Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used. Healthcare professionals should always access the PGD via the PTHB internet to ensure that they are always working to the most up to date version

Patient Group Direction

for the supply and/or administration of

Mupirocin 2% w/w nasal ointment

by registered nurses

for

the elimination of nasal carriage of methicillin resistant staphylococcus aureus (MRSA)

to Adults and Children over 16 years old presenting with a swab result positive for MRSA

in

Powys Teaching Health Board (PTHB), to include inpatients, individuals seen in pre-assessment clinic, and PTHB employees

Version number: **PGD 0254**

Reference Number: PGD 0254
Valid from: 21/04/26
Review date: 21/04/28
Expiry date: 20/04/29

Change history

Version number	Change details	Date
PGD 0254	Initial issue	21/04/26

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior Doctor **Dr Kate Wright**	Lead Doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	4/21/2026
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	4/24/2026
Senior Representative of Professional Group using the PGD **Paul Hooton**	Executive Director of Nursing and Midwifery for PTHB	Signed by: Paul Hooton EEABC83AC83F4B9...	4/21/2026
Clinical Governance Lead **Lucie Cornish**	Clinical Governance Lead for PTHB – Director for Innovation and Improvement	Signed by: Lucie Cornish on behalf of Amanda Ed 48844B7FC02A448...	4/21/2026

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

Appendix A provides a practitioner accreditation sheet. Individual practitioners must be authorised by name to work to this PGD.

Those using this PGD must ensure that it is organisationally authorised and signed by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2.**

The final authorised copy of this PGD should be kept by PTHB for 25 years after the PGD expires. Practitioners and organisations must check that they are using the current version of the PGD.

[1] This includes any relevant amendments to legislation

Training and competency of registered health professionals

Qualifications and professional registration	Practitioners must only work under this PGD where they are competent to do so. Practitioners working under this PGD must also be a registered professional with the following body: • nurses currently registered with the Nursing and Midwifery Council (NMC) Practitioners must also fulfil the additional requirements listed below, have a current contract of employment within PTHB and be working within pre-assessment clinics, inpatient areas, occupational health, or with the IP&C (infection prevention and control) team across the Health Board. Check Appendix A – Staff Accredited to use this PGD to confirm whether all the registered practitioners listed above have organisational authorisation to work under this PGD.
Initial training and knowledge requirements	The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training in: • The competencies to undertake clinical assessment of individuals ensuring safe provision of the medicine listed in accordance with local policy. • The administration and/or supply of Mupirocin 2% w/w nasal ointment and knowledge of its uses, contraindications and adverse effects. Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it • must have undertaken appropriate training for working under PGDs for supply/administration of medicines. Recommended training eLfH PGD eLearning programme. PTHB staff to access via ESR • must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs)

	• must have completed locally required training (including updates) in safeguarding children and vulnerable adults or a minimum of level 2 safeguarding or the equivalent, as relevant to the role • must be familiar with Mupirocin 2% w/w nasal ointment and alert to changes in the BNF, Summary of Product Characteristics and treatment recommendations. Any changes must be reported to the service manager, for the purpose of arranging a PGD review • must have undertaken training appropriate to this PGD as required by local policy • must be competent to administer Mupirocin 2% w/w nasal ointment; this should be documented in the healthcare professional's CPD records • must have received training and be competent in the recognition, management of, and reporting of recognised adverse reactions, including anaphylaxis • must be competent in the administration of adrenaline 1 in 1000 and have up to date Basic Life Support (BLS) skills as a minimum • must have completed ESR online training: Reducing Antimicrobial Resistance • must have awareness of PTHB antimicrobial guidance, available via Eolas Medical • must have knowledge of the PTHB policy IPC 015 'Management of adults with MRSA' • must have access to the PGD and associated online resources **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.**

