Tackling MRSA

A PAPER SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR NURS 6313:
Epidemiology, Health Promotion, and Research in Advanced Nursing Practice

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Denton, Texas
Spring 2009
Abstract

Outbreaks of skin and soft tissue infections within Denton County athletic departments have raised concern for school officials, teachers, parents, and families. As a result, the Denton County Health Department conducted a survey during the 2007 fall semester to determine the incidence of SSTIs related to Methicillin Resistant Staphylococcus Aureus (MRSA) in Denton County public schools. A total of 155 cases of MRSA were reported in the study with majority (45.81%) being football players. Despite efforts made by local and state health departments, MRSA continues to be a problem in the athletic setting.

We propose a school based intervention in order to decrease the incidence and prevalence of community acquired (CA) MRSA in the North Texas Denton ISD athletic setting. A survey tool developed by the Texas Department of State Health Services will be utilized to determine the current incidence and prevalence of MRSA. “Train the trainer” courses will be conducted and educational material will be provided to coaches and trainers focusing on the recognition, prevention and management of MRSA. These tools and educational materials have been proven valid by previous studies and interventions. Following educational courses, coaches and trainers will be re-surveyed at six months and twelve months to determine the effectiveness of the educational intervention.
Tackling MRSA

Outbreaks of skin and soft tissue infections (SSTI), particularly within school athletic departments raise new concerns for school officials, public health agencies, teachers, parents and families. Publicized cases of deaths related to a seemingly innocuous skin infection have resulted in increased awareness and fear within the community. Staphylococcus aureus is responsible for the majority of furuncles, carbuncles and other skin and soft tissue infections (McCaig, McDonald, Mandal & Jernigan, 2006). This bacterium has evolved into a complex strain, known as Methicillin Resistant Staphylococcus aureus (MRSA), which is resistance to most antibiotics. MRSA can potentially progress into a severe infections or death if diagnosis and appropriate treatment is delayed (Many, 2008).

MRSA has historically been associated with transmission in healthcare facilities affecting debilitated and immunocompromised individuals (Herman, Kee, Moores & Ross, 2008). In recent years, MRSA infections are seen with increasing frequency in outpatient settings among healthy individuals (Herman, et al.). Factors facilitating the spread of community acquired (CA) MRSA include crowding, skin trauma, frequent skin to skin contact, sharing of contaminated personal items or equipment, poor hygiene, frequent exposure to antibiotics and limited access to health care (Centers for Disease Control and Prevention [CDC], 2006). CA-MRSA outbreaks have been reported in the military, child care centers, native communities, prisons and athletic teams (CDC).

Statistical and epidemiological data related to CA-MRSA is lacking due to an increase frequency of empirical antibiotic treatment, lack of appropriate cultures and inconsistent methods of reporting (McCaig et al., 2006). However, various studies identify athletes as being at increased risk of contracting CA-MRSA. In 2007, the CDC revealed that 53% of high school
football coaches reported MRSA infections among their players (CDC, 2009). Investigations identified that sharing towels was the most significant risk factor for acquiring MRSA (CDC). Other risk factors included sharing soap and protective equipment, multiple skin injuries, inadequate washing of uniforms, playing lineman, linebacker, wide receiver, or quarterback (CDC).

The Denton County Health Department conducted a survey in the fall of 2007 as a result of increased public inquiry following a local news report on MRSA in the school setting (Gullion, 2008). A total of 155 MRSA cases were reported in the survey, 124 (80%) of these were students and adults from middle and high schools in the county (Gullion). Football players made up the majority of the reported cases, with 71 (45.8%) players infected and 22 of these players were on the same high school team (Gullion).

Specific Objectives and Aims

The goals of this project are to determine the current prevalence and incidence of community acquired MRSA in the North Texas Denton ISD athlete population and provides education through a train-the-trainer program for coaches and trainers. The outcome will be decreased MRSA infections in the athlete population. Objectives include: (1) administering a survey tool to North Texas Denton ISD area middle and high school athletic coaches and trainers to obtain current epidemiological data; (2) develop and implement a “Train the trainer” program to include information on community acquired MRSA recognition; prevention and management and (3) provide middle school and high school coaches and trainers with educational materials to teach the athletes proper prevention, recognition and management of skin infections.
Methods and evaluation

Objective one

Determine the current incidence and prevalence of MRSA skin infections among student athletes in the Denton Country ISD.

