



## CHEO Medical Directive

### 1. Name of the Medical Directive: Antibiotic Resistant Organism (ARO) Admission Screening by Nurses

#### Approval Status (Dates)

Version/Revision	MDC Submission	MDC Approval
New	August 2023	August 2023

**Effective Date: October 1, 2023**

**Directive Number: 2039**

**Renewal Frequency:**  3 years  Other (may not exceed 3 years):

### 2. Purpose Statement

- To prevent transmission and ensure control of AROs within the healthcare setting, provincial best practice guidelines (the Provincial Infectious Disease Advisory Committee - PIDAC) recommend targeted admission screening of patients at high risk for being colonized with certain AROs including but not limited to MRSA, VRE and, ESBL Enterobacteriaceae, and Carbapenemase Producing Enterobacteriaceae (CPE).
- This medical directive will allow nurses to collect nasal, perianal, wound, and umbilical screening swabs for AROs upon admission or in preparation for admission for the identified patient population.

### 3. Personnel Authorized to Implement the Medical Directive

- Nurses in Critical Care, Inpatient Paediatrics, Inpatient Haematology/Oncology, Inpatient Surgery, Surgical clinics, Ambulatory care (upon IPAC request) and Inpatient Mental Health as well as IPAC nurses are authorized to order and obtain admission screening swabs.

### 4. Patient Population and Indications

- For criteria for individual patient populations and indications for specific AROs, please refer to [Appendix A](#)

### 5. Contraindications

- Screening swabs may be contraindicated in the case of certain trauma or surgical patients with involvement of either the nares or the rectum / perianal area. **If in doubt, the nurse should contact the Most Responsible Physician (MRP) for the patient.**
- Should a patient meet criteria for screening swabs and swabs cannot be done for any reason, IPAC should be notified.

### 6. Description of the Procedure

- Assess that the patient meets the screening criteria, as per [Appendix A](#)
- Verify in the patient's health record that there are no similar screen swabs pending for this admission
- Identify patient
- Select appropriate screen swab for the requested organism (MRSA, VRE, ESBL, CPE) and follow specific procedures:
  - Specimen Collection: Nose and Throat Specimens for Culture: see Mosby Skills
  - Specimen Collection: Wound Drainage (Paediatric): see Mosby Skills
  - Specimen Collection for Rectal:
    - Take a C & S swab and gently roll in the rectal area and ensure stool is present.
- Place the order(s) in the electronic health record (Epic) for the appropriate screening
- For MRSA nasal/rectal screen swab choose Dual MRSA swab as the specimen type.
- Send swab(s) to the Laboratory (see Transportation of Specimens to Laboratory)

### 7. Consent and Documentation

- Obtain a verbal consent from the patient/family prior the initiation of this directive and document on the appropriate patient health record.
- Document procedure in the patient's health record.
  - Order Mode: Medical Directive
  - Enter: Ordering Provider (RN) and Authorizing Provider (MRP)

- Document Medical Directive No 2039 in comments field

## 8. Quality Management Process

- Nurses will be educated by the Nurse Educator/delegate re: medical directive.
- Incident reports (SRS) related to the use of this medical directive will be communicated to the Chair of Medical Directive Committee, IPAC Medical Director, Manager of the clinical area and MRP.
- Infection Prevention and Control (IPAC) will perform an audit of admission screening compliance every twelve (12) months and prior to the renewal of this medical directive.
- Audit results will be reported to the Medical Director of IPAC. Nurse Educators /Managers of audited units will be notified as required.
- The medical directive will be reviewed annually .

## 9. References

CHEO:

- Prevention and Control of Antimicrobial Resistant Organisms (ARO) Policy No IPAC 2-6 (2023)
- Consent Policy No 05 (2019)
- Epic Tip sheets: CHEOnet
  - Order Mode: Nurse Placing Orders
  - Verbal, Telephone and Medical Directive Orders
- ESBL: Extended-Spectrum Beta-Lactamase Producing Bacteria Fact Sheet for families Form No P6140E/P6140F
- Extended-Spectrum Beta-Lactamase Producing Bacteria (ESBL) Fast Facts for Staff : IPAC Manual on CHEOnet
- Patient/Client Safety Event Reporting No 354 (2022)
- Medical Directives Policy No (OTH-1) (2017)
- Methicillin Resistant Staphylococcus *aureus* Fact Sheet for families Form No P4902E/P4902F
- Mosby Nursing Skills:
  - Specimen Collection: Nose and Throat Specimens for Culture
  - Specimen Collection: Wound Drainage (Paediatric)
- Patient Identification Using Two Patient Identifiers Policy No 040 (2017)
- Transportation of Specimens to Laboratory Policy No LAB-3 (2022)
- Vancomycin Resistant Enterococci (VRE) Fast Facts for Staff: IPAC Manual on CHEOnet
- VRE: Vancomycin Resistant Enterococci Fact Sheet for families Form P6180E/6180F

Other:

College of Nurses of Ontario (CNO):

- Practice Guidelines:
  - Authorizing Mechanisms (Updated 2020)
  - Consent (updated 2017)
  - Directives (updated 2020)
- Practice Standards:
  - Decisions About Procedures and Authority (updated 2018)
  - Documentation Revised 2008 (updated 2019)
  - Professional Standards, Revised 2002 (updated 2018)
- PIDAC, Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms, February 2013.
- Provincial Infectious Diseases Advisory Committee (PIDAC), Routine Practices and Additional Precautions in all health care settings 3rd edition, November 2012.

