SOP Objective
To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of outbreaks and the importance of diagnosing patients’ clinical conditions promptly.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- This is a new SOP

Document Control Summary

<table>
<thead>
<tr>
<th>Approved by and date</th>
<th>Board Infection Control Committee 7\textsuperscript{th} October 2019</th>
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<tr>
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<tr>
<td>Developed by</td>
<td>Infection Control Policy Sub-Group</td>
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<td>Related Documents</td>
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<td>Lead Manager</td>
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<td>Board Medical Director</td>
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VRE Aide Memoire

If patient is symptomatic of loose stools, incontinent of urine, has a drain in situ or leaking wounds:

Consult SOP and Isolate in a single room with:
- ensuite / own commode
- door closed
- IPC yellow sign on door
- dedicated equipment
- Care Checklist completed daily

Patient Assessed Daily

Is the patient incontinent of urine /loose stools?

Does the patient have any Leaking wounds or drains/drain sites

YES

NO

- undertake terminal clean of room
- Stop isolation

VRE SOP - Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol hand rub

PPE: Disposable gloves and yellow apron.

Patient Environment: Twice daily chlorine clean

Patient Equipment: Twice daily chlorine clean

Laundry: Treat as infected

Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: variable

Period of Communicability: While patient is positive for VRE / symptomatic of loose stools /incontinent of urine/ has exudating wounds or leaking drains

Notifiable disease: No

Transmission route: direct, indirect contact

The most up-to-date version of this policy can be viewed at the following website: www.nhsggc.org.uk/your-health/infection-prevention-and-control/
1. Responsibilities

**Healthcare Workers (HCWs) must:**

- Follow this policy
- Inform a member of the Infection Prevention and Control Team (IPCT) if this policy cannot be followed
- Provide information on VRE to patients and relatives as appropriate and document in patient records.

**Senior Charge Nurses (SCN) / Managers must:**

- Ensure that staff are aware of the contents of this SOP.
- Support HCWs and IPCTs in implementing this SOP.

**Infection Prevention Control Teams (IPCTs) must:**

- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.
- Advise and support HCWs to undertake a Risk Assessment if unable to follow this SOP.
## 2. General Information on VRE

| **Communicable Disease/Alert Organism** | Vancomycin Resistant Enterococci (VRE). There are two types of enterococci which commonly colonise humans and occasionally cause infections – *Enterococcus faecalis* and *Enterococcus faecium*. Vancomycin resistance in these organisms is becoming increasingly common in hospitals thus reducing therapeutic options particularly for those who are debilitated with chronic or complex medical conditions. |
| **Clinical Condition** | Patients may be colonised in their gut/urine/wound/invasive devices sites without signs of infection.  
Patients may go on to develop an infection either in wounds of the blood stream that requires treatment. |
| **Incubation period** | Variable - Estimates of the incubation period vary from days to weeks or even longer. |
| **Mode of Spread** | Contact:  
- Direct – touching  
- Indirect – via the hands of HCWs touching contaminated patient care equipment or environmental surfaces.  
- Faecal – Oral – where hands or items contaminated with faecal organisms are placed directly into the mouth. |
| **Notifiable disease** | No |
| **Period of communicability** | While patient remains positive and is symptomatic of loose stools/incontinent of urine/has leaking drain or drain site.  
As long as the organism is isolated from loose stool/ wounds/ urine if incontinent  
Some specialist areas e.g. Renal medicine may continue to isolate asymptomatic patients |
| **Persons most at risk** | Patients, who are immunocompromised, have surgical wounds, pressure ulcers or invasive devices and have received several courses of antibiotics. |
### 3. Transmission Based Precautions for Patients with VRE

