



Proactive Admission Screening for Multidrug Resistant Organisms in your Hospital

This document provides information about the **Partners for Patient Safety: Early Detection and Infection Prevention** program to identify dangerous multidrug resistant organisms (MDRO) in hospitals before transmission can occur. This document is specifically for hospital leadership, infection prevention experts, and staff who will partner with Public Health on this project. **Partners for Patient Safety** is funded by the US Centers for Disease Control and Prevention (CDC) and led by the Washington State Department of Health (DOH) and your local health jurisdiction (LHJ).

Admission Screening

Admission screening can identify patients who need infection prevention interventions to prevent MDRO spread in your hospital. It also helps us understand how common these dangerous organisms are in Washington. Admission screening for specific MDROs in eligible patients is an important way to demonstrate that your facility is doing everything it can to protect patients. We strongly urge facilities to collect the admission swabs within 24 hours of admission and to consider contact precautions for screened patients until negative results are reported.

Highest Priority MDROs in Washington

Carbapenemase-producing Organisms (CPOs)

Carbapenemase-producing organisms are highly antibiotic-resistant bacteria that can cause difficult to treat infections and, in some cases, infections that are resistant to all available antibiotics. These bacteria produce enzymes called carbapenemases that break down carbapenem antibiotics, some of the strongest antibiotics available, as well as other antibiotic drugs. The genes that code for carbapenemase production are easily transferred between bacteria, contributing to the rapid increase in antibiotic-resistant infections. Since both colonized and infected patients can spread these organisms in healthcare settings, prompt implementation of Contact Precautions and other infection control measures is essential to prevent patient-to-patient transmission of CPOs.

Carbapenemases occur in Enterobacterales (CRE) like *E. coli*, *Klebsiella* and *Enterobacter* and in other Gram-negative organisms like *Acinetobacter* (CRAB) and *Pseudomonas* (CRPA). Commonly reported carbapenemases in the United States are:

- *Klebsiella pneumoniae* carbapenemase (KPC)
- New Delhi metallo- β -lactamase (NDM)
- Verona integron-encoded metallo- β -lactamase (VIM)
- Oxacillinase-48-type carbapenemases (OXA-48) and others (e.g., OXA-23, -24/40, -58, and -235/237) (Note: As of writing, admission screening can only identify OXA-48.)
- Imipenemase metallo- β -lactamase (IMP)

Candida auris

Candida auris is an emerging, often multidrug resistant, yeast first identified in Japan in 2009. It can cause invasive healthcare-associated infections with high mortality and spreads easily in healthcare facilities. Once vulnerable patients become colonized, they are at higher risk for invasive infection. *C. auris* is shed in skin cells as well as body fluids and is difficult to eradicate from the healthcare environment. To ensure effectiveness of environmental cleaning, special disinfectants should be used. Facilities can be more successful in preventing in-facility transmission by knowing which patients are colonized. Given that *C. auris* is spreading in our state, we encourage hospitals to proactively switch to a disinfectant that is [effective against *C. auris*](#).

Colonization versus Infection

Both CPOs and *C. auris* can cause colonization or infection. *Colonization* means that the person has the organism in or on their body, but it is not causing any symptoms. People may be colonized for varying lengths of time, but use of antibiotics appears to prolong duration of colonization. Colonized patients are at risk of developing an invasive infection with that organism.

Infection means the organism has invaded tissues and is causing illness. The type of symptoms will depend on what part of the body is infected, for example, urinary system, lungs, blood, skin, or wound. In addition, 50% of CPO blood stream infections and 30-60% of invasive *C. auris* infections can be fatal.

Who should have admission screening for CPOs and *Candida auris*?

Public Health recommends that hospitals perform admission screening for patients with:

- Close contact in a healthcare setting to someone diagnosed with *C. auris* or CPO infection or colonization. Close contact may include:
 - Sharing a room, bathroom, or patient care equipment,
 - Being cared for by the same healthcare staff, or
 - Staying in a room near that of a person with *C. auris* or CPO.

