

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) SCREEN MEDICAL DIRECTIVE

LEARNING GUIDE

Prepared by: Infection Control
Services

Original Issue: 2004 March
Revised: 2008 March
2008 October
2017 January

This learning guide has been developed by

Kingston General Hospital
and

Approved by the Designated Authority(s) for the
Medical Directive of MRSA Screen

Copyright© 2017, Kingston General Hospital

Fourth Edition
All rights reserved

TABLE OF CONTENTS

		Page
SECTION I		
1.0	1.0 Introduction	06
	1.1 What is a Medical Directive?	07
	1.2 Certification & Recertification	08
 SECTION II		
2.0	MRSA Screen Medical Directive	10
	2.1 Regulated Health Professional(s) Authorized to Implement Directive	10
	2.2 Description of Procedure	10
	2.3 Desired Outcome	11
	2.4 Limitations/Contraindications	11
	2.5 Education Process	11
 SECTION III		
3.0	References	13
 SECTION IV		
4.0	Evaluation of Learning Guide.....	15

Note: The information in this learning guide is current as of the time of distribution.

The most current information regarding this medical directive

can be found in the Hospital's

Delegated Controlled Acts / Medical Directives Manual

SECTION I

1.0 Introduction

This medical directive provides nurses with the authority to implement MRSA screening for patients meeting specific criteria.

To complete the requirements for implementing this medical directive you must:

- Be an RN or RPN employed to deliver care on an inpatient unit, in the Emergency Department or in the Renal Hemodialysis Unit.
- Complete this MRSA Screen self-learning guide,
- Review the MRSA Screen Medical Directive located in the KGH Delegated Controlled Acts/Medical Directives Manual (MD14-01), and
- Complete the Self-Appraisal of Competency Statement in the Learning Management System (LMS) indicating that you have the knowledge, skill and judgement to initiate the medical directive for MRSA screening.

After fulfilling these requirements you will be able to:

- Describe the procedure and identify the conditions, limitations/contra-indications for implementing this medical directive, and
- Accept responsibility for initiating the medical directive safely.

1.1 What is a Medical Directive?

The College of Nurses of Ontario (CNO) and the College of Physicians and Surgeons of Ontario (CPSO) support the use of medical directives. Correctly used, medical directives can be an excellent means to provide timely, effective and efficient patient care, using the expertise of both the physician who orders the directive and the nurse who uses discretion and judgement when implementing it.

A medical directive is a physician order for a procedure, treatment, drug or intervention. It is implemented for a range of patients when specific conditions are met and when specific circumstances exist. A medical directive is always written.

Although a medical directive is by definition a medical document, the collaborative involvement of health care professionals affected directly or indirectly by the medical directive must occur. For directives involving the discipline of nursing at KGH, approval by the Nursing Practice Council is required. Final approval of all medical directives occurs at the Joint HDH/KGH Medical Advisory Committee; given Medicine is the source discipline with accountability for the directive.

In the case of the MRSA Screen Medical Directive, Dr. Gerald Evans, Medical Director, Infection Prevention and Control Service is the ordering physician and is ultimately responsible for the content of the medical order. This medical directive is required as the ordering of laboratory tests, (i.e., MRSA Screen), is outside of the scope of nursing practice. This medical directive provides RNs and RPNs with the authority to initiate such an order.

Nurses who initiate this medical directive are responsible for:

- Assessing the patient to determine whether the specific patient conditions and any situational circumstances identified in the medical directive have been met;
- Knowing the risks to the patient of implementing the directive;
- Possessing the knowledge, skill and judgement required to safely implement the directive;
- Knowing the predictability of the outcomes of the intervention;
- Determining whether management of possible outcomes is within the scope of his/her practice; if so, whether she/he is competent to provide such management and if not, whether the appropriate resources are available to assist as required; and
- Knowing how to contact the physician responsible for care of the patient if orders require clarification.

For more information on medical directives, see the Practice Guidelines: Medical Directives: Revised 2000 (CNO, 2004) located in your unit's *Compendium of Standards of Practice for Nurses in Ontario*.

1.2 Certification and Recertification

This medical directive provides nurses with the authority to complete MRSA screening, immediately at the time of admission; to support cluster and outbreak investigations; to support early identification of those patients of whom Infection Prevention and Control deem to be at higher risk of contact with MRSA; and to support follow-up screening on previously positive cases or contacts. These measures help facilitate early identification of MRSA and implementation of appropriate infection prevention and control measures (including Additional Precautions), thereby limiting the spread of MRSA to other patients.

The **Certification** criteria include:

1. Be an RN or RPN assigned to deliver care to patients; and
2. Review the Medical Directive for Methicillin Resistant Staphylococcus aureus (MRSA) located in the KGH Delegated Controlled Acts/Medical Directives Manual (MD 14-01); and
3. Review the self-directed Learning Guide; and
4. Describe appropriate documentation; and
5. Complete the Self-Appraisal of Competency Statement in the Learning Management System (LMS) indicating that you have the knowledge, skill and judgement to initiate the medical directive for MRSA screening.

