

# Carbapenemase-producing enterobacterales (CPE)

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## Information for patients and visitors

This leaflet explains how we test for, treat and prevent the spread of bacteria (germs) called *carbapenemase-producing enterobacterales* (CPE). It also explains how you can help to prevent their spread in hospital. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

## What is CPE?

*Carbapenemase-producing enterobacteriales* (CPE) are a large family of bacteria that usually live harmlessly in your gut. This is called colonisation. Someone who is colonised is called a carrier. You would not know you were a carrier unless you were tested.

## When does CPE become harmful?

Most of the time CPE does not cause any problems and no treatment is needed. However, if the bacteria get into the wrong place, such as the bladder or bloodstream, they can cause an infection, particularly in patients with a low immune system.

This can be a problem because these bacteria:

- can be spread to and cause infection in other vulnerable patients,
- are almost totally resistant to some of the strongest antibiotics that we use in hospitals – there can even be difficult cases where other types of antibiotics do not work, which makes a CPE infection very difficult to treat

It is important to note that these bacteria do not cause infections in healthy people in close contact with the patient, such as staff and visitors, but they can be spread by them. For this reason, infection prevention and control measures will be put in place, as detailed below.

## Who is most at risk of getting a CPE infection?

People whose ability to fight infections is low. This includes (but is not limited to) people:

- with cancer
- having dialysis and those with indwelling lines
- being treated in an intensive care unit, including those with tracheostomies
- who have had transplants
- with chronic wounds
- with enterostomies

## How is CPE spread in hospital?

This bacteria can be spread:

- from person to person, on the hands and skin of staff, students, patients and visitors, by touching someone who is infected or colonised
- by touching room surfaces and objects such as equipment, bowls, shared electrical or medical devices, surfaces around patients (for example, bedside tables), commodes and toilets that have CPE on them

They are not spread through the air or by coughing or sneezing.

### Preventing the spread of CPE

#### On wards

- Everyone – staff, students and visitors – must have sleeves rolled up above the elbows on entering a clinical area.
- Everyone – staff, students and visitors – must wash their hands with soap and water and/or use alcohol handrub before and after direct contact with a patient.
- Wearing personal protective equipment in contact with patients is not sufficient alone and must always be combined with hand hygiene before donning and after doffing.
- Patients must wash their hands with soap and water before eating meals and after using the toilet.
- Anyone helping a patient with their personal care must wash their hands with soap and water before and after.
- We may have to do extra cleaning in some areas so patients may sometimes need to be moved to another bed space to allow this.
- We may close a ward to admissions and restrict visiting.



## In isolation rooms

- We will put a sign on the isolation room door to remind everyone of the precautions they need to take.
- Healthcare staff must wash their hands before and after direct contact with a patient and use gloves and aprons when caring for you.
- Visitors must wash their hands when they enter and leave the room and may be asked to wear aprons or gowns.
- Visitors must not use patient bathrooms.
- Patients must wash their hands well, with soap and water, before eating meals and after going to the toilet.
- Patients should avoid touching medical devices (if they have any) such as urinary catheter tubes and intravenous drips, particularly at the entry site.

Healthcare staff will not be offended if patients ask them if they have washed their hands at appropriate times. If any areas appear dirty, especially toilets, then please inform the nurse in charge who will take prompt action.

## How do I know if I have CPE?

One of the main ways in which CPE is spread is by the transfer of patients between wards and between hospitals, so we will ask to screen (test) you for CPE when:

- you are transferred to a ward with vulnerable patients within the Trust
- you are transferred to the UK from a hospital abroad or have been an inpatient in a hospital abroad over the last 12 months
- you are moved here from another hospital in the UK
- we know or suspect you have come into contact with someone who has CPE or you yourself are known to be colonised with CPE from a previous inpatient admission



## How do we screen for CPE (i.e. you are not yet proven positive)?

- If we strongly suspect you might be a CPE carrier (colonised), we will move you to a single room with your own toilet facilities (ensuite or commode) to prevent the spread of the bacteria. Your door will need to remain closed and you will need to remain in the room. Where a single room is not available we may place you together with other patients with a similar risk.
- We will ask to take screening swabs as described below.
- If screening swabs are negative, we will remove these Infection Prevention and Control precautions.

