MANAGEMENT OF GRE (Glycopeptide Resistant Enterococci) POLICY

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Owner	Director of Infection Prevention and Control		
Author	Nurse Consultant Infection Control/Tissue Viability		
First approval or date last reviewed	July 2010, June 2013		
Staff/Groups Consulted	Infection Control Doctor Medical Director Director of Infection Prevention and Control Deputy of Infection Prevention and Control Deputy Chief Nurse Infection Prevention Control Team		
Approved by IPCC	July 2016		
Next Review Due	July 2022		
Equality Impact Assessment Completed		Yes	

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1. KEY POINTS

1.1. Glycopeptide Resistant Enterococci (GRE) most commonly cause urinary tract infections but can also cause bacteraemias, infections of intravenous lines, abdomen, pelvis and endocarditis. They can be difficult to treat due to their resistance to many antibiotics.

1.2. Patients colonised or infected with GRE should be source isolated in a single room and isolation precautions followed as set out in the Isolation Guidelines available on the Trust Intranet.

1.3. Patients with GRE and diarrhoea or incontinence are at a higher risk of spreading GRE and must be given higher priority for single rooms.

1.4. Screening of patients for GRE is not generally required. The Infection Prevention and Control Team (IPCT) will advise if screening is required.

1.5. Resistance in Enterococci can transfer to other organisms; therefore controlling the spread of GRE is vital to protect other patients and staff.

1.6. Once a patient with GRE has been discharged from a side room, a terminal clean of the area is required with a chlorine dioxide based cleaner, ie Actichlor plus. This also needs to include changing the curtains.

2. INFECTION CONTROL PRECAUTIONS

2.1. Where a patient is found to be colonised or infected with GRE the following infection control precautions should be put in place:

- **Isolation** - The patient should be source isolated in a single room (refer to Isolation Guidelines available on the Trust Intranet). Patients with GRE and diarrhoea or urinary or faecal incontinence are at a higher risk of spreading GRE and must be given priority for single rooms. An appropriate isolation sign should be placed on the door. If en suite facilities are not available, patients may use communal facilities but these must be cleaned thoroughly after use.

- **Hand Hygiene** - Hands must be decontaminated prior to and following direct contact with the patient or their environment. Hands must be decontaminated prior to leaving the room. For further information see the Hand Hygiene Policy available on the Trust Intranet.

- **Personal Protective Equipment (PPE)** - should be worn in accordance with the Infection Prevention & Control Policy; however the following precautions are highlighted for information:

  - **Aprons** – should be worn for all activities and put on prior to entering the room. They should be removed and disposed of as clinical waste as detailed in the Facilities Services Policy, prior to leaving the room (except when leaving the room to dispose of used bedpans, etc, when they are removed in the sluice after placing bedpan in macerator). Hands should be decontaminated before leaving the room.

  - **Gloves** – should be worn for all activities that involve direct patient contact. They should be removed and disposed of as clinical waste (as per Facilities Services Policy) prior to leaving the room (except when leaving the room to dispose of used bedpans, etc, when they are removed in the sluice after placing bedpan in macerator). The use of gloves is not a replacement for hand decontamination in the event of patient contact, which should still occur before placement and after removal of gloves.

  - Visitors do not need to wear protective clothing – i.e. aprons and gloves, unless they are carrying out direct patient care (e.g. assisting in personal care).

- **Equipment** - wherever possible equipment should be disposable or dedicated for the sole use of the affected patient. All reusable equipment must be thoroughly cleaned in accordance with the Decontamination Policy (available on the Trust Intranet) before use on another patient.

- **Environmental cleaning** - isolation areas must be cleaned thoroughly at least once daily with TECCARE in line with the current Cleaning Procedure Manual, with particular attention to toilets, commodes, bedpan supports and all horizontal and touch surfaces, including bed frames, tables, lockers, sinks and door handles.

