



Recommended CRE Infection Control Steps

Contact Precautions

- Always wear gown and gloves

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 multi-drug resistant organisms (MDROs)
- Education and training on the proper use of Contact Precautions

Environmental Cleaning

- Daily cleaning with 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 CRE patient

Epidemiologic Surveillance

- 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

- Maintain a mechanism to identify CRE patients on readmission
- Communicate CRE patients when transferring to another facility
- 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

- 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

KDHE HAI/AR Program Contacts

Bryna Stacey, MPH, BSN, RN

Healthcare-Associated Infections & Antimicrobial Resistance Program Director

Office (785) 296-4090 | Email Bryna.Stacey@ks.gov

Robert Geist, MPH, CIC, FAPIC

Healthcare-Associated Infections Epidemiologist

Office (785) 296-4202 | Email Robert.Geist@ks.gov

Justin Blanding, MPH

Antimicrobial Resistance Epidemiologist

Office (785) 296-1242 | Email Justin.Blanding@ks.gov

