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und ciyac	Carbapenemase Producing Enterobacteriaceae(CPE)	Review	April	
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SOP Objective

To ensure that patients colonised or infected with Carbapenemase Producing Enterobacteriaceae (CPE) are cared for appropriately and actions are taken to minimise the risk of cross-infection.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

• Minor wording changes

Document Control Summary

Approved by and date	Board Infection Control Committee 20 th April 2021	
Date of Publication	23 rd April 2021	
Developed by	Infection Control Policy Sub-Group	
Related Documents	National IPC Manual	
	NHSGGC Decontamination Guidance	
	NHSGGC Hand Hygiene Guidance	
	NHSGGC SOP Cleaning of Near Patient Equipment	
	NHSGGC SOP Transmission Based Precautions	
	NHSGGC SOP Twice Daily Clean of Isolation Rooms	
	NHSGGC SOP Terminal Clean of Ward/Isolation Rooms	
	NHSGGC Waste Management Policy	
Distribution/ Availability	NHSGGC Infection Prevention and Control Web Page	
	www.nhsggc.scot/hospitals-services/services-a-to-	
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Lead Manager	Director Infection Prevention and Control	
Responsible Director	Executive Director of Nursing	

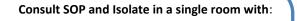
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	CARBAPENEMASE PRODUCING ENTEROBACTERIACEAE(CPE) TRANSMISSION BASED PRECAUTION	Review Date Version	April 2023 3
The most up-to-date version of this SOP can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control			

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CPE Aide Memoire



- ensuite / own commode
- door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ <u>CPE Care Checklist</u> completed daily



Individual IPC care plan to allow rehabilitation to be undertaken in agreement with local IPCT

Once a patient is found to be CPE positive, they will have their notes tagged on Trakcare and be treated as positive for each subsequent admission

SOP - Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol hand rub

<u>PPE:</u> Disposable gloves and yellow apron for routine care

Patient Environment: Twice daily chlorine clean

<u>Patient Equipment:</u> Chlorine clean after use and at least on a twice daily basis

Laundry: Treat as infected

<u>Waste</u>: Dispose of as Clinical / Healthcare waste

Incubation Period: No specific incubation period

<u>Period of Communicability:</u> Unknown – may not be isolated but can recur due to gut carriage

Notifiable disease: Not notifiable to public health

<u>Transmission route</u>: Direct/Indirect Contact. CPE can be transferred on the hands of staff to other patients or the environment after contact with contaminated body fluids, wounds, etc. or on contaminated equipment/ environment.

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yue	CARBAPENEMASE PRODUCING ENTEROBACTERIACEAE(CPE)	Review	April		
	TRANSMISSION BASED PRECAUTION	Date	2023		
		Version	3		
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ΤI www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

1. Responsibilities

Health Care Workers (HCWs) must:

- Follow this SOP.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this SOP cannot be followed.

Managers must:

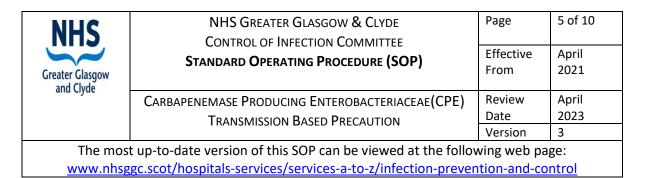
• Support Healthcare Workers (HCWs) and IPCTs in following this SOP.

Infection Prevention and Control Teams (IPCTs) must:

- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.
- Provide support and advice to clinical teams on management of a CPE positive patient

Occupational Health Service (OHS) must:

• Support and coordinate staff screening during an outbreak/investigation.



2. General Information on CPE/ CRO

Communicable	Enterobacteriaceae are a group of Gram negative organisms		
Disease / Alert	which are part of the normal human gut flora. Common		
Organism	organisms included in this subgroup include <i>E.coli</i> & Klebsiella		
	species. Carbapenemase producing Enterobacteriaceae (CPE)		
	have become a major public health issue and while the incidence		
	in Scotland is currently low, evidence from other countries		
	suggests that these organisms can spread rapidly and become		
	endemic in healthcare facilities.		
Clinical Condition	Patients may be colonised or infected with these organisms.		
	Infections include bloodstream infections, device-related		
	infections, pneumonia, urinary tract and wound infections.		
Mode of Spread	<i>pread</i> Contact : CPE can be transferred on the hands of staff to other		
	patients or the environment after contact with contaminated		
	body fluids, wounds, etc. or on contaminated equipment/		
	environment.		
Incubation period	No specific incubation period.		
Notifiable disease	Not notifiable to public health.		
Period of	Unknown – may not be isolated but can recur due to gut carriage		
Communicability			
Persons most at-risk	Patients who have received in patient health care outside		
	Scotland, for 23 hours or more in the last 12 months.		

