



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust

# Management of Patients with Glycopeptide Resistant Enterococci

This procedural document supersedes: PAT/IC 17 v.7 – Management of Patients with Glycopeptide Resistant Enterococci.



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Name and title of author: (this version)	Dr Ken Agwuh. Director of Infection Prevention & Control
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**Amendment Form**

<b>Version</b>	<b>Date</b>	<b>Brief Summary of Changes</b>	<b>Author</b>
Version 8	October 2024	<ul style="list-style-type: none"> <li>Update link to Laundry Policy – Bagging Procedure for Linen (CORP/FAC 12).</li> </ul>	Dr K Agwuh DIPC
Version 7	6 September 2021	<ul style="list-style-type: none"> <li>Updated the hyperlinks to other policies</li> <li>Added statement for patients lacking capacity</li> <li>Added Data protection</li> </ul>	Dr K Agwuh DIPC
Version 6	July 2018	<ul style="list-style-type: none"> <li>Updated the hyperlinks to other policies</li> <li>Section 6 Training and Support updated in line with Education Department statement</li> <li>Linen section updated</li> <li>Vapourised Hydrogen Peroxide (VHP) added 'Fogging' added to Environmental Cleaning section.</li> </ul>	Dr K Agwuh DIPC
Version 5	December 2015	<ul style="list-style-type: none"> <li>Updated Revised using the new Trust-style format.</li> </ul>	Dr K Agwuh DIPC
Version 4	August 2012	<ul style="list-style-type: none"> <li>Paragraphs re-named and re-numbered in line with (CORP/COMM 1)</li> <li>Section added on "Equality Impact Assessment"</li> </ul>	Dr C Hoy DIPC
Version 3	August 2009	<p>Section included on:</p> <ul style="list-style-type: none"> <li>Duties</li> <li>Individual and Group Responsibilities</li> <li>Education and Training</li> <li>Monitoring and Audit</li> </ul>	Infection Prevention and Control Team

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## 1. INTRODUCTION

Enterococci are part of the normal flora of the gastrointestinal tract. They are organisms of low virulence but have become an increasingly common cause of healthcare associated infection, such as urinary tract infection, bacteraemia and endocarditis, particularly in debilitated patients. Most enterococcal infections arise from the patient's endogenous flora, but cross-infection between hospital patients does occur.

Acquired resistance to glycopeptide antibiotics (vancomycin and teicoplanin) has emerged in enterococci. Animal strains of glycopeptide resistant enterococci (GRE) may colonise the gastrointestinal tract of healthy humans via contaminated food. GRE were first isolated from hospital patients in the UK in 1988. Resistance to glycopeptide antibiotics reduces the therapeutic options for enterococcal sepsis and the reported transfer of resistance to *Staphylococcus aureus* is an important reason for controlling spread of these organisms.

## 2. PURPOSE

The purpose of the policy is to ensure effective management to prevent the emergence and spread of GRE. This policy is based on national guidelines for the control of GRE in hospitals and sound infection prevention and control principles.

## 3. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Equality Diversity and Inclusion Policy (CORP/EMP 59).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1)

## 4. DUTIES

This policy covers infection prevention and control management issues for Trust staff this includes:-

- Employees
- Volunteers
- Agency/Locum/Bank Staff
- Contractors whilst working on the Trust premises

Each individual member of staff, volunteer or contracted worker within the Trust is responsible for complying with the standards set out in the Policy. They need to be aware of their personal responsibilities in preventing the spread of infection. It is the responsibility of Directors and Managers to ensure

compliance with this standard.

## 5. INDIVIDUAL AND GROUP RESPONSIBILITIES

All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff, contractors, agency and locum staff are responsible for adhering to this policy, and for reporting breaches of this policy to the person in charge and to their line manager.

### **Trust Board**

The Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place that effectively manage the risks associated with Healthcare associated infections. Their role is to support the implementation of a Board to Ward culture to support a Zero Tolerance approach to Health Care Associated Infections.

The Director of Infection Prevention and Control will provide assurance to the board that effective systems are in place.

**Director of Infection Prevention and Control:** Is responsible for the development of infection and prevention and control strategies throughout the Trust to ensure best practice.

**The Infection Prevention and Control Team:** is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

**Matrons:** are responsible for ensuring implementation within their area by undertaking regular audits in ward rounds activities. Any deficits identified will be addressed to comply with policy.

**Ward and Department Managers:** are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the principles at all times.

**Consultant Medical Staff:** are responsible for ensuring their junior staff read and understand this policy, and adhere to the principles contained in it at all times.

**Clinical Site Managers:** are responsible for ensuring patients are placed in accordance with this policy, and for escalating any situations where safe placement cannot be achieved.

**On-call Managers:** are responsible for providing senior and executive leadership to ensure implementation of this policy, and for ensuring infection risks are fully considered and documented when complex decisions need to be made regarding capacity and patient flow.

## 6. TRAINING AND SUPPORT

The training requirements of all staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead or nominated person.

Infection Prevention and Control must be included in individual Annual Development Appraisal and any training needs for IPC addressed.

## 7. MONITORING COMPLIANCE WITH POLICY

Monitoring	Who	Frequency	How Reviewed
The policy will be reviewed in the following circumstances:-	APD Process Group IPCT	Every three years routinely, unless: <ul style="list-style-type: none"> <li>When new national or international guidance are received.</li> <li>When newly published evidence demonstrates need for change to current practice.</li> </ul> Action required from Root Cause Analysis Serious Incident Investigation Report	Approved Procedural Document (APD) database Policy will be approved and ratified by the Infection Prevention and Control Committee
Compliance with policy to negate cross-infection	The Infection Prevention and Control Practitioners	Weekly	“Alert organism review” to monitor adherence with the policy.
Training needs for infection prevention and control	Ward and Department Managers Training and Education Department	Annually	Staffs Professional Development Appraisal Attendance will be captured by the via OLM system

## 8. MANAGEMENT OF PATIENT WITH GRE

Treatment of individual patients is based on clinical assessment and discussion with a Microbiologist to determine whether antimicrobial therapy is required.

- Colonisation with GRE is more common than infection. The most common site of colonisation is the lower gastrointestinal tract.
- Infection may be associated with intravenous or urinary catheters and management usually entails their removal.
- Abscesses require drainage wherever possible.

Stool carriage may persist for months or even years. Attempted clearance with antibiotics is generally unsuccessful and is not recommended.

Risk factors for infection with GRE include:

- Prior antibiotic therapy (particularly glycopeptides or cephalosporins)
- Prolonged hospital stay
- Admission to ICU, renal or haematology units

## 8.1 Infection Control Measures

Transmission within hospitals mainly occurs on the hands of health care workers which have been contaminated by contact with colonised or infected patients, contaminated surfaces or fomites. Enterococci may contaminate the environment around a patient and survive there for several days. Environmental contamination is increased when patients have diarrhoea.

## 8.2 Isolation

The decision to isolate a patient with GRE should be based on risk assessment and clinical needs, in discussion with the Infection Prevention and Control Team.

- Positive test results for GRE that is pick up in wound swab or from urine ideally these patients with should be isolated in single rooms, with en-suite facilities, or if this is not possible, cohorted in bays on the open ward.
- Patients with GRE and diarrhoea or incontinence pose a high risk of GRE transmission and MUST be isolated. If the room does not have its own toilet facilities then a dedicated commode should be arranged.

## 8.3 Hand Hygiene

Effective hand hygiene is the most important measure to control the spread of antibiotic resistant organisms. See [Hand Hygiene \(PAT/IC 5\)](#).

- Hands should be decontaminated between each patient contact, including after removal of gloves.
- Soap may not be as effective as disinfectant containing preparations.
- Alcohol hand gel can be used provided hands are visibly clean.

## 8.4 Protective Clothing

Health care staff should wear gloves when there is a possibility of direct contact with blood or body fluids, or contact with items in the environment that may be contaminated. Disposable plastic aprons should be worn for close patient contact or procedures where contamination of clothing may occur. See [Standard Infection Prevention and Control Precautions Policy \(PAT/IC 19\)](#).

## 8.5 Environmental Cleaning

The environment around a patient may become contaminated with GRE and this is increased when patients have diarrhoea. Environmental cleaning of the room or bedspace should be carried out at least twice daily using approved disinfectant.

Isolation rooms, including all equipment and horizontal surfaces, should be cleaned thoroughly following discharge of patients with GRE. Curtains must be changed.

Vapourised Hydrogen Peroxide (VHP) 'Fogging' has been shown to reduce HCAI's be decontaminating

environments of a wide range of micro-organisms including GRE. This process must be undertaken on patient's discharge from the single room.

## 8.6 Decontamination of Equipment

Where possible equipment should be disposable or be able to withstand disinfection. Advice relating to specific equipment can be sought from the Trust [Cleaning and Disinfection of Ward Based Equipment \(PAT/IC 24\)](#). It is best practice to designate equipment to an isolated patient.

## 8.7 Waste

All waste must be disposed of directly into a foot operated bin, categorised as clinical waste, in accordance with national regulations and local policy – see Waste Management Policy (CORP/HSFS 17 A) and Waste Management Manual (CORP/HSFS 17 B). Once waste bags are 2/3 full, the neck should be secured with a tie and the bag removed to the disposal area.

