

## **IC7:0200 Vancomycin Resistant Enterococci (VRE)**

### **1. Purpose**

- 1.1. To outline the assessment, management, room placement and surveillance requirements of residents with *Vancomycin resistant enterococcus* (VRE) to best meet the needs of the resident and prevent transmission within the facility.

### **2. Application of Standards**

- 2.1. All residential healthcare facilities within the Fraser Health Authority.

### **3. Definitions**

**VRE Transmission** VRE can be transmitted by the fecal oral route, transmission directly from resident to resident on the hands of health care personnel and or indirectly by contaminated medical devices or contaminated environmental surfaces.

**VRE Acquisition** VRE is often acquired by the action of antibiotics on the naturally occurring enterococcus bacteria in the human gut. In healthcare facilities the antibiotic-resistant strain is acquired by ingesting the antibiotic-resistant strain of bacteria.

### **4. Assessment**

- 4.1. Routine or admission screening for VRE is not indicated in residential care.
- 4.2. Residents known to be positive for VRE will be assessed regarding risk factors for transmission. These risk factors are:
  - 4.2.1. Diarrhea with non-contained fecal incontinence
  - 4.2.2. Ostomies
  - 4.2.3. Individuals who have poor hygiene and/or are non-compliant with hand and general hygiene.
- 4.3. Residents will be admitted if colonization or infection with VRE on admission.

## 5. Management

- 5.1. **Routine Practice** is required for residents with VRE. Resident hand hygiene is to be performed upon leaving their room.
- 5.2. **Contact precautions** are required for residents with diarrhea and non contained fecal incontinence until such time as the diarrhea is resolved. See IC6:0410 Appendix I Contact precautions signage
  - 5.2.1. Ensure minimal supplies are stored in room.
  - 5.2.2. Dedicate patient care equipment, i.e. Slings, transfer bets.
  - 5.2.3. Equipment that cannot be dedicated must be low level disinfected between uses. (see IC13: 0600)
- 5.3. Laundry, bag soiled laundry at point of use.
- 5.4. Waste, dispose of waste through the general garbage.
- 5.5. Bathing frequency is the same as other residents using plain soap, follow established tub cleaning procedure.
- 5.6. **Transporting/Transferring** to another Facility, notify the receiving facility of VRE status of the resident.
- 5.7. Visiting/outings with family and friends: encourage hand hygiene as on entry and exit of facility and as per routine practice. When resident is on additional precautions family and friends must follow instructions as per contact precautions.
- 5.8. There is currently no recommended decolonization treatment for VRE.

## 6. Room Placement of resident with risk factors for transmission

- 6.1. A single room with dedicated bathroom is preferred.
- 6.2. Two or more residents with VRE infection may share a room (cohort).
- 6.3. Room placement can be reassessed when the resident's transmission risks have changed. Consult with Infection Prevention and Control.

## 7. Cleaning Requirements:

- 7.1. Follow discharge cleaning requirements upon discontinuation of precautions, transfer or discharge.

## 8. References

Provincial Infection Control Network (2013). Residential Infection Prevention and control Manual.

<http://www.picnet.ca/practice-guidelines>

Public Health Agency of Canada (1997). Preventing the Spread of Vancomycin-Resistant Enterococci (VRE) in Canada

[http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s8/vreb\\_e.html](http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s8/vreb_e.html)

Provincial Infectious Disease Advisory Committee (2007). Best Practice for Infection prevention and Control of Resistant Staphylococcus aureus and Enterococci

[http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best\\_prac/bp\\_staff.pdf](http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_staff.pdf)