

## Infection Prevention and Control Care Checklist – CPE

Patient Name: \_\_\_\_\_

CHI: \_\_\_\_\_

This Care checklist should be used with patients who are suspected of having CPE and are undergoing screening. It should also be used for those patients who have ever been /are positive during their stay in hospital and then signed off at discharge. Each criteria should be ticked V if in place or X if not, the checklist should be then initialled after completion, daily.

Date Isolation commenced: .....

	Patient Placement/ Assessment of Risk	Daily check (v/x)						
Patient Placement /Assessment of risk	Patient isolated in a single room with <i>en suite</i> facilities / own commode. If a single room is not available, an IPCT risk assessment is completed (see Appendix 1) Stop isolation if patient has 3 negative rectal screens (and never been positive) or on discharge.							
	Place yellow isolation sign on the door to the isolation room							
	Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPCT risk assessment is completed.							
Standard Infection Control & Transmission Based Precautions	<b>Hand Hygiene (HH)</b>							
	All staff must use correct 6 step technique for hand hygiene at 5 key moments							
	HH facilities are offered to patient after using the toilet and prior to mealtimes etc. (Liquid soap and water/wipes where applicable)							
	<b>Personal Protective Clothing ( PPE)</b>							
	Disposable gloves and yellow apron are worn for all direct contact with the patient and their equipment/environment, removed before leaving the isolation area and discarded as clinical waste. <b>HH must follow removal of PPE.</b>							
	<b>Safe Management of Care Equipment</b>							
	Single-use items are used where possible OR equipment is dedicated to patient while in isolation.							
	There are no non-essential items in room. (eg. Excessive patient belongings)							
	<b>Twice daily</b> decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of chlorine based detergent with 5 minute contact time before rinsing off and drying.							
	<b>Safe Management of Care Environment</b>							
	<b>Twice daily</b> clean of isolation room is completed by Domestic services, using a solution of 1,000 ppm chlorine based detergent with 5 minute contact time. A terminal clean will be arranged on day of discharge/end of isolation.							
	<b>Laundry and Clinical/Healthcare waste</b>							
	All laundry is placed in a water soluble bag, then into a clear plastic bag (brown polythene bag in mental health, tied and then into a laundry bag. Clean linen is not stored in the isolation room.							
All waste is disposed of in the isolation room as clinical/ Healthcare waste.								
Information for patients/carers	<b>Information for patients and their carers</b>							
	The patient has been given information on CPE and provided with a patient information leaflet (PIL) in a suitable language. If taking soiled clothing home, carers have been issued with a Washing Clothes at Home PIL. (NB. Personal laundry is placed into a patient/ domestic soluble bag and then into a patient clothing bag before being given to carer to take home)							
	<b>HCW Daily Initial :</b>							

Date Isolation ceased/ Terminal Clean completed: .....

Care Checklist completed and signed off by: .....

**Appendix 1: Infection Prevention and Control Risk Assessment**  
 (for patients with known or suspected infection that cannot be isolated)

Addressograph Label:  
 Patient Name and DOB/CHI:



**Daily Assessment / Review Required**

	C O M M E N T S	DATE	DATE	DATE	DATE	DATE	DATE	DATE
<b>Daily Assessment Performed by</b> <p style="text-align: right;"><i>Initials</i></p>								
<b>Known or suspected Infection</b> e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis. <p style="text-align: right;"><i>Please state</i></p>								
<b>Infection Control Risk</b> , e.g. unable to isolate, unable to close door of isolation room. <p style="text-align: right;"><i>Please state</i></p>								
<b>Reason unable to isolate</b> / close door to isolation room, e.g. falls risk, observation required, clinical condition. <p style="text-align: right;"><i>Please state</i></p>								
<b>Additional Precautions</b> put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. <i>Please state</i>								
<b>Infection Prevention and Control have been informed</b> of patient's admission and are aware of inability to adhere to IPC Policy? <p style="text-align: right;"><i>Yes / No</i></p>								
<b>Summary Detail of Resolution</b>								

**Daily risk assessments are no longer required**

**Signed** \_\_\_\_\_  
**Date** \_\_\_\_\_