



MRSA Prevention in Correctional Facilities

MRSA is a type of *Staphylococcus aureus* (*S. aureus*). *Staphylococcus aureus*, often referred to simply as “staph,” are bacteria commonly carried on the skin or in the nose of healthy people. Some *S. aureus* are resistant to the class of antibiotics that are frequently used to treat staph such as methicillin—and thus are called methicillin-resistant *S. aureus* (MRSA). *S. aureus* (staph) including MRSA can spread among people having close contact with infected people. MRSA is almost always spread by direct physical contact and not through the air. Spread may also occur through indirect contact by touching objects (e.g., towels, sheets, wound dressings, clothes, workout areas, or sports equipment) contaminated by the infected skin of a person with staph bacteria or MRSA.

MRSA infections can be transmitted person-to-person within the correctional facility. Correctional facilities can reduce the increasing prevalence of MRSA disease by identifying and appropriately treating infected persons and by instituting prevention measures. Proper procedures on laundry, showers, environmental cleaning, skin care, and control of person-to-person transmission can prevent MRSA infection. Prevention of *S. aureus* infections is an area of ongoing research. No single prevention approach is likely to work alone.

Following steps can be taken to prevent the spread of an MRSA infection to other people in a correctional facility.

1. **Hand Hygiene:** Advise close contacts of an infected individual to wash their hands frequently with soap and warm water, especially if they change bandages or touch the infected wound or potentially infectious materials. Wash hands with soap and running water before and after using lavatory and whenever hands are visibly dirty. Hands should be washed for at least 15 seconds. Liquid soaps dispensers at sinks are preferable whenever feasible.
2. **Disposable Gloves:** Single use disposable gloves should be available for correctional staff and always used when contact with blood or body fluids is anticipated.
3. **Sanitation:** Inmate housing areas and bathroom facilities should be regularly cleaned with disinfectants. Recreational equipment such as weight bench should be routinely cleaned after use with a clean dry towel.
4. **Laundry:** All shared laundry should be washed with hot water (cycle for at least 25 minutes) and then dried thoroughly. Drying clothes in a hot dryer, rather than air-drying, also helps kill bacteria in clothes.
5. **Avoid Sharing Personal Items:** Avoid sharing personal items (e.g., towels, washcloth, razor, clothing, or uniforms) that may have had contact with the infected wound and potentially infectious material.
6. **Practice Good Personal Hygiene:** Close contact among inmates may place them at increased risk for transmission of skin-colonizing or skin-infecting organisms. To prevent skin disease, all inmates should practice good personal hygiene, including daily showers. Inmates should avoid touching wounds or drainage of others and should have access to sinks and plain soap (in this setting, the usefulness of antibacterial soap is unknown). Hands should be washed with soap as soon as possible after touching wounds or dressings. Personnel that provide wound care should follow Standard Precautions including adequate hand washing, ensuring that environmental surfaces are routinely cleaned and safe disposal of sharp instruments.
7. **Proper Care of Wound:** Keep infections, particularly those that continue to produce pus or to drain material, covered with clean, dry bandages. Follow your healthcare provider’s instructions on proper care of the wound. Pus from infected wounds can contain MRSA and spread the bacteria to others.
8. **Health Care Units:** Countertops and other treatable surfaces should be cleaned routinely and after any contamination with blood or body fluids with quaternary ammonium disinfectant.

9. **Antibiotic Use:** Antibiotics should be used appropriately and unnecessary use should be monitored and avoided. In the Alaska MRSA outbreak, prior use of antibiotics was found to be a risk factor for MRSA infection. Therefore, Douglas County Health Department recommends the appropriate use of antibiotics (i.e., use only when needed to treat bacterial infections) to prevent the development of resistant strains and possibly reduce risk of infection.
10. **Optimal Treatment of MRSA:** Treatment of MRSA should be based on the infecting organism's antimicrobial susceptibility result and, when available, input by infectious disease expertise. Optimizing antimicrobial treatment of infected inmates and reinforcing infection control practices (e.g., implementing Standard Precautions at prison clinics) are important steps for MRSA prevention.
11. **Screening:** All inmates undergoing medical screening and physical examination should be carefully evaluated for skin infections.
12. **Tell Health Care Provider About MRSA:** Infected individual should tell any healthcare providers who treat him that he has an antibiotic-resistant staph skin infection.
13. **Evaluation of Severe Skin Infections:** Severe skin disease or treatment failures of presumed *S. aureus* skin infection should be evaluated with appropriate cultures or other diagnostic tests to determine whether MRSA is a problem in the correctional facility.
14. **Limiting Spread From Health Care Settings:** To prevent MRSA infections from spreading in health-care settings, health-care providers should use standard precautions and appropriate hand hygiene between treating patients, clean surfaces of examination rooms with commercial disinfectant or diluted bleach (1 tablespoon bleach in 1 quart water), and carefully dispose of dressings and other materials that come into contact with pus, nasal discharge, blood, and urine. In the health care setting, use of standard precautions for infection control practices (such as wearing gloves before and after contact with infectious body tissues and proper hand washing) can reduce the spread of MRSA. Inpatients with MRSA infections should be aggressively evaluated, contained and treated. Strong antibiotics are usually effective in treating MRSA infections.
15. **Education:** Inmates and staff should be educated about MRSA, how it is spread and how it can be prevented.
16. **Correctional Standard Precautions:** Standard precautions should be incorporated into correctional facility's policies and procedures. All inmates should be considered potentially contagious whenever direct contact is anticipated with blood, body fluids (e.g. urine, feces), non-intact skin and mucus membranes.
17. **Containment:** Inmates diagnosed with MRSA infections should be examined by a physician. Inmates with potentially contagious infections such as wounds with uncontained drainage, weeping cellulites, purulent catheter-site infections, non-healing abscesses, draining skin sinuses, infected surgical wounds, multiple furuncles, infected burn sites and MRSA pneumonia should be assigned to single-cell housing in order to reduce the risk of MRSA transmission to other inmates and staff. Contagious inmates should have a separate toilet and shower whenever possible and they should be restricted from all work assignments. Inmates with healed wounds may be released from single-cell housing status after wound drainage has ceased for 24 hours.
18. **Transfer of Inmates:** Inmates with contagious MRSA infections should not be transferred to other institutions until their infection has been adequately treated and risk of contagion controlled.
19. **Reporting MRSA Outbreak:** MRSA outbreaks can be reported to Douglas County Health Department at (402)-444-7214.

These measures will help in prevention of the MRSA infections in correctional facilities. If you have any question about MRSA, please contact Douglas County Health Department at (402)-444-7214.

References:

1. Center for Disease Control and Prevention. Methicillin-Resistant *Staphylococcus aureus* Skin or Soft Tissue Infections in a State Prison -Mississippi, 2000. *MMWR* Oct. 26, 2001; 50 (42): 919-922.
2. Center for Disease Control and Prevention. Public Health Dispatch: Outbreaks of Community-Associated Methicillin-Resistant *Staphylococcus aureus* Skin Infections -Los Angeles County, California, 2002-2003. *MMWR* Feb. 7, 2003; 52(05): 88.
3. National Institute of Corrections. BOP [Federal Bureau of Prisons] Clinical Practice Guidelines for the Management of Methicillin-Resistant *Staphylococcus aureus* (MRSA) Infections. 2003. Available at <<http://www.nicic.org/Library/019356>>. Accessed January 2005.
4. Center for Disease Control and Prevention. MRSA-Methicillin Resistant *Staphylococcus aureus*. Available at <<http://www.cdc.gov/ncidod/hip/ARESIST/mrsa.htm>>. Accessed January 2005.