- An admission of 24 hours or more in any healthcare facility that is experiencing transmission of *C. auris* or CPO.
- An overnight stay in the prior year in a healthcare facility
 - Outside the U.S.
 - In a [region of the U.S. with a high burden of *C. auris* cases.](#)
- Direct admission from a ventilator-capable skilled nursing facility or a long-term acute care hospital.
- Presence of a tracheostomy
- Colonization or infection with a carbapenemase-producing organism.

The DOH provides free screening for patients who meet the criteria described above through the Partners for Patient Safety Program. Screening must be approved in advance of submission. Contact your LHJ to set up the program.

Healthcare facilities that opt to expand *C. auris* screening beyond the categories supported by Public Health can seek *C. auris* testing at commercial labs (e.g., Quest, Labcorp, University of Washington) or by validating and implementing *C. auris* testing in their own lab.

Hospitals may consider performing broader admission screening on patients with risk factors that are associated with *C. auris* and CPOs such as

- Chronic wounds
- Indwelling medical devices, including central lines, feeding tubes, urinary catheters, etc.
- Receipt of complex or high acuity medical care
- Frequent or long healthcare stays, especially at high-risk facilities such as vSNFs or LTACHs

IMPORTANT NOTE: Operationalizing admission screening can be challenging. Hospital infectious disease and infection prevention experts should consider their patient population, information about healthcare outbreaks of *C. auris*, and internal capacity to make an informed decision about which groups of patients they plan to screen. We recommend prioritizing screening of patients with more recent admissions, particularly those in high acuity long term care settings.

If a targeted MDRO case is detected, , see “[What to Do if You Identify a Targeted Multidrug Resistant Organism in Your Facility \(PDF\)](#)” for response actions including screening epidemiologically linked patients. Sometimes several rounds of screening are conducted to ensure that there has been no transmission.

Developing an operational plan for implementing Partners for Patient Safety targeted admission screening

Facilities should complete the [Operational Planning Checklist](#) available in [Appendix I](#) with their LHJ prior to beginning any **Partners for Patient Safety** admission screening. The plan will describe which patient groups are prioritized for screening and encourages facilities to determine in advance how these patients will be identified as candidates for screening, who will be responsible for collecting the swabs and notifying Public Health, and whether pre-emptive Contact Precautions will be implemented until negative screening results are known.

Notifying Public Health prior to submitting screening samples

After you have identified a new patient who is eligible for admission screening, it is necessary to alert your LHJ contact and the DOH Antimicrobial Resistance Lab (AR Lab) prior to submitting the screening samples. LHJ contacts are listed in your [Operational Planning Checklist](#).

Obtaining consent prior to screening

All patients screened for CPOs and *C. auris* should agree to the screening. Facilities achieve higher acceptable of screening if it is presented as an important patient safety activity from which patients can opt out. Your hospital may use the script in [Appendix II](#) to educate the patient or the patient's designated medical decision maker about why you are conducting screening, how the swab is collected, and what a positive test would mean. Verbal consent is adequate unless your facility requires a signed consent.

Screening for CPOs and *Candida auris*

Testing for CPOs and *C. auris* is performed at the Washington State Department of Health (DOH) Public Health Laboratory (PHL). All testing materials, FedEx shipping, and testing are free. The DOH will send you sample collection kits to have onsite prior to beginning admission screening along with all the other supplies needed for packaging and shipping. The following is a brief description.

Sample collection

Collecting the samples is simple but must be completed correctly. Sample collection can be performed when a patient is being evaluated in the emergency department, once admitted to their hospital room, or at any time within the first 24 hours after admission.

- For CPOs, the sample is collected by using the rayon-tipped swab (Copan) included in the CPO collection kit to get a small amount of stool from the rectum. Alternative collection can be arranged for patients when rectal swabs are contraindicated.

- For *C. auris*, screening is performed by using the nylon-flocked swab (BD) included in the *C. auris* collection kit to swabbing the skin of both axillae followed by both sides of the groin.
- See detailed collection instructions in [Appendix III](#) and [Appendix IV](#).

