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Infection Prevention Guidelines for Safe Patient Care

I. Description

Describes the Infection Prevention policies and practices followed to reduce the risk of healthcare-associated infection for patients across the continuum of care, including outpatient care services and inpatient care areas.

II. Policy

A. Personnel

1. Hand hygiene will be performed in accordance with the Infection Prevention policy: [Hand Hygiene and Use of Antisepsis for Skin Preparation](#).
2. Healthcare Personnel (HCP) will adhere to the hospital and departmental dress code. Personal scrubs worn by HCP 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 policies [Exposure Control Plan for Bloodborne Pathogens](#), [Infection Prevention Guidelines for Perioperative Services](#) and Human Resources policy: [Professional Business Attire](#).
3. Fanny packs should be secured to the body and be made of a material that can be cleaned. Cleaning with a germicidal detergent should occur daily and when the pack is visibly soiled. Alternatively, packs may be machine laundered. In order to prevent a potential bloodborne pathogen exposure, 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).

4. Hair should be covered/secured so that it does not come into contact with patients or equipment during patient examinations or treatments.
5. 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.

B. Standard and Transmission Based Precautions/ Respiratory Hygiene

1. Standard Precautions

- a. Standard Precautions are designed for the care of all patients, regardless of their diagnosis or presumed infection status. It is the primary strategy for successful healthcare associated infection prevention.
- b. Safe Injection Practice - The following recommendations apply to the use of needles, cannulas that replace needles, and where applicable intravenous delivery system.
 - i. Whenever possible, use of single-dose vials is required as outlined in the Patient Care policy: [Medication Management: Use of Multi-Dose Vials/Pens of Parenteral Medications and Vaccines in Acute Care and Ambulatory Care Environments](#).
 - If a multi-dose vial is approved for use and must be used, both the needle or cannula and syringe used to access the multi-dose vial must be a new sterile needle or cannula and syringe with each access.
 - ii. Do not administer medications from the same syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulas and syringes are sterile, single-use items; they should not be reused for another patient or to access a medication or solution that might be used for a subsequent patient.
 - iii. Do not administer medications from single-dose vials or ampules to multiple patients or combine or save leftover contents for later use.
 - iv. Use aseptic technique when preparing and administering medications.
 - v. Use fluid infusion and administration sets (i.e., intravenous bags, tubing, connectors) for one patient only. A syringe or needle/

cannula is considered contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

- vi. Discard medication if sterility is compromised or questionable.

2. Transmission Based Precautions

- a. Healthcare Personnel (HCP) should adhere to guidelines found in the Infection Prevention policy: [Isolation Precautions](#). Isolation Precautions signs should be available at the nurse's station or in an accessible area, and can be ordered from the Print Shop. Nursing/medical care providers are responsible for ensuring visitors understand the appropriate isolation requirements. For guidelines for patients with Cystic Fibrosis, refer to the Infection Prevention policy: [Patients with Cystic Fibrosis](#).

- b. Post Mortem Care for Patients with a Communicable Disease

- 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). Refer to the Infection Prevention policy: [Creutzfeldt-Jakob Disease \(CJD\)](#).

3. Respiratory Hygiene/Cough Etiquette

- a. Provide surgical masks to all patients with symptoms of a respiratory illness. Provide instructions on the proper use and disposal of masks.
- b. For patients who cannot wear a surgical mask, provide tissues and instructions on when to use them (i.e., when coughing, sneezing, or controlling nasal secretions), how and where to dispose of them, and the importance of hand hygiene after handling this material.
- c. Provide hand hygiene materials in waiting room areas, and encourage patients with respiratory symptoms to perform hand hygiene.
- d. Designate an area in the waiting room where patients with respiratory symptoms can be segregated (ideally by at least 3 feet) from other patients who do not have respiratory symptoms.

- e. Place patients with respiratory symptoms in a private room (preferred) or cubicle or exam room as soon as possible for further evaluation.
- f. Health care personnel should wear a surgical or procedure mask during the evaluation of patients with respiratory symptoms.
- g. Use Droplet Precautions to manage patients with respiratory symptoms until it is determined that the cause of symptoms is not an infectious agent that requires precautions beyond Standard Precautions.

