

- 1. What are antibiotic-resistant organisms (ARO)?** ARO's refer to bacteria that are resistant to one or more classes of antibiotics. Generally these include methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant Enterococci (VRE), and carbapenamase-producing organisms (CPO) also referred to as multiple drug resistant gram negative bacilli (MDR-GNB).
- 2. Does AHS screen patients for ARO's on admission to Acute Care?** Yes. A standardized ARO admission screening protocol is used provincially across AHS acute care sites. This protocol is based on a targeted approach identifying patients at a higher risk of harboring AROs primarily due to receiving inpatient medical care both inside and outside Canada, as well as those who have been recently institutionalized in a correctional setting.
- 3. Why do we perform Provincial ARO Admission Screening?** ARO admission screening is one component of the Infection Prevention and Control (IPC) program to detect asymptomatic carriage of ARO's with the intent of applying additional control measures to help prevent transmission. In the past, different zones had variable legacy screening practices and a decision was made to standardize the protocol across AHS.

Continued focus should be on Routine Practices for every patient interaction: Hand Hygiene (according to the 4 Moments), appropriate use of Personal Protective Equipment, cleaning of shared patient-care equipment and the environment. These are basic measures that prevent transmission or spread of all microbes in the healthcare setting.

- 4. Why has most vancomycin-resistant Enterococcus (VRE) screening been discontinued?** AHS IPC surveillance data indicate that VRE rarely causes serious infections in most patient populations. Based on this information and other supporting studies, there is provincial consensus that screening in-patients for VRE is not the most effective use of resources. The main exception to this is patients admitted to certain high risk units. These patients have an increased risk of infection with VRE and continue to be screened.

Patients who are known to be colonized or infected with VRE are isolated and will remain on Contact Precautions until IPC requirements are met for discontinuation of precautions.

- 5. Why do we continue screening for methicillin-resistant *Staphylococcus aureus* (MRSA)?** MRSA can cause serious infections in some patient populations.
- 6. What about CPO's?** Admission Screening for Carbapenamase producing organisms (CPO) is now standard protocol for all patients with a hospitalization outside of Canada in the past 6 months because they can be at higher risk of harboring these extremely drug-resistant organisms and transmitting them if not identified and isolated promptly. CPO infection poses a significant risk to the patient who acquires the infection as it can be extremely difficult to treat.
- 7. Why does the Calgary Zone ARO Admission Screening Tool seem different?** Some hospitals in the Calgary Zone use an electronic patient management system into which the screening tool format was modified for integration into the system.
- 8. Where do I get more information?** If you have questions please connect with your local IPC office.
<http://www.albertahealthservices.ca/info/Page6425.aspx#contact>