

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Effective From	April 2023
	CARBAPENEMASE PRODUCING ENTEROBACTERIACEAE (CPE)	Review Date	April 2025
		Version	4
The most up-to-date version of this SOP can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control			

CPE Aide Memoire

Consult SOP and isolate in a single room with:

- ✓ ensuite / own commode
- ✓ door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ **CPE Care Checklist** completed daily

Patient Assessed For Rehabilitation

Individual IPC Care Plan to allow rehabilitation to be undertaken in agreement with local IPCT

Once patient is found to be CPE positive, they will have their notes tagged on Trakcare and be treated as positive for each subsequent admission.

SOP - Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol hand rub

PPE: Disposable gloves and yellow apron for routine care

Patient Environment: Twice daily chlorine clean

Patient Equipment: Chlorine clean after use and at least on a twice daily basis

Laundry: Treat as infected

Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: No specific incubation period

Period of Communicability: Unknown – may not be isolated but can recur due to gut carriage

Notifiable disease: Yes - notifiable organism
No – notifiable disease

Transmission route: Direct/Indirect Contact. CPE can be transferred on the hands of staff to other patients or the environment after contact with contaminated body fluids, wounds, etc or on contaminated equipment/environment.