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 high-risk 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
6. 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

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

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- 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

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- 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

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- If screening cultures or further clinical cultures identify additional CRE-colonized 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 high-risk patients particularly in higher prevalence areas
- Consider cohorting patients and staff

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- 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