Required materials

The following materials will be provided to you by Public Health prior to screening.

- Two collection kits for each patient, one for CPO and a second for *C. auris*
 - Each kit will contain the special collection swabs, a biohazard bag containing an absorbent pad, and a plastic-wrap-like Parafilm strip.
 - Please note, collection kits for CPO and *C. auris* contain **different** swabs. *C. auris* collection kits have a swab with a white cap and CPO collection kits have a swab with a red cap; **they are not interchangeable.**
- “Category B”-compliant box for shipping and special “95 kPa” bags
- Chemical icepacks
- Pre-paid FedEx return shipping label

Requisition forms

Each sample submitted to PHL must be accompanied by a requisition form that includes the patient’s name, date of birth, sample source, and date and time of collection. The forms must be filled out in an online order entry system called Electronic Test Ordering and Reporting (ETOR). After completing the form in ETOR you must print out the form to include with the sample.

To create requisition forms using the ETOR system, users must create an ETOR account and take a short training to learn how to use it. Your LHJ will provide information about how to access the training. There are two methods for creating requisition forms through ETOR, individually and batch creation. See [Appendix V](#) for additional information on creating requisitions forms through ETOR.

Packaging and shipping instructions

The packaging and shipping instructions should be followed precisely to ensure that specimens are collected and shipped correctly. See the instructions for CPOs in [Appendix III](#) and for *C. auris* in [Appendix IV](#). Contact your LHJ if you have any questions.

Obtaining results

- Positive results will be communicated immediately to your infection preventionist by telephone.
- Positive and negative results will be shared with your facility via your ETOR portal.

Next steps after screening

Public Health will work with your facility on appropriate next steps depending on the screening results.

- If one or more patients test positive, more widespread screening at your facility may be recommended to determine if transmission occurred.
- Public Health will offer to visit your facility to perform a focused assessment of infection prevention practices most likely to impact transmission of MDROs.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Appendix I: Operational Planning Checklist

Complete this checklist and review with your local public health jurisdiction contact before beginning targeted admission screening to ensure that you have planned and implemented each step.

- ☐ My local public health jurisdiction (LHJ) contact for **Partners for Patient Safety** is:
Name _____ Phone _____ Email _____
- ☐ My facility leadership has given approval to join **Partners for Patient Safety** to perform targeted admission screening for CPOs and *C. auris*.
- ☐ My facility agrees to cooperate and collaborate with Public Health if *C. auris* or CPOs are identified through this screening project.
- ☐ My facility has determined with Public Health which categories of patients will be screened on admission for *C. auris* and CPO.
- ☐ I have planned with my leadership how our hospital will identify patients who are eligible for screening (e.g., Developing a policy and procedure for screening; Adding a question about healthcare exposures to electronic or paper-based admission documentation; Designating staff roles responsible for asking patients or reviewing medical records about exposures and documenting these exposures in the admission paperwork).
- ☐ I have determined in partnership with my relevant hospital programs how, where, and when our hospital will collect screening samples (e.g., Developing SOPs for specimen collection, notification to Public Health, completing submission in ETOR, and shipping to PHL; Designating staff roles responsible for collection; Determining at what point and location during the admission process screening will occur; Training staff on consenting patients for screening; Protocol for transmission-based precautions while results are pending).

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Appendix II: Script for obtaining verbal consent to be screened for CPOs and for *C. auris*

Hi, my name is [insert name] and I work for [insert organization]. I'm here to talk to you about testing that [insert healthcare facility e.g., hospital or nursing home] is doing to check for certain germs.

We are looking for two types of germs that are difficult to treat and can spread easily in hospitals and nursing homes.

- One of these germs is called *Candida auris* and it is a type of yeast that can be resistant to many of the drugs used to treat it.
- The other germ is called carbapenemase producing organisms, or "CPO" for short. It is a type of bacteria that can also spread from patient to patient in hospitals and nursing homes and is very resistant to antibiotics.

Some people can carry these germs on their skin or in their body fluids without any symptoms and they can spread the germ to others without knowing it.

