

Status **Active** PolicyStat ID **9504161**



Origination 03/2004
Last Approved 04/2021
Effective 04/2021
Last Revised 04/2021
Next Review 04/2024

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Policy Area Infection Prevention
Applicability UNC Medical Center

Burn Center

I. Description

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

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 Prevention policy: [Infection Control and Screening Program: Occupational Health Service](#).
 - a. Personnel with communicable diseases should not enter the BICU. Due to the immunocompromised state of patients in BICU, this includes herpes oral or cutaneous lesions not covered by clothing in addition to the conditions listed in the OHS policy.
2. HCP should adhere to all personnel guidelines in the Infection Prevention policy: [Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#).
3. Personnel should adhere to the Infection Prevention policies: [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. Burn ICU staff will wear hospital-laundered scrubs.
 - b. Hospital laundered scrubs are donned on-site prior to the start of a shift and are doffed on-site prior to leaving the hospital.
 - c. Scrubs are removed when visibly soiled, contaminated, and/or penetrated by blood or other potentially infectious materials.
 - d. Closed-toe shoes are worn.
 - e. During the performance of wound care, personnel will 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).

6. Hand Hygiene

- a. Refer to the Infection Prevention policy: [Hand Hygiene and Use of Antiseptics for Skin Preparation](#).
- b. All persons entering and exiting 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.

7. Gloves

- a. Wear nitrile gloves when touching blood, body fluids, secretions, excretions, non-intact skin, rashes and contaminated items consistent with Standard Precautions.
- b. Put on clean gloves just before touching mucous membranes and non-intact skin. Clean gloves are worn during direct contact with non-intact skin.
- c. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. 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. Remove gloves promptly after use and perform hand hygiene before

touching non-contaminated items and environmental surfaces and before going to another patient to avoid transfer of microorganisms to other patients or environmental surfaces.

8. Gowns and Protective Apparel

- a. Wear a gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. 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 Infection Prevention policy: [Exposure Control Plan for Bloodborne Pathogens](#).
- b. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Waterproof gowns are available for use (e.g., blue gown). A non-fluid resistant gown (i.e., isolation gown) may be worn in all other procedures not requiring a sterile gown.
- c. Carefully remove a soiled gown so clothes are not contaminated. Gowns will be removed promptly when no longer needed and will be properly disposed of. Disposable gowns will not be used more than once.
- d. Healthcare workers will wear a protective gown when holding a baby with draining wounds and/or dressings that are not completely dry/intact. Afterwards the gown will be removed and hand hygiene performed.
- e. When holding a baby, a protective barrier will be used on the shoulder to prevent oral secretions from contaminating the scrubs. Afterwards the barrier will be changed/discarded and hand hygiene performed.

B. Isolation Precautions

1. Refer to the Infection Prevention Policy: [Isolation Precautions](#) for guidance related to patients on isolation precautions.
2. In the case of an outbreak, Infection Prevention will work with the Burn ICU staff to identify and implement enhanced control measures as warranted.
3. When two or more patients have symptoms consistent with gastroenteritis, the Infection Preventionist should be consulted.
 - a. Gastroenteritis symptoms include: vomiting and/or diarrhea more than 2 times in a 24-hour period with or without fever and abdominal pain

C. Patient Supplies

1. Packaged disposable items in patient rooms are managed as follows:

- a. Rooms will be stocked with limited amounts of disposable items such that they will be used within a short period of time (e.g., <24 hours).
- b. Disposable sterile packaged items that are opened, damaged, wet, or visibly contaminated (e.g., dry blood) should not be used and must be discarded.
- c. 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).
 - i. 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) a packaged item has been opened or the integrity of the package has been compromised.
 - ii. When a patient on Enteric Precautions is transferred from the room or discharged, unused supplies not stored in a drawer/ cabinet must be sent with the patient or discarded.

D. Ancillary Services

1. Physical Therapy and Occupational Therapy

- a. Applicable guidelines as outlined in the Infection Prevention policy: [Physical Therapy/Occupational Therapy](#) 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 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.
 - a. Splints that are too large to be high level disinfected in the hydrocollator can be used between patients only if they are

completely prevented from contact with non-intact skin and body fluids. Clean these splints with an EPA-registered hospital disinfectant.

- 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 Infection Prevention policy: [Pediatric Play Facilities and Child Life](#) 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 ICU 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 Infection Prevention policy: [Diversional Supplies \(e.g., toys and books\)](#).

E. Visitors

1. All visitors must follow the Patient Care policy: [Hospital Visitation](#).
2. Persons with communicable diseases should not visit patients. Visitors are monitored by the Burn ICU nursing staff and excluded if there is evidence of a communicable disease (e.g., URI, fever, oral herpes lesions).
3. Visitors are instructed by nursing personnel to perform hand hygiene with an antimicrobial agent before entering and leaving patient care areas.
4. If the patient requires isolation, the nursing staff instructs visitors to wear the appropriate personal protective equipment.
5. Visitors will gain entrance to the Burn ICU only through the front door by the entrance to the Administrative Offices. The back door to the Burn ICU (next to the elevators) will be used only by hospital staff.

