1.0 **PURPOSE:**

1.1 To prevent and/or minimize the transmission of VRE from person to person both within the personal care home and between facilities/sites within the Winnipeg Regional Health Authority (WRHA).

1.2 To ensure consistent Infection Prevention and Control practices are followed for the management of VRE in personal care homes within the WRHA.

2.0 **DEFINITIONS:**

2.1 **Additional Precautions:** Infection control precautions and practices required in addition to Routine Practices. They are determined by the mode of transmission of selected microorganisms, or clinical presentation.

2.2 **Cleaning:** The physical removal of foreign material, e.g. dust, soil, organic material such as blood, secretions, excretions and microorganisms. Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

2.3 **Cohorting:** Two or more residents colonized or infected with VRE placed/roomed together to minimize their contact with other unaffected residents on the same unit.

2.4 **VRE Colonized:** Resident who is positive for VRE and has no signs and symptoms of infection caused by the organism.

2.5 **Colonization:** The presence, growth and multiplication of an organism in or on a body site without signs or symptoms of infection.

2.6 **VRE Contact:** An individual who may be exposed to a VRE case in which transmission can occur.
2.7 **Contact Precautions:** Precautions and practices that include single room or at least one meter between beds in multi-bed rooms, with health care workers wearing gown and gloves for interactions that involve contact with the resident or the resident’s environment.

2.8 **Deflagging:** A system to remove VRE status from the health record.

2.9 **Facility Approved Disinfectant:** A disinfectant cleaner that has been approved by the facility or organization.

2.10 **Flagging:** A system that uses specific terminology to highlight information on a resident record, e.g. VRE Positive, VRE Suspect.

2.11 **Hand Hygiene:** A general term that applies to handwashing, antiseptic handwash, antiseptic hand rub, or surgical hand antisepsis.

2.12 **Handwashing:** The process of washing hands with soap (plain or antimicrobial) and water.

2.13 **Health Care Worker (HCW):** An individual who provides care to patients/clients/residents in the healthcare workplace, e.g. nurses, physicians, allied health works, and emergency responders.

2.14 **Infected:** An individual who is VRE positive and shows signs and symptoms of infection caused by that organism.

2.15 **Infection:** Tissue invasion by an organism with multiplication and overt signs and symptoms of infection (fever, increased white blood cell count, purulence, inflammation, etc).

2.16 **VRE Outbreak:** More than the expected number of VRE cases in the facility.
2.17 **VRE Positive or VRE POS:** An individual who is positive for Vancomycin Resistant Enterococci (VRE). VRE POS is a code that would be used in an Infection Prevention and Control Flagging System.

2.18 **Resident:** An individual who resides in a long term care facility/interim care.

2.19 **Routine Practices:** A set of infection control precautions and practices used for all direct care regardless of their presumed infection status or diagnosis.

2.20 **Screening/Surveillance Cultures:** Cultures done in attempt to identify VRE in an individual with risk factors for acquisition of the organism.

2.21 **Terminal Cleaning:** Thorough cleaning of all surfaces and equipment within the room with a Facility Approved Disinfectant. This will include spot cleaning of visible soil on walls and removal of privacy curtains.

### OPERATIONAL DIRECTIVES:

3.1 Personal care homes/long term care facilities shall admit persons, including hospitalized patients with VRE colonization or infection. VRE colonized/infected individuals shall not be denied admission into personal care homes/long term care facilities within the WRHA.

3.2 Management of Vancomycin Resistant Enterococci shall be implemented in the event a resident has VRE colonization or infection.

3.3 A system, criteria and laboratory support shall be established for reporting of VRE positive residents.

### PROCEDURE

4.1 In the event a resident is VRE positive the registered nurse will:

4.1.1 Notify the infection prevention & control practitioner or designate.
4.1.2 Implement Contact Precautions in addition to Routine Practices (Appendix A) if required.

4.1.3 Identify on the resident record and resident care plan the VRE status and infection control precautions required.

4.1.4 Provide the health care worker with verbal information regarding VRE positive infection control precautions also provide the written fact sheet “Vancomycin Resistant Enterococci (VRE) fact sheet for Health Care Workers” (Appendix B).

