MANAGEMENT OF VANCOMYCIN RESISTANT ENTEROCOCCUS (VRE)

Enterococci are bacteria that live in the gastrointestinal tract of most individuals and generally do not cause harm (“colonization”). Vancomycin-resistant enterococci (VRE) are strains of enterococci that are resistant to the antibiotic vancomycin. If a person has an infection caused by VRE, such as a urinary tract infection or blood infection, it may be more difficult to treat. VRE is spread from one person to another by contact, usually on the hands of caregivers. VRE can be present on the caregiver’s hands either from touching contaminated material excreted by the infected person or from touching articles soiled by faeces. VRE can survive on hands and can survive for weeks on inanimate objects such as toilet seats, door handles, bedrails, furniture, stethoscopes and bedpans.

Residents may be colonized or infected with VRE. Residents who are colonized carry the organism as part of their normal gastrointestinal flora. Residents who are infected with VRE present with signs and symptoms of the infection and require treatment to eradicate it. Peel Public Health recommends that facilities follow the precautions outlined in Public Health Ontario. Provincial Infectious Disease Advisory Committee. Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms (AROs) in All Health Care Settings (2013). http://www.publichealthontario.ca/en/eRepository/PIDAC-IPC_Annex_A_Screening_Testing_Surveillance_AROs_2013.pdf

1. Screening for VRE
   Admission screening for VRE must be completed:
   - Check for previous history of VRE or high risk for VRE using the admission screening tool.
   - If the client/patient/resident has been a contact of a VRE case in the past, screening specimens must be obtained.
   - If the client/patient/resident is considered to be at risk for VRE based on the results of the screening tool, screening specimens must be obtained.

2. Resident Placement
   - Single room is preferred with own toileting facilities. Residents colonized/infected with VRE should not share toilet facilities with other residents. If it is not possible for the VRE positive resident to have their own washroom, a separate commode chair should be used for the resident to minimize contact with the environment.

3. Management
   - Appropriate contact precaution signage should be posted for all residents infected/colonized with VRE. The resident and family members should participate in planning to adapt the care for the resident. The precautions should be documented on the Resident Care Plan/Care Profile.

a) Infected Resident
   - Consultation with an infectious disease specialist should be considered for residents infected with VRE to determine appropriate treatment.
b) Colonized Resident
- There is no recommended protocol for decolonization of residents with VRE.

In the event of a resident transfer to another facility or an acute care setting, the facility must notify the receiving facility of the status of the resident. The Antibiotic Resistant Organism Communication Sheet should be used for this purpose.

4. Barriers

a) Hand Hygiene
- Hands should be cleaned with alcohol based hand rub, 70-90% or soap and running water before and after direct contact with the resident, before performing aseptic procedures, after handling body secretions or contaminated equipment/environment and after removing gloves.

- VRE positive residents must wash their hands when they leave their rooms and before they participate in group activities.

- All residents and families should receive education regarding the importance of hand hygiene and the correct procedure to follow using both ABHR and soap and water.

b) Protective Barriers
- Gowns and gloves must be used for any direct care provided to the MRSA positive resident. Direct care includes all care where the health care worker has hands-on contact with the resident including activities such as bathing, toileting, feeding.

c) Environmental Cleaning
- Equipment should be dedicated to the colonized/infected resident. If equipment must be shared, it must be thoroughly cleaned and disinfected using an appropriate disinfectant immediately after each use. Wheelchairs and commodes used by the resident should be cleaned daily and left in the resident’s room.

- The resident’s room must be thoroughly cleaned on a daily basis to minimize the environmental contamination of VRE. If the resident is transferred to another room or facility, the room must receive terminal/discharge cleaning including the changing of any curtains.

d) Education
- Residents and their family members should receive written and verbal information on VRE and the precautions being carried out. All staff should receive education about VRE and the policies of the facility as part of their orientation program. Routine infection control audits should be done to ensure that all persons in the facility are following the appropriate precautions.
Consultation with Peel Public Health should be undertaken for any questions/ issues in managing residents with VRE.

Additional Resources:


ANTIBIOTIC RESISTANT ORGANISM (ARO)/Clostridium difficile (C. difficile) MULTI-DIRECTIONAL COMMUNICATION FORM FOR Hospital – Community – CCAC – Long-Term Care