C. Communicable Disease Reporting

- HCP should be familiar with the Infection Prevention policy: [Reporting of Communicable Diseases](#).

D. Invasive Procedures

- 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 Infection Prevention policy: [Exposure Control Plan for Bloodborne Pathogens](#).
 - a. Sterile trays should be opened immediately prior to use. Once opened, the set-up must not be left unattended.
 - b. Central Nervous System Access
 - i. Spinal Procedures: Wear a surgical mask when placing a catheter or injecting material into the epidural or subdural space (i.e., during myelograms, lumbar puncture, intrathecal chemotherapy, and spinal or epidural anesthesia).
 - ii. 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 Infection Prevention policy: [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. Betadine is the recommended antiseptic for all babies >1000g, per Infection Prevention policy: [Hand Hygiene and Use of Antisepsis for Skin Preparation](#).
 - iii. Ventriculostomy: Refer to Nursing policy: [Intracranial Pressure Monitoring](#).

- iv. Epidural Catheters: Refer to the Nursing policy: [Epidural and Intrathecal Management \(Pediatric and Non-pregnant Adult\)](#) and Infection Prevention policy: [Anesthesiology](#). Aseptic technique must be used for the insertion, maintenance, and removal of epidural catheters.

E. Cleaning and Disinfection

1. Clean and Sanitary Environment

- UNCMC HCP are responsible for maintaining a clean environment. Areas should be free of clutter, patient care items and boxes should not be stored on the floor. Refer to the Infection Prevention policy: [Environmental Services](#) regarding specific room cleaning policies. Please refer to Infection Prevention: [Diversional Supplies \(e.g., toys and books\)](#) for guidance regarding the cleaning and maintenance of these items.

2. Cleaning Routines and Cleaning Agents

- a. The Spaulding classification scheme is a rational approach to disinfection and sterilization of reusable patient care equipment and/or devices. Based on the degree of risk of infection involved in the use of items, the scheme divides reusable patient care items into three distinct categories: 1) critical; 2) semi-critical; 3) non-critical.
 - i. Semi-critical and critical items (i.e. reusable instruments and medical devices requiring high-level disinfected or sterilized prior to use on another patient) should be wiped to remove gross soil and/or blood. Gauze moistened with water or an approved disinfectant wipe may be used. Manufacturer's IFUs for pre-cleaning/pretreating must be incorporated into the point of use cleaning.
 - ii. Lumens should be flushed/suctioned according to manufacturer's IFUs.
 - iii. Transport used instruments in a leak-resistant container marked "biohazard".
 - iv. Type of transport container depends upon the type of instrument transported:
 - Bins should have lids.
 - Carts should be enclosed or covered.
 - Impermeable bags marked "biohazard". A specimen bag marked biohazard or plastic bag with a biohazard label

is appropriate if no sharps are present.

- v. Used instruments must be kept moist until they are transported to the appropriate decontamination area (i.e., central processing department, clinic instrument reprocessing room). Moisture may be maintained by applying an approved moistening product or placing a water-moistened towel or gauze over the instrument(s). Do not use saline for this purpose.

b. Refer to the [Infection Prevention policy: Sterilization of Reusable Patient-Care Items](#) for more information.

- i. 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.
- ii. Ensure that single use items are discarded properly and used for only one patient as described in the Infection Prevention policy: [Reuse of Single Use Devices \(SUDs\)](#).

<p>Critical Items: Require sterilization</p>	<p>Enter/contact normally sterile tissue or the vascular system. (Examples include but not limited to surgical instruments, certain catheters, implants, laparoscopes, arthroscopes.)</p>	<p>Infection Prevention policy: Sterilization of Reusable Patient Care Items</p>
<p>Semi-critical Items: Require at least high-level disinfection</p>	<p>Contact intact mucous membranes or non-intact skin. (Examples include but not limited to some endoscopes, endocavitary probes, diaphragm fittings rings, laryngeal blades.)</p>	<p>Infection Prevention policy: High Level Disinfection (HLD) – Manual reprocessing of reusable semi-critical medical devices Infection Prevention policy: Endoscope</p>
<p>Non-critical Items: Require low-level disinfection</p>	<p>Contact intact skin but not mucous membranes. (Examples include but not limited to bed pans, blood pressure cuffs, and stethoscopes.)</p>	<p>Infection Prevention policy: Cleaning and Disinfection of Non-Critical Items</p>

3. For sterilization of critical items, refer to Infection Prevention policy: [Sterilization of Reusable Patient Care Items](#).

