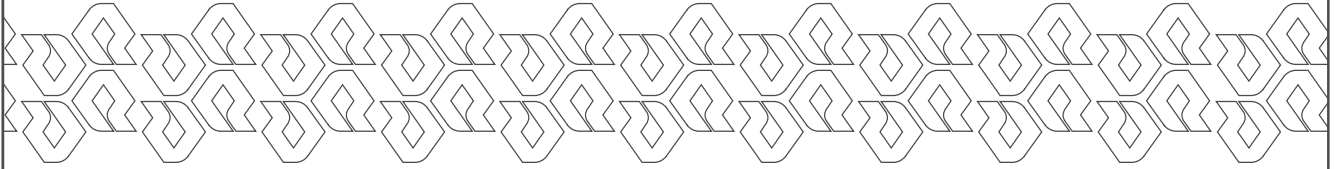


## Chapter 8: Recommended interventions

- 8.1 *'Clean Between'* program
- 8.2 Staphylococcal decolonisation program



## 8. Recommended interventions

The project may include two other interventions. These are the *'Clean Between'* program and the staphylococcal decolonisation program.

### 8.1 *'Clean Between'* program

- Initial environmental surveillance to detect the presence of MRSA on blood pressure cuffs, patient slides, stethoscopes etc.
- To minimise the risk of cross-infection a program may be developed targeting the cleaning of shared patient equipment.
- Ward staff should be educated to use alcohol-impregnated wipes to clean equipment between each patient use. These wipes should be readily available throughout the wards, in high-use areas and attached to shared patient equipment, such as intravenous trolleys and mobile blood pressure machines.
- Patient service assistants clean blood pressure cuff as part of the routine terminal cleaning of the bed area upon patient discharge.

(See Appendix Q for an example of a poster and protocol.)

### 8.2 Staphylococcal decolonisation program

Patients known to be colonised with MRSA (nasal or skin carriage) should be treated with nasal mupirocin ointment and triclosan body washes for five days. Clearing staphylococcal colonisation from the patient's nose and skin decreases the risk of staphylococcal infections and minimises cross-infection. Intranasal mupirocin ointment is used to clear nasal colonisation and triclosan body washes decrease body carriage of staphylococcus.

(See Appendix R for an example of a poster.)

