

Frequently Asked Questions

MULTI RESISTANT ORGANISM (MRO)



What is MRO?

Bacteria (germs) are normally found on the skin surface and in the bowel of all people. Most of these are normally sensitive to a range of antibiotics and therefore, if an infection develops, it is relatively easy to treat. Sometimes some of these germs, may develop resistance to a group of antibiotics and are then known as Multi-resistant organisms or MRO. MROs are most likely to be found in environments where many antibiotics are used, like hospitals.

Why are we worried about MRO in Hospitals?

Healthy people are not usually at risk from MROs. Most people who have MRO are not infected or sick with it and **do not** need treatment. We say these people are colonized with MRO (i.e. it lives on the skin surface). We do take care to avoid passing the MRO to sick people. Therefore, strict infection control is followed for patients who carry MRO while they are in hospital.

If an infection with MRO occurs, we can use one of our restricted antibiotics. However, the more we use these, the greater the risk of the bacteria developing more resistance.



How is MRO Spread?

MRO can be passed from person to person directly by physical contact or indirectly via contaminated surfaces and equipment. It does not spread by airborne route.

How do I know if my baby/child has MRO?

A simple swab taken from faeces in the nappy, the nappy area or from the child's bottom can determine if your baby/child carries MRO.

What if my baby/child has an MRO?

The most important thing is not to worry. MRO is not a problem outside the hospital. While in the hospital, staff will use gloves and gowns when they touch your baby/child to stop the MRO spreading. For you it is important to wash your hands after changing nappies.

You do not need to isolate your baby/child once discharged from the hospital. However, if your baby/child is re-admitted to hospital, you should tell the doctor or nurse (before admission or on arrival) that your baby/child has had MRO.

Your baby/child may be cleared of MRO after 12 months, by attending to swabs to see if MRO is now absent. The Infection Prevention Service will arrange swabs on admission to hospital or they can be done at your GP.

You can also contact your Paediatrician OR the Infection Prevention Service at your local hospital for more information.

REMEMBER – good hand washing will stop the spread of most bacteria and viruses.



John Hunter
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CHILDREN, YOUNG PEOPLE AND FAMILIES

What Can I Do to prevent MRO.....

When should I wash my hands?

Normal handwashing includes after going to the toilet, before eating or making any food, after changing babies' nappy and after blowing your nose or touching waste such as used tissues and before entering the patient area. The NICU & Paediatric wards also have hand rub at the entry and next to cribs and at the end of cots/beds. Use the hand rub when you come in or out of these areas and before and after touching your baby and surroundings.

Handwashing



- Wet your hands under running water.
- Apply soap and rub your hands together, to thoroughly cover all areas. This takes about 10 to 15 seconds.
- Rinse the soap off and pat dry your hands.

Hand Rub



- **Squirt** one pump of hand rub into palm.
- **Rub** hands together.
- **Roll** over all surfaces of both hands including thumbs and between fingers
- This process takes 10 – 15 seconds for the hand rub to dry

Bare Below the Elbows (BBE)

Bacteria have been found living on the surfaces of jewelry, wrist watches, artificial nails and the cuffs of sleeves in many studies. It is recommended that you do not wear jewelry except for a plain band (wedding ring) and wear short sleeves to ensure good hand washing/hand rubbing. If you have any cuts or grazes on your hands, please ask the nurses for a covering. Mobile phones have been found to carry many bacteria. Please restrict using a mobile when holding or nursing your baby and ensure it is cleaned regularly. We also recommend restricting movement of handbags in and out of the patient care areas.

What safeguards are taken for babies/children with MRO?

If your baby/child is found to have MRO living on their body, we will move your baby/child to an area that has the least amount of activity in NICU or a single room on the wards, and the hospital staff touching the baby/child will wear aprons and gloves. This will stop the MRO from being passed onto another baby/child. All equipment used on all babies is either disposable or cleaned after use. Signs are placed on the entry to alert hospital staff to wear aprons/gloves before touching your baby/child.

Do I have to wear aprons and gloves?

You and your family do not have to wear aprons and gloves as you will not be touching other babies or equipment in the unit.

Breastfeeding

By breastfeeding your baby you are providing antibodies that protect against infection. If you are expressing, the nurses will give you your own equipment and help you put the milk into the fridge. Make sure you wash your hands before and after breast feeding.

Use of shared family spaces (RMH family room and Breastfeeding room)

If your baby/child is found to have MRO living on their body, it is quite likely that you as a parent also have MRO on your body as well. It would therefore be advisable to ensure strict hand hygiene when using shared care facilities within the hospital.

Visitors

Visitors must wash their hands and follow the direction of the nursing staff caring for your baby/child. You may consider limiting visitation to close family members only.

Sources for further information:

- Australian Commission on Safety and Quality in Health Care www.safetyandquality.gov.au
- Centers for disease Control and Prevention (CDC) at http://www.cdc.gov/ncidod/dhqp/ar_vre.html