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Infection Control Guidelines for Adult and Pediatric Inpatient Care

I. Description

Describes the Infection Prevention policies and practices followed to reduce the risk of healthcare-associated infections for hospitalized patients

II. Rationale

Strict adherence to the evidence-based guidelines in this policy can reduce the risk of healthcare-associated infections.

III. Policy

A. Personnel

1. Occupational Health
 - a. Healthcare personnel must adhere to guidelines found in the Infection Prevention Policy: [Infection Prevention and Screening Program: Occupational Health Services](#)
2. Hand Hygiene/Dress
 - a. Hand hygiene will be performed in accordance with the [Infection Prevention Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation](#).
 - b. Personnel will adhere to the hospital and departmental dress code. Scrubs worn by nursing personnel may be laundered at home. In the event a scrub suit or personal clothing becomes contaminated with blood or other potentially infectious materials, it must be changed as soon as possible. For further explanation of the process for HCP clothing replacement, refer to the [Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens](#).
 - c. Fanny packs should be made of a material that can be cleaned and only entered with clean hands. Cleaning with a germicidal detergent should occur on a routine basis (e.g., weekly) and when the pack is visibly soiled. Alternatively, packs may be machine laundered. No personal items or food should be stored in the packs. When working with a patient on Contact Precautions, the pack should not come in contact with the patient or patient's immediate environment (e.g., wear cover gown or leave outside of patient room).

- d. Hair should be covered/secured so that it does not come into contact with patients or equipment during patient examinations or treatments.
3. Bloodborne Pathogens Education
 - a. Personnel must adhere to the [Infection Prevention Policy Exposure Control Plan for Bloodborne Pathogens](#) and the [Tuberculosis Control Plan](#).
 - b. Personnel will wear personal protective equipment per standard precautions (e.g., protective eyewear, mask, gloves, and gown) as needed when splash or splatter of blood or other potentially infectious material is likely.
 - c. Eating, drinking, application of lip balm and handling contact lenses are prohibited in areas where there is potential for contamination with blood or other potentially infectious materials.
 - d. Infection Prevention education, including OSHA-required education for Bloodborne pathogens and TB, is completed annually via LMS.
 - e. There will be periodic review by Hospital Epidemiology to assess compliance with established Infection Prevention policies and procedures.

B. Communicable Disease Reporting

1. Personnel should be familiar with the UNCHC Administrative Policy: Reporting of Communicable Disease ADMIN 0149 and encourage physician compliance. Communicable Disease Report Forms may be obtained online from North Carolina Division of Public Health's [Epidemiology Section website](#) or on the Intranet@Work on the [Infection Prevention website](#). The form located on the UNCHC Intranet website includes instructions on how to process the form (see the upper right-hand corner of the Form) by forwarding it to Hospital Epidemiology.

C. General Guidelines

1. Central Nervous System Access
 - a. Lumbar Puncture: Aseptic technique must be used when performing a lumbar puncture. The use of sterile drapes, sterile gloves and mask is required. Gown and protective eyewear should be worn if indicated per the [Exposure Control Plan for Bloodborne Pathogens](#). Skin preparation is accomplished by using a 2% CHG and alcohol preparation (i.e Chloraprep) or povidone-iodine with appropriate sterile drapes and allowing it to dry completely. The prep should not be removed with alcohol.
 - b. Ventriculostomy: Refer to [Nursing Policy: Intracranial Pressure Monitoring](#). Aseptic technique must be used for the insertion, maintenance and removal of ventriculostomy catheters. A sterile dressing (e.g. tegaderm) is used to seal the catheter to the scalp as an occlusive dressing. The catheter will be removed by the physician as soon as possible.
 - c. Epidural Catheters: [Refer to Nursing Policy: Epidural and Intrathecal Management: Pediatric and Non-pregnant Adult](#). Aseptic technique must be used for the insertion, maintenance and removal of epidural catheters. Epidural catheters and dressings will be cared for and monitored per nursing protocol/procedure and as per the [Infection Prevention Policy: Anesthesiology](#). Anesthesia personnel should be notified if any problems or complications arise with the epidural catheter.

2. Clean and Sanitary Environment

- a. UNC Health Care staff is responsible for maintaining a clean environment. Areas should be free of clutter and boxes should not be stored on the floor. Refer to the [Infection Prevention Policy: Environmental Services](#) regarding specific room cleaning policies.