F. Equipment Cleaning

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

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

1. Disposable blood pressure cuffs are used in the Burn ICU and are replaced with a new cuff when visibly soiled.
2. Dopplers must be cleaned daily when in use and between uses on different patients.
3. Any other equipment used at the patient bedside or in contact with bed linen, is cleaned daily.
4. The patient's mattress is cleaned using an EPA-registered disinfectant by nursing staff if contaminated with exudate or wound drainage.
5. All equipment with gross contamination is cleaned prior to placing in the dirty utility for return to Central Distribution.
6. Transporting equipment is cleaned after each patient use.
7. Any transient equipment, (e.g., EKG and EEG, Echo, portable x-ray machine) is cleaned before and after patient use.

G. 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.
3. Dirty bed linen is placed directly into the linen hamper, not on the floor. After stripping and cleaning the bed, staff perform hand hygiene and change gloves prior to applying clean linen.
4. 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.
5. Safe patient equipment designated as single patient use is discarded at patient discharge or when no longer needed.

H. 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 Attachment 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 Infection Prevention policy: [Isolation Precautions](#).
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 patients who have open wounds. Standard Precautions must be practiced for all patients. If gowns become wet/soiled during bath, change before continuing.
9. 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 ICU 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 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., Hibiclens) 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.

- 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 clinically appropriate and neither requires isolation precautions.
- i. After a patient on Isolation Precautions has had hydrotherapy, the area(s) of the curtains handled (i.e., used to pull the curtain) should be disinfected or changed. For plastic curtains, a 1:10 dilution of bleach and water may be used.

I. Transportation of Patient Outside Center

When BICU patients require transportation from the BICU to other departments (e.g., x-rays, diagnostic tests) arrangements are made to reduce waiting 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 receiving department are notified of the impending arrival of the patient and type of precautions required. After the patient is returned to the room, the stretcher or wheelchair is cleaned with an EPA-registered disinfectant.

J. Waste Disposal

Waste disposal is performed according to the Infection Prevention policy: [Guidelines for Disposal of Regulated Medical Waste](#).

1. Liquid waste (e.g., blood, irrigation solutions) are disposed of in the patient's toilet or soiled utility hopper.
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.

K. Environmental Services

Housekeeping responsibilities outlined below are in addition to those found in the Infection Prevention policy: [Environmental Services](#) 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. 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 Attachment 1). Shower, shower curtain and toilet surfaces are cleaned daily if being used.
- d. Mop the patient room floor with an EPA-registered hospital disinfectant. Separate microfiber mop heads are used for patient room and bathroom.
- e. Remove isolation garments if worn, before exiting room.
- f. 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."

3. Ancillary 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) are damp cleaned daily with an EPA-registered hospital 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, which is cleaned by Burn ICU personnel) with an EPA-registered hospital disinfectant after each patient. This includes shelves, blanket warmers, supply carts, stereo, and monitors.
 - b. Supply carts/shelves in the hydrotherapy room require a daily damp cleaning of exterior surfaces.
 - c. Cubicle curtains around the hydrotherapy equipment should be changed weekly and when visibly soiled.
 - d. Mop and clean hydrotherapy rooms after all wound care is completed for the day.
5. Burn ICU Offices
- a. Offices within the Burn ICU have solid waste emptied once daily or as needed, vacuuming done weekly, and routine cleaning of elevated surfaces are cleaned in accordance with the Infection Prevention policy: [Environmental Services](#) and applicable Environmental Services protocols.
6. Carpeted areas are spot shampooed as needed (e.g., when visibly soiled) and extracted quarterly.

L. Policy Enforcement

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

IV. Related Policies

[Infection Prevention Policy: Diversional Supplies \(e.g., toys and books\)](#)

[Infection Prevention Policy: Environmental Services](#)

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

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

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

[Infection Prevention Policy: Infection Control and Screening Program: Occupational Health Service](#)

[Infection Prevention Policy: Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#)

[Infection Prevention Policy: Isolation Precautions](#)

[Infection Prevention Policy: Pediatric Play Facilities and Child Life](#)

[Infection Prevention Policy: Physical Therapy/Occupational Therapy](#)

[Infection Prevention Policy: Tuberculosis Control Plan](#)

[Patient Care Policy: Hospital Visitation](#)

Attachments

[1: Burn Center – Cleaning Duties for Non-Environmental Services Staff](#)

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Kimberly Novak-Jones: Nurse Educator	04/2021
	Thomas Ivester: CMO/VP Medical Affairs	04/2021
	Emily Vavalle: Dir Epidemiology	03/2021
	Sherie Goldbach: Project Coordinator	03/2021

