

Infection Control Manual		
 UNC HEALTH CARE	Policy Name	Burn Center
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	Responsible for Content	Hospital Epidemiology

I. Description

This policy describes the infection prevention practices followed by the Burn Center to reduce the risk of infection for patients and personnel.

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II. Rationale

Burn injury and associated treatments increase the risk of infection for Burn patients. Strict adherence to infection prevention policies and procedures can reduce transmission of pathogenic organisms and reduce the risk of infection.

III. Policy

A. Personnel

1. Health Care Personnel (HCP) should adhere to guidelines found in the Infection Control Policy: Infection Control and Screening Program: Occupational Health Service.
2. HCP should adhere to all personnel guidelines in the Infection Control Policy: Infection Control Guidelines for Adult and Pediatric Inpatient Care.
3. Personnel should adhere to the Exposure Control Plan for Bloodborne Pathogens and the Tuberculosis Control Plan.
4. Infection control education, including OSHA-required education for bloodborne pathogens and TB, is completed annually via LMS.
5. Dress Code
 - a. Scrubs are the teal uniforms which are hospital provided and hospital laundered. Specific departments have access to the teal scrubs – ORs in Main/Children's, ASC and HBH, Cath Lab, EP Lab, VIR, L&D and BURN. Teal scrubs should only be worn at work sites. All other work uniforms, whether scrubs or street clothes, worn are maintained by

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- the UNC healthcare provider. Burn center staff involved in wound care will wear the hospital-laundered, teal scrubs. Long-sleeved hospital-laundered jackets are not required for wound care in the Burn Center.
- b. In areas of the hospital where hospital laundered scrubs are provided (e.g., teal scrubs), healthcare personnel should change from street clothes to hospital provided scrubs at the hospital at the beginning of the shift and at the end of the shift change back into their street clothes and leave the scrubs to be laundered.
 - c. Scrubs should be removed when visibly soiled, contaminated and/or penetrated by blood or other potentially infectious materials.
 - d. Closed-toe shoes are worn.
 - e. Personnel involved with wound care should have all hair covered, pulled away from the face, and confined within a disposable bouffant cap.
 - f. Upon leaving the Burn Center during the work shift, personnel must:
 - i. Perform hand hygiene with an approved antimicrobial agent (i.e., 2% CHG, waterless alcohol-based hand rub).
 - ii. Cover gowns (e.g., white coats) are not required as a cover for infection prevention purposes, but may be used when not providing wound care.
6. Hand Hygiene
- a. All persons entering the Burn Center must perform hand hygiene with an approved antimicrobial agent. Signs are posted at all Burn Center entrances and exits as a reminder.
 - b. Hand hygiene must be performed with an approved antimicrobial agent between contact with different patients, after handling contaminated items, and prior to leaving the patient's room. Refer to "[Hand Hygiene and Use of Antiseptics for Skin Preparation IC0024](#)".
7. Gloves
- a. Gloves are used in accordance with Standard Precautions. They are worn when contacting blood, body fluids, or other potentially infectious material; however, this practice is not intended to replace appropriate hand hygiene.
 - b. Clean gloves are worn during direct contact with non-intact wounds. Gloves must be changed between different procedures on the same patient (e.g., wound care, perineal care, and oral care).
 - c. Gloves must be removed and appropriate hand hygiene performed between contacts with different patients and/or their equipment, immediately upon exiting a patient's room, hydrotherapy, OT/PT Room, or Recreation Therapy Room.
 - d. Hand hygiene must be performed immediately after glove removal.
8. Gowns and Protective Apparel
- a. Gowns should be worn to prevent contamination of clothing and protect skin of personnel from blood and body fluid exposures per Standard Precautions. They are also used to help prevent the spread of microorganisms from one patient to another. A fluid resistant gown is used when there is risk of splash, splatter, or contact with body fluids or non-intact skin. Refer to the "[Exposure Control Plan for Bloodborne Pathogens IC0021](#)".