3. Cleaning of Equipment and Shared Patient Items:

- a. Medical equipment and instruments/devices must be cleaned and maintained according to the manufacturers' instructions to prevent patient to patient transmission of infectious agents. Manufacturers of medical equipment may need to be consulted regarding which agents are safe for the equipment.
- b. An EPA-registered hospital disinfectant (MetriGuard or Sani-Cloth) should be used for cleaning surfaces and patient care equipment with a minimum one minute contact time. Bleach wipes should be used for cleaning surfaces and patient care equipment for Enteric Contact precautions patient rooms with a minimum one minute contact time. Please contact Infection Prevention if a device cannot be cleaned with an EPA-registered hospital disinfectant per manufacturer's recommendations. Phenolic agents will not be used in nurseries.
- c. All patient care equipment should be disinfected when visibly soiled, after use on a contact precautions or enteric contact precautions patient and on a regular basis (e.g., daily, weekly, etc).
- d. Reusable equipment going to CPD for sterilization should be cleaned (i.e. gauze pad and water or a SaniCloth) so that all visible organic soil (blood, proteinaceous matter, debris, etc.) is removed prior to being placed in the CPD container or Biohazard bag. This prepares the item for safe handling and for subsequent disinfection or sterilization. The instruments will be delivered to CPD on a regular basis.
- e. Medical equipment that is sent to Biomedical Engineering or to an outside vendor for servicing or repair must be decontaminated prior to sending. If internal contamination is suspected and cannot be accessed for decontamination, the equipment must be labeled with a BIOHAZARD tag denoting the area of contamination.
- f. Guidelines for Cleaning Commonly Shared Patient Equipment
 - i. Bedpans
 - Bedpans should be rinsed clean after each use and discarded at patient discharge from the hospital. Disposable bedpans of patients in semi-private rooms should be labeled with patient's name.
 - ii. Bladder Scanner
 - Bladder scanning probes should be cleaned after use on intact skin by wiping entire probe, handle and cable with an EPA-registered hospital disinfectant between each patient.
 - iii. Blood Pressure Cuffs
 - Reusable BP cuffs kept in the patient room should be cleaned at discharge and before use on another patient. Rolling BP cuffs (e.g. rolling Dynamap) are to be

cleaned daily and when visibly soiled, when used on a Contact or Enteric Contact patient, or when used on non-intact.

iv. Computers, Gaming Systems, Touch Screen Devices and/or Personal DVD Player
Used by Patients.

- Mobile and/or laptop computers and other electronic devices shared between patients must be disinfected between patient uses with an EPA registered hospital disinfectant.
- It is preferable to have a plastic cover on the keyboard to prevent damage to the keyboard from liquids and to ease disinfection of the keyboard.
- Touch screen devices with protective case (e.g. Otter box) should be disinfected with an EPA registered hospital disinfectant (e.g. Metriguard or Sani-cloth. This disinfection may be followed by wiping with plain water to remove any "film" that may be caused by the cleaning/disinfection agent.
- Touch screen device without a protective case must be disinfected per manufacturer's recommendation using either a 70% alcohol wipe or an EPA registered hospital disinfectant. If the manufacturer does not approve disinfection with one of these two options the device must be in a protective case.
- Shared devices that cannot be cleaned with bleach per manufacturer's recommendations cannot be used by patients on enteric contact isolation.

v. Electric Clippers

- Disposable clipper heads are intended for single patient use and will be discarded after each patient. The handle should be disinfected with an EPA-registered hospital disinfectant between each patient.

vi. EMAR Scanner/Beaker Label Printers/Tablets used by Healthcare Personnel

- Should be disinfected per manufacturers recommendations using an EPA-registered hospital disinfectant or a bleach wipe for enteric contact precautions rooms, at least once daily, when visibly soiled or when used in a Contact or Enteric Contact Precautions patient room.

vii. Glucometer Care

- The glucometer and case are maintained in a visibly clean manner at all times. The Glucometer should be cleaned after each patient use, and when visibly soiled using a Sani-Cloth or bleach wipe for enteric-contact precautions. The glucometer should be stored in a designated clean area (e.g., Nurses Station).

viii. Infusion and Syringe Pumps, Exterior Surfaces of Monitors and IV Poles

- These are cleaned with an EPA-registered hospital disinfectant at least weekly, when visibly soiled, and between patient use. Monitor touch screens may be disinfected per manufacturer's recommendations by wiping with a soft cloth using water or alcohol.

ix. Markers used for non-incisional site marking

- Staff marking the sites for patients undergoing radiation therapy shall comply with the following procedure: Markers (e.g., Sharpee™) may be used for multiple patients unless the marker comes in contact with nonintact skin (e.g., rash), or mucous membranes, or the patient is on Airborne, Enteric Contact, Contact or Droplet Precautions. In these cases, the marker must be discarded after use on the patient. Markers used for multiple patients should be disinfected after each patient use with an alcohol pledget. The patient's skin should be prepped with alcohol prior to marking and no incisions or puncturing of the skin should occur at the site of marking unless a sterile pen was used to mark the skin.
- x. Mobile Equipment (e.g. portable x-ray, EKG machine, ultrasound machine) brought into the patient's room by other department personnel
 - Will be cleaned between patients by the staff in these departments per manufacturer's recommendations, using an EPA-registered hospital disinfectant.
- xi. Monitor Leads, Transducer Cables, Transilluminators, Dopplers, and Skin Temperature Probes
 - These items are cleaned per manufacturer's recommendations with an EPA-registered hospital disinfectant, or bleach wipe for enteric contact precautions rooms, when obviously soiled and between uses for different patients. These items will need a routine cleaning schedule when used by patients hospitalized for long periods (e.g., weekly).
- xii. Safe Patient Handling Equipment
 - Laundering and Disinfecting of Slings/Equipment should be performed according to manufacturer recommendations and the [Safe Patient Handling Policy](#).
 - Ceiling lift equipment will be disinfected by EVS at terminal cleaning.
- xiii. Scales Used for Adult Patients
 - Scales are disinfected using an EPA –registered hospital disinfectant or bleach wipe on a routine basis (e.g. weekly), when obviously soiled and after use for a patient on Contact or Enteric Contact Precautions.
- xiv. Thermometers
 - Thermometers, excluding the lens on the temporal thermometers, should be cleaned with an EPA registered hospital disinfectant daily, when visibly soiled, on terminal clean if kept in the patient room or after use in a contact/enteric contact patient room with an EPA-registered hospital disinfectant.
 - Electronic thermometers will be equipped with two probes (rectal-red or oral-blue) and disposable hard-plastic sheaths. A new plastic sheath should be used for each temperature reading. The rectal probe, including the probe handle should be cleaned after each use. This cleaning procedure is necessary to prevent transmission of organisms between patients. Studies show that electronic thermometers become contaminated with microorganisms such as *Clostridium difficile* when not appropriately cleaned. It is recommended that a shared thermometer not be used for rectal temperatures for patient on Enteric-Contact