## 8.8 Linen

All linen should be considered to be contaminated/infected, including bedding and adjacent curtains, and should be managed in accordance with the Trust [Laundry Policy – Bagging Procedure for Linen \(CORP/FAC 12\)](#).

Contaminated linen should be placed in the red alginate bag, which once tied can be stored temporarily while awaiting collection, in an area such as the dirty utility/disposal, which is not a public area. Bed linen, towels and clothing must be changed daily.

## 8.9 Control of Antibiotic Use

The emergence and spread of GRE is encouraged by the use of certain antimicrobials. Units affected by GRE should, in conjunction with Microbiology, review their antibiotic policy, particularly regarding the prudent use of glycopeptides and cephalosporins.

## 8.10 Screening

Screening to identify colonised patients is recommended during outbreaks and will be performed on the advice of the Infection Prevention and Control Team.

- The most frequent site of colonisation is the large bowel, and faeces is the most useful screening specimen. To prevent delay in screening if unable to collect a faeces sample then a rectal swab that contains faeces should be obtained.
- Screening sites such as wounds and vascular catheter sites may identify additional colonised patients.
- Staff gut carriage has not been implicated as a source of patient infection or colonisation and screening staff for stool carriage is not recommended.



### 8.11 Transfer/Discharge of Patients

GRE should not be a barrier to good clinical care and therefore transfers to other hospitals or care facilities should not be delayed or prevented. However, any unnecessary movement should be avoided. Prior to transfer it is the responsibility of the transferring team to inform the receiving hospital of the patients GRE status.

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 catheters, wounds or other lesions.

### 8.12 Patients lacking capacity

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest .
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

**There is no single definition of Best Interest.** Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

## 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with other Trust Policies and protocols for the prevention and control of HCAI in line with the Health and Social Care Action 2008. In particularly:

- Hand Hygiene – PAT/IC 5
- Pathology Specimens – Collections & Handling of Pathology Specimens - PAT/IC 11
- Isolation Policy - PAT/IC 16
- Standard Infection Prevention and Control Precautions Policy - PAT/IC 19
- Mental Capacity Act 2005 – Policy and Guideline, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
- Privacy and Dignity Policy – PAT/PA 28
- Waste Management Policy - CORP/HSFS 17 A
- Laundry Policy – Bagging Procedure for Linen CORP/FAC 12 v1
- Waste Management Manual - CORP/HSFS 17 B
- Equality Diversity and Inclusion – CORP/EMP 59
- Equality Analysis Policy – CORP/EMP 27

## 10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

## 11. REFERENCES

Department of Constitutional Affairs. Mental Capacity Act (2005): Code of Practice, 2007

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)

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 *Journal of Hospital Infection* 2006; 62: 6-21.

Recommendations for preventing the spread of vancomycin resistance. Hospital Infection Control Practices Advisory Committee. *Infection Control and Hospital Epidemiology* 1995; 16: 105-13.

**APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM**

Policy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Management of Patients with Glycopeptide Resistant Enterococci	Corporate Nursing Infection Prevention and Control	Dr Ken Agwuh ( DIPC)	Existing Policy	October 2024
<b>1. Who is responsible for this policy?</b> Infection Prevention and Control Team				
<b>2. Describe the purpose of the policy?</b> The purpose of the policy is to ensure effective management to prevent the emergence and spread of GRE. This policy is based on national guidelines for the control of GRE in hospitals and sound infection prevention and control principles.				
<b>3. Are there any associated objectives?</b> Timely isolation of patients with or at risk of infection				
<b>4. What factors contribute or detract from achieving intended outcomes?</b> None				
<b>5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> No				
<ul style="list-style-type: none"> <li><b>If yes, please describe current or planned activities to address the impact</b></li> </ul>				
<b>6. Is there any scope for new measures which would promote equality?</b> N/A				
<b>7. Are any of the following groups adversely affected by the policy?</b>				
Protected Characteristics	Affected?	Impact		
a. Age	No			
b. Disability	No			
c. Gender	No			
d. Gender Reassignment	No			
e. Marriage/Civil Partnership	No			
f. Maternity/Pregnancy	No			
g. Race	No			
h. Religion/Belief	No			
i. Sexual Orientation	No			
<b>8. Provide the Equality Rating of the service/ function/policy /project / strategy</b>				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<b>Date for next review</b> October 2027				
<b>Checked by:</b> Miriam Boyack, Lead Nurse IPC			<b>Date:</b> October 2024	