

Tier 2 Pathogen Screening Decision Tree

New Tier 2 case identified



During entire admission, and adherence believed to be high:

- Patient on Contact precautions or Enhanced standard precautions (if Skilled Nursing Facility (SNF))?
- And, if *C. auris*, product with *C. auris* claims used for daily/terminal cleaning/disinfection of patient care

YES



NO



Screen roommate(s) and those who shared bathroom; flag for screening/preemptive Contact precautions upon readmission if discharged prior to screening (if discharged to another healthcare facility, consider screening them there).

New case epi-linked to previously-identified cases?

NO

YES



Conduct point prevalence survey (PPS)



Screen epi-linked contacts, including:

- Roommate(s) and those who shared bathroom
- Patient(s) with common high-risk procedure (e.g., using duodenoscopes) or shared medical equipment/services (e.g., respiratory therapy)
- High-risk patients (e.g., ventilated, bedbound, incontinent, or intensive care/burn/oncology unit) overlapping on same unit/ward

Flag for screening/preemptive Contact precautions upon readmission if discharged prior to screening (if discharged to another healthcare facility, consider screening them there)

Consider point prevalent survey if *C. auris*, longer length of stay, or high-risk unit (intensive care/burn/oncology) or facility (ventilator-equipped SNF, long-term acute care hospital)



Considerations for conducting PPS:

- Begin with unit/ward/other geographic location where case identified or spent majority of time, or epi-linked cases reside
- If new cases identified, consider widening geographic scope at next PPS
- Flag patients for screening/preemptive Contact precautions upon readmission if discharged prior to PPS (if discharged to another healthcare facility, consider screening them there)
- Continue every 2 weeks until 2 consecutive rounds are negative
- If cases remain in-house and high-risk facility, consider periodic PPS (e.g., quarterly) thereafter

Tier 2 Pathogen Screening Decision Tree Definitions and Considerations:

- Screening, including point prevalence surveys (PPS), can identify additional cases that require transmission-based precautions and guide patient and staff cohorting.
- **Tier 2 antimicrobial-resistant pathogens** are those not commonly detected in California (may vary by region), including: *Candida auris*, carbapenemase-producing Enterobacterales, uncommon carbapenemase-producing *Acinetobacter* species (spp.), carbapenemase-producing *Pseudomonas* spp., and *mcr*-positive organisms. See more information on the [California Antimicrobial-Resistant Pathogen Containment Plan Tiers](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AR_Containment_Plan_Tiers_Oct2020.pdf) (PDF) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AR_Containment_Plan_Tiers_Oct2020.pdf).
- If new Tier 2 case has **previous healthcare exposure** and date of collection <3 days from admission, notify previous facility of Tier 2 pathogen status. The previous facility may also consider carrying out screening following the decision tree.
- The facility where the new case is identified should follow the decision tree **regardless** of when specimen was collected.
- **Epi-linked contacts** include roommates, and those with a common primary or consultative service, healthcare personnel, bathroom, procedure, or device.
- PPS can be conducted in lieu of more targeted screening of some epi-linked contacts when: 1) the time it takes to identify these individuals may delay screening; 2) most contacts have been discharged from the facility; or 3) more widespread transmission is suspected. Results represent the total burden of colonization among those screened at that point in time. PPS on a high-risk unit, for example, may be done in addition to screening of epi-linked contacts outside of that unit, such as those with history of a common medical procedure.
- If transmission is confirmed at index healthcare facility, consider notifying facilities known to regularly share patients with index facility, particularly high-acuity post-acute care facilities (long-term acute care hospital, ventilator-equipped skilled nursing facility); also consider admission screening of patients transferred from index facility, or PPS of high-risk patients or units at these facilities.
- In the absence of known or suspected transmission of a Tier 2 pathogen from healthcare personnel or household contacts, they should not be screened.