

CARING FOR SOMEONE WHO IS KNOWN TO BE COLONISED OR INFECTED WITH A CARBAPENEMASE PRODUCING ENTEROBACTERIACEAE (CPE) OR WHO IS BEING SCREENED AS PRESENTING WITH RISK FACTORS FOR CPE

OVERVIEW

Carbapenemase Producing Enterobacteriaceae (sometimes abbreviated to CPE or CPO) are a type of bacteria which have become resistant to carbapenems, a group of powerful antibiotics. Control of these bacteria is important to safeguard antibiotic effectiveness and prevent spread. As with any bacterial infection, patients who are colonised are at a greater risk of developing actual infections caused by their colonising strain. The CPE Quick Reference Guide for Screening and Management is available on community hospital and unit wards, on www.worcestershirehealth.nhs.uk or by contacting the Infection Prevention and Control (IPC) Team on 01386 502552 (32552), a patient leaflet is also available from the team or by downloading from the website. Patients, if they are known to be colonised or infected should be issued with a CPE passport. If a new passport is indicated or a replacement required please contact the IPC Team.

This 'guidance at a glance' sets out to provide clinical teams with clarity linked to management of confirmed cases of CPE (microbiological positive isolate) and also patients who present with a risk factor and require screening for CPE carriage.

A table to indicate IPC management of patients with confirmed CPE and patients who are being screened for CPE.

	CONFIRMED CPE	BEING SCREENED FOR CPE
Patient location	<p>Single room with ensuite or single room with designated facilities for toileting (commode/toilet on wider ward) and personal hygiene. Please note this will need to continue throughout the duration of their healthcare stay, because of this an ensuite single room is the ideal option.</p> <p>All areas must be kept free from non-essential items and equipment. All items/equipment within designated area must remain within this area.</p> <p>There is no requirement for the door of a single room to be kept shut.</p>	<p>Single room with ensuite or single room with designated facilities for toileting (commode/toilet on wider ward) and personal hygiene. Please note this will need to continue until all screening swabs indicate clearance or the patient is identified as colonised – see confirmed CPE.</p> <p>If a single room is not available or the patient was transferred prior to risk factors being identified they can be nursed in a bay but must have designated facilities for toileting and personal hygiene. Designated areas should be kept free from non-essential items and equipment. IPCNs will discuss management and follow up of bay and ward contacts if indicated.</p>
	Cohort areas may be established if multiple confirmed cases/contacts are identified. IPCT will advise. Whenever possible single rooms will be promoted for confirmed cases.	
Door Sign	'STOP See Nurse in Charge' poster to be displayed.	Option to display 'STOP See Nurse in Charge' poster depending on area/local procedures.
Patient access onto wider ward	Can access wider ward for social activities and rehabilitation (ensure hand hygiene is promoted). If site of colonisation is known ensure potential for contamination is minimised e.g. urine/faeces and continence is maintained; if wound, minimise exudate from dressing.	Can access wider ward for social activities and rehabilitation (hand hygiene should be promoted). Ensure potential for contamination is minimised e.g. wounds occluded and linked to urine/faeces take actions to promote and maintain continence.
Patient/Staff/Visitor Information	<p>STAFF: There are no exclusions indicated linked to care and management of confirmed cases or patients who are being screened for CPE.</p> <p>PATIENT: Patient information leaflets should be provided and information on screening/investigations and results discussed.</p> <p>VISITORS: Should be instructed to use alcohol hand gel on entering and accessing the room, in addition they should not visit multiple patients.</p>	
Patient Contacts	On notification of a confirmed case, IPCNs will need to be involved to map contacts, this may also link to prior admissions. This task will be undertaken with approved Trust definitions.	Not Applicable – contacts are only followed up linked to confirmed cases.

