DEPARTMENT OF EDUCATION AND SCIENCE SCHOOLS DIVISION

To: The Managerial Authorities of Primary, Secondary, Community and Comprehensive Schools and to the Vocational Education Committees

Prevention of transmission of micro organisms

The Department wishes to advise school authorities of a series of recommendations produced by the Health Protection Surveillance Centre concerning the prevention of transmission of micro organisms. These recommendations are outlined in the attached Question and Answer information sheet provided to the Department by the National Office Health Protection of the Health Service Executive (HSE).

The HSE has advised that all schools should be aware of the recommendations in the document and that schools should, if they have not already done so, put in place a policy that emphasises the importance of standard precautions and good levels of personal hygiene by all.

The HSE has informed the Department that it accepts that the use of alcohol gels may create challenges in a school setting and has advised that good hand hygiene facilities are more important along with general advice on standard infection control precautions.

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School Governance
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Recommendations for care of patients colonised with MRSA in schools

Q What is MRSA?

- MRSA stands for meticillin, resistant Staphylococcus aureus.

- Staphylococcus aureus (pronounced staf-ill-okok-us or –ee-us), or “Staph aureus” for short. It is a common germ that lives completely harmlessly on the skin or in the nose of about one in three people.

- MRSA is a type of Staph aureus that has become resistant to a number of different antibiotics.

- Most people who carry MRSA on their bodies or in their noses don’t suffer any ill effects. Carrying the germ harmlessly like this is called “colonisation”. However MRSA sometimes causes infections if it enters the body. This is more likely to happen to people who are already unwell, particularly those who are in hospital with a serious illness. Most MRSA infections are called “local” infections, such as boils, abscesses or infected wounds. These are easily treated. In a small number of people, however, MRSA can cause serious infections such as septicaemia (also known as “bloodstream infection” or “blood poisoning”).

Q How can you tell if someone has MRSA?

- Most people with MRSA carry the germ harmlessly and have no ill effects.

- Patients who have had an infection caused by MRSA do not look or feel any different to patients who have infections caused by other germs. The only way to tell if someone is carrying MRSA, or has an infection caused by MRSA, is to do a laboratory test on a sample from a wound, blood, urine, nose, or other part of the body. If MRSA is found in a sample it means that the person has MRSA on their body.

Q How do people get MRSA?

- The people most at risk of getting MRSA are those who have been in hospital for a long time, or have a lot of contact with hospitals, or have a long-term illness, or have had a lot of antibiotics.

- In the hospital, MRSA may have passed from one person to another on the hands of staff or visitors, by patient care equipment, or by contamination of the hospital environment. MRSA is most likely to spread where there is overcrowding and where a lot of antibiotics are used.

- Outside of hospitals, there is little risk of transmitting MRSA to healthy people who are at low risk of becoming infected. The risk to healthy relatives
or others outside the hospital setting is extremely small, unless they are hospital workers with patient contact when they may pose a risk to other patients.

Q What precautions can schools and community units take to prevent transmission?

- The following general precautions should be followed. These precautions will also help prevent transmission of other germs such as respiratory and gastrointestinal viruses that can cause colds or diarrhoea. If there is any concern about the clinical status of the resident/child (e.g., potential skin infection that needs antibiotic treatment), then their general practitioner should be consulted for advice.

Carers

- Good hand washing practices is the single most important infection control measure. Caregiver should wash their hands with soap and water after physical contact with the infected or colonised person and before leaving the home.

- Disposable gloves should be worn only if contact with body fluids or dressings are expected and hands should be washed after removing the gloves.

- Cuts or breaks in the skin of carers should be covered with impermeable dressings.

The resident/pupil

- The resident/pupil colonised with MRSA should be encouraged to practice good hygiene and be assisted with this if their physical or mental condition makes this difficult.

- Isolation is not required as this may adversely affect rehabilitation of the resident. Residents of community facilities colonised with MRSA should not be restricted from participation in social or therapeutic group facilities within the residence, if wounds are covered.

Environment

- The environment should be cleaned, using standard detergents, routinely and when soiled with body fluids.

Linens

- Linens should be changed and washed if they are soiled and on a routine basis. Clothes and bedding should be machine-washed, preferably on a hot wash setting, or dry cleaned if unsuitable for machine washing.

Equipment and Cutlery
• Equipment with which the MRSA colonised resident has been in contact, such as a commode, should be cleaned with detergent and hot water. Chemical disinfection is not required.

• Cutlery, crockery, and healthcare-risk waste should be dealt with as per normal routine. No additional measures are required.

Further information in:

1. The Control and Prevention of MRSA in Hospitals and in the Community Available at: http://www.ndsc.ie/hpsc/AZ/MicrobiologyAntimicrobialresistance/InfectionControlandHealthcare-AssociatedInfection/Guidelines/

2. Hand washing fact sheet Available at: http://www.ndsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/Factsheet/