

Cross Infection Screening

For MRSA and MSSA refer to screening policy - [REDACTED] (available on the DMS). Cardiac and Cardiology (adults and paediatric) patients need only be screened for *Methicillin-sensitive Staphylococcus aureus* (MSSA). *Methicillin-resistant Staphylococcus aureus* (MRSA) can automatically be identified during the laboratory process. Therefore, only **one** set of swabs are to be sent to the laboratories for MSSA.

Screen patients for MRSA, Glycopeptide Resistant Enterococci (GRE) and Carbapenemase-Producing Enterobacteriaceae (CPE) if patients have:

1. Transferred from healthcare facilities overseas and/or
2. Received healthcare abroad in the past 12 months
3. Transferred from/recent admission to a hospital known to be affected by CPE in the UK (Northwest England, Manchester, London) or **ANY** Intensive care unit within the UK

Contact Infection Prevention and Control for planned or current admission if circumstances 1, 2 or 3 apply.

SCREENS	MRSA/MSSA	GRE	CPE *	Respiratory panel Nose/Throat inc. SARS- Cov-2
Nose	YES	YES	NO	NA
Groin	YES	YES	NO	NA
Wounds inc. pus from drains site	YES	YES	NO	NA
Catheter specimen Urine	YES	NO	NO	NA
Sputum (If productive)	YES	NO	NO	NA
Invasive devices	YES	NO	NO	NA
Perineum	NO	NO	NO	NA
Rectal (Swab to be faecally stained or send stool specimen)	NO	NO	YES	NA
Intensive Care Units frequency	Weekly	On admission	Every 28 days	On admission

*CPE screening requires 3 samples the 1st on admission, 2nd 48 hours post first screen and 3rd 48 hours post 2nd screen.

NB: Neonatal Intensive Care Unit Only - *Pseudomonas* screen on admission and weekly (Nose & Groin)

NB: some specialist areas may have bespoke screening programmes as agreed by IP&C