

## Multidrug-resistant organism (MDRO) admission checklist

Admitting LTC residents with novel or targeted MDROs, such as Candida auris

| Identify precaution type                                                                                |
|---------------------------------------------------------------------------------------------------------|
| <u>Droplet</u> : The resident has active respiratory symptoms (especially if the MDRO was               |
| identified in sputum)                                                                                   |
| Isolate resident in a single room with a private bath                                                   |
| ☐ Wear a surgical mask, gloves, gown, and eye protection <b>at all times</b> in the                     |
| resident room                                                                                           |
| <ul> <li>Contact: The resident has no respiratory symptoms, but has acute diarrhea or bodily</li> </ul> |
| fluids (i.e., wound drainage) unable to be effectively covered/contained                                |
| Isolate resident in a single room with a private bath                                                   |
| Wear a gown and gloves at all times in the resident room*                                               |
| Enhanced barrier: None of the above apply and there is no facility outbreak                             |
| ☐ Single room with a private bath is preferred, <b>isolation not required</b>                           |
| Wear gown and gloves for high contact resident care activities*                                         |
| Prepare resident room                                                                                   |
| ☐ A sign with precaution type and use of proper personal protective equipment (PPE)                     |
| should be placed on the door                                                                            |
| ☐ A PPE cart/table should be set up immediately outside the room                                        |
| $\ \square$ A trash can to dispose of PPE should be placed directly inside the room by the door         |
| ☐ Ensure hand sanitizer, soap dispensers, paper towel dispensers, and PPE carts are kept well-stocked   |
| ☐ Use disposable or dedicated patient equipment/supplies whenever possible and store                    |
| them in the resident room                                                                               |
| ☐ Immediately disinfect any shared equipment after each use                                             |
| Environmental services                                                                                  |
| ☐ Use EPA approved products (use <u>List P</u> disinfectants for C. auris. If unavailable, may          |
| substitute <u>List K</u> disinfectants)                                                                 |
| ☐ Adhere to manufacturer dilution and contact time guidelines                                           |
| ☐ Perform thorough daily cleaning of resident room and any areas where the resident has                 |
| been                                                                                                    |

|     | I Ensure all staff understand which equipment they are responsible for cleaning, how to                                                                |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | do it correctly, and the expected frequency                                                                                                            |
|     | Label cleaned/disinfected equipment and store away from dirty equipment                                                                                |
| Fac | ty wide practices                                                                                                                                      |
|     | Increase audits/monitoring for hand hygiene, PPE use, and environmental cleaning                                                                       |
|     | Assess PPE stock using <u>PPE burn rate calculator</u> as needed to maintain supply                                                                    |
|     | Verify enhanced barrier precautions are being followed for <b>all</b> residents who meet <b>one</b>                                                    |
|     | or more criteria, regardless of MDRO colonization status:                                                                                              |
|     | ☐ Has a current open wound, including any break in the skin                                                                                            |
|     | ☐ Has an indwelling medical device (catheters, trach, feeding tube, etc.)                                                                              |
|     | Educate all staff who work in resident areas on <i>Candida auris</i> and the need for strict                                                           |
|     | adherence to precautions                                                                                                                               |
| Sur | eillance/testing                                                                                                                                       |
|     | Ensure facility clinicians understand how and where to order testing if needed                                                                         |
|     | Promptly test any newly suspected cases                                                                                                                |
| Coı | nunication                                                                                                                                             |
|     | Immediately report any newly identified cases to <a href="mailto:hai@utah.gov">hai@utah.gov</a> and your local health department                       |
|     | Communicate infection/colonization status directly to the person responsible for overseeing infection prevention and control at the receiving facility |
|     | Complete an interfacility transfer form upon transfer to another healthcare facility                                                                   |
|     |                                                                                                                                                        |

\*Masks must also be worn when indicated based on COVID-19 community transmission levels.