

**POLICY ON PRECAUTIONS TO BE
OBSERVED WHEN CARING FOR
PATIENTS COLONISED OR INFECTED
WITH GLYCOPEPTIDE RESISTANT
ENTEROCOCCI (GRE)**
(Previously known as Vancomycin Resistant
Enterococci (VRE))

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1. INTRODUCTION

A rapid increase in the incidence of infection and colonisation with glycopeptide resistant enterococci (GRE) has been reported in the last few years. Enterococci resistant to Vancomycin plus Teicoplanin are described as Glycopeptide Resistant Enterococci (GRE). Certain patient populations have been found to be at increased risk from either GRE infection, or GRE colonisation.

These include critically ill patients, those with underlying disease, the immuno-suppressed; patients in High Dependency Units (HDU); patients with numerous invasive procedure sites; those with prolonged hospital stays and those with multi-antimicrobial and/or vancomycin therapy.

Enterococci are found in the small intestine, the large intestine and in small numbers in the respiratory tract – but can cause infection particularly associated with colonisation of intra vascular lines – possibly leading to septicaemia. Antibiotic treatment is difficult as choices are very limited.

In hospitals the reservoir of enterococci is the bowel of patients. Cross-infection and clusters of infection occur and resistant strains (glycopeptide-resistant or high-level aminoglycoside-resistant) have been transmitted via staff hands and occasionally the environment. As with outbreaks of many other antimicrobial resistant organisms, colonisation is more frequent than true infection.

As the risk of contamination increases with the number of body sites colonised, any individual carer or patient can be exposed to and subsequently spread GRE. It is therefore of crucial importance that recommended precautions are stringently adhered to.

2. PURPOSE

The purpose of this policy is to enable staff to understand the principles of precautions to be observed when caring for patients colonised or infected with GRE.

3. SCOPE

This policy and procedure relates to all staff employed or contracted by East Coast Community Healthcare CIC (ECCH).

4. DEFINITIONS *(if relevant)*

The following definitions are intended to provide a brief explanation of the various terms used within this policy.

Term	Definition
Policy	A policy is a formal written statement detailing an enforceable set of principles or rules. Policies set the boundaries within which we operate. They also reflect the philosophy of our organisation.
GRE	Glycopeptide Resistant Enterococci

5. RESPONSIBILITIES

- **ECCH Employees** – Are responsible for the implementation of this policy and following the requirements of the policy.
- **Chief Executive of ECCH** – Overall responsibility for the enforcement of this policy lies with the Chief Executive of ECCH

6. POLICY STATEMENT

This policy will be implemented to ensure adherence to safe practice

7. PROCEDURE

Precautions to be observed when caring for patients colonised or infected with GRE

The main routes of transmission between patients and health care workers are via hands, fomites and/or environmental contamination. Enterococci may contaminate the environment around a patient and survive there for several days and environmental contamination is increased when patients have diarrhoea. Surfaces or fomites (including medical instruments and equipment) that come into contact with staff hands may also become contaminated. These environmental sites are potentially secondary sources for cross-infection. However, several studies have failed to find epidemic strains of enterococci in the hospital environment and the recovery of environmental isolates is dependent on culture methods; environmental screens must therefore be interpreted with care. Strains of GRE originating in the community are usually of multiple types; whereas hospital associated outbreaks may involve single or multiple strains.

- Patients should receive information and the medical notes should be labelled.
- Colonised or infected patients should be nursed in a single room when available.
- Clean, unsterile nitrile gloves must be worn when entering the single room.
- A clean plastic apron must be worn if there is to be prolonged contact with an infected or colonised patient.
- Gloves and aprons should be removed and disposed of in the orange bag waste stream before leaving the room or bay. Hands should then be immediately washed and thoroughly dried.
- Ensure that separate items such as stethoscopes, sphygmomanometers or rectal thermometers are kept separately from those used for non – colonised or infected patients. All items used on affected patients must be thoroughly cleaned before returning to communal use.
- All bed linen, if contaminated with faeces, should be placed into a red plastic water-soluble bag, this in turn should be placed inside a white laundry bag.
- Strict standard infection control precautions must be maintained by **all** health care professionals **at all times**.
- After the single room has been vacated, the bed, bed table and locker must be decontaminated using Actichlor plus.
- On discharge, the GP must be informed of the patients GRE status.

8. MONITORING AND REVIEW

This document will be reviewed by the Infection Prevention and Control Team in light of new recommendations, or sooner if changes in legislation occur or new best practice

evidence becomes available. It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy.

9. REFERENCES

- Centres for disease control and prevention: Nosocomial enterococci resistant to Vancomycin: USA 1989-93 MMWR 1993:597-599
- Boyce JM et al: Outbreak of multi drug resistant Enterococci faecium : Journal of Clinical Microbiologists 1994:32 1148-1153
- Bonten Marc J et al: Epidemiology of colonisation of patients and environment with VRE: The Lancet 1996 Vol 348, 1619.
- Department of Health (2010) The Health and Social Care Act 2008. DoH London https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf (accessed June 2022)
- Lautenbach E, Bilker WB, Brennan PJ. Enterococcal bacteraemia: risk factors for vancomycin resistance and predictors of mortality. Infect Control Hosp Epidemiol 1999; 20: 318-23.
- Reynaud Af Geijersstam AH, et al. Antimicrobial susceptibility and molecular analysis of Enterococcus faecalis originating from endodontic infections in Finland and Lithuania. Oral Microbiol Immunol. 2006 Jun; 21(3):164-8.

10. ASSOCIATED POLICIES & PROCEDURES

- Decontamination Policy

11. AUTHOR

Infection Prevention & Control Team – September 2022

12. EQUALITY & DIVERSITY IMPACT ASSESSMENT

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:

- Are the aims of this policy clear?
- Are responsibilities clearly identified?
- Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?
- Are communication proposals adequate?
- Does training need to be given? If so is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Blank version of the full Equality & Diversity Impact assessment can be found here:

http://eccho/Home/FormsGuidance.aspx?udt_575_param_index=E&udt_575_param_page=2

13. DOCUMENT CONTROL

Version Date	Version No.	Author/ Reviewer	Comments
March 2011	3	IPCT	Updated reference
February 2013	4	IPCT	
September 2018	7	IPCT	
September 2020	8	IPCT	
September 2022	9	IPCT	

DOCUMENT CONTROL SHEET

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Reviewed By:	Infection Prevention & Control Team
Synopsis And Outcomes Of Consultation Undertaken:	Changes relating to relevant committees/groups involved in ratification processes.
Synopsis And Outcomes of Equality and Diversity Impact Assessment:	National EIA measures to reduce HCAI's
Ratified By (Committee):-	IPACC
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Enquiries To:	infectionprevention@ecchcic.nhs.uk
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