- **Terminal clean** - on discharge of the patient with GRE, a terminal clean must be carried out. This must include en suite areas, toilets, commodes, bedpan supports, floors, bed frames, mattresses, lockers, bed tables, chairs and all equipment and horizontal surfaces. Curtains must be changed or blinds cleaned. Any reusable equipment in the room must be decontaminated adequately in accordance with the Decontamination Policy (available on the Trust Intranet) and single patient use equipment disposed of appropriately.

3. SCREENING

3.1. Once diagnosed it is not necessary to take further specimens unless requested by the Consultant Microbiologist. Screening to identify colonised patients should be performed only on the advice of the IPCT during outbreaks.

3.2. The screening specimen with greatest yield is faeces. Screening sites such as wounds and vascular catheter sites may identify additional colonised patients.

3.3. Staff gut carriage has not been implicated as a source of patient infection or colonisation and screening staff for stool carriage is not recommended.

4. TRANSFER / DISCHARGE OF PATIENTS

4.1. If a patient with GRE is transferred to another health care institution, the receiving clinical staff must be informed by the clinical team looking after the patient.

4.2. In general, GRE do not present a risk to healthy people in the community or patients in residential or nursing homes who do not have urinary catheters, wounds or other lesions.

4.3. If their clinical condition allows, patients with GRE can be transported in an ambulance with other patients as long as open wounds are covered, they are continent of urine and faeces and the ambulance crew maintains standard infection control precautions.

4.4. In the same way, outpatients can be transported in cars without concern for the driver or subsequent passengers, as long as the patient is continent, and any open wounds covered.

5. OUTBREAKS OF GRE

5.1. In the event of 2 or more cases of patients with GRE in a ward/department, the IPCT must be contacted. The general principles of management of outbreaks should be followed (see the Hospital Outbreak Management Guidelines available on the Trust Intranet).

5.2. In addition, the IPCT may consider the following actions:

- Screening of other patients may be considered depending upon the organism and the pattern of the outbreak. The IPCT will advise on appropriate sites for screening after discussion with the Infection Control Doctor.

- Enhanced environmental cleaning of affected areas with a chlorine dioxide based cleaner, ie Actichlor plus (including toilets/commodes/bedpan supports, etc.) both during the outbreak and upon terminal cleaning of rooms/wards/departments.

- All infection control procedures should be reviewed and reinforced or corrected, including hand decontamination, correct use of PPE, suctioning practices, equipment decontamination, etc. Environmental screening may be carried out by the IPCT depending on the organism concerned.

- Staff restrictions may be applied to minimise the spread of the organism.

- Antibiotic prescribing will need review and, where cases are continuing, an audit of antimicrobial usage may be helpful. The findings should be discussed with the IPCT and relevant healthcare workers.

- Instruments and equipment are to be designated for affected patients. Single-patient use items are preferred. Where reusable items are the only option, they must be decontaminated before use on another patient, refer to the Cleaning Procedure Manual. Special attention should be paid to ventilator circuits and humidifiers.

- Further investigation of the isolated organisms may be necessary in order to determine whether they are identical and whether cross-transmission between patients/environment has occurred. If this is required, further specimens may be requested by the Microbiologists. Discussion with Reference Laboratories and/or other experts may be required.

6. IMPLEMENTATION, MONITORING AND EVALUATION

6.1. Daily monitoring of side-room usage, including location of patients infected/colonised with GRE, will be carried out by the IPCT as part of their daily clinical duties.

6.2. The IPCT will liaise with staff in all cases of patients with GRE to reinforce the appropriate infection control precautions required.

6.3. There are few clinical cases of GRE within the Trust therefore formal audit would be impractical. If the IPCT, through their daily clinical duties, identify areas that are non-compliant with these guidelines, they will ensure remedial actions, including education, are put in place.

