

## Carbapenemase Producing Organism (CPO) Response Guide for Healthcare Facilities

Whenever a CPO/ case is identified, public health collaborates with healthcare facilities to respond aggressively to detect and contain them. This document will answer many of the questions you may have about responding to a case of CPO in your facility.

### Four steps for CPO Response:

- 1. Initial Infection Prevention and Control Measures.** Upon being notified of a person with a CPO, immediately place patient on contact precautions and review [Oregon CRO toolkit pages:](#)   
(<https://rebrand.ly/CRO-Toolkit>)
- 2. Partner Call.** A virtual meeting including OHA subject matter experts, LPHA staff, and your facility will be scheduled within one working day of OHA being notified of the case. During the partner call, OHA asks questions about the case including their medical history, procedures and types of care received, location(s)/unit(s) where the case stayed or participated in activities, facility layout, etc. You will also be able to ask questions of OHA during this call.

Date and time of partner call:

- 3. Responsive Surveillance Screening.** Recommendations about who to screen are discussed during the partner call. These recommendations and additional information about surveillance screening are provided on the following pages. Screening is an intensive activity that should take place as soon as possible after the partner call.
- 4. Onsite Infection Control Assessment (ICAR):** An onsite ICAR with an OHA regional infection preventionist (IP) is provided as a part of all targeted MDRO responses. ICARs are not regulatory and are designed to be supportive and collaborative. After the ICAR, written recommendations for strengthening infection prevention and control (IPC) will be provided. Please reach out to the OHA IP listed at the bottom of this page to schedule an ICAR as soon as possible.

### Contact Information:

Do not hesitate to reach out with questions at any time. The primary OHA contact(s) for this investigation are:

Routine **Admission Screening** can prevent the need for responsive surveillance screening in the future. To learn more about starting an admission screening program, reach out to the contacts provided.

<b>Investigation ID:</b>	<input type="text"/>	<b>Today's Date:</b>	<input type="text"/>
			<small>MM/DD/YYYY</small>
<b>Facility Type:</b>	<input type="text"/>	<b>Facility Name:</b>	<input type="text"/>
<b>Date of Screening:</b>	<input type="text"/>	<b>Time of Screening:</b>	<input type="text"/>
	<small>MM/DD/YYYY</small>		
<b>Carbapenemase:</b>	<input type="text"/>	<b>Organism/Source:</b>	<input type="text"/>

**Healthcare Contact Surveillance Screening Recommendations:**

Screening of healthcare contacts is strongly recommended. Please screen residents/patients who are currently admitted and meet the criteria marked below. See the note below for patients/residents who meet these criteria but have been discharged.

Note

- all patients currently admitted to the facility  
(e.g., full facility screening, see note below for exclusions)
- all patients currently admitted on unit(s):  
(e.g., full unit screening, see note below for exclusions)
- patients who overlapped with the case on unit(s):  
(e.g., currently admitted patients who overlapped regardless of current location)
- patients who share or shared a room with the case
- patients share or shared a bathroom with the case
- current residents of the case's previous room(s)
- patients who shared procedure/care with case  
(e.g., surgery, imaging, wound care)
- other:


*Note: for discharged healthcare contacts who shared a room or bathroom with a case or stayed in a room where the case stayed:*

- if discharged home to self-care, strongly consider flagging the chart and perform surveillance screening if the patient/resident is readmitted within the next six months.*
- if discharged to another acute or long-term care facility, provide this information to OHA. Screening may be offered to these healthcare contacts at their current location to detect and contain spread to other facilities.*

*Exclusions: consider excluding healthcare contacts from screening who have few risk factors and who have few risk factors and who have been admitted for less than 24 hours.*

**Additional recommendations:**

**These recommendations are provided based on the following risk assessment for transmission:**

- case length of stay    case acuity    facility/unit acuity    shared rooms or bathrooms
- facility/unit average length of stay    infection prevention and control concerns
- epidemiologic case investigation    other:

## Preparing for Responsive Screening

If CPO is found in your facility, the following documents will help you as you prepare for additional screening. Review them as soon as possible for additional response and prevention measures.