The chance that you carry this germ is low, and fortunately, most people who carry it don't get sick from it. There are a few reasons why it can be helpful to test patients for this germ. First, your doctors will be able to make better decisions for you about your medical care if they know whether you carry this germ. Second, [insert healthcare facility e.g., hospital or nursing home] and Public Health need to know who is carrying the germ so that they can help prevent it from spreading.

The test is not painful and there should be no side effects. If you agree to be tested, the process is simple.

- To test for the yeast, *Candida auris*, we would use a soft swab, like a Q-tip, to swab both sides of your armpit and your groin (the area where your leg joins your body).
- To test for the bacteria, CRE, we would also use a soft swab and gently insert just the tip into your rectum, rotate it, and then remove it.
 - If you're not comfortable with us doing this, you can use the swab yourself to gently wipe a few times around your anus.

The swabs will be sent to a lab to check for the germs, and the results are usually available within several days. If the results show you carry this germ, someone will contact you to discuss what to do next. The test results will be kept confidential to the extent allowed by law.

Agreeing to these swabs is voluntary and you can choose not to be tested. Do you have any questions? [pause for questions]

Is it OK if we collect the swabs?

Source: CDC, Example verbal consent for collection of swab to assess colonization with *Candida auris*,
<https://www.cdc.gov/fungal/diseases/candidiasis/pdf/C-auris-assent-for-screening-template.pdf>

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Appendix III: CPO screening collection and submission instructions



West AR Lab Network Regional Laboratory: Guidance for CRE Colonization Testing

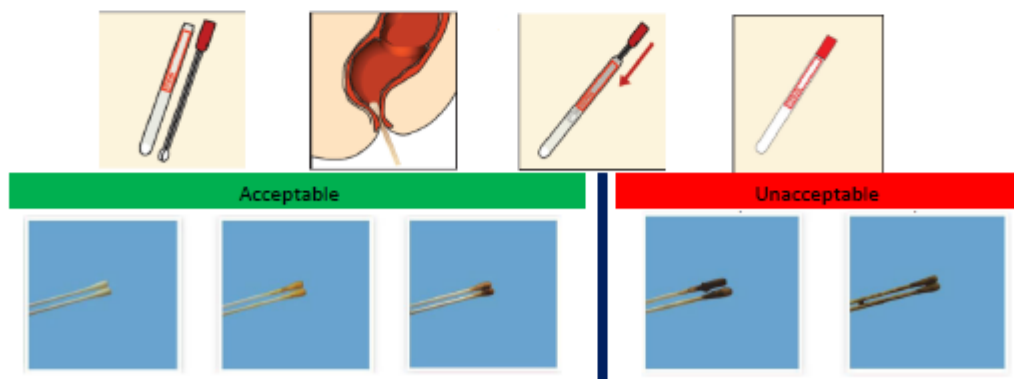
SAMPLE COLLECTION and SHIPMENT

Equipment and Materials

- Collection kits provided upon request. Please email the West AR Lab Network Regional Lab at ARLN@doh.wa.gov.
 - *Specimens must arrive at the West AR Lab Network Regional Lab Monday-Friday by 12pm and within 5 days of collection.*
- Shipping Materials
 - Category B Rated Cardboard Box
 - Clear, sealable biohazard specimen transport bag with absorbent paper inside
 - 95 kPa compliant biohazard specimen transport bag
 - Contents sheet in sealable, plastic bag
 - (Optional) Frozen Cold Packs (not dry ice) may be used if samples shipped with other sample types (*Candida auris*) requiring cold shipment conditions
- Specimen Collection
 - Transystem Liquid Stuart dual plastic applicators rayon tipped (Copan Italia SPA, Brescia, Italy)

Procedure for Rectal Swab Collection

1. Before beginning, perform hand hygiene and wear appropriate personal protective equipment (PPE) as indicated by the patient's clinical care team (e.g., gloves, gown, mask).
2. Instructions for swabs are printed on packaging along with descriptive diagrams, please follow these closely.
3. Open the swab package at the point marked "Peel Here".
4. Remove white cap from transport tube and discard.
5. Pull the swab from its package, being careful not to touch the soft tip. Discard the packaging.
6. Collect specimen by carefully inserting both swab tips approximately 1 cm beyond the anal sphincter and rotate gently, 2-3 times.
 - a. Please reference the diagrams below to ensure proper collection.



7. Place applicator swab in transport tube. Replace the red cap firmly.
8. Use Parafilm provided in the kit to seal the top of the tube. Peel wax paper backing from Parafilm, lightly stretch and firmly wrap strip around the top where the red cap meets the tube. Do not use tape to seal the tube.

9. Write specimen information including two patient identifiers on the tube label or apply a patient identification label.
10. Follow the shipping instructions on the following page. Ship immediately to the West AR Lab Network Regional Lab.

If a delay in shipment cannot be prevented, store the swabs at 4°C until shipment.

Patient swabs must be received for testing within 5 days of collection.

Procedure for Shipping Patient Swabs

Please reference the diagram on the right side of this page.

- **Primary Packaging:** The Transystem collection tube
 - **Secondary Packaging:** Sealable, clear, plastic biohazard specimen bag with absorbent paper within. Biohazard bag is then placed within a 95kPa compliant biohazard specimen transport bag.
 - **Outer Packaging:** Category B rated cardboard shipping box
1. Check to make sure each collection tube has been firmly sealed with Parafilm and appropriately labeled with 2 patient identifiers.
 2. Place one tube into each clear plastic biohazard specimen bag with an absorbent paper. Firmly seal the biohazard specimen bag.
 3. Place the completed requisition form in the unsealed, front pocket of the sealed biohazard bag. (Note: Do not include any paperwork inside the sealed portion of biohazard transport bags).
 4. Place the sealed biohazard bags in a 95kPa compliant biohazard specimen transport bag. (Note: Multiple biohazard bags can be placed within the 95kPa bag; do not overfill.) Firmly seal 95kPa bag.
 5. Complete the contents sheet and return it to the plastic bag and seal. Place the plastic bag between the 95kPa bag and the Category B rated cardboard shipping box.
 - a. The contents sheet is half a page. Please complete all fields (test name, total number of specimens, collection facility name and collection facility state)
 6. **If you are only shipping CRE colonization screening isolates, skip to step 7.** If shipping with other specimen types that require cold shipment (*Candida auris*), place frozen cold packs into the Category B compliant shipping box, followed by the filled and sealed 95kPa bag.
 - a. Make sure frozen cold packs are properly sealed and will not leak and damage the shipping box.
 - b. If desired, frozen cold packs and samples can be placed inside a Styrofoam box within the cardboard box.
 7. Close shipping box and seal shut. Place shipping label and UN 3373 Biological Substance, Category B sticker on outside of box (if not present already).
 8. Attach the FedEx label to the outside of the box and complete the emergency contact sticker found on the outside of the shipping box.
 9. Ship immediately to the West AR Lab Network Regional Lab.



Appendix IV: *C. auris* screening collection and submission instructions



West AR Lab Network Regional Laboratory: Guidance for *Candida auris* Colonization Testing SAMPLE COLLECTION and SHIPMENT

Equipment and Materials Needed

- Collection kits provided upon request. Please email the West AR Lab Network Regional Lab at ARLN@doh.wa.gov.
Specimens must arrive at the West AR Lab Network Regional Lab Monday-Friday and within 96 hours of collection.
- Shipping Materials
 - Category B rated cardboard box
 - Clear, sealable biohazard specimen transport bag with absorbent paper inside
 - 95 kPa compliant biohazard specimen transport bag
 - Contents sheet in sealable, plastic bag
 - Frozen cold packs (not dry ice)
Note: Upon receipt, immediately place cold packs into freezer and allow them to freeze overnight prior to shipment of specimen.
- Specimen Collection
 - Nylon-flocked swab (BD ESwab collection and transport system; Becton Dickinson and Company, Sparks, MD)

Procedure for Swab Collection

The skin, specifically the axilla and groin, appear to be the highest yield sites to swab to identify patients colonized with *C. auris*.