4.1.5 Provide the VRE positive resident, family members and visitors with verbal instructions regarding VRE positive infection control precautions also provide the written fact sheet “Vancomycin Resistant Enterococci (VRE) fact sheet for Resident, Family and Visitors” (Appendix C).

4.2 Surveillance Cultures
4.2.1 Surveillance Cultures on patients waiting to be transferred from acute care to LTC are not required.

4.2.2 Surveillance Cultures if requested to identify VRE are:
- Rectal or ostomy swab
For culturing procedures refer to “Guideline for Specimen Collection” (Appendix D).

4.2.3 When sending cultures, complete the microbiology requisition. Mark “look for VRE” on the requisition.

4.3 Flagging /Deflagging of Resident Records.
4.3.1 A system of flagging /deflagging resident records is not necessary.

4.4 Admission Screening.
4.4.1 Surveillance cultures for admission screening are not required.

4.4.2 Surveillance cultures may be done as requested by acute care as part of a VRE outbreak investigation.

4.5 Implement Contact Precautions in addition to Routine Practices (Appendix A) for those residents with the following conditions:
Operational Directive

Personal Care Home/Long Term Care Facility Infection Prevention and Control Program

Management of Vancomycin Resistant Enterococci (VRE)

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- Diarrhea or fecal incontinence not contained by incontinence briefs or diapers.
- Stoma not covered with a dressing or appliance to contain drainage.
If the resident has any of the above conditions, place the resident in a single room with individual toilet and handwashing facilities.
Follow Routine Practices if the resident does not have any of the above conditions.

4.6. Contact Precautions
4.6.1 Resident Placement, Cohorting & Activities
   4.6.1.1 Cohort residents if there is more than one VRE positive resident.
   4.6.1.2 If cohorting is not possible place the VRE positive resident with a low risk roommate. A room mate with:
   - No open wounds
   - No decubitus ulcers
   - No urinary catheters, feeding tubes or other invasive devices
   - No debilitated or bed bound residents requiring extensive hands on care.
   4.6.1.3 Allow a VRE positive resident to socialize, go to the dining area and participate in therapeutic group activities outside his/her room. Assess VRE positive residents who require a private room on an individual basis to minimize direct contact with other residents.
   4.6.1.4 Cover resident’s wounds with dry dressings and have resident perform hand hygiene before participating in social or therapeutic group activities.

4.6.2 Hand Hygiene
   4.6.2.1 Follow Routine Practices

4.6.3 Gowns, Gloves, Masks and Eye protection
   4.6.3.1 Follow Routine Practices

4.6.4 Equipment
   4.6.4.1 Follow Routine Practices
   4.6.4.2 Have dedicated equipment e.g. slings, sliders, commodes if possible.
   4.6.4.3 If equipment can not be dedicated it must be cleaned and
4.6.5  Linen
       4.6.5.1 Follow Routine Practices.

4.6.6  Dishes
       4.6.6.1 Follow Routine Practices

4.6.7. Needles and Syringes
       4.6.7.1 Follow Routine Practices

4.6.8  Laboratory Specimens
       4.6.8.1 Follow Routine Practices

4.6.9  Waste Disposal
       4.6.9.1 Follow Routine Practices

4.6.10 Resident Health Record and Personal Documents e.g. Wills, Voting
       4.6.10.1 Follow Routine Practices

4.6.11 Environmental Control/Housekeeping
       4.6.11.1 Do routine cleaning according to your facility policy using a facility approved disinfectant. Pay particular attention to bathing and toileting facilities, recreational equipment, horizontal surfaces in the resident’s room, and items that are frequently touched, e.g. handrails, light cords, laundry hamper lids.

       4.6.11.2 In outbreaks clean more frequently.

       4.6.11.3 Do a thorough terminal cleaning when Contact Precautions are discontinued or the resident is moved or transferred. Change the privacy curtain. Change cloth or string light cords and call bells. Clean wipable light cords and call bells. Immediately clean soiled equipment or furnishings with a facility approved disinfectant. Launder mop heads before reusing them.

