

Guide to MRSA Screening

- ✓ Wash hands before and after collecting screens
- ✓ Ensure specimens are labelled accurately
- ✓ Complete orders on EPR listing sites screened
- ✓ Send completed microbiology specimens to the laboratory

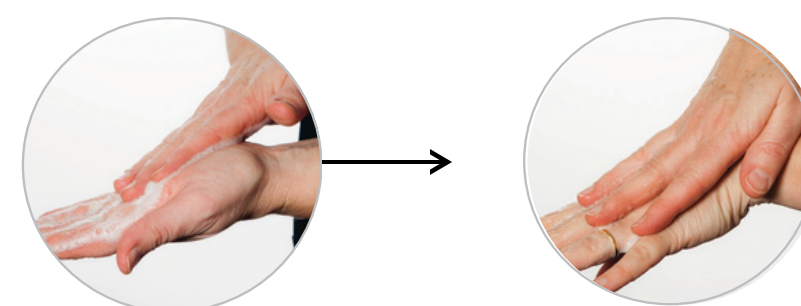


Where to get the swabs you need

All wounds should be assessed and swabbed for MRSA. MRSA screens must include nose and groin, wounds and any devices the patient has insitu on admission. If a patient has a long-term catheter, then a Catheter Specimen of Urine must be taken (Order as MRSA screen)

Collect equipment for nose and groin and other sites that require screening

1 Perform hand hygiene and put on personal protective equipment (PPE)



2 For nose and groin screen & any wounds:

Use sterile saline or water to moisten swabs prior to use. If there are any concerns regarding wound infection, a black swab should be sent.

For nose screen:

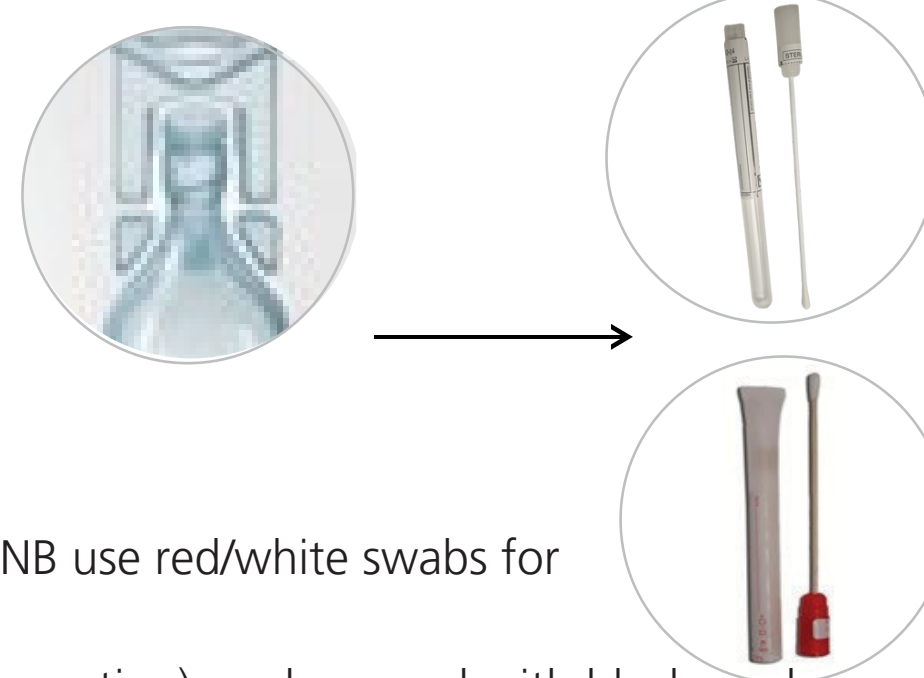
- Place moistened swab inside both nostrils, rub and rotate gently for 5 to 10 seconds

For groin screen:

- Place moistened swab against skin, gently roll back and forwards against skin 10 times

For wounds:

- All wounds should be assessed and swabbed for MRSA as part of full MRSA screening – NB use red/white swabs for MRSA screens.
- If there are any concerns regarding clinical wound infection (pus present or signs of inflammation) swab wound with black swab
- request testing for “culture and sensitivity” and include details of symptoms and signs of clinical infection on the request form.



3 If a urinary catheter:

- Collect Catheter Specimen of Urine (CSU)

4 If a supra pubic catheter:

- Collect CSU for MRSA screening. Moisten swab & screen catheter exit site



5 If productive cough:

- Collect sputum sample, ensuring hand hygiene & personal protective equipment (PPE) is used



6 If devices such as PEG, or a long-term vascular access line in-situ:

- Moisten swab & screen site
- Use ANTT for IV lines

