Recommended CRE Infection Control Steps

Contact Precautions
  o Always wear gown and gloves

Proper Hand Hygiene
  o Washing hands with soap and water or alcohol-based cleaners before donning gown and gloves and after removing gown and gloves prior to leaving the patient’s room
  o Monitor hand hygiene adherence

Personnel Education
  o Educate personnel about preventing transmission of multi-drug resistant organisms (MDROs)
  o Education and training on the proper use of Contact Precautions

Environmental Cleaning
  o Daily cleaning with EPA approved MDRO product in areas in close proximity to the patient (e.g., bed rails, patient tray)
  o Terminal cleaning of room after discharge of CRE patient

Epidemiologic Surveillance
  o Patient demographics, dates of admission, outcomes, medications, and common exposures (e.g., wards, surgery, procedures, transfers from other healthcare facilities) of CRE patients in the last 6 to 12 months

Communication and Identification
  o Maintain a mechanism to identify CRE patients on readmission
  o Communicate CRE patients when transferring to another facility
  o Establish protocol for laboratory notifying Infection Prevention team in a timely manner (i.e. within four to six hours) once CRE has been identified in a sample

Additional CP-CRE Steps
  o CRE that meets the phenotypic definition where CP-CRE testing is not available should be considered a CP-CRE and infection prevention interventions should be increased (CP-CRE Infection Control Steps, next page)
Recommended CP-CRE Infection Control Steps

One-to-One Contact Precautions
- If available, perform one-to-one contact with patient and place in a single patient room
- Always wear gown and gloves

Patient and Staff Cohorting
- Dedicate equipment and staff to CP-CRE patient

Proper Hand Hygiene
- Washing hands with soap and water or alcohol-based cleaners before donning gown and gloves and after removing gown and gloves prior to leaving the patient’s room
- Monitor hand hygiene adherence

Personnel Education
- Educate personnel about preventing transmission of MDROs
- Education and training on the proper use of Contact Precautions

Active Surveillance
- Screening epidemiologically-linked contacts (e.g. roommates) of newly identified CRE patients
- Line listing of patient demographics, dates of admission, outcomes, medications, and common exposures (e.g., wards, surgery, procedures, transfers from other healthcare facilities) of CRE patients in the last 6 to 12 months

Environmental Cleaning
- Daily cleaning with an EPA approved MDRO product in areas in close proximity to the patient (e.g., bed rails, patient tray)
- Terminal cleaning of room after discharge of CP-CRE patient

Communication and Identification of CP-CRE
- Maintain a mechanism to identify CP-CRE patients on readmission
- Communicate CRE patients when transferring to another facility
- Establish protocol for laboratory notifying Infection Prevention team in a timely manner

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