- b. When gowns are worn in a patient's room during patient care, they will be removed and discarded before leaving the patient's room, and hand hygiene performed.
 - c. Healthcare workers should wear a protective gown when holding a baby with draining wounds and/or dressings that are not completely dry/intact. Afterwards the gown should be removed and hand hygiene performed.
 - d. When holding a baby, a protective barrier should be used on the shoulder to prevent oral secretions from contaminating the scrubs. Afterwards the barrier should be changed/discharged and hand hygiene performed.
9. Isolation Precautions Procedures
- a. The Infection Control Policy "Isolation Precautions IC0031" will be followed for placing the patient on appropriate isolation precautions.
 - b. Proper isolation attire must be worn when entering an isolation patient's room. This attire must be removed upon exiting the patient room and hand hygiene performed with an approved antimicrobial agent.
 - c. All burn wounds will be managed with Standard Precautions when the dressing is changed and the patient receives hydrotherapy.
 - d. Packaged disposable items in Contact /Enteric Precautions rooms are managed as follows:
 - i. Rooms should be stocked with limited amounts of disposable items such that they will be used within a short period of time (e.g., <24 hours).
 - ii. Disposable sterile packaged items that are opened, damaged, wet, or visibly contaminated (e.g., dry blood) should not be used and must be discarded.
 - iii. Packaged, disposable items should be handled only with clean hands or clean gloves and should be stored in a drawer or far enough from the patient and water sources to prevent droplet contamination of the item (i.e., >3 feet away).
 - iv. When a patient on Contact Precautions is transferred from the room or discharged, unused supplies must be discarded and not used if: 1) the item is visibly soiled, wet, or damaged 2) if a packaged item has been opened or the integrity of the package has been compromised.
 - e. In the case of an outbreak, Hospital Epidemiology will work with the Burn Center staff to identify and implement enhanced control measures as warranted.
 - f. When two or more patients have symptoms consistent with gastroenteritis (vomiting \geq 2 times and/or diarrhea \geq 2 loose stools) in a 24-hour period with or without fever and abdominal pain), the Infection Preventionist should be consulted.

B. Ancillary Services

- 1. Physical Therapy and Occupational Therapy
 - a. Applicable guidelines as outlined in the "Physical Therapy/Occupational Therapy Infection Control Policy IC0044" will be followed in addition to those of this policy.
 - b. All equipment shared by patients must be cleaned with an EPA- registered disinfectant (e.g., MetriGuard, Sani-Cloth) between patient contacts and when visibly soiled.
 - c. Patients on Contact Precautions may be brought to the PT/OT gym for daily exercise and therapy. These patients will be treated one at a time and ideally scheduled to be seen at the end of the day. All equipment will be cleaned with an EPA-registered

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- disinfectant (e.g., MetriGuard, Sani-Cloth) prior to allowing the room to be used by another patient.
- d. The tank used in the pasteurization of splints will be emptied weekly, cleaned, and refilled with tap water. The temperature should be checked and recorded weekly to assure the temperature remains at or above 167°F.
 - e. Splints may be re-used between patients as long as they are cleaned and high level disinfected in the hydrocollator at 167 degrees for 30 minutes.
 - f. The sink used to clean splints should be sprayed with MetriGuard between each patient's splints cleaning. Only one set of splints (e.g., for one patient) should be in the sink at the same time.
2. Recreational Therapy
 - a. Applicable guidelines in the Pediatric Play Facilities and Child Life Infection Control Policy IC0053 will be followed in addition to those of this policy.
 - b. Any used recreation equipment should be placed in the designated bin in the Soiled Utility Room for cleaning by Recreational Therapy.