Design. A descriptive study design will be utilized to obtain epidemiological information regarding the population. A survey tool developed by the Texas Department of State Health Service (DSHS), Emerging and Acute Infectious Diseases branch will be utilized to determine the current incidence and prevalence of MRSA during the 2009-2010 academic year. This survey tool was developed and initially administered state wide in 2003 by the Texas DSHS to determine the incidence of CA-MRSA in 4A and 5A high school athletic departments during the 2003-2004 academic year (Felkner, 2009). The survey (Appendix A) is being re-administered for the 2008-2009 academic year. Authorization to utilize this valid tool has been obtained from Marilyn Felkner (personal communication, March 19, 2009), an epidemiologist with the Texas DSHS.

A non-probability convenience sampling method will be used. The sample will be generated from the six middle schools and four high schools in the Denton ISD of the North Central Texas region (Denton ISD, 2009).

Method. An initial survey will be sent to the head coaches of the athletic departments three months prior to the educational intervention. The sample will be re-surveyed at six and twelve months after the educational intervention and results will be compared to determine if the educational intervention successful in decreasing the incidence of MRSA skin infections in the athletic setting. In addition, data obtained will be compared to previous MRSA surveillance
surveys conducted by the Denton County Health Department and Texas DSHS. Results will be maintained in a database for statistical analysis.

Evaluation. The data from the three surveys will be analyzed to determine the overall incidence and prevalence of CA-MRSA in this population. As previously mentioned, these results will be compared to previous MRSA surveillance surveys conducted by the Denton County Health Department and Texas DSHS. To determine the significance of the results, a t test will be used with a p value of 0.05 or less. A descriptive report will be generated demonstrating the incidence of MRSA and effectiveness of the educational intervention.

Objective two

Teach “Train the trainer” classes related to CA-MRSA recognition, prevention, and management to coaches and trainers in the Denton ISD. This educational intervention will provide coaches with the knowledge to educate student athletes regarding the control and prevention of MRSA infections.

Method. Education is a fundamental factor in controlling and preventing the spread of MRSA in athletes (Rogers, 2008). In addition, Espinoza (2004) recommends education as the primary intervention to decrease MRSA infections in the school setting. These recommendations validate the proposed educational intervention. The intervention will consist of weekly focused educational sessions regarding the recognition, management and prevention of MRSA infections. These sessions will be held in a central location in the Denton ISD school district. All material will be covered in one session; however various training dates will be offered over one to two months, depending on scheduling and availability.

A variety of teaching strategies will be utilized to guide and enhance learning. A MRSA PowerPoint presentation and discussion period will be incorporated into the program. The ease
of organism transmission will be demonstrated through an activity developed by the CDC. This activity will consist of playing a game with a ball covered with fluorescent powder or gel (Many, 2008). This gel or powder is invisible to the naked eye but glows under an ultraviolet light. A woods lamp will be used following the activity to illustrate how routine sport activities can transmit organisms (Many).

**Evaluation.** Each participant will complete a course evaluation as a process evaluation of our educational intervention. This feedback will allow changes as warranted to make the presentation more effective and focused on the information the coaches and trainers need. Outcome evaluation will be obtained through a quiz at the end of the training. This will be reviewed with the participants and any areas missed will be re taught. The participants will present a short oral synopsis of what they learned and how they plan to present the material at their school. Upon completion, each participant will receive a “Tackling MRSA” Train-the-Trainer certificate and a complete toolkit of educational materials.

**Objective three**

Provide middle school and high school coaches and trainers with educational in-service materials to teach the athletes proper prevention, recognition and management of skin infections.

