

Standard Operating Procedure for Booking and swabbing of Methicillin Resistant Staphylococcus Aureus (MRSA) patients in the Local Anaesthetic MRSA Clinic.

Written by	Linzi Wright James Hutchinson Sue Eaton
Approved by	Theatres and Anaesthetics Governance Meeting
Date of Approval	17th September 2025
Date of next review This is the most current document and is to be used until a revised version is available	17th September 2028

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
30 th June 2025	Sent to all for comment – JH replied to change dates on MRSA swabs – no further comments received	Linzi Wright

Aim and scope of Standard Operating Procedure

Introduction

Methicillin Resistant Staphylococcus Aureus (MRSA) is a type of bacteria resistant to several antibiotics and detected via two swabs taken from the Nose and Groin. This may, on occasion, include swabs taken from the Axilla, web spaces (hands and feet) or wounds in special circumstances.

Patients requiring certain elective surgeries will need to have MRSA swabs taken prior to their surgery date (TCI).

- T&O
- General Surgery
- Cardiothoracics
- ENT
- Vascular
- Colorectal
- Gynaecology
- Attending Ward 1 at Kidderminster Treatment Centre (KTC)
- Patient's having other surgery where one-night ward stay is anticipated

Please see the main Trust MRSA policy (WAHT INF 049) for further details on who to swab.

Generally, MRSA swabs are valid for 18 weeks (most surgical specialties) except for high-risk specialties (Trauma and Orthopaedics and Vascular) when the swab is valid for 8 weeks.

LA MRSA Clinic

The LA MRSA Clinic is intended to swab patients having LA procedures who require MRSA swabs. The clinic will be managed by a Health Care Assistant (HCA) and overseen by a Registered Nurse (RN). It will be open in the Theatre Admissions Unit (TAU), Monday, Wednesday & Friday 9.30 – 14.30. There will be 18 slots a day available.

General anaesthetic MRSA swabs should be booked alongside Pre-operative Assessment as per current guidance.

Once listed for their LA procedure, if a patient requires an MRSA screen this needs to be requested by the Secretary/Booking staff via the swab pod email address (wah-tr.wrhwabpod@nhs.net) with the title **LA MRSA request**. Should the appointment be requested at short notice, before a letter would reach the patient, then the patient should be telephoned and made aware of the appointment date, time and location by the requester. All appointments should be booked 2-3 weeks ahead of their TCI date to ensure results are back and actions taken prior to TCI. Failure to do this may lead to cancellations or inability to return results from the laboratory prior to TCI.

Swabbing procedure

MRSA swab samples should then be obtained, with the patient's consent at the LA MRSA Clinic by the HCA. The swabbing process should be undertaken as follows:

- Book patient into clinic and confirm patient's identity by using 3 main identifiers: Name, DOB and Address (as no wristband in place in an outpatient setting). Check this against the Microbiology request form.
- Give the patient explanation of how the swabs are undertaken and what is to be expected
- Gain verbal/implied consent from the patient to proceed
- Label swabs with patient sticker adding 'Nose' and 'Groin' to the swab bottle label to identify correct swab for anatomical position
- Apply PPE and take swabs
- Insert both swabs into one specimen bag and attached the Microbiology form
- Annotate as 'URGENT' if required within 48 hours.
- Outcome patient as seen

Walk ins:

Walk ins will be managed on the day through direct communication between TAU and Outpatients. If the clinic is busy at the time the patient attends, they will be asked to take a number and sit in waiting room 2 on the corridor. During high demand the patient may be asked to come back another day and given a booked slot.

Recording results

The swabs, once undertaken and sent to Microbiology, can take 72 hours to produce a result. Positive samples can take up to 96 hours. There are provisions to undertake sampling of the MRSA swabs urgently in the laboratory; this would need to be highlighted by writing 'URGENT' on the request form and taking the samples to the laboratory separately. These results would then be available within 24-48 hours.

Negative results can be filed on ICE when received from the labs. Positive patients will need to be decolonised and re-swabbed before they are fit for their TCI date using the MRSA Staph pack, administration and swabbing record.

Positive results should be escalated by the Health Care Assistant, or Nurse, as follows:

- Email consultant and secretary detailing the above and actions taken for their information. Procedure may have to be postponed until decolonisation has been completed.
- Confirmation of positive case on ICE. Print report to file in 'Positive results' folder.
- Discuss positive result with RN in Swab Pod 5 and ensure there is adequate supply of decolonisation packs available i.e. Octenisan/Bactroban
- Call and identify correct patient, confirm positive result and give advice on decolonisation routine and medication required. Check patient's allergy status.
- Make arrangements for patient to collect the decolonisation pack, from Swab Pod 5 RN, before 5pm. Book patient in accordingly for re-swabbing after treatment as per Trust MRSA policy (WAHT INF 049).
- RN to confirm patient using the identifiers above, check allergy status and provide decolonisation pack in line with Patient Group Directives (PGD) Policy along with advice on how to use it and reswabbing routine as per Trust MRSA policy (WAHT INF 049).
- MRSA Staph pack, administration and swabbing record should be completed during patient's decolonisation to evidence actions taken alongside Appendix B from the Trust MRSA Policy (WAHT INF049).

