



Carbapenem Resistant *Enterobacteriaceae* (CRE) & Carbapenemase Producing CRE Response Checklist

Acute Care - Act "NICE"

These recommendations are intended to supplement the [CDC Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae \(CRE\) November 2015 Update Toolkit](#) and the [State of New Hampshire Recommendations for the Prevention and Control of Multidrug-Resistant Organisms \(MDROs\) and Clostridium difficile Infection \(CDI\) for Healthcare Agencies and Community Settings](#) document.

Notify	<input type="checkbox"/> Report to the New Hampshire Division of Public Health Services (NH DPHS) within 72 hours of a new diagnosis as required under He-P 301. Phone number: 603-271-4496 Fax: 603-271-0545. <input type="checkbox"/> Report to your local Infection Prevention Team.
Intervene	<input type="checkbox"/> Implement Contact Precautions (according to CDC's Transmission Based Precautions) In addition to abiding by the CDC's Contact Precaution recommendations, the NH DPHS recommend that facilities: <ul style="list-style-type: none"> <input type="checkbox"/> Designate a single room with a private bathroom for patient identified with CRE; <input type="checkbox"/> Utilize enhanced environmental cleaning, review page 12 in the CDC's Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE) November 2015 Update Toolkit; and <input type="checkbox"/> Conduct a contact investigation in conjunction with the NH DPHS as recommended.
Communicate	<p>Internally</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify all staff cleaning the patient's room and those directly involved with the patient's care of the Contact Precautions or CRE status as applicable. <input type="checkbox"/> Make a note in the patient's record (EMR/paper) indicating the need for contact precautions due to CRE/CP-CRE. <p>Externally</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inform receiving facility and transporting agencies of a patient's CRE status through verbal and written NH Interfacility Infection Control Transfer Forms. <input type="checkbox"/> Notify all providers of the patient's CRE status (e.g. PCP & Specialists) upon discharge home.
Educate	<ul style="list-style-type: none"> <input type="checkbox"/> Empower staff by providing information about CP-CRE/CRE <input type="checkbox"/> Provide education to the patient/resident/legal guardian regarding CP-CRE/CRE

When to discontinue contact precautions:

Contact precautions should be maintained for the duration of an inpatient stay when a patient's CP-CRE or CRE status is first identified.

For subsequent hospitalizations, patients with a previous CRE (not CP-CRE) infection do not require contact precautions if the patient has no transmission risk factors (e.g. stool incontinence, unable to practice hand hygiene, and uncontained discharge or excretions) and can follow medical directions independently.

For patients with a previously identified CP-CRE infection or colonization contact precautions should be implemented during any future admissions and in place until the following criteria can be demonstrated.

- Discuss the removal of contact precautions for patients with your local Infection prevention team and/or the NH Division of Public Health Services.
- >6 months have passed since the last positive culture.
- The patient must not be taking any antibiotics at the time of the screening.
- The patient does not have an active infection.
- No transmission risk factors.
- 2 sequential negative rectal screening swabs must be obtained a week apart or more to be considered no longer colonized.

Please reach out to the New Hampshire Division of Public Health Services with any questions or clarification regarding these recommendations at haiprogram@dhhs.nh.gov or call us at 603-271-4496.