


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;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <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> </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> </tbody> </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;">Place known positive MRSA, CPO and <i>Candida auris</i> patients on Contact Precautions/Isolation</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>CPO (Carbapenemase-Producing Organism)</p> <p>Has the patient:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>4. Had Foreign healthcare: 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> </tr> <tr> <td>5. Had a Household contact with known CPO</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>If questions contact your local Infection Preventionist</p> </div>		Yes	No	4. Had Foreign healthcare: 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. Had a Household contact with known CPO	<input type="checkbox"/>	<input type="checkbox"/>	<p>1. Collect swab(s): (Order as 'Gram Negative Bacilli Screen')</p> <p style="text-align: right;">Tick if collected For all patients</p> <p style="text-align: right;">Rectal/ostomy (fecal stained) * <input type="checkbox"/></p> <p style="text-align: right;">If applicable</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>2. Place on Contact Precautions; single room preferred.</p>						
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<p>MRSA (Methicillin Resistant <i>Staphylococcus aureus</i>)</p> <p>Has the patient:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>6. Had Canadian and/or foreign healthcare: an overnight stay, invasive procedure; or long-term 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> </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> </tr> <tr> <td>9. Had a Household contact with known MRSA</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	6. Had Canadian and/or foreign healthcare: an overnight stay, invasive procedure; or long-term 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"/>	9. Had a Household contact with known MRSA	<input type="checkbox"/>	<input type="checkbox"/>	<p>1. Collect swab(s).</p> <p style="text-align: right;">Tick if collected For all patients</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;">If applicable</p> <p style="text-align: right;">Open wound <input type="checkbox"/></p> <p>2. Does <i>NOT</i> require patient to be placed on contact precautions/isolation <i>until</i> swab results are positive</p>
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