

Staphylococcus and MRSA in the Workplace other than hospitals and clinics

Adapted from <http://www.cdc.gov/niosh/topics/mrsa/>

Staphylococcus aureus, often referred to simply as "staph," is a type of bacteria commonly carried on the skin or in the nose of healthy people. The 25% to 30% of the population that has staph on the skin or in the nose without causing illness are known as "colonized" or "carriers". Methicillin-resistant *Staphylococcus aureus* (MRSA) refers to types of staph that are resistant to methicillin and other antibiotics that are similar to penicillin. Fewer people, approximately 1%, are colonized with MRSA. Sometimes, staph can cause illness, most often minor skin infections (such as pustules and boils) and less often more serious illness such as bone, lung, or bloodstream infection.

In the past, MRSA was only found among hospitalized or chronically ill patients; over the past 10 years, this type of staph has become the most common cause of skin infection in most parts of the US, and can occur in people who have not had any contact with a hospital.

Can I get MRSA from someone at work?

MRSA can be acquired by direct skin-to-skin contact with a person with a skin or wound infection. It can also be transmitted by contact with shared items or objects that have come into contact with someone else's infection (e.g., towels, used bandages).

What are the 5 C's that make MRSA skin infections more common?

- Crowding
- Contact with skin
- Compromised skin (i.e., cuts or abrasions)
- Contaminated items and surfaces
- Cleanliness problems (lack of washing or washing facilities)

Locations where the 5 C's are common include schools, dormitories, military barracks, households, correctional facilities, and daycare centers.

If I have MRSA, can I go to work?

Unless directed by a doctor or other healthcare provider, workers with MRSA infections can go to work.

- Oregon law bars food handlers and healthcare workers from going to work when they have wound drainage ("pus") that cannot be covered and contained with a clean, dry bandage
- In general, workers with active infections should be excluded from activities where skin-to-skin contact is unavoidable until their infections are healed.

What should I do if I think I have a staph or MRSA infection?

See your healthcare provider for diagnosis and ask for advice about returning to work.

If I have staph, or a MRSA skin infection, what can I do to prevent the spread of MRSA at work and at home?

You can prevent spreading staph or MRSA skin infections to others by following these steps:

- **Cover your wound.** Keep wounds that are draining or have pus covered with clean, dry bandages. Follow your healthcare provider's instructions on proper care of the wound.. Bandages or tape can be discarded with the regular trash.
- **Clean your hands.** You, your family, and others in close contact should clean their hands frequently with soap and water or an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.
- **Do not share personal items.** Avoid sharing personal items such as uniforms, clothing, towels, washcloths or razors.

What should I do if I suspect that my uniform, clothing, personal protective equipment or workstation has become contaminated with MRSA?

- Wash uniforms, clothing, sheets and towels that become soiled with water and laundry detergent. Drying clothes in a hot dryer.
- Clean contaminated equipment and surfaces with detergents or Environmental Protection Agency (EPA)-registered disinfectant. Because cleaners and disinfectants can be irritating, it is important to read the instruction labels.
- More detailed information for workers and managers responsible for cleaning can be found in the Hospitals for a Healthy Environment (H2E) 10 Step Guide to Green Cleaning Implementation (<http://www.h2e-online.org/docs/h2e10stepgreenclean-r5.pdf>). The EPA provides a list of EPA-registered products effective against MRSA: <http://epa.gov/oppad001/chemregindex.htm>. (see "List H")

What can my boss (employers) do to prevent the spread of staph or MRSA at the workplace?

- Ensure that facilities and supplies for handwashing are available and encourage workers to practice good hygiene
- Ensure that routine housekeeping in the workplace is followed
- Ensure that contaminated equipment and surfaces are cleaned with detergent-based cleaners or Environmental Protection Agency (EPA)-registered disinfectants

Other FAQs About MRSA

Who gets staph or MRSA infections?

Approximately 25% to 30% of the population is colonized (when bacteria are living harmlessly on the skin or in the nose, but do not invade the skin to cause boils or pimple, or get into the bloodstream to cause serious infections) with staph bacteria. Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) but can affect anyone including those who are otherwise healthy.

How common are staph and MRSA infections?

Staph bacteria are the most common causes of skin infection in the United States.

What does a staph or MRSA infection look like?

Staph bacteria, including MRSA, can cause skin infections that may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage.

How can I prevent staph or MRSA skin infections?

Practice good hygiene:

- Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
- Keep cuts and scrapes clean and covered with a bandage until healed.
- Avoid contact with other people's wounds or bandages.
- Avoid sharing personal items such as uniforms, razors, or other items that directly contact the skin.

Are staph and MRSA infections treatable?

Many staph skin infections may be treated by draining the abscess or boil and may not require any antibiotics or medication. Some skin boils or abscesses drain by themselves; if not, drainage should be done by a healthcare provider.

The type of MRSA that causes skin infections is still treatable by other types of commonly used antibiotics. If your healthcare provider gives you an antibiotic, take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

If after visiting your healthcare provider the infection is not getting better after a few days, contact them again. If other people you know or live with get the same infection tell them to go to their healthcare provider.