

What to do if you identify a targeted multidrug resistant organism (MDRO) case in your facility

In Washington, targeted MDROs include:

- Carbapenem-resistant Enterobacterales (e.g., *Escherichia*, *Klebsiella*, and *Enterobacter*), *Pseudomonas*, and *Acinetobacter* with a carbapenemase (e.g., KPC, NDM, VIM, IMP or OXA-48)
- Pan-resistant organisms
- Mobile colistin resistance
- Vancomycin-resistant *Staphylococcus aureus* (VRSA)
- *Candida auris*

1. Contain and prepare

- Immediately place patient or resident in contact precautions and ensure the following:
 - Signage on door indicates required transmission-based precautions and shows proper personal protective equipment (PPE) to don when entering the room. Click link for [Contact Precautions Sign](#) or [Enhanced Barrier Precautions Sign](#).
 - PPE is readily available for donning before entering the room, and there is a trash can inside the room near the exit to discard PPE prior to exiting the room.
 - Hand sanitizer and/or dedicated staff hand-washing sink is conveniently located for use before, during, and after caring for the patient or resident.
 - Dedicate frequently used patient care equipment and store in the patient's room, not in isolation cart.
 - Staff are performing proper cleaning and disinfection of any shared equipment (for *C. auris*, see [EPA list K](#)) and there is a clear process in place for distinguishing clean from dirty.
- Just-in-time staff education is provided regarding the organism, mode of transmission, prevention measures, and risk to patients or residents and staff. Use the following resources:
 - [Healthcare Facility Staff Education for Rare Antibiotic-Resistant Germs \(Word\)](#)
 - [Candida auris Healthcare Staff Education \(CDC\)](#)
- Environmental Services is aware of targeted MDRO and is using an effective disinfectant (for *C. auris*, see [EPA list K](#)) for the correct contact time.
- If the patient or resident has a roommate, if possible, place both case and roommate in private rooms with both on contact precautions. If private rooms are not available, best short-term option is to keep the roommates together both on transmission-based precautions and consult with public health.
- Reinforce and audit adherence to proper hand hygiene, use of PPE, and environmental cleaning and disinfection.

- Notify your local health jurisdiction (LHJ), if not already aware, and follow their directions.

LHJ _____

Contact _____

Phone # _____

Fax # _____

2. Assess risk factors for MDRO acquisition and transmission to others

- Within 72 hours of case identification, complete the **Targeted MDRO Investigation Worksheet** (see pages 5-6) *to the best of your ability*, and fax to your LHJ.
- Request local or state public health to perform a consultative on-site assessment of infection prevention and provide customized recommendations. Your LHJ can schedule the visit for you.

3. Identify additional cases

- Within 72 hours of case identification, review your facility's surveillance for this organism (genus and species) over the prior year.
 - Note usual incidence of this organism (cases per month, or cases per year) and whether there has been an increase in cases over the past year.
 - If you do not have access to this information, request a summary from your lab.*
- In order to learn whether this organism has spread within your facility, work with your LHJ to identify other patients or residents who should be screened for this organism. The following patients or residents should be considered for screening:
 - All roommates and those who shared a bathroom with the case, *even if they have been discharged from the facility.*
 - Other patients or residents who shared healthcare staff or were in nearby rooms while the index case was not on contact precautions.
 - Other patients or residents on the same wing or hallway who have high care needs for activities of daily living, wounds, or indwelling devices.
 - In some situations, all patients or residents should be screened.
- Understand the screening procedure: a rectal swab or skin swab is tested free of charge at the Public Health Laboratories (PHL).
 - PHL will ship you all the screening materials with detailed instructions and a prepaid return shipping label.
 - You will need to complete the [PHL Requisition form](#) for each specimen.
 - To have results faxed to your facility directly, you will need to complete a secure fax form before submitting specimens to the PHL.
- Determine whether your facility requires informed consent or assent from patients or residents before screening. If yes, obtain consent/assent from patient or resident or from identified power of attorney.
 - You may use this [script for obtaining consent and answering FAQs](#) for CRE screening, or [script for obtaining consent for C. auris screening](#). *If needed, to adapt the script and FAQs specifically for your situation, request help from state or local public health.*

- Identify staff who can assist with specimen collection, and whether additional assistance from local or state public health is needed.
- Work with your LHJ to determine date and time to collect specimens (must be coordinated with public health lab) and how they will be delivered to the lab.
- If your facility requires help with any aspect of screening (i.e., paperwork, obtaining consent, sample collection, packaging, shipping), ask for assistance from local or state public health.*

4. Managing additional cases

- Designate a responsible staff person to receive, track, and respond to results.
- All newly identified positive cases should be placed on transmission-based precautions.
 - If more than 1 case, cohort patients or residents as long as they have only the same organism(s).
 - *If possible, assign designated staff to care only for cases. This is particularly important for *Candida auris*.*
- Provide ongoing staff education to ensure they are aware of infection control risks and need for proper PPE and hand hygiene. Use the following resources:
 - [Healthcare Facility Staff Education for Rare Antibiotic-Resistant Germs \(Word\)](#)
 - [Candida auris Healthcare Staff Education \(CDC\)](#)

5. Educate patients or residents, next of kin, and other caregivers

- Each patient or resident who is identified as being infected or colonized with the targeted MDRO and their close contacts (i.e., next of kin, power of attorney, or other caregivers) should be educated about the organism and how to prevent transmission to others. Use the following resources:
 - CRE [Patient or resident notification document](#)
 - [Candida auris Fact Sheet for Patients and Families \(CDC\)](#)

6. Responding to an MDRO outbreak

- Notify your facility leadership.
- Determine whether you should notify your regulatory agency of an outbreak in your facility.
 - [Long Term Care Facilities reporting to DSHS](#)
 - [Hospitals reporting to HSQA](#)
- Working with your LHJ, consider using this [alert notification](#) to inform current and prospective patients or residents and their families of the outbreak and how your facility is responding to keep them safe .
- Working with your LHJ, determine if transmission likely occurred in the facility and, if so, the likely route. Implement appropriate mitigation actions.

