



Philadelphia Department of Public Health Guidelines for Reducing the Spread of Staph / CA-MRSA in the Community

What is *Staphylococcus aureus* or staph?

Staph is a type of bacteria commonly found on the skin or in the nose of healthy people. These bacteria often cause minor skin infections and are treated without antibiotics. However, sometimes staph bacteria can cause serious infections such as surgical wound infections, bloodstream infections and pneumonia.

What is MRSA?

Some staph bacteria are resistant to certain antibiotics, making them harder to treat. One type is called methicillin-resistant *Staphylococcus aureus* (MRSA). MRSA infections occur most frequently among people who have been treated at a healthcare facility.

What is community-associated MRSA?

Staph and MRSA can also cause illness in people outside of hospitals and healthcare facilities. A MRSA infection in a person who has not been treated at the hospital or had a medical procedure within the last year is known as community-associated MRSA (CA-MRSA). CA-MRSA infections are becoming more common in schools, dormitories, gyms, recreations centers and health clubs.

What does a CA-MRSA infection look like?

Skin infections caused by CA-MRSA can be red, swollen, painful, or have pus or drainage. Sometimes the infections begin with a red area on the skin that looks like a pimple. People often think CA-MRSA skin infections are insect or spider bites. In addition to skin infections, CA-MRSA can lead to pneumonia or bloodstream infections.

How is CA-MRSA spread?

CA-MRSA is spread most frequently by direct skin-to-skin contact. This means it can be spread among people who are in close contact with each other, such as household members, people who live in dorms, and people who play close-contact sports (like wrestling and football). Also, it can be spread when people come in contact with contaminated items such as towels, razors, clothing/uniforms and athletic equipment.

Guidelines for reducing the spread of staph / CA-MRSA in the community

Proprietors and managers of facilities in which patrons and staff have bare skin contact with others or with shared equipment or surfaces (e.g., gyms, health clubs, recreation centers and spas), or where patrons share close living spaces (e.g., dorms, camps, youth hostels, and homeless shelters), should be concerned about the potential transmission of CA-MRSA. Proprietors should consider adopting the cleaning and hygiene policies recommended by the Philadelphia Department of Public Health to reduce the risk of CA-MRSA transmission. The guidelines are voluntary (unless otherwise noted) and are not all-inclusive, as settings may vary. Proprietors should report any unusual increase in skin disease among patrons or staff to the Philadelphia Department of Public Health.

**For more information, please contact:
Philadelphia Department of Public Health, Division of Disease Control
215-685-6740**

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I. Personal Hygiene

People should be encouraged to:

- Wash hands using liquid soap and water before and after any hands-on contact with other people. Alternatively, an alcohol-based hand rub can be used according to label instructions. Visibly soiled hands should be washed with soap and water.
- Dry hands with disposable paper towels or air blowers. Do not share towels.
- Keep skin lesions (e.g., boils, insect bites, open sores, or cuts) covered with a clean dry bandage.
- Do not share personal items (e.g., towels, clothing, cosmetics and soap).
- Use a barrier (e.g., a towel or a layer of clothing) between the skin and shared equipment. (Use of sports gloves is an option for barrier protection of the hands, provided that this is consistent with safe use of gym equipment.)
- Shower if there has been substantial skin-on-skin contact with another person.

II. Shared Equipment (e.g., exercise machines and massage tables)

While using shared equipment, patrons should be encouraged to:

- Use a towel or clothing to act as a barrier between surfaces of shared equipment and bare skin.
- Wipe surfaces of equipment before and after use, especially if the surface has become wet with sweat.
- Assist facility staff with the disinfection of frequently touched equipment surfaces if spray bottles of disinfectant are made available and instructions for use are provided.

Athletic facility staff should be encouraged to:

- Make spray bottles of disinfectant available for patrons and staff to clean frequently touched surfaces of shared equipment between uses. Provide instruction (e.g., new user orientation or posters) for the safe use of disinfectant.
- Clean shared equipment surfaces daily to remove soil.
- Disinfect shared equipment surfaces daily with an EPA-registered detergent disinfectant according to manufacturer's instructions (see Appendix for tips on using disinfectants).
- Check with equipment manufacturers for recommendations on the appropriate maintenance of their products.

II. Shared Equipment (continued)

- Repair or dispose of equipment and furniture with damaged surfaces that cannot be adequately cleaned.
- Clean large surfaces (e.g., floors and tabletops) daily with an EPA-registered detergent disinfectant according to manufacturer's instructions.
- Participate in ongoing assessment and training for appropriate disinfection practices at the facility.

III. Steam Rooms, Locker Rooms and Saunas

While using these facilities, patrons should be encouraged to:

- Use a towel or clothing to act as a barrier between the benches and bare skin.

Athletic facility staff should be encouraged to:

- Allow steam rooms/saunas to dry at least once a day (this will help to minimize the development of a bacterial biofilm).
- Clean and disinfect frequently touched surfaces daily (see Appendix for disinfection strategies).
- Consider painting wood benches with a waterproof paint, to seal and smooth the surface, facilitate drying, and reduce areas where bacteria may grow.
- Ensure a halide residual (such as chlorine) recommended for swimming pools, spa pools and other basins or tanks is used for immersion by multiple patrons.
- Fill spa pools used for single-use immersion (e.g., tanks or pools that are drained after each use) with tap water and, according to manufacturer's instructions, clean the pool surfaces with an EPA-registered detergent disinfectant or with a 1:100 dilution (500-615 ppm) of household chlorine bleach.

IV. Laundry

Staff in shared facility laundries should be encouraged to:

- Wash shared linens (e.g., towels, sheets, blankets, or uniforms) in detergent and water at 160° F for at least 25 minutes, or if a lower temperature wash cycle is selected, use laundry detergent that is appropriate for cold or warm water cycles (e.g., oxygenated laundry compounds).
- Use laundry additives according to the manufacturer's instructions.
- Use a mechanical dryer on hot temperature cycle (i.e., avoid air drying).
- Distribute towels, uniforms, etc. only when they are completely dry.

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Appendix: Use of Disinfectants on Surfaces

General Considerations

- Check the product's label to ensure that the disinfectant is suitable for the type of surface being treated (e.g., vinyl, cloth, plastic, or wood).
- Check that the product label specifies *Staphylococcus aureus* (many over the counter disinfectant products sold in grocery stores, pharmacies and warehouse stores will have a label claim for *Staphylococcus aureus* and other bacteria).
- Ensure that the disinfectant is prepared to the proper use concentration and that this working solution remains on the surface of the equipment for the recommended contact time.
- Unused working solutions of disinfectant can be poured down the drain. Disposable wipe cloths can be discarded as a routine solid waste.

Disinfection Strategies for Steam Bath and Sauna Surfaces

- For nonporous surfaces (e.g., tile, stainless steel, epoxy, and linoleum) use an EPA-registered detergent disinfectant suitable for the type of surface being treated. If an EPA-registered product is not available, a 1:100 dilution (500-615 ppm) of household chlorine bleach can be used for nonporous surfaces.
- For wood surfaces, scrub and disinfect with 1:10 dilution (5,000-6,150 ppm) of household chlorine bleach. Bleach solutions should be left on surfaces for at least 10 minutes to achieve maximum disinfection.
- If bleach is used, cleaning and disinfection should be done at room temperature and surfaces should be rinsed well with water before restarting the heat.

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