Note: Patients on Contact Precautions may be taken to the Burn Center playroom or conference room. These patients will be seen one at a time. All equipment and furniture used by the patient will be cleaned with an EPA-registered disinfectant prior to the room being used by other patients, families or staff. Toys must be cleaned as outlined in the Pediatric Play Facilities and Child Life Infection Control Policy IC0053

C. Traffic Control

1. Patient Visitors
 - a. All visitors must follow the Administrative Policy: Hospital Visitation ADMIN 0181
 - b. Persons with communicable diseases should not visit patients. Visitors are monitored by the Burn Center nursing staff and excluded if there is evidence of a communicable disease (e.g., URI, fever).
 - c. Visitors are instructed by nursing personnel to perform hand hygiene with an antimicrobial agent before entering and leaving patient care areas.
 - d. If the patient requires isolation, the nursing staff instructs visitors to wear the appropriate personal protective equipment.
 - e. Visitors will gain entrance to the Burn Center only through the front door by the entrance to the Administrative Offices. The back door to the Burn Center (next to the elevators) will be used only by hospital staff.

2. Consulting Groups

Consult services are often required in the Burn Center. When these groups enter, they must follow these guidelines:

- a. An antimicrobial agent will be used for hand hygiene upon entering and before leaving the Burn Center.
- b. Persons with a communicable disease must not enter the Burn Center. This includes herpes oral or cutaneous lesions and viral upper respiratory infections.

- c. When entering an isolation patient's room, personnel must wear appropriate personal protective equipment.
 - d. Isolation garb is to be discarded inside the patient's room. Hand hygiene should be performed with an antimicrobial agent prior to leaving the patient's room.
 - e. Care items indigenous to the room, (e.g., stethoscopes, tourniquets, etc.) are to be used when assessing the patient. If personal assessment tools are used, they must be cleaned with an EPA-registered disinfectant, 70% isopropyl alcohol, or a 1:10 solution of bleach and water before and after use.
3. All persons other than visitors or consulting groups (e.g., paraprofessionals) must follow the guidelines for consulting groups.

D. Equipment Cleaning

Note: Patient equipment should be cleaned with an EPA-registered disinfectant (e.g., Metri-Guard, Sani-Cloths) between patient uses.

(Refer to Appendix 1 for detailed list of cleaning duties for non-Environmental Services personnel.)

- 1. Disposable blood pressure cuffs will be used in the Burn Unit. Cuffs should be cleaned when visibly soiled or replaced with a new cuff. At discharge or transfer out of the Burn Unit, blood pressure cuffs will be discarded unless patient transfers to another ICU.
- 2. Dopplers must be cleaned daily when in use and between uses on different patients.
- 3. Any other equipment used at the patient bedside and in contact with bed linen, etc., must be cleaned daily. In the Burn Center, the patient's mattress is cleaned using an EPA-registered disinfectant by nursing staff if contaminated with exudate or wound drainage.
- 4. All equipment with gross contamination must be cleaned prior to returning to Central Supply via the Co-struc in the dirty utility room.
- 5. The Burn Center has its own transporting equipment which must be cleaned after each patient use.
- 6. Any transient equipment, (e.g., EKG and EEG, Echo, portable x-ray machine) must be cleaned before and after patient use.
- 7. Supply lockers in the immediate vicinity of the tank rooms or anterooms should be emptied and cleaned on a routine basis and when visibly soiled.

E. Soiled Linen

- 1. Fluid resistant linen bags are used for all soiled linen.
- 2. All linen, including bed linen and patient hospital clothing, should be changed after each dressing change and tanking. Dirty bed linen is placed directly into the linen hamper, not on the floor. After stripping and cleaning the bed, staff must perform hand hygiene and change gloves prior to applying clean linen.
- 3. Reusable safe patient handling equipment (e.g., slings, slides) is placed in a fluid resistant laundry bag labeled "for SPH Laundry only." Once in the laundry bags, contaminated items must not be handled or sorted by staff. Safe patient equipment designated as single patient use must be discarded at patient discharge or when no longer needed.

F. Hydrotherapy

Hydrotherapy is provided within the unit to reduce the risk of cross infection and contamination to patients who are not burn patients. Principles of clean technique and patient isolation are

extended to the hydrotherapy rooms. When the patient enters the hydrotherapy room materials and objects the patient comes in contact with are considered contaminated.