precautions for *Clostridium difficile* or Norovirus.

- Ear (tympanic membrane) thermometers are equipped with a probe and disposable, plastic probe covers. A new plastic cover should be used for each temperature.
- Temporal Thermometers: The lens of the scanners should be cleaned once per week, when visibly soiled, or after use in a contact/enteric contact patient room by twirling a cotton-tipped swab dampened in alcohol on the lens, deep in the center of the probe. Temporal Thermometers should not be used on non-intact skin.
- Thermometer should not be placed on surfaces in the patient's room (e.g., on the bed).
- For patients on isolation precautions, the dedication of a thermometer is preferred.

4. Computers/ Laptops/Tablets/Communication Devices for Patient Care

- a. Computers used for patient care activities include computers at clinical workstations (e.g. nurses' stations) mobile units (COW or Wallaroots) and computers permanently located in the patient's room.
 - i. These computers have no direct contact with the patient.
 - ii. Workstations and mobile units should be used with clean hands.
 - iii. Computers, keyboards, and the mouse located in patient rooms will be cleaned by Environmental Services as part of the terminal cleaning process when the patient is discharged.
 - iv. Laptop computers and all keyboards located at the nurse's station will be maintained in a visibly clean state by Environmental Services. Keyboards will be disinfected daily using a Sani-Cloth.
 - v. Computers should be disinfected according to manufacturer recommendation (e.g.; alcohol for touch screens).
 - vi. Communication devices (i.e. Vocera Badges) should be wiped with an EPA- registered disinfectant detergent at the end of each shift, after use in a contact or enteric-contact precaution patient rooms or when visibly soiled per manufacture's recommendations. Isopropyl alcohol wipes are the preferred cleaning agent but products commonly used at UNC (i.e. Super Sani-Cloths) may be used with discretion.

5. Dialysis: [Refer to the Infection Prevention Policy: Dialysis Unit.](#)

6. Endoscopes: [Refer to the Infection Prevention Policy: Endoscope.](#)

7. Endotracheal intubation

- a. Elective placement of endotracheal tubes and suctioning should be performed using aseptic technique.
- b. For open suctioning, a sterile catheter is used for each suctioning and discarded after use.
- c. In line closed suctioning is also performed using aseptic technique.

- d. Refer to [Nursing Policy Suctioning](#).
- e. In line suction catheters should be changed out once a week and as necessary.
- f. Personnel should wear clean gloves while suctioning and a mask with eye protection if splash is anticipated.
- g. Fluid for instillation into the bronchial tree must be sterile. Single dose vials should be used.
- h. To improve outcomes for intubated patients, follow [Nursing Policy Care of the Patient at Risk for Aspiration](#) and [Nursing Policy: Oral Care](#).
- i. A VAP Bundle should be initiated to include:
 - i. A daily lightening of sedation and assessment for readiness to extubate unless contraindicated.
 - ii. HOB kept at 30-45° unless contraindicated.
 - iii. Peptic Ulcer Disease (PUD) prophylaxis unless contraindicated
 - iv. Deep Venous Thrombosis (DVT) Prophylaxis unless contraindicated

8. Enteral (Tube) Feedings

- a. Refer to [Nursing Policy: Gastric Tubes Feeding and Decompression](#)
- b. Tube feeding is a clean procedure.
- c. Formula and feeding sets should be handled with aseptic technique. Clean formula cans prior to opening. The can top of commercially prepared formula should be wiped with an alcohol pledget wipe prior to opening.
- d. Change feeding sets (bag, tubing, and/or syringe) every 24hrs.
- e. Closed system tube feeding sets may hang up to 48hrs.

9. Fan Use In Clinical Areas

- a. Fans are prohibited in rooms of patients on isolation precautions or during surgical invasive procedures. Fans should not be used in clinical areas, with the only exception of life-threatening heat stroke or comfort care.

