Title: MIC31100-VRE Screen Type: Laboratory Services Program SOP Policy Number:

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services

Next Review Date: Date Approved:

> PROGRAM Standard Operating Procedure – Laboratory Services Title: MIC31100 -Policy Number: VRE Screen Program Name: Laboratory Services Applicable Domain: Lab, DI and Pharmacy Services Additional Domain(s): NA Effective Date: **Next Review Date:** Issuing Authority: Date Approved: Director, Laboratory and Diagnostic Imaging Services Accreditation Canada Applicable Standard: NA

Uncontrolled When Printed

GUIDING PRINCIPLE:

Specimens are submitted to identify carriers of vancomycin-resistant Enterococcus faecium and/or Enterococcus faecalis (VRE). Swabs may be submitted from any body site (other than nasal and axilla), but most commonly are collected from the rectum and are used to aid in the prevention and control of VRE in healthcare settings

PURPOSE/RATIONALE:

This standard operating procedure describes the screening for Vancomycin Resistant Enterococci (VRE) on admission and as part of Multi-Resistant Organism (MRO) screens.

SCOPE/APPLICABILITY:

This standard operating procedure applies to Medical Laboratory Technologists (MLTs) processing specimens for VRE screen.

SAMPLE INFORMATION:

Tyme	Swab	
Туре	Amie's with or without charcoal	
	Rectum	
Source	Stool	
	MRO screen: any site	
	If the sample is received in the laboratory and processed	
Stability	greater than 48 hours from collection:	
	Add specimen quality comment: "Delayed transport may	
	adversely affect pathogen recovery"	

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Date Approved: Page 1 of 8

Title: MIC31100-VRE Screen	Type: Laboratory Services Program SOP
Issuing Authority: Director, Laboratory and Diagnostic Imaging Services	Policy Number:
Next Review Date:	Date Approved:

Storage Requirements	Room temperature		
Criteria for rejection	 Unlabeled/mislabeled swabs Specimen container label does not match patient identification on requisition Duplicate specimens obtained with same collection method from same collection location within 24 hours 		

REAGENTS and/or MEDIA:

- VRESelect agar (VRE), Blood agar (BA) and Mueller Hinton agar (MH)
- Identification reagents: gram stain, catalase and vancomycin E-test

SUPPLIES:

- Disposable inoculation needles
- Wooden sticks
- Glass microscope slides

EQUIPMENT:

- Biosafety cabinet
- 35° ambient air incubator
- Microscope
- VITEK 2 and supplies

SPECIAL SAFETY PRECAUTIONS:

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potentially infectious materials or cultures:

- Ensure that appropriate hand hygiene practices be used
- Lab gown must be worn when performing activities with potential pathogens
- Gloves must be worn when direct skin contact with infected materials is unavoidable
- Eye protection must be used when there is a known or potential risk of exposure of splashes
- All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC)
- The use of needles, syringes and other sharp objects should be strictly limited

All patient specimens are assumed to be potentially infectious. Routine Practices must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

QUALITY CONTROL:

- Refer to MIC60040-Culture Media Quality Control procedure
- Refer to Test Manual for reagent quality control procedures

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Page 2 of 8

Title: MIC31100-VRE Screen Type: Laboratory Services Program SOP

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services

Policy Number: Date Approved: Next Review Date:

PROCEDURE INSTRUCTIONS:

Step	Action	
Processing swabs for VRE screen		
1	 In the biosafety cabinet: Inoculate VRESelect agar with the swab Ensure all surfaces of the swab make contact with the agar Streak for isolated growth using a disposable inoculation needle 	
2	Label the VRE plate with: R (Date + 2 date).	
3	 Incubate the media: Place VRE in the O₂ incubator on the "VRE SCREEN" section on the old cultures shelf 	

INTERPRETATION OF RESULTS:

Step	Action			
1	 Observe VRE plate at 38 to 48 hours Examine for blue or pink colonies 			
3	 If no blue or pink colonies are seen at 38 to 48 hours: Record observations in the LIS Workup complete VRE not isolated 			
	 If blue colonies are seen: Record observations in the LIS Perform catalase test: 			
	IF	THEN		
	Catalase POSITIVE	Record observations in the LISWorkup completeVRE not isolated		
4	Catalase NEGATIVE	Record observations in the LISSubculture to BA plate		
	From the BA sub plate: • Perform gram stain			
	IF	THEN		
	Gram stain NOT GPC	Record observations in the LISWorkup completeVRE not isolated		
	Gram stain GRAM POSITIVE COCCI	Perform GPISet up vancomycin E-test		
5	 If pink colonies are seen: Record observations in the LIS Subculture colonies to BA sub plate From the BA sub plate, perform gram stain 			

Disclaimer Message: This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Date Approved: Page 3 of 8 Title: MIC31100-VRE Screen

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services

Next Review Date:

Type: Laboratory Services Program SOP

Policy Number: Date Approved:

IF	THEN
Gram stain NOT GPC	Record observations in the LISWorkup completeVRE not isolated
Gram stain GRAM POSITIVE COCCI	Perform GPISet up vancomycin E-test

REPORTING INSTRUCTIONS:

IF	REPORT		
VRE not isolated	Report: "No Vancomycin Resistant Enterococci (VRE) isolated"		
VITEK ID: E.gallinarum and/or E.casseliflavus	 Verify the organism ID Suppress GPI result in the isolates tab: Change the Isolate # to a letter Verify the result Enter and verify vancomycin E-test result Keep vancomycin E-test result suppressed Report: "No Vancomycin Resistant Enterococci (VRE) isolated" 		

