



## **Methicillin Resistant Staphylococcus Aureus (MRSA) Information for Transitional and Emergency Housing Facilities**

### **What is MRSA?**

Methicillin-resistant Staphylococcus aureus or MRSA (pronounced by listing the initials or saying “mersa”) is a type of Staphylococcus aureus (S. aureus) bacteria. S. 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 certain types of antibiotics, such as methicillin. Thus this type of “staph” is referred to as Methicillin-resistant S. aureus.

### **Why do we care about MRSA?**

MRSA can be a common cause of skin infections. Until the 1990’s it was a be a problem only in hospitals and nursing homes, but over the past 10 years MRSA has become more common in people living in the community who have not been patients in hospitals or nursing homes. In the community there are some groups that appear to be at higher risk of getting MRSA. These groups include intravenous drug users, people who have been in a jail or prison, and people who live in group housing situations.

### **Who gets MRSA?**

MRSA can be 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) that have touched the skin of a person infected with MRSA.

### **What are the symptoms of MRSA infection?**

MRSA can cause skin infections such as abscesses (also called boils), which can be very painful and potentially dangerous if not treated properly. Many people think they have a spider or bug bite, but it really is an MRSA infection and is not related to bugs or spiders. Some facilities have spent a lot of money on exterminators trying to deal with “spider” bites.

The symptoms are usually a painful, red area of skin, sometimes accompanied by a raised bump or hard area, which might represent an abscess. Sometimes people also have fevers and chills.

### **How is MRSA treated?**

- If someone has a skin infection, make sure that they see a doctor to have it evaluated. Ask the doctor to do a culture to check if it is MRSA. Encourage residents to tell you if they have MRSA or any other type of infection.
- Cover all skin infections with clean bandages, especially if they are draining or producing pus.
- If the doctor gives someone antibiotics, make sure they take the full course of antibiotics as directed. If the infection doesn’t start getting better within 2-3 days, have them go back to the doctor.

## What can you do about MRSA?

- If someone at your facility has MRSA, house him or her in the same room as other people with MRSA. This is especially important if they have a wound that is draining fluid.
- Do not let people share clothes, towels, soap, sheets and blankets, razors or other personal items.
- Launder towels and sheets regularly. All clothing and bedding items should be cleaned in hot water with detergent and heat dried rather than air-dried.
  - People who handle dirty laundry should use gloves when doing so.
- Clean common areas, especially bathrooms, with strong cleaning fluid on a regular basis. (At least once a day if possible. Please see attached sheet for information on appropriate cleaning solutions and techniques.) This includes toilet seats. If individuals have infections in their rectal or genital region, they should use paper seat covers or clean the toilet seat after every use.
- Remove wooden seats/chairs from bathroom areas and replace them with plastic or metal chairs that can be cleaned properly. You can also paint these wooden items with a waterproof paint, which can decrease the ability of bacteria to grown on the surface. If this is not possible, make sure people cover the wooden surface with clean cloth or paper (such as a towel or the paper used on exam tables) before sitting on it.
- Encourage people to wash their hands regularly with soap and hot water: before and after any physical contact with someone, before and after using the bathroom, before and after eating, and at least once every 2 hours.
  - Many people, including many doctors, don't know how to wash their hands correctly. Refer to the attached sheet for proper hand washing instructions.
- Make soap and hot water for hand washing easily accessible for all residents. If you don't have soap and hot water easily accessible, you can use alcohol gel or foam instead.
- Encourage people to shower at least once a day using soap.

## How can you learn more about MRSA?

- MRSA cases do not currently have to be reported to the county (unlike conditions such as West Nile infection), but you are welcome to call the County of San Diego Community Epidemiology Branch if you would like more information about MRSA at **(619) 515-6620**.
- For more information, go to the following websites:
  - Centers for Disease Control and Prevention  
[http://www.cdc.gov/ncidod/hip/Aresist/ca\\_mrsa.htm](http://www.cdc.gov/ncidod/hip/Aresist/ca_mrsa.htm)
  - Los Angeles County  
<http://lapublichealth.org/acd/MRSA.htm>

## Use of Disinfectants

- Check the product's label to ensure that the disinfectant is suitable for the type of surface being treated.
  - For example, vinyl, plastic, glass, wood, etc.
- Check that the product label specifies *Staphylococcus aureus*
  - Many over the counter disinfectant products sold by grocery stores and other businesses will have a label indicating that they work on *Staphylococcus aureus* and other bacteria.
  - The label may just say it works on *Staphylococcus* or "Staph" bacteria. This is also acceptable.
- Ensure that the disinfectant is prepared properly.
  - The label should specify the appropriate concentration for the disinfectant (For example, a half-cup per gallon).
  - The label should also specify the amount of time the disinfectant should be left on a surface to work properly.