



# Facility Guidance for Control of CRE

## Acute Care Hospitals and High-Acuity Post-Acute Care Settings

### What is CRE?

**Carbapenem-resistant Enterobacteriaceae (CRE)** are a large family of bacteria that can cause infections in patients in healthcare settings and have developed high levels of resistance to antibiotics used for treatment.

### Prevent CRE transmission through:

#### Proper Hand Hygiene Techniques

[Hand Hygiene for Healthcare Personnel](#)

#### Environmental Cleaning

[Environmental Infection Control](#)

#### Healthcare Personnel Education

[CDC Protecting Healthcare Personnel](#)

#### Contact Precautions

[Infection Control Basics: Transmission-Based Precautions](#)

See the [CDC CRE Toolkit](#) (pages 11-16) for **additional guidance** on CRE prevention and response including: use of devices, laboratory notification, inter-facility communication/identification of CRE patients at admission, antimicrobial stewardship, environmental cleaning, patient and staff cohorting, chlorhexidine bathing, etc.

### When a case of CRE is identified:

#### Place patient on Contact Precautions

- In this setting, patients who are infected or colonized with CRE should be placed on contact precautions.
- Reinforcing proper hand hygiene, donning and doffing techniques is critical to successful implementation of contact precautions.
- Place patient in private room.

#### Inter-facility Communication

The [ADHS MDRO Transfer Rule](#) requires notification of interfacility transfer of patients with MDRO's so that proper precautions can be taken to avoid transmission.

- [CDC's Inter-Facility Transfer Form](#)
- [ADHS Inter-Facility Transfer Tool](#)

### Screening

Public health may reach out to discuss screening if CRE transmission is suspected in a facility or a novel resistance mechanism is identified. For additional information on screening or controlling CRE in your facility, contact your [Local Health Department](#).

