

## What is Staphylococcus aureus and methicillin-resistant Staphylococcus aureus (MRSA)?

People normally carry all sorts of germs inside their body and on their skin. This is called "colonisation". About 1 in 3 people have a germ on their skin called "staph." In these people, staph usually causes no problems. But if they get a cut or a scrape, the germ can cause an infection.

A staph infection can be mild, like a pimple, and affect only the skin. More serious infections tend to happen in young children, older adults, and people who cannot fight infection well. Staphs can cause recurrent boils or skin infections in people who have them on their skin.

Methicillin-resistant Staphylococcus aureus (or MRSA for short) is a staph that has become more resistant to antibiotics.

## How do you get Staphylococcus aureus (staph)?

Most people carry *S. aureus* on their skin without knowing it. You can pick up the germ by:

- Touching a person who has staph on his or her skin.
- Touching a table, handle or other surface that has the germ on it.
- Sharing sports equipment in gymnasiums or sport clubs.
- Sharing razors, towels, washcloths, bed sheets and clothes

## General Prevention Measures:

- Keep hands clean by washing thoroughly with soap and water.
- Alcohol-based hand sanitizers are a good alternative for disinfecting hands if a sink is not available. Hand sanitizers are available as a liquid or wipe in small, portable sizes that are easy to carry in a pocket or handbag. When a

sink is available, visibly soiled hands should be washed with soap and water.

- Keep cuts and scrapes clean, dry, and covered with a bandage until healed.
- Avoid touching other people's wounds or bandages.
- Avoid sharing personal items such as towels, washcloths, razors, clothing, or uniforms. Other items that should not be shared include brushes, combs, and makeup.
- Students who participate in team sports should shower after every athletic activity using soap and clean towels. Athletes with skin infections should receive prompt treatment and should not compete when they have draining or active skin infections.
- People who use exercise machines at sports clubs or schools should be sure to wipe down the equipment, including the hand grips, with an alcohol-based solution after using it.

## References

- [Recurrent Boils \(furunculosis\): Guidelines for management and Staphylococcal decolonisation \(MRSA and MSSA\)](#)
- Netherlands MRSA Policy <http://www.wip.nl/UK/>
- Netherlands MRSA decolonisation guideline- [SWAB guideline for the treatment of MRSA Carriage](#)
- [Western Australia decolonisation protocols](#)

## For more information

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This document has been reviewed and endorsed by WCHN consumers

# Consumer and Family "Staph" Decolonisation Patient Information Leaflet



# Decolonisation Instructions

## Getting started:

Choose a period when you will be uninterrupted by going away or other distractions. Do not start while you have any active boils/active eczema or broken, inflamed skin; these will significantly decrease any chance of success and should be treated first.

There are three aspects to decolonisation:

(1) Daily anti-bacterial nose ointment for 7 days

(2) Regular cleaning of the skin and hair for at least 7 days, as directed:

(a) Daily washing with 1% Triclosan OR 2% Chlorhexidine skin wash

OR

(b) Daily washing with dilute bleach baths for seven days

(3) Cleaning the house and linen on Days 2 and 5

## What do I need to buy?

- Get your prescription filled for the nasal ointment (mupirocin 2%)
- 1% triclosan (pHisohex) or 2% chlorhexidine skin wash (Microshield®)
- Cotton buds
- Container of alcohol hand hygiene solution (gel or rub).
- Alcohol-based cleanser (large alcohol-soaked wipes are suitable)
- Household bleach (Sodium hypochlorite 6%) (if using bleach baths)

## What next?

- Remove nose, ear and other body piercing items prior to the treatment and keep them out during the treatment period.
- Discard old toothbrushes and razors when the treatment starts.
- Remove nail varnish and artificial nails. Keep fingernails short and clean.

- If dentures are used, remove them every evening during the decolonisation program - clean them carefully and then place them to soak overnight in denture disinfecting agent (e.g., Sterident).

## Daily routine

### 1. Nasal mupirocin 2% (Bactroban®) nasal ointment 7 days

- Place small amount (size of match head) of ointment onto a clean cotton bud and massage gently around just inside each nostril (no more than 2 to 3 cm inside)
- Apply the ointment twice daily for 7 days.
- Disinfect hands with alcohol rub/gel before and after applying the ointment.

### 2. House and clothes/ linen: On Days 2 and 5

- Clean the house well (especially the bedrooms and bathrooms). Vacuum clean floor surfaces AND soft furnishings if possible (e.g., lounge chairs).
- Wipe over all frequently touched surfaces in the home
- Wash your used clothes, underwear, pyjamas and bed linen (e.g., towels, sheets, face washers and bathmats) using a hot wash where possible.
- If available, for items that will not be damaged, dry using a clothes dryer on a hot setting.

### 3. Regular washes

#### Option 1: Body washes daily for at least 7 days

- Apply the antiseptic body wash (1% triclosan or 2% chlorhexidine) in the shower daily.
- Take care to wash hair, under the arms and into the groin and into any folds of skin but avoid the eyes and ear canals.
- Allow the antiseptic to remain on the skin for 30 seconds then rinse.
- Note: Do not use other soap at the same time, as this may inactivate the antiseptic wash.

- You can use conditioner on your hair after washing if you wish.

#### Option 2: Dilute bleach baths daily for at least a week

Pour 60 mL (quarter of a cup) of household bleach (6% sodium hypochlorite) in a full bathtub. Soak up to the neck in bathwater for a full 15 minutes daily. Do not immerse your head or face in the bath.

(Caution: Avoid contact with face and eyes- caution: concentrated bleach is corrosive)

- If using this option, wash your hair with 1% triclosan or 2% chlorhexidine skin wash at least 2 to 3 times during the week as well.
- You can use conditioner on your hair after washing if you wish.

## Follow-up after decolonisation treatment

The aim of the regimen is to reduce the frequency and severity of lesions over time. It is unusual for complete eradication to occur after one decolonisation attempt.

Following decolonisation, you can choose to:

- Wait and see- if no further boils occur within 6 months, then it is probable that the process has been successful.

OR

- Continue intermittent body washes 1 to 2 times per week with 1% triclosan or 2% chlorhexidine skin wash with once weekly Mupirocin 2% nasal ointment to nose.

OR

- Continue dilute bleach baths once or twice a week and Mupirocin 2% nasal ointment to nose once weekly.