

Changes to VRE screening and management

What is Vancomycin Resistant Enterococci (VRE)?

Enterococci are bacteria that live in most people's gut and urinary system. It usually does not cause illness. When it lives in the body without causing an illness the medical word for this is "colonisation". However like many bacteria, enterococci can move to other parts of the body and cause an infection and then the person will become ill.

Vancomycin is a very strong antibiotic which is used to treat complicated infections when other antibiotics do not work. When enterococci are exposed to vancomycin, they sometimes develop ways to stop the antibiotic working. The enterococci that can't be killed by this strong antibiotic are called "vancomycin resistant enterococci" (VRE).

VRE colonisation is common in renal (kidney) patients, because of their frequent stays in hospitals and intensive long term treatments.

Preventing the spread of VRE

VRE is spread by hands or from the environment.

To prevent the spread of VRE it is *very important* to have strict hand cleaning and environmental cleaning practices in place.

Hand cleaning practices (often called hand hygiene) apply to healthcare staff, as well as patients and visitors.

'Hand hygiene' can be by:

- > washing your hands with soap and water or
- > using an alcohol based gel on their hands.

Dialysis patients and VRE

Until now dialysis patients have been checked every 3 months to see if they have VRE in their body.

From now on, all 3 monthly screening for VRE will stop. Instead patients will only be checked if they are admitted to hospital.

The reason for this change is that the rate that renal patients get sick from VRE is low compared with some other patient groups. Checking 3 monthly for VRE can only stop if healthcare staff and patients are very careful about their hand washing and there is a clean health site environment.

All renal patients will be checked by nurses or doctors to decide whether they are at a high or low risk of spreading VRE from them to others.



There is a high risk of VRE spreading if the patient has:

- > Diarrhoea that is not controllable (incontinence),
- > Wounds that cannot be covered,
- > Dementia, confusion, or any other disease or disability that makes it difficult to care for themselves, particularly their personal hygiene and hand washing.
- > Or the patient is admitted to hospital.

If you do not have any of these conditions you are assessed as low risk.

If you are a low risk patient then, because of strict hand hygiene practices and good environmental cleaning, there is no need for staff to place you in isolation and no need for contact precautions to be used (staff wear a gown and gloves when they enter your room or touch you).

If you are a high risk patient then contact precautions must be used. (If you have one of the conditions listed above or have been admitted to hospital you will be high risk).

The doctors and nurses will let you know if you are high risk and tell you what will be done to prevent the spread of VRE to others.

What you can do to help us stop VRE from spreading

- When patients or visitors enter or leave a ward area or dialysis unit they need to use the alcohol based gel on their hands to clean them.
- Because VRE lives in the bowel or urinary system, patients must wash their hands with soap and water or use the alcohol based gel after using the toilet.
- If you notice staff aren't performing hand hygiene then ask them to.
- If you see an area that is dirty or soiled (especially toilets) report it to staff so they can get it cleaned.

More Information needed?

For more information specific to your situation for example: VRE clearance, please speak to your doctor or renal nurse.



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