Carbapenemase-producing Enterobacteriaceae (CPE) At-a-Glance

WHAT IS CPE?

Enterobacteriaceae are bacteria that usually live harmlessly in the gut of humans and animals. These organisms can cause infections e.g., urinary tract, intra-abdominal and bloodstream infections. Carbapenemases are enzymes made by some of these bacteria, which destroy carbapenem antibiotics, so these bacteria are antibiotic resistant and can be difficult to treat. We are therefore screening to inform antibiotic prescribing and to prevent transmission of CPE to other patients.

RISK ASSESSMENT

Risk Assessment on Admission A screen for CPE is a rectal swab/stool swab **AND** wound swab if present **AND/OR** a urine sample (if catheterised) On EPR request: ***CPE screen MCS (Rectal/Stool swab wound swab if present, urine sample if catheterised)*** or if a KIPI has been completed a CPE screen is triggered to the task bar.	**Do they need to be isolated?**	**Do they need to be screened ?**
1. Has the patient previously been colonised or infected with CPE?	Yes until otherwise advised by IPC	Yes
2.Has the patient been transferred from a hospital abroad or been an inpatient in hospital abroad in the last 12 months?	Yes until otherwise advised by IPC	Yes
3. Has the patient been transferred from a hospital in the UK or been an in-patient in any hospital in the UK in the last 12 months (overnight stay)?	Yes until otherwise advised by IPC	Yes
4.Has the patient been admitted into Critical Care or high-risk units (i.e. Haem, Onc, Transplant Renal dialysis)?	ISOLATE, if answered yes to any of the Questions 1-3	Yes
5.On admission is your patient currently receiving Renal Replacement Therapy (haemodialysis, filtration, or peritoneal dialysis)?	ISOLATE, if answered yes to any of the Questions 1-3	Yes

MANAGEMENT

Strict Enhanced Contact Infection Prevention and Control Precautions

- SINGLE ROOM with en-suite toilet facilities or a dedicated toilet - the door must be closed
- Use the Trust Enhanced Contact Precautions isolation sign
- **Aprons and gloves** to be worn by **all** staff at **all** times.(Relatives and visitors do not need to wear gloves and aprons but asked to wash their hands before leaving the room and not visit shared patient areas).
- A **single-use long-sleeved disposable gown** should be used where any part of a staff uniform, that is not protected by an ordinary apron, is expected to come into contact with the patient.
- Use Hand Hygiene as per the WHO Five Moments
- Linen must be placed in a **red alginate** (dissolvable) bag in the room which should be placed in a white plastic bag outside the room and sent to the laundry.
- An **inter-healthcare transfer form** must be completed for all patient transfers to other healthcare providers.

CLEANING	**Patient Equipment** Should be dedicated equipment or single use equipment for their use. If not re-usable equipment must be decontaminated prior to re-use on other patients using **green Clinell wipes.** **Environment** – For **confirmed or presumptive cases** a daily enhanced cleaning of the isolation area should be requested to the Helpdesk **A terminal clean** of the room and equipment will be required on patient discharge and prior to occupation by another patient.
ISOLATION	All screened patients should be isolated until screening results are known. If the patient has a positive result they will remain in single rooms with enhanced contact precautions until they are cleared by the Infection Prevention and Control Team.

For further advice please contact Infection Prevention and Control on Bleep 1747 or 4124.