

### CPE screening for Obstetric patient group

<b>Key Document code:</b>	WAHT-TP- 094	
<b>Key Documents Owner/Lead:</b>	Dr Hillman	Consultant Obstetrician
<b>Approved by:</b>	Maternity Governance Meeting	
<b>Date of Approval:</b>	15 <sup>th</sup> November 2019	
<b>Date of review:</b>	15 <sup>th</sup> November 2022	

#### Key Amendments

Date	Amendments	Approved by

The obstetric patient group should be considered low risk for colonisation with CPE and do not require routine screening for CPE if transferred into the Trust either antenatally or postnatally with their baby **unless**:

1. The patient has been admitted to a hospital outside the UK within the last 12months
2. The patient has had prolonged (>30days) in-patient admission during her pregnancy to a hospital Trust outside Worcestershire, Herefordshire, Gloucestershire or Shropshire
3. The patient has been transferred from a hospital unit in one of the UK regions known to have high rates of CPE colonisation
  - a. North west of England (Liverpool, Manchester, Stoke on Trent) or
  - b. London (South East England)

The mandated routine screening is 3 rectal swabs or faecal samples taken 48hours apart. The patient requires isolation in a side room with separate toilet facilities pending 3 negative screens.

If an obstetric patient being transferred into the Trust (with her child) does not full-fill any of the above stated criteria, isolation and screening for CPE colonisation is NOT required.

#### **CPE screening adult surgical patients**

Adult surgical patients admitted as emergencies to the Trust, should have CPE risk identified via the Infection Prevention risk assessment at time of admission. If this is not undertaken and the patient is subsequently identified as having a CPE risk tag on OASIS, following admission and have not been isolated in a side room, the patient should undergo any surgery as planned. If no appropriate side room is available for post operatively, they should return to the ward/bay they were in pre-operatively and CPE screening should be commenced as soon as possible with isolation into a side room with ensuite facilities being undertaken as a priority.