



# Safety Alert

From the International Association of Drilling Contractors

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ALERT 05 – 39

## HEALTH ISSUE - SOFT TISSUE INFECTIONS (MRSA)

### WHAT HAPPENED:

Methicillin-Resistant Staphylococcus Aureus (MRSA) is a staph skin infection that has been experienced on some rigs within our fleet. This bulletin has been developed from information provided by our company doctor, medical director and company medical consultant. We all need to be informed on how to identify, treat, prevent and control the spread of this particular type of staph infection so that it does not become a problem on your rig.

### BACKGROUND:

**What is a staph infection?** Staphylococcus aureus also called staph, are bacteria commonly found on human skin; common places include inside of nose, in the armpit, groin, and genital area. When bacteria are found on the skin but do not cause illness it is called “colonization.” When the bacteria do cause illness the person is said to be “infected” with staph. In most cases, staph either does not cause any problems or cause minor skin infections, such as pimples or boils. In some cases, staph can cause more serious infections.

**What is MRSA?** Some staph bacteria are resistant to certain antibiotics. Methicillin-Resistant Staphylococcus Aureus (MRSA) is resistant to the antibiotic methicillin and other antibiotics.

**What are the symptoms?** Employees who are colonized with staph or MRSA do not have any symptoms. Staph skin infections often begin with a skin defect allowing the bacteria to enter the skin and develop into an infection. Symptoms include:

- Redness, warmth, swelling, tenderness of the skin, and boils or blisters.
- Staph infections are sometimes mistaken for spider bites.
- Some people may also have fever and chills.

**How do MRSA spread?** Staph infections including MRSA are spread by close contact with infected employees/persons. Staph can come off of skin onto the skin of another employee during skin-to-skin contact. Staph can also come off of infected skin onto shared object and surfaces and get onto the skin of the employee/person who uses the object or surface next. The wound drainage and pus is very infectious. Examples of shared objects that might spread staph include personal hygiene objects (i.e. towels, soap, wound dressing, bandages, etc.) sheets, clothes, benches in dressing areas, shared areas in showers, and athletic equipment. To summarize, anything that could have touched the skin of a staph-infected employee can carry the bacteria to the skin of another employee.

**Who is most at risk for MRSA infection?** MRSA infections are more common among employees who have the following risk factors:

- Recurrent skin diseases or open wounds
- Long term illness
- Been a patient in the hospital or other health care facility within the past year
- Contact with other persons with MRSA infection
- Recent antibiotic use
- Live in crowded settings
- Immunocompromised (HIV, transplant patients)

**The Corrective Actions stated in this alert are one company’s attempts to address the incident, and do not necessarily reflect the position of IADC or the IADC HSE Committee.**

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**How is MRSA diagnosed?** A culture of the infected area can be taken and sent to the laboratory. A culture of the infected skin is especially useful in recurrent, persistent, or severe infections and in cases of antibiotic failure.

**How is MRSA treated?** Most MRSA infections can be treated with proper wound and skin care and by using antibiotics active against MRSA. I&D (called incision and drainage) may be necessary to drain pus from the infected area. Some MRSA infections can be difficult to treat and can progress to serious and possibly life threatening infections. Serious MRSA infections may require intravenous antibiotic treatment. Employees who are colonized but not infected with MRSA do not usually need to be treated.

**CORRECTIVE ACTIONS:** To address this incident, this company issued the following guidelines:

**Lesson Learned # 1: How can I protect myself from becoming infected with staph?**

1. Keep your hands clean by washing thoroughly with soap and water. Cover and rub all surfaces of the hands. Lather and rub for at least 10 seconds.
2. Keep cuts and abrasions clean and covered with a clean bandage until healed.
3. Avoid contact with other employees' wounds or material and surfaces contaminated from wounds.
4. Avoid skin-to-skin contact with employees who have skin infections.
5. Do not share personal items (i.e., towels, washcloth, razor, soap, clothing, or uniforms) with other employees.
6. Utilize a disinfectant cleaner to clean objects and surfaces that are shared with other employees, such as athletic equipment, before you use them.

**Lesson Learned # 2: If I have an MRSA or staph infection, how can I keep from spreading it to others?**

1. Keep infections covered with clean, dry bandages.
2. Wash hands after touching infected skin and bandages.
3. Put disposable wastes (e.g., dressing, bandages) in a separate trash bag and close the bag tightly before throwing it out with the regular garbage.
4. Medics should use gloves, and wash hands afterwards, if they change your bandages or touch the infected wound or other objects that have been in contact with the wound or wound drainage.

**Lesson Learned # 3:**

1. Do not share personal items as mentioned previously.
2. Wash linens and clothes that become soiled with hot water and laundry detergent.
3. Dry clothes in a hot dryer.
4. Wash utensils and dishes in the usual manner with soap and hot water or use a standard dishwasher. Avoid skin-to-skin contact until your infection is healed.
5. If you have a MRSA infection, be sure to tell the medic who treats you that you have this infection.

**Lesson Learned # 4: What should I do if I think I have a staph infection? If you think you might have a staph infection, consult your medic immediately. Early treatment can help prevent the infection from getting worse.**

**Action Items:** To address this issue the company issued the following action items:

1. **Toolpusher, Offshore Installation Manager (OIM) / Person In Charge (PIC):**
  - a. Present this bulletin as soon as possible or during the next Weekly Safety Meeting.
  - b. Ensure this bulletin is posted on the rig's Communication Board.
  - c. Ensure personnel assigned to your area of responsibility are given the opportunity to understand the lessons learned from this bulletin.
  - d. Ensure rig based Rig Medics / Medical Officers are familiar with this bulletin.
2. **Department Heads:**
  - a. Post this bulletin on the office's Communication Board.
  - b. Ensure personnel are given the opportunity to understand the lessons learned from this bulletin.

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