

# Multidrug-Resistant Organism Colonization Screening

Frequently Asked Questions for Residents, Patients, and Families



## **What is a multidrug-resistant organism (MDRO)?**

An MDRO is bacteria or another organism that is not killed by the antibiotic or other drugs that are meant to treat it.



## **What does it mean to be infected or colonized with an MDRO?**

A person who is infected with an MDRO has the organism in or on their body and it is causing symptoms or illness. People can also be colonized with an MDRO. A person who is colonized with an MDRO carries the organism in or on their body, often for very long periods of time, without symptoms. People who are colonized with an MDRO can spread the organism to surfaces in their environment and to other people. An individual who is colonized with an MDRO can also become infected later with the organism.



## **What is colonization screening?**

Colonization screening refers to the process of testing someone for the presence of a specific MDRO.



## **Why is testing being recommended?**

Out of an abundance of caution, the Wisconsin Department of Health Services, Division of Public Health and your health care facility is recommending you be screened for an MDRO in case you may have come into contact with one. Knowing whether you are carrying an MDRO will allow your health care provider to decide if any additional steps need to be taken as part of your care and will help prevent the spread of MDROs in your community so that they do not become more common.



## **Is testing required?**

Participating in colonization screening is voluntary and you may choose to decline testing. Yourself or your power of attorney must provide consent prior to testing. If you decline testing and you receive medical care, your health care providers might take extra precautions, such as wearing a gown and gloves when caring for you.

## **How is testing done?**

The method for testing will depend on the type of MDRO that is being test for. Most often testing involves a health care personnel rubbing a soft swab, similar to a Q-tip®, near your armpit and groin area. For some MDROs, a rectal swab may be recommended. Health care personnel will explain the exact process before testing.

## **What does it mean if the test result is positive?**

If the test is positive, it means you are carrying the organism in or on your body. Your health care provider will guide you through what your test results mean.

## **Can people who are infected with or carrying an MDRO spread it to others?**

Yes. MDROs are most commonly spread through prolonged physical contact, contact with bodily fluids, or via contaminated objects or surfaces. They can spread most easily to someone at a higher risk of getting the organism (for example, those with skin wounds, medical devices, or poor immune systems). However, typically the risk of spreading the organism to your family and friends is low. Caregivers and visitors should wash their hands well after caring for or visiting you to decrease the chance of getting the organism. You should also wash your hands frequently, especially after using the bathroom and before eating or preparing food. If you receive medical care at a health care facility, such as a hospital or nursing home, be sure to let your health care providers know about the results of this test, so that they can take steps to prevent spreading the organism to others.

## **How long will I have an MDRO?**

Some people will carry these organisms for very long periods of time, but this depends on many factors. Your health care provider might recommend you get an additional test at a later time to see if the organism is gone. However, a follow-up test will not be recommended for everyone. Talk with your health care provider if you have questions about this.

## **Where can I get more information on colonization screening?**

Talk with your health care provider at your facility if you have questions about getting tested or MDROs.

You can also visit the Wisconsin Healthcare-Associated Infections Prevention Program's [webpage for patients and families](http://www.dhs.wisconsin.gov/hai/patient-resident-resources.htm) ([www.dhs.wisconsin.gov/hai/patient-resident-resources.htm](http://www.dhs.wisconsin.gov/hai/patient-resident-resources.htm)) to learn more.

## MDRO Colonization Screening Consent Form Template

This document is intended to serve as a template that facilities can modify and use to obtain patient or resident consent to participate in colonization screening for MDROs. Note that this document is a template only and facilities should review the document and edit as needed. Facilities should also have their administrator and legal counsel review the document before using.

It is important to provide appropriate education on the screening process and MDROs prior to obtaining informed consent. Use this factsheet or [MDROs: Factsheet for Patients, Residents, and Families](#) to help answer questions and educate patients, residents, and their families.

For additional information on patient or resident rights regarding informed consent, see Wisconsin Administrative Code, [Chapter DHS 94-03, Patient Rights and Resolution of Patient Grievances](#).

### [Consider placing on facility letterhead]

**[Insert name of your facility]** has identified a person with a type of organism, often a bacteria, that is resistant to important medications. When an organism is resistant to a medication, it means the medication will not work to treat infections caused by that organism. The name of the organism found is called **[insert name of MDRO]**.

To make sure this type of resistant organism does not spread further, your health care facility and the state health department are requesting that those who may have had contact with the organism be tested to make sure they are not also carrying it. It is important for you to be tested for the organism so that we may prevent it from spreading to others in the community.

For your own health, it is also important to know whether you may be carrying the organism so that you and your health care provider can decide if additional steps need to be taken.

Please see the attached fact sheet for information about what is involved in testing for the organism and what a positive test result may mean. The recommended testing is voluntary and you may choose to refuse it.

By my signature below, I give consent to be tested for **[insert name of MDRO]** as needed while receiving care at **[insert name of your facility]**. My signature also indicates that I understand the following:

I can refuse to give consent or can withdraw my consent at any time with written notification to the institution designee. This will not affect my right to change my decision at a later date.

I understand the reasons for this testing, its potential risks and benefits, other alternative treatments, and the probable consequences that may occur if I refuse to be tested. I have been given adequate time to study the fact sheet information and find the information to be specific, accurate, and complete.

This testing consent is for a period effective immediately and not to exceed fifteen months from the date of my signature.

### SIGNATURES

Client (or Guardian if POA-HC has been activated):

Date Signed:

Staff Present (Name and Title):

Date Signed:

