

Early Detection, Management and Control of Carbapenemase-producing Enterobacterales Policy V2.0

Document reference code: IC/033/24

Purpose: This policy has been written to provide advice on the management of colonisation or infection due to Carbapenemase-producing Enterobacterales (CPE) to prevent or reduce their spread. These organisms can rapidly spread in a healthcare setting and can negatively impact patients, staff, and NHS organisations. A number of clusters and outbreaks have been reported in England, some of which have been contained, providing evidence that, when the appropriate control measures are implemented, these clusters and outbreaks can be managed effectively.

Target audience: RCHT/ CFT Trust Staff, Contractors, Visitors, Volunteers.

Document author and role: Rashima Hamdan, Senior IPAC Specialist Practitioner.

Document author contact details: 01872 254969.

Document definition: Policy

Supporting committee and chairperson: Infection Prevention and Control Committee, Louise Dickinson.

Executive director responsible for the policy: Chief Nursing Officer.

Freedom of information: Can be released under the Freedom of Information Act 2000.

CFT Document section: Safety and risk, infection control.

Audience:

- Cornwall Partnership NHS Foundation Trust.
- Royal Cornwall Hospitals NHS Trust.

Key words: resistance, carbapenemases, enterobacteriaceae, CPE, CRE, infection.

Approval process

Approved at: RCHT and CFT Infection Prevention and Control Committee Meetings.

Date approved: 21 February 2024.

Executive approval: Louise Dickinson, Director of Infection Prevention and Control (DIPC).

Date approved by: 21 February 2024

RCHT General manager confirming approval processes: Joanne Taylor, Deputy DIPC.

RCHT Governance lead confirming approval process: Joanne Taylor, Deputy DIPC.

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Expiry date: 1 April 2027 (normally 3 years after ratification unless there are changes in legislation, NICE guidance or national standards or the document should only be valid for a specified period).

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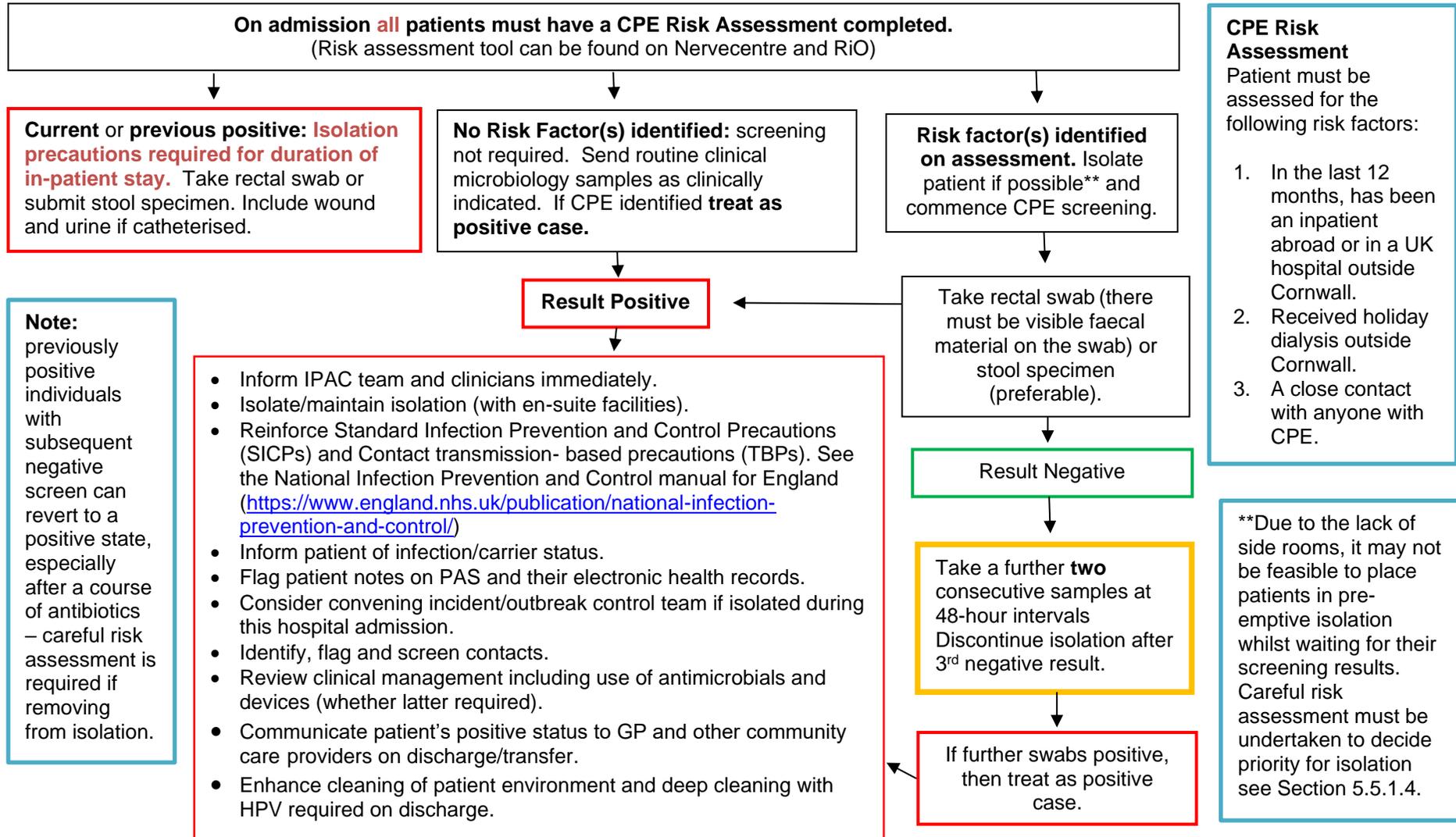
Version control