- Examples, in addition to the items in the above table, would include fitting

diaphragms and pessary, reusable intubation equipment.

4. For High level disinfection of Semi-critical items, refer to Infection Prevention policy: [High Level Disinfection \(HLD\) – Manual reprocessing of reusable semi-critical medical devices](#).
 - a. Examples in addition to the items in the above table would include rectal and vaginal probes.
 - b. Endoscopes should be reprocessed following the policy, Infection Prevention: [Endoscope](#).
5. For Non-critical reusable patient equipment, reusable patient care items and environmental surfaces refer to Infection Prevention policy: [Cleaning and Disinfection of Non-critical Items](#).

F. Electronics

1. Used by HCP
 - a. Gloves must be removed and perform hand hygiene after providing patient care and prior to use of computer equipment. Keyboards will be disinfected daily using a Sani-Cloth.
 - b. Workstations and mobile units should be used with clean hands.
 - c. Laptop computers and all keyboards will be maintained in a visibly clean state.
 - d. Computers should be disinfected according to manufacturer's recommendation (e.g., alcohol for touch screens).
 - e. Computers should not be taken into the rooms of patients who are on Isolation Precautions. If the computer is taken into the room, it must be disinfected prior to use for another patient.
 - f. Communication devices (i.e., Vocera Badges) should be wiped with an EPA-registered disinfectant at the end of each shift, after use in a contact or enteric precaution patient rooms, or when visibly soiled per manufacturer's recommendations. Isopropyl alcohol wipes are the preferred cleaning agent but products commonly used at UNCMC (i.e. Super Sani-Cloths™) may be used with discretion.
2. Used by Patients
 - a. Mobile and/or laptop computers and other electronic devices shared between patients must be disinfected between patient uses with an EPA-registered disinfectant.

- b. 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.
- c. Touch screen devices with protective case (e.g., Otter box) should be disinfected with an EPA-registered disinfectant per manufacturer instructions for use. This disinfection may be followed by wiping with plain water to remove any "film" that may be caused by the cleaning/disinfection agent.
- d. Touch screen device without a protective case must be disinfected per manufacturer's recommendation using either a 70% alcohol wipe or an EPA-registered disinfectant. If the manufacturer does not approve disinfection with one of these two options the device must be in a protective case.
- e. Shared devices that cannot be cleaned with bleach per manufacturer's recommendations cannot be used by patients on Enteric Precautions.
- f. Pediatric Security Tag (e.g., HUGS) 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 disinfectant. The strap is single use and should be replaced between patients.

G. Glucometer Care

- The glucometer and case are maintained in a visibly clean manner at all times. The glucometer should be disinfected after each patient use, and when visibly soiled using an EPA-registered disinfectant or bleach wipe for Enteric Precautions. The glucometer should be stored in a designated clean area (e.g., Nurses Station).

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

- These are cleaned with an EPA-registered disinfectant or bleach wipe at least weekly, when visibly soiled, and between each patient use. Monitor touch screens may be disinfected per manufacturer's recommendations.

I. Safe Patient Handling Equipment

- Laundering and disinfecting of slings/equipment should be performed according to manufacturer recommendations and the Occupational Health Services policy: [Safe Patient Handling](#).

J. Scales

1. Standing scales are disinfected using an EPA-registered disinfectant or bleach wipe on a routine basis, when obviously soiled, and after use for a patient on Contact or Enteric Precautions.
2. Scales used for infants are cleaned with an EPA-registered disinfectant between each patient and when visibly soiled. Paper liners are changed with each patient contact.
3. Scales used for obtaining diaper weights are cleaned with an EPA-registered disinfectant daily and when visibly soiled.

K. Procedure Carts

1. Procedure carts should be setup as needed as close to the start of the procedure as possible.
2. During times procedure carts are not in use, items should be securely stored in cart drawers.

L. Enteral (Tube) Feedings

- Tube feeding is a clean procedure. Refer to Nursing policy: [Gastric Tubes Feeding and Decompression](#).

