

**PREVENTION AND CONTAINMENT OF
STAPHYLOCOCCAL INFECTIONS IN
COMMUNITIES**

***TEXAS DEPARTMENT OF STATE HEALTH SERVICE
AND
COMMUNITY WORKGROUP***

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The guidance included in this document while specific for the prevention and containment of staph bacteria will also prevent transmission of other common bacteria and viruses.

Texas Department of State Health Services (DSHS) does not warrant these guidelines for any purpose other than informational and assumes no responsibility for any injury or damage resulting from the reliance thereof. Proper medical practice necessitates that all cases are evaluated on an individual basis and that treatment decisions are patient-specific.

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Introduction

Most people have heard terms like “staph infection,” “antibiotic resistant bacteria,” and “MRSA” (pronounced mersa). This manual is designed to help people understand those terms and to provide guidance in preventing infection and the pain, loss of productivity, and expenses associated with it. This information is intended to inform those who are not necessarily health-care workers but who have responsibilities related to protecting the health of others— people with responsibilities in care giving, administration, human resources, education, environmental sanitation, and finance. The guidance is appropriate for the community at large—schools, childcare settings, retirement homes, athletic facilities, businesses, and the home. In this manual we will use the term facility to encompass all community entities with the exception of correctional facilities and health-care facilities. Guidance for correctional facilities and health-care facilities is provided in other documents (1, 2).

Background

Staphylococcal bacteria, often referred to as “staph,” are commonly occurring bacteria found on the skin and in the noses of all people. Most staphylococcal species never cause infection. However, when infection does occur due to staph, *Staphylococcus aureus*—one of these species of staph—is usually the cause. While all people have some staphylococcal species on their skin or in their noses, only one of every three or four people has *S. aureus* (3). Even if they have *S. aureus* on their skin or in their noses, most people are not ill. These people who have bacteria but are not ill are called “carriers.” *S. aureus* carriers do not have staph infections.

When staph does cause infections, it may cause minor skin or soft tissue infections, such as boils or impetigo, which occur spontaneously without an obvious source of infection. Persons with staph skin infections may complain of “an infected pimple,” “an insect bite,” “a spider bite,” or “a sore.” Many staph infections cause minor redness and swelling without pain, and infected persons may not seek medical attention. However, staph infections can cause more serious—sometimes-deadly—infections such as abscesses, pneumonia, and soft tissue (wound) and bloodstream infections. Staph can also cause food borne illness in persons who eat food contaminated with the bacteria.

“MRSA” stands for methicillin resistant *S. aureus*. Initially, MRSA strains were resistant to the antibiotic methicillin, a form of penicillin. Now they are resistant to many antibiotics and are sometimes called “multi-resistant” *S. aureus*. MRSA is not the only antibiotic resistant bacteria, but it is the only one that is discussed in this document. Initially, infection with MRSA was associated with exposure to health-care environments, such as hospitals. However, other MRSA strains have evolved that affect previously healthy persons who have not had contact with health-

care facilities. MRSA causes the same types of infections as *S. aureus* that are not resistant to methicillin; however, MRSA may be more difficult to treat and can be rapidly fatal (4).

MRSA can only be diagnosed through laboratory testing ordered by a health-care provider. In this manual we will use the term staph infection, rather than MRSA infection, because prevention (stopping infection from developing) and containment (keeping the infection from spreading from one person to another) should be instituted for all skin or soft tissue infections, even if the individual has not visited a health-care provider. We cannot eliminate staph because it is everywhere. However, because staph is everywhere and has the potential to cause infection, **everyone**—not just health-care workers—must be involved in prevention. If infection does occur, everyone must participate in containment. This manual is designed to help people know what to do to prevent and contain staph infections.

Carriage/colonization

Carriage, also known as colonization, is the presence of bacteria on or in the body without causing illness. According to a nationwide survey done by the Centers for Disease Control and Prevention, 32.4% of the noninstitutionalized civilian population in the United States carry *Staphylococcus aureus* in their noses and 0.8% carry MRSA (3). Some activities and conditions—intravenous drug use, recent antibiotic use (5, 6), HIV and skin infections (6, 7), chronic disease (7), and hospitalization (6, 8)—increase the risk that a person will become a carrier. But it is not possible to tell by looking who is a carrier. Identifying carriers can only be done with a laboratory test ordered by a health-care provider.

Although carriers do not have infections, they can transmit staph to people with whom they have physical contact and can shed staph into the environment. This can result in additional people becoming carriers or developing infection. Nonetheless, carriers usually do not need to have the bacteria treated. The decision to treat a carrier should be made on an individual basis by a physician.

Transmission

Staph can be transmitted by infected persons and by carriers. Factors that appear to be related to transmitting staph from one person to another or making a person more susceptible to infection include:

- Poor hygiene, especially lack of hand washing (9)
- Close physical contact or crowded conditions (10)
- Sharing personal products (9, 11)
- Contaminated laundry items (9)
- Shaving (12)
- Lancing (puncturing/picking/piercing) boils with fingernails or tweezers (11)

- Activities that result in burns, cuts, or abrasions or require sharing equipment(13, 14)
- Intravenous drug use (15), unsanitary tattoos (16), and body piercing (17)
- Inadequate access to proper medical care, especially due to inability to pay (18)
- Children and young adults (19)

Prevention

Persons with care giving, administrative, financial, and environmental sanitation responsibilities should assist in development of measures aimed at reducing the incidence of staph infections. Such measures include adequate supplies and staff to implement, sustain, and monitor hand washing, environmental sanitation, and wound care. If wound care is not available onsite, an efficient method for referring infected persons to a health-care provider must be established. Information should be provided on the transmission, prevention, and containment of staph infections. This information should be appropriate to the educational level and degree of responsibility that an individual has with regard to prevention and containment. The Department of State Health Services provides information on prevention and containment in a variety of formats. This information is available in the appendices at the end of this document, at www.mrsaTexas.org, or by calling (512) 458-7676 and asking for information on staph.

Regular hand washing is the most important means of preventing staph transmission. Persons should periodically receive education on the importance of hand hygiene and effective hand hygiene techniques. They should also have the necessary running water, soap, and paper towels or hand sanitizer for proper hand hygiene. Persons should routinely wash hands with soap and running water before eating, after using the bathroom, when hands are visibly dirty, before and after physical contact with clients, and when there has been contact with blood or other body fluids, mucous membranes, or broken skin. Persons should wash hands with soap and running water for at least 15 seconds (sing "Happy Birthday to You" two times). Plain liquid soap is effective in killing staph. Bar soap is not recommended in public settings. Antimicrobial (antibacterial) soaps with the active ingredient triclosan or other antibacterial agents are not necessary (20).

In facilities where persons have close physical contact (expressions of affection, children at play, martial arts classes, football and wrestling) persons should have access to needed supplies and sufficient opportunities for good personal hygiene. Hygiene supplies should not be shared. If it is not possible to provide onsite facilities for showering, persons who have had close physical contact should be encouraged to shower immediately upon arriving home.

