

# WHAT TO DO IF YOU IDENTIFY A TARGETED MULTIDRUG RESISTANT ORGANISM (MDRO) CASE IN YOUR FACILITY?

In North Dakota, 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
- *Candida auris*

## 1. CONTAIN AND PREPARE

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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 here for [Contact Precautions](#) or [Enhanced Barrier Precautions](#) signage.
- Click here for more information regarding [Enhanced Barrier Precautions](#).
  - Enhanced Barrier Precautions is not intended for use in acute care or long-term acute care hospitals and does not replace existing guidance regarding use of Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus) in nursing homes.
  - In Nursing Homes, Contact Precautions should be implemented if the resident is receiving treatment for an active infection. If the resident is believed to be colonized and not receiving treatment for an infection, Enhanced Barrier Precautions should be used.
- 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.
- If able, dedicate frequently used patient care equipment and store in the patient's/resident's room, not in isolation cart.
- Staff are performing proper cleaning and disinfection of any shared equipment with [EPA approved disinfectant](#) 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. May use the following resources:
- [Carbapenem-resistant Enterobacterales \(CRE\)](#) ○ [Health Care Facilities: Information about CRE](#) ○ [Candida auris Health Care Staff Education \(CDC\)](#)
- Environmental Services is aware of targeted MDRO and is using an effective disinfectant for the correct contact time.

Be Legendary.

- 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 HAI team.
  - Reinforce and audit adherence to proper hand hygiene, use of PPE, and environmental cleaning and disinfection.
- Notify Disease Control HAI team, if not already aware, and follow their directions.

## 2. ASSESS RISK FACTORS FOR MDRO ACQUISITION AND TRANSMISSION TO OTHERS

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- Within 24 hours of case identification, complete CRE/CRO questionnaire to the best of your ability, and fax to Disease Control HAI team at 701-328-0355.
- Assess if an on-site infection control assessment and response (ICAR) is needed and work alongside outbreak investigator to schedule a visit.

## 3. IDENTIFY ADDITIONAL CASES

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- 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.
- In order to learn whether this organism has spread within your facility, work with Disease Control HAI team 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. ○ Other patients or residents who shared health care 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 Regional Antimicrobial Resistance Lab (AR Lab).
- The AR Lab will ship you all the screening materials with detailed instructions and a prepaid return shipping label.
  - You will need to complete the included requisition form for each specimen.

- Determine whether your facility requires informed consent from patients or residents before screening. If yes, obtain consent from patient or resident or from identified power of attorney.
  - HAI team can provide you with a script for obtaining consent and answering FAQs for CRE screening, or a script for obtaining consent for *C. auris* screening.

## 4. MANAGING ADDITIONAL CASES

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- 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, can consider cohorting 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.

## 5. EDUCATE PATIENTS OR RESIDENTS, NEXT OF KIN AND OTHER CAREGIVERS

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- 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.

## 6. RESPONDING TO A MDRO OUTBREAK

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- Notify your facility leadership.
- Working with Disease Control HAI team, determine if transmission likely occurred in the facility and, if so, the likely route. Implement appropriate mitigation actions.
- In coordination with Disease Control HAI team, 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

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Be Legendary.

- Perform ongoing surveillance for MDROs and other infections.
- Report to Disease Control HAI team 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.