

## **Methicillin-resistant *Staphylococcus aureus* (MRSA) colonization**

MRSA colonization can result in colonization and infection to patients. In the event of an outbreak of MRSA, it may become necessary to culture staff members in certain areas to ascertain if they could possibly be colonized with the bacteria. This is done to aid in halting the outbreak. The MRSA decolonization regimen is considered safe; however, those who might be candidates for decolonization must be assessed for contraindications (including allergies and renal failure) to the medications used. In the case of a healthcare worker (HCW), the Infection Control staff will alert Occupational Health as to when this protocol must be activated. The decolonization protocol is completed without any expense to a HCW for medications

### Decolonization Procedure:

. For five (5) days, the person to be decolonized will:

- Take Sulfa-trimethoprim, two single-strength tablets or one double-strength tablet, PO BID.
- Take Rifampin 300 mg PO BID.
- Apply Bacitracin or Mupirocin ointment to anterior nose, BID.
- Bathe daily (bath or shower) with Chlorhexidine gluconate scrub or 3% Hexachlorophene or Povidone iodine by: a) wetting skin; b) apply 2 ounces of antimicrobial scrub, full strength, to the skin and scrub for five minutes; c) do not get in eyes or ears; d) rinse off thoroughly and dry with a clean towel; e) put on clean clothes; f) bedding and linens must be changed/cleaned daily until the end of the decolonization protocol.
- Reculture the nares and original MRSA-positive site, if applicable, a minimum of 24 hours after completion of above 5 day decolonization protocol.
- If reculture is negative, repeat in one week.
- In the case of a HCW, treatment failures are treated individually after conferring with Infection Control, Occupational Medicine, and Infectious Disease and may result in an assignment change.

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