1. Before beginning, perform hand hygiene and wear appropriate personal protective equipment (PPE) as indicated by the patient's clinical care team (e.g., gloves, gown, mask).
2. Instructions for sample collection are printed on packaging along with descriptive diagrams, please follow these closely.
3. Open the swab package by grasping the plastic at the opposite end from the soft tip.
4. Carefully remove the tube from its packaging, leaving the swab tip enclosed in the package to prevent contamination.
5. Pull the swab from its package, being careful not to touch the soft tip.
6. Single swab axilla and groin composite swab collection method:
 - a. Rub both sides of the swab tip over the left axilla skin surface and then the right, targeting the crease in the skin where the arm meets the body (i.e., swab both armpits, swiping back and forth ~5 times per armpit).
 - b. With the same swab used on the axilla, rub both sides of the swab tip over the left groin skin surface, targeting the inguinal crease in the skin where the leg meets the pelvic region and repeat with the right side (i.e., swab the skin of both hip creases, swiping back and forth ~5 times per hip crease).
7. Remove the cap from the swab collection tube, then place the soft end of the collection swab into the tube. Be careful to keep the cap from touching any materials that may contaminate your sample.
8. Snap off the end of the swab at the marked line by bending the plastic handle against the edge of the transport media container.
9. Screw on the tube cap. You may need to adjust it until the snapped end of the swab slides into place in the center of the cap.
10. Use Parafilm provided in the kit to seal the top of the tube. Peel wax paper backing from Parafilm, lightly stretch and firmly wrap strip around the top where the white cap meets the tube. Do not use tape to seal the tube.
11. Write specimen information including two patient identifiers on the tube label or apply patient identification label.
12. Follow the shipping instructions on the following page. Ship immediately to the West AR Lab Network Regional Lab with a frozen cold pack.

If a delay in shipment cannot be prevented, store the swabs at 4°C until shipment.

Patient swabs must be received for testing within 96 hours of collection



Please note, you should swab **both** sides of the axilla and **both** sides of the groin.

Procedure for Shipping Patient Swabs

Please reference the diagram on the right side of this page

Primary Packaging: The ESwab collection tube

Secondary Packaging: Sealable, clear, plastic biohazard specimen bag with absorbent paper within. Biohazard bag is then placed within a 95kPa compliant biohazard specimen transport bag.

Outer Packaging: Category B rated cardboard shipping box

1. Check to make sure each ESwab has been firmly screwed closed, sealed with Parafilm and labeled with 2 patient identifiers.
2. Place one ESwab into each clear plastic biohazard specimen bag with an absorbent paper. Firmly seal the biohazard specimen bag.
3. Place the completed requisition form in the unsealed, front pocket of the sealed biohazard bag (Note: Do not include any paperwork within sealed portion of biohazard transport bags).
4. Place the sealed biohazard bag in the 95kPa compliant biohazard specimen transport bag. (Note: Multiple biohazard bags can be placed within the 95kPa bag; do not overfill.) Firmly seal 95kPa bag.
5. Complete the contents sheet and return it to the plastic bag and seal. Place the plastic bag between the 95kPa bag and the Category B rated cardboard shipping box.
 - a. The contents sheet is a half page. please complete all fields (test name, total number of specimens, collection facility name and collection facility state)
6. Place frozen cold packs into the Category B rated cardboard shipping box followed by filled 95kPa bags.
 - a. Make sure frozen cold packs are sealed and will not leak and damage the shipping box.
 - b. If desired, frozen cold packs and samples can be placed inside a Styrofoam box within the cardboard box.
7. Close shipping box and seal shut. Place shipping label and UN 3373 Biological Substance, Category B sticker on outside of box (if not present already).
8. Attach the FedEx return label to the outside of the shipping box and complete the emergency contact sticker found on the outside of the shipping box.
9. Ship immediately to the West AR Lab Network Regional Lab.



Disclaimer

This test has not been cleared or approved by the FDA. The performance characteristics have been established by the Washington State Public Health Lab Antibiotic Resistance Lab Network.

