Antibiotic Resistant Organisms Risk Screening - Acute Care

Site Applicability

PHC Acute Care Sites

Practice Level

Basic: Physicians, NPs, Nursing, Clinical Nurse Leader, Clinical Site Coordinator, Bed Placement Coordinator

Standards

A risk assessment for antibiotic resistant organisms (ARO) will be completed on admission for **all inpatient acute care admissions** using the <u>Infectious Disease Risk Screening</u> (IDRS) <u>PowerForm in Cerner</u>. AROs included for screening are <u>MRSA</u> (methicillin resistant <u>Staphylococcus aureus</u>), <u>VRE</u> (vancomycin resistant enterococci), and <u>CPO</u> (carbapenemase producing organisms).

IDRS can be a separate PowerForm or be embedded in other PowerForms (e.g., ED Triage – Adult PowerForm, OB Triage and Assessment PowerForm, MH Initial Admission PowerForm, etc.).

Admitting nurse must ask the patient if they have any risk factors for AROs in order for Cerner to trigger the appropriate screening swab orders:

ARO Risk Factor Within the Last Year	ARO Screening Swabs Ordered*
Canadian healthcare (invasive procedure, overnight stay)	MRSA, VRE
Healthcare outside Canada	MRSA, VRE, CPO
Chemotherapy (invasive, intravenous or intrathecal)	MRSA, VRE
Dialysis	MRSA, VRE
Homelessness, in shelter or refugee camp	MRSA, VRE
Transitional/supportive housing, group home, or long term care	MRSA, VRE
Incarceration	MRSA, VRE
Household contact with known CPO	MRSA, VRE, CPO
Household contact with known MRSA and/or VRE	MRSA, VRE
Substance use	MRSA, VRE

^{*}See Special Considerations in NICU section below

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Screening swabs are not routinely required for organisms that already have a Disease Alert in the banner bar on Cerner.

Patients admitted to mental health units/programs in acute care will not have Cerner generated orders for ARO screening swabs and will not have <u>Contact Precautions</u> implemented when alerted for MRSA or VRE.

The RN/RPN/LPN will collect the appropriate screening swabs as determined by the IDRS Form and send to the lab within 12 hours of admission.

Screening swabs for MRSA will include swabs from the anterior nares, perineum, and any open, draining wound/skin lesion/sore/puncture site (e.g., IV site, PEG tube, etc.).

Screening swabs for VRE will include a rectal or colostomy site swab with fecal staining.*

Screening swabs for CPO will include a rectal or colostomy site swab with fecal staining.* Additional screening swabs for CPO may be indicated in consultation with IPAC.

*Note: VRE and CPO can be cultured from the same screening swab. If the patient requires both, send only one swab with VRE and CPO specimen labels.

Special Considerations in NICU

All infants admitted to the NICU (neonatal intensive care unit) will be assessed for risk factors for MRSA, VRE and CPO using the IDRS PowerForm. Screening swabs are ordered automatically when ARO risk factors are present.

Screening swabs for MRSA will include swabs from nares and umbilicus.

Screening swabs for VRE/CPO will include a rectal swab with fecal staining. For infants, perianal swabs are acceptable if rectal swabbing is contraindicated. Additional screening swabs for CPO may be indicated in consultation with IPAC.

Contact Precautions will be initiated for infants known to have an ARO or who are born to mothers who are positive for an ARO.

Infants known to have an ARO will be placed in the far right corner of the unit and separated from other infants.

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Guideline

The purpose of assessing the risk for antibiotic resistant organisms (ARO) is to detect and prevent the possible transmission of MRSA, VRE and CPO from infected/colonized patients to other patients, employees and visitors.

Assessment, Intervention, and Documentation

- The IDRS PowerForm (see <u>Appendix A</u>) will be included in the admission order set for all acute care inpatient admissions.
- Send screening swabs to PHC Medical Microbiology Laboratory within 12 hours of admission.
- ICU will re-collect and send screening swabs for all admitted patients for MRSA and VRE on Sunday nights, unless the patient is already alerted for the specified organism (exception for any patient who had their admission risk assessment completed on Friday or Saturday of that same week).
- If the patient already has a Disease Alert in Cerner for a particular organism:
 - Do not send screening swab(s) for a previously alerted organism.
 - Implement <u>Contact Precautions</u> for patients who have been previously alerted. <u>Droplet and Contact Precautions</u> are needed for patients with MRSA or CPO in sputum.
 - Inform the receiving patient care area that Contact Precautions are required.
- If a patient is not alerted in Cerner but reports an ARO history, ask the patient when and at
 what healthcare facility they tested positive and contact IPAC with this information. IPAC will
 confirm the patient's report and indicate if repeat screening swabs are required. Place the
 patient on Contact Precautions but avoid cohorting until the reported history has been
 confirmed.
- If a patient is not alerted in Cerner but they are alerted in another electronic health record (e.g., Care Connect), contact IPAC to add the alert into Cerner.
- If a screening swab results positive for an ARO, Cerner will automatically update the Disease Alert in the banner bar and order Contact Precautions. However, if an ARO results positive from a clinical specimen (e.g., wound culture), the Disease Alert and precautions will be added manually by IPAC.

Patient Placement

- Routine Practices and Point of Care Risk Assessment are used in the routine care of all
 patients at all times in all healthcare settings and are determined by the circumstances of the
 patient, the environment and the task to be performed.
- Patients with MRSA should be placed in a private room. If a private room is not available, MRSA positive patients may be cohorted with other known MRSA patients.
- Patients with VRE should be placed in a private room. If a private room is not available, VRE
 positive patients may be cohorted with other patients with VRE.

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- Patients who test positive for CPO require placement in a private room. CPO positive patients should not be cohorted with other patients. All patients deemed high risk for CPO will be placed on Contact Precautions in a private room until screening swab results are available. If a private room is not available, contact IPAC to assist with a risk assessment for patient placement.
- Refer to the Patient Placement Guidelines for further information.

Education and Resources

- Explain to the patient the need for obtaining screening swabs.
- Explain to the patient and visitors the importance of washing hands and identify hand hygiene resources available to them (location of sink, alcohol-based hand rub and/or hand wipes)
- Instruct the patient and visitors on proper hand washing techniques as required.
- Explain to the patient and visitors the rationale for implementing precautions for patients who
 are alerted for an ARO.
- Additional ARO resources for patients/families are available through <u>Patient Health Education</u> <u>Materials</u>.

Related Documents

- B-00-07-13066 Carbapenemase Producing Organisms (CPO)
- B-00-07-13029 Contact Precautions Infection Control
- <u>B-00-07-13079</u> Droplet and Contact Precautions Infection Control
- B-00-07-13015 Methicillin Resistant Staphylococcus aureus (MRSA)
- B-00-07-13087 Patient Placement Guideline Infection Control
- B-00-07-13081 Point of Care Risk Assessment IPAC Best Practice Guideline
- B-00-07-13045 Routine Practices
- <u>B-00-07-13016</u> Vancomycin Resistant Enterococci (VRE)
- CST Cerner Help Document Infectious Disease Risk Screening

References

Centers for Disease Control and Prevention. (2015). Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE). Retrieved from https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf

Centers for Disease Control and Prevention. (2022). 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Retrieved from https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf

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Appendix A: Infectious Disease Risk Screening PowerForm

More information on how to fill out the Infectious Disease Risk Screening PowerForm can be found at <u>CST Cerner Help</u>.

Infectious Disease R	lisk S	creening			
Refer to field reference text (right-clic Confirm all automated orders are cons				der information.	
Syndromic Symptom Surveillance					
ADULTS (17 years or older): Does th		have any of th	e following signs or symp	otoms?	(Ref)
PEDS (less than 17 years): Does th					
	No	Yes	Unable to obtain		
"Suspected Viral Respiratory Infection					
*Suspected Infectious Diamhea					
*Suspected Infectious Vomiting *Fever with H/A, Photophobia, or Alt LOC					
"Fever with Rash (e.g. Measles)					
*Fever with Parotid Swelling (e.g. Mumps	1				
*Query TB (e.g. Hemoptysis)					
"Vesicular Rash (e.g Shingles,Chickenpo	K)				
Vesicular Rash Description (Ref)		☐ Dissemina		ash	
Intibiotic Resistant Organism (AF					
During the past YEAR, has the patier antibiotic-resistant organism risk fac		enced any of the	following (Ref)	In which C healthcare	anadian facility did this occur?
None		☐ Incarceration			
Canadian healthcare (invasive procedure, ov	emight stay)	☐ Household conta	act with known CPO		
 Chemotherapy (invasive, intravenous or intrati 	necal)	_	act with known MRSA and/or VR	Ε	
☐ Dialysis		Substance use			
Homelessness, in shelter or refugee camp		Unable to obtain	1		
In halfway/group home or long-term care facili	b				
Does the patient have a history of a	ny of the	following? (Ref)	ARO Histo	ry Details (Ref)
	N	o Yes	Unable to obtain	C. Auris	☐ Other/unknown
"History of AROs				CPO	
"Healthcare OUTSIDE Canada in Last Ye				☐ MRSA	
*Recent Exposure to Communicable Dise	sse			☐ VRE	
In which facility and/or country did this foreign healthcare occur?		d this foreign are occur?	Communicable Disease Exposed To:	(Ref)	
	O Within	the last 21 days	Chickenpox or shingles	Mumps	
	O More t	han 21 days ago	Confirmed COVID-19 patie		
	O Unable	to obtain	☐ Measles	Other:	
Tuberculosis Status Description (Re	ef)				
	ef) eceiving bea	Iment	☐ Treated - did not complete	treatment D Other:	
□ N/A □ B	eceiving bea	itment pieted treatment	☐ Treated - did not complete ☐ Unable to obtain	treatment	
□ N/A □ B	eceiving trea realed - comp	pleted treatment	Unable to obtain	ht-click on the field belo	
N/A Rotive pulmonary TB Ti	eceiving trea realed - comp	Location of Reco	Unable to obtain	ht-click on the field belong to which the patient/	
N/A B Ractive pulmonary TB To Have you or a household member tr outside of Canada within the last 30 No Yes, patient	eceiving trea realed - comp	Location of Reco	ent Travel If needed, rig specific counts	ht-click on the field belony to which the patient/	
N/A B Active pulmonary T8 To Have you or a household member tr outside of Canada within the last 30 No Yes, patient Yes, household member	eceiving trea realed - comp	Location of Reco	ent Travel If needed, riging specific country China Eastern Europe ealand India	ht-click on the field bekery to which the patient/ Russia South America United States	
N/A B Active pulmonary TB TI Have you or a household member tr outside of Canada within the last 30 No Yes, patient Yes, patient and household member Yes, patient and household member	eceiving trea realed - comp	Location of Reco	ent Travel If needed, riging specific counts China Eastern Europe aland India Mexico	ht-click on the field belory to which the patient/ Russia South America United States Western Europe	w to comment on the household member traveled
N/A B Active pulmonary TB To To Active pulmonary TB To To To Uside of Canada within the last 30 No Yes, patient Yes, household member	eceiving trea realed - comp	Location of Reco	ent Travel If needed, riging specific countries China Eastern Europe ealand India Mexico	ht-click on the field bekery to which the patient/ Russia South America United States	

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