

If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Feedback

Tell us what you think of our patient information leaflet. Please send your comments to the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Date of publication: June 2024
Date of review: June 2027
Created by: Infection Prevention and Control Team
© RJAHS Trust 2024

The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust,
Oswestry, Shropshire SY10 7AG
Tel: 01691 404000
www.rjah.nhs.uk

design by Medical Illustration

Information for patients A Guide to ESBL



Infection Prevention and Control



Scan the QR code to
access the **digital version**
of this leaflet

What is ESBL

ESBL (Extended-Spectrum Beta-Lactamase) are enzymes produced by some bacteria. These enzymes make bacteria resistant to many antibiotics. Examples of bacteria which have been found to be ESBL-producing are *Klebsiella pneumoniae* and *Escherichia coli* (E.coli). *Klebsiella pneumoniae* and E.coli are very common bacteria that normally live harmlessly in the gut (called colonisation), however when detected in other parts of the body they can cause infections, such as urine, blood or chest.

Most strains of *Klebsiella pneumoniae* and E.coli are not ESBL producing and therefore infections caused by these can usually be treated with antibiotics. However, if found to produce the ESBL enzyme, this makes them more resistant to antibiotics and makes the infections harder to treat.

How does ESBL spread?

It is possible to pass ESBL bacteria from person to person through contaminated hands (of patients or health care workers), surfaces, equipment or by poor practice in urinary catheter care. Where possible, people with ESBL producing bacteria will be nursed in a single room with infection control precautions in place. Urinary catheter hygiene should be strictly maintained, and catheters will be removed as soon as possible.

How did I get ESBL?

ESBLs are much more common than they were 20 years ago. People who develop an ESBL producing bacterial infection may have been carrying the bacteria harmlessly in their gut for years.

ESBLs are common in some animals and some kinds of raw meat. ESBLs are even more common in some other countries and because of this, people sometimes get an ESBL while on holiday,

Notes:

Infection prevention and control is everyone's responsibility. Healthcare workers, patients and visitors all have a vital role to play in preventing the spread of healthcare associated infections.

working abroad or getting healthcare in other countries. ESBLs are also common in nursing homes, in people at home and in the community.

Can ESBL be treated?

Yes, there are antibiotics to treat ESBL infections. If an antibiotic is necessary, your clinician will discuss this with you. Colonisation with ESBL does not need treatment. Your body may naturally clear ESBL from the bowel as you recover, but this is not always the case and it may remain in the bowel for some time.

Will I have to stay in hospital longer because of ESBL?

ESBL carriage or colonisation does not require you to stay in hospital. You will be sent home when your general condition allows.

Can I have visitors whilst in hospital?

Yes. We advise that normal social contact does not pose a significant risk to other healthy people, including pregnant women, children, and babies. Your visitors will not usually have to wear gloves or aprons unless they are involved in your personal care, or if there is a particular concern about risk to a person. Please discuss with nursing staff if you are in hospital. It is recommended that visitors do not sit on hospital beds and that they wash their hands after visiting.

What can I do to reduce the risk of ESBL spreading?

The best way to stop spread of all bugs and viruses is to practice good hand hygiene. **Hand hygiene is the single most important thing you can do to prevent the spread of infection.**

You should make regular and thorough hand washing as part of your daily routine, especially:

- Before eating or handling food.
- After using the toilet /commode
- After touching your wound, catheter,
- After blowing your nose, coughing, or sneezing
- After touching animals or animal waste
- After handling soiled clothing / rubbish
- After changing a nappy
- Before and after touching a sick or injured person
- Before, during and after a visit to a hospital ward or residential or nursing home

Do not forget to encourage children to wash their hands at these times too. **It is ok to remind healthcare staff to wash their hands.** It may feel like an awkward question to ask when someone is looking after you, but you are entitled to ask if you are concerned.

What happens after I go home?

Having ESBL colonisation should not affect your normal daily activities, social life, or prevent you going to work. If you have an open wound, it would be kept covered with a clean dressing. It is important to wash your hands well before and after using the toilet or touching your wound. If you attend your GP or get admitted to a hospital, it is important to tell them that you have previously been ESBL positive as this may influence any antibiotics prescribed for you if you have a bacterial infection.

How to manage or wash your soiled clothing?

We do not wash patients' personal clothing in hospital. If your own clothing becomes soiled, your clothes will be sealed in a special pink dissolvable bag. This pink bag will then be placed into a white plastic 'patient's property' bag and stored in your locker, ready to be washed at home.

How to wash soiled clothing using a washing machine:

1. Take the pink bag out of the white 'patient's property' bag.
2. Place the pink bag into the washing machine. Do not open the pink bag as it has been specially designed to go straight into the washing machine. Do not add any other items of clothing into the washing machine.
3. You should always wash your hands thoroughly after handling soiled clothing, or the bag of soiled clothing.
4. Use a biological powder, liquid, or tablets if possible.
5. Use a pre-wash cycle before the main wash cycle.
6. Wash the items at the very least 60°C so that the pink bag dissolves and releases the clothing into the washing machine (washing at a lower temperature may not dissolve the bag, which may result in the parts of the bag sticking to the clothing).
7. When the washing cycle is complete, remove the washing from the washing machine and dry the clothing naturally or in a tumble dryer.