

HACKETTSTOWN REGIONAL MEDICAL CENTER

VRE – VANCOMYCIN RESISTANT ENTEROCOCCUS

Effective Date:	December 2001	Policy No:	IC 005
Cross Referenced:		Origin:	Infection Control
Reviewed Date:	September 2010	Authority:	Edward McManus, M.D.
Revised Date:		Page:	1 of 3

PURPOSE: To prevent and control the spread of VRE – vancomycin resistant enterococcus

SUPPORTING DATA:

John Hopkins Hospital Infection Control; CDC MMWR 1995; 44 (RR-12)1-13

NOTIFICATION:

1. Microbiology will notify the nursing unit and Infection Control of a VRE isolate.
2. Nursing staff will implement measures outlined.
3. Nursing staff will
 - a. Notify attending physician
 - b. Place a standing order form for obtaining cultures on the patient's chart
 - c. Notify Infection Control
4. The medical record of previously admitted patients will identify VRE infection/colonization
 - a. Notify Infection Control of any previously infected patient
 - b. Institute Contact Precautions Procedures immediately

PROCEDURE:

1. Patients who test positive for VRE will be placed on contact precautions.
2. VRE precautions include the following:
 - a. Patient will be placed in a private room
 - b. Contact Precaution Sign will be placed on door of patient's room
 - c. Contact Precautions Label will be placed on front cover of patient's chart
 - d. Control Measures will be implemented
3. Control measures:
 - a. Wear gloves and gown when entering room of VRE-infected or colonized patient
 - b. Remove gown and gloves before leaving patient's room and immediately wash hands
 - c. Use disposable dedicated patient care items. If item is unable to be dedicated to the patient or is re-usable, disinfect the item with appropriate hospital germicide/disinfectant before it leaves the room.
 - d. All ancillary departments will be responsible for providing dedicated items for patient care and for cleaning items after use
 - e. All other appropriate patient items will be sent to Central Supply for cleaning
 - f. The Respiratory Care Department is responsible for cleaning mechanical ventilators with a germicide daily
 - g. Transport or transfer of the patient to other departments will be kept to a minimum and only when there is no other alternative. Nursing will notify Transport and the involved department of a VRE Precautions patient prior to move. The transport vehicle will be cleaned with appropriate germicide following Environmental Service protocol immediately after use.
 - h. Daily environmental cleaning of the room will include all horizontal surfaces, including bedside tables, bedside rails, window sills, over-bed table and bathroom and floor.

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4. Equipment
 - a. Obtain supplies from Central Supply for single patient use, e.g. Over the door infection control cabinet containing necessary precaution items.
 - b. Environmental cleaning equipment for VRE room only
5. Infection Control: VRE is a hearty organism capable of surviving on environmental surfaces for extended periods of time, as follows:
 - a. Gloved and ungloved hands, telephones and stethoscopes for up to 60 minutes
 - b. Bedrails up to 24 hours
 - c. Countertops for up to 6 days
6. Monitoring Cultures
 - a. A rectal swab will be taken on any resident sharing a room with a newly identified VRE patient
 - b. The roommate of a colonized/infected VRE patient will then be moved to another room and VRE precautions instituted. No roommate will be permitted with this patient UNTIL swab culture report returns negative. If roommate also positive, VRE precautions will be maintained.
 - c. Because VRE colonization can persist indefinitely, **stringent criteria will be followed.**
 - d. At least **three negative consecutive cultures** obtained one week apart from stool and involved site(s), e.g. Stool or rectal swab, axilla or umbilicus, wound, foley catheter and/or ostomy sites if present)
7. Cleaning/Disinfection
 - a. Rooms of VRE infected/colonized patients must be cleaned thoroughly and disinfected daily. Special attention should be paid to environmental surfaces: bed rails, bedside tables, door knobs, faucet handles, bedside commodes and horizontal work surfaces in the room. Gross soiling must be removed before application of hospital-approved germicide/disinfectant. For the germicide/disinfectant to be effective, the appropriate contact time must be used.
 - b. **A simply spray and wipe is not adequate and will lead to the persistence of VRE in the environment.**
 - c. VRE patient rooms should be cleaned last. Change the water and mop head if either becomes grossly soiled or dirty. Bedside curtains should be taken down and sent to be cleaned after patient discharge.

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