6.4. These remedial actions will be addressed by the Divisions concerned. Support can be obtained from the IPCT.

6.5. Monitoring of any remedial actions will be reviewed by the Infection Prevention and Control Committee (IPCC).

6.6. Where the level of performance identified by monitoring is considered by the IPCC to be unacceptable, the Chair will nominate a group member to oversee development of corrective actions. These actions should be incorporated into the annual plan at corporate or divisional level as appropriate or, for significant issues, lead to the development of a stand-alone action plan.

7. DEFINITIONS

7.1. **Endogenous** – originating or produced within the body

7.2. **Enterococci** – a group of bacteria that are commonly found in the gut and faeces of most humans and animals

7.3. **Glycopeptide Resistant Enterococci** - strains of enterococci that are resistant to glycopeptide antibiotics (i.e. Vancomycin and/or Teicoplanin). The terms glycopeptide resistant enterococci (GRE) and vancomycin-resistant enterococci (VRE) are used interchangeably.

8. TABLE OF ROLES AND RESPONSIBILITIES

Infection Prevention and Control Team (IPCT) are responsible for:	• Informing ward staff of any patient identified through ICNet (the electronic laboratory result system used by the Trust) as colonised or infected with GRE, and giving advice on the infection control precautions required • In the event of difficulties locating an appropriate side-room, support clinical staff and the CSMs in employing an alternative such as cohort of patients, or use of side-rooms on other wards to enable patients with GRE to be safely nursed in a side-room. • Review the IPC practice for patients with GRE across the Trust and where there is non-compliance with these guidelines they will ensure actions, including education, are put in place. The Infection Prevention and Control Committee will monitor compliance with any remedial actions.
Consultant Medical Microbiologists (CMMs) are responsible for:	• Providing advice to clinical teams on the management of patients with GRE as required. • Working in conjunction with the IPCT during outbreaks of GRE. • Providing additional advice regarding patients with GRE not covered in these guidelines outside normal working hours.
Antibiotic Pharmacist Is responsible for:	• Carrying out audits of compliance with antibiotic guidelines for patients with GRE, and providing feedback and education to clinicians and prescribers as required.
Clinical Site Managers (CSMs) are responsible for:	• Facilitating the location of appropriate side-rooms for patients identified by ward staff or IPCT if side rooms are not available on that ward for patients with GRE. • Working with clinical teams to facilitate the movement of patients appropriately between wards to allow isolation of patients with GRE.
Clinical Medical Teams are responsible for:	• Understanding and implementing the IPC precautions appropriate to the patient's condition as outlined in these guidelines. • Following the advice of the CMMs, Antibiotic Pharmacist and IPCT relating to care of patients with GRE when required.
Matrons/Ward Managers are responsible for:	• Ensuring all staff working in their areas understand and implement the IPC precautions outlined in these guidelines.

All Staff Involved in Clinical Care are responsible for:	• The implementation of IPC precautions appropriate to the patient's condition as outlined in these guidelines. • Instigating the location of an appropriate side room for any patient with GRE and in the absence of facilities in that area to work with the IPCT and CSMs to relocate the patient elsewhere as clinically appropriate
Housekeeping Staff are responsible for:	• Ensuring environmental cleaning of the isolation room/ward/department is undertaken and that deep cleaning of the area on discharge of the patient is carried out as detailed in the Cleaning Procedure Manual.

9. SOURCE REFERENCES AND ACKNOWLEDGEMENTS

9.1. Department of Health (2008). The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2010), Department of Health

9.2. Epic2: National Evidence-based Guidelines for preventing Healthcare associated Infections in NHS Hospitals in England, Journal of Hospital Infection Vol 65 Feb 2007

9.3. Guidelines for the control of Glycopeptide Resistant Enterococci in hospitals. Joint Working party of the Hospital Infection Society, Infection Control Nurses Association and British Society of Antimicrobial Chemotherapy 2006. Available on line at www.his.org.uk

9.4. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006 Jane D. Siegel, MD (http://www.cdc.gov/ncidod/dhqp/pdf/ar/MDROGuideline2006.pdf)

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: Management of GRE Policy

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed **Rachael Grey** Date: 13/6/2016