| **Accommodation (Patient Placement)** | Patients only require to be isolated with TBP’s in place if they are symptomatic of loose stools, incontinent of urine and/or have leaking wounds/drain site. A single room, preferably en-suite, should be made available for these patients. If a single room is not available or in instances where a patient’s clinical condition may not support placement in a single room, the IPCT should be informed and a risk assessment undertaken by the ward staff on where to safely nurse the patient. This must be documented in the patient notes and reviewed daily. Doors in single rooms must be kept closed. If this is not possible, a risk assessment should be undertaken and documented in clinical notes. If isolation is not required SICPs should be followed but if patient becomes symptomatic they should be isolated with TBP’s |
| **Care Check list** | Yes VRE Care Checklist |
| **Clinical/ Healthcare Waste** | For patients in isolation with TBP’s in place all non-sharps waste from patients with VRE should be designated as clinical healthcare waste and placed in an orange bag. Please refer to the NHSGCC Waste Management Policy. Waste Management Policy |
| **Domestic Services/ Facilities** | Domestic staff must follow the SOP for Twice Daily Clean of Isolation Rooms. Cleans should be undertaken at least four hours apart. Twice Daily Clean of Isolation Rooms SOP |
| **Equipment** | Where practical allocate individual equipment, e.g. own washbowl, commode, hoist sling or sliding-sheet. Decontaminate equipment as per the NHSGGC Cleaning of Near Patient Equipment SOP Cleaning of Near Patient Equipment SOP |
| **Hand Hygiene** | Hand hygiene is the single most important measure to prevent cross-infection with VRE. Hand Hygiene SOP |
| **Last Offices** | See National guidance for Last Offices  
National Last Offices Guidance |
|------------------|----------------------------------|
| **Linen**        | While patient requires TBP’s to be in place treat used linen as soiled/infected, i.e. place in an alginate bag, then a clear bag tied (brown polythene bag used in Mental Health areas) and then into a laundry bag.  
Please refer to National Guidance on the safe management of linen.  
National Laundry Guidance |
| **Moving between wards, hospitals and departments (including theatres)** | Patient movement should be kept to a minimum. If patient is isolated movement should be kept to a minimum and only moved if clinically indicated. Prior to transfer, HCWs from the ward where the patient is located must inform the receiving ward, theatre or department of the patient’s VRE status. When patients need to attend other departments the receiving area should put in place arrangements to minimise contact with other patients and arrange for additional domestic cleaning if required while the patient requires TBP’s to be in place |
| **Notice for Door** | A yellow IPC sign must be placed on the door to the patient’s room which must be closed. In Mental Health Services – on the advice of the IPCT. |
| **Patient Clothing (for home laundering)** | If relatives or carers take personal clothing home, staff must place soiled clothing into a domestic alginate bag and ensure that a Washing Clothes at Home Leaflet is issued.  
NB It should be recorded in the nursing notes that both advice and the information leaflet has been issued. |
| **Patient Information** | The clinical team with overall responsibility for the patient must inform the patient and provide written information on VRE to the patient and any persons caring for the patient, e.g. parent, guardian/next-of-kin (as appropriate)  
VRE Patient Fact Sheet |
| **Personal Protective Equipment (PPE)** | To prevent spread through direct contact PPE (disposable gloves and yellow apron) must be worn for all direct contact with the patient or the patient’s environment/equipment while the patient has TBP’s in place. |

The most up-to-date version of this policy can be viewed at the following website:  
www.nhsggc.org.uk/your-health/infection-prevention-and-control
<table>
<thead>
<tr>
<th>Precautions required until</th>
<th>Please contact your local IPCT for advice on when/if transmission based precautions can be discontinued</th>
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<tbody>
<tr>
<td>Procedure restrictions</td>
<td>There is no reason to place patients with VRE at the end of operation/procedure lists. Areas must be informed of current status and need for enhanced cleaning. No restrictions are required in Out-Patient settings but strict adherence to Standard Infection Control Precautions (SICPs) is essential</td>
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<tr>
<td>Specimens required</td>
<td>A stool specimen if the patient is symptomatic of loose stools. The IPCT may request other sites such as: wound, urine/any other vulnerable sites</td>
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<tr>
<td>Terminal Cleaning of Room</td>
<td>Follow NHSGGC Terminal Clean of Isolation Rooms SOP Terminal Clean of Ward/Isolation Rooms SOP</td>
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<tr>
<td>Visitors</td>
<td>Visitors are not required to wear aprons and gloves unless they are participating in patient care. They should be advised to decontaminate their hands on leaving the room / patient.</td>
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</tbody>
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4. **Evidence base:**

http://www.nipcm.hps.scot.nhs.uk/

http://www.nipcm.hps.scot.nhs.uk/a-z-pathogens/