

# Infection Control Guidelines

## Vancomycin Resistant Enterococcus (VRE)



*Enterococci* are organisms commonly found in the gastrointestinal tract of humans. This organism can often develop resistance to many of the antibiotics used in the hospital setting, in particular Vancomycin. Vancomycin Resistant Enterococcus or **VRE** can cause severe life threatening illness in susceptible hospital patients. Any specimen which grows *enterococcus* is routinely checked for susceptibility to Vancomycin.

### **Transmission**

VRE is transmitted by direct and indirect contact with infectious matter. It can survive in the environment for **long** periods making good hand hygiene imperative in managing patients with VRE and preventing further spread.

**It is extremely important that this organism is not transmitted to other patients in the unit, and that the following precautions are strictly adhered to.**

### **Patient Placement**

- Isolate known colonised patients in single room or cohort with other VRE positive patients
- Avoid placing known VRE positive patients with immunocompromised or surgical patients or patients with central lines.

### **Hand Hygiene**

- Decontaminate hands **before leaving** the patient's room, with aqueous chlorhexidine gluconate 4% (pink), or with Microshield Alcohol Gel
- Hands **are** to be decontaminated **after** glove use.
- Hands should be decontaminated again, **immediately after leaving** the patients room in case of recontamination with the door handle.

### **Personal Protective Equipment (PPE)**

- Gowns or plastic aprons **must** be worn when assisting with toileting and **during** patient contact.
- Remove and discard gowns into linen bag **before** exiting the room.
- A new gown should be used **each** time.
- Non-sterile gloves should be used when **changing nappies** or **assisting with toileting**.
- Remove gloves **immediately** after use and discard inside the room.

### **Room stock and equipment cleaning**

- **Minimal** stock of non-critical items should be stored in the room - Only take in enough stock for **ONE** shift.
- All equipment, including stethoscopes, thermometers etc, **must** be decontaminated upon leaving the room.
- Use **Tuffie 5s** or a solution containing 500 ppm of sodium hypochlorite\* to clean equipment.

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- Any items that are left in the room for prolonged periods should be included in the daily clean of the patients' room.
- Feeding bottles should be rinsed and placed immediately into the used bottle receptacle for return to Infant Formula Room.

### *Linen*

- Place all soiled linen **directly** in a linen bag,
- Do not place on the floor, counter tops or bedside table.
- Keep soiled linen away from clothing and clean linen.
- If the outer surface of a linen bag is contaminated, it should be placed in a second bag outside the room (double bagged) and thereafter be handled in the normal manner.

### *Waste*

- General waste, i.e. paper towels, should be placed in a black general waste bag.
- Waste that is contaminated with infectious matter or body fluids should be placed into a yellow clinical waste bag.
- If the outer surface of a waste bag is contaminated, it should be placed in a second bag outside the room (double bagged) and thereafter be handled in the normal manner.
- Waste bags should be removed from the patient room and placed immediately into the waste receptacle.

### *Toileting*

- Measuring and discarding of urine should occur in the patient's ensuite as much as is practical.
- Families should be given disposable nappy bags and asked to place nappies immediately into the nappy bag.
- Pans or nappies should **not** remain unattended in the pan room.

### *Family and Visitors*

- Visitors must be informed of the need for strict handwashing after contact with patients.
- Visitors **do not** need to wear gowns unless their clothes are likely to be soiled or are assisting with bathing etc.
- Visitors **must** wash their hands before and after leaving the room.
- Visitors' use of communal facilities should be discouraged wherever possible.
- Items can be removed from the patients room (Crockery and cutlery etc), but must be immediately cleaned or placed into dishwasher. Items that cannot be cleaned- magazines etc, must be taken home in a bag or disposed of in the room.
- Room items **must not** be placed on communal shelves in the ward without first being cleaned.

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### *Daily Cleaning of Patient's Room*

- The room should be cleaned with warm water and detergent, paying particular attention to all horizontal surfaces, bed rails, door handles, hand basins and taps.
- If the patient is incontinent of faeces or has diarrhoea, wipe over all surfaces with a solution containing 500 ppm of sodium hypochlorite\*.
- Cleaning cloths and mop heads used in these rooms **should not** be used elsewhere and must be laundered after use .
- Cleaning equipment such as the mop bucket, mop handle and bowls should be dedicated to cleaning only that patient's room.
- After use, this equipment should be cleaned and decontaminated by thermal or chemical disinfection or cleaned with a solution containing 500 ppm sodium hypochlorite\*.

### *Cleaning on discharge*

- Staff involved in cleaning the patient's room should wear a protective long sleeved gown and gloves.
- The room and patient care equipment should be cleaned with a solution containing **500 ppm of sodium hypochlorite\***.

### **Areas to be included are:**

- All horizontal surfaces or fittings
- Walls that may have been contaminated
- Doors
- Door handles/knobs
- Mattress, pillows, bedside lockers, over-bed table
- Bed rails, IV pole
- Bathroom, toilet, shower, hand basins
- Call bell, blinds, telephone, remote control for television
- Monitors, et cetera.
- Rinse with clean water.
- Blinds should be cleaned and curtains and drapes should be changed.
- All re-usable equipment (for example wash bowl, respiratory equipment) should be disinfected in a washer/sanitiser or sterilised prior to re-use for another patient.
- All single use equipment in the room should be discarded.

### *Screening for V.R.E.*

- Infection Control will notify you if and when screening is required after consultation with Bacteriology.
- Collect a rectal swab (using charcoal transport swabs) or a faecal specimen, label with name, date and time.
- Swab any wound present

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- Results will take approximately three days.

### *Transfers*

#### *Internal*

- Inform receiving wards or departments that the patient is infected or colonised.
- Inform the receiving staff of the precautions required.
- Minimise movement around the hospital as appropriate.

#### *External*

- Inform Ambulance service if the patient is infected or colonised.
- Inform any receiving hospitals if the patient is infected or colonised.
- Parents to inform medical staff if presenting at another hospital.

### *Further Information*

**Multi-Antibiotic Resistant Organisms:** [http://www.rch.org.au/policy\\_rch/index.cfm?doc\\_id=6471](http://www.rch.org.au/policy_rch/index.cfm?doc_id=6471)

**ID Table** [http://www.wch.org.au/infection\\_control/infectious/index.cfm?doc\\_id=926](http://www.wch.org.au/infection_control/infectious/index.cfm?doc_id=926)

**VRE Guidelines:** <http://www.health.vic.gov.au/ideas/regulations/vre>

Please contact Infection Control, x55740, for additional information as required.

\* **Solutions** currently available at the RCH which contain 500ppm of Sodium Hypochlorite include **DetSol 500** and **Chloradet**. These solutions need to be used in accordance with the manufacturers instructions.