1. Soiled dressings are disposed of in a trash receptacle. These dressings may be removed in the hydrotherapy room or patient room. Trash is removed from the patient's room after the dressing change and immediately from the hydrotherapy room if the trash bag is wet or soiled. Otherwise trash is collected at the end of the shift.
2. The patient is transported to the hydrotherapy between two clean sheets or a sheet and the plastic covering the stretcher.
3. The hydrotherapy room must be cleaned after completion of all daily wound care (see Hydrotherapy Rooms in Appendix 1).
4. Curtains at anterooms and the hydrotherapy room doors should remain closed during all wound care procedures.
5. Whenever possible, patients colonized or infected with multidrug-resistant organisms are the last to receive hydrotherapy each day. Patients on Contact Precautions needing hydrotherapy should be transported following the policy outlined in the "Isolation Precautions Policy IC0031."
6. Only equipment and supplies needed for the patient receiving therapy are opened during the treatment period. All used or opened items are discarded and/or removed for disinfection before the room is cleaned and the next patient enters.
7. The stretcher used to transport the patient to and from the hydrotherapy room is cleaned with an EPA-registered disinfectant prior to and after transport. Clean sheets are applied after cleaning and dirty linen is placed directly in the linen hamper after patient use.
8. All personnel must wear waterproof gown and clean gloves when working with who have open wounds. Standard Precautions must be practiced for all patients. If gowns become wet/soiled during bath, change before continuing.
9. After obtaining a patient's weight, immediately cover the patient with clean sheets, ensuring that all burn wounds are completely covered.
10. Hydrotherapy Room Cleaning
 - a. The Environmental Services personnel mop and clean hydrotherapy rooms every afternoon after wound care is completed.
 - b. Hydrotherapy equipment is cleaned by Burn Center staff with appropriate disinfectant solution prior to the first patient's wound care, between each patient, and after the final patient of the day.
 - c. Clean plastic disposable equipment liners are used for each patient.
 - d. All opened, unused sterile supplies for each patient are considered contaminated and must be discarded at the completion of hydrotherapy procedures.
 - e. The rooms and equipment should remain clean and dry when not in use.
 - f. Hoses on the stretcher and spigots on the chair are filled with chlorhexidine gluconate (e.g., Hibiclen) after the final hydrotherapy of the day and must be purged from the hose prior to tanking the next day.
 - g. Contaminated gowns and gloves are to be removed and disposed of in the hydrotherapy rooms. Clean gowns and gloves will then be put on for transfer of the patient to his/her room for dressings.

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- h. The hydrotherapy rooms each have two types of hydrotherapy equipment. Special precautions with respect to cross-infection must be observed. Two patients may be treated at the same time if they are of the same sex and neither requires isolation precautions.
- i. After a patient on Contact Precautions has had hydrotherapy, the area(s) of the curtains handled (i.e., used to pull the curtain) should be disinfected. This can be accomplished by spraying both sides of the curtain with an EPA-registered disinfectant (i.e., MetriGuard) or 3% hydrogen peroxide and allowing it to dry prior to the next procedure. For plastic curtains, a 1:10 dilution of bleach and water may also be used.

G. Transportation of Patient Outside Center

Burn patients often require transportation from the Burn Center to other departments within the main hospital for x-rays, diagnostic tests, etc. When this occurs, arrangements are made so the patient will not wait in the holding area of the department. Preferably, patients are scheduled at a time when patient census in the department is low. Personnel in the area to which the patient is to be taken are notified of the impending arrival of the patient and of the precautions to be used to reduce the risk of transmission of infectious microorganisms. After the patient is returned to the room, the stretcher or wheelchair is cleaned with an EPA-registered disinfectant.

H. Waste Disposal

Waste disposal is performed according to the "[Infection Control Policy: Regulated Medical Waste IC 0054.](#)"

1. Liquid waste (e.g., blood, irrigation solutions, etc.) are disposed of in the patients' toilet.
2. Solid Waste
 - a. Non-infectious waste is removed frequently enough so as not to allow accumulation. Do not overfill trash bags in order to allow for easy and safe removal.
 - b. Activated safety devices and needles are discarded without recapping into a sharps container which when $\frac{3}{4}$ full, is closed securely and placed into a red trash bag.