After fulfilling these requirements you will be able to:

1. Describe the procedure and identify the conditions, limitations/contraindications for implementing this medical directive, and
2. Accept responsibility for initiating the medical directive safely.

SECTION II

2.0 MRSA Screen Medical Directive

2.1 **Regulated Health Professional(s) Authorized to Implement Directive.**

Registered Nurses (RN) and Registered Practical Nurses (RPN) assigned to deliver care to patients.

2.2 **Description of Procedure**

Emergency Department and In-Patient Units:

MRSA screening is completed immediately upon admission (including patients transferred between healthcare facilities) for all patients (adult and paediatric), excluding Child and Adolescent Mental Health in-patients) when it has been determined that the patient has spent more than 12 continuous hours in any healthcare facility, including KGH (i.e. hospital, nursing home, long-term care including retirement homes) within the last 12 months, or the patient is living in a communal setting (i.e. shelter, halfway home, group home, or correctional facility) or is receiving home health care.

Critical Care Medicine Units:

MRSA screening is completed for all patients admitted to K2ICU or D4ICU immediately upon admission.

MRSA Cases, Contacts, Clusters or Outbreak Screening and for those patients deemed high risk by Infection Prevention & Control (all In-Patient Units and Renal Hemodialysis Patients):

MRSA screening is to be initiated and completed immediately upon request of the Medical Director of Infection Prevention & Control Service or an Infection Control Practitioner.

Registered Nurses (RN) and Registered Practical Nurses (RPN) implement MRSA screening (Nares and Perianal swabs), utilizing the following procedure, given certain conditions are met:

1. Explain the procedure to the patient.
2. Obtain patient's verbal consent.
3. Nares: carefully insert moistened swab into one nostril and rotate against the mucosa 3-5 times while applying light pressure on the outside of the nose to ensure contact. Repeat in the second nostril with the same swab.
Perianal: using a new moistened swab, swab region around the anus, rotating the swab during collection, to ensure full contact with the area.
Additional sites (as requested by Infection Prevention & Control):
Collect one swab from each additional requested site, ensuring the swab has full contact with the area requested.
4. Affix patient identification label per swab, indicating collection site.
5. Send swabs to Microbiology.
6. Sign, print name, and indicate the date and time the Medical Directive has been implemented, on the patient's chart.

2.3 Desired Outcome

MRSA screening will limit the spread of the MRSA to other patients.

2.4 Limitations/Contraindications

1. Patient refuses MRSA screening.
2. Patient's anterior nares:
 - Are actively bleeding,
 - Are deformed or any obstruction preventing safe insertion of the swab into the anterior nares, or
 - Have a purposeful obstruction, (i.e., nasal packing)
3. Trauma is noted to perianal area or to additional requested sites for follow-up screening.

2.5 Education Process

RNs or RPNs:

1. Review a learning guide developed by Infection Prevention and Control Service, and
2. Complete MRSA Screen Medical Directive Self-appraisal of Competency Statement in Learning Management System (LMS).

An Infection Control Practitioner introduces newly hired nurses to this medical directive during Interprofessional Orientation.

SECTION III

3.0 REFERENCES

College of Nurses of Ontario. (2000). *Medical Directive, Revised 2000*. Toronto, ON: Author.

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. *Annex A – Screening, testing and surveillance for antibiotic-resistant organisms (AROs)*. Annexed to: Routine Practices and Additional Precautions in All Health Care Settings. Toronto, ON: Queen's Printer for Ontario; 2013.

SECTION IV

4.0 EVALUATION OF LEARNING GUIDE

MRSA Screen Medical Directive

**Your feedback regarding this learning guide would be greatly appreciated.
Please take a few minutes to complete this evaluation and return it to:
Nursing Education (Empire 2 #3-254)**

(Please circle the appropriate answer)

1) Were the concepts discussed in this learning-guide presented clearly?

Not Clear

Very Clear

2) In order to help you understand the MRSA Screen Medical Directive, how would you rate the detail of information provided in this learning-guide?

1

2

3

4

5

(Not Detailed Enough)

(Just right)

(Too Much Detail)

3) Did this learning-guide help you increase your knowledge of MRSA Screen Medical Directive and related nursing practice?

1

2

3

4

5

(Made me more confused)

(No increase in knowledge at all)

(Significantly increased knowledge & understanding)

4) Overall, did this learning-guide meet your learning needs?

1

2

3

4

5

(did not meet my needs)

(met my needs effectively)

(exceeded my learning needs)

5) Did you find this learning-guide easy to read?

1

2

3

4

5

(Too easy to follow to read/follow)

(just right)

(very difficult to read/follow)

6) Please list any recommendations or comments you may have to help us improve this learning-guide?

Thank you for taking the time to complete this evaluation.