IF	AND	REPORT
Blue and/or Pink colonies - VITEK ID: <i>E.faecalis</i> and/or <i>E.faecium</i>	Vancomycin E-test MIC = <4 μg/mL	 Verify the organism ID Suppress GPI result in the isolates tab: Change the Isolate # to a letter Verify the result Enter and verify vancomycin E-test result Keep vancomycin E-test result suppressed Report: No Vancomycin Resistant Enterococci (VRE) isolated"

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Title: MIC31100-VRE Screen Type: Laboratory Services Program SOP

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services Policy Number: Next Review Date: Date Approved:

IF	AND	REPORT
Blue and/or Pink colonies - VITEK ID: E.faecalis and/or E.faecium	Vancomycin E-test MIC = 4 µg/mL	 Re-incubate vancomycin E-test If after 48 hours MIC is still 4: Verify the organism ID Suppress GPI result in the isolates tab: Change the isolate # to a letter Verify the result Enter and verify vancomycin E-test result Keep vancomycin E-test result suppressed Report: No Vancomycin Resistant Enterococci (VRE) isolated" If after 48 hours MIC ≥8 μg/mL: Verify the organism ID List quantitation as "Isolated" Enter and verify vancomycin E-test result Keep vancomycin E-test result suppressed Report organism with isolate comment &VRE1 Add test ?REFD and finalize with "." In order entry, copy report to OCPHO (HPU1) In order entry, copy report to appropriate IPAC ward In order entry, add ESO code "VRE" Freeze and record in isolate log Forward isolate to APL for vancomycin gene testing

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Title: MIC31100-VRE Screen Type: Laboratory Services Program SOP

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services Policy Number: Next Review Date: Date Approved:

IF	AND	REPORT
Blue and/or Pink colonies - VITEK ID: E.faecalis and/or E.faecium	Vancomycin E-test MIC = 8-16 µg/mL	 Repeat ID from vancomycin E-test plate Verify the organism ID List quantitation as "Isolated" Enter and verify vancomycin E-test result Keep vancomycin E-test result suppressed Report organism with isolate comment &VRE2 Add test ?REFD and finalize with "." In order entry, copy report to OCPHO (HPU1) In order entry, copy report to appropriate IPAC ward In order entry, add ESO code "VRE" Freeze and record in isolate log Forward isolate to APL for vancomycin gene testing

IF	AND	REPORT
Blue and/or Pink colonies - VITEK ID: E.faecalis and/or E.faecium	Vancomycin E-test MIC = ≥32 μg/mL	 Verify the organism ID List quantitation as "Isolated" Enter and verify vancomycin E-test result Keep vancomycin E-test result suppressed The following isolate comment will be added: &VRE In order entry, copy report to OCPHO (HPU1) In order entry, copy report to appropriate IPAC ward In order entry, add ESO code "VRE" Freeze and record in isolate log

NOTE: STH IPAC ward is SIPAC. IRH IPAC ward is IIPAC

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Title: MIC31100-VRE Screen

Type: Laboratory Services Program SOP
Issuing Authority: Director, Laboratory and Diagnostic Imaging Services

Policy Number:

Next Review Date: Policy Number: Date Approved:

LIMITATIONS:

1. Organisms with atypical enzyme patterns may give anomalous results. The growth requirements of certain VRE can lead to their partial or total inhibition in culture.

- 2. Faecal specimens may cause some localized discolourization in the primary area of inoculation and should not be confused with a true chromogenic reaction wherein coloured colonies are visible. Interpret the colour of the isolate on well isolated colonies.
- 3. Strains of *E. faecalis* or *E. faecium* with intermediate resistance to vancomycin are infrequently encountered and may yield positive results.
- 4. Tightly clustered colonies of *Enterococcus gallinarum* and *Enterococcus casseliflavus* could appear as gray, slightly blue, or pink.
- 5. Leuconostoc, Pediococcus and Lactobacillus are intrinsically resistant to vancomycin, are inhibited or appear as colourless pinpoint colonies (blue or pink with tightly clustered colonies).
- 6. Some Gram-negative bacteria may grow on VRESelect, but the size and colour of colonies enable differentiation from VREfm or VREfs.

CROSS-REFERENCES:

- MIC36300-Referral of Category B Specimens to APL
- MIC60040-Culture Media Quality Control

REFERENCES:

- 1. Leber, A. (2016). *Clinical microbiology procedures handbook.* (4thed.) Washington, D.C.: ASM Press
- Jorgensen J.H., Pfaller M.A., Carroll K.C., Funke G., Landry M.L., Richter S.S., Warnock D.W. (2015). *Manual of Clinical Microbiology*, 11th edition. Washington, D.C: ASM Press
- 3. Bio-Rad. (2016/03). VRESelect package insert

APPROVAL:	
Date	

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Date Approved: Page 7 of 8

Title: MIC31100-VRE Screen

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services

Next Review Date

Type: Laboratory Services Program SOP

Policy Number: Date Approved:

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	26 Apr 17	Initial Release	L. Steven
2.0	30 Nov 18	Updated to include new VITEK 2 instrument and two specimens per plate	L. Steven
3.0	30 Dec 21	Procedure reviewed and added to NTHSSA policy template	L. Steven
4.0	31 Aug 22	Updated to reflect new VRE agar VRE <i>Select</i>	L. Steven
5.0	19 Dec 24	Updated to reflect removal of 24 hour read	L. Steven

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Policy Number: Date Approved: Page 8 of 8