SAMPLE POLICY FOR THE PREVENTION AND CONTROL OF VANCOMYCIN RESISTANT ENTEROCOCCI (VRE)

PURPOSE: To prevent and control the spread of vancomycin resistant Enterococci (VRE) in an acute care facility.

RATIONALE: Enterococci are bacteria normally found in the human bowel and genital tract. They do not normally cause disease. They are inherently resistant to most antibiotics and can readily acquire resistance to the remaining antibiotics. VRE are enterococci that have become resistant to vancomycin. Because there is often no effective therapy for patients who are infected with VRE, because the resistance gene may jump to other gram-positive micro-organisms such as *Staphylococcus aureus*, and because extensive environmental contamination with VRE has been noted, controlling the spread of VRE in health care institutions is of paramount importance.

POLICY: Patients known or suspected to be at risk for infection or colonization with VRE will be managed in consultation with Infection Control.

PROCEDURES:

1. **Assessment for risk of colonization with VRE and/or MRSA**
   a) Anyone arranging the admission of any patient will inform infection control if the patient is known to be colonized with VRE and/or MRSA, or is coming from a hospital known or suspected of having VRE or MRSA (eg. American or European facilities).
   b) On admission all patients will be screened to determine those at high risk for carrying antibiotic resistant organisms. A pre-printed doctor's order record titled "Admission Screening for Antibiotic Resistant Organisms" will be completed on all patients requiring an overnight hospital stay. This screening assessment will determine if these patients:
      i. are being transferred from another hospital or long term care facility, or
      ii. have had any overnight stay in a hospital (including MSH) or long term care facility in the last six months, or
      iii. are previously known to be colonized or infected with VRE and/or MRSA.
2. **Culture screening of high risk patients**  
   a) Patients to be screened:  
      i. as above, all patients who answer yes to any of the screening questions on admission or anyone for whom the information cannot be ascertained  
      ii. other patients identified as high risk by infection control.  
   b) Screening swabs will be taken of nares (1 swab both nares), open skin lesions (maximum of 2 largest sites) and rectum. *(Rectal swab should be performed by swabbing the perianal area and then inserting the swab inside the anus to obtain faecal material).*  
   c) Swabs will be sent to the microbiology laboratory with a requisition that is labelled “MRO Admission Screening”.

3. **Notification regarding patients who are colonized or infected**  
   When VRE is identified from a patient, the microbiology laboratory will notify the nursing unit and infection control.

4. **Isolation precautions**  
   a) All patients who are colonized or infected, will be managed on VRE precautions until discontinued by infection control  
   b) Patients judged by infection control to be high risk for transmission will be managed on VRE precautions until discontinued by infection control.  
   c) VRE precautions can be initiated by any member of the health care team. However, discontinuing precautions should only be done after consulting with infection control.  
   d) Patients being readmitted to hospital and who are known to have been colonized or infected with VRE must be admitted into a single room with isolation precautions. Notify infection control when patient is admitted.

**Requirements for patients:**  
 i. Obtain a [VRE isolation cart](#) and place outside the patient’s room.  
 ii. Place patient in a [single](#) room and place a [STOP](#) and [Isolation Precautions](#) sign on the door (signs are available in [VRE packages](#) on each nursing unit). Place a VRE sticker found in the VRE packages on the front and spine of the patient’s chart and also on the patient’s kardex.  
 iii. Give the ward clerk the “[information for ward clerks](#)” found in the VRE package.  
 iv. Patients are not to leave their room. Diagnostic tests are to be arranged only in consultation with infection control. Wherever possible diagnostic procedures should be performed in the patient's room. The most responsible physician must first confirm that the test is a medical necessity and cannot be delayed until the patient is out of isolation.  
   • Patient activity/movement will be assessed and modified by infection control where appropriate.  
   • When booking procedures that require moving the patient to another department, the nursing unit will notify the department about the special isolation precautions required and will arrange transportation in accordance with [Procedures for transporation of patients on VRE/MRSA precautions](#). A VRE [travel package](#) containing barrier
equipment will be sent with the patient.

- All patients who require transport to another department will go directly to the department in a dedicated elevator.
- Patients will not be held in a waiting area or a corridor.
- If the patient cannot go directly into the room, the porter will take the patient directly back to the ward room using the dedicated elevator.

v. Modification of VRE precautions or activities can only be made by INFECTION CONTROL based on individual patient assessment.

