**GUIDELINE**

<table>
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<tr>
<th>MRSA and MSSA Guideline for Staphylococcal Decolonisation (Paediatric)</th>
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<tr>
<td><strong>Scope (Staff):</strong></td>
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<td><strong>Scope (Area):</strong></td>
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This document should be read in conjunction with this **DISCLAIMER**

**Aim**

This document provides guidance on topical Staphylococcal decolonisation for methicillin resistant *Staphylococcus aureus* (MRSA) and methicillin sensitive *Staphylococcus aureus* (MSSA) for:

1. MRSA or MSSA colonised patients prior to high risk surgical procedures.
2. Newly diagnosed/relapsed oncology/haematology patients identified as per the local screening program.
3. Patients and family contacts of patients with recurrent MRSA or MSSA infection.

It should be read in conjunction with the WA operational directive:

- **Infection Prevention and Control of Methicillin Resistant Staphylococcus aureus (MRSA) in Western Australian Healthcare Facilities (HCFs)**
- PCH policies;
- **Staphylococcus aureus Infection Prevention in Leukaemic and High Risk Surgical Populations**

and

- **Multi-Resistant Organisms Identification and Management.**
- Patients and their carers should be provided with the Health Facts **Staphylococcus aureus treatment** leaflet to assist in the appropriate use of the products and the Health Facts **MRSA: Patient Information** leaflet.

**Definitions**

**Decolonisation:** the use of topical antimicrobial agents with the aim of eradicating *Staphylococcus aureus* (S. aureus) carriage.

**Methicillin-susceptible Staphylococcus aureus (MSSA):** S. aureus strains that are susceptible to methicillin and thus to beta-lactam antibiotics including flucloxacillin, cephalosporins and carbapenems. The majority of these organisms are resistant to benzylpenicillin, phenoxybenzylpenicillin and amoxicillin / ampicillin.

**Methicillin-resistant Staphylococcus aureus (MRSA):** S. aureus strains that are resistant to methicillin (and consequently to all beta-lactam antibiotics including penicillins,
cephalosporins and carbapenems). There are a number of strain types including Healthcare Associated (HA-MRSA) and Community Associated (CA-MRSA) strains of MRSA.

**Process**

**Patient details:**

- All prescriptions MUST include a patient Unique Medical Record Number (UMRN). Without this number, the prescription can't be processed by dispensary. Pharmacy staff are not able to obtain a UMRN on behalf of patients or family members.
- If a contact does not have a UMRN, one can be created by clerical staff or alternatively contact 6456 5670 or pch.pmiofficer@health.wa.gov.au

**Decolonisation:**

- Any patient less than 12 months old or any patient that hasn’t responded to standard therapy should be discussed with clinical microbiology or the infectious diseases team prior to prescribing.
- Routine decolonisation therapy should be offered to the following cohorts:
  1. Decolonisation in an MRSA or MSSA colonised patient prior to high risk surgery. Patients should commence decolonisation 5 days prior to the operation. Refer to the guideline: *Staphylococcus aureus Infection Prevention in Leukaemic and High Risk Surgical Populations*.
  2. Newly diagnosed or relapsed oncology/haematology patients identified through screening, should commence decolonisation as soon as possible after diagnosis.
  3. Decolonisation of a patient with recurrent MRSA/MSSA infection. Family members or close contacts living in the same household of a patient with recurrent MRSA or MSSA infection should undergo decolonisation per the listed doses below.

- Initial decolonisation should be completed with mupirocin 2% nasal ointment and either chlorhexidine gluconate 2% Hand and Body Wash in patients 3 months and older, or chlorhexidine gluconate 1% Obstetric Care Lotion in children less than 3 months old.
- One tube of mupirocin 2% nasal ointment and one bottle of chlorhexidine gluconate 2% Hand and Body Wash will be dispensed to the primary patient. An additional bottle of the chlorhexidine gluconate 1% Obstetric Care Lotion may be prescribed if the primary patient or any contacts are less than 3 months old. This will be sufficient to treat a household of up to three people. For a household of more than 3 people, a second tube of ointment and a second bottle of the wash should be prescribed.