10. Fish Tanks/Fish

- a. Fish or Fish tanks of any kind are prohibited in clinical areas (i.e. reception areas, nursing stations) except in certain areas, such as Recreation Therapy, with the following strict precautions:
 - i. The tank is completely enclosed to prevent patients having direct access to the water and fish (e.g., enclosed area with observation window, freestanding tank with solid, affixed top).
 - ii. Fish tanks are not managed by health care personnel but by a contracted service provider.
 - iii. A patient may participate in feeding the fish but must wash his/her hands before and after the feeding and must be supervised by a Recreation Therapist during the activity.

11. Flowers in Patient Care Areas

- a. Flowers and plants are not allowed in the Critical Care Units, BMTU, rooms of immunocompromised patients **and** patients on Protective Precautions. For patients who may receive flowers, careful consideration and placement away from sterile supplies and sterile fluids is imperative. Because of high microbial load in the vase water, personnel must wash their hands after handling flowers or plants and any contact with water in the vase to remove potentially harmful organisms.

12. Infection Prevention Policies

- a. Infection Prevention policies are accessible on the UNCHCS intranet. Hospital Epidemiology maintains hard copy versions of all Infection Prevention Policies located in suite W-1063 should there be computer downtime.

13. Invasive Procedures

- a. Aseptic Technique must be used when performing invasive procedures (e.g. placing central lines, performing lumbar punctures, radiologic guided invasive procedures). The use of sterile drapes, sterile gloves, hair covers, and masks is required. Gowns and protective eyewear should be worn if indicated per the [Exposure Control Plan for Bloodborne Pathogens](#).

14. Isolation Precautions

- a. All personnel will follow the [Infection Prevention Policy: Isolation Precautions](#). Isolation Precautions signs should be available at the nurse's station in an accessible area, and can be ordered from the Print Shop. Nursing/medical care providers are responsible for assuring visitors understand the appropriate isolation requirements.

15. Intravenous Catheter (IV) Therapy

- a. All personnel working with intravenous catheters must comply with the [Infection Prevention Policy: The Prevention of Intravascular Catheter-Related Infections](#).

16. Laundry Room

- a. Clothes of patients will be washed with commercially-prepared detergents and dried separately. No special wash cycle is required for patients colonized or infected with multidrug resistant organisms (e.g., VRE, MRSA/ORSA), as the normal wash cycle has been found effective in eliminating such organisms from the clothes and washing machine. Other Infection Prevention measures will include the following:
- b. An alcohol-based hand hygiene product will be provided with written instructions to clean hands before and after using the machines.
- c. An EPA-registered hospital disinfectant (e.g., MetriGuard, Sani-Cloth) will be available and written instructions for cleaning the contact surfaces of the machines after use.

17. Linens, Mattresses, and Pillows

- a. Limit the amount of linen taken into a patient's room to only that which is needed.
- b. Keep linen in a covered cart, behind closed doors, or within a cabinet.

- c. Unused, clean linen once taken into a patient room cannot be returned to the linen room closet or cart or taken to another patient's room for use.
 - d. Clean linen should not be placed on the floor or handled in a manner that causes soiling.
 - e. When changing the bed, the linen should be folded inward as it is removed from the bed.
 - f. Linen should be carried away from the body when it is removed and placed in a laundry bag.
 - g. Soiled linen is to be covered during transport.
 - h. Linen from all patient rooms (including those on precautions) is handled in the same manner, and should be placed in a fluid resistant laundry bag.
 - i. Pillows are covered with plastic and cleaned between patients use or by Environmental Services at terminal clean with an EPA-registered hospital approved disinfectant between patient uses. Visibly soiled pillows that cannot be cleaned should be thrown away.
 - j. Extra pillows should be returned to the linen closet/cart for storage after cleaning.
 - k. Mattresses (bed or stretcher) should be covered with non-absorbent impervious covering and routinely inspected for cracks and tears.
 - l. The Nurse Manager should be notified when mattress damage is observed. Any mattress cover that is not intact requires the bed or stretcher be removed from service for repair.
18. Medication Preparation
- a. Multi-dose vials are managed according to the UNCHC [Medication Management: Use of Multi-Dose Vials/Pens of Parenteral medication in Acute Care and Ambulatory Care Environments](#).
 - b. Medication preparation areas should be kept free of clutter. Medication preparation areas should be wiped with an approved EPA-registered hospital disinfectant at least once each shift.
 - c. Medications should be not be prepared near areas of splashing water (e.g. within 3 feet of a sink). Alternatively, a splashguard can be mounted beside the sink.
 - d. Aseptic technique must be used when entering a medication vial. Vials should be handled with clean hands or clean gloves. Cleanse the rubber diaphragm of the medication vial with alcohol before accessing. Use a new sterile syringe with new safety needle or a new sterile vial adaptor for each access. Avoid touch contamination of the vial adaptor prior to penetrating the rubber diaphragm.
 - e. Unused medication cups will be kept covered or inverted.
19. Medicinal Leeches
- a. Medicinal leeches are used in an attempt to restore circulation to an area by removing venous congestion. For information on the disposal of leeches refer to the [Infection Prevention Policy: Pharmacy](#).
20. Nourishments
- a. Refrigerated Food Storage

