

Colonization Protocol for Contacts of a Patient with CP-CRE (or CPO)

Screening cultures will be performed as follows:

1. Who to screen

- Members of HAI Team and the IP at the facility will identify appropriate epidemiologic contacts for screening:
 - Roommates
 - Patients on the same hallway (approximately 3 rooms down on either side) for 3 days of shared admission with index patient (this is a guideline that can be altered based on each particular case)
 - Patients that have had an invasive procedure such as an endoscopy would need to consider screening those who have been scoped with the same device after index patient.
- Pursue outpatient screening only for high risk patients (particularly roommates)
- See following protocols for those in LTC, AL, and Rehab
- <http://dhhs.ne.gov/HAI%20Documents/CREScreeninginAssistedLivingQuestionnaire.pdf>
- <http://dhhs.ne.gov/HAI%20Documents/CREScreeninginSkillednursingquestionnaire.pdf>

2 All colonization screening is sent to our Antibiotic Resistance Laboratory Network (ARLN) lab in Minnesota. You will receive a specimen kit from the ARLN. Please refer to the information outlined below.

- A) You should receive the following in your CRO Colonization Test Sampling Kit:
- 1) Guidance for Carbapenem-resistant organism (CRO) Colonization Test Sampling and Specimen Handling Methods packet
 - 2) One SaftPak (STP-210) box (pre-assembled so that “Biological Substance, Category B” signage is facing outward)
 - 3) One SaftPak (STP-710) white Tyvek® bag
 - 4) One SaftPak (STP-711) clear bag
 - 5) One absorbant pad
 - 6) Ten Copan brand Transystem swabs
 - 7) MDH submission Form
- B) MDH submission Form can be found <https://www.health.state.mn.us/diseases/idlab/forms.html#arforms>
Fill out a form for each patient/resident who has a colonization swab is collected.
- C) Information needed to fill out the form.
- a. Patient last name
 - b. Patient first name
 - c. Patient middle initial
 - d. Patient date of birth
 - e. Patient sex
 - f. Specimen collection date
 - g. Specimen source (type) is swab
 - h. Specimen source site is rectum
 - i. Original submitters Patient ID is your patient’s medical record number

- D) Specimens must be clearly labeled with the following:
- a. A minimum of 2 patient identifiers. Acceptable identifiers include:
 - i. Patient's full name
 - ii. Date of birth
 - iii. Medical record number
 - iv. Sample ID number
 - b. Date of specimen collection
 - c. Site of collection
- E) Packaging information after swabs are collected.
- a. Place the swabs in their transport tubes in the clear Saf-T-Pak bag (STP-711) along with the absorbent pads provided in the kit . All swabs can be placed into a single bag provided they fit.
 - b. Fold tape closure over so that the white paper liner is visible and remove the liner to expose adhesive.
 - c. Gently lay tape over the bag opening and smooth with fingers to seal tightly.
 - d. Place clear Saf-T-Pak bag (STP-711) sealed with its contents into white Saf-T-Pak bag (STP-710).
 - e. Fold tape closure over so that the white paper liner is visible and remove the liner to expose adhesive.
 - f. Gently lay tape over the bag opening and smooth with fingers to seal tightly.
 - g. Place white Saf-T-Pak (STP-710) sealed with its contents into cardboard box (STP-210) folded so that "Biological Substance, Category B" is outwardly showing.
 - h. Place filled-out paperwork inside box, close flap, seal with tape, and continue onto Fed-Ex shipping instructions.
- F) Shipping Instructions
1. Go to [FedEx.com](https://www.fedex.com)
 2. In the Login area, enter the following information:
 - a. User ID: MDHARLN
 - b. Password*: PHLidI2017
 - c. Click the purple "Login" button**
 3. [Area 1] Enter the "From" shipping address by clicking on "Edit."
 4. [Area 2] Enter the "To" shipping information as:
 - a. Minnesota Department of Health
 - b. PHL, Infectious Disease
 - c. 601 Robert St N
 - d. Saint Paul, MN 55155
 - e. 651-201-5200
 5. [Area 3] Complete the Package & Shipping Details:
 - a. Priority Overnight is the only shipping option.
 - b. Choose package type (i.e. Box).
 - c. Enter number of packages. If there is more than one package, indicate whether packages are identical or not.
 - d. Enter total weight.
 - e. Verify or change ship date.
 - f. Area 4] Verify account number "CDC_OID_NCEZID_ARLN-237" is the account in the "Billing Details" box.

- g. Optional: Review available options between Areas 4 & 5.
- h. [Area 5] Click the “Ship” button.
- i. Check the box next to “Label” and then click on the “Print” button.
- j. Print the shipping label and attach it to the package for pickup.

