

MRSA

Food Service Safety and Hygiene Practices

by Barbara Wakeen, MA, RD, LD, CCFP, CCHP

MRSA (methicillin resistant staphylococcus aureus) is a staph infection that is resistant to certain antibiotics such as Methicillin, Penicillin, Ampicillin and Amoxicillin. MRSA appears most commonly in health care settings, but also communal environments such as corrections and schools.

MRSA is transmitted through direct physical contact with an infected person, contact with contaminated surfaces and sharing contaminated items. It is not spread through coughing unless the infected person has pneumonia.

A recent query sparked a listserv discussion on 'use of disposables or special procedures for MRSA' when a food service manager was alerted to an inmate with open sores eating in the dining hall; thus, raising the concern for use of disposables, safe practices and prevention of cross contamination. Corrections listserv responses from state and county agencies were varied:

- Isolate in segregation and serve on disposables while there is active drainage of the wound.
- Isolated from the rest of the population and are placed on disposable tray set-up.
- According to our RN, disposables are still required.
- Tray delivery if confined to a cell or hospital room. Once out of isolation, they eat in the common area.
- More than one responded they were not notified if a 'special' tray is needed for someone with MRSA.
- Facility procedure for 'anyone in isolation' – be it medical, safety or security are requested by the medical provider/corrections officers to put "isolation" meals in disposable trays at all times.
- In Pennsylvania, anyone with MRSA is to be fed on paper/disposables—confirmed through the health department... don't know if it varies for corrections, but with the rate of TB and other communicable diseases in prisons, I don't think they are going to change their ruling.—Leslie Grant MS, RD, LDN, NHA
- Florida DOC does not have a policy or procedure to supply Styrofoam or disposables to inmates with MRSA. Referencing CDC' 2007 Guidelines on "I.I.M. Dishware and eating utensils...(see below.) CDC has found no contamination due to eating utensils provided that they are washed and sanitized properly after use, and the trays are infection control handled:

- To serve trays: wash hands and glove up.
- To pick trays up: wash hands and glove up.
- Kitchen inmates wash hands and glove up, then dump, rinse and place the trays and eating utensils in the dishwasher for proper cleaning and sanitizing.
- Sanitize food carts.
- Minnesota DOC has adopted the 2005 Federal Bureau of Prison (FBOP) Guidelines for MRSA contact precautions in Food Service:

*"No special requirements are indicated for eating utensils. Disposable or reusable utensils may be used. The use of detergent and washing procedures for decontamination are sufficient."*¹

The MN DOC will follow these guidelines for MRSA with regards to facility-wide use of reusable dishes and eating utensils. General cleaning and sanitizing procedures, chemical monitoring, and food service worker training and supervision are continuous standard precautions employed by Food Services. Disposables will only be used when requested by Health Services for specific offender situations.

Food service workers are protected from exposure to any MRSA-soiled dishes by following required worker precautions, specifically glove and apron use, proper hand washing and eating/drinking guidelines. Therefore, soiled dishes returned to the kitchen do not need to be separated or labeled.

Additionally, food service workers are monitored for open wounds and skin infections. Those with suspected or confirmed contagious MRSA will be removed from their duties until they are no longer infectious.²

CDC Guidelines, 2007

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

I.I.M. Dishware and eating utensils—The combination of hot water and detergents used in dishwashers is sufficient to decontaminate dishware and eating utensils. Therefore, no special precautions are needed for dishware (e.g., dishes, glasses, cups) or eating utensils; reusable dishware and utensils may be used for patients requiring Transmission-Based Precautions. In the home and other communal settings, eating utensils and drinking vessels that are being used should not be shared, consistent with principles of good personal hygiene

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and for the purpose of preventing transmission of respiratory viruses, Herpes simplex virus, and infectious agents that infect the gastrointestinal tract and are transmitted by the fecal/oral route (e.g., hepatitis A virus, noroviruses). If adequate resources for cleaning utensils and dishes are not available, disposable products may be used.

FBOP Guidelines, 2010

Management of Methicillin-Resistant Staphylococcus aureus (MRSA) Infections Federal Bureau of Prisons Clinical Practice Guidelines, February 2010

Food handlers—All inmate food handlers should be advised on the necessity of self-reporting all skin infections, no matter how minor. Food handlers should be routinely examined for visible skin infections. Food handlers with suspected or confirmed contagious MRSA should be removed from their duties until they are no longer infectious.

Activities and Visitors—Inmates with MRSA infections may be excluded from certain activities on a case-by-case basis. For example, an inmate with a draining shoulder wound should be restricted from recreation activities, but might be allowed to eat meals in the cafeteria if the drainage is contained. Restriction of visitors is rarely indicated and should be handled on a case-by-case basis, in consultation with the infection control officer.³

Summary

Procedures to address MRSA vary across the country. Infection control procedures in food service should emphasize proper hygiene, hand washing, use of gloves and proper sanitation. There are no special requirements for trays and eating utensils provided there are sufficient means to clean and sanitize. Inmate food service workers diagnosed with MRSA should discontinue working until they are free from infection. ▲

Reference:

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf> Page 62, Accessed 6/11/2010

Meetings

Dietitians in Corrections Networking Luncheon

August 23, 2010

ACFSA International Conference

San Diego, CA

For more info. contact bwakeen@neo.rr.com

NCCHC

October 9-13, 2010

National Conference on Correctional Health Care,
Las Vegas, NV

For more info. visit www.ncchc.org

2010 FNCE

November 6-10, 2010

ADA's Food and Nutrition Conference and Exhibition
Boston, MA

www.eatrightma.org

Membership Information

If you would like to be added to the Dietitians in Corrections networking EML, please email me directly at bwakeen@neo.rr.com. This is an informal discussion group and your name/email address will be listed in each email sent to the group. You do not have to be a dietitian to be on the list.

If you are interested in joining the Corrections Sub-unit or if you are already a member and want to subscribe the DHCC EML or be listed in the directory, visit the DHCC web site at www.dhccdp.org. Emails communicated through this group sent through a private email address.

Footnotes:

1. Source: FBOP, Management of MRSA Infections, Clinical Practice Guidelines, August 2005 www.bop.gov/news/PDFs/mrsa.pdf
2. Developed by Sheila Packwood, RD. LD. for the MN DOC's Food Service and Nutrition Manual.
3. <http://www.bop.gov/news/PDFs/mrsa.pdf>, pp 7, 11. Accessed 6/11/2010