

|   |  |   |  |
|---|--|---|--|
| Last Name (Legal)   |  | First Name (Legal)  |  |
| Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First         |  | DOB(dd-Mon-yyyy)  |  |
| PHN   | ULI <input type="checkbox"/> Same as PHN | MRN   |  |
| Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |  | <input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown |  |

## Antibiotic-Resistant Organism (ARO) Adult Admission and Preadmission Screening

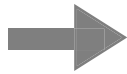
Infection Prevention and Control - Acute Care/Acute Rehabilitation

Staff member admitting patient to complete at time of Admission or Preadmission.

**Do Not Swab Every Patient.** See back of form for method for obtaining specimens and detail for noted items

At least one of the boxes **MUST** be checked off:

**START HERE**



Is patient confused or has an altered level of consciousness which is affecting the completion of this form?

Yes →

1. Obtain screening swab for MRSA<sup>1</sup>.  
2. Follow Routine Infection Control Practices<sup>±</sup>.

No ↓

In the past 6 months has the patient stayed more than 24 hours in a healthcare facility<sup>2</sup> **OUTSIDE** of Canada **OR** received hemodialysis **OUTSIDE** of Canada?

Yes →

1. Patient must be **isolated** – Contact Precautions in a single room.  
2. Obtain screening swabs for MRSA<sup>1</sup>.  
3. Notify (leave a voicemail after hours) Infection Prevention and Control (IPC) with:  
a. Patient Name  
b. PHN  
c. Date of hospitalization: \_\_\_\_\_  
d. Country of hospitalization: \_\_\_\_\_  
IPC Notified Date/Time \_\_\_\_\_  
IPC will provide direction on further testing and whether continued Contact Precautions are necessary.

No ↓

Is patient known to have an ARO (e.g., MRSA, VRE, CPO\*)<sup>1</sup>?

Yes →

1. Patient must be **isolated** – Contact Precautions in a single room.  
IPC will provide direction on further testing and whether continued Contact Precautions are necessary.

No ↓

In the past 6 months, has the patient stayed more than 24 hours in a healthcare facility<sup>2</sup> anywhere **IN** Canada **OR** received hemodialysis?

Yes →

1. Obtain screening swabs for MRSA<sup>1</sup>.  
2. Follow Routine Infection Control Practices<sup>±</sup>.  
3. Location of most recent admission: \_\_\_\_\_

No ↓

In the past 6 months, has the patient been an inmate at a correctional facility<sup>3</sup>?

Yes →

1. Obtain screening swabs for MRSA<sup>1</sup>.  
2. Follow Routine Infection Control Practices<sup>±</sup>.

No →

1. No screening needed.  
2. Follow Routine Infection Control Practices<sup>±</sup>.

±Routine Practices include, but are not limited to  
■ PPE - as per Point of Care Risk Assessment

■ Hand Hygiene  
■ Cleaning of shared equipment between patients

|   |   |
|---|---|
| Date of Admission (yyyy-Mon-dd)               | Screening Swabs Sent  |
| Signature of Staff Member completing the form | <input type="checkbox"/> MRSA <input type="checkbox"/> None |

## Recommendations for Obtaining Screening Specimens

| Microbiology Requisition  | MRSA   | CPO*  |
|---|--|---|
| Does each specimen require a separate requisition?  | No <ul style="list-style-type: none"> <li>same requisition can be used for nose and groin swabs</li> <li>a separate requisition for every other specimen is required (e.g. wounds – one requisition each)</li> </ul> | Yes   |
| Indicate “Admission Screening” on requisition   | Yes  | Yes   |
| Specimen(s) must be collected at time of admission or preadmission using the following method | MRSA   | CPO*  |
| <b>Perform hand hygiene before and after specimen collection</b>                              |  |   |
| Nose  | Use 1 sterile clear transport media swab for both nares. Insert swab into each nostril no further than the length of the cotton bud and rotate gently around inner surface of nostril                                | No  |
| Groin   | Use 1 sterile clear media collection swab for both groins. Rotate swab while moving side to side in each groin   | No  |
| Draining wounds (maximum 2 wounds)  | Use sterile clear transport media swab (1 swab per wound). Rotate swab while moving side to side, wound edge to wound edge across the wound.   | No  |
| Stool/Feces   | No   | <b>Stool specimen is preferred over rectal swab.</b> Use sterile screw cap container (no media). If patient has an ostomy, obtain stool from ostomy.  |
| Rectal Swab / Stoma swab (alternate to stool specimen)  | No   | Collect swab if unable to collect stool within 24 hours. Use sterile clear transport media swab. Gently insert swab (pre-moistened with clear transport media gel if desired) approximately 1 cm per rectum /stoma and rotate. Feces must be visible on swab. |

1. MRSA – Methicillin Resistant *Staphylococcus aureus*; CPO – Carbapenemase Producing Organisms; CRO – Carbapenem Resistant Organisms; CRE – Carbapenem Resistant Enterobacteriaceae.

\*CPO – also called CRO / CRE.

2. Admission to any healthcare facility, including this site, where a patient/client receives healthcare provided by physicians, nurses and other licensed health care professionals. Include any patient/client receiving treatment requiring a stay  $\geq$  24 hours including emergency room inpatients and emergency patients, Alberta Hospital (Edmonton) patients, and Centennial Centre patients. **This excludes Long Term Care/Continuing Care.**
3. Any institution where male/female adult and young offenders are incarcerated. Alberta Facilities include: Bowden Institution, Calgary Correctional, Remand and Young Offender Centres, Drumheller Institution, Edmonton Institution for Women, Young Offender Centre and Remand Centre, Ft. Saskatchewan Correctional Centre, Grande Cache Institution, Grande Prairie Young Offender Centre, Medicine Hat Remand Centre, Peace River Correctional Centre, Lethbridge Correctional Centre, Red Deer Remand Centre.