

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) FACT SHEET

This fact sheet provides general information on methicillin-resistant *Staphylococcus aureus* (MRSA).

WHAT IS METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)?

Methicillin-resistant *Staphylococcus aureus* (MRSA) is an antibiotic-resistant pathogen that is opportunist, meaning it typically infects people with weakened immune systems. While exposures have generally been limited to healthcare settings, exposures may also occur in childcare facilities, schools, and similar settings. Infections that occur outside of health care settings in healthy individuals are referred to as community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) infection. CA-MRSA is most often manifested as skin infections such as abscesses, boils, and other pus-filled lesions. This pathogen is known to spread from surfaces and skin-to-skin contact.

MAJOR SOURCES OF TRANSMISSION

- Unclean hands are the most common method for transmitting the infection.
- Transmission can occur by skin-to-skin contact or contact with shared surfaces or items such as towels or used bandages.
- Infection may occur in rare cases when a cut or scrape touches bacteria on unsterilized or improperly cleaned surfaces.

INITIAL SYMPTOMS OF MRSA INFECTION

- MRSA can cause skin infections that may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage.
- More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.
- MRSA also produces toxins that can cause gastroenteritis (upset stomach) following ingestion of contaminated foods.

RISK FACTORS FOR MRSA INFECTION

The following factors increase the risk of infection:

- Spending time in crowded areas such as healthcare facilities, schools, dormitories, military barracks, prisons, athletic teams, and daycare centers
- Having frequent skin-to-skin contact, especially with cuts or abrasions

- Contact with contaminated items and surfaces
- Lack of cleanliness

PREVENTION OF MRSA INFECTION

- Practice good hygiene. Ensure the availability of sanitary facilities and supplies that encourage cleanliness. Instruct individuals to keep their hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
- Ensure routine housekeeping guidelines are followed.
- Keep cuts and scrapes clean and covered with a bandage until healed.
- Avoid contact with other people's wounds or bandages.
- Avoid sharing personal items such as clothing, personal protective equipment, and towels.
- Ensure contaminated equipment and surfaces are cleaned with detergent-based cleaners or disinfectants registered by the Environmental Protection Agency (EPA) and included on the EPA's "List H," available at <https://www.epa.gov/pesticide-registration/list-h-epas-registered-products-effective-against-methicillin-resistant>.

BUILDING CARE FOLLOWING A CONFIRMED MRSA CASE

Surfaces contaminated with MRSA bacteria can be easily disinfected using routine cleaning procedures and EPA registered disinfectant products. Buildings do not need cleaning by an outside contractor following a known MRSA case.

TREATING MRSA INFECTION

- Cover the infected area with a bandage and go to your healthcare provider quickly to get treatment for MRSA. Infections left untreated can be deadly.
- Many MRSA infections may be treated by draining the abscess or boil and sometimes do not require antibiotics. Only trained healthcare providers should drain skin boils or abscesses.
- If prescribed an antibiotic by your healthcare provider, take all the doses prescribed unless otherwise instructed.

POLICIES FOR MEETINGHOUSE NURSERIES OR PRIMARY

- Children, teachers or nursery leaders who are infected with MRSA do not need to be routinely excluded from the nursery or Primary classes unless wounds and any drainage cannot be contained with a clean bandage.
- Individuals with open wounds should keep them covered with clean, dry bandages that are taped on all four sides. Bandages should be changed at home.
- Nursery leaders and children should practice good personal hygiene and wash their hands as needed with soap and water for at least 20 seconds.
- Potentially contaminated surfaces such as changing tables, play tables, high chairs, and doorknobs should be cleaned with an EPA-registered disinfectant and manufacturer's directions should be followed. Bleach is not an authorized disinfectant in Church meetinghouses.
- Toys should be cleaned and sanitized as needed. Also, avoid sharing teething toys and pacifiers among children.

ADDITIONAL RESOURCES

Connecticut State Department of Public Health "MRSA Facts for Child Day Care Programs" <https://portal.ct.gov/DPH/Epidemiology-and-Emerging-Infections/MRSA-Facts-for-Child-Day-Care-Programs>

CDC MRSA Page

<https://www.cdc.gov/mrsa/index.html>

For more information about this topic, call the Risk Management Division:

- 1-801-240-4049
- 1-800-453-3860, ext. 2-4049 (toll free in the United States and Canada)

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