M. Fan Use in Clinical Areas

- Fans are prohibited in clinical areas, with the only exception of life-threatening heat stroke or comfort care.

N. Plants and Flowers in patient care areas

1. Flowers and plants are not allowed in the Critical Care Units, BMTU, rooms of immunocompromised patients, and patients on Protective Precautions, in treatment/procedure areas or in which patient care supplies are stored. For patients who may receive flowers, careful consideration and placement away from sterile supplies and sterile fluids is imperative.
2. 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.

O. Laundry Room

- 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:

- a. An alcohol-based hand hygiene product will be provided with written instructions to clean hands before and after using the machines.
- b. An EPA-registered disinfectant (e.g., MetriGuard™, Sani-Cloth™) will be available and written instructions for cleaning the contact surfaces of the machines after use.

P. Linens, Mattresses, and Pillows

1. Handle and transport soiled linen as described in the [Infection Prevention policy: Laundry and Linen Service](#).
2. Store clean linen in a clean, covered cart, behind closed doors within a designated linen room, or within a closed cabinet to protect it against airborne contamination.
3. If using an automated cart, ensure doors can close freely.
4. 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.
5. Pillows have fluid resistant covers and are cleaned between patient use or by Environmental Services at terminal clean with an EPA-registered approved disinfectant between patient uses. Visibly soiled pillows that cannot be cleaned should be thrown away as well as torn or non-intact pillows.
6. Extra pillows should be returned to the linen closet/cart for storage after cleaning.
7. Mattresses (bed or stretcher) should be covered with non-absorbent impervious covering and routinely inspected for cracks and tears.
8. Any mattress cover that is not intact requires the bed or stretcher be removed from service for repair. Contact patient equipment to coordinate pickup.

Q. Lubricants

1. Only sterile lubrication products should be used in or near mucous membranes (e.g. vagina, rectum).
2. Use of unit dose packets of sterile lubricant is preferable.

R. Ultrasound Gel

1. Use open containers of non-sterile ultrasound gel for low risk procedures on intact skin for low risk patients. The original container should be used and then discarded. Never refill or "top off" containers of ultrasound gel during use. 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. It is preferable to use unit dose packets of ultrasound gel.

2. Use sterile ultrasound gel for all aseptic body site procedures and any invasive procedures using ultrasound-guidance (i.e. biopsies). Once opened, sterile ultrasound gel is no longer sterile and must be discarded.
3. Use sterile ultrasound gel for procedures with mucosal contact, even if biopsy is not planned. Any added bioburden is undesirable when mucosal trauma is likely (e.g. TEE procedures, transvaginal ultrasound, transrectal ultrasound procedures).

S. Medication Preparation

1. Medication preparation areas should be kept clean and free of clutter. Medication preparation areas should be wiped with an approved EPA-registered disinfectant at least once each shift and when visibly soiled.
2. Medications should not be prepared near areas of splashing water (e.g., within 3 feet of a sink). Alternatively, a splash-guard can be mounted beside the sink.
3. Aseptic technique must be used when entering a medication vial and hand hygiene should be performed before preparing a medication. Vials should be handled with clean hands or clean gloves. Cleanse the rubber diaphragm of the medication vial with alcohol and allow to dry 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 needle or vial adaptor prior to penetrating the rubber diaphragm. Vial adapters are intended for single patient use only and may not be used for multiple patients.
4. Unused medication cups will be kept covered or inverted.

T. Medicinal Leeches

- 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](#).

U. Non-Nourishment Refrigerators

1. Specimen refrigerators must display a BIOHAZARD label.
2. Reagent refrigerators
 - a. Best practice is to store reagents and specimens separately. In the case where space is limited, it is acceptable to store them in the same refrigerator as long as they are separated and have proper labeling.
 - b. They may be stored in a medication refrigerator if stored separately, such as

in a drawer, separate labeled container or section within the refrigerator.