| Version | Date | Author and/or reviewer | Section | Changes (key points) |
|---------|------------|--|-----------------------|--|
| V1.0 | 01/03/2021 | Graham Kaye, IPAC Specialist Practitioner | Full review of policy | Formatted to joint Policy template and replaces previous RCHT only document. |
| V2.0 | 22.12.2023 | Rashima Hamdan, Senior IPAC Specialist Practitioner | Full review of policy | Formatted to current policy template. Updated in line with Framework of Actions to contain CPE by UKHSA September 2022. CPE title updated. |

This document replaces: Early Detection, Management and Control of Carbapenemase-producing Enterobacteriaceae Policy V1.0

Summary

Patient admission flow chart for the infection prevention and control of Carbapenemase-producing Enterobacterales (CPE) in Acute and Community hospitals (excluding Mental Health).



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Data Protection Act 2018 (UK General Data Protection Regulation Legislation)

The Trusts have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out; it must be opted in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

1. Introduction

- 1.1. Enterobacteriaceae are a large family of Gram-negative bacteria that usually live harmlessly in the gut of all humans and animals. However, these organisms are also some of the most common causes of opportunistic urinary tract infections, intra-abdominal and bloodstream infections. They include species such as *Escherichia coli*, *Klebsiella* spp. and *Enterobacter* spp. Carbapenems are a valuable family of antibiotics normally reserved for serious infections caused by drug-resistant Gram-negative bacteria. They include meropenem, ertapenem, imipenem and doripenem. Carbapenemases are enzymes that destroy carbapenem antibiotics, conferring resistance. They are made by a small but growing number of Enterobacteriaceae strains. There are different types of Carbapenemases, of which KPC, OXA-48, NDM and VIM enzymes are currently the most common.
- 1.2. Carbapenem antibiotics are a powerful group of β -lactam (penicillin-like) antibiotics used in hospitals. Until now, they have been the antibiotics that doctors could always rely upon (when other antibiotics failed) to treat infections caused by Gram-negative bacteria. Prompt action is required, learning from experiences elsewhere, to prevent the spread of CPE within the Trust.
- 1.3. This version supersedes any previous versions of this document.

2. Scope

This policy applies to all staff working at the Royal Cornwall Hospitals NHS Trust (RCHT) and Cornwall Partnership Foundation Trust (CFT).

3. Definitions and glossary

Carbapenemases: Enzymes (such as KPC, OXA-48, NDM and VIM) produced by some bacteria which cause destruction of the carbapenem antibiotics, resulting in resistance.

Close contact: A patient who has been in direct contact (person to person contact) or indirect contact (contact with contaminated environment) with another patient who is affected by CPE (infected or colonised) and is therefore at risk of CPE carriage and should be screened. Outside the hospital environment these could also include a person living in the same house or care home, or sexual partner.