Competency assessment	• Evidence of ongoing/refresher PGD training to be submitted to Line Manager annually- this should include an annual completion certificate of PGD e-learning or a dated screenshot of the PGD e-learning assessment results as proof of completion. • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using PGDs. • Practitioners operating under this PGD must be assessed as competent (see Appendix A) and complete a self-declaration of competence to operate under this PGD in their Personal Appraisal and Development Review (PADR). The **personal development plan** (yellow) section of the PADR booklet should be used to record completion of Statutory and Mandatory training, including annual PGD e-learning. • Evidence of training in life support, anaphylaxis and safeguarding (at level relevant to the role). • Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly.
Ongoing training and competency	• Updating at least every 2 years, or earlier in response to new local/national guidance (or other sources of medicines information), on the use of PGDs and Mupirocin 2% w/w nasal ointment. • Annual PGD training (eLfH PGD eLearning programme)- evidence to be submitted to line manager annually. • Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, with evidence of appropriate Continued Professional Development (CPD), which must be retained and made available on request. • Compliance with all mandatory NHS training including life support and safeguarding at the level relevant to the role. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD. If any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.** **The decision to administer/supply any medication rests with the individual registered healthcare professional who must abide by the PGD and any associated organisational policies.**

Clinical condition

Clinical condition or situation to which this PGD applies	The elimination of nasal carriage of methicillin resistant staphylococcus aureus (MRSA) in those presenting with a swab result positive for MRSA. This PGD is intended to be used in conjunction with the IPC 015 MRSA policy and the PTHB chlorhexidine scrub PGD. In addition: • Any individual found to be a carrier of MRSA should be assessed for evidence of infection – see IPC 015 MRSA policy for further details. Refer to Eolas for recommended management of wounds/small skin lesions, and please contact microbiology for advice if there are large lesions or wounds that appear infected (also refer to Eolas). In addition, the need for indwelling catheters and intravascular devices should be reviewed by the responsible clinician, as advised in IPC 015 MRSA policy. • Additional precautions as outlined in IPC 015 MRSA policy must be taken for inpatients who test positive for MRSA. If in doubt, seek medical advice. **It is the responsibility of the administering/ supplying healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.**
Inclusion criteria	• Adult or child over 16 years old • Individual presenting with a swab result positive for MRSA • Medical and drug history taken, no reason for exclusion • Informed consent from the individual or a person legally able to act on their behalf, must be obtained and recorded appropriately. The patient information leaflet should be available to inform consent. NB Refer to PTHB Consent to Treatment and Examination Policy. The individual should be informed they will be treated using a PGD. • No prescriber is available within a reasonable timeframe In case of any doubt, contact relevant doctor.

	Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Consider discussing with GP. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA), advice from the local Safeguarding team should be sought (see below).
Exclusion Criteria (Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	• Conditions outside of the clinical situations criteria • No valid consent or individual/representative refuses treatment. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to section 'action to be taken if individual/carer declines treatment' • Children under 16 years old • Pregnancy or breastfeeding • Known allergy or hypersensitivity to Mupirocin 2% w/w nasal ointment or to any of the excipients of the ointment -see www.medicines.org.uk • If individual remains MRSA positive after 2 attempts of decolonisation - **further issues are not covered under this PGD. NB** inpatients requiring a second decolonisation attempt should have this prescribed by a prescriber • Individuals on oxygen therapy • Known carrier of mupirocin resistant MRSA • If no access to nasal cavity, seek medical advice. • Contraindications listed in SPC and BNF If in doubt, discuss with medical staff. Refer to section 'action to be taken if individual excluded'.
Cautions/reasons for seeking further advice from a prescriber	Seek medical advice if individual has complex multiple allergies, polypharmacy, or for any medical condition or medication of which the healthcare professional is unsure or uncertain. Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. See Drug interactions section. This list is not exhaustive. Practitioners should consult the BNF/SPC for further information. Contact doctor for advice and document advice given. Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform

	the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies followed. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub: • To generic email address: PowysTHB.Safeguarding@wales.nhs.uk And • Central Safeguarding number: 01686 252806 • Out of hours: 0345 0544847 Advice can also be sought from local Safeguarding leads
Arrangements for referral for medical advice	Contact relevant practitioner, depending on the specific situation: • IP&C team • Occupational health 01874 712600 Powys.OccuptionalHealthAdmin@wales.nhs.uk • Consultant microbiologist • The ward doctor taking responsibility for inpatients • Individual's own GP • Individual's own obstetrician (if pregnant) • Surgical Consultant caring for individual (if being assessed in pre-admission clinic) Refer to IPC 015 'Management of adults with MRSA' for further information on transfer and discharge of patients. Record reason for referral and document advice given.
Action to be taken if individual excluded	Explain reason to individual/carer, record reason in the individual's notes and seek medical advice from the relevant practitioner, depending on the specific situation. Provide the individual with an MRSA information leaflet (found in Appendix B of IPC 015 MRSA policy).
Action to be taken if individual/carer declines treatment	Explain consequences of refusing treatment and the reasons why the Health Board requests that the individual complies with eradication therapy, as per IPC 015 MRSA policy. Provide the individual with an MRSA information leaflet (found in Appendix B of IPC 015 MRSA policy). Make individual/their representative aware of alternative sources of treatment (ie. prescription via GP if appropriate).

	Document refusal in the individual's notes and any advice given. Inform the relevant practitioner responsible for the individual and the IP&C team, as appropriate. Where appropriate, complete the letter on the WPAS system and send to the GP/inform the GP or follow local procedures as appropriate.

Details of the medicine

Name, form and strength of medicine	Mupirocin 2% w/w nasal ointment
Legal category	POM – Prescription Only Medicine
Off-label use	Medicines should be stored according to the conditions detailed in the storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local Medicines Management team must be consulted. Where medicines have been assessed by a pharmacy professional in accordance with national or specific product recommendations/manufacturer advice as appropriate for continued use, this would constitute off-label supply/administration under this PGD. The responsibility for the decision to release the affected medicines for use lies with the pharmacy professional. Where a drug is recommended off-label consider, as part of the consent process, informing the individual/carer that the drug is being offered in accordance with national guidance, but this is outside the product license.
Route/Method of administration	Topical application to nasal passages. Mupirocin nasal ointment is an off-white smooth ointment- do not use it if it looks different to normal. A small amount of ointment (about the size of a match head) is placed on the little finger and applied to the inside of each nostril. The nostrils are closed by pressing the sides of the nose together; this will spread the ointment throughout the nares. A cotton bud may be used instead of the little finger for the application to patients who are very ill.

	Wash hands after application. The nasal ointment should not be administered concomitantly with other nasal ointments or active substances to avoid dilution of the ointment which could alter mucosal penetration and thereby efficacy and product stability. Avoid contact with the eyes. If contaminated, the eyes should be thoroughly irrigated with water immediately until contents removed, and medical advice sought.
Dose and frequency	Mupirocin 2% nasal ointment should be applied to the anterior nares of each nostril, three times a day for 5 days.
Quantity to be administered and/or supplied	**PTHB inpatients** Administration of each dose must be recorded on the stat. section of the inpatient medication record by the healthcare professional working to the PGD (NB. delegation of tasks is not permitted when working to a PGD). **The inpatient must be re-assessed using the PGD** (by a registered healthcare professional who is authorised to work to the PGD) **before each dose is administered**, to confirm that the medication continues to be appropriate for the individual. As the treatment duration should be a **total of 5 days**, a prescriber must prescribe the remainder of the treatment course as soon as possible (ensure the prescriber is aware of any stat doses that have been administered, so the correct total course length is prescribed). **All other individuals** An appropriate pre-labelled pack of mupirocin 2% nasal ointment (3g or 5g) may be supplied to the individual. The individual must be advised as stated in this PGD.
Maximum or minimum treatment period	For **all individuals** the duration of each course of eradication therapy should be 5 days. Re-swab 48 hours after completion of a treatment course to confirm eradication. Refer to Eolas for recommended actions to take depending on the swab results. If post treatment swabs remain positive, a second 5 day course can be issued to eligible individuals seen in pre-assessment clinic or to PTHB employees under this PGD. Inpatients requiring a second decolonisation attempt should have this prescribed by a prescriber. The IP&C

