**

A resident who is known to have MRSA in the nares ONLY does not need to be placed on contact precautions. However, this individual should, if possible, be placed with another resident with MRSA colonization or infection or with a resident with no tubes or wounds. (Page 5, "Room Placement and Activities")

Guideline for Control of MRSA: Frequently Asked Questions (continued)

- 4. When discontinuing contact precautions, we have always obtained two negative nares cultures along with two negative site cultures. Do we still need to do this?**

It is no longer necessary to obtain negative nares cultures in order to discontinue contact precautions on a resident. Two negative cultures of the infected body site, obtained no less than one week apart, are sufficient. (Page 7, "Termination of Precautions")

- 5. Do these residents have to stay in their rooms?**

Even if they are on contact precautions, those residents who are colonized or infected with MRSA may, if they feel like it, go anywhere in the facility and attend activities as long as the infected site is covered, and the resident observes meticulous handwashing. An alcohol-based waterless hand cleaner may be given to the resident to facilitate handwashing. (Page 5, "Room Placement and Activities")

- 6. Which residents should be included on the MRSA line listing?**

Include any resident who is colonized or infected with MRSA at any site OTHER THAN the nares. A resident who is known to have MRSA in the nares only does not need to be included on the line listing, but should be tracked separately (Page 3, "Surveillance")

- 7. Under what circumstances should we culture our healthcare workers for MRSA in the nares?**

Nares cultures for MRSA from healthcare workers should not be done unless there is an outbreak situation and the culturing has been recommended by DHMH Division of Outbreak Investigation, Local Health Department Communicable Disease Staff, or Infection Control staff. (Page 8, "Employee Health")