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3. Transmission Based Precautions for CPE/ CRO

Screening on	If response to CPE admission question is yes, the following		
Admission /	specimens should be taken :		
Re-admission	 A rectal screen (see below also) Wound swab (if present) Urine specimen (if urine collection device in place) Invasive Device e.g. CVC A rectal screen is preferred however, If patient refuses a rectal swab, then a stool specimen can be sent. For paediatric patients, a stool specimen should be sent if they meet the criteria. Three sets of negative screens, taken 48hours apart are needed to complete the screening process. If the patient has had healthcare outside of Scotland and is having repeat readmissions to hospital contact the local IPCT for advice on the need for ongoing CPE testing.		
	If three negative screens are received, TBPs and isolation		
Accommodation	precautions can be discontinued. All patients being admitted to hospital must be assessed for CPE		
(Patient Placement)	using the Clinical Risk Assessment tool. A single room, preferably en-suite, should be made available for all patients who have answered yes to the CRA and a CPE screen undertaken. If the results indicate that the patient is colonized/infected with CPE, the patient must remain in single		
	room with contact TBPs in place until discharge. If a single room is not available or in instances where a patient's clinical condition may not support placement in a single room, the IPCT should be informed and a risk assessment undertaken jointly with ward staff, on where to safely nurse the patient. This must be documented in the patient notes and reviewed daily. Doors in single rooms should be kept closed. If this is not possible, a risk assessment should be undertaken and documented in clinical notes (See also Appendix 1).		
Clinical / Healthcare	All non-sharps waste from patients with CPE should be		
Waste	designated as clinical healthcare waste and placed in an orange		

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	bag. Please refer to the <u>NHSGCC Waste Management Policy</u> .	
Contacts	If patients are assessed at admission and immediately isolated	
	in a single room there should be no need to screen contacts.	
	A contact is described as another patient who has spent 8 hours	
	or more in the same bed bay / room as a patient who is	
	confirmed CPE positive.	
	Contacts do not require to be isolated in single rooms but	
	cohort should be considered where possible and movement	
	should be restricted until negative screen or discharge.	
	A contact must have weekly screens for 4 weeks, after last case	
	was detected, to be considered negative.	
	Once 4 negative screens have been obtained, the patient is	
	deemed no longer a CPE contact.	
	It is not necessary to screen staff and /or household contacts	
	unless considered as part of an outbreak investigation.	
	Post-discharge screening	
	Post-discharge screening is not required if no transmission has	
	been identified amongst in-patient contacts.	
	If post-discharge screening is required, contacts require 3	
	negative screens 48 hours apart. Patient notes should be tagged	
	to allow all screens to be achieved. Once 3 negative screens	
	have been achieved, notes can be untagged.	
Domestic Advice	Domestic staff must follow the SOP for Twice Daily Clean of	
	Isolation Rooms. Cleans should be undertaken at least four	
	hours apart.	
	See <u>NHSGGC SOP Twice Daily Clean of Isolation Rooms</u>	
Equipment	Where practicable, the patient should be designated their own	
	equipment. See <u>NHSGGC Cleaning of Near Patient Equipment</u>	
	SOP	

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Uand Unsiene	Used bygions is the single most important managing to survey			
Hand Hygiene	Hand hygiene is the single most important measure to prevent			
	cross-infection. Hands must be decontaminated before and			
	after each direct patient contact.			
	Refer to the <u>NHSGGC Hand Hygiene Guidance</u> .			
Last Offices	Link to guidance in <u>NIPCM</u>			
Linen	Treat used linen as soiled/ infected, i.e. place in a water soluble			
	bag then a clear plastic bag tied and then into a laundry bag.			
	(Brown bag used in Mental Health areas)			
	Please refer to Section 1.7, chapter 1 of the National Infection			
	prevention and control Manual.			
Moving between	Discuss patient transfers with local IPCT prior to movement.			
wards, hospitals and	Inform department prior to transfer, inform any receiving ward			
departments	that the patient has a CPE before transfer.			
(including theatres)	Contact SAS to discuss arrangements for transport			
Notice for Door	Yellow isolation sign on door			
Patient Clothing	If relatives or carers wish to take personal clothing home, staff			
	must place clothing into a domestic water soluble bag then into			
	a patient clothing bag and ensure that a Washing Clothes at			
	Home Leaflet is issued. NB It should be recorded in the nursing			
	notes that both advice and the information leaflet has been			
	issued.			
Patient Information	Inform the patient / parent / guardian / next-of-kin (as			
	appropriate) of the patient's condition and the necessary			
	precautions. Answer any questions and concerns they may			
	have. Provide a <u>patient information leaflet</u> .			
Personal Protective	To prevent spread through direct contact PPE (disposable			
Equipment (PPE)	gloves and yellow apron) must be worn for all direct contact			
	with the patient or the patient's environment/equipment.			
	Ensure hand hygiene is performed before donning and after			
	doffing PPE			
Precautions Required	A patient who is admitted to hospital and has been / is CPE			
until	positive must be accommodated in a single room with			
	transmission based precautions as per this SOP, for the duration			
	of this and any subsequent admissions			
	If the patient requires rehabilitation, please contact a member			
	of the IPCT to develop an individual care plan for that patient.			
Risk Assessment	Yes.			
required	Ward staff will ask CPE questions on admission to hospital and			
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	record on nursing admission documentation/CPE stickers. If patient answers yes to any question, they must be isolated in a single room with transmission based precautions.		
Screening Staff	Not required.		
Terminal Cleaning of	As per NHSGGC SOP Terminal Clean of Wards and Isolation		
Room	Rooms		
Visitors	Visitors are not required to wear aprons and gloves unless they are participating in patient care. They should be advised to decontaminate their hands on leaving the room / patient.		

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4. Evidence Base

https://www.hps.scot.nhs.uk/haiic/amr/resourcedetail.aspx?id=478

HPS Website - Toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriaceae in Scottish acute settings