

# MRSA Guidelines for People – Exposure and Infection

Methicillin-resistant *Staphylococcus* (MRS) infections are an emerging problem in veterinary medicine. The number of patients with MRS infections seen at the small animal clinic of the Purdue Veterinary Teaching Hospital (VTH) has increased recently, and standard operating procedures (attached) have been drafted for management of hospitalized animals with MRS infections. In the course of caring for animals with MRS infections, staff members may be exposed to and may become colonized by MRS organisms. Conversely, staff members may be independently colonized by or infected with MRS and transmit the organisms to hospitalized animals.

The infectious diseases committee has prepared guidelines for:

- 1) Staff and students concerned about exposure to MRS-infected animals
- 2) Staff and students that have active MRS infections

## 1. Guidelines for individuals concerned about exposure to animals with MRS:

**A. Staff concerns** regarding possible exposure should be reported to supervisors and to the VTH Director's office (Lynn Room 1344).

- Concerned employees may go to the Regional Occupational Care Center (ROCC) for counseling and screening culture. Eligible individuals not already participating in the ROCC program will be enrolled, and the concern and action taken will be documented (e.g. appt. made at ROCC, decline appointment, etc.).
- Concerned individuals should direct questions about MRS in animals to any member of the Infectious Diseases Committee.
- The staff member will be asked to consider signing a form (Appendix A), available in the VTH Director's office, authorizing release of any screening test results to the VTH.
- It will be emphasized that signing this form is not required, but that release of the results to the VTH will help us in understanding the epidemiology of MRS infections in the VTH. That the information will not be used for any other purpose will be emphasized.
- If persons are colonized, ROCC physician will determine course of action (e.g. treatment, repeat testing, etc.).

**B. Students concerned** about MRS animal exposure

- Concerned students should report their concern to the supervising clinician or technician who will inform the students that they may go to PUSH for counseling regarding questions about human medical conditions and screening culture. This information will also be passed on to the VTH Director's office (Lynn Room 1344).
- Concerned individuals should direct questions about MRS in animals to any member of the Infectious Diseases Committee if the supervising clinician or technician does not feel that they have the necessary information available.
- The student will be asked to consider signing a form (appendix A), available in the VTH Director's office (Lynn room 1344) authorizing release of any screening test results to the VTH.
- It will be emphasized that signing this form is not required, but that release of the results to the VTH will help us in understanding the epidemiology of MRS infections in the VTH. It will be emphasized that the information will not be used for any other purpose.
- Dr. Rod Flanary, Assistant Medical Director of PUSH, requests that we direct students to him for evaluation. If students are colonized, Dr. Flanary will determine the appropriate course of action.

**C. Individuals who are colonized but not infected will not be excluded from participation in patient care and other hospital duties.**

- We will recommend good hygiene and common sense
  - Exercise standard precautions ([www.nasphv.org/Documents/VeterinaryPrecautions.pdf](http://www.nasphv.org/Documents/VeterinaryPrecautions.pdf))
  - Implement excellent hand hygiene and education about what this means.
  - They will receive recommendations from PUSH or ROCC and the VTH
- Individuals will not be excluded from patient care duties.

**2. Guidelines for individuals with skin lesions due to MRS infection**

**A. Staff**

- Must be under a physician's care, and discuss with their physician the nature of their work responsibilities. Physician's recommendations should be followed regarding treatment and attendance at workplace/clinic duties.
- Keep wound(s) covered and exercise excellent hygiene.
- Until the wound(s) is/are healed and there is no longer any discharge, staff members:
  - Must not participate in surgery, surgery prep, or handle animals with surgical wounds.
  - Must avoid contact with immunocompromised animals
    - ICU / critical care compromised patients
    - Oncology patients
    - Other animals with immunosuppressive disorders or receiving immunosuppressive medications (e.g. animals with immune-mediated conditions).
- A physician's statement that wound(s) is / are sufficiently healed is required prior to return to above clinical duties. Staff members should have their personal physician or ROCC provide this statement.

**B. Students**

- Must be under a physician's care; and discuss with their physician the nature of their work or school responsibilities. Physician's recommendations should be followed regarding treatment and attendance at workplace/clinic duties.
- Keep wound(s) covered and exercise excellent hygiene.
- Until the wound(s) is/are healed and there is no longer any discharge, students:
  - Must not participate in surgery, surgery prep, or handle animals with surgical wounds.
  - Must avoid contact with immunocompromised animals
    - ICU compromised patients
    - Oncology patients
    - Other animals with immunosuppressive disorders or receiving immunosuppressive medications (e.g. animals with immune-mediated conditions).
- Will not allowed to participate in surgery, surgery prep, or to handle animals with surgical wounds. If necessary, block schedules will be rearranged to provide the student with a good educational experience.

Physician's statement that wound is sufficiently healed is required prior to return to above clinical duties. Dr. Flanary at PUSH is willing to evaluate individuals and provide this statement.

**Appendix A**

**PURDUE UNIVERSITY  
AUTHORIZATION FOR USE, DISCLOSURE OR RELEASE OF  
PROTECTED HEALTH INFORMATION AND MEDICAL RECORDS**

I hereby request and authorize the use, disclosure and/or release by Purdue University Student Health Center or Regional Occupational Care Center and its employees, of medical records, including my social security number, or other protected health information, as described below:

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Patient's I.D.#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please identify who is to receive the medical records or other medical information:  
The Infectious Diseases Committee and Regulatory Compliance Technologist at the Veterinary Teaching Hospital at Purdue

Please describe specifically what medical records or other health information may be used or released: Results of tests for colonization by methicillin-resistant staphylococci

If this request is not made by the Patient, what is the reason for this request?  
Identification of workplace safety issues at the Purdue Veterinary Teaching Hospital

I understand that upon release and disclosure of the protected medical records and information, the records and information may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations.

I understand that Purdue University will not deny treatment, payment, enrollment or eligibility for benefits based upon whether I sign this authorization. I also understand that an authorization may be necessary in order to process any request I have made for a release of medical records or other medical information. I may inspect or copy any information used or disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by mailing or delivering a written revocation to the entity releasing the information: Purdue University Student Health Center, 601 Stadium Mall Drive, West Lafayette, 47907 or Regional Occupational Care Center, 1321 Unity Place, Suite A, Lafayette, IN, 47905. The revocation will be effective upon receipt by the University, except to the extent that the University has taken action in reliance on this authorization. I further understand that, this authorization will expire as follows: (1) sixty (60) days from the Signature Date for all records except mental health records, and (2) one hundred eighty (180) days from the Signature Date for mental health records, unless I specify a different expiration date or event here: student graduation from Purdue School of Veterinary Medicine or employee termination of employment, whichever date is later. After the expiration date, this authorization will no longer be effective, and no further information will be furnished pursuant to it.

I understand that there may be a charge to cover actual costs incurred by Purdue University in preparing and delivering the information requested in this authorization, in accordance with Indiana statutes and Purdue policies.

Signed \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
Patient or Legal Representative

\_\_\_\_\_ Date \_\_\_\_\_  
Printed name if not Patient

Witness: \_\_\_\_\_ Date \_\_\_\_\_