



## **MRSA: Standard infection control precautions**

The following measures are **essential** in preventing cross infection and should be carried out **at all times** and with **all** patients.

1. Cover all cuts, abrasions and lesions - especially those on hands and forearms - with a waterproof dressing.
  2. Maintain hand hygiene:
    - before and after each patient contact
    - after handling body fluids and items contaminated with body fluids
    - prior to aseptic technique
    - after removing protective clothing/gloves
    - before handling invasive devices
    - following bed making
    - before handling food.
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Soap and water are usually adequate, but alcohol hand rub can be used instead if hands are socially/visibly clean. In the community, in the absence of soap and water, apply alcohol hand rub to socially clean hands. Use this technique to ensure all areas of the hands are thoroughly cleaned. Do not forget to include wrists and dry well using disposable paper towels if soap and water have been used.

3. Maintain cleanliness† of:
    - general environment - horizontal surfaces, floors, toilets, sinks, baths (and walls if soiled)
    - patient-related equipment - beds, furniture, monitors, IV pumps, underside of commodes, chairs and ambulifts
    - soft furnishings - curtains, bedding.
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† For frequency and method see National Standards of Cleanliness for the NHS and the *NHS Healthcare cleaning manual* [www.nhsestates.gov.uk](http://www.nhsestates.gov.uk)

4. Use disposable gloves and aprons when handling body fluids.
5. Use disposable aprons for direct patient care, bed making and aseptic techniques.
6. Dispose of waste safely.
7. Maintain a safe staff to patient ratio.
8. Avoid overcrowding patients.
9. Avoid unnecessary patient transfers between wards.
10. Isolate patients with a known or suspected infection.

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**Have you worked in a Hospital where MRSA was Present**

**YES / NO**

**Please confirm that you have read the above and are aware of the precautions involved to restrict the spread of MRSA**

**YES / NO**

**Print Name:**..... **Signed:** ..... **Date:**.....

**PLEASE RETURN THIS SLIP SIGNED AND DATED TO:**

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