Antibiotic Resistant Organism (ARO)
Infection Control Practitioner (ICP) Surveillance Orders Medical Directive

Based on an individual assessment of clients, Infection Control Practitioners (ICP) may order lab tests to determine if there has been a healthcare-associated transmission of an Antibiotic Resistant Organism (ARO) in any of the following circumstances:

- Extended stay risk due to a hospital stay for 30 days or more
- Contact with a client or the environment of a client with a newly identified ARO
- As a component of outbreak investigation
- Testing to clear a client’s ARO Alert status

Specific tests may be ordered only for stays on “High Risk Units” (ICU, CCU, PICU, NICU, Transplant, or Oncology).

Licensed nurses may order lab tests to determine if there has been a healthcare-associated transmission of an ARO in any of the following circumstances:

- Extended stay risk due to a hospital stay for 30 days or more
- Contact with a client or the environment of a client with a newly identified ARO
- As a component of outbreak investigation
- Testing to clear a client’s ARO Alert status

Specific tests may be ordered only for stays on “High Risk Units” (ICU, CCU, PICU, NICU, Transplant, or Oncology).

Licensed nurses may collect specimens based on the ICP orders.

Reason for Surveillance
☐ Extended Stay
☐ Contact Tracing
☐ Outbreak Transfer
☐ Prevalence Screening
☐ Testing for Clearance

Lab Investigations

***See Specimen Collection Guide on reverse for proper collection sites and methods***

☐ Methicillin Resistant Staphylococcus aureus (MRSA)
   + Other site(s): ____________________________________________

☐ Vancomycin Resistant Enterococcus (VRE)
   + Other site(s): ____________________________________________

☐ Carbapenemase Producing Organism (CPO)
   + Other site(s): ____________________________________________

☐ Other ARO: ____________________________________________
   Site(s): ________________________________________________

Collect the chosen specimen(s) and repeat if indicated below:

☐ ONLY screen if on “High Risk Unit” on (date): ______________

☐ Screen only on (date): ______________

☐ Screen on dates: #1 ______________ #2 ______________ #3 ______________

☐ Screen every _______ days, starting date: ______________ and ending/including date: ______________

☐ Screen EVERY 30 DAYS starting from date of admission until the client is discharged

This Medical Directive has been approved by the Physician lead of Infection Prevention & Control (the Infection Control Officer) for the Saskatoon Area of the Saskatchewan Health Authority and complies with the Saskatoon Health Region Medical Directives Policy (7311-60-027). Review will occur every year.

This Directive is in effect through to the end of December 2020.

ICP Printed Name: ________________________________ ICP Signature: ________________________________

These orders do not require a prescribing practitioner signature

Form #103907 12/19 Category: Medical Directives Page 1 of 1