## 10. Contact Information

**Area of Practice:** Inpatient (PICU, NICU, 4E, 4N, 4W, 5E, 6E, 6N), outpatient (surgical clinics: orthopaedics, cardiovascular, neurosurgery), MDU

**Medical Director:** Nisha Thampi, MD, IPAC

**Extension:** 2491

**Reviewed By:** Meghan Engbretson, CIC, IPAC

## Appendix A – Organism-Specific Guidance for ARO Management

	MRSA	VRE	ESBL	CPE
Admission screening criteria	<p><b>Patients:</b></p> <ul style="list-style-type: none"> <li>Identified as carrying MRSA.</li> <li>Who have a 'SCREEN' alert for MRSA.</li> <li>Who have received health care for <math>\geq 12</math> hours at healthcare facility within OR outside of Canada in the previous 12 months.</li> <li>Identified as a close contact of another individual (e.g., household contact) known to have MRSA.</li> <li>Who have lived in congregate settings (shelters, group homes, correctional facilities) within the past 12 months.</li> <li>Completing pre-operative screening in surgical clinics (spinal surgery, cardiopulmonary bypass surgery, CSF shunt insertion)</li> <li>With clinical suspicion of a MRSA infection.</li> <li>Identified as requiring screening by IPAC</li> </ul>	<p><b>Patients:</b></p> <ul style="list-style-type: none"> <li>Identified as carrying VRE.</li> <li>Who have a 'SCREEN' alert for VRE.</li> <li>With primary or preferential admission location of 4N (see <i>Bed Assignment Policy</i>)</li> <li>Identified as a close contact of another individual (e.g., household contact) known to have VRE.</li> <li>Who have received health care (<math>\geq 12</math> hours) outside the country in the last 12 months.</li> <li>Who have lived in congregate settings out of country in the previous 12 months.</li> <li>With clinical suspicion of a VRE infection.</li> <li>Requiring screening by IPAC.</li> </ul>	<p><b>Patients:</b></p> <ul style="list-style-type: none"> <li>Identified as carrying ESBL.</li> <li>Identified as having an ESBL alert.</li> <li>Who have received health care (<math>\geq 12</math> hours) outside the country in the last 12 months.</li> <li>Who have lived in congregate settings out of country in the previous 12 months.</li> <li>With clinical suspicion of an ESBL infection.</li> <li>Requiring screening by IPAC</li> </ul>	<p><b>Patients:</b></p> <ul style="list-style-type: none"> <li>Identified as carrying CPE.</li> <li>Who have a CPE or SCREEN alert.</li> <li>Who have received health care (<math>\geq 12</math> hours) outside the country in the last 12 months.</li> <li>Who have lived in congregate settings out of country in the previous 12 months.</li> <li>Identified as a contact of a known case of CPE.</li> <li>With clinical suspicion of a CPE infection.</li> <li>Requiring screening by IPAC</li> </ul>
Additional screening for prolonged stay patients ( $>30$ days)	<ul style="list-style-type: none"> <li>Patients admitted to PICU, NICU and 4 North and <math>&gt;30</math> days since last screening.</li> <li>Patients admitted from unit to PICU and <math>&gt;30</math> days since last screening</li> </ul>	Patients admitted 4 North and $>30$ days since last screening.	Not required	Not required
Screening for re-admission within 30 days	Not required within 30 days <u>unless the patient has received health care for more than 12 hours in a healthcare facility other than CHEO - OCTC.</u>	Not required within 30 days <u>unless the patient was admitted to a haematology- oncology or nephrology unit other than CHEO- OCTC.</u>	Not required	Not required
Required swabs for screening	<ul style="list-style-type: none"> <li>Nasal</li> <li>Rectal</li> <li>Umbilical (NICU only)</li> <li>Wound (as per IPAC)</li> </ul>	<ul style="list-style-type: none"> <li>Rectal (stool preferred)</li> <li>Wound (as per IPAC)</li> </ul>	<ul style="list-style-type: none"> <li>Rectal (stool preferred)</li> <li>Wound (as per IPAC)</li> </ul>	<ul style="list-style-type: none"> <li>Rectal (stool preferred)</li> <li>Wound (as per IPAC)</li> </ul>