- i. Food storage on nursing units must not be stored in a refrigerator used to store medicines, chemicals, or specimens.
 - ii. Home-prepared/home-cooked foods that are perishable if not refrigerated (e.g., meats, fish, dairy products, vegetables), if not consumed within 4 hours of being removed from temperature control, should be refrigerated in a refrigeration unit that is 41°F or less and labeled with the patient's name and the date it is placed in the refrigerator. Refrigerated food from home is good for 7 days from the date it is placed in the refrigerator. Any unlabeled (patient name and/or date placed in refrigerator) home-prepared/home-cooked food should be discarded immediately. This pertains to all patient nourishment refrigerators including those in patient rooms.
 - iii. Commercially prepared food with an expiration date (i.e. milk carton) may be stored in the nourishment room refrigerator until the date of expiration. It must be discarded on the date of expiration.
- b. Employees/Visitors
- i. Eating and/or drinking by healthcare personnel is prohibited in work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens, Personnel should not consume foods brought in for patients. No healthcare provider, including contracted employees, is allowed to eat or drink in a patient's room. Visitors may eat or drink in the patient's room unless the patient is on Enteric Contact, Airborne or Droplet Precautions. Visitors of patients on Contact or Enteric Contact Precautions may use the microwave or nutrition areas as long as hand hygiene is performed according to policy.
- c. Patients
- i. Patient consumption of food prepared by an individual outside the hospital should be discouraged. When a patient insists on having food prepared by outside sources certain guidelines must be followed. Food should not be contraindicated on patient's diet. Food prepared from unpasteurized milk or raw eggs should not be permitted because of bacterial contamination risks. For patients on Protective Precautions, refer to the [Nursing Policy: Neutropenia](#) for Neutropenic diet guidelines.
- d. Non-UNC Employees working with UNC Inpatients
- i. Non-UNC employees working with UNC inpatients (i.e. federal and state prison guards) should follow guidelines from their employer regarding compliance with Federal Bloodborne pathogen regulations. Food and beverages should not be consumed within the rooms of patients on Enteric Contact, Airborne, or Droplet Precautions. If the non-UNC employee is consuming food and beverages when in the rooms of patients not in the aforementioned situations, they must use the following work practice controls. The person should select an area of the room away from direct patient care and patient care items. The person should wash his/her hands with soap and water prior to eating. The tabletop should be wiped with soap and water or Sani-Cloth before eating, dried and then clean paper placed as a barrier between tabletop and food/beverages/utensils. The person should wash his/her hands after the meal.

21. Pet Visitation

- a. Family pet visitation is not allowed in the hospitals except for extenuating circumstances and must be approved by Hospital Epidemiology. For animal assisted activities refer to the [Animal-Assisted Activities and Animal-Assisted Therapy](#).
22. Pre-Operative Baths/Showers
- a. Surgical patients should have two preoperative baths or showers with an antiseptic agent (e.g. 4% Chlorohexadine Gluconate (CHG)) prior to surgery: once the night before the surgery and again the day of the surgery. The pre-operative bath should be performed per the [Nursing Policy: Operative/Procedure Management](#).
 - b. CHG bath/showers for outpatients must be documented in the patient's medical record.
23. Post Mortem Care for Patients with a Communicable Disease
- a. Patients with a communicable disease remain infectious after death. The category of Isolation Precautions the patient was on while hospitalized should be maintained until the patient is placed in a zippered morgue bag. All patients should be handled as if they have the potential for bloodborne infection. If the patient has an airborne communicable disease (e.g., tuberculosis), the mask box should be marked on the mortuary tag. If the stretcher becomes contaminated, it should be cleaned with an EPA-registered hospital disinfectant. Morgue, Pathology, and funeral homes will be notified of a patient with known or suspected Creutzfeldt-Jakob Disease (CJD). Special precautions are needed. Refer to the [Infection Prevention Policy: Creutzfeldt-Jakob Disease \(CJD\)](#).
24. Refrigerators/Freezers
- a. All refrigerators will be cleaned when soiled.
 - b. Temperatures should be monitored on patient related refrigerators (e.g., medication, patient nourishments), and recorded daily or be monitored via the RFID system. The temperature should be maintained at appropriate temperature for the refrigerators intended use and Plant Engineering notified if there is deviation from this range. Ideally, food, breast milk, laboratory specimens, and medications should be stored in separate refrigerators. Each refrigerator should be clearly identified as to contents. If temperatures are recorded via a wireless monitoring system (RFID) (e.g.; AeroScout), logs in the inpatient areas are not necessary.
 - c. Medications (e.g. vaccines) or specimens that must be stored frozen should be placed in a freezer that has a separate door to the outside. Temperatures should be recorded per the North Carolina State vaccine requirements. Vaccine containing refrigerator temperature charts should be kept for 3 years. Non-vaccine containing refrigerator's temperature charts should be kept for 90 days.
25. Respiratory Care Equipment
- a. All clinical staff utilizing any kind of respiratory therapy equipment (e.g., nebulizer, bag, mask, Vapotherm, NeoPuff) will follow the [Infection Prevention Policy: Respiratory Care. Respiratory Care Department](#).
 - b. Room Humidifiers (Mistogens): Room humidifiers are obtained from Patient Equipment. They are filled as needed using sterile water. When the patient no longer requires the humidifier, it should be returned to Patient Equipment for cleaning prior to use by another patient.