Colonisation: The presence of micro-organisms living harmlessly on the skin or within the bowel and causing no signs or symptoms of infection.

Rectal Swab: A rectal swab is a specimen taken by gently inserting a swab inside the rectum 3-4cms beyond the anal sphincter, rotating gently and removing. The swab should have visible faecal material to enable organism detection in the laboratory. A rectal swab **should not be mistaken for a perineal swab.**

CPE Screening: A laboratory test to identify those patients with CPE infection, or if they are CPE carrier. This is done by sending stool sample or rectal swab to the lab.

CPE Risk Assessment: Process of identifying patients that are potentially infected or carrier of CPE. The CPE risk assessment tool is available in-patient electronic health record (Nervecentre and RiO). Patients that are identified to have risk factors will have to undergone CPE screening.

4. Ownership and responsibilities

4.1. Role of the Chief Executive

- Ensure that infection prevention and control is a core part of clinical governance and patient safety programmes.
- Promote compliance with infection prevention and control policies in order to ensure low levels of healthcare associated infections.
- Awareness of legal responsibilities to identify, assess and control risk of infection.

4.2. Director of Infection Prevention and Control

- Oversee infection prevention and control policies and their implementation.
- Responsible for the infection prevention.
- Report directly to the Chief Executive and the Trust Board.
- Challenge inappropriate hygiene practice and antibiotic prescribing.

4.3. Infection Prevention and Control Team

- Provide advice and education on infection prevention and control special precautions for a patient who is found to have CPE.
- To assess the risk of cross infection.
- Refer to microbiologist where appropriate.
- Promote good practice and challenge poor practice.
- Assist in root cause analysis or patient safety reviews of CPE bacteraemia and outbreaks.
- Review and update CPE policy.

4.4. Clinical Matrons/Ward Leaders

- Must establish a cleanliness culture across their units and promote compliance with infection prevention and control guidelines.
- Encourage a culture of good hand hygiene practice and lead by example.
- Ensure compliance with this policy.
- Must ensure that resources are available for health care workers to undertake effective standard and isolation precautions.
- Promote good practice and challenge poor practice.
- Provide training in the use of this policy as relevant to work situations.

4.5. Consultants

- Must promote compliance with infection control guidelines.
- Lead root cause analysis or patient safety reviews of cases of CPE bacteraemia and contribute to the investigation of CPE outbreaks.
- Encourage a culture of good hand hygiene practice and lead by example.
- Ensure compliance with this policy.

4.6. All Healthcare staff

- Must be familiar with and adhere to this policy to reduce the risk of cross-infection.
- Promote good practice and challenge poor practice.
- Refer to the infection prevention and control team if unable to follow the policy guidelines.
- Keep their patient informed of their CPE status and provide information as necessary.
- Contribute to and participate in root cause analysis of CPE bacteraemia and outbreaks.
- Complete risk assessment on **all** patient on admission.

4.7. The Infection Prevention and Control Committee

- The Infection Prevention and Control Committee is responsible for approving this policy.

5. Standards and practice

5.1. Risk Assessment and Screening for CPE in Acute and Community Hospitals.

As part of the routine admission procedure, **all** patients admitted must be risk-assessed for CPE status by asking the following questions:

1. In the last 12 months have you been an in-patient in a hospital outside of Cornwall?
2. Have you received holiday dialysis outside of Cornwall?
3. To your knowledge, have you or anyone you have close contact with had an infection with a bug called CPE/CRE?

These questions can be found on the risk assessment tool on Nervecentre, RiO and within the pre-operative assessment documentation pack.

The assessment must be done within 24 hours of admission to the hospital.

5.1.1. Emergency Admissions

- If the answer is yes to questions 1 or 2, the patient ideally should be isolated (particularly if admitted to high-risk areas such as Critical Care, headland Unit and Lowen Ward, Neonatal Unit and Renal Unit).
- If the answer is yes to question 3, the patient must be isolated preferably on the isolation ward.
- CPE screening must commence on patients with risk factor(s) identified. A rectal swab (must have visible faecal material on the swab) or stool specimen must be taken and sent to the laboratory within 24 hours of admission.

