

FAQs for Healthcare Facilities

What are carbapenemase producing organisms (CPOs)?

CPO is an umbrella term used to refer to bacteria that produce carbapenemase enzymes that make them resistant to a class of antibiotics called carbapenems. These enzymes can easily spread antibiotic resistance among bacteria. These organisms are very rare in Oregon, can colonize patients indefinitely, persist in healthcare environments for weeks or months, cause serious illness (especially in patients who are already very sick), and have the potential to cause large outbreaks in healthcare settings.

Why is the Oregon Health Authority (OHA) recommending patients/residents be screened?

A patient was identified as having a carbapenemase producing organism (CPO) and was at your facility within approximately 30 days of the organism being identified, without proper contact precautions for any amount of time during their stay. In line with Centers for Disease Control and Prevention (CDC) guidance, OHA recommends screening healthcare contacts of this patient to detect and contain spread of the CPO. More information can be found on the CDC website (<https://arpsp.cdc.gov/profile/arln/cpo>).

Will OHA staff help with screening onsite?

OHA staff will be available to answer questions virtually. As needed, OHA staff may be onsite during swab collection to provide education, answer questions, and assist with administrative tasks such as labeling, packaging, and laboratory paperwork. OHA staff do not perform clinical tasks, including swab collection or gathering assent.

How is testing performed?

Testing is done by collecting a rectal swab. OHA will provide collection instructions for staff participating in specimen collection.

What does OHA consider when making recommendations about patients/residents to be screened?

When assessing who should be screened, OHA subject matter experts refer to CDC guidance for targeted MDRO containment and response. They also take into consideration the unique factors of each case and facility. OHA may recommend against screening some people, for example those with few risk factors and who have been admitted for less than 24 hours or with severe behavioral health concerns.

When and how will we receive screening results?

Screening results are generally available in a few days. When you receive results may vary depending on the day of collection and laboratory capacity. You will receive results by fax as soon as they are available.

Who will notify patients/resident of results?

If a screened patient tests positive, OHA or the local public health authority (LPHA) will contact the patient to ask them additional questions and provide education about CPO. OHA will NOT contact patients with a negative screening result. Your facility should inform patients that they will not be contacted if they test negative or develop a plan for notifying patients of their negative screening result.

What type of consent process should be used and who obtains consent?

In line with CDC recommendations, OHA recommends a verbal consent process. This process facilitates efficiency and increases acceptance. If your facility's policy is to use a written consent process, that is acceptable. Regardless of the process used, obtaining and documenting consent is your facility's responsibility.

Questions?

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Is there any benefit to the patients being screened?

Patients who test positive on surveillance screening are considered colonized with the organism. Results are intended to inform infection prevention and control, not clinical care. However, patients who are colonized with CPO are at greater risk of developing an infection. If this occurs, it is helpful for their clinical team to be aware of their CPO status so that appropriate antibiotics can be prescribed.

Will healthcare workers be screened?

CDC does not recommend screening of healthcare workers unless there is strong epidemiologic evidence of transmission involving a healthcare worker. Because CPOs usually only cause infection in people who are already very sick, healthcare workers are generally not considered to be at risk. The best way for healthcare workers to protect themselves and others from all MDROs is by practicing frequent and thorough hand hygiene and implementing standard precautions for all patients.

What about patients who cannot be tested for medical reasons?

For patients who cannot be screened for medical reasons only (e.g., patients with a rectal tube), alternative specimen sites may be used. Contact OHA staff for instructions.

What about patients who have a colostomy?

For patients with a colostomy, a specimen may be collected from the stoma using the same technique as a rectal swab collection. Contact OHA staff if you have any questions about collecting a specimen for these patients.

The index patient was on contact precautions for part of their stay, is testing still necessary?

CPOs are known to spread easily in inpatient settings, contaminate the environment, and contaminate plumbing. Depending on the acuity of unit(s) and patient(s) involved, testing of patients who are healthcare contacts of the index patient may be recommended even if the index patient was on contact precautions.

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