- c. All nebulizers (e.g., aerosol tracheal mask, aerosol face mask, and mist tent) are changed by Respiratory Care every 48-72 hours. This includes the various plastic tubes, aerosol tubing, etc. Between treatments given by the nurse on the same patient, the small volume nebulizers may be: 1) disinfected, rinsed with sterile water then air dried; 2) rinsed with sterile water and air dried; or 3) air dried.
- 26. Reuse of Single Use Items/Devices
 - a. Departments and practitioners within UNC Health Care will not reuse single use items, except those reprocessed by an FDA approved third party reprocessing company. Refer to [Infection Prevention Policy: Reuse of Single Use Medical Devices](#).
- 27. Service Animals
 - a. Refer to the [Service Animals](#) policy
- 28. Skin Care
 - a. Intact skin is the body's first protection from organism invasion and infection. Refer to the [Nursing Policy : Skin Integrity](#)
 - b. For acupuncture, EMG, dry needling, and other procedures that involve the skin being penetrated with a needle, the skin should be prepped with a sterile alcohol pad prior to needle insertion. All acupuncture and dry needling needles must be individually wrapped, single use, and sterile. Used acupuncture and dry needling needles must be disposed of in an appropriately stabilized needle box.
- 29. Specimen Transport
 - a. Specimens shall be placed in a secondary container (e.g., green bath basin, specimen bag, robot, cooler) labeled with a BIOHAZARD label when being transported. Refer to the [Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens](#) and the [Policy Usage of the\(CTS\) Computerized Tube System](#).
- 30. Sterile Pour Solutions
 - a. Sterile pour (irrigation) solutions are single-use and any unused portion must be discarded immediately after use.
- 31. Suction Canisters
 - a. Suction canisters should be emptied and reused until the patient no longer requires suction. The canister should be emptied into a clinical hopper or toilet. If a patient has an unusually long hospitalization, they may need to be issued a new suction canister. Using appropriate PPE, employees must empty suction canisters prior to disposal in a regular trash receptacle. Emptied suction canisters do not require disposal in regulated medical waste trash.
- 32. Suction Catheters
 - a. Oral suction catheters that are reused (for an individual patient) should be flushed after each use and disposed of within 24 hours of first use. Refer to the [Policy Respiratory Care Department](#) for details regarding endotracheal suction catheters.
- 33. Supply Rooms and Storage of Supplies

- a. All patient care items should be stored at least 8 inches from the floor and 5 inches from the ceiling, 2" from an outside wall and 18" from a sprinkler head. Patient care supplies should not be stored on the floor.
 - b. Patient care supplies must be stored at least 3 feet from a sink unless a splashguard is present.
 - c. Patient care supplies should be removed from the primary shipping container and not used for storage on the unit.
 - d. Clean patient care items may be stored in the dirty utility room only when contained within an enclosed cabinet.
 - e. Patient care items may not be stored in cabinets under sinks due to the increased likelihood of water contamination. The only items that may be stored in under the sink cabinets are trash bags, cleaning agents (no hand hygiene products or paper towels), recycling buckets for batteries, recycling buckets for used patient equipment (e.g. pulse oximeters), and unused sharps safety containers.
 - f. Doors to Soiled Utility Rooms must be kept closed.
 - g. Only those supplies essential for a patient's care should be kept in the patient's room. At the time of patient discharge, unused items may be saved and used for another patient, including the supplies of those patients on Contact Precautions, as long as the item is not visibly soiled, the packaging has not been opened or compromised. These recommendations may be changed or altered during an ongoing outbreak situation.
 - h. Once tape has been removed from the patient care item supply drawer, it must not be replaced in the drawer. It is considered contaminated once it has been removed from the drawer.
34. Tracheostomy Care
- a. Elective tracheostomy should be performed under aseptic conditions in the operating room, except when there are strong and convincing indications to carry out the procedure in a critical situation.
 - b. Refer to the [Nursing Policy: Tracheostomy Care](#) for general information.
35. Ultrasound Gel
- a. Once a sterile or non-sterile ultrasound gel is opened, it is no longer sterile and contamination during ongoing use is possible.
 - b. Use open containers of non-sterile ultrasound gel for low risk procedures on intact skin for low risk patients. Never refill or "top off" containers of ultrasound gel during use. The original container should be used and then discarded. Care must be taken to avoid allowing the nozzle of the small bottle to touch non-intact skin or contaminated surfaces. If contamination is suspected, discard the bottle.
 - c. Use sterile ultrasound gel for all aseptic body site procedures and any invasive procedures using ultrasound-guidance (i.e. biopsies).
 - d. Use sterile ultrasound gel for procedures with mucosal contact, even if biopsy is not planned,

but any added bioburden would be undesirable or mucosal trauma is likely (e.g., TEE procedures, transvaginal ultrasound, transrectal ultrasound procedures).