*Mupirocin 2% nasal ointment (Bactroban®)*
### Mupirocin 2% nasal ointment

<table>
<thead>
<tr>
<th>AGE</th>
<th>DOSE</th>
<th>QUANTITY</th>
<th>PBS requirements</th>
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<tbody>
<tr>
<td>All ages</td>
<td>Apply a ‘double matchhead’ quantity of ointment into both nostrils TWICE daily for 5 days.</td>
<td>1 tube</td>
<td>1 x 3gram tube, no repeats. Streamlined authority (code 3136) for:</td>
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<td></td>
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<td>“Nasal colonisation with Staphylococcus aureus in an Aboriginal or Torres Strait Islander person”</td>
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<td>All other indications are Non-PBS</td>
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### Chlorhexidine gluconate 2% Hand and Body Wash (Avagard®)

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<tr>
<td>≥3 months old</td>
<td>Apply sparingly to the head and body, excluding the face, ONCE daily for 5 days paying particular attention to hairy areas of skin. Leave on for 2 minutes before washing off. Shampoo the hair using approximately 25mL of the wash at least once during treatment. Conditioner may be applied after shampooing. Do not wash with any other soap or cleaner, dry with a clean towel and put on clean clothing.</td>
<td>1 bottle</td>
<td>Non- PBS</td>
</tr>
<tr>
<td>&lt;3 months old</td>
<td>Apply sparingly to the head and body, excluding the face, ONCE daily for 5 days. Leave on for 30 seconds before washing off.</td>
<td>1 bottle</td>
<td>Non- PBS</td>
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### Chlorhexidine gluconate 1% Obstetric Care Lotion

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<td>&lt;3 months old</td>
<td>Apply sparingly to the head and body, excluding the face, ONCE daily for 5 days. Leave on for 30 seconds before washing off.</td>
<td>1 bottle</td>
<td>Non- PBS</td>
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### Bleach Baths
Bleach Baths

- For patients ≥3 months old, an alternative to the chlorhexidine gluconate 2% Hand and Body Wash is to use bleach baths THREE times a week for one week.
- For children, pour a quarter of a cup (60mL) of household bleach (6% sodium hypochlorite) into a standard size household bath that is approximately a quarter full of warm water. For infants who bathe in smaller baths, dilute approximately 12mL bleach with every 10L of warm water. Soak up to the neck in bathwater for 15 minutes. Avoid contact with the face and eyes. The skin is likely to become dry during this treatment; use moisturiser if required.
- Caution: concentrated bleach is corrosive.

- In addition to the above treatment:
  - The patient’s house should be cleaned well, vacuuming floors and soft furnishings and wiping over all frequently touched surfaces in the home.
  - Clothes, underwear, pyjamas, bedlinen and towels should be washed using a hot wash cycle and drying in the sun where possible.
  - Towels should not be shared amongst members of the family and should be washed in very hot water.

Supply:
All outpatient orders should be written on standard PBS stationary and presented by the patient or carer to PCH dispensary during normal working hours (Monday to Friday 0845-1700). The prescription will be filled as per standard dispensary practice. The charge will be a single patient charge per item at either the general or concession rate depending on eligibility. For concession rates, the primary patient’s concession card must be presented.

Patients may also choose to have the prescription dispensed at their preferred retail pharmacy. For patients with a concession card, this will be more expensive.

Related policies, procedures, protocols and guidelines
Prevention of *Staphylococcus aureus* infections in Oncology and High Risk Surgical populations

Infection Prevention and Control of Methicillin Resistant *Staphylococcus aureus* (MRSA) in Western Australian Healthcare Facilities (HCFs)

Multi-Resistant Organisms Identification and Management

Useful resources

ChAMP Intranet Page

*Staphylococcus aureus* treatment

References


This document can be made available in alternative formats on request for a person with a disability.