

## 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 Name:

CHI:

Date Isolation commenced: .....

	Patient Placement/ Assessment of Risk	Daily check (V/x)						
Patient Placement /Assessment of risk	Patient isolated in a single room with <i>en suite</i> facilities / own commode. 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.							
	Place yellow isolation sign on the door to the isolation room							
	Door to isolation room is kept closed.							
Standard Infection Control & Transmission Based Precautions	<b>Hand Hygiene (HH)</b>							
	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)							
	<b>Personal Protective Clothing ( PPE)</b>							
	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. <b>HH must follow removal of PPE.</b>							
	<b>Safe Management of Care Equipment</b>							
	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)							
	<b>Twice daily</b> decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of chlorine based detergent.							
	<b>Safe Management of Care Environment</b>							
	<b>Twice daily</b> clean of isolation room is completed by Domestic services, using of a solution of 1,000 ppm chlorine based detergent. A terminal clean will be arranged on day of discharge/end of isolation.							
	<b>Laundry and Clinical/Healthcare waste</b>							
	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	<b>Information for patients and their carers</b>							
	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)							
	<b>HCW Daily Initial :</b>							

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)

Addressograph Label:  
 Patient Name and DOB/CHI:



Daily Assessment / Review Required

		COMMENTS	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Daily Assessment Performed by	<i>Initials</i>								
Known or suspected Infection e.g. loose stools with VRE.	<i>Please state</i>								
Infection Control Risk, e.g. unable to isolate, unable to close door of isolation room.	<i>Please state</i>								
Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition.	<i>Please state</i>								
Additional Precautions 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.	<i>Please state</i>								
Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy?	<i>Yes / No</i>								
Summary Detail of Resolution									

Daily risk assessments are no longer required

Signed \_\_\_\_\_  
 Date \_\_\_\_\_