POLICY FOR GLYCOPETIDE RESISTANT ENTEROCOCCI (GRE)

Authors: The Infection Control Team
In consultation with: Control of Infection Committee
Reviewed by: Dr. Jayakeerthi Rangaiah

Status: Approval date: November 2007
Ratified by: Clinical Governance Committee
Review date: January 2019

Patients first • Personal responsibility • Passion for excellence • Pride in our team
## History

<table>
<thead>
<tr>
<th>Issue</th>
<th>Date Issued</th>
<th>Brief Summary of Change</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nov 2007</td>
<td>New policy</td>
<td>Clinical Governance Committee</td>
</tr>
<tr>
<td>2</td>
<td>Feb 2010</td>
<td>Updated in line with the Trust’s Policy Writing and Ratification Policy</td>
<td>Caroline Becher, Chief Nurse</td>
</tr>
</tbody>
</table>

For comments on this document, please contact: Dr. Jayakeerthi Rangaiah, CMM & ICD

Policy Author: Control of Infection Committee
Date of issue: January 2017
Review due: January 2019
Ratified by: Clinical governance Committee
Audience: All staff
1. INTRODUCTION

Enterococci are part of the normal flora of the bowel in humans. The most important species are *Enterococcus faecalis* and *Enterococcus faecium*. Common infections caused by enterococci are urinary tract infection and intra-abdominal infections. Although less common, they can cause serious infections such as bacteraemia and infective endocarditis in patients with risk factors. There have been outbreaks of enterococcal bacteraemia described in haematology units, ITUs and liver units.

Glycopeptide resistant enterococci (GRE) are resistant to vancomycin, teicoplanin and often other antibiotics. Infection caused by these organisms is rare, but when they cause serious infection they pose a therapeutic challenge. Patients who are susceptible to acquiring GRE include those previously on antibiotics, immunosuppressed patients and those previously hospitalised. Some patient groups are more commonly colonised, but without ill effects. Once gut colonisation has occurred, carriage can be prolonged and there is no effective means of eradication.

Appropriate use of antibiotics, following the Trust’s Antibiotic Guidelines, will reduce the selection pressure for colonisation and infection with GRE.

2. PURPOSE

These guidelines aim to ensure that patients colonised or infected with GRE receive effective and appropriate care to minimise the transmission of GRE.

3. SPREAD OF THE ORGANISM

The initial source is usually an infected or colonised patient. Spread is by direct or indirect contact.

Hands: TRANSIENT HAND CARRIAGE BY STAFF IS THE MOST LIKELY ROUTE OF SPREAD FROM PATIENT TO PATIENT.

Staff Clothing: The front of a uniform and patient bedding may become contaminated especially if damp. Some strains have been shown to survive laundering processes.

Shared equipment: Outbreaks have been traced to shared equipment. Dedicate equipment to that patient only or clean and disinfect it after use.

Environment: There have been reports of widespread and persistent environmental contamination around colonised patients.
4. **MEASURES TO PREVENT TRANSFER OF GRE TO / FROM ANOTHER HOSPITAL**

If a patient, known to be colonised /infected with GRE, is to be transferred, the receiving hospital must be informed.

5. **SCREENING**

Screening is not done routinely, and will not be done unless advised by the ICT. If required the ICT will advise on which specimens should be sent.

6. **PREVENTION OF SPREAD**

Infection control precautions will vary according to the clinical context and care setting in which the patient is being managed.

a) In high dependency areas such as ITU, where vancomycin and teicoplanin use is common, patients with GRE should be nursed in a single room if possible.

- Staff must put on gloves and apron when entering the room if substantial contact with the patient or environmental surfaces is anticipated.
- Staff must regularly and carefully decontaminate hands. Handwashing alone is insufficient. Staff should also use alcohol hand sanitiser on all surfaces of their hands.
- Equipment must be restricted to use for that patient only, as much as possible. Any shared equipment must be cleaned using detergent and then disinfected with 70% alcohol or Universal wipe depending on manufacturers guidance prior to use on another patient.
- Linen must be treated as infected and disposed of into a red alginate bag then into an outer white bag.

b) If the prevalence of GRE colonisation in a lower dependency area is known to be high (i.e. on a general ward), patients known to be colonised with GRE should be isolated if possible if they have

- diarrhoea
- a discharging wound known to be colonised with GRE
- urinary colonisation and have a urinary catheter or nephrostomy tube in situ

c) In other care settings a patient with rectal carriage of GRE may be of little risk to other patients if he/she does not have diarrhoea, is able to get up to the toilet and has clean personal habits. Staff should use Standard Precautions with particular attention to hand decontamination after contact with urine or faeces to prevent spread.

7. **CLEANING OF ROOM**

The cubicle whilst occupied should be cleaned daily with detergent and water and on discharge with Tristel Fuse (chlorine dioxide).
8. TRANSPORT OF PATIENTS

If a patient with GRE needs to have an investigation in another department e.g. X Ray, the department they are visiting should be informed so that the staff can take appropriate precautions. Application of Standard Precautions with particular attention to hand hygiene is sufficient.

Equipment should be cleaned/disinfected as usual.

Portering staff should wear a clean plastic apron whilst moving the patient and decontaminate their hands after removing their apron.

9. DISCHARGE OF PATIENTS

When the patient is discharged the G.P. should be informed.

The cubicle or bed area should be terminally cleaned with Tristel Fuse (chlorine dioxide).

N.B. Studies have shown that rectal colonisation with GRE should not be a barrier to acceptance of a patient in a nursing home as long as nursing home staff understand basic infection control practices.

10. OTHER MEASURES

If two or more cases of colonisation or infection with GRE occur on the same ward within one week the Infection control Team will:

- Visit the ward to inspect standards of cleanliness and, if necessary, undertake environmental sampling.
- Ensure patients who have extra-intestinal colonisation or infection with GRE are isolated.
- Remind ward staff of the importance of careful and regular hand decontamination.
- Request daily enhanced cleaning of the whole ward.

11. DISSEMINATION AND IMPLEMENTATION

The policy has been written by the Infection Control Team, been agreed by the Control of Infection Committee and ratified by the Clinical Governance Committee. The policy will be available on TrustNet.

12. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

Number of isolates are reported quarterly to Public Health England. An increase in numbers will identify noncompliance with the policy and the Infection Control Team will act accordingly.
13. EQUALITY IMPACT ASSESSMENT

The Trust has a statutory duty to carry out an Equality Impact Assessment (EIA) and an overarching assessment has been undertaken for all infection control policies.

14. ARCHIVING ARRANGEMENTS

This is a Trust-wide document and archiving arrangements are managed by the Quality Dept. who can be contacted to request master/archived copies.

15. REFERENCES