

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 [CDC MDRO Containment Guidance](#).

If index patient admitted for at least 24 hours in the past 30 days, proceed.
For single cases in low-risk acute care hospital units*, do not proceed if patient discharged more than 7 days ago.

Complete all 3 branches.

Screen roommates and patients who shared a bathroom with the index patient. If discharged, flag the chart to facilitate pre-emptive Contact Precautions and admission screening if they are re-admitted in the next six months.

Screen the patient *currently* admitted to room(s) and bed spaces where the index patient stayed at least one night. If discharged, flag the chart to facilitate pre-emptive Contact Precautions and admission screening if they are re-admitted in the next six months.

Perform broader screening to comprehensively assess for transmission. Perform Option 1 or 2 at minimum. For high-risk situations^, perform both.

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.

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).