

POSITION STATEMENT: VRE screening and contact precautions

This position statement was developed by the Standards and Guidelines Committee.

Chair: Madeleine Ashcroft

Principal Authors: Standards and Guidelines Committee

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BACKGROUND

Vancomycin resistant enterococci (VRE) are present in many healthcare facilities across Canada to varying degrees, usually as rectal colonization [1]. VRE bacteraemia is associated with greater hospital mortality and length of stay than vancomycin-sensitive enterococcal (VSE) bacteraemia [2]. In recent years, some Canadian healthcare facilities have decided to reduce or stop screening as well as the use of contact precautions as a VRE control strategy. Others continue to support current guideline recommendations for VRE surveillance and the use of additional precautions [3].

POSITION STATEMENT

IPAC Canada recognizes that while there are various bodies of expert opinion on VRE control, recent Ontario studies [3-7] support ongoing screening and contact precautions. Decisions regarding screening and contact precautions should be based on local epidemiology, and guided by regional and provincial recommendations and requirements [4-9]. Further, any changes to practice should be implemented to improve patient care and not be used as a cost-cutting measure. These changes should only be considered in the context of an infection prevention and control program already meeting or exceeding best practices (including hand hygiene, environmental cleaning, routine practices and additional precautions).

For those healthcare facilities that are considering or have implemented a reduction in VRE control strategies, IPAC Canada recommends an approach that considers the following:

- Epidemiologic investigation and risk assessment for VRE infections;
- Consultation with staff and client groups, including high-risk wards/clinics;
- Consultation with institutional stakeholders;
- Discussion with other internal and external stakeholders, including the health region; and

- An enhanced communication strategy addressing multiple contingencies (e.g., continued surveillance may show a need to return to previous practices)

Further, IPAC Canada recommends that any savings incurred from decreased screening and contact precautions is reinvested in the following activities (as determined by the risk assessment above):

- Education on Routine Practices
- Environmental cleaning;
- Hand hygiene;
- Antimicrobial stewardship;
- Monitoring of healthcare-acquired infections (HAIs); and
- Other activities deemed important for infection control and prevention.

Decreased surveillance of VRE results in a paucity of information regarding colonization. Any reduction in screening and contact precautions should be accompanied by close monitoring of all VRE culture-positive HAIs to ensure that undue harm is not incurred as a result. In the event that harm is found, institutions should be prepared to return to previous policies. It is also highly recommended that those institutions that choose to change their strategy communicate their experiences to other members of the infection control community for future policy making.

STAKEHOLDERS

Infection Prevention and Control Professionals, healthcare workers, and their clients (the Canadian public).

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