

Staphylococcal Decontamination Protocol

Note that it is generally impossible to clear *Staphylococcus aureus* from wounds, but this protocol is useful for the suppression of carriage and shedding when no wounds are present. Do not add chlorhexidine or equivalent to bath water as it will be diluted beyond its effective concentration.

Protocol for Hospital Patients

Hair¹: On commencing treatment, wash hair with chlorhexidine gluconate (Hibiscrub). Use undiluted as shampoo. Repeat on days 3 and 5 of the protocol.

Nose: Apply mupirocin nasal ointment 2% to inside of nose 3 times daily.³

Skin: Wash daily using chlorhexidine gluconate (Hibiscrub/Hydrex) or equivalent² skin cleanser. Daily or twice-daily showering after liberally applying undiluted skin cleanser is much more efficient than pouring disinfectants into a bath. Apply undiluted as liquid soap with a disposable cloth then rinse off. After drying, powder skin folds with chlorhexidine powder.

Bed-linen: Change completely on a daily basis. Treat as infected linen (Red Alginate bag, then a clear plastic bag).

Clothing: Use hospital nightwear where possible. Change daily after bath or shower. Treat as infected item. Patient's own clothing can be adequately dealt with by washing in a domestic machine at home by a relative.

Protocol for Staff Members

Hair¹: On commencing treatment, wash hair with chlorhexidine gluconate (Hibiscrub). Use undiluted as shampoo. Repeat on days 3 and 5 of the protocol.

Nose: Apply mupirocin nasal ointment 2% to inside of nose 3 times daily.³

Skin: Wash daily using chlorhexidine gluconate (Hibiscrub/Hydrex) or equivalent² skin cleanser. Daily or twice-daily showering after liberally applying undiluted skin cleanser is much more efficient than pouring disinfectants into a bath. Apply undiluted as liquid soap with a disposable cloth then rinse off. After drying, powder skin folds with chlorhexidine powder.

Bed-linen: It is recommended that bed linen be changed at least on the first, third and fifth day of the protocol. Blankets or duvets should be laundered or dry-cleaned to prevent re-colonisation.

Clothes: Wash all clothes normally.

Close contacts: If protocol is unsuccessful in eradicating the organism, it may be necessary to screen close contacts.

Footnotes:

1. Persistent hair carriage: If hair is found to be colonised after this protocol, regular use of selenium compounds (e.g. "Selsun") may be useful.
2. Some units offer alternative disinfectants such as triclosan. Alternative preparations to chlorhexidine (e.g. based on Triclosan) may be offered to those who think they are hypersensitive.
3. In 1996, 30% of the MRSA strains at UCLH were mupirocin-resistant. The rate has now fallen because of the predominant epidemic strains (EMRSA 15 and 16) tend to be sensitive. However, in the case of resistance, intranasal Naseptin (neomycin with chlorhexidine) or povidone iodine, depending on antibiotic sensitivity tests, may be advised by the Infection Control Team.

In general, there is no additional benefit of adding systemic antibiotics for the eradication of MRSA carriage.