The MRSA Staph pack, administration and swabbing record and Appendix B should be scanned/sent for scanning to be added to CLIP.

Appendix 1 – MRSA Staph pack, administration and swabbing record

Patient Sticker	Date of first MRSA Positive Result	Patient informed of result	Staph Pack collected and treatment started on:
		DATE: TIME: BY:	DATE: TIME: ISSUED BY:
Date decolonisation started:	2 days clear:	First rescreen appointment:	
		DATE: INFORMED BY: Once attended, patient is informed to continue staph pack until swab result is back.	

1 st rescreen swab:	RESULT (circle) and date checked:	If negative stop treatment	2 days clear
Performed by: Date: Date of next swab:	Positive / Negative DATE:	Informed by: Date:	
2 nd Swab	RESULT (circle)		2 days clear
Performed by: Date: Date of next swab:	Positive / Negative DATE:		
3 rd Swab	RESULT (circle)		2 days clear
Performed by: Date:	Positive / Negative DATE:		

*If positive on second/third swab – seek guidance from Infection Control on extension 38749

Appendix 2 – MRSA Swabbing record

Patient sticker and TCI Date	Performed by and date	Specialty	MRSA swabs taken (Please circle/specify)	Results check, outcome and date
			NOSE GROIN ADDITIONAL:	
			NOSE GROIN ADDITIONAL:	
			NOSE GROIN ADDITIONAL:	
			NOSE GROIN ADDITIONAL:	

Appendix 3 – Record of MRSA Decolonisation Treatment (Appendix B in MRSA Policy)

<p><i>Please attach patient sticker here or record:</i></p> <p>Name:.....</p> <p>NHS No: </p> <p>Unit No: </p> <p>D.O.B:</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Consultant:</p>	<p>5 days treatment with staph pack</p> <p>Nasal Bactroban - Apply 3 x day using a cotton bud or gloved finger. Patient can apply if able.</p> <p>Apply Octenisan® neat on to wet skin with a clean cloth and leave in contact for 3 mins. Use 2 x weekly as a shampoo.</p>	<p>No treatment</p>	<p>Re swab for MRSA</p> <p>Recommence decolonisation await results.</p>	<p>Obtain results.</p> <p><u>Positive</u> = continue this chart</p> <p><u>Negative</u> = stop treatment</p>	<p>No treatment</p>	<p>Re swab for MRSA</p>	<p>No treatment</p>	<p>Obtain results</p> <p><u>Positive</u> = contact IPT</p> <p><u>Negative</u> = follow chart below</p>										
Date	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Nasal Bactroban TDS	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

[illegible]

Target Staff Categories

- Consultants
- Nurses
- HCAs
- Laboratory staff
- Secretaries/Booking staff

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Susanna Hicks Linzi Wright
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Linzi Wright	Senior Sister	linzi.wright3@nhs.net
	Susanna Hicks	Matron	Susanna.hicks@nhs.net
Date assessment completed	December 2021		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Standard Operating Procedure for Booking and swabbing of Methicillin Resistant Staphylococcus Aureus (MRSA) patients in the Local Anaesthetic MRSA Clinic		
What is the aim, purpose and/or intended outcomes of this Activity?	To provide a Local Anaesthetic MRSA swab clinic at the Swab Pod. This will capture all patients needing an MRSA prior to their surgery in a timely manner to receive and act on results to ensure on the day cancellations from poor MRSA Swabbing are reduced.		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity		

	<input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	<ul style="list-style-type: none"> • Theatre cancellations due to missed/unreported MRSA results • Datixs • Historically undertaken in OPD via room 101 • Knowledge of working for a different Trust
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Originally discussed with Amanda Moore Divisional Nurse for SCSD, Susanna Hicks Matron and James Hutchinson Clinical Lead for Pre-operative Assessment.
Summary of relevant findings	Definite need for Local Anaesthetic MRSA swabbing clinic to reduce pressure in the Covid Swab Pod and to increase capture and treatment of positive patients.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.
Disability		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.
Gender Reassignment		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.
Marriage & Civil Partnerships		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Pregnancy & Maternity		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.
Race including Traveling Communities		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.
Religion & Belief		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.
Sex		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.
Sexual Orientation		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		All equality groups will have neutral impacts as this service already existed prior to the Covid Pandemic, we are just changing the service under our remit to separate it from the Covid Swabbing pod and Fusion system.

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Standard Operating Procedure needed	SOP produced	L.Wright	3 yearly reviews
	Capacity and Booking guidance needed for LA MRSA appointment booking	SOP produced	L.Wright V.Seymour	3 yearly reviews
How will you monitor these actions?	Regular interaction with the service. Patient feedback. Overseen by Band 6/7.			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	As and when the service need changes.			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	<i>L. Wright</i>
Date signed	30.6.25
Comments:	
Signature of the Lead Person for this activity	
Date signed	

Comments:	
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