GUIDANCE AT A GLANCE

	CONFIRMED CPE	BEING SCREENED FOR CPE
Catering	No restrictions on catering staff accessing room from an IPC perspective. Standard practices to be adopted. Patients can access dining areas (see 'Patient access onto wider ward' section).	
Hand Hygiene	For all NHS staff this is in accordance with the 'Five Moments of Hand Hygiene' and includes when entering and leaving a room. Use of alcohol hand gel is promoted although hand washing is indicated if hands are visibly soiled, tacky from repeated applications of gel or the patient has diarrhoea and/or vomiting. Patient hand hygiene must also be promoted following toileting, prior to meals/food service and on leaving their room; use of wipes can be considered.	
Personal Protective Equipment	Guidance linked to use of Personal Protective Equipment is as per standard precautions. Disposable plastic aprons must be worn when close contact with the patient, materials or equipment which poses a risk of clothing becoming contaminated with pathogenic microorganisms, blood or body fluids. Gloves must be worn for all activities that have been assessed as carrying a risk of exposure to blood or body fluids and when handling substances listed under CoSHH guidance. A risk assessment linked to the need for eye protection must be undertaken if splashing into the eye or face is possible.	
Lin-en	Manage bed linen and towels as infected laundry.	If soiled manage as infected otherwise place in a white bag as standard practice.
Patient Care Equipment	Single use or single patient use items are promoted for use wherever possible. Designated commodes are imperative in the absence of a designated toilet. Shared items, e.g. hoist, 'Sara Steady' must be cleaned following use with a multi surface detergent wipe and then disinfected with a 70% alcohol hard surface disinfectant wipe. Please discuss specific items with IPCNs.	
	On discharge or during stay, certain patient care items will be subjected to a three stage clean if this type of clean is in accordance with manufacturers' recommendations and items cannot be designated for an individual.	On discharge or during stay, standard decontamination guidance must be followed for each item.
Daily clean of the environment	Daily detergent and bleach clean of single room and ensuite or designated toilet and personal hygiene facilities. Bleach based clean to be a 1000ppm of available chlorine. Ward staff can also access chlorine based wipes for additional decontamination of contact points if indicated by visible soiling or known contamination.	
Clean of the environment (following transfer/discharge)	A three stage clean of the patient's bed space and associated designated facilities is indicated (detergent/steam/bleach), including curtain change. This process is coordinated by the IPCNs. Following discharge, the room must be blocked to new admissions until this clean is completed and swabs from the environment have indicated clearance (approx. 72-96 hours).	A standard terminal clean (detergent/bleach) and curtain change must occur prior to the patient's bed space and associated designated facilities returning to use if the patient is transferred/discharged without a full set of clearance swabs. If a full set of swabs are available that indicate clearance then standard change of occupancy clean only is indicated.
Waste	Black bag waste for household items. Healthcare waste to be disposed of as yellow bag hazardous waste for incineration.	Black bag waste for household items. Healthcare waste to be managed as normal guidance – offensive waste unless an infection is known or suspected (being screened for CPE is not an indication for yellow bag hazardous waste).
Body Fluid Spills	Manage spillages of blood and body fluids using standard protocols. Spillages must always be cleaned up promptly, with staff ensuring they use standard precautions.	
Visits to other healthcare settings or discharge/transfer out	TRANSFER TO OTHER HEALTHCARE SETTINGS OR VISITS TO OUT PATIENT DEPARTMENTS: Prior to transfer the receiving area and transport service must be made aware of positive isolate. DISCHARGES OUT: On discharge, patient's GP should be informed of CPE isolate if identified during current admission and patient should have their CPE passport. If discharged to a care home, prior to discharge care home staff must be aware of CPE isolate and precautions—discuss with IPCNs prior to discharge.	TRANSFER TO OTHER HEALTHCARE SETTINGS OR VISITS TO OUT PATIENT DEPARTMENTS: Prior to transfer, the receiving area must be made aware of current screening process and results to date. Ensure transport service also informed. DISCHARGES OUT: On discharge, patient's GP should be informed of CPE screening on electronic discharge summary. If discharge to a care home, prior to discharge they must be aware of precautions required and CPE screening status as well as outstanding samples.