Effective laundering procedures cannot substitute for personal hygiene; however, staph can survive on clothing. The dilution and agitation of laundered items for twenty minutes at any

water temperature removes some bacteria (21). When laundry is washed at cool water temperatures ($\leq 72^{\circ}\text{F}$ or 22.2°C), a detergent formulated for cold water should be used. The disinfectant capability of chlorine bleach is well established (21). Its use is the most effective means of reducing the bacterial count in laundered items at any temperature (22). Oxygenated (color safe) bleach may reduce numbers of bacteria (23) but does not eliminate them, and oxygenated bleach is not approved for disinfecting and sanitizing by the EPA (24). Thorough drying in a dryer reduces the number of bacteria (21).

Environmental sanitation cannot substitute for personal hygiene. However, MRSA does exist on environmental surfaces, most commonly in bathrooms (DSHS, unpublished data). All washable (non-porous) surfaces of bathrooms and living areas should be cleaned routinely. Cleaning should be done with a 1:100 bleach solution (25) (1-tablespoon bleach in 1-quart water slightly exceeds this concentration) or an EPA-approved disinfectant according to the manufacturer's instructions.

Shared items (telephones, computer keyboards, remote controls, combs, brushes, scissors, clippers, toys, exercise equipment, furniture) may provide opportunities for staph transmission. The advantages of disposable items should be considered where feasible. Where not feasible, shared items or any other surface exposed to sweat, saliva, or other body fluids should be thoroughly cleaned using a 1:100 bleach solution or an appropriate Environmental Protection Agency (EPA)-approved disinfectant (<http://www.epa.gov/oppad001/chemregindex.htm>) and routinely wiped clean between users with a clean dry towel. Persons using exercise equipment should use barriers to bare skin, such as a clean towel or shirt while using exercise equipment.

Identification and Care of Infections

Community facilities will need to prepare their own policies and procedures for identifying possible staph infections, referring infected persons for health-care, and restricting activities based on general principles described below.

An employee should be designated to serve as the resource person for staph infections. The guidance provided by the resource person should be determined on a case-by-case basis depending on the maturity and mental capacity of the person with an infection. Persons should self-report any new skin infection to the designated resource person, even if the infection is not draining. The resource person should consider reports of "boils," "lumps," "sore bumps" or "spider bites" as potential staph infections. In some cases visual screening, rather than relying on self-reporting, may be appropriate. The appearance of staph infections can vary considerably. Consult our website www.mrsaTexas.org for pictures of both early and advanced staph infections on a variety of skin colors.

If the infection fails to clear, is draining (oozing pus or bleeding), has red streaks, or is causing a person to have fever, the person should see a health-care provider quickly. The infection may require a medical procedure called incision and drainage (I&D). The infection may or may not require antibiotics (26, 27). Infections that fail to clear, draining infections, and infections with fever, as well as physician-confirmed MRSA infections should be reported to the designated resource person so that appropriate precautions can be taken.

The degree of responsibility a person is given for the care of their infection and the activity restriction for persons who have staph infections are dependent on the person's level of competence in caring for the infection, the location of the infection, and the person's activity at the facility. These following procedures should be followed for any person with an infection, even if the person has not seen a physician.

- Persons who, due to immaturity or impaired mental status, are unable to assure that the infected area remains dry and covered should not be allowed to participate in any activities that would bring the infected area or drainage in contact with other persons or with shared items. This may include restricting their interaction with other people or requiring that a person not attend a function or activity.
- Persons with a staph infection on the hand/wrist or face should be restricted from food handling, laundry, barbershops, and any other situations that might bring the infected area or drainage into contact with other persons or personal items. This restriction in activity should continue until the infection has noticeably improved (substantial reduction in drainage or size of reddened, swollen area) and/or a health-care provider has provided a release to work/activity.
- Persons with infections at sites other than the hand, wrist or face may continue their activities if the infected area is covered and drainage is contained. To promote healing of infections, persons should be removed from any activity in which the infected area could become exposed, wet, or soiled (yard work, scrubbing, swimming or other water play, hot tubs, whirlpools).
- No requirement should be made regarding use of antibiotics and return to activity. The initial treatment of choice for minor staph infections does not include antibiotics.
- Antibiotic use is indicated in circumstances in which there are multiple lesions, the infected person has a compromised immune system, the affected area is large, the infected person is very old or very young, the infection has not responded to treatment without antibiotic (26, 27) or other circumstances as determined by the health-care provider. The infected person should only take antibiotics that are prescribed by a physician.
- If an antibiotic is prescribed, the facility should allow the infected individual to keep the antibiotic stored according to directions on the label or as instructed by the pharmacy and to take the antibiotic at the designated times. If, due to immaturity or impaired mental status, the person is unable to take the antibiotic independently, a resource person should assist them,

paying special attention to timely dosing. No one should take antibiotics that were prescribed for someone else. The infected persons should take the antibiotic until it is all gone, even if the infection appears to have cleared before the antibiotic is completed.

- If the infection does not appear to be improving after use of antibiotics, the infected person should return to the health-care provider for additional assessment and treatment.
- Appropriate antibiotic therapy rarely includes nasal decolonization, which requires that a cream be applied inside the nose. If a physician prescribes nasal decolonization, the same support provided for oral antibiotics should be provided for nasal decolonization.
- Oral antibiotics should not be given to uninfected persons to **prevent** infection.

Containment

Containment is the implementation of additional measures aimed at preventing further staph infections after the initial detection of a staph infection within the facility. All measures used in prevention should be continued during containment. In addition, the following should be implemented both at home and in community facilities:

1. Education of the infected person regarding the infection is of fundamental importance. Written educational information using appropriate language and educational level should be given to any infected person and/or the caregiver. The information should be carefully explained. “How to Take Care of Your Skin Infection” is a sample fact sheet located in the appendices that may be adapted and/or reproduced for distribution.

2. Persons with infections so severe that drainage cannot be contained within a bandage should be referred to a health-care provider. Persons with a draining infection that can be contained by a simple dressing should be instructed in personal hygiene and told to report if the infection becomes worse. Persons with non-draining infection should be instructed in personal hygiene and told to report if the infection becomes worse or if it begins to drain.

The decision to allow persons to change their own bandages onsite should be made on a case-by-case basis. Factors influencing this decision should include maturity, mental status, physical capability, and accessibility of the infected area. Anyone who changes bandages—their own or someone else’s— will need gloves, soap and water, bandages, and plastic trash bags. They should receive instruction on the proper procedure for changing a bandage in order to minimize the possibility of cross-contamination. “Taking Care of Wounds That Are Draining or Have Not Healed/Como Cuidar las Heridas que Drenan o No Han Sanado” is a sample instruction sheet located in the appendices that may be adapted and/or reproduced for distribution.

Bandages that contain all drainage and blood should be placed in a plastic bag but may be disposed of with routine garbage, and garbage should be discarded at least daily. If the infection is resulting in bandages or other items that can release blood or infectious drainage when handled, regulations apply to their disposal at worksites (28), and a health care professional should be consulted.

If the infection is so extensive as to present the possibility of sprays or splashes, the infected individual should be under the care of a health-care provider. If, in rare circumstances, such care is being provided at home or in some other non-health-care setting, the caregiver should use disposable masks and gowns as well as gloves. The health-care provider should instruct the caregiver on the proper use and disposal of these items.

Hand hygiene should be reemphasized to both the infected person and to persons with whom the infected person associates. Hands should be routinely washed with soap and running water for at least 15 seconds. Clean, non-sterile gloves should be worn when contact with the infected area or drainage is anticipated. Gloves should be put on just immediately before touching an infected person and taken off immediately after, before touching any other surface or material. Perform hand washing BEFORE and AFTER every contact with an infected person, even when gloves are worn. Hand washing supplies for infected persons and the persons that have contact with them is critical. The availability of these supplies should be regularly assessed and resupplied as necessary.

Persons with staph infections should shower daily. Monitor personal hygiene practices particularly if the person is a child or is mentally impaired. Showering with chlorhexidine gluconate products can be useful because these products have been demonstrated to reduce significantly more skin bacteria than plain soap or antibacterial soaps with triclosan (20). Brand names include Hibiclens, Hibiscrub, Hibisol, and Exidine. These products are available over the counter.

After a person with a draining infection has used the toilet, shower, or other bathroom facility, the bathroom surfaces should be cleaned with detergent and disinfected with bleach solution or other EPA-approved disinfectant before another person uses the bathroom. These precautions may be discontinued 24 hours after the infection has resolved (drainage can be contained with a simple bandage or drainage has stopped) even if antibiotic therapy is incomplete.

The person should put on clean clothes anytime clothing has become soiled with drainage. Persons with draining infections should not share a bed with uninfected persons. Change linens every other day or more often if visibly soiled. Bag the linens at bedside to carry to the laundry. Change towels and washcloths daily. Machine wash and dry as recommended in prevention.

If possible, an infected person should have a designated chair made of material that can be disinfected easily. In situations where this is not possible, vehicle seats and upholstered furniture should be protected with an impermeable, disposable or easy-to-clean cover such as that used on examination tables in doctors' offices before the seat is used by an infected person. After use, disposable covers should be placed in a plastic bag and discarded with the regular garbage. If the cover is not disposable, the cover and any visibly contaminated surrounding areas should be decontaminated with 1:100 bleach solution or EPA-approved disinfectant.

Transmission of staph has been documented between humans and dogs (29), and MRSA

infections have occurred in dogs (30). Horses, birds, cattle, and cats as well as dogs are known to carry staphylococcal organisms, including MRSA (30, 31). Persons with staphylococcal infections should take the same precautions to avoid infecting their companion animals that they would use to avoid transmitting organisms to humans—prevent contact between the animal and the infection or any item contaminated with drainage from the infection. In households with companion animals where individuals are repeatedly infected with MRSA, the physician should be made aware of the companion animal. Simultaneous antibiotic treatment of the companion animal and humans may be necessary to end the transmission cycle.

Reporting and Outbreak Management

Staph is not typically subject to mandatory disease reporting in Texas. If two or more staph infections occur in the same setting (classroom, office, or shop), it is possible that transmission is occurring in that setting. Containment measures should be carefully implemented under the direction of an in-house infection control practitioner or in consultation with the local, regional, or state health department.

References

1. Department of State Health Services and Correctional Facilities Workgroup. Prevention, treatment, and containment of methicillin-resistant *Staphylococcus aureus* infections in county jails. April 2006.
2. Muto CA, Jernigan JA, Ostrowsky BE, et al. SHEA guideline for preventing nosocomial transmission of multidrug-resistant strains of *Staphylococcus aureus* and enterococcus. *Infect Control Hosp Epidemiol*. 2003;24:362-386.
3. Mainous AG 3rd, Hueston WJ, Everett CJ, Diaz VA. (2006). Nasal carriage of *Staphylococcus aureus* and methicillin-resistant *S. aureus* in the United States, 2001-2002. *Ann Fam Med*. 2006;4:132-137.
4. Centers for Disease Control and Prevention. Four pediatric deaths from community-acquired methicillin-resistant *Staphylococcus aureus*—Minnesota and North Dakota, 1997-1999. *MMWR*. 1999; 48:707-710.
5. Ellis MW, Hospenthal DR, Dooley DP, Gray PJ, Murray CK. Natural history of community-acquired methicillin-resistant *Staphylococcus aureus* colonization and infection in soldiers. *Clin Infect Dis*. 2004;39:971-979.
6. Hidron AI, Kourbatova EV, Halvosa JS, Terrell BJ, McDougal LK, Tenover FC, et al. Risk factors for colonization with methicillin-resistant *Staphylococcus aureus* (MRSA) in patients admitted to an urban hospital: emergence of community-associated MRSA nasal carriage. *Clin Infect Dis*. 2005;41:159-166.
7. Baillargeon J, Kelley MJ, Leach CT, Baillargeon G, Pollock BH. Methicillin-resistant *Staphylococcus aureus* infection in the Texas prison system. *Clin Infect Dis*. 2004;38:392-395.
8. Furuno JP, Harris AD, Wright MO, McGregor JC, Venezia RA, Zhu J, et al. Prediction rules to identify patients with methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant enterococci upon hospital admission. *Am J Infect Control*. 2004;32:436-440.
9. Turabelidze G, Lin M, Wolkoff, Dodson D, Gladback, Zhu B. Personal hygiene and methicillin-resistant *Staphylococcus aureus* infection. *Emerg Infect Dis*. 2006;12:422-427.
10. Huijsdens XW, van Santen-Verheuvél MG, Spalburg E, Heck MEO, Pluister GN, Eijkelkamp BA, et al. Multiple cases of familial transmission of community-acquired methicillin-resistant *Staphylococcus aureus*. *J Clin Micro*. 2006;44:2994-2996.
11. Centers for Disease Control and Prevention. Methicillin-Resistant *Staphylococcus aureus* skin or soft tissue infections in a state prison—Mississippi, 2000. *MMWR*. 2001;50:919-922.
12. Begier EM, Frenette K, Barrett NL, et al; Connecticut Bioterrorism Field Epidemiology Response Team. A high-morbidity outbreak of methicillin resistant *Staphylococcus aureus* among players on a college football team facilitated by cosmetic body shaving and turf burns. *Clin Infect Dis*. 2004;39:1446-1453.

13. Centers for Disease Control and Prevention. Methicillin-Resistant *Staphylococcus aureus* infections among competitive sports participants—Colorado, Indiana, Pennsylvania, and Los Angeles County, 2000-2003. MMWR. 2003;52:793-795.
14. Kazakova SV, Hageman JC, Matava M, et al. A clone of methicillin-resistant *Staphylococcus aureus* among professional football players. N Engl J Med. 2005; 352:468-475.
15. Huang H, Flynn NM, King JH, Monchaud C, Morita M, Cohen SH. Comparisons of community-associated methicillin-resistant *Staphylococcus aureus* (MRSA) and hospital-associated MRSA infections in Sacramento, California. J Clin Micro. 2006;44:2423-2427.
16. Centers for Disease Control and Prevention. Methicillin-Resistant *Staphylococcus aureus* Skin Infections Among Tattoo Recipients—Ohio, Kentucky, and Vermont, 2004-2005. MMWR. 2006;55:677-679.
17. Tweeten SSM, Rickman LS. Infectious complications of body piercing. CID. 1998;26:735-740.
18. Centers for Disease Control and Prevention. Methicillin-Resistant *Staphylococcus aureus* Infection in Correctional Facilities—Georgia, California, and Texas, 2001-2003. MMWR. 2003;52:992-996.
19. Naimi, TS, LaDell KH, Como-Sabetti K, et al. Comparison of community- and health care-associated methicillin-resistant *Staphylococcus aureus* infection. JAMA. 2003;290:2969-2984.
20. Faoagali J, Fong J, George N, Mahoney P, O'Rourke V. Comparison of the immediate, residual, and cumulative antibacterial effects of Novaderm R*, Novascrub*, Betadine Surgical Scrub, Hibiclens, and liquid soap. Am J Infect Control. 1995;23:337-343.
21. Blaser MJ, Smith PF, Cody HJ, Wang WL, LaForce FM. Killing of fabric-associated bacteria in hospital laundry by low-temperature washing. J Infect Dis. 1984; 149:48-57.
22. Belkin NL. Laundry, Linens, and Textiles. In: Carrico R., ed. APIC Text of Infection Control and Epidemiology, ed. 2. Washington, D.C.: Association for Professionals in Infection Control and Epidemiology, Inc. (APIC);2005. p.103-1—103-8.
23. Legnani PP, Leoni E. Factors affecting the bacteriological contamination of commercial washing machines. Zentralbl Hyg Umweltmed. 1997;200:319-333.
24. Clorox 2®Bleach for Colors. Frequently asked questions. Cited 8/10/07. Available from http://www.clorox.com/products/faqs.php?prod_id.
25. Schulster LM, Chinn RYW, Arduino MJ, et al. Guidelines for environmental infection control in health-care facilities. Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Chicago IL; American Society for Healthcare Engineering/American Hospital Association; 2004.
26. Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infection. Clin Infect Dis. 2005;41:1373-1406.
27. Gorwitz RF, Jernigan DB, Powers JH, Jernigan JA, and Participants in the Centers for Disease Control and Prevention-Convended Experts' Meeting on Management of MRSA in the Community. Strategies for Clinical Management of MRSA in the Community: Summary of an Experts' Meeting Convened by the Centers for Disease Control and Prevention, March 2006. Cited 8/10/07. Available from http://www.cdc.gov/ncidod/dhaqp/pdf/ar/CAMRSA_ExpMtgStrategies.pdf.

28. U.S. Department of Labor. Occupational Safety and Health Administration. Bloodborne pathogens. 1910.1030. Cited 8/10/07. Available from http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051.
29. van Duijkeren E, Wolfhagen MJHM, Box ATA, Heck MEOC, Wannet WJB, Fluit AC. Human-to-dog transmission of methicillin-resistant *Staphylococcus aureus*. J Clin Microbiol. 2005; 43: 6209-6211.
30. Baptiste KE, Williams K, Williams NJ, Wattret A, Clegg PD, Dawson S, Corkill JE, O'Neill T, Hart CA. Methicillin-resistant staphylococci in companion animals. Emerg Infect Dis. 2005; 11: 1942-1944.
31. Hanselman, BA, Kruth SA, Rousseau J, Low DE, Willey BM, McGeer A, Weese JS. Methicillin-resistant *Staphylococcus aureus* colonization in veterinary personnel. Emerg Infect Dis. 2006; 12: 1933-1938.

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Appendices

How to take care of your skin infection

Taking care of wounds that are draining or have not healed

Cómo cuidar las heridas que drenan o no han sanado

Infection Log

Cleaning Log

Training Log

Staph Infection Notification

Staph Infection Containment in Athletic Departments

Staph Infection Containment in Child Care Facilities and Group Foster Homes

Staph Infection Containment in Dormitories

Staph Infection Containment in Group Homes

Staph Infection Containment in Private Sector Gyms and Spas

Staph Infection Containment in Private Homes

Staph Infection Containment in Salons, Beauty Schools, Barber Shops, and Barbering Schools

Staph Infection Containment in Schools

Staph Infection Containment in the Workplace

Staph Infection Containment in Youth Camps

How to Take Care of Your Skin Infection

	<p>Wash your hands</p>	<p>Use soap and warm water or antiseptic hand gel.</p> <p>For at least 15 seconds each time</p>	<p>Before eating.</p> <p>After using the toilet.</p> <p>After blowing your nose.</p>
	<p>Shower daily using soap</p>	<p>With bandage on</p> <p>Before--Wrap a waterproof covering (such as plastic wrap) around the bandage.</p> <p>After--Change bandage if there is pus showing. WEAR GLOVES</p>	<p>With bandage removed</p> <p>Before--Set the shower sprayer at a light to moderate pressure. Carefully wash around the infected area.</p> <p>After--Cover wound with a clean dry bandage. WEAR GLOVES</p>
	<p>Change into clean clothes</p>	<p>After you shower</p> <p>If pus gets on your clothes</p>	
	<p>Wash clothes after each use</p>	<p>Uniform, practice clothes, towel, and washcloth.</p> <p>Use warm or hot water, detergent, and bleach as appropriate.</p>	
	<p>Do not share personal items</p>	<p>Such as clothing, equipment, razors, nail clippers, towels, washcloths, or bars of soap.</p>	
	<p>Do not let others touch your infection! Never squeeze or pop boils! This will spread infection!</p>		
	<p>Keep it covered</p>	<p>If your bandage comes off, throw it away in a plastic bag <i>and wash your hands</i>.</p> <p>You need a new bandage- WEAR GLOVES –to apply.</p>	
	<p>Soak</p>	<p>Soak the infected area in warm water or with a warm, moist cloth 2-3 times each day for 20 minutes. If or when draining (pus) begins, you need a new bandage- WEAR GLOVES-to apply.</p> <p>Whirlpools should not be used for soaking the infected area.</p>	
	<p>Medication</p>	<p>Don't share medication with anyone.</p> <p>Take ALL the medication the doctor prescribes.</p> <p>If you don't take all the antibiotics the doctor gives you, the germs causing your infection may start another infection.</p>	
	<p>Seek medical attention IMMEDIATELY</p>	<p>If you have fever or chills.</p> <p>If you see red streaks radiating from the infected area.</p> <p>If your infection starts to smell bad or drain.</p> <div data-bbox="1006 1942 1258 2047" style="text-align: right;">  </div>	

Qué hacer con su infección de la piel

	Lávese las manos	Use jabón y agua tibia al menos 15 segundos cada vez o use un desinfectante de manos. Antes de comer. Después de usar el baño. Después de sonarse o tocarse la nariz.
	Báñese diariamente con jabón	No use esponjas ni estropajos para el cuerpo para bañarse. Si el vendaje se humedece, reemplácelo.
	Póngase ropa limpia	Después de bañarse. Si hay pus en su ropa.
	Lave la ropa después de cada uso	el uniforme, la ropa de práctica, la ropa interior, la toalla y la toallita para el cuerpo.
	No comparta sus artículos personales	Como ropa, equipo, cremas, rastrillos, maquillaje, cortaúñas, toallas, toallitas para el cuerpo ni barras de jabón.
	No deje que los demás le toquen el área infectada. ¡Nunca APRIETE ni REVIENTE los forúnculos! ¡Eso propaga la infección!	
	Manténgala cubierta	Limpie las cortadas y raspones y cúbralos con vendaje. Si se le cae el vendaje, tírelo en una bolsa plástica y lávese las manos. Diga al entrenador atlético, al entrenador o a la enfermera escolar que necesita nuevo vendaje.
	Sumérjala	Sumerja el área infectada en agua tibia o húmedézcala con un paño tibio y húmedo 2-3 veces al día por 20 minutos a la vez. Si le sale pus, pida un vendaje seco limpio. No debe usar las piscinas de hidromasaje, los jacuzzis ni las piscinas hasta que sus heridas sanen.
	Medicina	No comparta medicinas con nadie. TERMÍNESE todos los antibióticos que el doctor le recete. Las últimas pastillas matan los gérmenes más fuertes.
	Informe al entrenador atlético, a la enfermera escolar, al entrenador o al doctor DE INMEDIATO.	Si tiene fiebre o escalofríos. Si ve rayas rojas que irradian del área infectada. Si su infección empieza a oler feo.