*Password is: 3 uppercase letters, 3 lowercase letters, and then 4 numbers.

**You may receive an error if you press Enter instead of clicking on the “Login” button. If you still have issues logging in, try clearing your browser’s cookies and/or turning pop-ups on.

G) Results

- a. Results called to HAI Director, HAI IP, and/or HAI Epidemiologist
- b. Results will be faxed to a secure fax number that has been provided by facility collecting colonization screens.

Other Information to consider

- Perform screening for at-risk contacts every other week while case is admitted in facility
- Consider performing follow-up point prevalence surveys or active surveillance cultures upon admission to a unit if transmission is identified
- Strongly suggest use of daily 2% chlorhexidine bathing for patients in high-risk settings/units

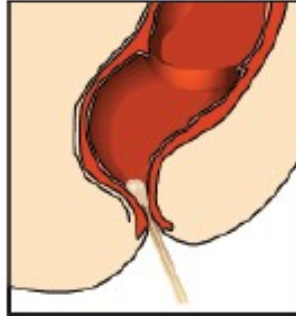
Establish method for communication CRE status upon transfer of patients to other facilities (e.g. Interfacility transfer form at

<http://dhhs.ne.gov/HAI%20Documents/Interfacility%20Infection%20Control%20Transfer%20Form.pdf>

Sample Collection and Preparation

1. Before beginning, perform hand hygiene and don appropriate personal protective equipment (PPE) as indicated by the patient’s clinical care team.
2. Open the outer packaging of the swabs.
3. Carefully remove the tube from the plastic packaging and label the tube (see label instructions below)
 - a. While labeling, leave the dual swab (or 2 single swabs) enclosed in the plastic packaging to prevent contamination
4. Pull the dual swab from the plastic packaging, being careful not to touch the cotton tips.
5. The dual swab may be moistened with **sterile** saline or transport medium only
 - a. Do **NOT** use tap water or lubricating gel.

6. Carefully insert both swab tips approximately 1 cm beyond the anal sphincter and gently rotate against the walls of the rectum 3 times. See figure for proper swab depth.



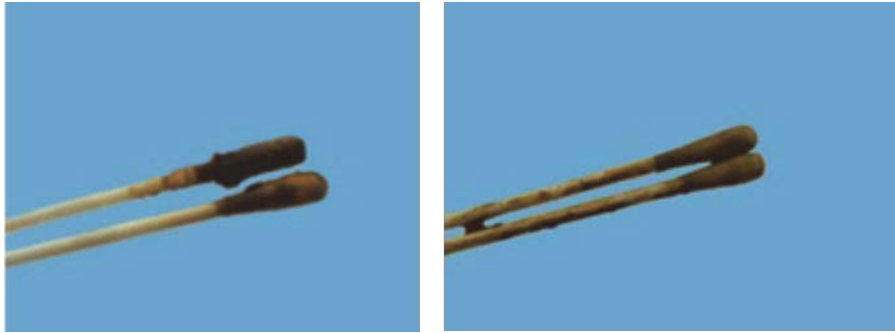
- a. Diapered infants: The cotton swab may be used to swab the stool present in the soiled diaper.
- b. Patients with an ostomy: Use the cotton applicator to obtain specimen from the stoma site.

7. Confirm swab is not overloaded or underloaded. See figures below for reference.

Acceptable Specimens



Unacceptable Specimens



8. Insert dual swab into tube and firmly close cap. Seal with Parafilm if available.
9. Swabs in the transport tube can be stored at 15–28 °C (room temperature) for up to five days. However, it is optimal to transport as soon as possible.

Contact information

Office of Epidemiology

Name	Designation	Contact number	Email
Thomas J. Safranek, MD	State Epidemiologist	Office: 402-471-0550 Cell: 402-440-5729	tom.safranek@nebraska.gov
Maureen Tierney, MD, MSc.	Healthcare Associated Infections Director	Office: 402-471-6549 Cell: 402-309-3471	maureen.tierney@nebraska.gov
Margaret Drake, MT, CIC	HAI Infection Preventionist	Office 402-471-7010	margaret.drake@nebraska.gov
Ishrat Kamal-Ahmed, M.Sc.,Ph.D.	HAI Epidemiologist	Office:402-471-7014	Ishrat.kamal-ahmed@nebraska.gov

Nebraska Public Health Laboratory

Name	Designation	Contact number	Email
Peter C. Iwen, PhD, D(ABMM)	Director, NE Public Health Laboratory	Office: 402-559-7774	piwen@unmc.edu
Emily McCutchen, MS	NE Public Health Laboratory	Office: 402-559-9691	Emily.mccutchen@unmc.edu