Vancomycin-Resistant Enterococci (VRE) Clearance Protocol

Healthcare Associated Infection Unit
April 2016
Introduction

A clearance protocol for patients previously identified with vancomycin-resistant enterococci (VRE) was introduced in Western Australian (WA) in April 2016.

This protocol for clearing patients of VRE is to be read in conjunction with the Operational Directive OD 0646/16: Infection Prevention and Control of Vancomycin-Resistant Enterococci in Western Australian Healthcare Facilities

Investigation Process

Investigation for clearance of VRE is preferably conducted when the patient is admitted to hospital. Reasonable efforts are to be made to identify the date of the patient’s last VRE-positive specimen.

WACHS and private hospitals without access to the micro-alert system (MAS) or iSOFT Clinical Manager (ICM)

- Contact hiswa@health.wa.gov.au to identify the date the micro-alert V was activated
- Check for positive VRE specimens, from the date activated to the date of the investigation, with the laboratory providing service to your hospital.
- Ask the patient or family if they have been admitted to any other healthcare facility (HCF) between the date activated and the date of the investigation. If yes, contact IP&C personnel at that HCF regarding positive VRE specimens since activation date. For scheduled admissions, pre-admission staff could ask this question.
- Complete the VRE Clearance Form and send to hiswa@health.wa.gov.au
- HAIU will contact the initiating hospital to arrange clearance from the MAS.

Public metropolitan and WA Country Health Service hospitals with access to ICM and MAS

- Identify the date the micro-alert V was activated on the MAS. This can be viewed on TOPAS, webPAS or the summary page on ICM.
- Conduct a search of laboratory results for positive specimen results from the date activated to the date of the investigation. The ICM User Manual can be accessed at http://intranet.health.wa.gov.au/HIN/applications/icm.cfm
- Ask the patient or family if they have been admitted to any other HCF between the date activated and the date of the investigation. If yes, contact the IP&C staff at that HCF regarding positive VRE specimens since activation. For scheduled admissions, pre-admission staff could ask this question.
- These sites can update the MAS by recording the date cleared and are not required to notify the hospital that initiated the alert. You do not have to complete the VRE Clearance Form or notify the HAIU.

Clearance on the Micro-alert System

- Only IP&C personnel trained to update the MAS on TOPAS or webPAS are to clear micro-alerts.
- The Date Cleared is to be entered on the MAS and this can be viewed on the Update page on TOPAS and webPAS.
- VRE alerts are never to be made inactive on the MAS and are only to be deleted if entered on the MAS in error e.g. wrong patient or laboratory confirms non-VRE.
Flow chart for VRE clearance

VRE positive patient is admitted to hospital

Is this patient receiving haemodialysis? Yes, Patient is NOT for clearance

No

Conduct investigation to identify date of last positive specimen. See Investigation Notes (next page)

Last positive specimen between 1 and 4 years ago

Obtain 3 screening specimens on 3 separate days

3 negative screening results since last positive specimen confirmed

Update the micro-alert status on the micro-alert system (MAS) by recording the Date Cleared

OR

If you have no access to the MAS, complete the VRE Clearance Form and send to the HAU at: hiswa@health.wa.gov.au