Environmental Services

Housekeeping responsibilities outlined below are in addition to those found in the "[Environmental Services Infection Control Policy IC0020](#)" and the protocols of the Environmental Services Department.

1. Patient Room Cleaning – Daily
 - a. Perform hand hygiene and enter the room with cleaning supplies needed.
 - b. Bag trash in sturdy plastic bags. Wipe receptacle with an approved cleaning agent and reline trash receptacle with a plastic liner.
 - c. If soiled linen has been left in the room, place it in a linen bag.
 - d. Damp-wipe horizontal and vertical surfaces with an EPA-registered cleaning agent including shelves, cabinets, chairs, tables, TV screens, bedrails, door handles, sink, etc. Environmental Services should use 70% isopropanol or 70% ethanol to disinfect touch screen monitors. Environmental Services personnel should not touch other specialized patient equipment. Nursing personnel clean these special items (see Appendix 1). Shower, shower curtain and toilet surfaces are cleaned daily if being used.
 - e. Mop the patient room floor with an EPA registered cleaning agent solution and then the bathroom floor (shower floor only if shower is being used). Alternatively, EVS may use separate microfiber mop heads in each area.

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- f. Remove isolation garments if worn, before exiting room.
 - g. Remove gloves and perform hand hygiene exiting the room.
2. Discharge or Weekly Cleaning
 - a. This is the same as daily cleaning except those items inaccessible at daily cleaning are cleaned at this time. This includes such items as bed, mattress and pillows. Spot clean walls as needed. Exceptions: specialized medical equipment, respirators, etc., are cleaned at discharge. Monitors are cleaned in patient rooms daily and at discharge as described above in "Patient Room Cleaning – Daily."
 - b. On patient discharge, the housekeeper will clean the interior of the cabinets in the patient room. Unused patient care supplies may be used for another patient if they have been stored and handled correctly (i.e., handled only with clean hands or clean gloves and stored in a drawer or far enough from the patient and water sources to prevent droplet contamination; packaging is intact with no sign of contamination or moisture contact) and if the patient has not been on Contact Precautions.
 3. Auxiliary Areas
 - a. This includes the following areas: Recreation Therapy, Physical Therapy, Occupational Therapy, conference room, medicine room, equipment storage room, clean and Soiled Utility Rooms, nourishment room, waiting room, nursing station, hydrotherapy room, locker room, and halls.
 - b. Procedure
 - i. Trash is collected three times per day at scheduled times.
 - ii. Floors are mopped with an approved cleaning agent daily.
 - iii. Elevated surfaces (e.g., sinks, countertops, Co-struc cabinets, etc.) are damp cleaned daily with an EPA registered disinfectant.
 - iv. Soiled linen is placed in a fluid-resistant linen bag.
 - v. Soiled Utility Room hopper is cleaned daily.
 - vi. Chlorhexidine gluconate hand soap and alcohol based hand rub dispensers are checked daily and refilled as needed.
 4. Hydrotherapy Rooms
 - a. Clean all horizontal surfaces (except hydrotherapy equipment) with an approved cleaning agent after each patient. This includes shelves, co-strucs, blanket warmers, supply carts, stereo, and monitors.
 - b. Supply carts/shelves in the hydrotherapy room require a daily damp-cleaning of exterior surfaces before being returned to Central Supply.
 - c. Hydrotherapy equipment is cleaned after each patient use by Burn Center personnel using an EPA-registered detergent and brush.
 - d. Cubicle curtains around the hydrotherapy equipment should be changed weekly and when visibly soiled.
 - e. Mop and clean hydrotherapy rooms after all wound care is completed for the day.
 5. Burn Center Offices

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Offices within the Burn Center have solid waste emptied once daily or as needed, vacuuming done weekly, and routine cleaning of elevated surfaces are cleaned in accordance with the Environmental Services Infection Control Policy and applicable Environmental Services protocols.

6. Carpeted areas are spot shampooed as needed (e.g., when visibly soiled) and extracted quarterly.

I. Policy Enforcement

The implementation of this policy and the responsibility for enforcing it will be up to the Director of the Burn Center or their delegate(s) and the Nursing Supervisor or their delegate(s).

