**“Despite progress, we still need to be vigilant about MRSA”**

MRSA has become synonymous with media and public perception of "superbugs". An explosion of news articles linked it to dirty hospitals in the early 2000s.

But what was an increasing trend has since been reversed, with cases of MRSA in England falling from 7,281 reported bacteraemias in 2001-02 to 1,898 in 2009-10 – a staggering 74% reduction, according to the Health Protection Agency. Similar reductions have also been made across the UK.

Achieving and maintaining these reductions requires action at all levels, from senior management to individual clinicians, to monitor standards and apply best practice.

It is vital to prevent the transmission of MRSA. We can achieve this by screening patients on admission then taking action for those who test positive. This includes isolation in single rooms, and applying skin antiseptics such as chlorhexidine and nasal antibiotic cream such as mupirocin to suppress the carriage of bacteria.

MRSA bacteraemias can arise secondarily to wound, urine and lung infections. The bacteria can also enter the bloodstream through invasive devices such as peripheral venous cannulas.

To prevent infections associated with invasive devices, care bundles are important because they ensure that essential elements of practice are applied. For peripheral venous lines, this includes: aseptic technique with hand hygiene on insertion and for all follow-up care, and using 2% chlorhexidine in alcohol to disinfect the skin and to decontaminate access ports before administering fluids or injections. A sterile semi-permeable dressing should be used and the entry site checked for signs of infection at least daily. Finally, cannulas should be re-sited within 72 hours of insertion and all care documented.

Similar bundles exist for care of central venous lines, renal dialysis, preventing surgical site infection, ventilator-associated pneumonia prevention, urinary catheters and managing chronic wounds, setting out the essential care elements for practice.

Regular monitoring of compliance with care bundles and timely feedback of the results to staff is an important part of MRSA prevention. It is preferable for clinical teams to carry out these actions than infection control teams to increase local responsibility for practice improvements.

While major progress has been made in reducing MRSA, we must be constantly aware that different strains can produce different challenges for prevention. Strains of MRSA in the US have been associated with community transmission and serious infection, rather than being associated with healthcare.

While these strains are not widespread in the UK, should they become established here, prevention activities will need to switch from focusing on healthcare to general and home hygiene. Continuing to detect and treat MRSA, as well as implementing care bundles, will help maintain the good progress that has been made in healthcare to reduce such infections. NT

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**COMMENT**

**SPOTLIGHT**

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Can you list the 25 never events?

Using the term “never events” aims to get the message across that there are some failures in healthcare that are completely unacceptable.

The never events list was expanded in April this year from eight to 25 and all nurses need to be familiar with them. Our article on page 12, which is jointly written for Nursing Times by the NHS medical director and the chief nursing officer, details the full list and the reporting mechanisms in place.

Some of the events would be obvious even to those who do not work in healthcare, such as wrong-site surgery and severe scalding of patients. However, there are others where the dangers are less immediately apparent, for example a gap in bedrails, which can lead to entrapment of a patient’s head, chest or neck. This never event is featured in the first of our series of short articles (page 14), which will look at specific never events that are particularly pertinent to nurses and how you can avoid them.

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