Policy Regarding Methicillin Resistant *Staphylococcus aureus* (MRSA) Surveillance in the VTH Personnel\(^1\)

**Date:** 7/18/2004  
**Note:** This policy has been reviewed and approved by CSU General Counsel, CVMBS administration, JLV-VTH administration, the VTH Biosecurity Committee, and SCEHSC.

**Background:** MRSA has been an important nosocomial threat in human hospitals for more than a decade. Recently major epidemics have been documented in Veterinary Teaching Hospitals throughout North America in which both animal patients and hospital personnel have become colonized and clinically infected after nosocomial exposure [http://www.avma.org/onlnews/javma/nov03/031115a.asp](http://www.avma.org/onlnews/javma/nov03/031115a.asp). As such, the VTH considers MRSA to be an important potential threat to patients, VTH personnel\(^1\), and normal hospital operations. The purpose of this policy is to facilitate detection and control of nosocomial MRSA infections in the JLV-VTH.

**Definitions: Colonization vs. Infection:**

- **Colonization:** Presence of microorganisms in or on a host with growth and multiplication, but without tissue invasion or damage.
- **Infection:** Entry and multiplication of microorganisms in the tissues of the host, which may or may not be associated with local or systemic disease signs.
- The majority of *Staphylococcus aureus* isolations (including MRSA) from humans and animals are associated with colonization rather than infection.

**Patient Surveillance:**

1) **Passive surveillance in VTH Patients** - All *S. aureus* isolates obtained from VTH patients that are considered to be of clinical significance are routinely screened for susceptibility to oxacillin (as a marker for methicillin susceptibility). Isolates that are found to be resistant are reported to Biosecurity personnel, who subsequently notify clinicians responsible for the patients in question. Appropriate treatment, barrier precautions, and isolation procedures are determined through consultation between Biosecurity personnel and clinicians responsible for these patients.

2) **Routine environmental surveillance** - Environmental samples collected routinely using Swiffer® electrostatic wipes are cultured for MRSA using enrichment procedures and media containing breakpoint-concentrations of oxacillin.

3) **Active surveillance in VTH Patients** - VTH patients may be sampled periodically at the discretion of the Director of Biosecurity to detect asymptomatic colonization by MRSA. This will principally be conducted if passive or environmental surveillance suggest that there is an increased likelihood of colonization.

**Surveillance in VTH Personnel\(^1\):** Information collected from other veterinary hospitals that have experienced MRSA epidemics suggests that colonization of personnel and subsequent transmission to patients is a major factor influencing the spread of infection and colonization. Further, colonization of personnel represents a potential health hazard for themselves and their family members. As such, in situations where information suggests that there has been nosocomial transmission of MRSA in the VTH, personnel that may have been exposed to infected patients will be required to undergo diagnostic testing to detect MRSA colonization. This testing will be paid for by the VTH. Biosecurity personnel will facilitate sampling in other situations when contacted by personnel.

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\(^1\) “VTH Personnel” refers to all people working in the VTH environment in any capacity regardless of whether they are CSU employees, CSU students, visiting veterinarians or scientists, visiting students, or volunteers.
**Typical Procedures Related to MRSA Surveillance in VTH Personnel:**

1) Personnel affected by this policy will be contacted in private by Biosecurity personnel and notified that MRSA testing is required. These persons will be required to visit Hartshorn Health Services on the CSU campus to initiate this testing within one business day of notification. A complete list of names will be given to a representative from Hartshorn Health Services and they will notify the Director of Biosecurity when sampling is completed.

2) All records regarding testing of VTH personnel will be held in strictest confidence. However, it is essential that a limited number of persons at the VTH know about these results in order to properly investigate and control further spread of the agent.

3) Typically diagnostic testing for MRSA will involve aerobic culture of nasal swabs, but may also involve culture of additional sites. Appropriate sampling methodology will be determined for each patient by personnel from Hartshorn Health Services.

4) After sampling, VTH personnel will resume normal duties pending results of the cultures, using increased infection control precautions.

5) Personnel not complying with this sampling policy will be removed from patient care responsibilities by the VTH Director until culturing has been completed.

6) Results for negative cultures will be delivered to the Director of Biosecurity, who will notify these people of the results in private as soon as possible. Generally no further action will need to be taken by these people.

7) Results for positive cultures will be delivered to the VTH Director of Human Resources who will notify these people of the results in private.

8) VTH personnel that are found to be culture-positive for MRSA will be required to initiate treatment under the supervision of a physician of that person’s choice. Although insurance or workman’s compensation (for CSU employees) will typically pay for this treatment, the VTH will not be responsible for paying for this treatment. Personnel will be temporarily removed from patient contact until this treatment is initiated, and must submit documentation in order to return to patient care duties. Personnel will also be required to undergo additional testing during or after treatment in order to ensure that the risk of transmission has been minimized.

**Other Control Measures:**

- Biosecurity personnel will notify VTH personnel via email and personal communication whenever their patients are identified as being colonized or infected with MRSA.
- Additional biosecurity precautions will be required when managing these patients or working in their environments. Typically, this will include use of disposable barrier nursing gowns, gloves, disinfectant footbaths or footmats, and enforced hand washing after completing care of affected patients.
- Biosecurity personnel will consult with VTH clinicians responsible for patient care to determine if treatment or other control measures are warranted.
- Because of the potential consequences of zoonotic infections with MRSA, clients and referring veterinarians must be notified by clinicians about isolation of MRSA from patients. Biosecurity personnel will be available for consultation if requested.