Requirements for staff and/or visitors:

i. Clean gowns and double gloves are to be worn by everyone who enters the room.
  - Personnel will remove the outer pair of gloves when patient contact is complete.
  - The second pair of gloves will be removed when leaving the room and discarded into the trash bin kept close to the exit.
  - Gowns will be removed and placed in linen hamper kept near the exit.

ii. Hands will be thoroughly washed for 30 seconds before leaving the room.

iii. An alcohol based waterless hand rinse agent will be rubbed into the hands immediately upon exiting the room.

iv. Nursing personnel will instruct all staff and visitors about proper hand hygiene and use of barriers and precautions.

v. Educate patients and family, utilizing information sheets found in the Patient, Family & Visitor information brochures. Where required, consult with infection control.

Requirements for equipment:

i. Equipment will be dedicated to the patient. Thermometers, stethoscopes, flashlight, portable blood pressure cuffs, blood taking equipment, rehab equipment, commode chairs, walkers etc. will be left in the patient’s room and used only for this patient.
  - In order to minimize environmental contamination with VRE, after each use (even while the equipment stays in the room) all devices must be wiped down thoroughly with 70% alcohol or approved hospital disinfectant.

ii. If equipment such as oximeters or glucometers cannot be dedicated to an individual patient, they must be:
  - taken into the room with clean gloves and kept on a clean towel or cart
  - wiped down thoroughly with 70% alcohol or approved hospital disinfectant before being taken out of the room
  - wiped again with 70% alcohol or hospital approved disinfectant once outside the room
  - all portable equipment such as ECG machines, X-ray machines, ultra sound equipment will be wiped down thoroughly with 70% alcohol or facility approved disinfectant before being taken out of the room and then again once outside the room.

iii. When personnel are required to clean equipment in the room, they will remove the outer pair of gloves to clean the equipment, and then move the instrument/equipment into the corridor before removing remaining barriers. Alcohol based hand rinse agent will be rubbed onto hands, a clean
pair of gloves will be put on, and the equipment re-wiped with alcohol or hospital approved disinfectant.

iv. Narcotic keys will be wiped with alcohol whenever they are passed from person to person.

v. A stretcher or wheelchair will be dedicated for one or more patients who are managed on VRE isolation. A bottle of approved disinfectant solution will be attached so that after each use the equipment will be cleaned and disinfected. If the stretcher or wheelchair cannot be stored in the patient's room, contact infection control to make appropriate cleaning and storing arrangements.

vi. The patient’s room will be cleaned as per Housekeeping Protocols for VRE Precautions.

vii. All equipment which is to be put back into general use for other patients (e.g. wheelchairs, IV poles, IMED pumps, etc.) should also be cleaned with soap and water and then disinfected with 70% alcohol or hospital approved disinfectant before being assigned to another patient.

**Dietary requirements:**

There are no special requirements needed for dietary utensils, trays etc.

**Pharmacy requirements:**

All unit dose medications will be delivered from pharmacy in sealable plastic bags. These will not be held in the medication cart, but stay in a secured area in the patient's room.

5. **Education of patient and family**

a) The VRE patient, family & visitor information brochure must be reviewed with the patient and family (this information pamphlet is available in the VRE package on each nursing unit or from infection control).

b) Patients and family must be instructed about appropriate use of hand hygiene and use of barrier equipment, as well as restrictions of activity.

c) Consult infection control if patient or family have questions or concerns that need to be addressed.

6. **Investigation when VRE is identified**

a) Infection control will assess whether the likelihood of transmission or nosocomial acquisition has occurred and determine follow-up strategy.

b) When an investigation is warranted, infection control will request rectal/stool specimen collection from all patients present on the same nursing units. Post discharge screening may be necessary for some patients.

7. **Transfer of VRE colonized patients to other institutions, home care or the community**

a) Patients will not be transferred to any other facility until discussion with that facility's infection control department and their approval has been sought. The infection control team must be notified of planned transfers in order to facilitate communication of patient status.

b) Patients can be discharged home as per medical approval.

c) When patients require home care services, inform the home care coordinator immediately in order to ensure that special precautions are initiated and communicated to the provider.
agencies. Patients requiring homecare should be managed according to established home care recommendations. When discharged patients are scheduled to return for an appointment at any health care facility, the infection control team must be notified before discharge so arrangements can be made for appropriate precautions when patient returns for appointment.

d) Patients should be instructed to advise any institution they visit or are admitted to that they have recently been on special precautions for VRE.

e) When patients are being transported via ambulance, the ambulance service must be advised of VRE status when booking is being arranged.

8. **Cleaning of room and equipment**

   See [Housekeeping Protocols for VRE Precautions](#)

9. **Discontinuing VRE precautions**

   i. VRE precautions can only be discontinued upon recommendation by a member of the infection control team.

   ii. Generally, a patient must have 3 sets negative cultures (weekly X3). At that time, special precautions may be lifted and normal activities resumed. However, as patients may relapse or become recolonized, the patient must stay in a single room and continue screening as ordered by infection control for the duration of hospitalization.

   iii. If re-colonization does occur, then special precautions will be re-activated.