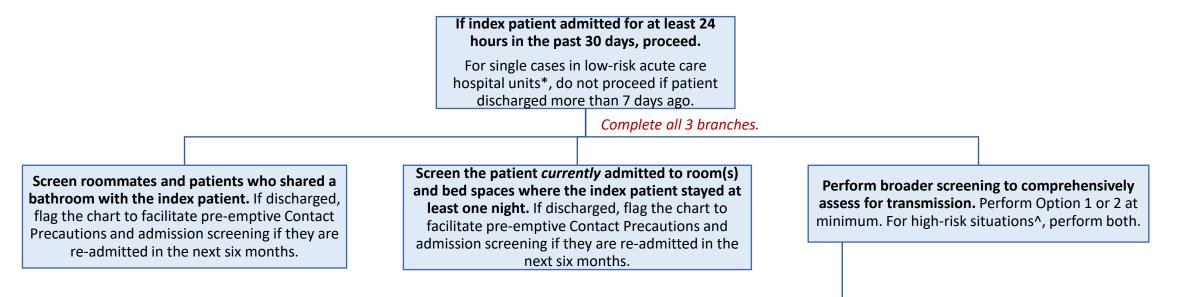
## **Screening Recommendations for Tier 2 MDROs**

When a new case of a Tier 2 MDRO is identified, facilities should use this guidance to determine which contacts should be screened for colonization. The goal is to detect and prevent the spread of any additional cases of these clinically and epidemiologically concerning organisms. This in accordance with <u>CDC MDRO Containment Guidance</u>.



Note that colonization screening should occur even if the index patient was being managed with Contact Precautions or Enhanced Standard Precautions during their admission.

## **Definitions:**

\*Low-risk acute care hospital units: units with a short average length of stay where patients are ambulatory and not mechanically ventilated

## *^High-risk situations:*

- Healthcare settings with high-acuity patients and longer lengths of stay, including some hospital units with longer lengths of stay and patients at higher risk of MDRO acquisition and infection (e.g., burn ICU, units that care for solid organ or hematopoietic transplant patients).
- Any setting where the index case likely acquired the organism during their stay (e.g., targeted organism identified in patient without any risk factors prior to hospitalization).

**Option 1: High-risk contacts** including those who overlapped on the same unit as the index patient for 1-3 days, and have presence of a risk factor for MDRO acquisition (e.g., bedbound, high levels of care, receipt of antimicrobials, or mechanical ventilation), and are still admitted.

## **Option 2: Point prevalence survey (preferred)**

If it will take several days to identify higher risk contacts or if most higher risk contacts have been discharged, perform a unit-wide point prevalence survey promptly. LACDPH can provide screening resources if needed.