

CARBAPENEMASE-PRODUCING ENTEROBACTERIACEAE (CPE)

Information for patients and their families

What are the carbapenemase-producing Enterobacteriaceae?

Enterobacteriaceae are a large family of bacteria present in the human intestinal tract that under specific conditions can be responsible for severe infections.

Transplant recipients, patients who underwent major surgery, patients requiring care in dedicated units due to their health conditions, or connected to external equipment and devices, are at a higher risk.

Due to the resistance of some bacteria to the antibiotics normally available on the market, and more specifically to carbapenemases, treating infections can be particularly difficult. The inappropriate use of antibiotics over the years has resulted in the spreading of CPE all over the world. In order to know if a patient is a carrier, a rectal swab is necessary.

Carrier patient

It is unlikely for a patient to know that he/she is a carrier, since in the majority of cases there are no symptoms. Nevertheless, a carrier patient can transmit the bacteria to other people contaminating the surrounding environment through his/her hands.

This is why the patient must always wash his/her hands before touching a door handle, a remote control, or a phone, and after using the restroom.

How do germs spread?

There are two transmission routes:

- 1. Hands (if a person touches a carrier, and then brings his/her hands to the mouth before washing them).
- 2. Contact with the surrounding environment.

If the carrier (i.e., hospitalized member of the family) touches the bed, door handles, or any other surface of the hospital room before washing his/her hands, these become contaminated.

For this reason, the clinical staff, patients, and visitors must collaborate and comply with the rules to ensure adequate patient safety.

Guidelines for visitors

Before entering the unit, all visitors must sanitize their hands using the gel available in the waiting areas, hallways, and patient rooms. This gel does not require rinsing or drying. If hands are visibly dirty, and



in any case after using the restrooms, visitors must wash their hands using soap and water for at least 40 seconds.

A sign posted in the patient's room will remind visitors to wear gloves and disposable scrubs throughout the visit and remove them only before leaving the room. The same rules apply to the clinical staff. We recommend not to sit on patient beds, and to use the restrooms outside the unit (not the one in the patient rooms).

When returning home

When at home, patients may resume their daily tasks, job, and hobbies.

We recommend to comply with hand washing rules with greater care after using a restroom (at home or in public places), before cooking, eating or touching a person who is more susceptible to infections (e.g., very young children, elderlies, or with weakened health).

Carriers must communicate their condition when receiving care in other health care facilities (e.g., dentists, physical therapists, other hospitals), so that required precautions can be taken.

For further information, refer to the clinical staff or to the infection control nurses.

We will be happy to assist you!

Please remember:

Hand washing is the simplest and most effective measure to prevent the proliferation of these germs in hospitals, public places, and at home.

- 1. Wet your hands under lukewarm running water, apply liquid soap and rub in a circular motion.
- 2. Rub the back of your left hand with your right palm. Repeat with the other hand.
- 3. Rub your palms together with fingers interlaced.
- 4. Rub the inner part of your fingers together.
- 5. Clasp your left thumb with your right hand and rub in a circular motion. Repeat with the other hand.
- 6. Rub the tips of your fingers in the other palm in a circular motion, going backwards and forwards. Repeat with the other hand.

For further information:

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