5.1.2. Elective Admissions

- If the answer is yes to questions 1 or 2, it should be highlighted on the pre-operative assessment sheet that the patient should ideally be isolated when admitted.
- If the answer is yes to question 3, the patient must be isolated on the admitting area.
- Patients that are expected to stay longer than 24 hours must be screened for CPE by sending stool specimen or a rectal swab (must have visible faecal material on the swab).

5.1.3. Renal Patients

- **All** holiday dialysis patients must be screened for CPE as part of their pre-visit screen. Any local dialysis patients who have attended another dialysis unit must be screened on their return and isolated until the screening results are known.

5.2. Risk Assessment and Screening for Mental Health Patients

- 5.2.1. In general, the chance of developing an infection with CPE bacteria or spreading it is low in non- acute setting like in mental health. Therefore, routine CPE assessment and screening on admission are **not** required for mental health patients. However, if patient is identified as confirmed CPE or a contact of a known CPE carrier, then the staff must contact the Infection Prevention and Control team for risk assessment and management of the individual case. See Appendix 14.
- 5.2.2. Risk assessment must include consideration of the care environment and the mental, physical health and wellbeing of the individuals.
- 5.2.3. Standard infection control precautions (SICPs) and contact (transmission based) precautions should be used for patients suspected or known CPE positive.

5.3. Repeat Screening of long stay patients

Repeated screening of long stay patients who were previously not recognised as carrying CPE may improve the identification of antibiotic-resistant Gram-negative bacteria in certain situations such as those who are on high-risk units and units or department with high usage of carbapenem antibiotics. Therefore, repeat screening must be based on local or individual unit decision.

5.4. Specimen Collection Protocol

NB: A stool specimen is preferable to a rectal swab.

Collection of rectal swabs (caution is required where there is a history of haemorrhoids or rectal bleeding or if this action would cause distress to the patient- in this situation a **stool specimen** should be submitted).

- Pre-moisten the sterile swab in liquid transport media in the accompanying transport tube.
- Insert moistened tip of swab through the anal canal approximately 3-4cm beyond anal sphincter and rotating gently 2-3 times.
- Ensure faecal matter is visible on the swab.
- Replace swab into transport tube and secure top.
- Place in a sealed specimen bag.
- Record 'CPE screening' on request form.

Patient undergoing CPE screening must have 3 consecutive specimens, taken 48 hours apart. If any of the screen result is positive, the screening can stop, and patient must be treated as positive case. Otherwise, isolation can be discontinued after 3rd NEGATIVE result.

5.5. Management of patients colonised/infected with CPE.

All patients who have previously been known to have been colonised/infected with CPE must be isolated for the duration of their admission. Standard infection control precautions (SICP) and contact transmission- based precautions (TBPs) should be used for patients suspected or known to be CPE positive.

For Standard Infection Prevention and Control Precautions (SICPs and Transmission Based Precautions (TBPs) guidance See Chapter 1 and 2 of the National Infection Prevention and Control Manual for England:

<https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>).

5.5.1. Isolation and infection prevention and control precaution

5.5.1.1. If **positive** (either from a screening sample OR from a routine clinical sample from the current admission episode) the patient should remain in isolation with en-suite facilities preferably on the isolation ward, for the duration of their hospital stay. If the single room does not have en-suite facilities, the patient must be provided with dedicated toilet or commode. The patient should be advised to practice good hand hygiene especially after using the toilet.

5.5.1.2. Once patient is found to be CPE positive, no further screening is necessary during their current in-patient stay as repeated screening of CPE positive patient will usually return as still positive over the course of single hospitalisation.

5.5.1.3. Standard infection control precautions (SICPs) and appropriate Contact (transmission-based precautions) should be observed including:

- Attention to hand hygiene as per 5 moments.
- Appropriate use personal protective equipment (PPE):
 - Gloves
 - Apron
 - Long sleeve gowns may be necessary where any part of the uniform is not adequately protected by an apron like where there is a risk of extensive splashing of blood and body fluids.
- Careful management of linen.
- Careful disposal of waste.
- Items such as dynamap, stethoscope must be allocated to the patient for the duration of their stay. Single use items are preferable. Blood pressure cuffs should be single patient use.

5.5.1.4. **If single room is not available** for suspected or positive cases, risk assessment must be undertaken by the IPAC team and the clinical teams to determine where and how to care for these patients. Single rooms should be prioritised based on the following:

- Patient characteristic and condition (for example patients who have diarrhoea, open wounds with uncontrolled drainage, patient with urinary tract colonisation of CPE who are incontinent or have urinary catheter and patient with respiratory tract CPE colonisation who are coughing).
- Patient level of self-care and type of stay (pre-operative, emergency admission, admission to high-risk areas).
- Screening results (high-risk patients or confirmed positive).