36. Urinary Catheters

- a. Indwelling urinary catheters should be used only when necessary and should be discontinued when no longer indicated. Alternatives to the indwelling catheter are intermittent catheterization or the condom catheter.
- b. Refer to the [Nursing Policy Urinary Drainage Devices: Indwelling and External Catheters](#)
- c. Healthcare Personnel inserting, monitoring, or caring for urinary catheters should follow the UNC Nursing CAUTI Prevention Bundle:
 - i. Insert urinary catheters using aseptic technique.
 - ii. Maintain a sterile closed drainage system. If the drainage bag must be disconnected from the catheter thoroughly cleanse the bag and catheter connection with alcohol prep prior to disconnection, maintain the end of the catheter in an aseptic manner and immediately connect a new clean drainage bag.
 - iii. Use aseptic technique to aspirate urine from the sampling port.
 - iv. Keep the collection bag below the level of the bladder and off the floor.
 - v. Catheters should be secured to prevent movement and urethral traction.
 - vi. Perform hand hygiene before and after insertion/manipulation of the catheter site or apparatus. Gloves should be worn for all manipulations of the indwelling urinary catheter system that are likely to result in urine on the hands of healthcare personnel.
 - vii. Perform urinary catheter care and perineum care once per day and as needed (i.e. when feces or drainage contaminates the perineum).
- d. As small a catheter as possible, consistent with good drainage, should be used to minimize urethral trauma.
- e. In patients with indwelling urinary catheters, routine catheter change is not necessary except when obstruction or other malfunction occurs. If frequent irrigations are necessary to ensure catheter patency, a triple-lumen catheter permitting continuous irrigation within a closed system should be used.
- f. For guidance on treatment for adult patients with Candida urinary tract infections please refer to the Candiduria Guidelines 2012(Adult) found on the Pharmacy Intranet page under Clinical Guidelines.

37. Urometers

- a. Urometers should be labeled with the patient's name, when the patient is in a semiprivate room. Urometers are disposable and must be used for one patient only. Rinse with tap water after each use and discard when no longer needed.

38. Visitors/Consulting Groups

- a. Visitors exhibiting obvious signs of illness must be excluded from visiting. Visitors must be instructed regarding appropriate hand hygiene and Isolation Precautions procedures when

indicated. Further visitor information may be obtained in the [Nursing: Hospital Visitation](#) policy

- b. Consulting Groups/Ancillary Personnel in Areas with Immunosuppressed Patients:
 - i. Size of the consulting groups should be kept at a minimum.
 - ii. All group members will be free of communicable disease.
 - iii. Consulting groups and ancillary personnel should be familiar with and follow the specific policies of the specialty care areas such as BMTU, Burn Center, NCCC, and Newborn Nursery.
 - iv. Before entering specialty areas, consultants and ancillary personnel follow the Hand Hygiene Policy of the specialty care areas (e.g. Burn Center, Newborn Nursery, NCCC, BMTU). Hand Hygiene will be performed upon entering the unit, between patient contact, and upon leaving the areas.

39. Waterfalls/Water Gardens/Water Features

- a. No waterfalls/water gardens or Water Features of any kind are allowed in UNC Hospital facilities.

40. Water Pitchers

- a. Patients' water pitchers and drinking cups are disposable. Water pitchers should be filled separately and labeled with the patient's name to prevent mix-up or possible contamination. They should be replaced when visibly soiled and at time of discharge.

41. Volunteer Organization – MedWorld

- a. MedWorld is a volunteer organization that collects and recycles medical supplies for developing countries. Areas participating in MedWorld must follow certain guidelines for disposable items designated for collection. Guidelines for collection of materials for MedWorld can be located in [the Infection Prevention Policy: Guidelines for Disposal of Regulated medical Waste](#).

D. Additional Guidelines for Pediatrics

1. Cleaning Equipment

- a. Helmets:
 - i. Helmets should be sprayed with accelerated hydrogen peroxide, available from EVS, after each use. Patients with lice, exposed medical devices in the head, or open wounds on the head which cannot be covered should not use the helmets.
- b. Scales:
 - i. Scales used for infants are cleaned with an EPA-registered hospital disinfectant between each patient and when visibly soiled. Paper liners are changed with each patient contact. Scales used for obtaining diaper weights are cleaned with an EPA-registered hospital disinfectant daily and when visibly soiled.
- c. Pediatric Security Tag (e.g., HUGS)