	team must also be contacted for all individuals who have a post treatment positive swab. Advice from the IP&C team is required if an individual remains positive after 2 attempts of decolonisation. Further issues are not covered under this PGD.
Storage	Stock must be securely stored according to PTHB Medicines policy (MMP 001) and in conditions in line with the SPC.
Drug interactions	No drug interactions identified- refer to BNF/SPC (http://www.medicines.org.uk). The nasal ointment should not be administered concomitantly with other nasal ointments or active substances to avoid dilution of the ointment which could alter mucosal penetration and thereby efficacy and product stability. Refer to a prescriber if any concern and document advice given.
Identification, management of, and reporting of adverse effects	Uncommon: Nasal mucosa reactions- itching, redness, burning, tingling, or stinging of the nose. Very rare: Cutaneous hypersensitivity reactions or systemic allergic reactions including anaphylaxis, generalised rash, urticaria and angioedema. Signs include itchiness, redness or soreness, swelling (sometimes of the face or mouth, causing difficulty in breathing), collapse or loss of consciousness. Should a possible sensitisation reaction or severe local irritation occur, treatment should be discontinued, the product wiped away/washed off, and medical advice sought as appropriate. In addition, contact the IP&C Team for advice during normal working hours. If prolonged or significant diarrhoea occurs or the individual experiences abdominal cramps, treatment should be discontinued immediately and the individual investigated further by a doctor (due to potential risk of Pseudomembranous colitis). This list is not exhaustive- a detailed list of adverse reactions is available in the BNF or SPC.

	Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults or all suspected adverse reactions in children that may be attributable to the medication should be reported. Guidance on the yellow card system is available at the back of the BNF, or using the above link. Record all adverse drug reactions (ADRs) in the individual's medical record and the individual's GP should be informed. Report any suspected adverse reactions to a doctor. In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone. In case of anaphylaxis: • Refer to adrenaline (epinephrine) PGD 0017 and anaphylaxis procedure • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E • Ensure reaction is fully documented in individual's notes • Ensure all individual's records are marked **ALLERGIC TO Mupirocin 2% w/w nasal ointment** (and state manufacturer). • The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers All significant adverse drug reactions should be reported via the Once for Wales Reporting System.

Records to be kept	Record consultation details as required by local procedures. In addition, record: • Name, address and date of birth of individual • Name and address of GP with whom the individual is registered (or record where an individual is not registered with a GP) • That valid informed consent to treatment was obtained or a decision to treat was made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent, if appropriate • Medical and drug history taken, including any allergies and previous adverse events and nature of reaction • Reasons for inclusion or exclusion from PGD; any reasons for referral, referral arrangements made and any actions taken • Any advice received from medic and advice given to individual/carer • If the individual has refused treatment, and any advice given • That the drug is being supplied/administered in accordance with a PGD- record PGD title, number and version • As recommended in IPC 015 MRSA policy, individual's notes should be flagged with an alert MRSA sticker on the inside of the notes and/or electronically • Record any advice given about the medication including side effects, benefits, and action to take if any concerns. For administration, record: • Date and time of administration • Name, form, strength and dose administered • Route of administration • Expiry date • Details of any adverse reactions and actions taken • **Administration as a stat dose on the inpatient chart.** There MUST be a record of **each administration via PGD** of the medication on the stat. section of the inpatient medication administration record For supply, record • Date of supply • Name, form, strength, dose, frequency and quantity of medication supplied • Expiry date of medicine and batch number. The records must include the date, printed name and signature (or a password controlled e-records) of the

	healthcare professional responsible for administration/supply. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should be kept for audit purposes in accordance with local policy. Inform the individual's GP as appropriate. **Additional records** to be kept by **Preoperative Assessment Clinic** Use log book to record: • Individual's details • Name and signature of nurse supplying mupirocin 2% nasal ointment • Confirmation of letter sent to GP • Confirmation of letter sent to Surgical Consultant