Careful risk assessment is required should it be deemed necessary to consider removing a previously positive or a colonised patient from isolation. Experience from other areas in the UK / abroad has shown that, on some occasions, an apparently cleared carbapenemase-producer can re-grow to a detectable level in the gut flora. A previously positive individual with subsequent negative screening results can revert to a positive state, especially after a course of antibiotics. A patient with an active CPE infection should not be removed from isolation.

5.5.2. Communication

- The patient, and family (as appropriate), should be informed of the positive result and provided with an information leaflet.
- The patient's medical notes should be flagged with an Infection Prevention and Control alert.
- A CPE alert should be added to the patient's electronic records (PAS Maxims, Nervecentre, E-notes, RiO, IC NET).
- Information regarding the positive result must be included on all transfer, discharge and admission documents (if moved to another healthcare setting or referred for community care).
- Neighbouring Trusts, commissioner, provider and the local UKHSA Health Protection Teams must be alerted about CPE outbreaks.

5.5.3. Transfer to other departments

- Should a patient who is colonised or has an infection require a diagnostic test or procedure which cannot be undertaken in the patient's room, the procedure should be planned at the end of the day's list and the room and equipment terminally cleaned after use. Patient care should not be compromised.
- **Outpatient and Renal dialysis patients:** similarly, known positive outpatients should be planned at the end of the day's list; known positive renal dialysis patients should be isolated.

- Patients with CPE should not be transferred out of the isolation ward unless there is a clinical need.

5.5.4. Screening of contacts

- Screening of patients in the same setting is not normally required if the case was identified on admission and isolated immediately.
- Contacts of positive CPE patients must have a tag/alert added to their medical records.
- Screening of patient contacts of a positive case should be undertaken if the case had spent time (or remained) in an open ward or bay with other patients before having a positive result for CPE. Screen all patients (stool swab or rectal swab) in the bay (or ward if patient has occupied more than one bay) on a **weekly basis for a period of 4 weeks** after the last case was detected.
- Should any contact screened positive, manage as positive case and the strategy for further screening of patients may need to be expanded. An enhance period of screening is recommended during outbreak period, and this will be determined by the IPAC team following risk assessment.
- Screening of patients that are already discharged from an outbreak area to their home is not generally recommended. However, they must have an alert on their medical record, inter or intra hospital documents and discharge letters that they are a contact of a CPE positive patient and would require screening if they are readmitted to hospital.
- It is not necessary to isolate contacts whilst awaiting screening results – cohort such contacts if possible and reiterate strict standard infection prevention and control precautions.
- Screening of household contacts and healthcare staff is **not** required – there is no compelling evidence to suggest that screening the household or healthcare staff to check for colonisation will provide additional benefit in controlling spread in the healthcare setting. The main focus should remain on promotion of strict standard precautions throughout, especially hand hygiene.

5.5.5. Cleaning

- The environment and equipment used on patients must be cleaned daily and after use with Hypochlorite based cleaning products.
- Cleaning of the environment/equipment is most crucial following the discharge of the patient. Special attention is required to any radiators that are present and all covers must be removed prior to cleaning.
- Terminal clean with detergent followed by Hydrogen Peroxide Vapour is advised, if HPV cannot be undertaken, this should incident reported (Datix) and discuss with the IPAC team regarding cleaning the area twice with Actichlor plus. A terminal clean sign off sheet (see Appendix 2) must be completed by either site co-ordinator, IPAC practitioner, ward sister or charge nurse prior to the use of HPV or the second chlorine based clean.
- Mattresses are of particular importance:
 - Conventional mattress covers should be cleaned and checked for any breaches in the cover. If any breach is identified, the mattress must be condemned and replaced.
 - Dynamic mattresses should be disassembled, cleaned and disinfected –by specialist external contractors.

5.5.6. Treatment

- Advice on the treatment of patients who have infections with a CPE is available from the medical microbiologist.
- Patients who are colonised with CPE do not need to be treated.

