

MDRO Screening Tests

Resident and Family Education



What is an MDRO?

- ▶ A multidrug-resistant organism, or MDRO, is a bacteria or other organism that is not killed by the antibiotic or other drugs meant to treat it.

What is an MDRO screening test and why is it being done?

- ▶ A screening test is used to see if a person has a certain organism in his or her body. In this case, a person with an MDRO was found in your area, so the Wisconsin Department of Health Services Division of Public Health and your facility are contacting individuals who might have had contact with the organism to request that they participate in a screening test for this MDRO.



Why is it important for me to be tested for this organism?

- ▶ It is important for you to be tested for this organism so that the health care facility and health department can prevent it from spreading. Preventing the spread of MDROs is very important so that they don't become common in your community. For your own health, it is important to know whether you are carrying this organism so that you and your health care provider can decide if any additional steps need to be taken as part of your care.

Do I have to agree to be tested?

- ▶ No. Participating in the screening test is voluntary and you can choose to decline testing. However, 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, since they will not know if you have this organism.



How is the screening test done?

- ▶ Exactly how the screening test is done depends on the type of MDRO that is being screened for, but it usually involves a staff person from your facility rubbing a soft swab, similar to a Q-tip®, on one or more places on your body to collect a sample. Often, this testing involves swabbing the person's armpit and groin area, but for some MDROs others parts of the body are swabbed. Staff from your facility will explain the process before performing the screening test.





What happens if the test result is positive?

- ▶ If the test is positive, it means you are carrying the organism. Remember, though, that most people who carry this kind of organism never get sick from it.

If the organism is not making you sick (causing infection), you will probably not need to be treated or take any medication for it. Talk with your health care provider about any steps that may need to be taken.

Can people who are carrying this organism spread it to others?

- ▶ The risk of spreading this organism to your family and friends is low, but family and visitors should wash their hands well after caring for you 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 someone generally have an MDRO?

- ▶ Many people stop carrying these bacteria over 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.

Where can I get more information about screening tests and MDROs?

- ▶ Talk with your health care provider and other staff members at your facility if you have questions about the screening process or MDROs.

You can also visit CDC's "[Diseases and Organisms in Healthcare Settings](#)" webpage, or the Wisconsin Department of Health Services [Healthcare-Associated Infections](#) webpages for more information.



Novel MDRO Screening: Resident Consent Form Template
P-03110 (10/2021)

Overview: *This document is intended to serve as a template that facilities can modify and use to obtain resident consent to participate in screening tests for multidrug-resistant organisms (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.*

Note that appropriate educational materials on the screening process for MDROs, such as the “MDRO Screening Tests: Resident and Family Education” fact sheet included in the Wisconsin Division of Public Health MDRO Response Packet, should also be provided to residents when seeking consent for MDRO screening.

For additional information on patient/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 residing at **[insert name of your facility]**. My signature also indicates that I understand the following:

1. 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.
2. I understand the reasons for this testing, its potential risks and benefits, other alternative treatment(s), 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.
3. This testing consent is for a period effective immediately and not to exceed fifteen (15) months from the date of my signature.

SIGNATURE(S)

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

Date Signed:

Staff Present (Name and Title):

Date Signed:
