Shropshire Community Health
NHS Trust

Document Details	
Title	Glycopeptide-Resistant Enterococci (GRE) also known as Vancomycin-Resistant Enterococci (VRE) Policy
Trust Ref No	1860-79324
Local Ref (optional)	
Main points the document covers	This policy details guidance on Glycopeptide-Resistant Enterococci (GRE) also known as Vancomycin-Resistant Enterococci (VRE)
Who is the document aimed at?	All staff who undertake direct patient care within Shropshire Community Health NHS Trust
Author	Associate Director of Infection Prevention and Control
Approval Process	
Approved by (Committee/Director)	Infection Prevention and Control Operational Group
Approval Date	22 December 2022
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	No
Lead Director	Director of Nursing and Workforce and Director of IPC
Category	Clinical
Sub Category	Infection Prevention and Control
Review date	December 2025
Distribution	
Who the policy will be distributed to	IPC Governance Meeting Members
Method	Electronically to IPC Committee Members and available to all staff via the Trust website
Document Links	
Required by CQC	Yes
Other	

Amendments History		
No	Date	Amendment

Contents

Policy on a page

Glycopeptide-Resistant Enterococci (GRE) also known as Vancomycin-Resistant Enterococci (VRE)

This is only to be used as a summary. See full policy for detailed advice

New case:

- RiO Alert to be added
- Isolate the patient in a single side room with en suite facilities or own commode
- Own equipment where possible e.g. observation machines
- All equipment to be cleaned and decontaminated after use
- Commence treatment if active infection
- Devices such as catheters and peripheral lines can act as reservoirs - the device must be reviewed for need
- Commence twice daily touch point cleaning and decontamination
- Provide the patient with GRE information leaflet
- Complete isolation checklist
- Patient to remain in isolation unless IPCT advise otherwise
- Complete a Datix if unable to isolate or isolate in a bay. Discuss with the IPC team or Microbiologist out of hours

History of (Alert on RiO or informed by other provider):

- Check Alert is added to RiO
- Isolate the patient on admission in a single side room with en suite facilities or own commode
- Commence twice daily touch point cleaning and decontamination
- Take a urine sample and wound swab if applicable on admission for screening
- Take a rectal swab, however staff must ensure there are no contraindications in doing so; a stool sample can be obtained instead

(All samples to be labelled as GRE screen)

- Review results; if positive treat as new case

Antibiotics to be reviewed if transferred in on therapy and the rationale must be clearly documented the notes

Patient discharge terminal cleaning:

Ensure the room and all equipment is thoroughly cleaned and disinfected to include door handle all surfaces, curtains to be changed, check radiators. *Estates may be required to complete an internal clean.*

Before any surgical or invasive procedure is performed on patients with GRE/VRE, please discuss with a Consultant Microbiologist whether antibiotic prophylaxis is required. The Consultant Microbiologist can be contacted via the Shrewsbury and Telford Hospital (SaTH) switchboard on 01743 261000.

Link for isolation priority can be found here:
http://www.shropscommunityhealth.nhs.uk/content/doclib/10430.pdf

1 Introduction

Enterococci are bacteria that colonise the bowel of most people. There are many recognised species of enterococci, although Enterococcus faecalis and Enterococcus faecium account for approximately 90% of clinical infections. Enterococci are an increasingly common cause of healthcare associated infection. Infections can be caused by Vancomycin-Resistant Enterococci (VRE), however when the enterococci become resistant to both Vancomycin and Teicoplanin they are known as Glycopeptide-Resistant Enterococci (GRE). GRE/VRE can cause a variety of infections e.g. urinary tract infection, wound infection, invasive IV line infection, septicaemia, endocarditis, cholangitis and meningitis.

Healthy people can carry GRE/VRE with no ill effects or signs and symptoms. This is called colonisation. People who are colonised do not need treatment. Although GRE/VRE colonisation appears to be more frequent than infection, it is essential that transmission of these bacteria is controlled as colonisation frequently precedes infection and can be difficult to treat.

2 Purpose

The policy is intended to provide guidance on the management of patients with Glycopeptide-Resistant *Enterococci* (GRE) and Vancomycin-Resistant *Enterococci* (VRE) within Shropshire Community Health NHS Trust.

3 Definitions

Term/ Abbreviation	Explanation / Definition
Glycopeptides	Antibiotics: current drugs in this class are Vancomycin, Teicoplanin, Dalbavancin and Telavanacin
GRE	Glycopeptide-Resistant Enterococci
GRE/VRE Colonisation	GRE/VRE colonisation is defined as the presence, growth and multiplication of GRE/VRE in the stool/rectal swab or another site with no clinical signs of infection. Colonisation happens when a micro-organism becomes established in an environment or area without producing disease. Patients can remain colonised without symptoms for months, even years,
GRE/VRE Infection	GRE/VRE infection is defined as an invasion of tissues or bodily fluids with clinical signs and symptoms of infection or where GRE/VRE is found in sites that are normally sterile e.g. blood.
IPC	Infection Prevention and Control
PPE	Personal Protective Equipment
SaTH	Shrewsbury and Telford Hospitals
SCHT	Shropshire Community Health NHS Trust
Tristel	Chlorine dioxide which cleans and disinfects (sporicidal)
VRE	Vancomycin-Resistant Enterococci

4 Duties

4.1 Responsibility for Infection Prevention and Control (IPC) outside the immediate scope of this policy

For duties and responsibilities for IPC practices outside the specific scope of this policy, please refer to the IPC Arrangements and Responsibilities Policy on the Staff Zone SCHT Staff Zone (shropcom.nhs.uk).

5 Risk Factors

Patients who are at risk of becoming colonised or infected with GRE/VRE are those who:

- Have a history of previous hospitalisations

- Have had recent antibiotic therapy and/or multiple antibiotic therapies (particularly cephalosporin's and glycopeptides)
- Have underlying disease especially hepato-biliary disease
- Have permanent in-dwelling invasive devices e.g. percutaneous endoscopic gastroscopy (PEG) tubes or urinary catheters
- Are highly dependent patients (have been in ITU or HDU) in an acute hospital

5.1 Antimicrobial Stewardship

In order to limit the increased development of antibiotic resistant micro-organisms, appropriate prescribing of antibiotics should follow current antimicrobial prescribing guidelines and discussed with the Consultant Microbiologist.

5.2 Indwelling Devices

Indwelling devices including urinary catheters and peripheral lines must be reviewed, with a view to it being re-sited or replaced if deemed necessary to enable the treatment of the infection. If the device is reviewed and still required, staff must contact the IPC team, Continence Team (if urinary catheter), or Consultant Microbiologist for risk assessment and device management advice.

5.2.1 Infection Prevention and Control Precautions in Hospital

5.3 Transmission Based Precautions

The main routes of transmission of GRE/VRE between patients and health care workers are via hands and environmental contamination so contact precautions are required (Link: NHS England » Chapter 2: Transmission based precautions (TBPs)). Enterococci can contaminate the patient's environment and survive for several months. Surfaces, including commodes, bathrooms and patient equipment that come into contact with staff and patients may also be a source of contamination. Environmental contamination is increased when a patient has diarrhoea because GRE/VRE is carried in the bowel. Particular care is also needed when dealing with urine as patients can also have GRE/VRE in their urine.

5.4 Prevention

5.4.1 Admission Screening

GRE/VRE is identified from clinical specimens sent to the laboratory. It is commonly found in urine, faeces and wound swabs but may also be found in in the respiratory tract and in the blood.

Routine admission screening is **not** normally required. However, all patients known to have had active GRE/VRE infection or previous colonisation should be screened on admission to community hospitals. This screening may be in the form of a rectal swab or faecal sample and should be obtained at the earliest opportunity. Ideally patients should be isolated until results have been received and reviewed.

It is the responsibility of the ward staff to ensure that the screenings samples are obtained and results checked and documented in patient's notes. If the patient had previously tested positive for GRE/VRE then the IPC team must be informed when a patient is admitted, and also if any positive results are received as a result of inpatient specimens.

5.4.2 Prevention through Hand Hygiene

5.4.2.1 Staff

Hand hygiene is the most important procedure for preventing healthcare-associated infections. Hand decontamination using either liquid soap and water or alcohol based hand gel are effective methods to remove GRE/VRE. Strict hand decontamination after every contact with a patient and/or their environment with GRE/VRE is important.

5.4.2.2 Patients and visitors

All patients must wash their hands with soap and water after using the toilet/commode, before meals and before taking medication. Moist hand wipes are provided for all patients to allow them to decontaminate their hands.

Visitors must always wash their hands with soap and water or use alcohol based gel to decontaminate their hands on leaving the isolation room or patient's bed space.

5.4.3 Prevention through Isolation

It is strongly recommended that patients who are colonised or infected with GRE/VRE should be moved immediately into a single room with a self-contained toilet and its own hand wash basin. If the room does not have its own toilet facilities, a commode or an identified toilet should be designated to that patient. The appropriate isolation sign must be placed on the door of the room and the door kept closed. A risk assessment may need to be carried out and documented in the patient's notes if a patient is at risk behind a closed door.

Please refer to the isolation flowchart in SCHT Isolation Policy available on the SCHT website or by clicking this link
http://www.shropscommunityhealth.nhs.uk/content/doclib/10430.pdf

If isolation within a single side room cannot be achieved a DATIX form must be completed and Standard IPC precautions applied with the use of a disinfectant to decontaminate equipment and immediate environment. Please liaise with the IPC team or, out of hours, contact SaTH switchboard on 01743 261000 and ask to speak to a Consultant Microbiologist, to assess risk of moving a patient currently occupying a single room out, to accommodate the patient with GRE/VRE.

5.4.3.1 Isolation Checklist

On commencement of isolation, ward staff must undertake the Isolation Checklist to ensure that the correct equipment and precautions are in place. This will be audited by the IPC Team.

The Isolation Checklist is available from the IPC page of the Trust website – click here or paste this address into your browser
https://staffzone.shropcom.nhs.uk/smii/doclib/12681_13.xlsx.

5.4.4 Personal Protective Equipment (PPE)

This is worn in line with Transmission Based IPC Precautions - C1636-national-ipc-manual-for-england-v2.pdf

Staff should ensure that before undertaking any procedure they assess any likely exposure and ensure that the PPE worn is that provides adequate protection against the risks associated with the procedure or task being undertaken.

5.4.5 Visitors

Visitors should be discouraged from sitting on beds. Visitors should wear a disposable apron and are advised to wear disposable gloves if performing intimate personal care tasks. Visitors must make sure their hands are decontaminated on arrival to and departure from the ward, before assisting and following any personal and nutritional care. A leaflet is available on the SCHT website for patients, staff and visitors.

5.4.6 Prevention through Environmental and Equipment Decontamination

Equipment – wherever possible equipment should be disposable or dedicated for the sole use of the affected patient. All reusable equipment must be thoroughly cleaned in accordance with the Decontamination Policy (available on the Staff Zone of the Trust Intranet) before use on another patient.

Environmental cleaning – isolation areas must be cleaned thoroughly at least once daily in line with the current Cleaning Policy, with particular attention to toilets, commodes,

bedpan supports and all horizontal and touch surfaces, including bed frames, tables, lockers, sinks and door handles.

Terminal clean – on discharge a terminal clean must be carried out. This must include en suite areas, toilets, commodes, bedpan supports, floors, bed frames, mattresses, lockers, bed tables, chairs and all equipment and horizontal surfaces. Curtains must be changed or blinds cleaned.

Any reusable equipment in the room must be decontaminated adequately in accordance with the Decontamination Policy (available on the Trust Intranet) and single patient use equipment disposed of appropriately.

5.4.7 Linen, Laundry and Patients' Personal Laundry

Linen and laundry should be handled and segregated as per the SCHT Linen and Laundry Policy. Any soiled items **MUST NOT** be manually sluiced. Patients' relatives/carers should be encouraged to wash personal laundry at home. Patients' clothing should be placed within a patient specific linen bag that has an alginate tie to prevent relatives/carers having to handle the linen.

At home a patient's personal laundry, own bed linen and bed clothes can be washed in a domestic washing machine on the hottest setting the fabric will tolerate (as on the care label). It may be preferable to wash these items separately to other household laundry.

5.4.8 Patient Crockery

No special instructions apply; patients' crockery including water jugs can be washed in the dishwasher in the kitchen.

5.4.9 Waste

- All waste to be classed as infectious waste and disposed of in orange clinical waste bags.
- An enclosed, lidded and foot operated clinical waste bin should be kept inside the room.
- Sharps bins, as appropriate, should be kept inside the room.

5.4.10 Patient Movement

If a patient with GRE/VRE is transferred to another health care institution, the receiving clinical staff must be informed by the clinical team looking after the patient.

In general, GRE/VRE do not present a risk to healthy people in the community or patients in residential or nursing homes who do not have urinary catheters, wounds or other lesions.

If their clinical condition allows, patients with GRE/VRE can be transported in an ambulance with other patients as long as open wounds are covered, they are continent of urine and faeces and the ambulance crew maintains standard infection control precautions.

In the same way, outpatients can be transported in cars without concern for the driver or subsequent passengers, as long as the patient is continent, and any open wounds covered.

5.4.11 Discharge to Own Home

If patients are being discharged to their own homes but require the input of community services e.g. district nurses etc. then ward staff must liaise to advise of GRE/VRE infection or colonisation prior to discharge and complete the relevant discharge information.

5.5 Prophylaxis

Before any surgical or invasive procedure is performed on patients with GRE/VRE, please discuss with a Consultant Microbiologist whether antibiotic prophylaxis is required. The Consultant Microbiologist can be contacted via the SaTH switchboard on 01743 261000.

5.6 Treatment

There is no treatment to clear colonisation of GRE/VRE but if treatment is required for infection, please discuss treatment options with a Consultant Microbiologist via SaTH switchboard on 01743 261000

5.7 Clearance Samples

Clearance samples or swabs are not required. IPC may request screens for long stay patients should issues arise with isolation.

5.8 Safe Management of blood and body fluid spillages

Management of blood and body fluids spills should be in accordance with the National Infection Prevention and Control Manual, Appendix 9.

5.9 Clinical Waste generated in a patient's home

Continence products, wound dressings and other clinical waste should be wrapped by the clinical practitioner and disposed of in the patient's wheelie bin or appropriate clinical waste stream, in accordance with the National Infection Prevention and Control Manual and local Waste Contract arrangements.

6 Consultation and Approval Process

6.1 Consultation Process

This policy has been developed by the IPC team in consultation with Consultant Microbiologist and Infection Prevention and Control Doctor; UK Health Security Agency; Medicines Management, and Infection Prevention and Control Governance Meeting members.

A three week consultation period was allowed and comments incorporated as appropriate.

6.2 Approval Process

The IPC Operational Group will approve this policy and its approval will be notified to the IPC Committee.

7 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff – via Team Brief, digital Staff Noticeboard and IPC newsletters
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

8 Advice and Training

8.1 Advice

Individual services' IPC Link Staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist via the SaTH switchboard on 01743 261000.

8.2 Training

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and updates undertaken in their area of practice.

In accordance with the Trust's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy.

Further training needs may be identified through other management routes, including Root Cause Analysis (RCA) and Post Infection Review (PIR) following an incident/infection outbreak or audit findings. By agreement additional ad hoc targeted training sessions will be provided by the IPC team.

8.3 Monitoring Compliance

Compliance with this policy will be monitored locally by managers and by the IPC team.

The IPC team will monitor IPC related incidents reported on the Trust incident reporting system and liaising with the Risk Manager advice on appropriate remedial actions to be taken.

9 References

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10 Associated Documents

This policy should be read in conjunction with SCHT:

- Community Antibiotic Policy
- Cleaning and Disinfection Policy
- Hand Hygiene Policy
- Isolation Policy
- Linen and Laundry Policy
- Standard Precautions Policy
- Waste Management Policy