5.5.7. Visitors

- Visitors must be informed of patient infection status.
- Visitors must be instructed to wash their hand effectively especially on leaving the area. They are not required to wear PPE unless they provide direct patient care or they will be visiting other patient in the hospital, in which case they need to wear gloves, apron or gown.
- Visitors should not use patient toilet facilities.

- No visiting in an outbreak situation unless on exceptional circumstance and following risk assessment. See outbreak policy.

6. Related legislation, national and local guidance

UK health Security Agency (UKHSA) Framework of actions to contain carbapenemase-producing Enterobacterales September 2022.

(<https://www.gov.uk/government/publications/actions-to-contain-carbapenemase-producing-enterobacterales-cpe>)

Links to key external standards:

- CQC Outcome 8.

7. Training requirements

No training requirement.

8. Implementation

8.1. This policy will be implemented via the following routes:

- The policy will be included in the Trust's Document Library.
- The policy will be circulated to all Link Practitioners, Ward Sisters/Charge Nurses and Matrons.
- The policy will be circulated to all Care Group Directors and Speciality Leads.

8.2. Each Care Group/Locality is responsible for the full implementation of this policy and will ensure it is accessible to all staff.

8.3. Information regarding CPE is already included in the Infection Prevention and Control Mandatory Updates.

9. Document Monitoring arrangements

| Information category | Detail of process and methodology for monitoring compliance |
|---|---|
| Element to be monitored | Completion of the screening assessment and subsequent actions. All in-patient departments, except mental health will undergo CPE audits. |
| Lead | Joanne Taylor, Deputy DIPC. |
| Tool | CPE audit tool |
| Frequency | Bi-annual. |
| Reporting arrangements | Feedback will be provided to the Care Groups/ Localities as part of the monthly report that is already compiled. Any concerns regarding compliance will be raised at the Infection Prevention and Control Steering Group. |
| Acting on recommendations and lead(s) | This will be completed on a monthly basis. |
| Change in practice and lessons to be shared | Feedback will be provided to the Care Groups/ Localities as part of the monthly report that is already compiled. Any concerns regarding compliance will be raised at the Infection Prevention and Control Steering Group. |

10. Updating and review

This policy will be reviewed in 3 years or as guidance dictates.

11. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the [RCHT Equality Diversity And Inclusion Policy](#) and [CFT Equality, Diversity and Inclusion Statement](#).

The initial equality impact assessment screening form is at appendix 1.

12. Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Early Detection, Management and Control of Carbapenemase-producing Enterobacterales Policy V2.0

Document library section: Clinical / Infection Prevention and Control.

Is this a new or existing document? Existing.

Date of assessment: 22 December 2023.

Person responsible for the assessment: Rashima Hamdan, Senior IPAC Specialist Practitioner.

What is the main purpose of the document?

To provide advice on the management of colonisation or infection due to Carbapenemase-producing Enterobacterales to prevent or reduce their spread.

Who is affected by the document?

Staff Patients Visitors Carers Other All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

| Concern area | Response | If yes, what existing evidence (either presumed or otherwise) do you have for this? |
|---|---|---|
| Age | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Disability | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Sex | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Gender reassignment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Pregnancy and maternity | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Race | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Religion and belief | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Sexual orientation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Marriage and civil partnership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Groups at risk of stigma or social exclusion such as offenders or homeless people | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Human rights | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

N/A.

Signature of person completing the equality impact assessment:

Name: Rashima Hamdan

Date: 22 December 2023

13. Appendix 2: Terminal Clean Sign Off Checklist Bedspace

One+all | we care

Royal Cornwall Hospitals
NHS Trust

NHS
Cornwall Partnership
NHS Foundation Trust

Terminal Clean Sign-off Checklist

Hospital: Ward:

Bed Number/ Room Number:

All terminal cleans need to be completed using a combined chlorine & detergent product 1:1000ppm (1 tablet to 1L of cold water). At RCHT this should be followed by the HPV process.