- In coordination with your LHJ, plan for ongoing screening in your facility. The usual schedule is every 2 weeks until no new positive cases are identified during two rounds of screening.

7. Returning to normal operations

- Perform ongoing surveillance for MDROs and other infections.
- Report to public health if cases are increasing and an outbreak is suspected.
- Continue to train staff and audit infection prevention practices, particularly any lapses that allowed transmission to occur.

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 civil.rights@doh.wa.gov.

Targeted MDRO Investigation Worksheet for Healthcare Facilities

Instructions: To the best of your ability, within 72 hours of case identification, complete this worksheet and fax to your local health jurisdiction. When faxing, use a cover sheet to protect personally identifiable information.

Name of facility _____ Address _____
Facility phone number _____ Fax number _____
Facility contact person _____ Facility contact phone number _____

TARGETED MDRO INFORMATION

Genus/species _____ Carbapenemase detected _____
Specimen source _____ Date of collection ___/___/___

PATIENT/RESIDENT INFORMATION

Name/MRN _____ Date of Birth ___/___/___
Date of admission ___/___/___ Current room number _____
Name of best historian (self, next of kin, POA) _____ Phone number _____
Reason for Admission _____
Underlying conditions _____
Case location prior to this admission (home address, or facility name & address) _____

RISKS FOR ACQUISITION & TRANSMISSION

List any other known MDROs (e.g., C diff, MRSA, VRE) and dates detected _____

Transmission-based precautions during this admission?

- No transmission-based precautions (move to next section) Yes, this person was on transmission-based precautions
- Were transmission-based precautions (TBP) in place for entire duration of admission? Yes No
 - Dates TBP in place ___/___/___ through ___/___/___
 - Was patient/resident isolated to room? Yes No
 - Type of precautions Aerosol Contact (COVID) Airborne Contact Droplet Enteric
 Enhanced-barrier

List all room numbers and dates of stay while in your facility

- Room number _____ from ___/___/___ through ___/___/___
- Room number _____ from ___/___/___ through ___/___/___
- Room number _____ from ___/___/___ through ___/___/___

Roommates during this admission?

- No roommates (move to next section) Yes, this person had roommate(s)
1. Name _____ DOB ___/___/___ Shared room ___/___/___ through ___/___/___
 2. Name _____ DOB ___/___/___ Shared room ___/___/___ through ___/___/___
 3. Name _____ DOB ___/___/___ Shared room ___/___/___ through ___/___/___

Targeted MDRO Investigation Worksheet for Healthcare Facilities (continued)

RISKS FOR ACQUISITION & TRANSMISSION (continued)

If roommates have been discharged/transferred, list date and disposition (e.g., home, or name of facility).

1. Roommate's initials _____ Date of discharge/transfer ___/___/___ to _____
2. Roommate's initials _____ Date of discharge/transfer ___/___/___ to _____
3. Roommate's initials _____ Date of discharge/transfer ___/___/___ to _____

Indicate services provided during admission:

- Respiratory therapy (e.g., nebulizer, suctioning, BIPAP or CPAP)
 Mechanical ventilation Wound care PT/OT Dialysis Other: _____

Indicate indwelling devices during admission:

- Midline catheter/PICC line Central venous catheter Other central line PEG Foley
 Other invasive urinary catheter (e.g., suprapubic, nephrostomy) ET tube Trach Ostomy
Other: _____

If dialysis outside your facility, name and address of facility _____

Level of care required for activities of daily living _____

Hospitalizations during past 90 days and name of facilities

- No hospitalizations (move to next section) Yes, this person was hospitalized
- Name of facility _____ Dates ___/___/___ through ___/___/___
 - Name of facility _____ Dates ___/___/___ through ___/___/___
 - Name of facility _____ Dates ___/___/___ through ___/___/___

Surgeries or other invasive procedures during past 90 days and name of facilities

- No surgery/procedure (move to next section) Yes, this person had surgery/procedure
- Name of facility _____ Date ___/___/___ Type of procedure _____
 - Name of facility _____ Date ___/___/___ Type of procedure _____
 - Name of facility _____ Date ___/___/___ Type of procedure _____

Long term care facility stay during past 90 days and name of facilities

- No LTCF stay (move to next section) Yes, this person was in a LTCF
- Name of facility _____ Dates ___/___/___ through ___/___/___
 - Name of facility _____ Dates ___/___/___ through ___/___/___
 - Name of facility _____ Dates ___/___/___ through ___/___/___

Country of birth _____

International travel in past 90 days

- No international travel Yes, this person traveled internationally
- Name of country _____ Dates ___/___/___ through ___/___/___
 - Name of country _____ Dates ___/___/___ through ___/___/___
 - Name of country _____ Dates ___/___/___ through ___/___/___