

- **Informational Awareness**

### **What is MRSA?**

MRSA is a kind of *Staphylococcus aureus* (“staph”) bacterium that is **resistant** to betalactam antibiotics, including methicillin, oxacillin, penicillin, and amoxicillin. It is often resistant to many other antibiotics as well. Infections with MRSA are generally treatable.

### **How is MRSA spread?**

Staph, including MRSA, are spread by direct skin-to-skin contact, such as shaking hands, or other direct contact with the skin of another person. Staph are also spread by contact with items that have been touched by people with staph, like towels shared after drying off, or shared athletic equipment in the gym or on the field.

Most people who have staph or MRSA on their skin do not have an infection or illness caused by staph. These people are “colonized” with staph. Staph infections start when staph enters a cut, scrape or other break in the skin.

### **What are the symptoms of an infection caused by MRSA?**

MRSA is a type of staph, so the symptoms of a MRSA infection and the symptoms of an infection due to other staph are often the same. Pimples, rashes, pus-filled boils, especially when warm, painful, red or swollen, can indicate a staph skin infection. Impetigo is one example of a skin infection that can be caused by staph, including MRSA.

In severe cases, MRSA can spread to the blood causing major complications. Treatment when the infection is just on the skin prevents MRSA from spreading to the blood.

### **How are MRSA infections treated?**

Most MRSA infections are treated by good wound and skin care: keeping the area clean and dry, washing hands after caring for the area, carefully disposing of any bandages, and allowing the body to heal. Sometimes treatment requires the use of antibiotics. If antibiotics are needed, it is important for the patient to use the medication as directed unless the healthcare provider says to stop.

### **Does someone with MRSA need to stay home?**

In general the answer is "no." As long as someone is receiving treatment and is able to keep the infected area covered, this is usually not needed. It's best to discuss this question with a doctor.

### **What are the procedures that would be followed if a student in school was reported to have MRSA?**

- **Students are referred to the school nurse / athletic trainer.** The school nurse/athletic trainer take action to confirm the diagnosis, which may require contacting the doctor and family of the student to ensure that accurate medical information is available. The school nurse/athletic trainer consult for additional recommendations as indicated and are aware of the following:

o The school nurse/athletic trainer take an active role in evaluating students who complain of painful skin lesions, including lesions that resemble a “bug bite,” or other pustule skin lesion that appears to be infected. Any unusual skin lesion or other draining wound is potentially infectious to others and infection control measures are put in place to prevent the spread of infection.

o The school nurse/athletic trainer realize that the transmission of a MRSA infection among students and student athletes can have substantial public health impact. Therefore, a policy is in place for the active surveillance of skin infections by the school nurse; school physician; and/or director, coach or trainer of sports teams (especially those teams involved in contact sports) to expedite a referral for medical evaluation. Coaches and/or athletic trainers are encouraged to assess student athletes for any unusual skin lesions before practice or competition.

o When a MRSA infection is suspected, athletes are referred to their primary care provider for evaluation and treatment. Following the medical evaluation, the student or parent are asked to provide verification of the healthcare provider’s treatment plan. (Those infected with MRSA must follow their healthcare provider’s treatment plan, including completing antibiotic therapy, if an antibiotic was prescribed.)

o If MRSA is diagnosed, the school nurse/athletic trainer interview the student / parent / guardian to investigate the possibility of other cases among their friends, teammates, and/or family member and evaluate appropriately.

- **Routine infection control precautions are taken.** Health / athletic personnel wear gloves when handling the student, or touching blood, body fluids, secretions, excretions, and any items contaminated with these fluids. Gloves are used when touching mucous membranes and non-intact skin.
- **Routine procedures for cleaning the environment are in place.** The school utilizes disinfectant solutions to keep surfaces clean and wipe / spray on a regular basis.
- **School attendance is determined based on student/doctor information.** Students and staff with a MRSA infection can attend school regularly as long as the wound is covered and they are receiving proper medical treatment.

