



# Screening and Management of Multi-resistant Organisms in Healthcare Facilities Policy

## 1. Purpose

The *Screening and Management of Multi-resistant Organisms in Healthcare Facilities Policy* outlines the mandatory requirements for the screening and subsequent management of patients identified with a multi-resistant organism (MRO). This incorporates routine screening of certain patient populations being admitted to Western Australian public hospitals and implementation of stringent infection prevention and control precautions for patients identified with an MRO.

This policy ensures early detection, isolation and appropriate antibiotic therapy where required. It ensures a standardised approach for the management of MROs across all public hospitals to reduce the risk of MRO transmission and minimise the risk of patients acquiring a healthcare associated infection with organisms highly resistant to antibiotic treatment. In addition, there are specific screening requirements for staff in relation to methicillin-resistant *Staphylococcus aureus* (MRSA) to minimise the risk of staff-to-patient transmission of this organism.

The MROs covered by this policy include *Candida auris*, carbapenemase-producing Enterobacterales (CPE), carbapenemase-producing *Acinetobacter baumannii* complex, carbapenemase-producing *Pseudomonas aeruginosa*, MRSA and vancomycin-resistant enterococci (VRE).

The policy supports the requirements of the National Safety and Quality Health Service Standards [Preventing and Controlling Infections Standard](#) for health organisations to implement systems to support antimicrobial stewardship including surveillance and management of MROs.

This policy is a mandatory requirement under the *Public Health Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

This policy supersedes:

- OD 0399/12 *Infection Prevention and Control of Carbapenem-resistant Enterobacteriaceae (CRE) in Western Australian Healthcare Facilities*
- OD 0478/13 *Infection Prevention and Control of Methicillin Resistant Staphylococcus aureus (MRSA) in Western Australian Healthcare Facilities (HCFs)*
- OD 0646/16 *Infection Prevention and Control of Vancomycin-Resistant Enterococci in Western Australian Healthcare Facilities (HCFs)*.

## 2. Applicability

This policy is applicable to health service providers except Health Support Services, PathWest Laboratory Medicine WA, and Quadriplegic Centre.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or HSP. The State of Western Australia or HSP is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

## 3. Policy Requirements

HSPs must ensure they:

- have local policies and procedures in place that address the following requirements as described in the *Clinical Guideline Requirements for the Screening and Management of Multi-resistant Organisms in:*
  - Surveillance screening
  - Specimen collection
  - Patient placement
  - Patient management
  - Notification
  - Use of micro-alerts
  - Antimicrobial stewardship
  - Outbreak management
  - Clearance screening
  - Consumer education and notification.
- undertake surveillance and reporting of MROs as described in MP 0108/19 *Healthcare Associated Infection Surveillance Policy* and the *Healthcare Infection Surveillance Western Australia (HSWA) – Surveillance Manual*.
- screen and manage staff members who meet the screening criteria for MRSA in accordance with the *MRSA Screening and Management of Healthcare Workers* related document.

## 4. Compliance Monitoring

The Infection Prevention, Policy and Surveillance Unit will monitor compliance with the requirements of this policy through the current HISWA reporting requirements for MROs and retrospective audits from the web-based patient administration system (WebPAS) data fields that identify patient populations that require screening.

## 5. Related Documents

The following documents are mandatory pursuant to this policy:

- [Guidelines for the screening and management of multi-resistant organisms in healthcare facilities](#)
- [Guidelines for the screening and management of MRSA in healthcare workers](#)

## 6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [National Health and Medical Research Council \*Guidelines for the Prevention and Control of infections in Healthcare\*](#)
- [Australian Commission on Safety and Quality in Healthcare \*Recommendations for the control of carbapenemase-producing Enterobacterales 2021\*](#)

## 7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
<i>Candida auris</i>	A yeast that is resistant to many anti-fungal agents, is highly pathogenic and transmissible.
Carbapenem	A class of broad-spectrum antibiotic agents reserved for the treatment of resistant bacterial infections.
Carbapenemase	A class of enzymes that inactivate carbapenem antibiotics.
Carbapenemase-producing <i>Acinetobacter baumannii</i> complex	Gram-negative bacteria identified as belonging to the <i>Acinetobacter baumannii</i> species complex which has been shown to produce a carbapenemase enzyme.
Carbapenemase-producing Enterobacterales (CPE)	Enterobacterales that are non-susceptible to carbapenem via production of a carbapenemase enzyme.
Carbapenemase-producing <i>Pseudomonas aeruginosa</i>	Gram-negative bacteria identified as <i>Pseudomonas aeruginosa</i> which has been shown to produce a carbapenemase enzyme.
Enterobacterales	Gram-negative bacilli that occur naturally in the gastrointestinal tract.
Healthcare associated infection (HAI)	An infection that occurs because of healthcare interventions and may manifest after the patient is discharged.
Healthcare facility (HCF)	Includes all public hospitals, nursing posts, satellite dialysis centres, child and mental health services.
Health service provider (HSP)	As per section 6 of the <i>Health Services Act 2016</i> , a health service provider established by an order made under section 32(1)(b).
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	Those isolates of <i>S. aureus</i> that are resistant to methicillin and consequently all other beta-lactam antibiotics.

Micro-alert	A generic term used to refer to the flag applied to the patient medical record in the patient management system to indicate a carrier of a MRO or a previously unscreened contact of a person with a MRO.
Multi-resistant organism (MRO)	MROs include bacteria, fungi and viruses that have developed resistance to one or more classes of antimicrobial and antiviral agents.
Screening	A process to identify persons at risk of being colonised or infected with a particular microorganism and obtaining appropriate specimens.
Staff member	As stated in the <i>Health Services Act 2016</i> , a staff member of a health service provider, means – (a) An employee in the health service provider (b) A person engaged under a contract for services by the health service provider.
Vancomycin-resistant Enterococci (VRE)	Enterococci are gram-positive cocci that are part of the normal human gut flora. VRE are those isolates of enterococci that are resistant glycopeptides (vancomycin or teicoplanin).

## 8. Policy Contact

Enquiries relating to this policy may be directed to:

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## 9. Document Control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0177/23	18 April 2023	18 April 2023	April 2026	Original version
MP 0177/23 v.1.0	7 March 2024	7 March 2024	April 2026	Amendments as listed below.
<ul style="list-style-type: none"> <li>Updated definition for healthcare facility.</li> <li>Updated and refined related document: Guidelines Screening and Management of Multi-resistant Organisms in Healthcare Facilities.</li> </ul>				

## 10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance, Department of Health
Approval date	14 April 2023

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