Dr Reem Babiker: General Pediatric Consultant HMC

Dr Eshan Muneer : Pediatric Fellow Dr Eshragh Taha : Pediatric Fellow

Mr Rida Al Khdour: Infection Control Practitioner
Mrs Fatima Mohammed: Infection Control Practitioner



MRSA decolonization in AlMaha Unit: Achievement and Disappointment

Problem:

November 2011 we had an out break of MRSA infection in Almaha long term unit for medically complex and technology dependent children which posed a great health hazard. The outbreak led to isolation of the children with in the unit and restriction of group activity and school attendance. Parents and siblings of children with MRSA were required to use personal protective equipments which markedly affected child family interaction.

Aim:

To decolonize 70% of the MRSA positive cases and to remain negative up to six month post decolonization.

Intervention

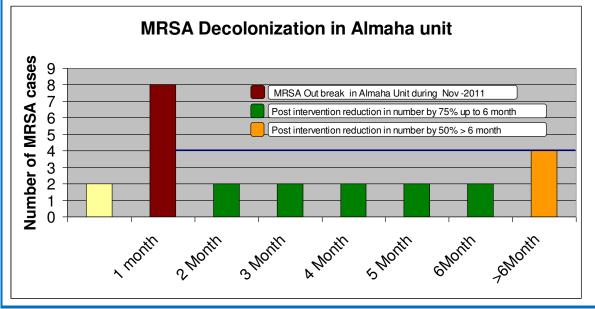
- -MRSA decolonization team consists from Physicians, Infection control practitioner, nurses, therapists and house keeping.
- -Measures taken included: ward divided into two wings, cohort every two cases together contact isolation precautions were implemented (Policy CL 7233), **Hand hygiene practices assessed and re-enforced for all staff and visitors**, house keeping practices reviewed. MRSA education for all health care providers and visitors provided.
- -Decolonization started with intranasal Mupirocin three times daily and suppressive therapies with Chlorhexidine 4% baths daily for seven days as per MRSA policy 7252. Three of the patients received intravenous Vancomycin with decolonization to treat MRSA Traecheobronchitis.

Team:

Sister Lily. K
Mr Vlincent
Mrs Sindu
Mr Shihab
Mrs Marwa
Miss Shaima Al Ansari
PROJECT SPONSOR:
Dr Ahmad Alhammadi
PROJECT COACH:
Dr Eshragh Taha



Result:



Conclusion:

- Correct implementation of the decolonization and isolation policy in collaboration with all stake holders led to 75% decrease in MRSA positive cases for a period of 6month.
- Complete MRSA eradication in technology dependent children at our long term facility is an ongoing challenge.

Next step:

- Continuously assessing hand hygiene and contact isolation practices.
- · Active surveillance of new admissions to the unit.
- Reduce the risk of subsequent MRSA infection in colonized children.