Guidance on specific cases are handled in consultation with the school nurse  
and principal

### **How can we prevent MRSA infections?**

The Health Department recommends:

- Regular hand washing to prevent getting and spreading staph/MRSA.
- Practicing and encouraging good skin care, since staph infections start when staph enters the body through a break in the skin. Keeping skin healthy and intact is an important preventative measure.
- Ensuring access to sinks, soaps, and clean towels.
- Ensuring the availability of alcohol-based hand sanitizers, if soap and water are not accessible.
- Encouraging daily showers with soap and water.
- Discouraging the sharing of personal items such as towels and water bottles

- Regularly cleaning sinks, showers, and toilets by saturating with a disinfectant.
- Disinfecting athletic equipment between users.
- Laundering towels, sports uniforms, and underclothing with hot water and detergent, and drying them on the hottest setting advisable.
- Wearing gloves when caring for another person's wounds, and wearing protective coverings when touching wounds or bandages.
- Encouraging those infected to always keep draining lesions covered with dressings.
- Disposing of dressings containing pus and blood carefully.
- Disinfecting contaminated portable equipment such as stethoscopes, blood-pressure cuffs, equipment handles, tourniquets, pagers, and cell phones.

## • **Disinfection and Cleaning in Schools**

### **What are the schools doing to provide a clean, MRSA-free environment?**

- **Restrooms and athletic spaces** are cleaned daily using a disinfectant.
- Custodians have been reminded that the disinfectant must dwell on the surface for 10 minutes to be effective against bacteria and viruses. Surfaces are sprayed or wetted with the disinfectant and allowed to air dry providing sufficient time to kill viruses and bacteria.
- **Athletic and PE spaces** are cleaned daily with a disinfectant cleaner, includes locker room floors, showers, restrooms, and benches.
- The exterior of **lockers** and locker room walls are cleaned weekly.
- **Weight room equipment** is cleaned / disinfected daily and wiped down after each use.
- **Wrestling mats** are cleaned and disinfected before and after each practice and daily when being used for PE class.
- In athletics, **mats, benches or other shared athletic equipment** are disinfected after each game or practice.

## • **Athletic Precautions**

### **What are the coaches, athletic trainer and Athletic Director doing to ensure our athletes are MRSA-free?**

- Coaches remind [ALL student athletes](#) to [take home practice gear regularly to be washed](#). Sweaty, dirty clothing in a dark locker is the perfect place for bacteria to grow. Students are instructed to have clothes and other soiled items washed in hot water and laundry detergent as appropriate. They are advised to dry items in a hot dryer to help eliminate bacteria when possible.

- Student athletes are encouraged to [shower after practice/games](#) at school or at home using an antibacterial soap such as Dial or Lifeguard.

- Athletes are asked [not to share equipment, uniforms, towels, bars of soap, or water bottles](#).

- [Cuts and abrasions are covered](#) during competition by the athletic trainer. NWR does not have a MRSA-infected student, but if NWR did all coaches would advise all those who might have contact with the infected wound or wound dressing to thoroughly wash their hands using soap and warm water or, if this is not practical, to use an alcohol-based waterless hand sanitizer immediately after contact. In addition, the importance of [washing with soap after all practices and competitions, before using the gymnasium, or immersing in a whirlpool is emphasized](#). In addition the whirlpools are [disinfected after each use](#)

- Parents and the Athletic Trainer would be [notified about any skin sores](#) and

Skin infections are

recognized promptly and steps taken to limit the spread of infection to

others. Students with any open or weeping lesion on the skin are

immediately referred to their primary care provider for appropriate medical

management.

- Coaches are aware of the possible [risk factors for MRSA](#) skin and soft tissue infection among students who participate in competitive contact sports.

- Physical contact/skin trauma

- “Turf burns” (football players)

- Contact with teammates’ uncovered skin lesions

- Sharing protective equipment, sports gear, clothing, or towels

- Sharing personal hygiene items

- Reuse of unlaundered towels
- Inadequate supply of dispensable soap for hand washing or showering
- Poor personal hygiene practices
- Poor environmental cleaning of locker rooms/sport rooms