| | Actioned? | Name/ Signature | | |
|--|-----------|-----------------|------------------------------|------------|
| Domestic Responsibilities | | | | |
| Have radiators (including those in en-suites) been cleaned and removed and had internal cleaning? If applicable state CBW number reference: | | Name: | Designation: | Signature: |
| Have curtains been removed prior to the terminal clean and replaced once the terminal clean is complete? | | | | |
| Have walls been cleaned? | | | | |
| Have all high surfaces been cleaned? (including curtain tracks, top of door frame, top of cupboards, shelves, clock) | | | | |
| Have all wall fittings (i.e. lamp, TV/ telephone) been cleaned? | | | | |
| Have the following items in the bed space been cleaned? | | | | |
| • Bed frame | | | | |
| • Call bell | | | | |
| • Table | | | | |
| • Chair | | | | |
| • Locker (including medicine locker) | | | | |
| • Purple locker tray | | | | |
| Have all low surfaces been cleaned? (including skirting boards and visible pipe work) | | | | |
| Have all touch points been cleaned? (including door handles and switches) | | | | |
| Have all bins been cleaned (internal & external)? | | | | |
| Has the hand hygiene basin been cleaned? | | | | |
| Have all consumables been disposed of and replaced? (Including soap, hand towels, gloves, aprons etc)? | | | | |
| Has flooring been cleaned? | | | | |
| Where applicable have the following items in the en-suite/ bathroom been cleaned? | | | | |
| • Toilet/ Shower/ Hand hygiene basin | | | | |
| • Dusting of high & low surfaces | | | | |
| • Flooring | | | | |
| Nursing Responsibilities: | | | | |
| Has mattress been checked to ensure, foam is intact, free from staining and safe for continued use? Has the mattress cover been cleaned? | | Name: | Ward Sister/ Nurse in Charge | Signature: |
| Has the cushion been checked to ensure free from staining and safe for continued use? Has the cushion cover been cleaned? | | | | |
| Have pillows been checked to ensure free from staining or tears and safe for continued use? Have pillows been cleaned? | | | | |
| Has the oxygen been cleaned? Has all tubing and masks etc been removed and disposed of? Has the flow meter been removed from the outlet, cleaned and stored while the bed space is not occupied. | | | | |
| Has the suction been cleaned? Has all tubing, yankauer suckers etc been disposed of and replaced? | | | | |
| If HPV cleaning applicable, has all equipment to be left in the room been cleaned? | | | | |

This bed space is clean and ready for patient admission

Signature of Nurse in Charge: Print Name: Date:

Once this checklist has been completed it should be sent to the IP&C Team (cpn-tr.ipc@nhs.net)
Advice regarding the opening of bed spaces following an outbreak must be sought from the IP&C Team

Terminal Clean Sign-off Checklist

04/08/21 IP&C and Hotel Services Teams

14. Appendix 3: Terminal Clean Sign Off Checklist Outbreak Areas



Terminal Clean Sign-off Checklist (For use in outbreaks)

Hospital: Ward:

Room/ Communal Area:

All terminal cleans need to be completed using a combined chlorine & detergent product 1:1000ppm (1 tablet to 1L of cold water). At RCHT this should be followed by the HPV process.

At the end of an outbreak where a ward has been closed the full ward must receive a terminal clean. To include all toilets, bathrooms, sluices, dayrooms/ lounges, corridors, clinical rooms, staff rooms and sisters office.

| | | Actioned? | Name & Signature | | | |
|---|-----------|--|------------------|--------------|---------------------------------|------------|
| Domestic Responsibilities: | | | | | | |
| Have all radiators (including those in en-suites) been cleaned and removed and had internal cleaning? If applicable state CBW number reference: | | | Name: | Designation: | Signature: | |
| Have all curtains been removed prior to the terminal clean and replaced once the terminal clean is complete? | | | | | | |
| Have all walls been cleaned? (including external vent outlets) | | | | | | |
| Have all high surfaces been cleaned? (including curtain tracks, top of door frame, top of cupboards, shelves, clock) | | | | | | |
| Have all low surfaces been cleaned? (including skirting boards and visible pipe work) | | | | | | |
| Have all tables been cleaned? | | | | | | |
| Have all beds/ couches/ chairs been cleaned? | | | | | | |
| Has all hand hygiene basins been cleaned? | | | | | | |
| Have all consumables been disposed of and replaced? (Including soap, hand towels, gloves, aprons etc)? | | | | | | |
| Have all touch points been cleaned? (including door handles and switches) | | | | | | |
| Have all bins been cleaned (internal & external)? | | | | | | |
| Has flooring been cleaned? | | | | | | |
| Nursing Responsibilities: | | | | | | |
| Have the following items been cleaned? | | | | | | |
| Item | Actioned? | Item | Actioned? | Name: | Ward Sister/ Nurse in Charge | Signature: |
| Macerator | | Moving and handling equipment | | | | |
| Sluice sink | | Zimmer frames | | | | |
| Commodes | | Clinical equipment (e.g. drip stands, dynamaps, blood pressure monitors, weighing scales etc) | | | | |
| Slipper pans | | Electrical items (e.g. TVs, computers etc including associated stands, accessories and cables) | | | | |
| Catheter bag holders | | Medication trolley | | | | |
| WC risers/ chairs | | Linen trolley (including disposal of linen) | | | | |
| Wheelchairs | | | | | | |
| If HPV cleaning applicable, has all equipment to be left in the room been cleaned? | | | | | | |