V. Nourishment

1. Refrigerated Food Storage (Nourishment Refrigerators)

- a. Food storage in patient care areas must not be stored in a refrigerator used to store medicines, chemicals, or specimens.
- b. All refrigerators will be cleaned when soiled.
- c. Temperatures should be monitored on patient nourishment refrigerators 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 or management notified if there is deviation from this range. Breast milk, laboratory specimens and medications will not be stored with patient nutrition. If temperatures are recorded via a wireless monitoring system (RFID) (e.g., AeroScout), logs are not necessary.
 - i. In outpatient settings: Perishable (e.g. meats, fish, dairy products, vegetables) patient nutrition refrigerator temperatures are monitored and logged on days the clinic is open.
- d. Home-prepared/home-cooked foods that are perishable if not refrigerated 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.
- e. Un-opened 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.

2. Employees/Visitors

- a. No HCP are 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, Airborne, or Droplet Precautions. Visitors of patients on Contact or Enteric Precautions may use the microwave or nutrition areas as long as hand hygiene is performed according to policy.

3. Patients

- a. 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 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.

4. Non-UNC Employees working with UNC Inpatients

- 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, 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.

W. Pets/Animal Visitations

1. For animal assisted activities refer to the Patient Care policy: [Animal Assisted Activities \(AAA\)](#).
2. Family pet visitation is not allowed in patient care areas except for extenuating circumstances such as prolonged hospitalization or last wishes if imminent death is near. Pets of patients in these situations may visit a patient with the following requirements. The visit should be scheduled with the approval of the appropriate nursing supervisor and Infection Prevention.
 - a. Dogs and cats are the only animals that may visit.
 - b. Puppies or kittens are not permitted until all vaccination series have been completed.
 - c. Patient or family member must request visitation and coordinate arrangements through the nursing supervisor.
 - Patient/family member will be advised that the pet shall be clean and free of communicable diseases.
 - d. A LIP order is required.
 - e. A health certification with vaccination records by a veterinarian may be required.

- f. The animal must be free of visible signs of illness such as a runny nose, cough, diarrhea, etc.
- g. The animal should be bathed within the preceding 24 hours.
- h. The animal must be accompanied by a responsible person and should be escorted directly to the patient's room and then leave directly after visitation is complete, thereby avoiding common areas such as lobbies, cafeterias, etc.
- i. Animal must be non-aggressive and on-leash at all times.
- j. Personal pets shall be transported to and from nursing units in staff elevators and in crate or carrier for transport.
- k. Any clean-up is the responsibility of the animal owner. Environmental Services will be notified if further attention is needed. For the owners' convenience and hospital cleanliness, hand hygiene is required before and after contact with pet and after any clean up.

X. Skin Preparation

1. Procedures in which the skin is punctured/incised should be performed using aseptic technique.
2. 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 needles must be disposed of in a sharps container.
3. For further information on preparation of a patient's skin for non-surgical and surgical procedures, refer to the Infection Prevention policy: [Hand Hygiene and Use of Antiseptics for Skin Preparation](#).

Y. Markers used for non-incisional site marking

1. 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.
2. HCP marking patients shall comply with the following procedure: Markers (e.g., Sharpie™) may be used for multiple patients unless the marker comes in contact with non-intact skin (e.g., rash), mucous membranes, or the patient is on Airborne, Enteric, 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 EPA-registered disinfectant.

Z. Surgical Site Infection/Post-Operative Surgical Site Infection Surveillance

- Infection Prevention should be notified in the event a surgical site infection is identified or suspected in the outpatient setting. Report the patient's name, medical record number, and date of surgery or procedure to the Infection Prevention department.

AA. Specimen Transport

- 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 Plant Engineering policy: [Usage of the \(CTS\) Computerized Tube System](#).

AB. Sterile Pour Solutions

1. Sterile pour (irrigation) solutions are single-use and any unused portion must be discarded immediately after use.

AC. Suction Canisters

- Suction canisters can 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.

AD. Suction Catheters

- 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 Infection Prevention policy: [Respiratory Care Department](#) for details regarding endotracheal suction catheters.

AE. Supply Rooms and Storage of Supplies

1. All patient care items should be stored at least 8 inches from the floor.
2. Patient care supplies must be stored at least 3 feet from a sink unless a splash-guard is present.
3. Patient care supplies should be removed from the primary shipping container and not used for storage on the unit.

