



**Australian Government**  
**Department of Health and Ageing**

Attention Residential Aged Care Facility Manager,

**INFORMATION CONCERNING VANCOMYCIN-RESISTANT ENTEROCOCCI (VRE)**

Please find attached an information sheet from the Director, Communicable Disease Control Branch of the SA Department of Health. This sheet provides information and guidance which should assist you to manage residents with, or suspected to have a VRE infection. The covering note contains a telephone contact number, (8226 6363) should you wish to seek further information on this matter.

The information has been provided by SA Health following recent media attention relating to this issue.

*Authorised for electronic transmission*

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Dear Facility Manager

Please find attached an information sheet for management of residents who may be colonised with vancomycin-resistant *Enterococcus* species (VRE).

There has been much media attention in recent weeks regarding this multi-resistant organism, and this information sheet will ensure that your facility is adequately informed and prepared in the event that a person carrying this organism is admitted to or transferred from a hospital.

If you have any further queries, please contact the Infection Control Service on 8226 6363

Yours sincerely

A handwritten signature in black ink, appearing to read 'A P Koehler'.

Dr Ann Koehler  
**DIRECTOR**  
**COMMUNICABLE DISEASE CONTROL BRANCH**



## VANCOMYCIN-RESISTANT ENTEROCOCCI (VRE) Information for Residential Care Facilities (RCF)

### Purpose

To provide guidance for the management of residents colonised/infected with vancomycin-resistant Enterococci (VRE) in Residential Care Facilities (RCF), including nursing homes, hostels, psychiatric, hospice and rehabilitation facilities.

### Background

Enterococci are bacteria normally found in the bowel and therefore in faeces. The widespread use of vancomycin has led to the emergence of vancomycin-resistant strains of the bacteria. Although these bacteria are of low pathogenicity, infections can occur in susceptible people. Resistance to vancomycin makes infection very difficult to treat, so it is important that it is not spread to other residents.

### Definitions

**Colonisation** is the presence, growth and multiplication of micro-organisms without observable clinical signs and symptoms of infection.

**Infection** refers to invasion of bacteria into tissues with replication of the organism. Infection is characterised by isolation of the organism accompanied by clinical signs of illness such as fever, inflammation, pus formation and an elevated white blood cell count.

People can be either colonised or infected with VRE.

### Risk Factors for VRE Acquisition

Certain patients are at increased risk of VRE infection or colonisation, such as those who:

- Are critically ill (e.g. patients in intensive care units)
- Have immune suppression (e.g. patients receiving chemotherapy, radiotherapy, or who have had organ transplants)
- Have had a prolonged stay in hospital
- Have received prolonged treatment with broad spectrum antibiotics

VRE is not a risk to healthy or pregnant staff

VRE is not a risk to family or friends outside the facility

### Transmission

VRE is spread in a similar manner to MRSA – from resident to resident via unwashed hands of staff and via the resident's environment (dust, equipment, surfaces etc). VRE are capable of prolonged survival on hands, gloves and environmental surfaces such as door handles, stethoscopes, over bed tables, call bells etc.

Colonised or infected residents who have diarrhoea, faecal incontinence, a colostomy or ileostomy, or whose hygiene practices may be compromised by cognitive or functional impairment, are more likely to contaminate the environment.

## Management

Admission to a RCF should not be denied on the basis of VRE status alone. Before transfer however, there should be full communication between organisations. Documents should provide information regarding the VRE colonisation/infection history, level of hygiene and faecal continence.

- **Standard Precautions** apply at all times.
  - Hand Hygiene is extremely important. Wash hands after every resident contact. If no hand washing facilities are available in the resident's room then alcohol based hand rub must be available.
  - All non critical equipment i.e. commode, shower chairs etc., should be dedicated single resident use; or cleaned with detergent and water prior to use on another resident. If the resident is incontinent of faeces items should be wiped with a disinfectant (see below) after cleaning
  - Effective and efficient cleaning of the environment is imperative – detergent and water should be used for all surfaces. If the resident is incontinent of faeces or has diarrhoea then surfaces should be wiped with a disinfectant (see below) after cleaning with detergent and water
    - Freshly prepared dilutions of sodium hypochlorite containing 500ppm available chlorine are recommended for environmental disinfection –
    - Household bleach (5% sodium hypochlorite solution with 50,000ppm available chlorine), 1 part bleach to 99 parts water (equivalent to 0.05% or 500 ppm)
    - An alcohol impregnated wipe can be used for wiping non critical items of equipment
  - No special treatment is required for linen and it can be laundered as per Standard Precautions in accordance with AS/NZS 4146
  - No special treatment is required for cutlery, crockery, food trays and they can be washed as per Standard Precautions and in accordance with State and National legislation
- **Additional Precautions** are only required if the resident is faecally incontinent, has diarrhoea or basic hygiene practices are compromised:
  - Gloves and single use apron/gown should be used for all direct personal care or wound care
  - Residents with VRE can be cared for in a shared room; however, if the resident is faecally incontinent, has diarrhoea, has heavily exudating wounds, or whose hygiene practices may be compromised, then a single room is recommended.
- Activities – VRE should not prevent the resident from participating in the facilities activity schedule and attending the communal dining room
- Visiting family and friends – should be provided with basic hygiene information e.g. hand washing before and after visiting

More detailed information can be found by accessing the *South Australian Guidelines for the Management of Patients with Vancomycin Resistant Enterococci (VRE) colonisation/infection* on the Infection Control Service web site:

<http://www.health.sa.gov.au/INFECTIONCONTROL>

## References

Guidelines for the Management of Patients with Vancomycin-Resistant Enterococci (VRE) Colonisation/Infection. October 2003. SA Health. Government of South Australia

Guidelines for the Management of Residents with Vancomycin-Resistant Enterococci (VRE) in Residential Care Facilities. May 2004. Department of Health. Government of Western Australia

VRE Vancomycin Resistant Enterococci – A Staff Guide for Long Term Care Facilities (LTCF). 2007. Royal Brisbane & Women's Hospital