J. Reviewed/Approved by

Hospital Infection Control Committee

K. Original Policy Date and Revisions

Revised on Mar 2004, Apr 2006, July 2008, Apr 2011, May 2014, Dec 2016, June 2017_{rev}

Appendix 1: Burn Center – Cleaning Duties for Non-Environmental Services Staff

ITEM	ACTION	FREQUENCY	CLEANING AGENT	RESPONSIBLE STAFF
Mattress	Clean/disinfect	Daily and as needed if contaminated with wound drainage/exudate	EPA-registered disinfectant	Nsg
BP Cuffs (single patient use)	Damp clean	If visibly soiled	EPA registered Disinfectant	Nsg
Stethoscopes (single patient use)	Damp wipe	If visibly soiled	Alcohol	Nsg
Dopplers	Damp clean	After each patient	EPA--registered disinfectant	Nsg
Warmers in store room	Damp wipe	Daily	EPA--registered disinfectant	Techs/CNA
Sharps boxes	Change when $\frac{3}{4}$ full	As needed		Techs/CNA, Nsg, EVS
Bovie	Damp clean	Before and after each patient	EPA--registered disinfectant	Techs/CNA, Nsg
Vents, other special equipment	Damp wipe	Daily At discharge	EPA-registered disinfectant/or per mfg. instructions	Nsg/Respiratory Care

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ITEM	ACTION	FREQUENCY	CLEANING AGENT	RESPONSIBLE STAFF
Transporting equipment	Damp wipe	After each patient use	EPA-registered disinfectant	Nsg, Tech/CNA, PT/OT/RecT
Transient equipment (EKG, EEG, Xray, etc.)	Damp wipe	Before each patient use After each patient use	EPA-registered disinfectant	Dept. owning
Non-disposable safe patient handling equipment	Damp wipe, change plastic cover	Between patient uses	EPA-registered disinfectant	Techs/CNA
Equipment in soiled utility room that is grossly contaminated and goes to CPD.	Damp clean	Prior to returning to CPD	EPA-registered disinfectant	Techs/CNA
Carts used for removing contaminated items	Damp wipe	Prior to leaving Burn Center	EPA-registered disinfectant	Techs/ CNA
Bronchoscope	PreClean/Clean/disinfect	After each use per endoscope policy	High level disinfection	Respiratory Care (Preclean) and Bronch lab personnel
HYDROTHERAPY AREA:				
Hydrotherapy transport stretcher	Damp clean	After each patient	EPA-registered disinfectant	Techs/CNA
Hydrotherapy tanks and chair	Damp clean	Between patients After final tanking Damp wipe daily	EPA-registered disinfectant/	Techs/CNA
HT chair, if not used	Damp wipe			
Sprayers/hoses for hydrotherapy	Clean sprayer head and at least 5 feet of hose above the head	After each patient	EPA-registered disinfectant	Techs/CNA
Internal disinfection of water hoses	Fill hoses with hibicljens, leave in overnight. Purge with water prior to the first use of the day	After the last tanking of the day	Hibicljens	Techs/CNA

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ITEM	ACTION	FREQUENCY	CLEANING AGENT	RESPONSIBLE STAFF
Small tub for babies – fresh liner for each patient	Fresh liner for each patient. If surface becomes wet or contaminated, then damp clean surfaces.	After each patient	EPA--registered disinfectant	Nsg/tech
Remaining equipment in HT	Damp clean	Prior to 1 st patient's wound care, between patients, and after final patient of the day	EPA--registered disinfectant	Techs/CNA
Curtains in HT	Spray	After Contact Precautions patient or when contaminated with blood/body fluids	Metriguard	Techs
HT drain hoses and cap	Soak in 1:10 solution of bleach and water or an EPA registered disinfectant and rinse with water	Between patients and at end of day	EPA registered disinfectant or bleach and water.	Techs/CNA
HT drain in floor	Pour gallon of bleach in drain	Monthly	Bleach	Techs/CNA