

ESBL's – at-a-Glance

DEFINITION	<p>ESBL or Extended Spectrum Beta Lactamase is an enzyme which is resistant to many penicillin and cephalosporin antibiotics and often other antibiotics (PHE 2014). The most common ESBL producing strains of bacteria are Escherichia coli and Klebsiella pneumoniae. Anyone can be infected with an ESBL producing bacteria but those at highest risk are the elderly, individuals with underlying medical conditions that are already unwell or who have been taking antibiotics, those who have received healthcare abroad in areas where ESBL infections are more common, and those in contact with patients with ESBL producing bacteria.</p>
MANAGEMENT	<p>ESBL bacteria are spread through contact; therefore, patient colonised with ESBL should be isolated with contact precaution which involves</p> <ul style="list-style-type: none"> • Use Hand Hygiene as per the WHO Five Moments • Use OUH approved contact precautions isolation sign. (See IPC intranet for guidance) • If a single room is not available, please discuss with Infection Prevention and Control for options • Aprons and gloves to be worn for all contact with patient and their surroundings. • Relatives and visitors do not need to wear PPE but be asked to perform hand hygiene before leaving the room and not visit other patient areas. • Explain the patient of their colonisation status and the need for isolation. • Ensure receiving area is aware of ESBL status. • Put used linen in a red alginate bag and then into the usual white plastic linen bag. • If a patient is transferred to another hospital inform staff and complete an inter-healthcare transfer form to send with the patient. Keep a copy for documentation.
CLEANING	<p>Dedicated equipment or single use equipment for their use. Clean re-usable equipment with Green Clinell wipes. Terminal cleaning is only required for the bed space or room where the patient has stayed for one or more nights as an inpatient. The patient is not required to go last on any procedure list.</p>
ISOLATION	<p>The patient will need to be isolated for the whole admission and future admissions, unless deescalated by the Infection Prevention and Control team. Exception: Babies who were identified as ESBL positive whilst in the neonatal unit can be unflagged for ESBL 6 months from discharge from the neonatal unit (or 6 months from first last negative sample if this was achieved before discharge), as long as no recurrent/prolonged contacts with healthcare or received systemic antibiotics on more than one occasion or ESBL positive samples post-discharge from the neonatal unit. No rescreening of babies required. If baby still considered ESBL positive (ie. within 6 months of discharge) and is listed for surgical procedure, contact precautions should be used.</p>

For further information or advice please contact Infection Prevention & Control on Bleep 1747 or out of hours contact Microbiology via Switchboard.