## What does the screening test involve?

We usually take samples from your rectum (the end part of your gut), where a swab (very similar to a long cotton bud) is briefly put just inside your bottom (3 to 4cm into your rectum). We may also test samples of your faeces (poo) and other relevant sites (such as wounds and/or line sites). These samples are then tested in a laboratory to look for CPE. We normally tell you the provisional results within three days.

## What happens if I have CPE (i.e. you are proven positive)?

- If the screening test shows you are a **carrier or colonised** with CPE (you test 'positive' but have no signs of associated infection), to prevent the spread of the bacteria we will put you in a single room with your own toilet facilities (ensuite or commode) for the rest of your hospital stay or treatment. Your door will need to remain closed and you will need to remain in the room.
- You will be managed as CPE colonised for subsequent inpatient encounters, according to our Trust policy.
- If you are shown to have an **infection** caused by a CPE, we will additionally treat you with antibiotics under specialist microbiology input.



## **How did I pick up CPE?**

It can be difficult to say when or where you came into contact with these bacteria and became colonised or infected. There is a greater chance of picking them up if you have been a patient in a hospital abroad or in a UK hospital that has had patients carrying the bacteria, or if you have been in contact elsewhere with someone who is colonised.

## **What happens when I go home?**

You can still be a carrier when you go home. You do not need to take any special measures or have treatment, as we will have treated any infection before you leave hospital. You can carry on as normal and continue to maintain good hand hygiene. If you have any concerns, contact your GP for advice. Your GP will receive notification that you are CPE colonised.

## **Do I need to tell anyone I have CPE?**

Before you leave hospital, ask your doctor or nurse for a letter that says you have had an infection or have been colonised with CPE. You should tell anyone caring for you that you have had CPE and give them the letter, particularly if you or a member of your household are admitted to hospital.

## **How long will I be colonised with the CPE bacteria?**

There is no clear answer as to how long you will carry this bacteria. Treatment with antibiotics for unrelated infections may affect the length of carriage. We will manage you as CPE colonised on any subsequent inpatient encounters, according to our Trust policy.



## Who can I contact with queries and concerns?

If you have any questions, please do not hesitate to ask one of the healthcare staff looking after you. You can also find out updated information from:

- Carbapenem resistance: guidance, data and analysis ([www.gov.uk](http://www.gov.uk))
- Framework of actions to contain carbapenemase-producing Enterobacterales ([publishing.service.gov.uk](http://publishing.service.gov.uk))

## You can also contact the Infection Prevention and Control teams at our hospital sites:

King's College Hospital, Denmark Hill

Tel: **020 3299 4259**

Email: **[kch-tr.KCH-IC-Nurses@nhs.net](mailto:kch-tr.KCH-IC-Nurses@nhs.net)**

Princess Royal University Hospital, Orpington Hospital, Beckenham Beacon and Queen Mary's Hospital, Sidcup

Tel: **01689 863463**

Email: **[kch-tr.PRUHInfectionPreventionandControlNurses@nhs.net](mailto:kch-tr.PRUHInfectionPreventionandControlNurses@nhs.net)**



## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

**PALS at King's College Hospital**, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: [kch-tr.palsdh@nhs.net](mailto:kch-tr.palsdh@nhs.net)

**PALS at Princess Royal University Hospital**, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: [kch-tr.palspruh@nhs.net](mailto:kch-tr.palspruh@nhs.net)

**If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email [kch-tr.accessibility@nhs.net](mailto:kch-tr.accessibility@nhs.net).**