

CUH Infection Control Memo 25/4/18- CRE/CPE

Recommendations for Screening and management of CPE/CRE adapted from National CPE Expert Group – Guidance Relating to CPE: Interventions for Control and Transmission of CPE in the Acute Hospital Sector – April 2018

1. Routine Screening CUH-

All GITU/CITU and 2D patients to have rectal screens for VRE/CRE on admission on admission and weekly thereafter.

2. Admission Screens

- **All patients transferred directly from any acute Hospital/Healthcare facility in Ireland, Any direct transfer from an International hospital-** These patients should be isolated where possible and screened within 24 hours of admission- Rectal screen for VRE/CRE.

3. Infection Prevention and Control Checklist-

The Infection Prevention and Control Checklist section of the patient profile/admission document should be completed at the time of admission- this provides an early indication of any potential Infection Control risks. It is important to remember that the Pims Infection Control Alert System is only active for those HSE hospitals in the SSWG and that patients with infection control alerts from outside this region may not be identifiable through the alert only. If patients are identified from the checklist alone please notify the IPCN's in order that the appropriate alert may be placed on Pims. The Infection Prevention and Control section of the patient profile will be updated in due course to reflect the current changes in admission screening etc.

4. CPE Contacts

Patients who have had direct contact with a known CPE case will have an Infection Control alert placed on Pims. This is in the format of the Green Infection Control Icon/alert ▲ -It is essential that the alerts are checked to identify the Infection Control risk as this alert is placed for all MDRO's.

Patients identified as a CPE contact – must be isolated with contact precautions until they have had 4 sets of rectal screens sent – these screens must be taken a week apart and all must be reported as CPE/CRE not detected/negative- The CPE contact alert will only be removed once this has occurred.

5. Suspected CPE patients/Confirmed CPE Positive Patients

Patients identified as either a confirmed CPE positive or suspected case should be isolated with contact precautions. It is necessary to identify any potential patient contacts during the known/suspected patient admission pathway. It is essential that all clinical admission areas keep up to date records of patient placements within their areas in order to facilitate retrospective contact tracing of potential CPE contacts. In patient areas are requested to keep records of their daily bed lists/bed allocation.