Taking Care of Wounds That Are Draining or Have Not Healed



How to Change Your Bandage:

- **Gather your supplies**
 - Plastic trash bag
 - Plastic gloves
 - Soap or alcohol-based hand sanitizer
 - Bandage
 - Q-tip

- Wash your hands with soap and hot water or use alcohol-based hand sanitizer.
- Put on clean gloves before touching the skin around the wound.
- Follow the directions from the nurse or doctor for changing the bandage.
- Throw away used bandages in the trash bag.
- Throw away any dirty supplies, such as Q-tips, in the trash bag.
- Take off the plastic gloves and put them in the trash bag.
- Close the trash bag and put the bag in the common garbage.
- Wash hands again with soap and hot water or use alcohol-based hand sanitizer.
- Put on clean gloves.
- Apply new dressing.

While Changing Your Bandage:

**DO NOT TOUCH ANY OTHER PARTS OF YOUR BODY.
DO NOT TOUCH ANY OF YOUR SURROUNDINGS-BED, SINK, FAUCET, or TOWEL.
DO NOT TOUCH ANY OTHER PERSON.**

Change Your Bandage:

- As often as the doctor or nurse tells you-at least twice a day.
- Any time that you can see pus or drainage on the bandage.
- If the bandage gets wet or loose.

Cómo cuidar las heridas que drenan o no han sanado



Cómo cambiar su propio vendaje:

- **Reúna sus artículos para cambiar el vendaje**
 - Bolsa de basura plástica
 - Guantes plásticos
 - Jabón o desinfectante para manos que tenga alcohol
 - Vendaje
 - Cotonete
- **Lávese las manos con jabón y agua caliente o utilice desinfectante para manos que tenga alcohol**
- **Póngase guantes limpios justo antes de tocar la piel alrededor de la herida**
- **Siga las indicaciones de la enfermera o médico para cambiar el vendaje**
- **Ponga el vendaje utilizado en la bolsa de basura**
- **Ponga todos los artículos sucios, como los cotonetes, en la bolsa de basura**
- **Quítese los guantes plásticos y póngalos en la bolsa de basura**
- **Cierre la bolsa de basura y ponga la bolsa en la basura común**
- **Lávese las manos otra vez- aun cuando haya traído guantes puestos -con jabón agua caliente o utilice desinfectante para manos que tenga alcohol**

Mientras cambie el vendaje:

NO TOQUE NINGUNA PARTE DEL CUERPO

NO TOQUE NADA A SU ALREDEDOR-COMO LA CAMA, EL LAVABO, LA LLAVE DEL AGUA O TOALLAS

NO TOQUE A NINGUNA OTRA PERSONA

Cuándo cambiar el vendaje:

- **Tantas veces como el médico o enfermera le indique**
- **Cuando vea pus o drenaje en el vendaje**

Infection Log

Name of infected person			
Date of onset (First observation of infection)			
Location of lesion (List all locations if more than one infection)			
Date Restricted from activities		Date Restrictions Lifted	
Name Of Documenter			
Comments			
Name of infected person			
Date of onset (First observation of infection)			
Location of lesion (List all locations if more than one infection)			
Date Restricted from activities		Date Restrictions Lifted	
Name Of Documenter			
Comments			
Name of infected person			
Date of onset (First observation of infection)			
Location of lesion (List all locations if more than one infection)			
Date Restricted from activities		Date Restrictions Lifted	
Name Of Documenter			
<p>PAGE ____ of ____</p>			

Training Log

Information should be provided on the transmission, prevention, and containment of staph infections. This information should be appropriate to the educational level and degree of responsibility that an individual has with regard to prevention and containment. The Department of State Health Services provides information on prevention and containment in a variety of formats. This information is available in *Prevention and Containment of Staphylococcal Infections in Communities* at www.mrsaTexas.org, or by calling (512) 458-7676 and asking for information on staph.

Date	Type of Training (Prevention or containment)	Person Receiving Training (Print)	Person Receiving Training (Signature)

Subject: Staph Infection Notification

Dear Parent or Guardian:

(Insert name of school here) has received reports of several cases of staph infection, possibly Methicillin resistant Staphylococcus aureus (MRSA) within our school community. Staphylococcus aureus, or staph, is a common germ that many people carry in their nasal passages or on their skin with no ill effects. MRSA is a type of staph that has developed antibiotic resistance (certain antibiotics are unable to kill the bacteria). Since staph is spread primarily by direct (skin-to-skin) human contact or with direct contact to infection drainage of someone who is carrying or infected with the bacteria, anyone with a break in his or her skin is at risk. MRSA may also occur less frequently through indirect contact with contaminated surfaces or items.

Staph infections begin abruptly. Symptoms may include a large area of redness on the skin, swelling and pain, followed by a pustule, abscess, boil or carbuncle (red, lumpy sores filled with pus). If left untreated, staph can infect blood and bones, causing severe illness that requires hospitalization.

Students and their family members should take the following precautions to help prevent skin infections:

- Encourage frequent hand washing with soap and warm water.
- Encourage students to keep their fingernails clean and clipped short.
- Avoid contact with other people's infections or anything contaminated by an infection.
- Avoid sharing personal items such as razors, towels, deodorant, make-up, or soap that directly touches the body.
- Clean and disinfect objects (such as gym and sports equipment) before use.
- Wash dirty clothes, linens, and towels with hot water and laundry detergent. Using a hot dryer, rather than air-drying, also helps kill bacteria.
- Encourage students who participate in contact sports to shower immediately after each practice, game, or match.
- Keep open or draining sores and lesions clean and covered. Anyone assisting with infection care should wear gloves and wash their hands with soap and water Before and After bandage changes.

We encourage you to be vigilant in looking for signs and symptoms of staph infection. If you or any family members exhibit symptoms described above, you are encouraged to contact your family doctor.

Attached you will find guidelines and procedures developed by the Texas Department of State Health Services to assist you with the prevention and spread of MRSA. Additional information about staph and MRSA can be found at <http://www.mrsaTexas.org/>.

School Name

Contact Person

Address

Telephone

Fax

Staph Infection Containment in Athletic Departments

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

The Texas Department of State Health Services Infectious Disease Surveillance and Epidemiology Branch has provided this document as a summary checklist of actions to be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. While the Infectious Disease Branch recommends these practices and can consult in their implementation, it does not regulate them. Practices that are legally regulated are shaded.

EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Training material is available to everyone. (See *What to do about Your Skin Infection.*)
- Everyone knows the policy on work restrictions for an employee with a skin infection.
- Parents of minor children have been notified of the infections in accordance with FERPA.
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds that are Draining or Have Not Healed.*)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Treatment

- _____ (person's name) is responsible for keeping a daily log of infected persons. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a healthcare provider.
- Infected persons who have fever or impetigo are excluded from school until readmission criteria have been met. [See Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter A Rule 97.7.]
- Infected persons, who are not specifically excluded, are restricted from situations that might bring the infection or drainage into contact with other persons (contact sports) or personal items or that would result in the infected area becoming exposed, wet, or soiled.
- Infected persons, who are not specifically excluded, always have infections securely covered with a clean, dry bandage. Clothing should cover the bandage if possible.
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, and plastic trash bags.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone is required to perform hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with city/county health codes. [Consult local health authority.]
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily and after participating in athletic activities, especially those with physical contact (wrestling, football).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals (mascots).

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry

(if onsite laundry facilities or contract laundry services are provided)

- Infected team member's clothing and linens are washed separately from other team members' laundry.
- Uniforms and towels are washed with detergent appropriate to water temperature.
- Bleach is used when possible.

- Uniforms and towels are dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all environmental surfaces has been done with an EPA-approved disinfectant.
- Cleaners and disinfectants are available.
- Trash receptacles are accessible for disposal of cleaning materials.
- Exam table cover is removed or table top is disinfected between athletes.
- All high touch surfaces (exercise equipment, door knobs, counter/disk tops) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant.
- Items that cannot be disinfected (cracked seat pad, cracked mats) are discarded.
- A cleaning log is kept.

SIGNS in the appropriate language and educational level are posted prominently around the department

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph.

Staph Infection Containment in Child Care Facilities and Group Foster Homes

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

The Texas Department of State Health Services Infectious Disease Surveillance and Epidemiology Branch has provided this document as a summary checklist of actions to be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. While, the Infectious Disease Branch recommends these practices and can consult in their implementation, it does not regulate them. Practices that are legally regulated are shaded.

EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Training material is available to everyone. (See *What to do about Your Skin Infection.*)
- Everyone knows the policy on work restrictions for an employee with a skin infection.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Parents of children have been notified. [See Texas Administrative Code, Title 40, §746.307(d) Required Notifications]. (See sample notification letter.)
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds that are Draining or Have Not Healed.*)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (See sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping a daily log of infected persons. (Sample log in appendices.)
- Everyone with draining infections that cannot be contained by simple bandages is being seen by a healthcare provider.
- Infected persons who have fever or impetigo are excluded from childcare facility until readmission criteria have been met. [See Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter A Rule 97.7.]
- Infected persons, who are not specifically excluded, are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet (wading pools, water parks, other water play) or soiled.
- Infected persons, who are not specifically excluded, always have infections securely covered with a clean, dry bandage. Clothing should cover the bandage if possible.
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, plastic trash bags, and, if prescribed by a physician, topical medications.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy. [See Texas Administrative Code, Title 40, §746.3807 Medication.]
- _____ (Designated staff name) is responsible for giving accurate dose of antibiotic at prescribed time. [See Texas Administrative Code, Title 40, §746.3805 Medication].

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places. [See Texas Administrative Code, Title 40, §746.3415; §746.3417; §746.3421 Environmental Health.]
- Hand washing facilities are located in accordance with city/county health codes. [Consult local health authority.]
- Liquid soap and paper towels are available and accessible. [See Texas Administrative Code, Title 40, §746.3419 Environmental Health.]

- Persons do not share personal items (towels, soap, stuffed animals, blankets, utensils).
- Children's sleeping mats or other linens are used by only one child, stored separately, and sent home for disinfecting weekly or when soiled. [See Texas Administrative Code, Title 40, §746.3407 Environmental Health and §746.4505 Furniture and Equipment.]
- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

**IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry
(if onsite laundry facilities are provided)**

- Infected person's clothing and linens are washed separately from uninfected person's laundry.
- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning and disinfection.
- Initial thorough cleaning and disinfecting of all environmental surfaces (toys, diaper changing areas, bathroom and kitchen surfaces, door knobs, mats, tables, chairs) in affected classrooms have been done with an EPA- hospital grade germicide. [See Texas Administrative Code, Title 40, §746.3411(2) Environmental Health.]
- Diaper changing tables and straps are disinfected after each use. [See Texas Administrative Code, Title 40, §746.3505(e) Diaper Changing.]
- Environmental surfaces (equipment, toys, linens, sleeping equipment, diaper changing areas, bathroom and kitchen surfaces, table tops, furniture, and other similar equipment used by children) are disinfected daily and as needed. [See Texas Administrative Code, Title 40, §746.3407 Environmental Health.]
- Cleaners and disinfectants are available but out of reach of children.
- Trash receptacles are accessible for disposal of cleaning materials.
- Items that cannot be disinfected (cracked seat pad, cracked mats) have been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the facility

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items (chairs, cribs, toys, sleeping equipment, kitchen utensils, common area benches) prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph.

Staph Infection Containment in Dormitories

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

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EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Training material is available to everyone. (See *What to do about Your Skin Infection.*)
- Everyone knows the policy on work restrictions for an employee with a skin infection.
- Parents of minor children have been notified of the infections.
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds that are Draining or Have Not Healed.*)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping a daily log of infected persons. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a healthcare provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, and plastic trash bags.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with city/county health codes. [Consult local health authority.]
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily.
- Uninfected persons do not use the same bed as an infected person.
- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry

- Persons have access to a functioning washer and dryer, laundry detergent and bleach.
- Clothing and linens are washed with detergent appropriate to water temperature.

- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.
- Infected person's clothing and linens are washed separately from uninfected person's laundry.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all environmental surfaces (counter tops, appliances, railings, tables, remote controls, electronics) have been done with an EPA-approved disinfectant.
- All sheets, blankets, pillows, towels, and rugs are laundered as soon as an infection is identified.
- Cleaners and disinfectants are available but out of reach of children.
- Trash receptacles are accessible for disposal of cleaning materials.
- Daily, thorough cleaning and disinfecting with an EPA-approved disinfectant is being done on all high touch surfaces (door knobs, counter/desk tops, phones).
- All high touch surfaces (door knobs, counter/desk tops, phones, toys, remote controls, utensils) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant.
- Items that cannot be disinfected (cracked seat pad) have been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the facility

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items (exercise equipment, kitchen utensils, common area benches) prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph. Additional guidance may be obtained from your university's environmental health, safety and risk management office and your student health center.

Staph Infection Containment in Group Homes

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

The Texas Department of State Health Services Infectious Disease Surveillance and Epidemiology Branch has provided this document as a summary checklist of actions to be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. While the Infectious Disease Branch recommends these practices and can consult in their implementation, it does not regulate them. Practices that are legally regulated are shaded.

EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Training material is available. (See *What to do about Your Skin Infection.*)
- Persons responsible for changing bandages know how to do so. (See *Taking Care of Wounds that are Draining or Have Not Healed.*)
- Verbal training in the appropriate language and educational level has been performed.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES - Treatment

- _____ (person's name) is responsible for keeping a daily log of infected persons and informing all residents of need for infection control. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a healthcare provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet, or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Persons responsible for changing bandages have all needed supplies including clean, non-sterile gloves, soap, water, bandages, and plastic trash bags.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places (when in kitchen, bathroom, or laundry area).
- Hand washing facilities are located in accordance with city/county health codes. [Consult local health authority.]
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily.
- Uninfected persons do not sleep in a bed where an infected person sleeps.
- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry

- Home has access to a functioning washer and dryer, laundry detergent and bleach.
- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.

- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.
- Infected persons' clothing and linens are washed separately from uninfected persons' laundry.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning/disinfection.
- Initial thorough cleaning and disinfecting of all environmental surfaces have been done with an EPA-approved disinfectant.
- Initial laundering of sheets, blankets, pillows, towels, and rugs has been done.
- Cleaners and disinfectants are available but out of reach of children.
- Trash receptacles are accessible for disposal of cleaning materials.
- Toilets, showers, bathtubs, and sinks are disinfected after use by infected person and before any other person uses them.
- All high touch surfaces (door knobs, counter/desk tops, phones, toys, remote controls) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant.
- Items that cannot be disinfected (cracked seat pad) have been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the home

- Reminding persons to wash hands
- Reminding persons to disinfect shared items (exercise equipment, kitchen utensils, common area benches) prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph.

Staph Infection Containment in Private Sector Gyms and Spas

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

The Texas Department of State Health Services Infectious Disease Surveillance and Epidemiology Branch has provided this document as a summary checklist of actions to be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. While the Infectious Disease Branch recommends these practices and can consult in their implementation, it does not regulate them. Practices that are legally regulated are shaded.

EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Training material is available to everyone. (*See What to do about Your Skin Infection.*)
- Everyone knows the policy on work restrictions for an employee with a skin infection.
- Everyone knows what action to take if infections are observed in clients.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping a daily log of infected persons. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a healthcare provider.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet (whirlpools, ice tubs, swimming) or soiled.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with city/county health codes. [Consult local health authority.]
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily and after participating in athletic activities.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry (if onsite laundry facilities or contract laundry services are provided)

- Infected persons' clothing and linens are washed separately from other uninfected persons' laundry.
- Uniforms and towels are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – ENVIRONMENTAL SURFACES

- _____ (person's name) is responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all environmental surfaces have been done with an EPA-approved disinfectant.

- Cleaners and disinfectants are available.
- Trash receptacles are accessible for disposal of cleaning materials.
- All high touch surfaces (exercise equipment, door knobs, counter/desk tops, phones) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant
- Facility procedures designate what high touch surfaces are to be cleaned daily.
- Items that cannot be disinfected (cracked seat pad, cracked mats) have been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the workplace

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph.

Staph Infection Containment in Private Homes

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

The Texas Department of State Health Services Infectious Disease Surveillance and Epidemiology Branch has provided this document as a summary checklist of actions to be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. While the Infectious Disease Branch recommends these practices and can consult in their implementation, it does not regulate them.

EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Training material is available to everyone. (See *What to do about Your Skin Infection.*)
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds that are Draining or Have Not Healed.*)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION of CONTAINMENT PROCEDURES – INFECTION CARE

- _____ (person's name) knows who to contact (healthcare provider, health department representative) in the event that an infection becomes worse or additional household members develop infection.
- Persons with draining infections that cannot be contained by simple bandages are being seen by a healthcare provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet (yard work, scrubbing, swimming or other water play) or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, and plastic trash bags.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION of CONTAINMENT PROCEDURES – HYGIENE

- Everyone performs hand hygiene at appropriate times and places (kitchen, bathroom, or laundry area).
- The household has running water, bar soap for individual use or liquid soap, and towels for individual use or paper towels.
- Persons carry hand sanitizer for use when soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily.
- Uninfected persons do not use the same bed as an infected person.
- Infected family householders use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION of CONTAINMENT PROCEDURES - LAUNDRY

- The household has access to a functioning washer and dryer, laundry detergent and bleach.
- Infected family member's clothing and linens are washed separately from uninfected family members' laundry.

- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens area dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – ENVIRONMENTAL SURFACES

- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.
- _____ (person's name) is responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all environmental surfaces has been done with an EPA-approved disinfectant.
- All sheets, blankets, pillows, towels, and rugs are laundered as soon as an infection is identified.
- Cleaners and disinfectants are available but out of reach of children.
- Trash receptacles are accessible for disposal of cleaning materials.
- Toilets, showers, bathtubs, and sinks are disinfected after use by infected person and before any other person uses them.
- All high touch surfaces (door knobs, counter/desk tops, phones, toys, remote controls) are thoroughly cleaned and disinfected with an EPA-approved disinfectant daily.
- Items that cannot be disinfected (such as a cracked seat pad) have been discarded.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph.

Staph Infection Containment in Salons, Beauty Schools, Barber Shops, and Barbering Schools

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

The Texas Department of State Health Services Infectious Disease Surveillance and Epidemiology Branch has provided this document as a summary checklist of actions to be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. While the Infectious Disease Branch recommends these practices and can consult in their implementation, it does not regulate them. Practices that are legally regulated are shaded.

EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows the policy on work restrictions for an employee with a skin infection. [See Texas Occupations Code 1601.505 EMPLOYEE WITH DISEASE –BARBERS. 1602.406 – COSMETOLOGISTS.]
- Everyone knows what action to take if infections are observed in clients.
- Training material is available to everyone. (See *What to do about Your Skin Infection*)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES - Treatment

- _____ (person's name) is responsible for monitoring employees for new infections. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a healthcare provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone is required to perform hand hygiene at appropriate times and places, especially between clients.
- Hand washing facilities are located in accordance with health codes. [See 16 Texas Administrative Code Chapter 83. 83.71(e)(2) Cosmetologists.]
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- All personal items (towels, drapes, razors, clippers, make-up, shampoo) are disposable or disinfected. [See 16 Texas Administrative Code Chapter 83.102(c)(d)]

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning/disinfecting.
- Initial thorough cleaning and disinfecting of all equipment and areas have been done with an EPA-approved disinfectant.
- Cleaners and disinfectants are available.
- Trash receptacles are accessible for disposal of cleaning materials.
- All high touch surfaces (door knobs, counter/desk tops, phones, etc.) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant
- Equipment that cannot be disinfected (such as a cracked seat pad) has been removed.

- Cleaning log is kept. [Required for foot spas. See 16 Texas Administrative Code Chapter 83. 83.108(e)(f).] (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the workplace

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph.

Staph Infection Containment in Schools

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

The Texas Department of State Health Services Infectious Disease Surveillance and Epidemiology Branch has provided this document as a summary checklist of actions to be taken in the event that a staphylococcal infection occurs at a particular site in the community. The document is based on current best practices in infection control. While the Infectious Disease Branch recommends these practices and can consult in their implementation, it does not regulate them. Practices that are legally regulated are shaded.

EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Training material is available to everyone. (See *What to do about Your Skin Infection*.)
- Everyone knows the policy on work restrictions for an employee with a skin infection.
- Parents of minor children have been notified of the infections with due respect to student's privacy as outlined in the Federal Educational Rights and Privacy Act (FERPA).
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds that Are Draining or Have Not Healed*.)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Treatment

- _____ (person's name) is responsible for keeping a daily log of infected persons. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a healthcare provider.
- Infected persons who have fever or impetigo are excluded from school until readmission criteria have been met. [See Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter A Rule 97.7.]
- Infected persons, who are not specifically excluded, are restricted from situations that might bring the infection or drainage into contact with other persons (contact sports) or personal items or that would result in the infected area becoming exposed, wet, or soiled.
- Infected persons, who are not specifically excluded, always have infections securely covered with a clean, dry bandage. Clothing should cover the bandage if possible.
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, and plastic trash bags.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone is required to perform hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with city/county health codes. [Consult local health authority.]
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals (classroom pets).

