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CONTROL OF INFECTION COMMITTEE		
CONTROL OF INTECTION COMMITTEE	Effective	July 2022
	From	
VANCOMYCIN RESISTANT ENTEROCOCCI	Review	July 2024
	Date	
GUIDANCE (VRE)	Version	2

#### **Guidance Objective**

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of outbreaks and the importance of diagnosing patients' clinical conditions promptly.

This guidance applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

#### **KEY CHANGES FROM THE PREVIOUS VERSION OF THIS GUIDANCE**

#### **Document Control Summary**

Approved by and date	Board Infection Control Committee 18th August 2022
Date of Publication	22 <sup>nd</sup> August 2022
Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	
Distribution/Availability	NHSGGC Infection Prevention and Control web page:
	www.nhsggc.scot/hospitals-services/services-a-to-
	z/infection-prevention-and-control
Lead Manager	Director Infection Prevention and Control
Responsible Director	Executive Director of Nursing



### NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE

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#### VANCOMYCIN RESISTANT ENTEROCOCCI GUIDANCE (VRE)

The most up-to-date version of this guidance can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

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#### **VRE Aide Memoire**

At risk patients being nursed in a high risk area e.g. Patients in intensive care units, Renal Units, High Dependency Units (HDU) and haemato-oncology units. All inpatients symptomatic of loose stools, incontinent of urine, has a drain in situ or leaking wounds.

#### Consult VRE Guidance and if required isolate in a single room with:

- ensuite / own commode
- door closed
- IPC yellow sign on door
- dedicated equipment
- VRE Care Checklist completed daily



Is the patient incontinent of urine or having loose stools?

Does the patient have any leaking wounds or drains/drain sites?

NO

- undertake terminal clean of room
- Stop isolation

#### **VRE Guidance - Guidelines for** patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol hand rub

**PPE:** Disposable gloves and yellow apron.

**Patient Environment:** Twice daily chlorine clean

Patient Equipment: Chlorine clean after use and at least on a twice daily basis

**Laundry:** Treat as infected

Waste: Dispose of as Clinical / Healthcare waste

#### Incubation Period: variable

Period of Communicability: While patient is positive for VRE / symptomatic of loose stools / incontinent of urine / has exudating wounds or leaking drains

Notifiable disease: No

Transmission route: direct, indirect contact. Faecal oral route.



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#### 1. Responsibilities

#### Healthcare Workers (HCWs) must:

- Follow this guidance
- Inform a member of the Infection Prevention and Control Team (IPCT) if this guidance cannot be followed
- Provide information on VRE to patients and relatives as appropriate and document in patient records.

#### Senior Charge Nurses (SCN) / Managers must:

- Ensure that staff are aware of the contents of this guidance.
- Support HCWs and IPCTs in implementing this guidance.

#### Infection Prevention and Control Teams (IPCTs) must:

- Keep this guidance up-to-date.
- Provide education opportunities on this guidance.
- Advise and support HCWs to undertake a Risk Assessment if unable to follow this guidance.



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#### 2. General Information on VRE

2. General information of	
Communicable Disease/	Vancomycin Resistant Enterococci (VRE). There are two types
Alert Organism	of enterococci which commonly colonise humans and
	occasionally cause infections – Enterococcus faecalis and
	Enterococcus faecium. Vancomycin resistance in these
	organisms is becoming increasingly common in hospitals thus
	reducing therapeutic options particularly for those who are
	debilitated with chronic or complex medical conditions.
	debilitated with emonic of complex medical conditions.
Clinical Condition	Datients may be colonized in their gut/urine/wound/invasive
Cimical Condition	Patients may be colonised in their gut/urine/wound/invasive
	devices sites without signs of infection.
	Datients many as an to deviate a 1-feether a silver as 1
	Patients may go on to develop infection such as wound
	infections, urinary tract infections of blood stream infections
	that requires treatment.
Incubation period	Variable - Estimates of the incubation period vary from days
-	to weeks or even longer.
Mode of Spread	Contact:
	- Direct – touching.
	- Indirect – via the hands of HCWs touching contaminated
	patient care equipment or environmental surfaces.
	- Faecal – Oral – where hands or items contaminated with
	faecal organisms are placed directly into the mouth.
Notifiable disease	Ne
Notifiable disease	No
Period of	As long as the organism is isolated from a wound/ site which
communicability	has not healed or patient has loose stools or is incontinent of
	urine if VRE detected in urine.
	Some specialist areas e.g. Renal medicine may continue to
	isolate asymptomatic patients.
Persons most at risk	Patients, who are immunocompromised, have surgical
	wounds, pressure ulcers, invasive devices or received several
	courses of antibiotics.
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#### 3. Transmission Based Precautions (TBPs) for Patients with VRE