Information

Written/verbal information to be given to individual or carer	• Provide patient information leaflet, MRSA information leaflet (found in Appendix B of IPC 015 MRSA policy), and NPSA Fire Hazard leaflet
	• Explain indications, contraindications and cautions, possible side effects and their management
	• If providing labelled medication to take home:
	  ○ draw individual/representative's attention to the label and advise on the dosage to be taken - see dosage section
	  ○ advise that all medication must be kept out of the reach of children
	  ○ advise individual that hands should be washed after application
	  ○ advise to stop using if a possible sensitisation reaction or severe local irritation occurs and wipe the product away. If side effects occur, seek medical advice
	  ○ any product remaining at the end of treatment should be discarded in accordance with local requirements.
	• Give appropriate advice if medication is used off-label
	• Warn individual/carer of risk of severe burns due to paraffin content. Advise individual not to smoke, go near naked flame, or anything that may cause a fire. Ensure individual/carer understands the fire risk associated with the build-up of residue on clothing and bedding and can take action to minimise the risk- regularly changing clothing and bedding impregnated with paraffin based

	products (preferably on a daily basis) as the paraffin soaks into the fabrics and can potentially be a fire hazard • Advise individual to keep the ointment away from the eyes - if the ointment gets into the eyes accidentally, wash them thoroughly with water and seek advice from a doctor • Ensure individual is aware of the importance of compliance with treatment and follow-up screening 48 hours after the completion of the course • If relevant, ensure staff member is aware of restrictions to working (if necessary). • Seek medical advice immediately if overdose occurs.
Follow-up advice to be given to individual or carer	• Inform individual of possible side effects and their management. • Advise individual to seek medical advice immediately if they have any unexpected reaction or other cause for concern. Outpatients/staff should contact GP via surgery or emergency on call service; PTHB inpatients should inform the staff caring for them. • Arrange for the individual to be re-tested for MRSA carriage after 48 hours have elapsed from completion of the course, then refer to IPC 015 MRSA policy for further requirements/actions to be taken.

Key references

1. BNF/BNF for children online: https://bnf.nice.org.uk accessed on 20/10/2025
2. Summary of Product Characteristics:
   - Bactroban nasal ointment 2%, last updated 14 Nov 2024; accessed via www.medicines.org.uk
   - Mupirocin nasal ointment 2%, 3g or 5g, InfectoPharm Ltd, updated 20 June 2025; accessed via www.medicines.org.uk
3. Patient information Leaflets:
   - Bactroban nasal ointment 2%, last revised, November 2024, accessed via www.medicines.org.uk
   - Mupirocin nasal ointment 2%, 3g or 5g, InfectoPharm Ltd, last revised February 2025, accessed via www.medicines.org.uk
4. NPSA Alert 2007 - Fire hazard with paraffin-based skin products
5. MHRA Paraffin-based skin emollients on dressings or clothing: fire risk
6. Antimicrobial Guidelines via Eolas Medical accessed 21/10/25
7. IPC 015 Management of adults with MRSA January 2023
8. NG125 Surgical site infections: prevention and treatment. Last updated 19 August 2020
9. NICE CKS MRSA in primary care. Last revised January 2024

Appendix A: Staff Accredited to use this PGD

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the PGD to work under it.
The authorising manager must use the competency checklist (below).

Practitioner: *By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct*.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Printed name of registered health professional	Signature of registered health professional	Printed name of senior representative authorising health professional	Signature of senior representative authorising health professional	Date

The authorising manager should retain a copy of the list, which will be requested for audit purposes. This list should be kept by PTHB for 25 years after the PGD expires.

The healthcare professional should retain a copy of the document after signing.

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in "comments"	Comments
1	The PGD sign off is for the following PGD:(document the exact title and PGD number) _____			
2	We have discussed the expiry of the PGD and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD			
4	The Patient Group Direction has been read in full by the staff member			
5	The identified training has been completed as specified in the PGD and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager, and to the staff member, in conjunction with the PGD Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.