

Screening and Management of Paediatric Patients for ESBL

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Purpose

This document provides best practice guidelines for the screening and management of paediatric patients for extended spectrum beta-lactamase (ESBL) producing organisms. Refer also to the CDHB Infection Prevention & Control () MDRO policy.

Scope/Audience

All CDHB staff working with paediatric patients.

Associated documents

- CDHB IPC Policy, Guidelines for the Control of Multidrug Resistant Organisms
- ESBL Risk-based Assessment Tool for Patient Placement

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1 Screening for ESBL

Do NOT screen patients for ESBL (or any MDRO) who have a history of hospitalisation in Grey Hospital or any other West Coast DHB facility.

There are different screening requirements for patients with a history of hospitalisation in an Auckland DHB hospital or overseas hospital to the rest of New Zealand.

1.1 WD22, WD21, CAAU, POPD, NICU, AAU and Kaikoura

- Screen and isolate with Contact Precautions patients who have been in an overseas or Auckland region DHB hospital within the previous 12 months
- Screen but do not isolate patients who have been in a DHB hospital anywhere in New Zealand outside of Auckland region DHB hospitals or Grey Hospital, WCDHB. Standard Precautions are used.

1.2 CHOC

- Screen and isolate with Contact Precautions and dedicated toilet, patients who have been in an overseas or NZ DHB hospital within the previous 12 months

1.3 Activity Room

- No restrictions while awaiting screening swab results for all ages of children, their siblings or families

2 Isolation Precautions for known ESBL positive children

2.1 Inpatient (except CHOC)

≥5 years and can control their own continence

- Children who are aged five and over and whom are able to control their continence are managed as per the IPC MDRO guidelines and the ESBL risk assessment tool.

<5 years of age or older with incontinence

- Contact Precautions and dedicated toilet facilities

2.2 All CHOC inpatients

- Contact Precautions and dedicated toilet facilities

2.3 Patients attending for outpatient procedures

- Standard and Contact Precautions in a room separate from other patients
- No dedicated toilet required if the child is continent

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- Post visit/treatment all linen must be changed and all potential frequently touched surfaces are to be cleaned and disinfected e.g. bed, play table in POPD

2.4 Outpatient Clinic appointment

- Standard Precautions

2.5 Activity Room

- The following are excluded from attendance in the Playroom
 - Under the age of 5 years
 - In nappies, incontinent or diarrhoea
 - With any type of enteral feeding in place e.g. PEG, gastrostomy tube
- Patients who do not have any of the above may have a closed individual play session. Please ensure the following:
 - Hand hygiene **MUST** be performed by the child prior to leaving their room and after any potential contamination to the hands
 - Any unhealed wounds are covered and contained with an intact dressing
 - Child must be dressed e.g. not just in a nappy as per the activity room attendance policy
 - Staff supervising the play session must adhere to hand hygiene
 - PPE is not required unless close contact is anticipated
 - All toys and surfaces played with **MUST** be cleaned and disinfected as per Activity Room procedures
- ESBL positive children are not to frequent any other shared areas if they meet the above exclusion criteria.

3 Procedures for family/whanau

- All family members rooming in must adhere to strict hand hygiene when exiting the room, doing personal cares e.g. changing nappies, bathing.
- Rooming in family members should have a dedicated toilet/bathroom or staff must ensure the bathroom is cleaned and disinfected post shower/bathing. If an adult toilet is shared then family members of an ESBL child may be provided with a bottle of diluted Presept to clean toilet seat afterwards.
- All siblings are to follow the same criteria for Activity Room attendance as stated above.
- Family members must perform hand hygiene after exiting the room and prior to accessing shared ward spaces e.g. milk room, beverage area, expressing room

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4 ESBL medical alert

- An alert shall be placed on the electronic patient record by the IPC Service for all new ESBL cases
- Alerts shall not be removed except under specific circumstances as persistent colonisation is common
- If a child is admitted who is positive for ESBL and does not have an IPC alert on PMS or Health Connect South, please notify the CNS IP&C.
- Please ensure medical and nursing staff are aware of the ESBL status of any child with an IPC alert whenever they are admitted

References

1. CDHB Infection Prevention and Control Guidelines for the Control of Multidrug Resistant Organisms
2. ESR Surveillance Report
3. International Infection Control Council Best Infection Control Practices for Patients with Extended Spectrum Beta-Lactamase Enterobacteriaceae; Friedman et al; APIC Report, accessed 20/11/2011 www.apic.org.
4. Extended-spectrum β -lactamase-producing pathogens in a children's hospital: A 5-year experience; Blaschke et al, AJIC major article, Vol 37 No. 6 435-441, 2009.
5. Extended-spectrum β -lactamase-producing Klebsiella pneumonia in paediatric wards: A nested case-control study; Demir et al, Journal of Paediatrics and Child Health, 44 548-553, 2008.

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