

MRSA/INFECTION CONTROL PROCEDURES

General Background: Infection control has always been a necessary objective in school settings. Effective control measures can prevent an array of communicable diseases ranging from the common cold to blood borne pathogens to staphylococcus aureus ("staph") infections, including today's increased Methicillin Resistant Staphylococcus Aureus (MRSA) infections. The focus of this information is on how MCPS will apply recommended practices to our individual school settings with emphasis on the prevention of MRSA.

MRSA Background:

- Staph is a microorganism identified in the 1880's
- It best grows in moist, warm and dark areas
- Staph and MRSA Staph can live for hours or days on surfaces. Conditions of moisture, darkness and warmth promote staph longevity.
- Starting in the 1960's, widespread antibiotic use led to staph's resistance to penicillin initially, then Methicillin and then beta-lactum antibiotics and other next line antibiotics. This resistant type of staph is called MRSA.
- Approximately 30% of the population is colonized with staph. This means the bacteria is present but not causing infection.
- It is important to understand there are differences between colonization, infection and invasive infection.
- Staph is the most common cause of skin and soft tissue infections (SSTI) "community acquired MRS" (CA-MRSA) are different although becoming less so than previous. CO-MRSA, "community onset MRSA" is another term being used. Most CO-MRSA can be effectively treated.
- The main mode of transmission of staph, including MRSA, is via the hands by contact with contaminated people or objects.
- Breaks in the skin facilitate staph entering the body.
- Other factors include skin-to-skin contact, crowded conditions and poor hygiene. Sharing of towels, personal hygienic items, athletic equipment and clothes facilitates transmission.
- MRSA occurs in any age group and in any setting although applicable risk factors in the school setting include athletes in contact sports, recent hospitalizations, recurrent or recent antibiotic use, past MRSA infections, recurrent skin disease, recurrent or recent skin damage, close contact with infected person and high incidence of MRSA in the community.
- Initially MRSA infections can be mistaken for a spider bite.

Recommendations/Plan:

1. Education
 - a. The following groups received a flier "Questions and answers about MRSA in schools" by email 11/1/07: administrative staff (principals, assistant principals, and deans), athletic directors, all staff including coaches, physical education teachers, athletic trainers and nurses.
 - b. Athletic directors are encouraged to ensure that all coaches are given needed information.
 - c. In addition, nurses and athletic trainers (will) receive (d) several additional resources.
 - d. Students
 - Students of all ages should be encouraged to wash hands during the school day
 - Posters promoting hand washing are in many schools and additional poster may be accessed from health services supervisor.
 - e. Athletes
 - Education posters re: MRSA are in AT, locker rooms and nurses areas. Additional posters may be obtained through Health Services supervisor
 - Coaches are encouraged to give athletes verbal information at start of every season by coach.
 - i. Coaches should utilize written information as a guide "MRSA: Information for Coaches and Athletes" See Attachment.
 - f. Parents
 - General health information is on website now
 - g. Athletic Directors are encouraged to give parents verbal information at sports meeting using "MRSA: Information for Coaches and Athletes" as a guide.
 - h. Custodial Staff
 - Information will be provided as annual mandatory meeting for custodians starting 08-09
2. Reporting MRSA Infections
 - a. Students and parents are encouraged to report confirmed MRSA infections to the school.
 - b. If the athletic trainer or school nurse suspects a MRSA infection, they will communicate with the parent and student regarding the need for medical evaluation. Coaches should refer student to trainer, PE teachers refer to nurse.

- Use of referral letter encouraged. (provided to nurse and AT's)
 - If MRSA confirmed, then that nurse or AT should report to health services supervisor who may track cases and/or report to the Missoula City-County Health Department (MCCHD).
3. Evaluation/Surveillance
- a. School nurses and athletic trainers have been provided information re: MRSA to assist with surveillance and evaluation for referral.
4. Prevention Strategies
- a. Hand Washing!
- See above re: education efforts
 - Custodians must check soap and paper towels availability daily
 - Schools may consider ordering waterless hand disinfectant.
Warehouse has 40 oz. hand disinfectant available. Disinfectant use is NOT appropriate when hands are visibly dirty.
- b. Dressing changes
- Nurse/AT will counsel student how to change dressing if needed and where (limit to nurse area/AT area if possible) Handout available for teaching tool re: changing dressings
- c. Exclusion with active MRSA infection
- Athletes, in contact sports, who have draining wounds or infections, may not participate in practice or a game until the wound has stopped draining. Because MRSA may be difficult to treat, this may be a few weeks or longer. If the student has medical provider permission to participate in contact sports with a draining wound or infection, then medical provider written verification of negative wound culture must be provided.
 - Contact sports include wrestling, football, basketball and soccer
 - Athletes, in non-contact sports, may participate in activities if wounds are well covered and the infected person observes good hygienic measures to include washing hands, showering and laundering clothes.
- d. Athletic Areas/Equipment Cleaning
- Student athletes are reminded to not share equipment during the season such as pads, etc.
 - Athletes personal clothes/towels
 - Students are encouraged to shower and put on clean dry under garments after practice/play especially during two a day practice days
 - Students are encouraged to use clean, dry towels provided from home after each shower
 - Mats for sports
 - Mats should be cleaned daily after use by coach
 - Mats for PE classes
 - Mats should be cleaned daily after use by teacher
 - Other sports equipment such as weights, bikes, weight room benches, etc.
 - Consider having disinfectant available and encouraging use by students
 - Encourage hand washing by posting signage
 - Whirlpool rules
 - No use if any open wounds
 - Expect shower before use
 - Discourage multiple users
 - Whirlpool will be disinfected between uses
- e. General cleaning
- AT's to clean tables and benches between student uses.
 - HS nurses to clean cots between student uses
 - Computer keyboards
 - Consider use of disinfectant wipes and/or use of alcohol gel for hands and/or hand washing before and after use
 - Floors of AT areas and locker rooms cleaned daily
 - Custodians to clean health area cots daily in K-8
 - Custodial staff to clean restrooms and locker room daily as well as sinks in athletic trainer's area, nurse's area or health area, restrooms and locker rooms daily
 - Custodial staff will check rest rooms at least daily for adequate soap and paper towels throughout the district
 - Custodial staff will utilize recommended cleaning products

Resources

1. Minnesota Department of Health. (2005) *MRSA: Information for coaches and athletes*. Retrieved December 21, 2007 from <http://www.health.state.mn.us/divs/idepc/diseases/mrsa/mrsaathletes.pdf>
2. Minnesota Department of Health. (2007) *Skin Examination of Athletes*. Retrieved December 21, 2007 from <http://www.health.state.mn.us/divs/idepc/dtopics/athlete/skinhcp/html>
3. Minnesota Department of Health. (2007) *Questions and answers about methicillin-resistant staphylococcus aureus (MRSA) in schools*. Retrieved December 21, 2007 from <http://www.health.state.mn.us/divs/idepc/diseases/mrsa/mrsaschools.pdf>
4. Montana Department of Public Health and Human Services, Communicable Disease Control and Prevention Bureau. (2007) *Interim Guidelines for the Control and Prevention of Methicillin Resistance Staphylococcus aureus (MRSA) Skin and Soft Tissue Infections in Non Healthcare Settings August 2007*. Retrieved from <http://www.dphhs.mt.gov/PHSD/MARA/documents/MT-DPHHSMRSAGuidelinesFINAL090507pdf>