3. Transmission Based	Precautions (TBPs) for Patients with VRE
Accommodation	Patients only require to be isolated with TBP's in place if they
(Patient Placement)	are symptomatic of loose stools, incontinent of urine and/or
	have leaking wounds/drain site. A single room, preferably en-
	suite, should be made available for these patients.
	If a single room is not available or in instances where a
	patient's clinical condition may not support placement in a
	single room, the IPCT should be informed and a risk
	assessment undertaken by the ward staff on where to safely
	nurse the patient. This must be documented in the patient
	notes and reviewed daily.
	Doors in single rooms must be kept closed. If this is not
	possible, a <u>failure to isolate risk assessment</u> should be
	undertaken and documented in clinical notes.
	If isolation is not required SICPs should be followed but if
	patient becomes symptomatic they should be isolated with
	TBP's.
Care Check list	Yes
	VRE Care Checklist
Clinical/ Healthcare	For patients in isolation with TBP's in place all non-sharps
Waste	waste from patients with VRE should be designated as clinical
	healthcare waste and placed in an orange bag. Please refer to
	the NHSGCC Waste Management Policy.
Domestic Services/	Domestic staff must follow the SOP for Twice Daily Clean of
Facilities	Isolation Rooms. Cleans should be undertaken at least four
	hours apart. Twice Daily Clean of Isolation Rooms SOP
Equipment	Where practical allocate individual equipment, e.g. own
	washbowl, commode, hoist sling or sliding-sheet.
	Decontaminate equipment as per the NHSGGC SOP Cleaning of
	Near Patient Equipment.
	Cleaning of Near Patient Equipment SOP
Hand Hygiene	Hand hygiene is the single most important measure to prevent
	cross-infection with VRE.
	Hand Hygiene Guidance



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Last Offices	See National guidance for Last Offices.
	National Last Offices Guidance
Linen	While patient requires TBP's to be in place treat used linen as
	soiled/infected, i.e. place in a water soluble bag, then a clear
	bag tied (brown bag used in Mental Health areas) and then
	into a laundry bag.
	Please refer to National Guidance on the safe management of
	linen.
	National Laundry Guidance
Moving between	If patient is isolated movement should be kept to a minimum
wards, hospitals and	and should only occur if clinically indicated. Prior to transfer,
departments	HCWs from the ward where the patient is located <b>must</b> inform
(including theatres)	the receiving ward, theatre or department of the patient's VRE
,	status.
	When patients need to attend other departments the
	receiving area should put in place arrangements to minimise
	contact with other patients and arrange for additional
	domestic cleaning if required while the patient requires TBP's
	to be in place.
Notice for Door	A yellow IPC sign must be placed on the door to the patient's
	room which must be closed. In Mental Health Services – on the
	advice of the IPCT.
Patient Clothing	If relatives or carers take personal clothing home, staff must
(for home laundering)	place soiled clothing into a domestic alginate bag and
	ensure that a Washing Clothes at Home Leaflet is issued.
	<b>NB</b> It should be recorded in the nursing notes that both advice
	and the information leaflet has been issued.
Patient Information	The clinical team with overall responsibility for the patient must
	inform the patient and provide written information on VRE to the
	patient and any persons caring for the patient, e.g. parent,
	guardian/ next-of-kin (as appropriate).
	WEED II A E A GLOVA
	VRE Patient Fact Sheet
Personal Protective	To prevent spread through direct contact PPE (disposable
Equipment (PPE)	gloves and yellow apron) must be worn for all direct contact
	with the patient or the patient's environment/equipment
	while the patient has TBP's in place.



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Precautions required until	Please contact your local IPCT for advice on when/if transmission based precautions can be discontinued.
Procedure restrictions	There is no reason to place patients with VRE at the end of operation/procedure lists. Areas must be informed of current status and need for enhanced cleaning.  No restrictions are required in Out-Patient settings but strict adherence to Standard Infection Control Precautions (SICPs) is essential.
Specimens required	A stool specimen if the patient is symptomatic of loose stools. The IPCT may request other sites such as: wound, urine/any other vulnerable sites.
Terminal Cleaning of Room	Follow Terminal Clean of Ward/Isolation Room SOP
Visitors	Visitors are not required to wear aprons and gloves unless they are participating in patient care. They should be advised to decontaminate their hands on leaving the room / patient.



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#### 4. Evidence base:

http://www.nipcm.hps.scot.nhs.uk/

http://www.nipcm.hps.scot.nhs.uk/a-z-pathogens/