Multi Resistant *Acinetobacter* – AT A GLANCE

DEFINITION	*Acinetobacter* is a Gram-negative bacterium that is readily found throughout the environment including drinking and surface waters, soil, sewage and various types of foods. *Acinetobacter* is also commonly found as a harmless coloniser on the skin of healthy people and usually poses very few risks. While *Acinetobacter* poses few risks to healthy individuals, a few species, particularly *Acinetobacter* baumannii, can cause serious infections - mainly in very ill hospital patients on a ventilator or those with severe burns. Such patients are also more likely to be affected if they also suffer from chronic lung disease, weakened immune systems or diabetes. The most common *Acinetobacter* infections include pneumonia, bacteraemia (blood stream infection), wound infections, and urinary tract infections. 'Hospital-adapted' strains of *Acinetobacter* are sometimes resistant to antibiotics and are increasingly difficult to treat. Mode of transmission – *Acinetobacter* can be spread to susceptible patients by person-to-person contact, or contact with contaminated surfaces or medical equipment and other exposure in the environment.
MANAGEMENT **Multi Resistant *Acinetobacter***	**Patient** Isolate in side room – Use appropriate OUH Trust signage: Door must remain closed Cohorted - ONLY on advice from Infection Prevention & Control or Microbiologist STRICT attention to standard infection control precautions In addition: Apron and gloves to be worn by all staff undertaking clinical care or reviewing patient Apron and Gloves to be worn by all staff entering the room, but not involved with giving direct care e.g. Domestics Relatives / non-clinical staff entering the room - explain importance of hand hygiene and wearing of aprons & gloves Eye protection – goggles for risk of splashing **Additional PPE requirements may be required following discussion with Infection Prevention & Control if an Outbreak is suspected** **Equipment/Medical Devices** single use / single patient use if possible; dispose on discharge reusable - clean using Clinell (green) wipes unless otherwise indicated If the patient is transferred please inform receiving staff of patient's infection status, including radiology, theatres or other hospital departments. When discharging infected patient to another healthcare setting, please complete the 'Inter-Healthcare Infection Prevention and Control transfer form'
CLEANING	Standard isolation room clean daily by domestic staff All equipment used MUST be decontaminated using CLINELL WIPES (green packet) before being brought out of the patient room. **Discharge** A terminal clean is to be carried out when isolation is no longer required.
STOP ISOLATION WHEN?	ONLY after discussion with Infection Prevention & Control or Microbiology