Appendix V: Creating Requisitions using ETOR

Appendix V is split into four parts:

1. ETOR Quick Guide
2. ETOR Registration and Access
3. ETOR Sample Ordering and Submission
4. ETOR Tracking, report Retrieval and Sharing

ETOR training videos are available upon request. Please contact your LHJ for additional training resources.

1. ETOR Quick Guide



2. ETOR Registration and Access

- 1) Register for Secure Access Washington (SAW) account via <https://secureaccess.wa.gov>
- 2) Click on **Sign Up** to sign up for Secure Access Washington (SAW) account
- 3) Fill in personal information, create username/password, click **Create my account**
- 4) Go to your email and activate your account.
Email title is SecureAccess Washington: Welcome to SecureAccess Washington
- 5) Login into your account when **ACCOUNT ACTIVATED!** is displayed
- 6) Click on **ADD A NEW SERVICE** labeled in red
- 7) Click on **I have been given a code by an agency**
- 8) Enter your code: **LWPETOR**
- 9) Enter your personal information for additional requested information for Washington State Department of Health (DOH). This identifies you as a real person. Complete your organizational information and click **SUBMIT**.
- 10) Click **OK** to complete registration
- 11) You will receive an email titled: *WA State Public Health Laboratories Lab Web Portal: Registration Received.*
- 12) You will also receive an email titled: *SecureAccess Washington: Access Approved*
- 13) Go to <https://secureaccess.wa.gov> and Login to your account.
- 14) Choose your **Multi-Factor Authentication (MFA)** method. You will receive a SAW MFA Code for verification.
- 15) Enter your Multi-Factor Authentication (MFA) code
- 16) Optional, your Multi-Authentication (MFA) can remember your device but clicking check box for **Yes, remember my device** and click **Submit**
- 17) When **NOW ACCESSING** appears, click **Continue**. You will get a message that says *"Your user is not active in the ETOR Portal. You maybe waiting on approval from the portal administrators. Please try again later."*
- 18) To expedite your account approval, please email ARLN@doh.wa.gov to notify us that you have registered for SAW and requested access to ETOR.

3. ETOR Sample Ordering and Submission

- 1) Go to <https://secureaccess.wa.gov> and Login to your account.
- 2) Choose your **Multi-Factor Authentication (MFA)** method. You will receive a SAW MFA Code for verification. Enter your Multi-Factor Authentication (MFA) code.
- 3) Click on **Access Now** to open the Electronic Test Order and Reporting (ETOR) application
- 4) To create a test requisition, click on **ORDER TESTS** from the main dashboard
- 5) Click on **ARLN Requisition Form**
- 6) Enter your patient demographics information. If this is a new patient, click on the **+** icon to add the new patient. Fill in new patient information. If this a previous patient, you can search for your patient using the magnify glass icon.
- 7) Enter Sample Submitting Facility information
Depending on your jurisdiction, this may be: Sample Collection Site Facility or a State Public Health Lab
 - *Note: the sample submitting facility should match the organization with which you created your account.*
 - Reports can be shared with State Labs, State Epidemiologists and collection sites
- 8) Enter **Reporting Contact**. The reporting contact is the office or department which is responsible for handling test results. Examples include Director of Nursing or Infection Preventionist.
- 9) AR Lab Network will pre-populate healthcare-associated infections (HAI) coordinators from your region; select the magnifying glass icon to search for your jurisdictional HAI Epidemiologists.
Please note, all CPO and Candida auris colonization screening testing MUST be approved by a HAI coordinator (or other Public Health Official) prior to submitting the test orders online.
- 10) Enter the Sample Collection Facility information. If this is a new facility, click on the **+** icon to add the new facility. Fill in new facility information. If this is this a previous collecting facility, you can find it using the magnify glass icon.
- 11) **Test Ordering: CPO Colonization Specimen Information.** *CPO Colonization Specimens are primarily rectal/stool swabs.* Once you click on submit, you will be asked for information about the Index Case, which is important information for AR Lab Network. Information about the Genus/Species, Carbapenemase Gene, and Carbapenemase drug resistance.
- 12) **Test Ordering: C.auris Colonization Specimen Information.** *C.auris Colonization Specimens are primarily axilla/groin swabs*
- 13) Please review all information prior to submitting your test order. All fields in **Red are Required** prior to submitting online order. Once you submit the test order, AGREE to the Certification of Test Order. PRINT a copy of the test requisition order form.
- 14) If you have another order to make from the same facility, click on **"Copy Order."** This will allow you to quickly enter subsequent specimen requests. All information entered except patient

