



## *Staphylococcus aureus* including MRSA Cleaning and Disinfection Protocol

*This document has been developed in accordance with current applicable infection control and regulatory guidelines. It is intended for use as a guideline only. At no time should this document replace existing documents established by the facility unless written permission has been obtained from the responsible facility manager.*

### **PREFACE**

*Staphylococcus aureus* is a common etiologic organism in soft tissue infections and may be found on the skin of nearly 20% of healthy people. Staph bacteria are one of the most common causes of skin infections in North America and are the common cause of pneumonia, surgical wound infections and bloodstream infections.

Over the past several decades, infections with methicillin-resistant *Staphylococcus aureus* (MRSA) among hospitalized patients have become common. Recently, reports of MRSA infections acquired outside of the hospital setting have increased nationally, including fatalities. MRSA is a type of Staph that is resistant to beta-lactam based antibiotics. Resistance to antibiotics happens when the bacteria produce an enzyme that breaks down antibiotics. Staph bacteria have a unique protein that stops the antibiotic from attaching to the bacteria and killing it. This is MRSA, a strain of *S. aureus* that is resistant to a large number of antibiotics making it difficult to treat because of the limited number of antibiotics available.

This protocol has been developed based on current practices for cleaning and disinfection of vegetative bacteria.

### **INFECTIOUS AGENT<sup>1</sup>**

**NAME:** *Staphylococcus aureus* including MRSA

**SYNONYM OR CROSS REFERENCE:** MRSA, Staphylococcal diseases,

**CHARACTERISTICS:** Gram positive cocci, non-spore forming, non-motile

### **HEALTH HAZARD**

**PATHOGENICITY:** Opportunistic pathogen, normal flora; produces a variety of syndromes with a range of clinical manifestations; may cause surface or deep/system infections in both community and hospital settings; surface infections include impetigo, abscesses, boils;

**EPIDEMIOLOGY:** Worldwide; particularly in areas where personal hygiene is suboptimal; in hospitals by development of antibiotic-resistant strains.

**HOST RANGE:** Humans and to a lesser extent, warm-blooded animals.

**INFECTIOUS DOSE:** Virulence of strains varies greatly

**MODE OF TRANSMISSION:** Contact with nasal carriers; from draining lesions or purulent discharges, spread person-to-person; contaminated food; from mother to neonate during delivery

**INCUBATION PERIOD:** Variable, commonly 4 – 10 days; disease may not occur until several months after colonization

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<sup>1</sup> PHAC, Material Safety Data Sheet – Infectious Substances: *Staphylococcus aureus*. <http://www.phac-aspc.gc.ca/msds-ftss/msds143e.html>



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### PREPARATION

*S. aureus* including MRSA is transmitted in a number of ways direct person-to-person contact, direct contact with contaminated body fluids (mucous or wound discharge) and indirect contact from freshly contaminated fomites.

Appropriate personal protection should be taken for those responsible for the decontamination of a room or area.

### PROTECTIVE BARRIERS

1. Disposable gloves. Gloves should be changed as required, i.e., when torn, when hands become wet inside the glove and between patient rooms.
2. Household gloves can be worn, but they must be discarded when the cleaning is complete.
3. Protective Eye wear (goggles, face shield or mask with eye protection)
4. Masks (surgical or procedural masks sufficient)
5. Gowns

### PRODUCTS

***0.5% Accelerated Hydrogen Peroxide Tuberculocidal Surface Disinfectant (sold as Oxivir Tb RTU, Carpe Diem Tb RTU and Accel TB RTU)***

### PRODUCT GERMICIDAL EFFICACY

All products listed above are based upon Accelerated Hydrogen Peroxide – and have a Sanitizing claim and a Bactericidal claim against Vegetative Bacteria including *Staphylococcus aureus* and MRSA.

### SUMMARY OF PROCEDURES

Apply solution to either surface or to cloth. Clean all horizontal surfaces in the room ensuring that the cloth is changed when soiled. Place used cloth in a marked plastic-lined waste receptacle. Disinfect all horizontal surface of the room by reapplying the AHP Solution and allowing for the appropriate contact time. If using cloth & bucket method, once room has been cleaned discard all unused cleaning solution before proceeding to the disinfection step. Allow to air dry or wipe dry if surfaces are still wet after the contact time. Periodic rinsing of soft surfaces such as vinyl or naugahyde is suggested.

