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| Urgent & Serious Pathogen Checklist  For Charge Nurse, Shift supervisor or Administrator Enter name of person/s completing | | |
| Resident/Room # | Precautions | Date |
| Enter name and room number | Choose an item. | Click or tap to enter a date. |

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| **Task** | **Resource** |
| Verify case -lab, report, history, colonization, infection, identify site Click or tap here to enter text. | **Organism** Click or tap here to enter text.**­­­­­­­­­­­­­­­**  **or** Choose an item. |
| **Initiate precautions**  Enhanced Barrier Contact Droplet  Airborne  Isolation signs in place  Roommate status  moved screened  no medical devices in roommate  if more than one case, cohort, or cluster  set up PPE cart outside of room  gown gloves mask  ABHS available  N95 respirator  eye protection  dedicateequipment, bp cuff, stethoscope, glucometer, Or disposable  assign staff/dept. responsible for stocking PPE cart each shift or day Enter dept/person responsible | **CDC Link EBP**   1. [Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) (cdc.gov)](https://www.cdc.gov/long-term-care-facilities/media/pdfs/ppe-nursing-homes-508.pdf?CDC_AAref_Val=https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf)   **Pocket Guide for Staff EBP**   1. [Enhanced Barrier Precautions (EBP) – Pocket Guide (cdc.gov)](https://www.cdc.gov/long-term-care-facilities/media/pdfs/ebp-pocketguide-p.pdf?CDC_AAref_Val=https://www.cdc.gov/hai/pdfs/containment/EBP-PocketGuide-508.pdf)A white sheet with black text     Description automatically generated   **EBP Signage**   1. [enhanced barrier precautions final rev3 (cdc.gov)](https://www.cdc.gov/long-term-care-facilities/media/pdfs/enhanced-barrier-precautions-sign-p.pdf?CDC_AAref_Val=https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf) 2. **Contact Precautions Signage**   [contact precautions final rev3 (cdc.gov)](https://www.cdc.gov/infection-control/media/pdfs/contact-precautions-sign-p.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf)  **5. C. auris outbreak response**  <https://www.corha.org/wp-content/uploads/2021/08/Candida-auris-Recommendations-for-Healthcare-Outbreak-Response.pdf> |
| **Notifications made**  administration\_\_\_\_\_\_\_\_\_\_\_\_\_  public health/doh/epi\_\_\_\_\_\_\_  notify previous facility and transportations if applicable  Enter who was notified if applicable  **Notify/ educate all individuals involved in care**  dietary maint. EVS therapy Activities  Hospice Social Worker Other  **Notifications made: (Cont.)**  visitors contracted  staff  other Enter Who  **Process**  start line list Enter online location  dedicate staff to resident/unit  provide education to staff  provide education to family/visitors  Y/N changes in dishes? (not usually)  Y/N changes in laundry? Check if applicable  wash separately, hot water, bleach sanitizer sour ozone end of shift  dedicate linens  terminal clean area case had occupied  Terminal clean room daily  Disinfectant product required Enter Disinfect name and contact time  curtains clean daily weekly  Perform EVS audits: visual inspection fluorescent markers, ATP  Cohorting must occur with an uninfected or colonized patient-  separate mops, rags, for each side of the room | Administrator on call contact info  Admin name and #  DPH/DOH/EPI 505-827-0006, Fax 505-827-0013  Enter names and facilities notified/ time/date if applicable--------------------------------------------------------------------------------------------------------------------------  Ensure all departments understand the PPE needed  Provide education in Break Rooms, to the supervisors, at change of shift, stand up  Document education provided to staff and family  6.. Line List example <https://hip.phila.gov/document/1085/CandidaAuris_LineList.pdf/>  Ensure the correct EPA disinfectant is used for the correct contact time (List P link)  Dedicate cart, EVS staff, deep clean daily  Replace privacy curtains and clean all areas resident has been  7. [CDC Environmental Checklist for Monitoring Terminal Cleaning](https://www.cdc.gov/healthcare-associated-infections/media/pdfs/environmental-cleaning-checklist-2010-p.pdf?CDC_AAref_Val=https://www.cdc.gov/hai/pdfs/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf)  8. <https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris>  9. [Environmental Evaluation Working Group (cdc.gov)](https://www.cdc.gov/healthcare-associated-infections/media/pdfs/environ-cleaning-eval-toolkit-2010-508.pdf?CDC_AAref_Val=https://www.cdc.gov/hai/pdfs/toolkits/Environ-Cleaning-Eval-Toolkit12-2-2010.pdf) |
| **Testing**  Coordinate with epi/public health recommendations for testing  AR lab network often performs the testing (NM uses Utah)  Prioritize testing for those who require a higher level of care (e.g. Ventilation) or were in contact with the case for three days  Point prevalence surveys are conducted every 2-4 weeks until two rounds are negative in conjunction with Public Health authorities normally. | Health Care Workers are often omitted from testing as colonization of the skin has not been common. (in the absence of poor core infection prevention practices)  Screen roommates even if discharged  AR performs screening free of charge  Axilla and groin screening common, or skin sponge  10. Testing guidance [Candida Auris: Recommendations for Healthcare Outbreak Response | CORHA](https://www.corha.org/resources/candida-auris-recommendations-for-healthcare-outbreak-response/) |

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| Urgent & Serious Pathogen Checklist  (Without links)  Resident/room # Precautions Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Verify case lab, report, history, colonization, infection, identify site Click or tap here to enter text. |
| **Initiate precautions**  Enhanced barrier Contact Droplet  Airborne  Isolation signs in place  Roommate status  moved screened  no devices in roommate  if more than one case, cohort, or cluster  Set up PPE cart outside of room  gown gloves mask  hand hygiene gel  n95 respirator  eye protection  red bag waste shoe covers  dedicate **all** equipment, bp cuff, stethoscope, glucometer, etc. Or use disposable  Hand sanitizer (if not soiled)  other\_\_\_\_  assign staff/dept. responsible for stocking PPE cart each shift or day Enter dept/person responsible |
| **Notifications made**  administration\_\_\_\_\_\_\_\_\_\_\_\_\_  public health/doh/epi\_\_\_\_\_\_\_  notify previous facility and transportations if applicable Enter who was notified if applicable  **Notify/ educate all individuals involved in care**  dietary maint.EVStherapy  visitors contracted staff  other Enter Who  **Process**  start line list Enter online location  dedicate staff to resident/unit  provide education to staff  provide education to family/visitors  Y/N changes in dishes? (not usually)  Y/N changes in laundry? Check if applicable  wash separately, hot water, bleach sanitizer sour ozone end of shift  dedicate linens  terminal clean area case had occupied  Terminal clean room daily  Disinfectant product required Enter Disinfect name and contact time  Priv. curtain cleaned; daily weekly  Perform objective audits of EVS: glo-germ, bioluminescence, ATP  Cohorting must occur with an uninfected or colonized patient-  separate mops, rags, everything for each side of the room |
| **Testing**  Coordinate with epi/public health recommendations for testing  AR lab network often performs the testing (NM uses Utah)  Prioritize testing for those who require a higher level of care(e.g. Ventilation) or were in contact with the case for three days  Point prevalence surveys are conducted every 2-4 weeks until two rounds are negative in conjunction with Public Health authorities normally. |

Additional Notes: