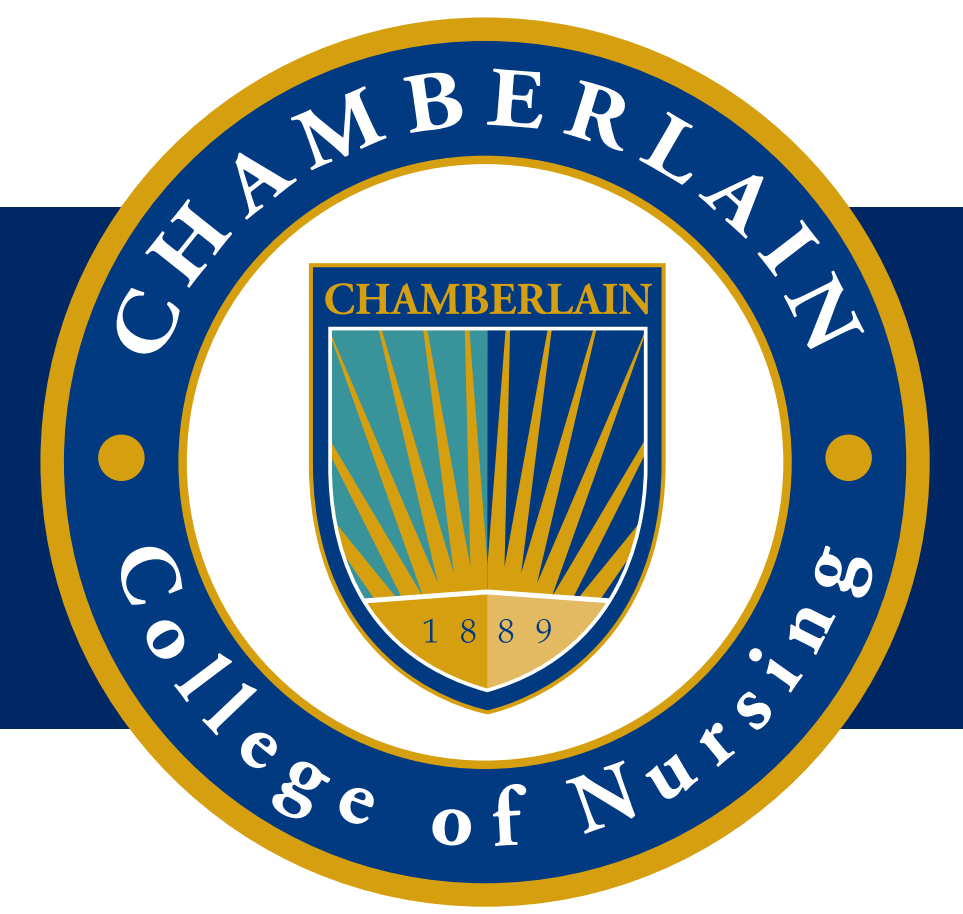


METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) IN THE CORRECTIONAL FACILITIES: THE NEED FOR INFECTION PREVENTION EDUCATION



Dorothy Uhurebor – Chamberlain College of Nursing Student

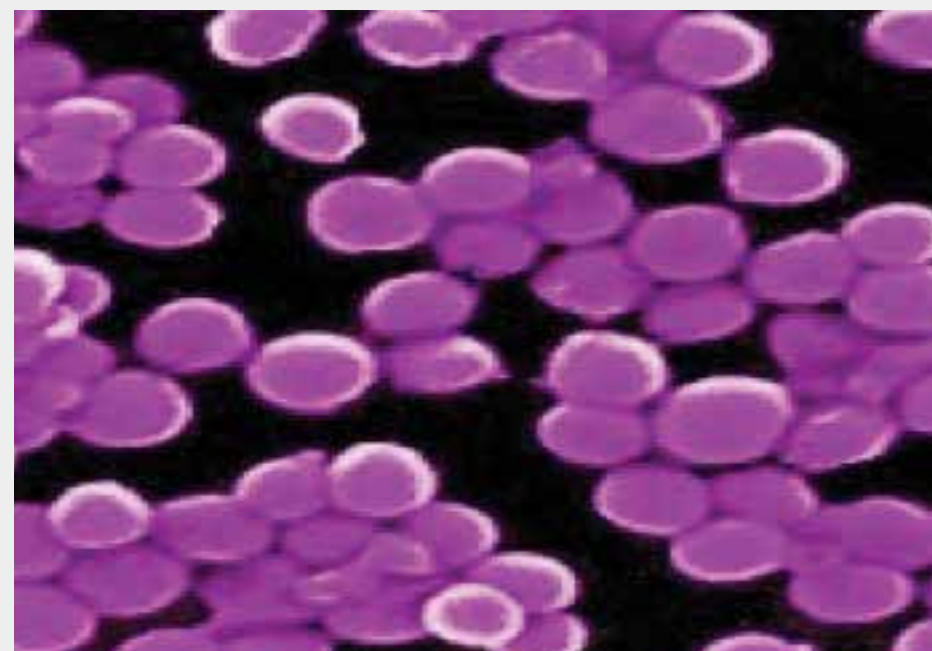
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What Is MRSA

- Staphylococcus aureus (“staph”) bacteria that has become resistant to “first-line” antibiotics
- Attacks on the skin and soft tissue
- Found in the skin and in the nose of healthy persons
- Cause minor skin infections such as boils or more serious infections such as pneumonia and blood poisoning
- Difficult to treat, but responds to incision and drainage and/or antibiotics

Identification

- Pain, swelling, warmth, tenderness
- Redness, small bump that looks like spider bite
- Boil
- Cyst



Treatment Protocol

- Evidence-based practices support prompt and aggressive treatment for SSTI such as MRSA
- Single cell, boil, cyst or draining lesions should be covered with breathable material such as tagaderm
- Initiate culture of drainage while ensuring that drainage is contained (CDC, 2003)
- Initiate conservative treatment measures pending culture of
 - Warm soak and compresses
 - Standardized antimicrobial treatment such as daily shower with antimicrobial cleanser such as Hibiclens and Hibistat (Shepard, 2006)
 - Incision and drainage
- Antibiotic therapy on positive cultures
 - Used for large STTIs (>5cm) with sign and symptoms of systemic infection
 - Used in lieu of conservative treatment measures (Bureau of Prisons, 2012)

Why Infection Prevention Education

- Increasing awareness amongst staff and inmates that will surpass the challenges faced in implementation of the MRSA infection control measures
- Proper implementation of evidence-based prevention and treatment protocol
- To develop specific facility management/treatment protocol to eradicate and control MRSA infection in the specific correctional facilities

Prevention

- Evidence-based practice supports prevention of Skin and Soft Tissue Infection (SSTI) in correction facility by (Federal Bureau of Prison, 2012)
 - Educating staff and inmates is key to proper management and implementation of treatment protocol
 - Standard precaution
 - Sanitation
 - Periodic laboratory surveillance of inmates with wounds
 - Inmate screening at intake
- Other preventative measures also include:
 - Facility-wide screening for skin diseases for all inmates
 - Provision of alcohol-based hand sanitizer
 - Hygiene education
 - Proper wound care (Malcolm, 2011)
 - Distributing and posting educational material at strategic positions, such as:
 - » Inmate admission packet
 - » Door entry and exit
 - » Common area
 - » Gym equipments (Shepard, 2003)

References

- Center for Disease Control (2010) Protect Correctional Staff from MRSA. Retrieved from <http://www.cdc.gov/niosh/docs/2013-120/pdsf/2013-120.pdf>
- Federal Bureau of Prisons (2012) clinical practice guideline *Management of methicillin-resistant staphylococcus aureus (MRSA) infections*. (April, 2012). Retrieved August 8, 2014, from Federal Bureau of Prisons website <http://www.bop.gov/resources/pdfs/mrsa.pdf>
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MK-0814-046-A STTI Rising Star - Dorothy Uhurebor POSTER



Date 08/28/14	Printed At 100%	Agency PF
Time 5:00 PM	Round 2	

Job info

Element	Poster	Pages	1 pg
Live	24 x 36"	Folded Size	
Trim	24 x 36"	VDP	<input type="checkbox"/>
Bleed	26 x 38"	Notes	Uploaded to LCP 8.28.14

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3-Year BSN Copy	<input type="checkbox"/>	<input type="checkbox"/>
Full Accreditation	<input type="checkbox"/>	<input type="checkbox"/>
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