Specimen Collection for Antibiotic Resistant Organisms (AROs) – Medical Directive

Medical Advisory Committee Approved: 23MAY2023

Lakeridge Health

☑ Harmonized

Authorizing Prescriber(s)

All Lakeridge Health Most Responsible Practitioner (MRP)

Authorized to Whom

Infection Prevention and Control (IPAC) Professionals/Associates, Lakeridge Health nurses with the knowledge, skill and judgement to implement this medical directive.

Co-implementers: Nurse, Medical Lab Technologists

Patient Description/Population

Any Lakeridge Health patient who meets criteria listed in the indications section of this medical directive.

Order and/or Procedure

One or combinations of the order/procedures below may be performed. The ARO swab result must be reviewed by the MRP and treatment identified if required.

The IPAC Professional/Associate or nurse will identify patients who meet the inclusion criteria to order the Antibiotic Resistant Organism (ARO) swab using the Order Table Form and complete the specimen collection following the procedure below. See Appendix A for reference to a step-by-step guide for ARO sample collection.

- Select the appropriate specimen order using the Order Table Form.
- Ensure there are no contraindications to nasal testing (see Contraindications) and defer testing if contraindications exist.
- Ensure there are no contraindication to a rectal swab (see Contraindications).
- The nurse will obtain the nasal and/or rectal swabs as indicated in the Orders Table Form.
- The lab will process the specimen.
- Results will be communicated to patient by the MRP.

Indications to the Implementation of the Directive

Any patient with procedure specific indication as listed in the Order Table Form.

Contraindications to the Implementation of the Directive

The medical directive must not be implemented in the following circumstances:

- Patient or substitute decision maker (SDM) refuses to consent
- Procedure specific contraindication as listed in the order table

Consent

- Prior to specimen collection the nurse must obtain consent from the patient or SDM to collect ARO specimen(s). This will include providing the patient and/or SDM with information regarding indications for testing and ensuring the procedure, risks, benefits, side effect and precautions are understood
- In an emergency situation is not capable of providing consent, consent to be obtained from SDM.
- For patients or SDMs who do not consent to collection of ARO specimen(s), document the consent refusal and consult with the IPAC Professional/Associate.

Documentation Requirements

In addition to standard documentation practices, the Infection Control Professional/Associate or nurse implementing this directive must ensure the following is documented in the specific order within the patient's electronic health record (EHR):

- The name of the Infection Control Professional/Associate or nurse as the Ordering Provider
- The name of the Authorizing Provider
- The full name of the medical directive in the comment section of the order i.e. as per Screening of Patients for Antibiotic Resistant Organisms (AROs) – Medical Directive

Review Evaluation Process

This medical directive will be reviewed every 2 years by IPAC

References

Public Health Ontario – Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition (November 2012)

Public Health Ontario – Provincial Infectious Diseases Advisory Committee (PIDAC) Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms (AROs) In All Health Care Settings (February 2013)

Appendix A

Lakeridge Health. ARO Swab Instructions. Available from: http://thewave.corp.lakeridgehealth.on.ca/programs/pcss/ipac/Documents/ARO%20Swab%20Instructions.pdf#search=ARO%20collection

** This table must not be used independently apart from the Medical Directive**

Order Table Form for Antibiotic Resistant Organism (ARO)

Order	Indication	Contraindication	Notes (Optional)
MRSA: 1. Nasal swab x 1 (both nares with same swab) for MRSA MRSA/VRE/CPO 1. Rectal swab x1	Patients • Admitted or transferred into Critical Care, Medicine, Neonatal Intensive Care, and Healthy Aging (including those in Emergency and Surgery Department) • Transferred directly from another health care facility intensive care unit into Critical care or Neonatal intensive care unit • have been diagnosed with Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin Resistant Enterococci (VRE),	For Nasal swabs: Recent facial/nasal surgery or trauma, anatomical abnormalities, nasal packing or acute epistaxis, preventing safe specimen collection. For Rectal swabs: Any history of rectal surgery or active rectal bleeding (e.g. from bleeding hemorrhoids)..	Document patients who do not give consent and consult IPAC Professional/Associate For ileostomy or colostomy, swab the ostomy site and for rectal tube placement, swab contents from rectal tube to ensure fecal matter on the swab Provide the patient and/or substitute decision maker (SDM) with information regarding indications for testing, ensure the procedure, risks, benefits, side effect and precautions are understood

	Carbapenamase-producing organism (CPO)
	• contact with someone confirmed or possible exposure to MRSA, VRE, CPO
	• previous exposure to health care unit / facility with ARO related outbreak
	• a clinical specimen identifying an ARO.
	• identified as part of a point prevalence testing
	• indicates “Yes” or “Unknown” on IPAC Screening who were:
	  ○ admitted to a hospital or long term care facility in the last 12 months.
	  ○ with a healthcare system outside of Canada in the last 12 months (e.g. Dialysis,		

	cumulative 12+ hours of any kind of care) ○ that they have MRSA, VRE or CPO or have been in contact with someone confirmed MRSA, VRE or CPO		
MRSA: 1. MRSA swabs x 2 from each wound MRSA/CPO: • Central line insertion: 1 x swab from each indwelling device (if present)	Patients • identified as having MRSA or CPO who have wounds, lesions, incisions, or ulcer • identified as having MRSA or CPO who have an indwelling device, e.g. central line, dialysis line etc.	For Rectal swabs: Any history of rectal surgery or active rectal bleeding (eg. from bleeding hemorrhoids).	Document patients who do not give consent and consult IPAC Professional/Associate For ileostomy or colostomy, swab the ostomy site and for rectal tube placement, swab contents from rectal tube to ensure fecal matter on the swab.