

## Responsive Screening Checklist – Acute Care

### 2+ Days before screening

- OHA will provide all supplies for specimen collection, shipping and testing at no cost.
- Confirm date and time of screening.
  - Try to avoid mealtimes when scheduling screening if possible.
  - Plan for about 10 minutes per patient, 15 minutes if both CPO and *C. auris* swabs are collected.
- Identify staff to assist with screening. We recommend teams of three staff for every 20 patients. Additional staff to help position and turn patients may be helpful depending on your patient population. (see example assignment planning table below)
  - 1 staff to provide patient education and obtain assent from patient.
  - 1 staff to collect specimen and verify tube label is correct at bedside.
  - 1 staff to manage patient line list and attach patient labels to tubes. (OHA staff can perform this function if needed.)
- Confirm a plan for delivery of specimens to [FedEx](#) by cutoff time.
- Place ice packs in freezer.
- Keep the shipping box for the cooler (if you get one).
- Notify staff on affected units, provide education and answer questions.
- Decide how you will document the swab collection and assent in the patient record.

### Day before screening

- Print color copies of the lab collection instructions (one per team).
  - [CPO collection instructions \(video\)](#) ([photo instructions](#)) (red cap swabs, rectal).
  - [C. auris Testing Instructions \(video\)](#) ([photo instructions](#)) (white cap swabs, axilla&groin)
- Print consent scripts staff will be using and patient educational materials.
  - [CPO verbal assent script](#) (one per team)
  - [CPO Screening Patient FAQ \(Spanish\)](#)
  - [CPO Provider FAQ](#)
  - [C. auris Screening Patient FAQ](#)
  - [What is C. auris? \(for providers\)](#)
- Gather supplies.
  - A rolling cart
  - Two basins
  - Pens and a clipboard
  - Copies of FAQs and instructions
- In the afternoon, call for consent from POA's for patients who cannot give their own consent and are expected to be on the unit in the morning.
- Coordinate with the unit leaders to provide education to the nurses at change of shift the day of screening.

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### Day of Screening – The hour before screening

- Educate staff at shift change. encourage direct care nurses to start the education and conversation with their patients and provide their patients with the patient education handout during morning rounds.
- Finalize a patient list and send to OHA staff working with you (at least 30 minutes before starting to screen). List should include First Name, Last Name, DOB, and must match the patient label (do no use nicknames).
- Print copies of patient screening list for your teams.
- Print patient labels (one for each specimen tube).
- Huddle with the collection team.
  - Review the assent/consent script.
  - Review how to collect a rectal swab or axilla/groin swab.
  - Highlight acceptable samples vs unacceptable samples (see instructions)
  - Review infection control considerations for safe collection (PPE, donning and doffing).

### Day of Screening - During screening

- Coordinate with unit charge nurse and primary care nurses to identify any patients who:
  - Will need additional assistance to position for specimen collection.
  - Will need the primary nurse to assist with behavioral or communication issues.
  - Are not able to give consent and their proxy will need to be contacted and consent obtained.
- Follow the lab collection instructions.
- Keep a line list of patients including unit/room/bed/swabbed/refused/not swabbed.
- If any issues or questions arise, call the OHA MDRO Epi (971-346-0724).

### Day of Screening - After screening

- Check in with your OHA contact, provide them with an updated list of patients who consented and had specimen collected.
- Plan on a 15 to 30 minute break before receiving the lab forms from OHA. This is a good time to do a wrap up with the collection teams.
- Print specimen forms, which OHA will send you.
- Match the specimen forms with the swabs (match the patient first and last name, date of birth, and specimen type) and place the form in the outside pocket of the bag.
- Confirm specimens are packaged and stored according to instructions.
  - *C. auris* swabs must be mailed with frozen ice packs.
  - CPO swabs do not need ice packs. (red cap = rectal = room temp)
  - Refrigerate all swabs if stored overnight for shipping the next day.
- Write in your facility phone # and contact info on the outside of the box.
- Ensure that specimens are dropped off or picked up by [FedEx](#).
- Share the final screening line list with OHA, include anyone who refused or for whom swabs were not collected.

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### A few reminders:

- Do not make handwritten edits to the specimen forms.
  - Email the OHA staff member who sent you the forms with corrections.
- Ensure each specimen has the correct form inserted into the outside pocket of the specimen bag.
- Use two patient identifiers at all patient contact points (consent, collection, and matching swab to form).
- If there is a delay in obtaining consent or a specimen, such as waiting for a return call from a POA, it may be acceptable to collect and send the specimen the next day. Coordinate with your OHA contact for details.

### Managing Screening Results

- If a patient/resident tests positive during surveillance screening, OHA staff will let you know as soon as possible and make additional recommendations. Place the patient on contact precautions immediately. Refer to the [CRO Toolkit](#) as needed.
- You will receive results in PDF format via secure email or fax as soon as possible. Public health will contact patients/residents with a positive result to conduct a case interview and educate the case.
- Establish a plan for recording and communicating surveillance screening results. Results are intended to inform infection prevention and control, not clinical care.
- Discharge should occur when medically appropriate. Pending screening **results should not affect discharge plans**. Communicate positive and pending screening results to the receiving facility.

## Responsive Screening Checklist – Acute Care

### Job Assignment planning example:

Leader:	Jane Smith, IP	Contact info		
<b>Role</b>	<b>Duty</b>	<b>Team 1 – Unit 1</b>	<b>Team 2 – Unit 2</b>	<b>Team 3 – Unit 3</b>
Consenter	Perform patient education, obtain consent, report patient yes/no to list manager.	Name	Name	Name
Swabber	Collect swab from patient.	Name	Name	Name
Patient positioner or chaperone	Assist with patient positioning if needed, chaperone for collection (may be the primary nurse or a dedicated team member). May also document in patient’s record.	Name	Name	Name
List manager	Document consent, swab collected or not, and if not, why. Accept collected swab in specimen bag.	Name	Name	Name