Section-14 Medical Services Resource Manual	MSRM 140125-03	Page: 1	Effective Date: 3/28/2024
Community Acquired Methicillin-Resistant Staphylococcus Aureus Management	ACA Standards: 5-ACI-6A-13		
Bruce Meyer, MD, Chief Medical Officer Oklahoma Department of Corrections	Signature on File		

Community Acquired Methicillin-Resistant Staphylococcus Aureus Management

I. Purpose and Overview

This treatment guideline deals with CA-MRSA. "Community Acquired Methicillin-Resistant Staphylococcus Aureus**".**

II. Evaluation

A. Culture and sensitivity are indicated on all cases until an institutional susceptibility pattern is identified, which can then guide empirical treatment; and for potentially more serious infections of face, over joints or with cellulitis, diabetes or other complicating factors. If the suspect pattern is clear and infection is not severe, C/S may not be required.

B. There is no co-pay for medical visits or prescriptions.

III. Treatment

A. The primary treatment for minor skin infections is drainage and appropriate wound care and adequate dressings.

B. Antibiotics are not indicated in all cases.

C. Bactrim, Clindamycin and Minocycline are the most common oral antibiotic treatment options.

D. For more severe infections not responding to oral antibiotics, IV antibiotics such as Vancomycin and hospitalization may be needed.

E. Eradication of the carrier state in healthy person is not the treatment goal; the goal is reduction of the facility bacterial load by treating individual cases.

VI. Offender Education

A. Promote regular hand washing and general hygiene.

B. Discourage draining their own boils.

C. Discourage washing clothes by hand.

D. Discourage sharing clothes or linen (towels).

E. Discourage sharing any personal items.

F. Keep the wound covered.

G. Do not allow other offenders to touch the wound.

V. Medical Isolation

A. No special housing is necessary, except for inmates who are intentionally contaminating others or the environment.

B. Isolation of cohorts of inmates may be considered during epidemic outbreaks of MRSA.

C. Laundry and food service workers should not be allowed to work if they have any skin lesions, until they are healed.

VI. Follow up Care

A follow up appointment will be made once treatment is completed. If the inmate is transferred or discharged from DOC, the appropriate paperwork will be sent with them.

All evaluation, treatment, education and follow up care will be documented in the electronic healthcare record (EHR).

VII. References

Centers for Disease Control and Prevention. Methicillin-resistant Staphylococcus Aureus Infections in correctional facilities-Georgia, California, and Texas, 2001- 2003. MMWR 2003 52 (41): 992-996.

Federal Bureau of Prisons. Management of Methicillin-Resistant Staphylococcus Aureus. MRSA Infections. Clinical Practice Guidelines, April 2012.

VIII. Action

The chief medical officer (CMO) will be responsible for compliance with this procedure.

The chief medical officer (CMO) will be responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure will be effective as indicated.

Replaced: Medical Services Resource Manual 140125-02 entitled “Bloodborne Pathogen Exposure Management” Community Acquired Methicillin-Resistant Staphylococcus Aureus Management” dated October 31, 2017.

Distribution: Medical Services Resource Manual