



**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))

## Document Control Sheet

<b>Name of document:</b>	Policy on precautions to be observed when caring for patients colonised or infected with Glycopeptide Resistant Enterococci (GRE)
<b>Version:</b>	7
<b>Status:</b>	Approved
<b>Owner:</b>	Infection Prevention and Control Team
<b>File location / Filename:</b>	
<b>Date of this version:</b>	September 2018
<b>Produced by:</b>	Infection Prevention and Control Team
<b>Synopsis and outcomes of consultation undertaken:</b>	JICC. Reference to key guidance documents. IPACC
<b>Synopsis and outcomes of Equality and Diversity Impact Assessment:</b>	No specific issues. National EIA gives more details on measures to reduce HCAs.
<b>Approved by (Committee):</b>	JICC February 2009 PEC February 2009 JICC March 2011 18/02/2013 29/11/2016 04/09/2018 IPACC
<b>Date ratified:</b>	8/3/2011 18/2/2013 29/11/2016 04/09/2018
<b>Copyholders:</b>	Infection Prevention and Control Team
<b>Next review due:</b>	September 2020
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## Revision History

Revision Date	Summary of changes	Author(s)	Version Number
March 2011	Updated reference	IPCT	3
February 2013		IPCT	4
September 2018		IPCT	7

## Approvals

This document requires the following approvals either individual(s), group(s) or board.

Title	Date of Issue	Version Number
JICC	8/3/2011	3
IPACC	18/2/2013	4
IPACC	January 2015	5
IPACC	November 2016	6
IPACC	September 2018	7

## EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- Service developments
- Estates and facilities developments

<b>Name of Policy / Procedure / Service</b>	Policy on precautions to be observed when caring for patients colonised or infected with Glycopeptide Resistant Enterococci (GRE)
<b>Manager Leading the Assessment</b>	Teresa Lewis
<b>Date of Assessment</b>	19/12/14

### STAGE ONE – INITIAL ASSESSMENT

<p><b>Q1. Is this a new or existing policy / procedure / service?</b>  <input checked="" type="checkbox"/> Existing</p>
<p><b>Q2. Who is the policy / procedure / service aimed at?</b>  <input type="checkbox"/> Patients  <input checked="" type="checkbox"/> Staff  <input type="checkbox"/> Visitors</p>
<p><b>Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?</b>  <b>Yes</b> Sufficient national protocols that this policy takes into consideration can be applied if relevant  <b>No</b>  <b>If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.</b></p>

### Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

#### Adverse Impact Identified?

Age	No
Disability	No
Gender	No
Race/Ethnic Origin	No
Religion/Belief	No
Sexual Orientation	No

- Can this adverse impact be justified? NA
- Can the policy/procedure be changed to remove the adverse impact? NA

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome
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What changes, if any, need to be made in order to minimise unjustifiable adverse impact?
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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 and scope**

This policy is for all staff employed or contracted by East Coast Community Healthcare CIC (ECCH), to enable them to understand the principles of precautions to be observed when caring for patients colonised or infected with GRE.

## **3. Policy Statement**

This policy will be implemented to ensure adherence to safe practice.

## **4. Responsibilities**

It is the responsibility of all staff to ensure that they adhere to best practice

## **5. Policy monitoring**

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

## **6. Review**

This policy will be reviewed every 2 years by the Infection Prevention and Control Team or in light of new recommendations.

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

The main routes of transmission between patients and health care workers is 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 washed using Actichlor plus
- On discharge, the GP must be informed of the patients GRE status.

## 8. 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

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Department of Health (2010) The Health and Social Care Act 2008. DoH London

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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.

## **9. Author**

Infection Prevention and Control Team