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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

Important Note: The version of this policy found on the Infection Prevention & Control (eIPC Manual) on the intranet page is the only version that is controlled. Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments, or linkages to other documents.

Document Control Summary


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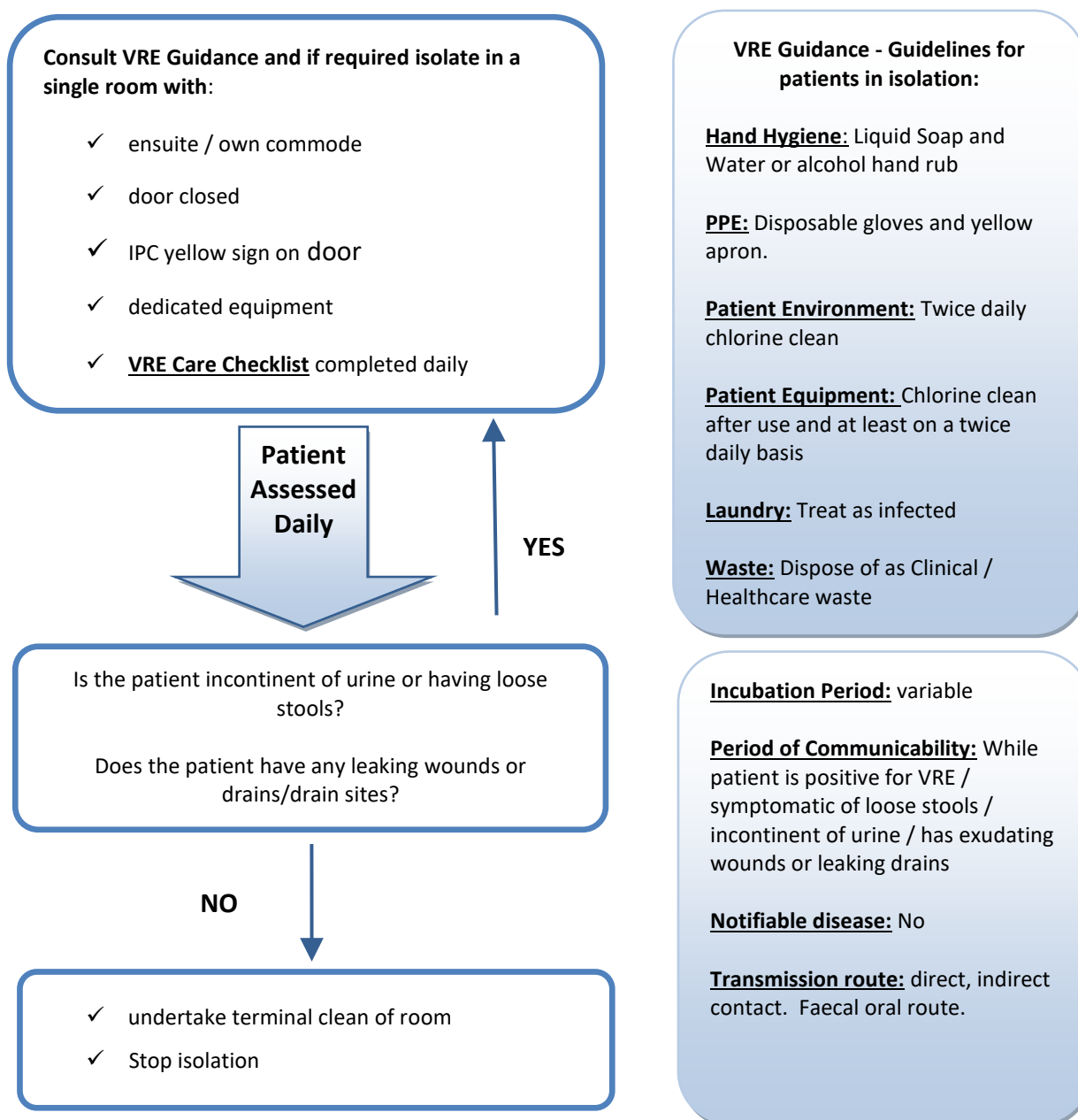
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VRE Aide Memoire

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.



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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


Communicable Disease/ Alert Organism	Vancomycin Resistant Enterococci (VRE). There are two types of enterococci which commonly colonise humans and occasionally cause infections – <i>Enterococcus faecalis</i> and <i>Enterococcus faecium</i> . 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.
Clinical Condition	<p>Patients may be colonised in their gut/urine/wound/invasive devices sites without signs of infection.</p> <p>Patients may go on to develop infection such as wound infections, urinary tract infections of blood stream infections that requires treatment.</p>
Incubation period	Variable - Estimates of the incubation period vary from days to weeks or even longer.
Mode of Spread	Contact: <ul style="list-style-type: none"> - 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	No
Period of communicability	As long as the organism is isolated from a wound/ site which 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


Accommodation (Patient Placement)	<p>Patients only require to be isolated with TBP's in place if they 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.</p> <p>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.</p> <p>Doors in single rooms must be kept closed. If this is not possible, a failure to isolate risk assessment should be undertaken and documented in clinical notes.</p> <p>If isolation is not required SICPs should be followed but if patient becomes symptomatic they should be isolated with TBP's.</p>
Care Check list	Yes VRE Care Checklist
Clinical/ Healthcare Waste	For patients in isolation with TBP's in place all non-sharps 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/ Facilities	Domestic staff must follow the SOP for Twice Daily Clean of Isolation Rooms. Cleans should be undertaken at least four hours apart. Twice Daily Clean of Isolation Rooms SOP
Equipment	<p>Where practical allocate individual equipment, e.g. own washbowl, commode, hoist sling or sliding-sheet.</p> <p>Decontaminate equipment as per the NHSGGC SOP Cleaning of Near Patient Equipment.</p> Cleaning of Near Patient Equipment SOP
Hand Hygiene	<p>Hand hygiene is the single most important measure to prevent cross-infection with VRE.</p> Hand Hygiene Guidance

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<i>Last Offices</i>	See National guidance for Last Offices. National Last Offices Guidance
<i>Linen</i>	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
<i>Moving between wards, hospitals and departments (including theatres)</i>	If patient is isolated movement should be kept to a minimum and should only occur if clinically indicated. Prior to transfer, HCWs from the ward where the patient is located must inform 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.
<i>Notice for Door</i>	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.
<i>Patient Clothing (for home laundering)</i>	If relatives or carers take personal clothing home, staff must place soiled clothing into a domestic alginate bag and ensure that a Washing Clothes at Home Leaflet is issued. NB It should be recorded in the nursing notes that both advice and the information leaflet has been issued.
<i>Patient Information</i>	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). VRE Patient Fact Sheet
<i>Personal Protective Equipment (PPE)</i>	To prevent spread through direct contact PPE (disposable 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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<i>Precautions required until</i>	Please contact your local IPCT for advice on when/if transmission based precautions can be discontinued.
<i>Procedure restrictions</i>	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.
<i>Specimens required</i>	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.
<i>Terminal Cleaning of Room</i>	Follow Terminal Clean of Ward/Isolation Room SOP
<i>Visitors</i>	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/>