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

☑ Harmonized

Medical Advisory Committee Approved: 23OCT2018

Authorizing Prescriber(s)

Most Responsible Practitioners (MRP)

Authorized to Whom

Infection Prevention and Control Professionals and Nurses employed at Lakeridge Health.

Patient Description/Population

Any admitted or preoperative patient who meets risk-based criteria as per Infection Prevention and Control (IPAC) Patient Screening Questions.

Any patient who does not meet risk-based criteria but are admitted or transferred into Critical Care, Medicine, and Neonatal Intensive Care.

Any patient exposed and included as part of a post exposure follow up.

Any patient exposed and included as part of a point prevalence survey.

Any admitted patient with a prolonged hospital stay greater than 30 days.

Order and/or Procedure

1. Determine required swab set and type of test based on the scenarios outlined in Table 1.
2. Coordinate the collection of the required swab set by an appropriate member of the healthcare team.

Indications to the Implementation of the Directive

- Consent is obtained
- Patient meets criteria for specimen collection as outlined in this directive

Contraindications to the Implementation of the Directive

Patient/Substitute Decision Maker (SDM) does not provide consent.

Consent

The Nurse or Infection Prevention and Control Professional implementing this directive will obtain consent prior to specimen collection.
At-risk patients who do not give consent will be placed on additional precautions for duration of hospital stay. IPAC Professional will be consulted.

Documentation Requirements

The implementer of this medical directive must document the following in the order section of the patient health record:

- The swabs to be collected
- The name of the medical directive
- The date, time, legible name of implementer and credentials

For Example,

MRSA (nasal and rectal), VRE (rectal) and CPE (rectal) swabs. as per Specimen Collection for AROs Medical Directive October 12, 2107 at 2200h, K. Smith RN

Or

MRSA (nasal and rectal) point prevalence swabs as per Specimen Collection for AROs Medical Directive October 12, 2107 at 2200h, K. Smith RN

Table 1

Scenario	Swabs and Type of Test Required
Patient indicates “Yes” or “Unknown” on the IPAC Patient Screening Questions for history of previous positive, exposure, or receiving health care within Canada in the last 12 months.	• 1 Nasal swab (both nares) for MRSA (included in ARO1) • 1 Rectal swab for MRSA and VRE(included in ARO1)
Patient indicates “Yes” or “Unknown” on the IPAC Patient Screening Questions for history of positive or exposure and received health care in a facility outside of Canada or had an Critical Care stay or travel on dialysis or travel to Country at risk for CPE.	• 1 Nasal swab (both nares) for MRSA (included in ARO2) • 1 Rectal swab for MRSA, VRE, and CPE (included in ARO2)
Patient indicates “Yes” on the IPAC Patient Screening Questions as above and has new or chronic lesions, wounds, incisions, or ulcers.	• Maximum 2 additional swabs from lesions, wounds, incisions, or ulcers for MRSA only
Patient indicates “Yes” on the IPAC Patient Screening Questions to the presence of an indwelling device (excluding urinary catheters).	• 1 additional swab from indwelling device for MRSA only
Newborn infant admitted or transferred from another facility.	• 1 nasal swab (both nares) for MRSA • 1 rectal swab for MRSA and VRE (included

Scenario	Swabs and Type of Test Required
	in ARO1) • 1 swab from umbilical stump (if present) for MRSA only
Patient is identified as a possible exposure to an ARO during the course of admission.	MRSA Exposure • 1 nasal swab (both nares) if for MRSA • 1 rectal swab MRSA • Maximum 2 swabs from lesions, wounds, incisions, or ulcers (if present) for MRSA • 1 swab from indwelling device (if present) for MRSA Other Organism Exposure • 1 rectal swab for organism exposed
Point Prevalence Survey	• 1 nasal swab (both nares) if for MRSA (included in PREV1MRSA and PREV4MRSA and VRE) • 1 rectal swab for organism exposed(included in PREV3VRE; PREV4MRSA and VRE; PREV5CRE)
Patient with a hospital stay greater than or equal to 30 days	Every 30 days • 1 nasal swab (both nares) for MRSA (included in ARO1) • 1 rectal swab for MRSA and VRE (included in ARO1) • Maximum 2 swabs from lesions, wounds, incisions, or ulcers (if present) for MRSA • 1 swab from indwelling device (if present) for MRSA
Surgical pre-operative patient swabbed at pre-operative clinic but greater than 30 days has passed before scheduled surgery	Rescreen using IPAC Patient Screening and swab as indicated.

Review/Evaluation Process

Medical directive to be reviewed every 2 years by Infection Prevention and Control.

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)

Approvals and Signatures

Sponsor/Owner Group	Name	Program
Contact	Name	Position/Title

Department Chief	Name	Signature	Date
Medical Director	Name	Signature	Date
Program Director	Name	Signature	Date
Chair of IPPC	Name	Signature	Date
Chair of NPPC	Name	Signature	Date
Chair of P & T	Name	Signature	Date
Final Approval Chair of MAC	Name	Signature	Date

Authorized By	Name	Signature	Date
	Name	Signature	Date
	Name	Signature	Date
	Name	Signature	Date

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

Order Table Form

Order	Indication	Contraindication	Notes (Optional)