4.7  Duration of Additional Precautions

       4.7.1  Implement and discontinue Additional Precautions as outlined in 4.5

4.8.  Treatment or Decolonization

       4.8.1  The attending physician in consultation with an Infectious Disease Consultant determines treatment of infections.
4.8.2 There is no effective decolonization for VRE.

4.9. Subsequent Cultures for Persistent Carriage
4.9.1 Evidence indicates people with VRE are often colonized permanently.
4.9.2 Obtain cultures only when acute clinical symptoms e.g. respiratory infection or wound drainage develop. Refer to Appendix D for culturing procedures.

4.10 Management of Contacts
4.10.1 No screening of Resident contacts unless there is an outbreak.

4.11 Diagnostic Procedures/Transfers of Residents within the Facility
4.11.1 If the Resident is transferred, notify the receiving department of the resident’s status and the necessary infection control precautions required.
4.11.2 Resident precautions for transport
   4.11.2.1 Have resident perform hand hygiene on leaving his/her room for transfer. The resident is not required to wear gloves.
   4.11.2.2 Ensure resident is wearing clean clothes, house coat or cover gown and wounds are covered.
   4.11.2.3 If the resident is to be transferred in a stretcher or wheelchair, clean and cover the stretcher/wheelchair with a clean sheet prior to entering the resident’s room. After returning from the transfer, clean the stretcher/wheelchair with facility approved disinfectant before using on another resident.

4.12 Discharge/Transfer of Resident between Facilities
4.12.1 Document the resident’s VRE status on the Regional Health Authorities of Manitoba Transfer/Referral Form (Appendix E), if the resident is VRE positive (colonized or infected). Send the completed transfer form with the resident to the receiving facility.
4.12.2 Contact the receiving infection prevention & control practitioner or designate and provide the resident’s VRE status, culture and antimicrobial information if the resident transferred is VRE positive.
4.12.3 Transport resident by a transportation system e.g. Stretcher Car Service. The transportation company should have trained staff with the ability to follow appropriate infection prevention & control precautions. Residents with positive VRE status do not require an ambulance for transport.

4.12.4 Prior to transfer the Resident must:
- Have a clean stretcher or wheelchair covered with clean sheet
- Perform hand hygiene on leaving his/her room
- Have wounds covered
- Wear clean clothes, housecoat or cover gown.

4.12.5 The health care worker must perform hand hygiene before and after resident contact.

4.13 Transport of Resident by Transport Service
4.13.1 Notify transport service if resident is on Contact Precautions.
4.13.2 The Transport Service must:
- Follow Contact Precautions, if indicated, to collect the resident in his/her room and when leaving the resident room.
- Follow the Infection Control Guidelines for Health Care Workers in the Community (Appendix F).
- Consider the wheelchair/stretcher used to transport the resident as contaminated.
- Disinfect vehicle surfaces and any equipment that was in contact with the Resident with an approved disinfectant.
- Use clean sheets for the next resident.

4.14 Home visits with the Health Care Worker, Companion or Family
4.14.1 Follow Routine Practices for all home visits. Refer to the “Infection Control Guidelines for Health Care Workers in the Community” (Appendix F).

4.15 Visitors including any Residents Visiting a Positive Resident
4.15.1 If the resident is on precautions visitors should check with the nurse prior to visiting for instructions on following precautions.
4.15.2 Ask visitors to perform hand hygiene before and after visiting the resident.
4.15.3 Have visitors ask for assistance in obtaining resident care supplies on the nursing unit.
4.15.4 A VRE positive resident wanting to visit other residents in the LTCF should check with the nurse prior to visiting.

4.16 Outbreak Management
4.16.1 Refer to Outbreak Management (Appendix G).

4.17 Surveillance
4.17.1 Keep a standard data collection form: Surveillance Forms- MRSA/VRE Screening Line Listing (Appendix H) and ARO Patient/Resident Management Form (Appendix I) on every identified Resident Colonized/Infected with VRE to maintain a database of VRE Positive residents and to monitor the frequency of VRE cases.

5.0 REFERENCES:

Operational Directive Contact: Betty Taylor, Manager, PCH Infection Prevention & Control