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
- 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. See [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 P](#)) 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.
   
   - If the facility has not yet implemented enhanced barrier precautions (EBP) for residents with wounds or indwelling devices, CDC recommends implementing EBP. See [Enhanced Barrier Precautions Sign](#).
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 #__________________

If this is a known case that was flagged on admission and placed on appropriate contact precautions, you do not have to proceed with response actions unless directed after notifying Public Health. For newly identified cases, please proceed to section 2.

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 with similar resistance profile) 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.
   - If it has been more than several days since identification of the case, screening should be strongly considered for all patients or residents on the hall, unit or wing.
   - 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.
Each sample submitted to PHL must be accompanied by a requisition form that includes patient identifiers. The forms must be filled out in an online order entry system called Electronic Test Ordering and Reporting (ETOR). Your LHJ will provide information about how to access ETOR.

- 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.
  o Long Term Care Facilities reporting to DSHS
  o 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 ___/___/___

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**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 ___/__/____