IMPLEMENTATION OF CONTAINMENT PROCEDURES – ENVIRONMENTAL SURFACES

- _____ (person's name) is responsible for cleaning and disinfecting.

- Initial thorough cleaning and disinfecting of all environmental surfaces have been done with an EPA-approved disinfectant.
- Cleaners and disinfectants are available.
- Trash receptacles are accessible for disposal of cleaning materials.
- Exam table cover in school nurse's office is removed or table top is disinfected between students.
- All high touch surfaces (door knobs, counter/desk tops, phones, etc.) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant
- All high touch surfaces (exercise equipment, door knobs, counter/disk tops) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant.
- Items that cannot be disinfected (cracked seat pad) are discarded.
- A cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the department

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph.

Staph Infection Containment in the Workplace

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

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EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows the policy on work restrictions for an employee with a skin infection.
- Everyone knows what action to take if infections are observed in clients.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Training material is available to everyone. (See *What to do about Your Skin Infection.*)
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds that are Draining or Have Not Healed.*)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping a daily log of infected persons. (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a healthcare provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet or soiled.
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy. Ice chests or coolers should be used if a refrigerator is not accessible.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with city/county health codes. [Consult local health authority.]
- Liquid soap and paper towels are available and accessible.
- Alcohol-based hand sanitizer is provided where soap and water are not available.
- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Uninfected persons do not use the same bed as an infected person. Mattresses can be disinfected (vinyl-covered) before being used by uninfected person.
- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry (if onsite laundry facilities or contract laundry services are provided)

- Infected person's clothing and linens are washed separately from other persons' laundry.
- Clothing and linens are washed with detergent appropriate to water temperature.

- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – ENVIRONMENTAL SURFACES

- _____ (person's name) is trained and responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all items have been done with an EPA-approved disinfectant.
- Cleaners and disinfectants are available.
- Trash receptacles are accessible for disposal of cleaning materials.
- All high touch surfaces (door knobs, counter/desk tops, phones, etc.) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant.
- Equipment that cannot be disinfected (cracked seat pad) has been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the workplace

- Reminding persons to wash hands
- Reminding persons to disinfect shared items prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph.

Staph Infection Containment in Youth Camps

Date of Contact: ____/____/____

Health Department Contact Person _____

HD Contact Phone Number: _____ HD Contact email: _____

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EDUCATION and TRAINING

- Prevention And Containment Of Staphylococcal Infections In Communities* is available.
- Everyone has received hand hygiene training and can demonstrate procedure.
- Everyone knows to report new infections or infections that become worse to _____ (person's name).
- Training material is available to everyone. (See *What to do about Your Skin Infection*.)
- Everyone knows the policy on work restrictions for an employee with a skin infection. [See Texas Administrative Code, Title 25, Part 1, Chapter 265, Subchapter B, §265.12(d) Written personnel policies and practices.]
- Parents of minor children have been notified of the infections.
- Persons responsible for changing bandages know how to change them. (See *Taking Care of Wounds that are Draining or Have Not Healed*.)
- Verbal training in the appropriate language and educational level has been done.
- Training is documented. (Sample log in appendices.)

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Infection Care

- _____ (person's name) is responsible for keeping a daily log of infected persons. [See Texas Administrative Code, Title 25, Part 1, Chapter 265, Subchapter B, §265.15(h) Bound medical log required.] (Sample log in appendices.)
- Persons with draining infections that cannot be contained by simple bandages are being seen by a healthcare provider.
- Infected persons are restricted from situations that might bring the infection or drainage into contact with other persons or personal items or that would result in the infected area becoming exposed, wet, or soiled. [See Texas Administrative Code, Title 25, Part 1, Chapter 265, Subchapter B, §265.15(g) Isolation of a child with a communicable disease.]
- Infected persons have infections securely covered with a clean, dry bandage. (Clothing should cover the bandage if possible.)
- Persons responsible for changing bandages have access to all needed supplies including clean, non-sterile gloves, soap, water, bandage, and plastic trash bags.
- Physician-prescribed antibiotics are stored as described on the antibiotic label or as instructed by the pharmacy. [See Texas Administrative Code, Title 25, Part 1, Chapter 265, Subchapter B, §265.15(l) Storing and dispensing prescription medication to campers.]

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Hygiene

- Everyone performs hand hygiene at appropriate times and places.
- Hand washing facilities are located in accordance with city/county health codes. [See Texas Administrative Code, Title 25, Part 1, Chapter 265, Subchapter B, §265.13(j) Lavatories.]
- Liquid soap and paper towels are available and accessible. [See Texas Administrative Code, Title 25, Part 1, Chapter 265, Subchapter B, §265.13(k) Hand cleanser required.]
- Alcohol-based hand sanitizer is provided where soap and water are not available. [See Texas Administrative Code, Title 25, Part 1, Chapter 265, Subchapter B, §265.13(k) Hand cleanser required.]

- Persons do not share personal items (towels, soap, razors, nail clippers, make-up, shampoo).
- Everyone showers at least daily.
- Uninfected persons do not use the same bed as an infected person.
- Infected persons use a designated chair that is easily disinfected (not upholstered).
- Precautions are taken to prevent any situations that might bring the infection or infection drainage into contact with companion animals.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Laundry
(if onsite laundry facilities or contract laundry services are provided.)

- Persons have access to a functioning washer and dryer, laundry detergent and bleach.
- Clothing and linens are washed with detergent appropriate to water temperature.
- Bleach is used when possible.
- Clothing and linens are dried thoroughly at highest heat fabric can tolerate.
- Infected person's clothing and linens are washed separately from uninfected person's laundry.

IMPLEMENTATION OF CONTAINMENT PROCEDURES – Environmental Surfaces

- _____ (person's name) is responsible for cleaning and disinfecting.
- Initial thorough cleaning and disinfecting of all environmental surfaces (counter tops, appliances, railings, tables, remote controls, electronics) have been done with an EPA-approved disinfectant.
- All sheets, blankets, pillows, towels, and rugs are laundered as soon as an infection is identified.
- Cleaners and disinfectants are available but out of reach of children.
- Trash receptacles are accessible for disposal of cleaning materials.
- Daily thorough cleaning and disinfecting with an EPA-approved disinfectant is being done on all high touch surfaces (door knobs, counter/desk tops, phones).
- All high touch surfaces (door knobs, counter/desk tops, phones, toys, remote controls, utensils) are thoroughly cleaned and disinfected daily with an EPA-approved disinfectant.
- Items that cannot be disinfected (such as a cracked seat pad) have been discarded.
- Cleaning log is kept. (Sample log in appendices.)

SIGNS in the appropriate language and educational level are posted prominently around the facility

- Reminding persons to wash hands.
- Reminding persons to disinfect shared items (exercise equipment, kitchen utensils, common area benches) prior to use.
- Informing persons where to direct complaints about possible contamination of facilities or equipment.

All resources mentioned in this checklist, as well as more detailed information about prevention and containment of staphylococcal infections, are available at the Texas Department of State Health Services website at www.mrsaTexas.org or by calling (512) 458-7676 and asking for information about staph.