



ESBL POLICY - EXTENDED SPECTRUM BETA –LACTAMASE PRODUCING ORGANISMS

Version 7

Reviewed December 2018

Document Control Sheet

Name of Document:	ESBL Policy on precautions to be observed when caring for patients colonised or infected with Extended Spectrum Beta –Lactamase producing organisms (ESBL's)
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Produced by:	Infection Prevention and Control Team
Reviewed by:	IPACC
Synopsis and Outcomes of Consultation Undertaken:	JICC. Reference to key guidance documents IPACC
Synopsis and Outcomes of Equality & Diversity Impact Assessment	No specific issues. National EIA gives more details on measures to reduce HCAs.
Ratified by:	14/12/2018
Distribute to:	Clinical staff
Due for review by Board/committee no later than:	December 2020
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Revision History

Revision Date	Summary of changes	Author(s)	Version Number
March 2011	Updated references	IPCT	3
Dec 2012		IPCT	4
Dec 2014		IPCT	5
January 2017		IPCT	6

Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of Issue	Version Number
	JICC	March 2011	3
	IPACC	18 February 2013	4
	IPACC	02/12/2014	5
	IPACC	23/2/2017	6
	IPACC	14/12/2018	7

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1. Introduction

ESBL producing strains are bacteria that produce an enzyme called extended spectrum beta lactamase, which makes them more resistant to antibiotics and makes the infections harder to treat. ESBL producing *E. Coli* are antibiotic resistant strains of *E. coli*. *E. coli* are very common bacteria that normally live harmlessly in the gut. ESBL producing *Klebsiella* species are often found in urine or respiratory system. In many instances, only two oral antibiotics and a very limited group of intravenous antibiotics remain effective.

Most of the infections have occurred in people with other underlying medical conditions who are already very sick, and in elderly people. Patients who have been taking antibiotics or who have been previously hospitalised are mainly affected.

Further research is needed to look at risk factors associated with ESBLs and how they are transmitted between patients and also in the community.

Rapid diagnosis is an important factor and recognition that the bacteria causing infection are resistant to antibiotics, so that the most appropriate treatment can be prescribed quickly.

Robust infection control measures are essential to prevent the spread of infection.

2. Purpose and scope

This policy is for all staff employed by East Coast Community Healthcare CIC (ECCH), to enable them to understand the principles of precautions to be observed when caring for patients colonised or infected with ESBL organisms.

3. Policy Statement

This policy will be implemented to ensure adherence to safe practice.

4. Responsibilities

It is the responsibility of all staff to ensure that they adhere to best practice.

5. Policy monitoring

It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy.

6. Review

This policy will be reviewed by the Infection Prevention and Control Team.

7. Precautions to be observed when caring for patients with ESBLs

- Strict standard infection control precautions must be maintained by **all** health care professionals at **all times**.
- If inpatient colonised or infected patients **must** be nursed in a single room.
- If inpatient all bed linen, if contaminated with urine or faeces, should be placed into a red plastic water-soluble bag, this in turn must be placed inside a white linen laundry bag.
- Clean, unsterile nitrile gloves must be worn when entering the single room.
- A clean plastic apron must be worn if there is to be prolonged contact with an infected or colonised patient
- Gloves and aprons must be removed and disposed of in the orange bag waste stream before leaving the room. Hands should then be immediately and thoroughly washed and thoroughly dried.
- Ensure that separate items such as stethoscopes, sphygmomanometers or rectal thermometers are kept separately from those used for non – colonised or infected

patients. All items used on affected patients must be thoroughly cleaned before returning to communal use.

- If inpatient after the single room has been vacated, the bed, bed table and locker should be washed again using hot water, detergent and finally 1:10,000ppm sodium hypochlorite.
- On transfer/discharge, the transfer handover and paperwork must mention the ESBL status and the GP must be informed.
- **In the patient's own home** the risk of infection to home contacts is low, unless they have indwelling devices or serious underlying disease. They should be encouraged to maintain sensible high standards of general hygiene and should be reassured.

Anyone receiving a lot of antibiotics, in particular if the course of antibiotics has not been completed for the prescribed period of time, may be at increased risk of getting the bacteria.

Urology referral

How can I get a referral? Patients are sometimes referred by their local GP, but the majority are through a urology or gynaecology consultant. (JPUH)

8. Treatment

It is important to ensure that antibiotics are prescribed only when needed, in the right dose, for the right duration, so as to reduce resistance developing in bacteria.

9. Author

Infection Prevention and Control Team

10. References

Department of Health (2015) The Health and Social Care Act 2009.] DOH London 13072

Department of Health (2012) ESBL – A threat to human and animal health?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215180/dh_132534.pdf (assessed 25/11/2018)

Department of Health (2014) Extended Spectrum Beta-Lactamase: treatment, prevention and surveillance. 01/12/2013.

<https://www.gov.uk/government/publications/extended-spectrum-beta-lactamases-esbls-treatment-prevention-surveillance/extended-spectrum-beta-lactamases-esbls-faqs> (assessed 25/11/2018)

European Centre for Disease Control (2014) Systemic review of the effectiveness of infection control measures to prevent the transmission of extended-spectrum beta-lactamase-producing Enterobacteriaceae through cross-border transfer of patients. Stockholm.

<http://ecdc.europa.eu/en/publications/Publications/ESBL-systematic-review-effectiveness-infection-control-measures.pdf> (assessed 25/11/2018)

GOV.UK 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755597/PHE_UTI_quick_reference_guide.pdf (assessed 25/11/2018)

Health Protection Agency (2014) - www.hpa.org.uk (assessed 25/11/2018)

<https://www.jpaget.nhs.uk/departments-services/departments-services-a-z/urology/urology-outpatients/> (assessed 25/11/2018)

Nice (2015) <https://www.nice.org.uk/guidance/gs90/chapter/List-of-quality-statements> (assessed 25/11/2018)

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- Service developments
- Estates and facilities developments

Name of Policy / Procedure / Service	ESBL Policy
Manager Leading the Assessment	Teresa Lewis
Date of Assessment	December 2014, Reviewed January 2017

STAGE ONE – INITIAL ASSESSMENT

<p>Q1. Is this a new or existing policy / procedure / service?</p> <p><input type="checkbox"/> New</p> <p>√ Existing</p>
<p>Q2. Who is the policy / procedure / service aimed at?</p> <p><input type="checkbox"/> Patients</p> <p>√ Staff</p> <p><input type="checkbox"/> Visitors</p>
<p>Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?</p> <p><input type="checkbox"/> Yes</p> <p>√ No</p> <p>If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.</p>

Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

Adverse Impact Identified?

Age	No
Disability	No
Gender	No
Race/Ethnic Origin	No
Religion/Belief	No
Sexual Orientation	No

- Can this adverse impact be justified?
- Can the policy/procedure be changed to remove the adverse impact?

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome

What changes, if any, need to be made in order to minimise unjustifiable adverse impact?