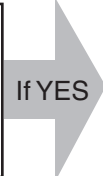
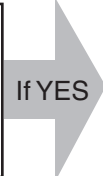
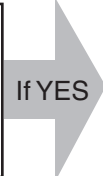



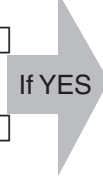
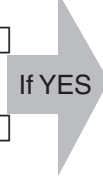
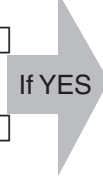


## INFECTION PREVENTION & CONTROL ADMISSION SCREENING TOOL

**Admitting/Unit Clerks & Nurses must ask the following 8 questions of all patient being admitted**

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 20%;"></td> </tr> <tr> <td>1. Known MRSA positive?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td rowspan="3" style="text-align: center; vertical-align: middle;">  </td> </tr> <tr> <td>2. Known CPO positive?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Known <i>Candida auris</i>?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No		1. Known MRSA positive?	<input type="checkbox"/>	<input type="checkbox"/>		2. Known CPO positive?	<input type="checkbox"/>	<input type="checkbox"/>	3. Known <i>Candida auris</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;"><b>Place known positive MRSA, CPO and <i>Candida auris</i> patients on Contact Precautions/Isolation</b></p>
	Yes	No													
1. Known MRSA positive?	<input type="checkbox"/>	<input type="checkbox"/>													
2. Known CPO positive?	<input type="checkbox"/>	<input type="checkbox"/>													
3. Known <i>Candida auris</i> ?	<input type="checkbox"/>	<input type="checkbox"/>													

**All patient with any risk factors are to have a screening swab collected ASAP within 24 hours of admission**

RISK ASSESSMENT	ACTION ITEM															
<p><b>CPO</b> (Carbapenemase-Producing Organism)</p> <p><b>Has the patient:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 20%;"></td> </tr> <tr> <td>4. Foreign healthcare patients had an overnight stay, day surgery, regular treatment visits to an outpatient clinic, (including hemodialysis or peritoneal dialysis) in an international hospital in the last 12 months?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td rowspan="2" style="text-align: center; vertical-align: middle;">  </td> </tr> <tr> <td>5. Fraser Health Authority (FHA) patients had an overnight stay, day surgery, regular treatment visits to an outpatient clinic, (including hemodialysis or peritoneal dialysis) in the last 12 months?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>Note:</b> FHA patients who will be admitted for less than 48 hrs do not require specimens or isolation.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>If questions contact your local Infection Preventionist</p> </div>		Yes	No		4. Foreign healthcare patients had an overnight stay, day surgery, regular treatment visits to an outpatient clinic, (including hemodialysis or peritoneal dialysis) in an international hospital in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>		5. Fraser Health Authority (FHA) patients had an overnight stay, day surgery, regular treatment visits to an outpatient clinic, (including hemodialysis or peritoneal dialysis) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>1. Collect swab(s):</b> (Order as 'Gram Negative Bacilli Screen')</p> <p style="text-align: right;">Tick if collected <b>For all patients</b></p> <p style="text-align: right;">Rectal/ostomy (fecal stained) * <input type="checkbox"/></p> <p style="text-align: right;"><b>If applicable</b></p> <p style="text-align: right;">Sputum/Tracheostomy aspirate if coughing <input type="checkbox"/></p> <p style="text-align: right;">Urine if catheterized <input type="checkbox"/></p> <p style="text-align: right;">Open wound * <input type="checkbox"/></p> <p>* CPO rectal and wound swabs can be combined with MRSA.</p> <p><b>2. Criteria for Contact Precautions/Isolation</b></p> <p>i. Foreign Healthcare risk requires immediate placement in a single/private room.</p> <p>ii. FHA patients who will be admitted greater than 48 hrs send specimens as indicated above. Does not require Contact Precautions/Isolation.</p>				
	Yes	No														
4. Foreign healthcare patients had an overnight stay, day surgery, regular treatment visits to an outpatient clinic, (including hemodialysis or peritoneal dialysis) in an international hospital in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>														
5. Fraser Health Authority (FHA) patients had an overnight stay, day surgery, regular treatment visits to an outpatient clinic, (including hemodialysis or peritoneal dialysis) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>														
<p><b>MRSA</b> (Methicillin Resistant <i>Staphylococcus aureus</i>)</p> <p><b>Has the patient:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 20%;"></td> </tr> <tr> <td>6. Had an overnight stay in Canadian and/or international hospital or residential care in the past 12 months?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td rowspan="2" style="text-align: center; vertical-align: middle;">  </td> </tr> <tr> <td>7. Had Hemodialysis/chemotherapy in past 12 months?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>8. Been homeless, in a shelter, group home or correctional facility, or have a history of illegal drug use in the past 12 months?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>		Yes	No		6. Had an overnight stay in Canadian and/or international hospital or residential care in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>		7. Had Hemodialysis/chemotherapy in past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	8. Been homeless, in a shelter, group home or correctional facility, or have a history of illegal drug use in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>		<p><b>1. Collect swab(s).</b></p> <p style="text-align: right;">Tick if collected <b>For all patients</b></p> <p style="text-align: right;">Nares <input type="checkbox"/></p> <p style="text-align: right;">Perirectal <input type="checkbox"/></p> <p style="text-align: right;"><b>If applicable</b></p> <p style="text-align: right;">Open wound <input type="checkbox"/></p> <p><b>2. Does <i>NOT</i> require patient to be placed on contact precautions/isolation <i>until</i> swab results are positive</b></p>
	Yes	No														
6. Had an overnight stay in Canadian and/or international hospital or residential care in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>														
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