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)

Version No 10: September 2024

First Issued: February 2009
Review date: September 2026

Contents

(For quick access to a specific heading - **press CTRL and click your mouse** to follow the link for the below options)

1.	INTRODUCTION	3
2.	PURPOSE	3
3.	SCOPE	3
4.	DEFINITIONS (if relevant)	3
5.	RESPONSIBILITIES	4
6.	POLICY STATEMENT	4
7.	PROCEDURE	4
8.	MONITORING AND REVIEW	4
9.	REFERENCES (if relevant)	5
10.	ASSOCIATED POLICIES & PROCEDURES (To include but not limited to)	5
11.	AUTHOR	5
12.	EQUALITY & DIVERSITY IMPACT ASSESSMENT	5
13	DOCUMENT CONTROL	6

1. INTRODUCTION

A rapid increase in the incidence of infection and colonisation with glycopeptide resistant enterococci (GRE) has been reported in the recent 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 an alert placed on SystmOne.
- Colonised or infected patients should be nursed in a single room when available.
- Clean, non-sterile nitrile gloves must be worn by staff when entering the single room.
- A clean plastic apron must be worn by staff 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 watersoluble 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

- Department of Health (2010) The Health and Social Care Act 2008. DoH London https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach ment_data/file/449049/Code_of_practice_280715_acc.pdf (accessed July 2024)
- National Infection Prevention and Control manual (2024):
 https://www.nipcm.scot.nhs.uk/a-z-pathogens/ (Accessed July 2024)
 https://www.england.nhs.uk/publication/national-infection-prevention-and-control/ (accessed July 2024)
- Cookson BD et al (2006): Guidelines for the control of glycopeptide-resistant enterococci in hospitals. https://www.his.org.uk/media/1194/gre_guidelines.pdf (accessed July 2024)
- Gov.UK: Enterococcus species and glycopeptide-resistant enterococci (GRE) (2008) https://www.gov.uk/guidance/enterococcus-species-and-glycopeptide-resistant-enterococci-gre (accessed July 2024)

10. ASSOCIATED POLICIES & PROCEDURES

Decontamination Policy

11. AUTHOR

Infection Prevention & Control Team – September 2024

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?
- 2 Are responsibilities clearly identified?
- ② Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- 2 Could any impact constitute unlawful discrimination?
- ② 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	
September 2024	10	IPCT	Updated reference

DOCUMENT CONTROL SHEET

Name of Document:	Policy on precautions to be observed when caring for patients colonised or infected with GRE	
Version:	10	
File Location / Document Name:	ЕССНО	
Date Of This Version:	September 2024	
Produced By (Designation):	Infection Prevention & Control Team	
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	
Date Ratified:	September 2024	
Distribute To:		
Date Due for Review:	September 2026	
Enquiries To:	infectionprevention@ecchcic.nhs.uk	
Approved by Appropriate Group/Committee	□ Date:	
Approved by Policy Group	□ Date:	
Presented to IGC for information	□ Date:	