This bed space is clean and ready for patient admission

Signature of Nurse in Charge: Print Name: Date:

Once this checklist has been completed it should be sent to the IP&C Team (cpn-tr.ipc@nhs.net)

Advice regarding the opening of bed spaces following an outbreak must be sought from the IP&C Team.

15. Appendix 4: CPE Assessment in non- acute settings including Mental Health

This guide was adopted from Framework of actions to contain carbapenemase-producing Enterobacterales (CPE) (2022). Individual risk assessment and management must be jointly undertaken by the clinical team and the IPAC team.

At all risk levels ensure:

- Standard IPAC precautions are maintained at all times.
- Effective environmental hygiene and cleaning – prevention of faecal and environmental contamination is crucial; remain alert to episodes that risk direct transmission to others and or environmental contamination; ensure timely and thorough cleaning.
- Hygiene advice to individual and family and contacts it is important to inform individuals and those around them to ensure they take appropriate personal hygiene measures to prevent the spread of infection, especially when using the toilet.

Risk assessments must include consideration of the care environment, for example nursing care setting, specialist or general-rehabilitation, **haemodialysis unit**, elderly mentally infirm, dementia care unit, community hospital or hospice, mental health trust, residential care, domiciliary care or detention centre prison.

If the individual is colonised (the presence of bacteria on a body surface, such as skin or gut, without causing disease in the person): single room with en-suite facilities including toilet or designated commode is recommended; where a single room is not available it is recommended that a designated toilet or commode is made available. No curtailment of communal activities is required where standard precautions and effective environmental hygiene are being maintained and there is no risk of transmission to others.

If the individual is infected: conduct a risk assessment with your IPAC advisor and/or UKHSA contact to discuss possible isolation (with defined end-of-isolation criteria) consider the mental and physical health and wellbeing of the individual when deciding to isolate.

Always communicate the positive status of an individual when transferring between care settings.

16. Appendix 4: CPE Assessment in non-acute settings including Mental Health (continued)

| Care needs | Guidance for risk assessment |
|--|--|
| <p>High Risk</p> <p>For example the individual has:</p> <ul style="list-style-type: none"> • Diarrhoea, faecal incontinence, smearing or dirty protests. • Discharging wound. • Long term ventilation. • Confusion and dementia. • Device(s) in situ. • Undergoing invasive procedures. | <ul style="list-style-type: none"> • Identify if there is an immediate risk of infecting or contaminating others and the shared environment. • Discuss management with GP or clinician in charge, IPAC practitioner. • Consider the mental and physical health and wellbeing of the individual and the level of supervision required. |
| <p>Medium Risk</p> <p>For example, the individual requires assistance with hygiene, mobility or physical rehabilitation.</p> | <p>No immediate risk of infecting others identified:</p> <ul style="list-style-type: none"> • Standard IPAC precautions are maintained. • Hygiene advice is provided to individual and family and contacts as appropriate. • Maintain effective environmental hygiene. <p>If unsure contact IPAC, or UKHSA via the local Health Protection Team or Consultant in Public Health Infection, or local community IPAC team where available.</p> |

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|---|--|
| <p>Low Risk</p> <p>For example, the individual is independent and self-caring.</p> | <p>No immediate risk of infecting others identified:</p> <ul style="list-style-type: none">• Standard IPAC precautions are maintained.• Hygiene advice is provided to individual and family and contacts as appropriate.• Maintain effective environmental hygiene. <p>If unsure contact IPAC, or UKHSA via the local Health Protection Team or Consultant in Public Health Infection, or local community IPAC team where available.</p> |
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