information will be carried over to a new test request form. **Note: *OIDWA number is an ETOR application tracking number for each sample.***

- 15) Now that you have completed your online test order, prepare your samples for submission to the West Regional AR Lab for Testing. Please print the final PDF of the test requisition. Ensure the copy is legible. Place printed form in the outer pouch of the biohazard bag, not touching the specimen itself.
- 16) Include test requisition PDF print out for each corresponding specimen. Each printout has a bar code that will allow your regional lab to rapidly scan to receive the sample for testing. Please follow all CPO/*C.auris* swab collection and shipping instructions. Label on the specimen must include 2 patient identifiers that exactly match the information on the requisition (ex. Name and DOB). ***Ship samples immediately. C. auris swabs must be received within 4 days and CPO swabs in 5 days.***
- 17) For large PPS, online batch order testing is available for your convenience. Please click on the **BATCH ORDER** from your Dashboard. Next to ARLN Requisition form, click on the three dot icon and download an Excel Template to complete patient test line list. These templates can be imported from the file into ETOR. Once a Batch Order template is completed, it can be imported by going back to click on the Batch Order from the Dashboard. Click on **IMPORT FROM FILE**, and attach your file, click on **IMPORT**. Print all the paper requisition forms. Include PDF print out for each corresponding specimen. Please follow all CPO/*C.auris* swab collection and shipping instructions.
- 18) Ensure data is accurate prior to submitting order in the ETOR. Garbage in, Garbage out! First Initials of Names should be capitalized John Smith vs. john smith. Ensure organizations, facilities, street addresses, patient names, etc. are spelled accurately so data is matched in LIMS.

4. ETOR Tracking, report Retrieval and Sharing

- 1) Go to <https://secureaccess.wa.gov> and Login to your account.
- 2) Choose your **Multi-Factor Authentication (MFA)** method. You will receive a SAW MFA Code for verification. Enter your Multi-Factor Authentication (MFA) code.
- 3) Click on **Access Now** to open the Electronic Test Order and Reporting (ETOR) application
- 4) To track the status of the samples, please click on **ALL ORDERS** from your dashboard. Here you can learn more about the progress of each sample.
- 5) On the first column, there are several quick reference icons for you to access: **Comment Box**, **Specimen Tracker**, **PDF Report** and the **Send** icons
- 6) The first icon is the comment box. You can click on it to view comments regarding the sample or test result.
- 7) The next icon is the specimen tracker. Here you can see a timeline from when the sample has been collected, submitted, and received. It will let you know when the testing is in process. Once testing is complete and results have been inputted, you can see when the published report is available for viewing.
- 8) Next is the PDF Report icon. This is where you can download the report. Recall the OID-WA number is ETOR's specimen tracking number.
- 9) The last quick reference icon is the Send icon. Click on it to share patient report with a care team member. Please enter his or her email address. The provider will receive a secure email link to access the PDF report. Note there is a 2 hour time limit for the provider to retrieve the report. If they don't retrieve the report within the time limit, you can return to ETOR and send another link. Note: the provider will not need to have a secure access account or ETOR account to view the report.
- 10) ETOR has a few search options for final historical results. Return to your ETOR Dashboard and select **ALL ORDERS**. Click on the filter icon on the right-hand corner. Following, select your criteria for your search by clicking on the down arrow next to **FIELD**. You can filter your desired fields. Also, you can save your favorite searches by clicking on **APPLY**. Additional search reports can be created and saved for quick access to the reports.