ADDRESSING CARBAPENEMASE-PRODUCING ENTEROBACTERIACEAE – RISK PRIORITISATION OF INFECTION PREVENTION AND CONTROL (IP&C) MEASURES, SCREENING AND ISOLATION – ROLL-OUT PLAN (see note, page 2).

For use in conjunction with the Acute trust toolkit for the early detection, management and control of carbapenemase–producing Enterobacteriaceae[1]

THE PATIENT HISTORY →		Known or recently confirmed case of carbapenemase-producing Enterobacteriaceae[2]	Direct medical transfer from or specialist / augmented care[3] in last 12 months in country or UK care setting with *known high prevalence*[1]	Medical tourist[4] from country with *known high prevalence*[1]	History of hospitalisation in last 12 months in country or UK care setting with *known high prevalence*[1]	Identified as contact of positive case (colonisation or infection)	Medical transfer from / history of hospitalisation in last 12 months in country *with no reported problems*	No risk factors identified on admission
THE CARE ENVIRONMENT ↓		HIGH			MEDIUM		LOW	
Admission to or receiving care in specialist / augmented care unit[3]	HIGH							
Admission to or receiving care in acute general ward	MEDIUM							
Day care	MEDIUM	**	**	**	**	**		N/A
Outpatient clinic	LOW	**	**	**			N/A	N/A

[1] Refer to Acute Trust toolkit for the early detection, management and control of carbapenemase – producing Enterobacteriaceae found at: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140378646

[2] Screening not required for known or recently confirmed cases

[3] Examples of specialist / augmented care unit: intensive care, haematology, renal, liver, transplant, oncology, neonatal

[4] A medical tourist 'elects to travel across international borders to receive some form of medical treatment. This treatment may span the full range of medical services, but most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment'. OECD 2010 (http://www.oecd.org/els/health-systems/48723982.pdf)

<table>
<tr><th colspan="2">KEY:</th></tr>
<tr><td>High risk</td><td>Isolate immediately in a side room with en suite facilities (or dedicated commode) and retain in isolation as follows:

• Suspected case – isolate until 3 consecutive NEGATIVE screens (if still in hospital). Should any sample screen positive treat as a confirmed case
• Known case or case confirmed via clinical / screening sample (further screening not required) – isolate throughout hospital stay</td></tr>
<tr><td>Medium risk</td><td>Isolate in side room with en suite facilities (or dedicated commode) if possible (see increased transmission risks) until first screening result demonstrates NEGATIVE. If not possible to continue isolation (in line with toolkit[1]) then:

EITHER cohort patient in line with toolkit[1] and in discussion with your IP&C team

OR, if not possible to cohort, nurse with strict emphasis on maintaining compliance with standard precautions and optimal environmental cleaning (without fail)

AND submit further 2 samples to achieve 3 consecutive NEGATIVE screens if still in hospital. Should any sample test positive treat as a confirmed case.

**For outpatients and day cases (note: this is supplementary advice to that provided in the toolkit to assist risk assessment): provide appointment timed for end of clinic or list; consider caring for day case in single room depending on facilities and on degree of contact with body fluids (see below: increased transmission risks). Maintain compliance with standard precautions and optimal environmental cleaning (without fail).</td></tr>
<tr><td>Low risk</td><td>No action, other than be alert to change in risk-level in light of any further information relating to patient status.
Maintain compliance with standard precautions and optimal environmental cleaning (without fail).</td></tr>
<tr><td colspan="2">Increased transmission risks: the following factors which increase transmission risk should be taken into account when prioritising side rooms, they are patients with:</td></tr>
<tr><td colspan="2">• Diarrhoea
• Incontinence (urine or faeces)
• Discharging wounds
• A high risk of wandering and unable to comply with good hygienic practices
• Medical devices in situ
• Ventilatory support requirements

Additionally, consider:
• Risks posed from inadequate decontamination of equipment where there is high contact with body fluids e.g. endoscopes</td></tr>
<tr><td colspan="2">NOTE: This matrix is intended to inform preparation of a roll-out plan. The gold standard for any patient admitted who is a suspected case of carbapenemase-producing Enterobacteriaceae (infected and/or colonised) is to isolate immediately and manage in line with the Acute trust toolkit[1]. However, where risk prioritisation is required (due to competing priorities) the above matrix is intended as a guide to planning for this.
It is advised that roll-out should commence in high risk care environment(s) (some trusts are already taking a more aggressive approach by screening all admissions to these areas). If transmission events occur or prevalence increases in your trust, it is strongly advised to expedite full implementation of the toolkit.</td></tr>
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[1] See Acute Trust toolkit for the early detection, management and control of carbapenemase –producing Enterobacteriaceae found at: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140378646