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MRSA and Correctional Health

What is MRSA?

MRSA is a kind of *Staphylococcus aureus* (“staph”) bacterium that is resistant to some antibiotics. It is resistant to a family of antibiotics related to penicillin that includes antibiotics called methicillin and oxacillin, but it is often resistant to many other antibiotics as well.

Many people think that MRSA is a “super bug” capable of causing unusually severe disease. However, any staph can cause severe disease. MRSA just needs to be identified and treated with different antibiotics, when antibiotic treatment is necessary.

Is MRSA a problem in correctional facilities?

Many people, including inmates and corrections officers, carry staph (including MRSA) in their nose or on their skin and do not know they are carrying it. They do not get skin infections. They do not have any signs or symptoms of illness.

However, there are some conditions that can lead to MRSA/staph infections in prisons and jails, and in other settings where people have close contact and in which skin damage (cuts, scratches, scrapes) can occur.

What kinds of conditions can lead to a MRSA/staph infection in corrections?

Direct contact: *To get a MRSA or other staph infection, you first must get the bacteria on your skin or in your nose.* Staph, including MRSA, is spread by direct skin-to-skin contact. In correctional facilities, there may be regular, frequent direct contact among and between inmates and corrections officers. For example, when one person shakes hands with another, tackles or wrestles with another person, gets “patted down”, or has some other direct contact with the skin of another person, staph can be passed from one person to another. This happens in any such situation where there is direct contact, not just in jails or prisons.

Staph infections can also spread by contact with items that have been used by people with staph on their skin, like towels, or athletic equipment shared in the gym or on the field.

Think about:

If you work in a prison or jail, think about items that are handled or shared from one person to the next without washing, like clothes, towels, handcuffs, or even weights and sports equipment. This direct contact and sharing can allow bacteria like MRSA and other staph to spread.

Lack of handwashing: Another condition that can lead to spread of MRSA and other staph infections is lack of handwashing. MRSA and other staph bacteria can be removed from your hands by washing with soap and water or by using a hand sanitizer. The best way to prevent skin infections, and many other infections, is to wash your hands frequently. Daily showering is helpful to remove bacteria from the skin. Wearing shower shoes can protect your feet from bacteria and fungi as well.

Think about:

Direct contact with other people and with shared equipment is very common. Think about ways to increase the number of times you wash your hands after direct contact with others or using shared equipment. Frequent handwashing can remove MRSA and other staph from your skin. Remember, you should wash your hands for 15 – 30 seconds to remove MRSA and other staph from your hands.

Cuts and scrapes: MRSA and other staph need to get into the skin before an infection occurs, often through a scrape, scratch, or wound. MRSA can also enter the body when non-sterile equipment is used in body piercing and tattooing. Take care of your skin (that is, avoid dry skin, avoid cuts and scrapes, and keep cuts and scrapes clean and covered) to help prevent a MRSA or other staph infection.

Think about:

When you have a wound, scrape or scratch, do you keep it clean, dry and covered, if possible? Do you avoid getting extremely dry, cracked skin? Do you see a healthcare provider if you have any cut or sore that is warm, painful, red or swollen?

Dealing with infections: People with MRSA and other staph skin infections – especially boils or wounds that are swollen and have pus – can most easily spread staph to others. It is particularly important that the infected area be kept covered. Any bandages should be disposed of appropriately. Sharing personal items like towels should be avoided. Handwashing should be a high priority.

Think about:

Do inmates and officers recognize and take care of skin infections? Are skin infections kept covered? Are bandages disposed of appropriately? Are people with skin infections

told how to care for their infection, so that bacteria are not spread to others? If antibiotic treatment is necessary, all medication should be taken as instructed.



Examples of staph infections

Pimples, rashes, pus-filled boils, especially when warm, painful, red or swollen, can mean that you have a staph skin infection.

To summarize, frequent direct contact with the skin of others, lack of adequate handwashing, lack of attention to cuts, scrapes and skin care, and lack of proper care for skin infections may all contribute to the spread of MRSA and other staph in correctional facilities.

Remember: Request to see a healthcare provider if you have a skin infection. He or she will decide what treatment is necessary, if any.

The Five C's: Factors that Allow Staph to Spread	
C	C ontact – frequent from skin to skin
C	C ontaminated surfaces and shared items
C	C rowding
C	C uts and scrapes
C	C leanliness, lack of

What about my family and friends outside the prison or jail?

It is normal and reasonable to be concerned about spreading MRSA and other staph to family and friends outside the jail or prison. There are many ways to reduce the risk of spreading MRSA and other staph infections, starting with frequent handwashing. See additional prevention steps below.

Keep in mind that many people, inside and outside correctional facilities, carry staph on their skin and do not have an infection. These people do not know that they are

“colonized” with staph. In some places, such as hospitals and nursing homes, MRSA and other staph infections are relatively common. In other words, there are many ways that people are exposed to MRSA and other staph. If you are living in a corrections facility, or working in a corrections facility, it does not mean that your family and friends have a greater risk of getting MRSA and other staph infections from you.

How can MRSA be prevented and controlled in correctional facilities?

Unfortunately, MRSA is becoming more common across the United States, in every community. As with other infectious diseases, basic infection control practices, our best defenses, should be followed:

For corrections officers:

- Practice good hand hygiene. Encourage inmates to practice proper handwashing as well.
- Encourage inmates to take regular showers with soap and warm water.
- Discourage sharing of personal items such as towels, razors, and toothbrushes.
- Be observant. Encourage inmates with skin lesions to follow up with the healthcare staff as soon as possible.
- Use personal protective equipment (PPE) whenever you expect to have contact with an inmate’s blood or body fluids.
- Follow your agency’s infection control policy.

Other ways to reduce transmission:

- Launder sheets, towels, uniforms, and underclothing with hot water and detergent and dry on the hottest setting or use a detergent which has the same effect.
- Wear gloves when handling dirty laundry.
- Regularly clean sinks, showers and toilets.
- Whenever possible, disinfect athletic equipment after each use.
- Use contact precautions (gloves) for wound care.

- Cover draining wounds and damaged skin (sores, cuts, scratches and scrapes) with bandages.
- Carefully dispose of bandages containing pus or blood.
- Disinfect contaminated portable equipment, such as stethoscopes, blood-pressure cuffs, equipment handles, tourniquets, handcuffs, shackles, pagers, and cell phones.

MRSA can survive on objects and surfaces such as linen, sinks, floors, medical equipment, and all surfaces commonly touched by the hands of inmates, corrections officers, and healthcare providers. Appropriate application of surface disinfectants (see package labeling) is recommended for environmental cleaning when MRSA is a concern.