

FAQs relating to management of CPE 14/11/18

General acute		
	Question	IPCT response
1	If patient has only been in English hospitals, should we do a board risk assessment as to which patients to screen?	No, screen all.
2	Should we screen patients being transferred between hospitals in Scotland?	Not required. Ensure staff have CPE information on transfer form or use CPE transfer form in tool kit
3	If screen +ve, how often to screen while an in-patient ?	Once positive always positive. Rescreening might be part of a risk assessment to remove from isolation e.g. for use of gym. This should be done in conjunction with local IPCT.
4.	If patient positive in open ward, on isolation, who should be screened in the ward and how often?	Initially bay contacts. If bay contacts positive then would extend to rest of unit. This should be done in conjunction with local IPCT.
5.	If patient has +ve tag, do we need to undertake screen again?	No, unless the IPCT decide that it is required as part of a risk assessment for rehabilitation etc.
6.	How often should contacts be screened	Weekly for 4 weeks whilst remain inpatients.
7.	Do all our negative test results have to be verified by sending to reference lab before action is taken or is it ok to act on our own PCR results?	Only presumptive positive isolates will be sent to Colindale for further testing. If local labs report a negative, this is final result. This may change in future with the development of lab testing locally
8.	If patient positive for CPE more than 12 months ago, do we need to continue to treat as always positive?	Yes
9.	Do we still need 3 negative screens (as per HPS CPE guidance) or since we are using PCR, can 1 negative suffice?	3 negative screens required currently but with developments in laboratory techniques this may be reviewed.
10.	If patient is screened at pre-admission and its negative, can this count towards the 3 screens once admitted? – <u>Should the patient attend pre assessment for the 2 remaining screens</u>	Yes this can count towards the 3 screens unless the patient is admitted to a hospital abroad as an in-patient in the interim. (Exception maternity service) NO. It is not necessary to attend pre-assessment for the remaining 2 screens. If patient being admitted for surgery, this can proceed without negative screens.
11.	What happens if a confirmed CPE case is transferred to a mental health area	Please ensure local receiving IPCT is contacted prior to transfer so that a suitable risk assessment can be carried out.
12.	Patient is admitted, is CRA-yes and has 3 negative screens. If he is admitted again in next few months, without going abroad again, the CRA will still be yes. Does he need to have 3 negative screens again?	If the patient has 3 –ve screens and has not been in a hospital outside of Scotland in the interim, they do not need to be isolated and screened again.

General acute		
	Question	IPCT response
14.	At what point should ward contacts be screened?	At point of identification. No need to isolate patients but where possible they should be cohorted together. No need to chase up 2 nd , 3 rd or 4 th screens if contact is discharge before 4 screens obtained. IPCNs will apply CPE contact tag and patient should be screened on re-admission.
15.	What is the definition of a 'contact' in hospital?	A 'contact' is a patient who has spent > 8 hours in the same bed bay as the patient who is confirmed CPE +ve
16	Do I need to inform the Scottish Ambulance Service if transferring a CPE +ve patient?	Yes. The SAS will transfer a known CPE +ve patient separately from other patients.
17	If a patient with a long term central line (e.g. haem-onc) requires CPE screening following CRA, does the CVC site need to be screened 3 times in 4 days also?	No. Screen the CVC site x1 and rectal screen x3.

HCW		
	Question	IPCT response
1.	If patient is a health care worker who is positive for CPE, are they forever CPE and if so can we have guidance on what implications are there for work ?	If positive, then forever positive. Staff should be issue with a HCW leaflet (will need to develop one for CPE +ve HCW). For the majority provide education on hand hygiene, SICPs, not coming to work with diarrhoea etc. Small number would require OH risk assessment e.g. colonised staff with chronic GI or respiratory conditions.
2.	If HCW has a household contact who is CPE +ve, do we need to take any action?	Advise good hand hygiene and do not attend work if symptomatic of diarrhoea. Follow Occupational Health related Illness SOP.

Maternity		
	Question	IPCT response
1.	Maternity: If mum in-patient for less than 23 hours, undertake CRA?	No. (Chief midwife has suggested that it would be easier to screen mums at antenatal / pre-admission)
2.	Where should CRA be undertaken	Maternity triage or labour ward. If patient admitted to ward for induction, CRA at this point.
3.	Where should CRA be recorded	CRA will be recorded in a sticker which will be placed in the hand held record.
4.	If mum responds yes to any CRA question where will swabs be taken?	At most appropriate point on obstetric journey. If possible, swabs should be taken in labour ward and continued in post natal ward. If admitted for induction and yes, to CRA, then ok to take first sample at this point.
5.	If mum does not stay 6 days to get all swabs taken, should this be continued in community.	No, if 1 st screen negative. If positive, in ante natal period, further two screens should be obtained.
6.	If patient yes to CRA and not isolated, should patients in bay be screened?	No.
7.	If mother +ve, and baby admitted to NICU, should baby be isolated and screened?	Yes

Dialysis /renal		
	Question	IPCT response
1.	Holiday dialysis: If –ve screen outside of Scotland, is it ok to use result from other UK hospital?	Yes, if not admitted.
2.	If CRA=yes, use dedicated dialysis machine while awaiting result of screen?	No – not blood borne. Standard decontamination suffices
3.	If CPE +ve, use dedicated dialysis machine?	No
4.	Should our renal units be asking for negative CPE screens for any patient coming <u>for</u> holiday dialysis?	Yes
	If a renal patient has holiday dialysis as an out-patient in a hospital outside of Scotland , do they need to have another screen carried out before they go on holiday again?	Further rectal screen at request of receiving unit.
6.	If a renal patient has had holiday dialysis as an out-patient in a hospital outside of Scotland	<ol style="list-style-type: none"> 1) If a haemodialysis patient has only had outpatient hospital haemodialysis at a hospital out with Scotland no screening/isolation is required. 2) If the patient subsequently requires admission, they require to be isolated and screened.
7.	If a renal patient has been an in-patient in hospital outside of Scotland :	If renal patient is +ve for CRA and requires admission, screening for CPE/isolation should be advised as for any other patient. If haemodialysis is required it should be undertaken in their own single room. If however a haemodialysis patient is admitted elsewhere e.g. VOL, Inverclyde, GRI or Larbert, provision of single room dialysis should be attempted but may not be possible.
8.	If renal patient requires CPE screen following CRA, does the CVC site need to be screened 3 times in 4 days? (The CVC dressing is only changes x1 per week)	If a renal patient requires 3 screens following CRA, the CVC exit site only needs to be screened x1 along with the 3 rectal screens.
9.	Can patients with CPE who attend out-patient dialysis travel in the same taxi as other non-CPE patients	Patients with CPE can travel in a taxi with other patients unless there is a risk of leaking wounds, diarrhoea or body fluid spillage.