HAI Acute Hospital Admission Screening

Quick Reference

NHS Education for Scotland

What is screening?

Screening patients on admission to acute hospitals is important because you can identify patients who are at high risk of carrying MRSA or CPE. They can then be isolated with additional transmission based precautions (TBPs) and managed appropriately. Other patients are then protected from picking up MRSA or CPE.

Throughout this module the term screening refers to a **two stage process**. Select the arrows below to see the two stages.

Stage 1
Accurately completing a Clinical Risk Assessment (CRA) screening followed by;

Stage 2
Taking the correct swabs or other specimens from patients at high risk of carrying MRSA or CPE

- you will **not** need to swab every patient when you complete a CRA
- the need to swab will depend on the CRA answers

If at least one of the following questions is answered with YES = High risk patient

→ Actions: Swab for MRSA and/or CPE and isolate

MRSA questions

- has the patient had any previous history of MRSA colonisation or MRSA infection at any time in the past?
- is the patient currently resident in a care home or institutional setting (e.g. prison, homeless hostel), or transferred from another hospital?
- does the patient have a wound/ulcer or indwelling medical device which was present **before** admission to this hospital?

CPE questions

- Has the patient been previously confirmed positive at any time?
- **In the past 12 months** has the patient
  - been an inpatient in a hospital outside of Scotland?
  - received holiday dialysis outside of Scotland?
  - been a close contact of a person who has been colonised or infected with CPE?

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MRSA: Nasal and perineal swab. Throat swab only if patient refuses perineal swab.

MRSA swabs - nasal swab

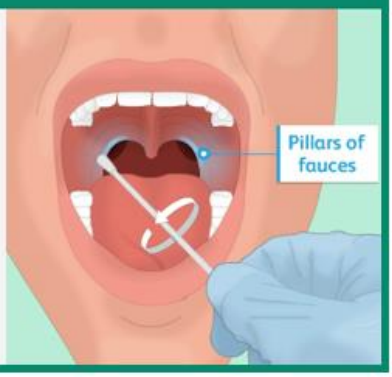
To take a nasal swab:

- carefully insert the swab into one nostril next to the nasal septum (the bone and cartilage that separates the two nostrils)
- gently rotate around the nostril area for 3-5 seconds
- repeat the process for the other nostril using the same swab
- place the swab into the transport medium
- label the swab
- complete the microbiology request form

MRSA swabs - throat swab

To take a throat swab:

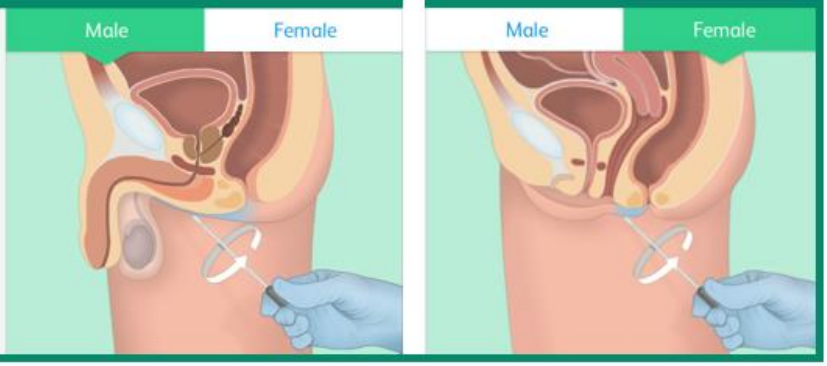
- rotate the swab against the tonsillar area and the pillars of fauces (ridges or folds of mucous membrane passing from the soft palate to the side of the tongue) for 3-5 seconds
- place the swab into the transport medium
- label the swab
- complete the microbiology request form



MRSA swabs - perineal swab

To take a perineal swab:

- ask the patient to loosen or remove their lower clothing while protecting their dignity and to lie on their side on the bed or couch
- ask the patient to raise their knees towards their chest to expose the perineum
- rotate the swab against the perineal skin for 3-5 seconds
- place the swab into the transport medium
- label the swab
- complete the microbiology request form



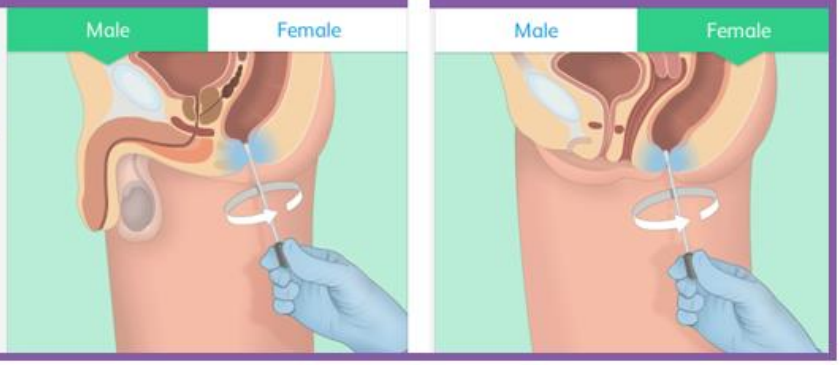
(PLUS ADDITIONAL swabs/samples from skin breaks, wounds, invasive devices, catheter urine as per national guidance)

CPE: Rectal swab is preferred sample type, except for babies and children. Note additional samples below.

CPE – rectal swab

This is the best sample type to achieve speedy results. To take a rectal swab:

- ask the patient to loosen or remove their lower clothing while protecting their dignity and to lie on their side on the bed or couch
- ask the patient to raise their knees towards their chest
- gently insert the swab into the rectum 3-4 cms beyond the anal sphincter
- rotate gently and remove, making sure faecal material is visible on the swab

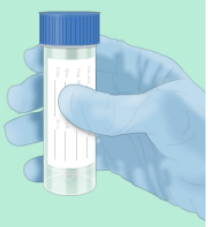


CPE - stool sample

Stool samples should be obtained for children and babies rather than rectal swabs.

If an adult patient refuses a rectal swab or it is not feasible, a stool sample can be taken as an alternative. Explain that a stool sample will take longer to obtain and that they will be isolated for a longer period until the result is known.

You should collect stool samples as for routine culture. Inform the patient how this is to be collected.



CPE - additional samples

Patients with wounds or lesions should have these swabbed using a routine microbiology swab as they are for routine culture.

To take a microbiology swab of a wound or lesion:

- rotate the swab in the wound, working from the middle outwards or zig zag across the width and length of the wound avoiding the surrounding skin
- place the swab in the appropriate transport medium

CPE - additional samples

- if the wound being swabbed is dry, you can moisten the tip of the swab in normal saline 0.9% prior to taking the sample
- swab the wound with the most exudate
- if copious pus is present, aspirate a quantity using a syringe and transfer into a sterile container

Patients with urinary catheters should have a catheter specimen of urine (CSU) taken from the sample port sent for CPE screening. Other samples (over and above those required) may be sent for testing, based on local risk assessment.