**Method.** A MRSA toolkit (Appendix B) will be provided to the coaches participating in the program. The toolkit was developed by the Tacoma-Pierce County Health Department to aid in the prevention and control of MRSA skin infections in the athletic setting. It includes posters, checklist, fact sheets and brochures (Tacoma-Pierce County Health Department, n.d.). In addition, an educational DVD, entitled “Prevention of MRSA in the athletic setting” will be provided to each coach. This DVD was created by the Mecklenburg County Health Department
Tackling MRSA in North Carolina (Mecklenburg County Health Department, 2008). Permission will be obtained to utilize these resources for this project.

_Evaluation._ Process evaluation will occur to ensure that all targeted groups received the toolkit and DVD. We will provide the toolkits at each “Train the Trainer” session. A cumulative list of all individuals and departments receiving educational resources will be maintained. It will be concluded that these resources are beneficial if the incidence of MRSA infections is lower than our initial survey.

Budget

The projected budget for this project is illustrated in Table 1. Required resources include: statistician services, computer equipment, personnel, office supplies, rental space and training materials. MRSA educational toolkits for athletic departments will be purchased through the Mecklenburg County Health Department.

Table 1 Budget for Tackling MRSA project

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Summary

The incidence of MRSA skin infections among athletes continues to escalate regardless of efforts made by federal, state and local health departments (Many, 2008). Student athletes are at increased risk of spreading MRSA due to the close contact and sharing of equipment and personal items during sports activities. Education has been identified as a fundamental factor in controlling and preventing the spread of MRSA in the athletic setting (Rogers, 2008; Espinoza, 2004). The proposed educational intervention provides relevant information and valid resources regarding the prevention, recognition and management of MRSA skin infections. This intervention should decrease the incidence of MRSA in the Denton ISD athletic setting.
Reference


http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5803a2.htm


http://www.dentonisd.org/dentonisd/site/default.asp


[http://www.charmeck.org/Departments/Health+Department/Top+News/MRSA.htm](http://www.charmeck.org/Departments/Health+Department/Top+News/MRSA.htm)


Tacoma-Pierce County Health Department. (n.d.). MRSA toolkit for athletic departments. Retrieved from March 10, 2009, from:

[http://www.tpchd.org/files/library/6b80aa85be999242.pdf](http://www.tpchd.org/files/library/6b80aa85be999242.pdf)
SURVEY OF ATHLETIC TRAINERS REGARDING SKIN INFECTIONS IN HIGH SCHOOL STUDENT ATHLETIC DEPARTMENTS

We are asking you to report on various types of skin infections that your student athletes have experienced in the 2008 fall season. We do not expect you to contact physicians to verify diagnoses. We know that athletic trainers have extensive knowledge of their athletes’ health conditions, and what you already know is sufficient for filling out this survey. If there is more than one athletic trainer in your school, we do ask that you work together to fill out this one survey.

The deadline to complete this survey is March 6, 2009.

Dear Athletic Trainer:

The Texas Department of State Health Services (DSHS) is investigating MRSA infections in high-school athletes. We're asking you, along with other athletic trainers from around the state, to help us with this effort by filling out a short survey.

During the 2003-2004 school year, MRSA was a relative newcomer to the high school athletic department. School personnel from around the state had just begun to contact DSHS because of concern about serious skin infections in student athletes. At that time, we surveyed 4A and 5A high school athletic trainers to see how many high school athletic departments had students with skin, staph, or MRSA infections. Since that time, athletic trainers and DSHS have worked together closely to raise awareness about prevention of MRSA infections. (See http://www.mrsaTexas.org.)

Now, five years later, we are repeating our survey and, once again, we need your help. By filling out a short survey, you can help us assess the extent and severity of the problem and see what changes have occurred in the past five years. We do not expect you to contact physicians. We know that athletic trainers have extensive knowledge of their athletes’ health conditions, and what you know is sufficient for filling out this survey. Please work with other athletic trainers in your department when you are completing this survey and return only one survey per school.

The results from all responses will be posted to athletic trainers' list serve and on the Texas Department of State Health Services website: http://www.mrsaTexas.org. We will use the information received from the surveys to determine ways to assist athletic trainers in the control and prevention of staph infections. In the meantime, please stress to your athletes the importance of hand washing and personal hygiene. Thank you.

Please respond no later than March 6, 2009.
G1. Select your school's zip code? *(Please select your school zip code, not your home zip code.)*

G2. How is your school classified? *

G3. Were you working as an Athletic Trainer at this school in the fall of 2008? *

**FOOTBALL PLAYERS**

F1. Do you have a football program at your school? *

F2. What is the total number of football players (freshmen, JV, and varsity) that were enrolled in your football program at the beginning of the season?

F3. Since August 1, 2008, how many football players in your school have had boils, impetigo, infected abrasions or lacerations, or other skin infections? *Excluding ringworm, athlete's foot, jock itch, and heat rash.*

F4. Since August 1, 2008, how many of these infections were diagnosed by a physician as being infected with “staph” (includes “Staphylococcal infection”, “S. aureus”, “coagulase positive Staph”)? This number should be EQUAL TO OR SMALLER than that of F3.

F5. Since August 1, 2008, how many of these staph infections in football players were diagnosed by a physician as methicillin-resistant Staphylococcus aureus (MRSA)? This number should be EQUAL TO OR SMALLER than that of F4.

**VOLLEYBALL PLAYERS**

V1. Do you have a volleyball program at your school? *

V2. What is the total number of volleyball players (freshmen, JV, and varsity) that were enrolled in your volleyball program at the beginning of the season?

V3. Since August 1, 2008, how many volleyball players in your school have had boils, impetigo, infected abrasions or lacerations, or other skin infections? *Excluding ringworm, athlete’s foot, jock itch, and heat rash.*

V4. Since August 1, 2008, how many of these infections in volleyball players were diagnosed by a physician as being infected with “staph” (includes “Staphylococcal infection”, “S. aureus”, “coagulase positive Staph”)? This number should be EQUAL TO OR SMALLER than that of V3.

V5. Since August 1, 2008, how many of these staph infections in volleyball players were diagnosed by a physician as methicillin-resistant Staphylococcus aureus (MRSA)? This number should be EQUAL TO OR SMALLER than that of V4.

**CROSS COUNTRY RUNNERS**

C1. Do you have a cross-country program at your school? *
NON ATHLETE STUDENTS IN ATHLETIC DEPARTMENT

NA1. Do you have non-athlete students (team managers, student athletic trainers) who participate in the athletic department at your school? *

NA2. Since August 1, 2008, what is the total number of non-athlete students who are involved in the athletic program (team managers, student athletic trainers)?

NA3. Since August 1, 2008, how many non-athlete students have had boils, impetigo, infected lacerations or abrasions, or other skin infections excluding ringworm, athlete’s foot, jock itch, and heat rash?

NA4. Since August 1, 2008, how many of these infections in non-athlete students were diagnosed as “staph” (includes “Staphylococcal infection”, “S. aureus”, “coagulase positive Staph”)? This number should be EQUAL TO OR SMALLER than that of NA3.

NA5. Since August 1, 2008, how many of these staph infections in non-athlete students were diagnosed as methicillin-resistant Staphylococcus aureus (MRSA)? This number should be smaller than that of NA4.

ADULTS IN ATHLETIC DEPARTMENT

A1. What is the total number of adults involved in your athletic program (coaches, athletic trainers)?

A2. Since August 1, 2008, how many adults involved in the athletic program (coaches, athletic trainers) in your school have had boils, impetigo, infected abrasions or lacerations, or other skin infections excluding ringworm, athlete’s foot, jock itch, and heat rash?

A3. Since August 1, 2008, how many of these infections in adults involved in the athletic department were diagnosed as “staph” (includes “Staphylococcal infection”, “S. aureus”, “coagulase positive Staph”)? This number should be EQUAL TO OR SMALLER than that of A2.

A4. Since August 1, 2008, how many of these staph infections in adults involved in the athletic department were diagnosed as methicillin-resistant Staphylococcus aureus (MRSA)? This number should be EQUAL TO OR SMALLER than that of A3.
Appendix B

Athletic Department

How to use the *What to do about MRSA Toolkit for Middle and High Schools*

This toolkit has been designed to help prevent and stop or reduce the spread of Methicillin resistant *Staphylococcus aureus* (MRSA) skin infections in middle and high schools. It contains new educational materials targeted to the school health team, athletic directors/coaches, athletes/students and parents. *(A CD with these materials is enclosed.)* It is also available at tpchd.org or from the public health nurse consultant for schools.

For convenience, the informational and educational materials are divided into two sections: (1) for the School Health Team and (2) for Athletic Director/Coach. We suggest that you review all the materials provided in both sections and use them appropriately to fit your situation.

For the Athletic Director/Coach

Suggestions for Use

1. Review all toolkit materials in the Health Team section and the Athletic Coach section. There may be materials in the Health Team section that you want to use in your training or educational sessions with coaches/trainers, custodians, student athletes and/or parents. The different headings are used to denote the primary target groups. Many of the materials are appropriate for multiple groups; some are listed under multiple target groups. Please don’t let the target group headings limit your educational creativity!

2. Introduce school principals and assistant principals to the toolkit. Partner with the Health Team and hold informational sessions on MRSA and infection control for teachers and other appropriate staff: a PowerPoint presentation is provided and should take approximately twenty minutes to deliver, including a short question and answer period.

3. Review all toolkit materials with athletic department staff so they will know what is available to educate school employees, parents and student athletes.

4. Use the Infection Control Policies and Procedures Checklist to see if your policies and procedures are known and followed. Perform these assessments on a regular basis to track success in changing and implementing policy/procedures and motivating staff to use infection control and prevention measures.

5. Decide how and when to use staff, student athlete and parent educational materials. Determine who will be responsible for printing educational materials.
for staff, parents and student athletes from the CD that is provided and where the CD will be kept when it is not being used.

6. Decide how and when to notify parents if there is an outbreak (three or more students with MRSA on one sports team). Work with health team as appropriate.

7. Do fill out the enclosed evaluation form and mail or fax it to us. This is one way of letting us know what you think we did well, what you think we should change, and/or what future toolkits should contain. Alternatively, tell the public health nurse consultant for schools what you think about this toolkit.

Materials Available

**Athletic Department-1**

**Infection Control Policies, Procedures and Implementation Checklist:** Assists in determining if key infection control policies and procedures are in place and being followed.

**Athletic Department-2**

**Infection Control Guidance for Athletic Directors/Coaches:** Recommendations for general infection control policies as well as those specific to wrestling mats, weight rooms, locker rooms/showers, sports equipment, outside groups using school facilities, etc. *(Review guidance to see what you are already doing and to start thinking about what could/should be done differently.)*

**Athletic Department-3**

**Annotated Bibliography - MRSA Skin Infections in Athletic Teams:** Review of articles on MRSA outbreaks in professional teams, school teams and community teams. Risk factors are identified and advice is given on preventing and reducing the transmission of MRSA.

**Athletic Department-4**

**Poster on Hand Washing:** The six steps of hand washing are illustrated. *(Hang over all hand washing sinks.)*

**Athletic Department-5**

**Evaluation of Toolkit:** This is one way of letting us know what you think we did well, what you think we should change and/or what future toolkits should contain. Alternatively, tell the public health nurse consultant for schools what you think about this toolkit. You may fill out the enclosed evaluation and mail or fax it to us at:

Communicable Diseases
Tacoma-Pierce County Health Department
3629 South D Street, MS: 421
Tacoma, WA 98418
Fax: 253 798-7666
For Student Athletes

Suggestions for Use

1. Educate students so they know how to recognize, prevent, treat and stop the spread of MRSA.
2. Show the video on MRSA prevention. It is appropriate for student athletes and their families and it takes only six minutes to view.
3. Display posters in areas where athletes have time to read. Change posters as needed to keep the photos of athletes appropriate to the sports being played (baseball in spring months, basketball in winter, etc.)
4. Remind athletes to report any potential skin infections to their coach before practice, matches or games.
5. Encourage showering immediately after participating in contact sports.
6. Emphasize the importance of good hand washing!

Materials Available

Student Athletes-1  Fact Sheet on MRSA for Athletes – (8x11): Explains what MRSA is, what it looks like, how you get it, how it is treated and how to stop the spread of MRSA infection in athletic teams. (It may be used as a handout for parents and/or student athletes.)

