**Infection Prevention and Control Care Checklist – VRE**

This Care checklist should be used with patients who have VRE and have an ongoing associated infection, colonisation that poses a risk for cross infection, loose stools or is incontinent of urine, and signed off at end of the isolation period / discharge. Each criteria should be ticked ✓ if in place or X if not, every day while isolation is required. On any day that the criteria cannot be met, the risk assessment should be completed (Appendix 1).

**Patient Placement/ Assessment of Risk**

<table>
<thead>
<tr>
<th>Daily check (✓/x)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient isolated in a single room with <em>en suite</em> facilities / own commode.</td>
</tr>
<tr>
<td>If a single room is not available, complete failure to isolate risk assessment. Stop isolation if patient has been asymptomatic for at least 48 hours.</td>
</tr>
<tr>
<td>Place yellow isolation sign on the door to the isolation room</td>
</tr>
<tr>
<td>Door to isolation room is kept closed.</td>
</tr>
</tbody>
</table>

**Hand Hygiene (HH)**

- All staff must use correct 6 step technique for hand hygiene at 5 key moments. If loose stools, liquid soap and water must be used.
- HH facilities are offered to patient after using the toilet and prior to mealtimes etc. (clinical wash hand basin/wipes where applicable)

**Personal Protective Clothing (PPE)**

- Disposable gloves and yellow apron are worn for all direct contact with the patient and their equipment/environment, removed before leaving the isolation area and discarded as clinical waste. **HH must follow removal of PPE.**

**Safe Management of Care Equipment**

- Single-use items are used where possible OR equipment is dedicated to patient while in isolation.
- There are no non-essential items in room. (e.g. Excessive patient belongings)
- Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of Actichlor Plus (or equivalent)

**Safe Management of Care Environment**

- Twice daily clean of isolation room is completed by Domestic services, using of a solution of 1,000 ppm Actichlor plus (or equivalent). A terminal clean will be arranged on day of discharge/end of isolation.

**Laundry and Clinical/Healthcare waste**

- All laundry is placed in a water soluble bag, then into a clear plastic bag tied (brown bag in mental health areas), then into a laundry bag.
- Clean linen must not be stored in the isolation room.
- All waste should be disposed of in the isolation room as clinical/ Healthcare waste.

**Information for patients/carers**

- The patient has been given information on VRE and been provided with a patient fact sheet if available.
- If taking soiled clothing home, carers have been issued with a Washing Clothes at Home PIL. **(NB. Personal laundry is placed into a water soluble bag and then into a patient clothing bag before being given to carer to take home)**

**HCW Daily Initial :**

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**Date Isolation commenced:** .................................................................

**Patient Name:**

**CHI:**

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**Date Isolation ceased/ Terminal Clean Requested:** .................................................................

**Signature:** .................................................................

**Date:** .................................................................
# Appendix 1: Infection Prevention and Control Risk Assessment
(for patients with known or suspected infection that cannot be isolated)

## Daily Assessment / Review Required

<table>
<thead>
<tr>
<th>Daily Assessment Performed by</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Known or suspected Infection</strong> e.g. loose stools with VRE.</td>
<td></td>
</tr>
<tr>
<td><strong>Infection Control Risk</strong>, e.g. unable to isolate, unable to close door of isolation room.</td>
<td></td>
</tr>
<tr>
<td><strong>Reason unable to isolate / close door to isolation room</strong>, e.g. falls risk, observation required, clinical condition.</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Precautions</strong> put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, healthcare/clinical waste bin placed next to bed space.</td>
<td></td>
</tr>
<tr>
<td><strong>Infection Prevention and Control have been informed</strong> of patient’s admission and are aware of inability to adhere to IPC Policy?</td>
<td><strong>Yes / No</strong></td>
</tr>
</tbody>
</table>

**Summary Detail of Resolution**

**Daily risk assessments are no longer required**

**Signed**  
**Date**  

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**Addressograph Label:**  
Patient Name and DOB/CHI:

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**NHS Greater Glasgow and Clyde**