# Monthly Newsletter





## WHAT'S NEW FROM THE IPAC HUB

We wish you all a



New factsheets & signage available at

haltonipachub.com!

- Cohorting Staff during Outbreaks
- Cleaning Carts best practices

**Book Education!** 



Email, call, or connect through our website - we're just a <u>click away!</u>

SPOTLIGHT ON AROs (Antibiotic Resistant Organisms): Part 3 of 3

## **AROs and Contact Precautions**

**Contact precautions** are safety steps used in healthcare to stop the spread of germs like AROs from one person to another and includes:

- PPE: Wearing gloves and gowns when providing direct care
- **Dedicating equipment** for each resident or disinfecting before using on another resident
- Hand Hygiene: Cleaning hands before and after contact with the patient or their environment
- Signage on the door to alert staff and visitors

AROs don't always make people sick, but people can carry and spread them without knowing!



Make sure to follow signage and know how to don/doff
PPE correctly!



ARO's such as MRSA, VRE, ESBL, CPE require contact precautions

# BUG OF THE SESSEL





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# (Extended Spectrum Beta-Lactamase)

# WHAT IS IT?

- ESBL are bacteria that make enzymes which can destroy common antibiotics like penicillin and cephalosporins. This makes infections harder to treat
- These bacteria are mainly found in the lower digestive tract and in urine
- An infection caused by ESBL can occur in various parts of the body, including blood, organs, skin, and surgical sites

# SIGNS AND SYMPTOMS

Symptoms of an ESBL infection vary by location:

- Skin: redness or tenderness
- **Urinary tract:** back pain, burning urination, frequent urination
- Lungs: cough, difficulty breathing

Other symptoms may include diarrhea, weakness, fever, and chills



- It's possible to have ESBL in your body without showing any symptoms
  - This is called colonization the person carries ESBL producing bacteria in the digestive tract or urine but is not sick
- When a person shows symptoms, they are considered to have an ESBL infection

### **Risk Factors:**

- Residents who are hospitalized or residents of a longterm care home are more at risk
- Those who have weakened immune systems
- Those with a history of using many antibiotics
  - Healthy people do not usually become colonized with ESBL

Complications of ESBLs may include: urinary tract infections, wound infections or pneumonia

# **TRANSMISSION**

- **Direct contact:** Physical contact with an infected or colonized person
  - o Example: Unwashed hands
- Indirect contact: Touching contaminated surfaces or objects
  - Examples: toilet seats, bedrails, door handles, soiled linens, soiled equipment (e.g. catheters, urinals)

# **IPAC CONSIDERATIONS**

- Practice proper hand hygiene especially after using the toilet
- Clean and disinfect shared equipment between use. Dedicate equipment if possible
- Clean and disinfect high-touch surfaces regularly (e.g., door handles, bathrooms)
- Place suspected or confirmed ESBL residents on contact precautions



# FEEDBACK SURVEY

Please scan the QR code with your cell phone camera and provide the IPAC Hub with feedback and topic suggestions. Thank you!

<u>Survey Link</u>

# REFERENCES

Centers for Disease Control and Prevention. (2025, June 12). About ESBL-producing Enterobacterales. National Center for Emerging and Zoonotic Infectious Diseases

Halton Region. (n.d.). Extended Spectrum Beta Lactamase (ESBL) Bacterial Infections. Halton Region

York Region . (n.d.). ESBL Extended Spectrum Beta-Lactamase producing bacteria

# RESOURCES

**AROs:** 

PHO: Annex A - Screening, Testing and
Surveillance for Antibiotic-Resistant
Organisms (AROs) In All Health Care Settings

**ESBL:** 

Halton Region: ESBL

PHO: ESBL

St. Josephs Patient Education ESBL