Student Athletes-2  Poster on MRSA for Athletes – (11x17): Explains what MRSA is, what it looks like, how you get it, how it is treated and how to stop the spread of MRSA infection. (It is a larger version of the MRSA fact sheet, and may be placed in areas where students and/or parents have time to read it.)

Student Athletes-3  Poster on Hand Washing: The six steps of hand washing are illustrated. (Hang over all hand washing sinks.)

Student Athletes-4  Brochure - Antibiotics & Skin Infections: Describes when to use and when not to use antibiotics with skin and soft tissue infections (SSTI). (May give brochure to parents and/or students.)

Student Athletes-5  DVD-Prevention of MRSA in the Athletic Setting: Produced by the Mecklenberg County Health Department in North Carolina and used with their permission. (A six-minute video explaining what MRSA is, the potential risk factors for athletes and how to prevent transmission. Tacoma-Pierce County Health Department (TPCHD) has
provided each middle and high school in Pierce County with one DVD as a component of this toolkit. If more are needed, they may be purchased directly from Mecklenburg County Health Department at: www.charmeck.org/Departments/Health+Department/Top+News/MRSA.htm.)

Student Athletes-6  Posters-A Good Offence is Still the Best Defense - ENGLISH & SPANISH: Produced by the Texas Department of State Health Services and used with their permission. Includes key MRSA infection prevention and transmission control messages. (Hang them up where they will be seen & read; change them to target seasonal sports activities.)

Student Athletes-7  Posters-Stay in the Game: Several are available with girls and boys participating in a variety of sports. Includes key MRSA infection prevention and transmission control messages. (Hang them up where they will be seen & read; change them to target seasonal sports activities.)

Student Athletes-8  Booklet - Living with MRSA – ENGLISH & SPANISH versions: Developed with the help of persons who have MRSA infections (March 2006). Booklets in English or Spanish may be obtained at the Tacoma-Pierce County Health Department website: tpchd.org. (May give to family members who are living with someone infected with MRSA or have MRSA themselves.)

For Parents of Athletes

Suggestions for Use

1. Educate parents about recognizing, preventing, treating and stopping the spread of MRSA. Provide them with fact sheets on MRSA when you meet with them.
2. Show the video on MRSA prevention. It is appropriate for student athletes and their families and it takes only six minutes to view.
3. Emphasize the importance of hand washing as the best infection prevention method.
4. Emphasize the importance of washing practice clothes or uniforms in warm soapy water after each use and drying them in a hot dryer.
Materials Available

Parents-1  
**Fact Sheet on MRSA for Athletes – (8x11):** Explains what MRSA is, what it looks like, how you get it, how it is treated and how to stop the spread of MRSA infection in athletic teams. *(It may be used as a handout for parents and/or student athletes.)*

Parents-2  
**DVD-Prevention of MRSA in the Athletic Setting:** Produced by the Mecklenberg County Health Department in North Carolina and used with their permission. *(A six-minute video explaining what MRSA is, the potential risk factors for athletes and how to prevent transmission.. Tacoma-Pierce County Health Department (TPCHD) has provided each middle and high school in Pierce County with one DVD as a component of this toolkit. If more are needed, they may be purchased directly from Mecklenburg County Health Department at: www.charmeck.org/Departments/Health+Department/Top+News/MRSA.htm.)*

Parents-3  
**Brochure - Antibiotics & Skin Infections:** Describes when to use and when not to use antibiotics with skin and soft tissue infections (SSTI). *(May give brochure to parents and/or students)*

Parents-4  
**Living with MRSA Booklet – ENGLISH & SPANISH versions:** This new version was developed with the help of persons who have MRSA infections (March 2006). Booklets in English or Spanish may be obtained at the Tacoma-Pierce County Health Department website: tpchd.org. *(May give to family members who are living with someone infected with MRSA or have MRSA themselves.)*

Parents-5  
**Sample Letter Used to Notify Parents of a MRSA Outbreak in School:** An example of a letter that may be used to inform parents of an outbreak (three or more students in a single class or on one sports team).

Promote good hand washing!
## Tackling MRSA Project and Responsibility Plan

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