Bathrooms within a room should be cleaned last.

### Recommended Procedures for Housekeeping Activities Detailed Activity.

1. Gather all equipment, cleaning solutions and materials required to clean the room.
2. **WASH** hands and put gloves prior to entering room. Personal protective equipment should be changed if torn or soiled and between patient rooms.
3. Place wet floor sign at the door entrance.
4. Pick up garbage in room and place in regular garbage bag.



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5. Strip beds and place linen in regular linen bags. Put soiled linen in regular linen bins. If bins are more than half filled or if there is no bin, leave in the soiled utility room.
6. Basin, bedpan, urinal etc. to be placed in CSR bins in soiled utility room.
7. Visible or gross soil present and/or blood or body fluid spills must be removed prior to cleaning. [See Protocol for Cleaning & Disinfecting a Blood or Body Fluid spill.]
8. Clean all furniture, bed, night table, basin and all bathroom fixtures and all high touch areas, knobs, switches, call bells etc. and everything that is touched by the patient in the bathroom ensuring that clean cloths and solutions do not become contaminated (**NO DOUBLE DIPPING**) with the **AHP Solution**. Allow surfaces to remain wet for 30 seconds to achieve the 30-second Broad-Spectrum Sanitizing claim.
9. Disinfect all furniture, bed, night table, basin and all bathroom fixtures and all high touch areas, knobs, switches, call bells etc. and everything that is touched by the patient in the bathroom ensuring that clean cloths and solutions do not become contaminated (**NO DOUBLE DIPPING**) with the **AHP Solution**. Reapply the **AHP Solution** and allow surfaces to remain wet for the required 1-minute contact time to achieve the Bactericidal claim.
10. Remake beds and restock dispensers.
11. Spot wipe all walls, high to low with the **AHP Solution**.
12. Remove and replace cubicle curtains as appropriate.
13. Soiled rags should be placed in a regular plastic bag and then in regular soiled linen bin or the dirty utility room. Take all garbage bags to the appropriate disposal area.
14. Remove and discard gloves, **WASH** hands prior to leaving room.

### **Recommended Procedures for Cleaning & Disinfecting of Blood & Body Fluid Spills**

Appropriate personal protective equipment should be worn for cleaning up a body fluid spill. Gloves should be worn during the cleaning and disinfecting procedures. If the possibility of splashing exists, the worker should wear a face shield and gown. For large spills, overalls, gowns or aprons as well as boots or protective shoe covers should be worn.

Personal protective equipment should be changed if torn or soiled, and always removed before leaving the location of the spill, and then wash hands.

1. **WASH** hands and put on gloves.
2. If the possibility of splashing exists, the worker should wear a face shield and gown. For large spills, overalls, gowns or aprons as well as boots or protective shoe covers should be worn. Personal protective equipment should be changed if torn or soiled and always removed before leaving the location of the spill.
3. Apply the **AHP Solution** to spill – wait 30 seconds.
4. Blot up the blood with disposable towels. Dispose of paper towel in plastic-lined waste receptacle.



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5. Spray or wipe surface with the **AHP Solution** – wait for the required 1-minute contact time to achieve disinfection. Wipe dry with disposable paper towel. Discard paper towel as above.
6. Remove gloves and dispose in plastic-lined waste receptacle.
7. **WASH** hands.

### **Disposal of Infectious Material**

All cleaning cloths gloves and handled tools used for the decontamination of a suspected Avian Flu virus case must be placed in a clearly marked plastic lined waste receptacle. Decontaminate all wastes before disposal; steam sterilization, chemical disinfection and or incineration.

### **References:**

Public Health Agency of Canada, Material Safety Data Sheet – Infectious Substances: *Staphylococcus aureus*.  
<http://www.phac-aspc.gc.ca/msds-ftss/msds143e.html>

Centers for Disease Control and Prevention, Community-Associated MRSA Information for Public Health.  
[http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_ca\\_public.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html)

APIC, Guideline for the Control of MRSA, <http://goapic.org/MRSA.htm>