

ASSESSMENT

Targeted Multidrug-Resistant Organism (MDRO) Prevention Strategies

(Recommend implementation regardless of whether residents with *C. auris* or carbapenemase-producing organisms are present)

INFECTION PREVENTION & CONTROL (IPC) INFRASTRUCTURE

Questions		Facility Practice	Notes (optional)
1	Is there a dedicated Infection Preventionist on staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Does this IP have training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What training? <input type="checkbox"/> CDC <input type="checkbox"/> CMS <input type="checkbox"/> APIC <input type="checkbox"/> SHEA <input type="checkbox"/> Other: _____
3	Develop Infection Control policies to address <i>C. auris</i> , carbapenemase-producing organisms and other targeted MDROs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Does clinical staff have regular scheduled training in infection prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often? <input type="checkbox"/> 12 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 3 mo <input type="checkbox"/> Q1 mo <input type="checkbox"/> Other: _____

HAND HYGIENE (HH)

5	Hand hygiene before, during and after the care of resident care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Assure HH dispensers/sinks are available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Placement of ABHR dispensers outside resident rooms	<input type="checkbox"/> Every room <input type="checkbox"/> If not every room, # per hallway: _____	
8	Placement of ABHR dispensers inside resident rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Have a system in place to educate and audit HH amongst staff (optimally to address different areas, providers and shifts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL PROTECTIVE EQUIPMENT (PPE) & PRECAUTION & PATIENT PLACEMENT

10	Review transmission-based precautions (TBP) signage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Review policies and procedures for the placement of residents on TBP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Assure PPE is available in proximity to TBP rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Educate and audit staff related to: <ul style="list-style-type: none"> • understanding of standard and transmission-based precautions • when to use PPE/isolation equipment • Donning and doffing of PPE correctly 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Educate patients and family regarding PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ENVIRONMENTAL SERVICES (EVS)			
15	Review cleaning/disinfectant agents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Where do you use cleaning products effective against <i>C. auris</i> (i.e., EPA List P product) or other targeted MDROs (e.g., carbapenemase-producing organisms).	<input type="checkbox"/> In isolation rooms <input type="checkbox"/> All PCA <input type="checkbox"/> Other: _____	
17	Cleaning and disinfection of equipment and environment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18	EVS staff knowledgeable of contact times for type of disinfectant used	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	EVS staff knowledgeable of appropriate concentration for type of disinfectant used (if solution is not pre-mixed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Assure EVS staff wear PPE correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	A system for who cleans which items, or what interval and what agent (e.g. responsibilities clearly delineated between EVS and front line staff)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	Ensure thorough, appropriate cleaning/disinfection of all reusable medical equipment or supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Infection prevention and control department involved in EVS policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Have a system in place to educate and audit EVS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Evaluate environmental hygiene (i.e., florescent marker, ATP bioluminescence, swab culture)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26	Educate healthcare personnel (i.e. RNs, LVNs, CNAs) on cleaning, disinfection, and contact time for disinfectant used and other EVS duties.	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often? <input type="checkbox"/> 12 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 3 mo <input type="checkbox"/> 1 mo <input type="checkbox"/> Other: _____
INTER-FACILITY COMMUNICATION			
27	Flag case patients' medical records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28	Receive clear precautions information and MDRO infection/colonization history on admission	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29	Convey clear precautions information and MDRO infection/colonization history on transfer or discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30	Use of an inter-facility transfer form/sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			
31	Timely notification from the laboratory of pertinent clinical and infection prevention staff whenever a highly resistant MDRO is identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	

32	Regularly review invasive devices (CVC, urinary catheter, etc) for indication and discontinue promptly when no longer needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33	Implement an antimicrobial stewardship program with antifungals included	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34	Residents determined to be at high risk of colonization with <i>C. auris</i> or carbapenemase-producing organisms (CPOs) are tested for colonization upon admission	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	Other horizontal prevention measures not listed; if yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No	

***C. auris* Control Strategies**

(Recommend implementation when residents with *C. auris* or other targeted MDROs are present)

36	Residents with <i>C. auris</i> are assessed for risk of transmission to other residents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37	Contact Precautions or Enhanced Barrier Precautions are implemented for residents with <i>C. auris</i> or other targeted MDROs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38	Dedicated equipment for residents with a history of <i>C. auris</i> or other targeted MDROs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39	Review the cohorting of residents and staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40	When a resident is newly identified with <i>C. auris</i> , contacts are screened for <i>C. auris</i> colonization	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41	When multiple residents with <i>C. auris</i> are present at the facility, the primary caregiving staff dedicated to those residents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
42	Facility using agent effective against <i>C. auris</i> to disinfect resident rooms and shared equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	

STAFF OBSERVATIONS

43	Hand Hygiene Adherence	____%	
44	Contact Precaution and/or EBP Adherence	____%	
45	Environmental Services (EVS) Adherence	____%	
	Fluorescent Marker check (if used)	____%	

What guidance and/or resources do you need from Public Health to better protect your staff and residents from *C. auris*, carbapenemase-producing organisms, or other targeted MDROs? How can we help you?

RECOMMENDATIONS

Hand Hygiene

Environmental Cleaning

Contact Precautions and/or Enhanced Barrier Precautions

ADDITIONAL COMMENTS: