

Antibiotic Resistant Organism (ARO) Risk Factor-Based Screening Guidance for All Health Care Settings

Screening Checklists

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Introduction

Risk factor-based screening identifies clients / patients / residents at increased risk of having an antibiotic resistant organism (ARO).

When risk factors are identified, the client / patient / resident is tested for AROs from specific body sites that are known to become colonized by specific organisms. The goal of ARO screening is to identify all clients / patients / residents who are colonized or infected with an ARO as early as possible, in order to implement infection prevention and control measures to reduce the risk of transmission to others.

This resource is intended for use by all health care settings, including hospitals, long-term care and retirement homes, and ambulatory care settings.

Additional Resources:

- [Management of a Single New Case of Candida Auris \(*C. auris*\)](#)
- [Management of a Single New Case of MRSA](#)
- [Management of a Single New Case of VRE](#)
- [Management of a Single New Case of CPE](#)

Contents

Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA), Vancomycin Resistant Enterococci (VRE) and Carbapenemase-Producing <i>Enterobacteriaceae</i> (CPE) Risk Factor-Based Screening Guidance	2
Follow-up Actions for a Positive MRSA, VRE or CPE Screen	3
<i>Candida auris</i> Risk Factor-Based Guidance	3
Follow-up Actions for a Positive <i>C. auris</i> Screen	3
References	4

Client / Patient / Resident Information

First name:

Last name:

Date of birth (yyyy-mm-dd):

Assessor Information

First name:

Last name:

Position:

Date (yyyy-mm-dd):

A. Methicillin-Resistant *Staphylococcus aureus* (MRSA), Vancomycin Resistant Enterococci (VRE) and Carbapenemase-Producing *Enterobacteriaceae* (CPE) Risk Factor-Based Screening Guidance

Has the patient / resident spent time in a health care facility outside of Canada (including the United States) within the previous 12 months? Yes No

- If yes, initiate Contact Precautions in a private room with dedicated toileting facilities, and dedicate all equipment and supplies as able.

Has the patient / resident been transferred from a unit in a health care facility with an ongoing outbreak of MRSA, VRE, or CPE? Yes No

- If yes, initiate Contact Precautions in a private room with dedicated toileting facilities, and dedicate all equipment and supplies as able.

Does the patient / resident have a prior history of colonization or infection with MRSA, VRE, or CPE, or is the patient / resident chart flagged with a history of MRSA, VRE, or CPE? Yes No

- If yes, initiate Contact Precautions in a private room with dedicated toileting facilities, and dedicate all equipment and supplies as able.

Is the patient / resident chart flagged with a history of exposure to another case of MRSA, VRE, or CPE? Yes No

- If yes, and the exposure was to a case of CPE only, initiate Contact Precautions in a private room with dedicated toileting facilities, and dedicate all equipment and supplies as able. Contact Precautions for MRSA or VRE exposures may be implemented depending on your local risk assessment.

Has the patient / resident been admitted, or spent >12 hours in any health care facility (including this one) within the previous 12 months? Yes No

Has the patient / resident been directly transferred from another health care facility (e.g., hospital-to-hospital, long-term care home-to-hospital)? Yes No

Does the patient / resident belong to a high-risk population as identified by Infection Prevention and Control or Public Health (e.g., admission to ICU, travel to high-risk areas, or resides in an area with high rates of community transmission)? Yes No

Follow-up Actions for a Positive MRSA, VRE or CPE Screen

See indications for initiating Additional Precautions within **Section A**. If the patient or resident answers 'yes' to any of the previous questions, or is unable then test according to the following guidance:

Test for MRSA, VRE and CPE.		
Sites to swab for MRSA include:	Sites to swab / specimens to collect for VRE include:	Sites to swab / specimens to collect for CPE include:
<ul style="list-style-type: none"> • Anterior nares AND • Perineal / perianal (preferred) or groin area AND • Skin lesions, wounds, incisions, ulcers and exit sites of indwelling devices AND <ul style="list-style-type: none"> • For newborns only, include umbilicus 	<ul style="list-style-type: none"> • Stool (preferred) OR • Rectal swab <ul style="list-style-type: none"> • If a patient / resident has a colostomy, the VRE specimen may be taken from the colostomy output 	<ul style="list-style-type: none"> • Stool (preferred) OR rectal swab • AND, as indicated: <ul style="list-style-type: none"> • Urine • Open wounds • In ICU: Sputum, endotracheal tube, exit sites

B. *Candida auris* Risk Factor-Based Guidance

Has the patient / resident been admitted to a health care facility outside of Canada (including the United States) within the previous 12 months?	Yes	No
Has the patient / resident been transferred from a Canadian health care facility with an ongoing outbreak or transmission of <i>C. auris</i> ?	Yes	No
Does the patient / resident have a prior history of colonization or infection with <i>C. auris</i> ?	Yes	No
Is the patient / resident chart flagged with a history of <i>C. auris</i> , or <i>C. auris</i> exposure?	Yes	No

Follow-up Actions for a Positive *C. auris* Screen

If the patient or resident answers 'yes' to any of the questions in **Section B**, or is unable to answer any of the screening questions in **Section A**:

Initiate Contact Precautions in a private room with dedicated toileting facilities, and dedicate all equipment and supplies as able.

Test for *C. auris*

Sites to swab for ***Candida auris*** include:

- Combined bilateral axilla **and** groin
- Nares
 - Previously colonized, or clinically relevant sites (e.g., wounds, exit sites, external ear canal) may also be indicated

References

1. Public Health Agency of Canada. Candida auris interim recommendations for infection prevention and control [Internet]. Ottawa, ON: Government of Canada; 2022 [cited 2023 Jul 26]. Available from: <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/notice-candida-auris-interim-recommendations-infection-prevention-control.html>
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interim guide for infection prevention and control of Candida auris [Internet]. Toronto, ON: Queen's Printer for Ontario; 2019 [cited 2023 Jul 26]. Available from: <https://www.publichealthontario.ca/-/media/Documents/C/2023/candida-auris.pdf>
3. Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Annex A – Screening, testing and surveillance for antibiotic-resistant organisms (AROs). Annexed to: Routine practices and additional precautions in all health care settings. Toronto, ON: Queen's Printer for Ontario; 2013. Available from: <https://www.publichealthontario.ca/-/media/documents/a/2013/aros-screening-testing-surveillance.pdf>

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