- i. The security tag will be disinfected between patients performing all of the following steps: pre-clean with soap and water when visibly soiled, and then wipe off with alcohol or an EPA-registered hospital disinfectant. The strap is single use and should be replaced between patients.
2. Enteral Feedings
 - a. Refer to the [Nursing Policy Gastric Tubes: Feeding and Decompression](#)
 - b. Commercially prepared formula can tops should be wiped with an alcohol pledget prior to opening.
 - c. Aseptic technique must be used while pouring formula into the tube feeding bag/syringe.
 - d. Additional guidelines for specialty areas follow:
 - i. Containers of commercially prepared formula (syringes, bottles) will be discarded every 8 hours on continuous or intermittent feeding set-ups.
 - ii. Containers of commercially prepared formula must be discarded after opening if maintained at room temperature and after 24 hours if refrigerated. These containers of formula should not have been in direct contact with infant secretions. Any container of infant formula in direct contact with infant's secretions must be discarded immediately after feeding.
 - e. Refer to [Breast Feeding and Human Milk Storage and Handling Nursing Policy](#) for specific hang times for human milk.
3. Milk – Human Milk Management
 - a. General Information
 - i. For more information, contact Lactation Services at (984) 974-5435 or by referring to the [Nursing Policy: Breastfeeding and Human Milk](#). In the event a child is inadvertently given human milk from a source other than his/her mother, refer to the [Attachment 1: Worksheet for Human Milk Exposure found in Patient to Patient Exposure to Bloodborne Pathogens and Human Breast Milk.policy](#) For more detail regarding human breast milk and Infection Prevention please refer to the [Infection Prevention Policy: Women's Hospital Maternal Units: Recommendations from Infection Prevention](#).
4. Text Books – Hospital School
 - a. Photo copy the materials needed and give them to the patient to keep instead of using a textbook.
 - b. If study materials that cannot be cleaned become soiled, they should be discarded and not used with other patients.
 - c. You may store the contaminated textbooks used by a Contact Precautions patient for 6 months allowing time for the organisms to die.
5. Toys
 - a. Items to be used by younger children (who have a tendency to put things in their mouth) should be made of a cleanable material (e.g. non porous items such as plastic blocks, etc).

Used cleanable toys are cleaned with an EPA-registered hospital disinfectant (Metriguard or Sani-Cloths) when soiled and at some frequency appropriate to the unit (e.g., weekly). If the EPA-registered disinfectant contains bleach, accelerated hydrogen peroxide or quaternary ammonium compounds, the toy should be rinsed or wiped with tap water and dried following the use of the disinfectant.

- b. Non-cleanable toys (e.g., puzzles, stuffed animals, puppets, etc) may be used by the older children (i.e., children who do not place toys in their mouth). Non washable toys must be disposed of when soiled. New toys brought into the playroom do not need to be sterilized or disinfected.
- c. Toys that are not cleanable (e.g., puzzles, books, stuffed animals) should not be taken into the room of a patient on isolation precautions. Preferably, the child should have his own toys or be given toys he can keep. Cleanable toys used by a patient on isolation precautions should be cleaned with an EPA-registered hospital disinfectant (Metriguard or Sani-Cloths) before being returned to the playroom for use by other children. If the EPA-registered disinfectant contains bleach, accelerated hydrogen peroxide or quaternary ammonium compounds, the toy should be rinsed or wiped with tap water and dried following the use of the disinfectant.

E. Implementation

Implantation of this policy is the responsibility of the Service Clinical Nursing Director or his/her designee.

IV. References

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Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, Centers for Disease Control and Prevention. 2007.

Wenzel, RP. Prevention and Control of Nosocomial Infections. Baltimore. Williams and Wilkins. 1997.

APIC. (2009). The APIC text of Infection Prevention and epidemiology; Vol. 1 Essential elements (3rd ed.), Washington, DC. Pfeiffer JA..

Section.1300 – Sanitation of Hospitals, Nursing Homes, Rest Homes and other Institutions. Drafting Subcommittee Draft. August 2000.

Mayhall, G. (2012). Hospital epidemiology and Infection Prevention (4th ed.). Philadelphia: Wolters Kluwer/ Lippincott Williams & Wilkins.

V. Related Policies

[Nursing Policy: Breastfeeding and Human Milk](#)

[Nursing Policy: Breast Feeding and Human Milk Storage and Handling](#)

[Nursing Policy Gastric Tubes: Feeding and Decompression](#)

[Nursing: Hospital Visitation](#)

[Nursing Policy: Tracheostomy Care](#)

[Nursing Policy Urinary Drainage Devices: Indwelling and External Catheters](#)

[Nursing Policy: Neutropenia](#)

[Animal-Assisted Activities and Animal-Assisted Therapy.](#)

[Nursing Policy: Operative/Procedure Management.](#)

[Infection Prevention Policy: Creutzfeldt-Jakob Disease \(CJD\)](#)

[Infection Prevention Policy: Women's Hospital Maternal Units: Recommendations from Infection Prevention](#)

[Infection Prevention Policy: Guidelines for Disposal of Regulated medical Waste](#)

[Infection Prevention Policy: Pharmacy](#)

[Infection Prevention and Screening Program: Occupational Health Services](#)

[Infection Prevention Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation.](#)

[Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens.](#)

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Patricia Ness: Nurse Educator	01/2019
	Thomas Ivester: CMO/VP Medical Affairs	01/2019
	Emily Vavalle: Director, Epidemiology	01/2019
	Sherie Goldbach: Infection Prevention Registrar	01/2019

Applicability

UNC Medical Center