

**Table 4. Isolation precautions to prevent patient to patient transmission of VRE  
(Adapted from CDC-HICPAC)**

1. Place VRE colonized or infected patients in single rooms, or cohort with other patients with VRE.
2. Wear gloves when entering the room of a VRE-infected or colonized patient.
3. Wear a gown when entering the room of a VRE-infected or colonized patient if:
  - a. Substantial contact with the patient or environmental surfaces in the room is anticipate.
  - b. The patient is incontinent
  - c. The patient has an ileostomy, colostomy or wound drainage not contained by dressing.
4. Remove gloves and gown before leaving the patient's room and wash hands immediately with an antiseptic soap or waterless antiseptic agent.
5. Dedicate the use of non-critical items, such as stethoscope, sphygmomanometer or rectal thermometer to a single patient or cohort of isolated patients. Devices must be disinfected before used on other patients.
6. Obtain stool or rectal swab cultures of roommates of patients newly found to be infected or colonized with VRE. Perform additional patient screening at the discretion of the infection control staff.
7. Adopt a policy for determining when patients infected or colonized with VRE can be removed from isolation precautions. As VRE colonization may be prolonged, negative cultures from multiple sites on 3 separate occasions at least one week apart is recommended.
8. The hospital should adopt a system by which infected and colonized patients can be recognized and placed into isolation promptly on transfer or re-admission.
9. Develop a plan, in consultation with public health authorities, for discharge or transfer of colonized or infection patients to other health facilities, including nursing homes and home health care.