- [Responsive Screening Checklist](#): tool for planning and implementing screening.
- [Carbapenem Resistant Organism \(CRO\) Toolkit \(https://rebrand.ly/CRO-Toolkit\)](https://rebrand.ly/CRO-Toolkit) provides detailed information about CROs and CPOs including:
  - swab collection instructions (see appendix)
  - patient and family FAQs (see appendix)
  - additional response steps for healthcare settings of all types
  - prevention measures to put in place once response is complete.

*Review as time allows/as needed:*

- [CDC Antibiotic Resistant & Patient Safety Portal Carbapenemase Gene Screens](https://arpsp.cdc.gov/profile/arln/cpo)  
(<https://arpsp.cdc.gov/profile/arln/cpo>)
- [Oregon Carbapenem-Resistant Enterobacteriales \(CRE\) website](https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/cre.aspx)  
(<https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/cre.aspx>)
- [CDC Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms \(MDROs\)](https://www.cdc.gov/hai/pdfs/mdro-guides/Health-Response-Contain-MDRO-508.pdf) (<https://www.cdc.gov/hai/pdfs/mdro-guides/Health-Response-Contain-MDRO-508.pdf>)

## Responsive Surveillance Screening: Frequently Asked Questions (FAQs) for Healthcare Facilities

### What are carbapenemase producing organisms (CPOs)?

CPO is an umbrella term used to refer to bacteria that produce carbapenemase enzymes that make them resistant to a class of antibiotics called carbapenems. These enzymes can easily spread antibiotic resistance among bacteria. These organisms are very rare in Oregon, can colonize patients indefinitely, persist in healthcare environments for weeks or months, cause serious illness (especially in patients who are already very sick), and have the potential to cause large outbreaks in healthcare settings.

### Why is the Oregon Health Authority (OHA) recommending patients/residents be screened?

A patient was identified as having a carbapenemase producing organism (CPO) and was at your facility within approximately 30 days of the organism being identified. In line with Centers for Disease Control and Prevention (CDC) guidance, OHA recommends screening healthcare contacts of this patient to detect and contain spread of the CPO. More information can be found on the [CDC website](https://arpsp.cdc.gov/profile/arln/cpo) (<https://arpsp.cdc.gov/profile/arln/cpo>).

### Will OHA staff assist with screening onsite?

Whenever possible, OHA attempts to have staff onsite during swab collection to provide education, answer questions, and assist with administrative tasks such as labeling, packaging, and laboratory paperwork. OHA staff do not perform clinical tasks, including swab collection. If OHA staff are unable to be onsite, they will be available to answer questions and assist virtually.

### What does OHA consider when making recommendations about patients/residents to be screened?

When assessing who should be screened, OHA subject matter experts refer to CDC guidance for targeted MDRO containment and response. They also take into consideration the unique factors of each case and facility. OHA may recommend against screening some people, for example those with few risk factors and who have been admitted for less than 24 hours or those with severe behavioral health concerns.

### When and how will we receive screening results?

Screening results are generally available in less than one week and often in as little as a few days. The time to receive results may vary depending on the day of collection collected and laboratory capacity. OHA will provide results for all patients screened to you by secure email or fax as soon as they are available.

### Who will notify patients/resident of results?

If a screened patient tests positive, OHA or the local public health authority (LPHA) will contact the patient to ask them additional questions and provide education about CPO. OHA will NOT contact patients with a negative screening result. Your facility should inform patients that they will not be contacted if they test negative or develop a plan for notifying patients of their negative screening result.

### What type of consent process should be used and who obtains consent?

In line with CDC recommendations, OHA uses a verbal consent process. This process facilitates efficiency and increases acceptance. If your facility's policy is to use a written consent process, that is acceptable. Regardless of the process used, your facility's staff will need to obtain and document patient consent.

### Is there any benefit to the patients being screened?

Patients who test positive on surveillance screening are considered colonized with the organism. Results are intended to inform infection prevention and control, not clinical care. However, patients who are colonized with CPO are at greater risk of developing an infection. If this occurs, it is helpful for their clinical team to be aware of their CPO status so that appropriate antibiotics can be prescribed.

### Will healthcare workers be screened?

CDC does not recommend screening of healthcare workers unless there is strong epidemiologic evidence of transmission involving a healthcare worker. Because CPOs usually only cause infection in people who are already very sick, healthcare workers are generally not considered to be at risk. The best way for healthcare workers to protect themselves and others from all MDROs is by practicing frequent and thorough hand hygiene and implementing standard precautions for all patients.