Summary of Prevention Strategies For Acute and Long-Term Care Facilities

Please see text for details.

- 1. Hand Hygiene
 - Promote hand hygiene
 - Monitor hand hygiene adherence and provide feedback
 - Ensure access to hand hygiene stations
- 2. Contact Precautions (CP)
 - Educate and train healthcare personnel about CP including allowing time to practice donning and doffing
 - Monitor CP adherence and provide feedback
 - No recommendations for discontinuation of CP

Acute Care

- Place CRE colonized or infected patients on Contact Precautions (CP)
 - Empiric CP might be used for patients transferred from highrisk settings

Long-term Care

- Place CRE colonized or infected residents that are high-risk for transmission on CP (as described in text); for patients at lower risk for transmission use precautions based on type of care provided
- 3. Healthcare Personnel Education
- 4. Minimize Use of Invasive Devices

- 5. Timely Notification from Laboratory
 When CRE are Identified
- Communication of CRE Status for Infected and Colonized Patients at Discharge and Transfer
 - Identify known CRE patients at re-admission
- 7. Promotion of Antimicrobial Stewardship
- 8. Environmental Cleaning
- 9. Patient and Staff Cohorting
 - When available cohort CRE colonized or infected patients and the staff that care for them even if patients are housed in single rooms
 - If the number of single patient rooms is limited, reserve these rooms for patients with highest risk for transmission (e.g., incontinence)
- 10. Screening Contacts of CRE Patients
 - Screen patient with epidemiologic links to unrecognized CRE colonized or infected patients
- 11. Active Surveillance Testing
 - Screen high-risk patients at admission or at admission and periodically during their facility stay for CRE. Empiric CP can be considered while results of admission surveillance testing are pending
- 12. Chlorhexidine Bathing
- Bathe patients with 2% chlorhexidine

Figure 1: Facility Approach to Evaluation of Newly Recognized CP-CRE Colonized or Infected Patients

New CRE-colonized or CRE-infected patient identified



- Notify appropriate personnel (i.e., clinical staff, infection prevention staff)
- Notify public health (if required)



- Place patient on Contact Precautions in single room (if available)-see discussion about use in long-term care
- Reinforce hand hygiene and use of Contact Precautions on affected ward/unit
- Educate healthcare personnel caring for patient about preventing CRE transmission



- Consider screening epidemiologically-linked patient contacts (e.g., roommates) for CRE with at least stool, rectal, or peri-rectal cultures; consider review of microbiology records to identify previous cases
- Consider point prevalence survey of affected unit particularly if more than one CRE patient identified



- If screening cultures or further clinical cultures identify additional CREcolonized or -infected patients, consider additional surveillance cultures of contacts or ongoing point prevalence surveys of affected units until no further transmission identified
- Consider admission CRE surveillance cultures (i.e., active surveillance) of highrisk patients particularly in higher prevalence areas
- Consider cohorting patients and staff



- Ensure if patient transferred within the facility that precautions are continued. Ensure, if discharged and readmitted, there is a mechanism to identify patient at readmission
- Ensure if patient transferred to another facility, CRE status is communicated to accepting facility