4. Clean patient care items may be stored in the dirty utility room only when contained within an enclosed cabinet.
5. 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 under 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.
6. Doors to soiled utility rooms must be kept closed.
7. 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.
8. Once tape has been removed from the patient care item supply drawer it is considered contaminated and must not be replaced in the drawer, since tape is a single patient use item.

AF. Visitors/Consulting Groups

1. Visitors will be free of communicable disease. Visitors exhibiting obvious signs of illness must be excluded from visiting.
2. Visitors with communicable infectious diseases should not accompany patients to the Outpatient care setting.
3. Visitors must be instructed regarding appropriate hand hygiene and Isolation Precautions procedures when indicated.
4. Further visitor information may be obtained in the Nursing policy: [Hospital Visitation](#).

AG. Water: Waterfalls/Water Gardens/Water Features/Fish Tanks & Fish

1. 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 Recreational Therapy, with the following strict precautions:
 - 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).
 - b. Fish tanks are not managed by health care personnel but by a contracted

service provider.

- c. 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 Recreational Therapist during the activity.

2. Water Features

- No waterfalls/water gardens or water features of any kind are allowed in UNCMC Hospital facilities.

AH. Management of Human Breast Milk

- For more information, contact Lactation Services on Vocera or at (984) 974-8078. Refer to the Nursing policy: [Care and Management of the Breastfeeding and/or Human Milk Feeding Dyad](#). In the event a child is inadvertently given human milk from a source other than his/her mother, refer to the Infection Prevention Stub Document: [Worksheet for Human Milk Exposure](#) and the Infection Prevention policy: [Patient to Patient Exposure to Bloodborne Pathogens and Human Breast Milk](#).

AI. Books, Magazines, Puzzles, and Toys

1. For hospital school textbooks, see the Infection Prevention policy: [Diversional Supplies \(e.g., toys and books\)](#).
2. Books and magazines in the waiting areas should be disposed of when visibly soiled or damaged.
3. For cleaning of toys, books, and other shared items, refer to Infection Prevention policy: [Diversional Supplies \(e.g. toys and books\)](#).

AJ. Waste Management

1. General Hospital Waste & Regulated Medical Waste
 - Infection control rules and regulations for the management of regulated medical waste are found in the Environmental Health and Safety policy: [Handling and Administration of Hazardous Drugs](#) and the Infection Prevention policies: [Guidelines for Disposal of Regulated Medical Waste](#) and [Exposure Control Plan for Bloodborne Pathogens](#).
2. Hand washing sinks should be for hand washing only. Hand washing sinks should be for hand washing only.
 - Hand washing sinks should never be used for disposal of blood, body fluids or disposal of used IV fluids since it is recognized that these fluids contain pathogens that may have been present in the patient who received the fluids. Used IV fluids should be disposed of in a hopper.

3. Sharps Disposal Containers

- a. Needles, syringes and sharp-edged items (e.g. glass vials, capillary tubes, and glass slides) will be disposed of in these rigid, puncture-proof containers.
- b. Sharps disposal containers will be affixed to prevent the container from tipping over.
- c. Needles will not be cut or recapped after use.
- d. Sharps disposal containers should be changed when contents have reached the "full" mark on the container, or when 75% full.
- e. Full sharps containers will have the top locked and the container will then be placed in regulated medical waste (i.e., red bag waste).

AK. Prevention of Healthcare-Associated Infections

1. Ventilator-Associated Pneumonia (VAP)

- 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. Follow Nursing policy: [Oral Care](#).

2. Catheter Associated-Urinary Tract Infection (CAUTI)

- a. HCP inserting, monitoring, or caring for urinary catheters should follow the [UNC CAUTI Prevention Bundle](#) and Nursing policy [Urinary Drainage Devices: Indwelling and External Catheters](#). Key prevention measures include:
 - 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. Perform urinary catheter care and perineum care once per day and as needed (i.e. when feces or drainage contaminates the

perineum).

- b. 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 three-way catheter permitting continuous irrigation within a closed system should be used.
- c. For guidance on treatment and catheter exchange and removal for adult patients with urinary tract infections please refer to the clinical guidelines found on the Pharmacy Intranet page, [UNC Medical Center Guideline: Management of Urinary Tract Infections in Adolescents and Adults at UNC Medical Center](#).

3. Central Line-Associated Bloodstream Infection (CLABSI)

- HCP inserting, monitoring, or caring for Central Venous Access Devices should follow the [UNCMC CLABSI Prevention Bundle](#), the Nursing policy [Central Venous Access Device \(CVAD\) Care & Maintenance](#) and [Infection Prevention Policy: The Prevention of Intravascular Catheter-Related Infections](#). Key prevention measures include
 - i. At insertion, utilize checklist and have a second trained person present at insertion.
 - ii. Scrub the hub with sterile alcohol for at least five seconds and allow to dry every time the line is accessed. Address sluggish or clotted lines promptly.
 - iii. Give daily CHG treatments in all ICUs, step-down units, pediatric units, and oncology units (per unit protocol).
 - iv. Assess dressing at least once a shift and change if not clean, dry and intact.

4. Surgical Site Infections (SSI)

- HCP caring for pre-op, intra-op, and post-op patients should follow the [UNC SSI Prevention Bundle](#). Key prevention measures include:
 - i. Surgical patients should have two preoperative treatments with an antiseptic agent (e.g., 2% Chlorhexidine Gluconate (CHG)) prior to surgery: once the night before the surgery and again the day of the surgery within 6 hours of the procedure. The pre-operative treatment should be performed per the Nursing policy: [Operative/ Procedure Management](#). Additional guidance can be found in Hand Hygiene and Use of Antisepsis for Skin Preparation IP policy. CHG treatments must be documented in the patient's medical record.

- ii. Appropriate final skin preparation with dual-agent alcohol containing skin preparatory agent.
- iii. Administer antimicrobial prophylaxis according to evidence-based guidelines and timed such that bactericidal concentration is established in serum and tissues at time of incision. Perform dressing and wound care, and remove devices and drains as soon as possible.

5. *C. difficile* Infection (CDI)

- HCP caring for patients with *C. difficile* infections should follow the [UNC CDI Prevention Bundle](#). Key prevention measures include:
 - i. Antimicrobial stewardship
 - ii. Diagnostic stewardship
 - iii. Order and follow enteric precautions
 - iv. Wash hands with soap and water after patient contact or after leaving patient room
 - v. Disinfect equipment and room surfaces with bleach wipes

III. Implementation

Implementation of this policy is the responsibility of the Service Managers.

IV. References

Heroux DL, Garris J, Nathan J, et. Al. Ambulatory Care Infection Control Manual. Seattle: Group Health Cooperative businesses, 1993

Rutala WA. APIC Guideline committee, APIC guideline for selection and use of disinfectants. Am J Infect Control 1996;24:313-342

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Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

[Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care](#). Version 2.2. CDC. November 2015

APIC Text of Infection Control and Epidemiology. 4th Edition.

Anderson DJ, Kanafani ZA, [Infection control in the outpatient setting](#)

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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.

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

V. Related Policies

[Environmental Health and Safety Policy: Handling and Administration of Hazardous Drugs](#)

[Infection Prevention Policy: Anesthesiology](#)

[Infection Prevention Policy: Cleaning and Disinfection of Non-Critical Items](#)

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

[Infection Prevention Policy: Diversional Supplies](#)

[Infection Prevention Policy: Endoscope](#)

[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: High-Level Disinfection \(HLD\) - Manual Reprocessing of Reusable Semi-Critical Medical Devices](#)

[Infection Prevention Policy: Infection Prevention Guidelines for Perioperative Services](#)

[Infection Prevention Policy: Isolation Precautions](#)

[Infection Prevention Policy: Laundry and Linen Service](#)

[Infection Prevention Policy: Patient to Patient Exposure to Bloodborne Pathogens and Human Breast Milk](#)

[Infection Prevention Policy: Patients with Cystic Fibrosis](#)

[Infection Prevention Policy: Pharmacy](#)

[Infection Prevention Policy: Reporting of Communicable Diseases](#)

[Infection Prevention Policy: Respiratory Care Department](#)

[Infection Prevention Policy: Reuse of Single Use Devices \(SUDs\)](#)

[Infection Prevention Policy: Sterilization of Reusable Patient-Care Items](#)

[Infection Prevention Policy: The Prevention of Intravascular Catheter-Related Infections](#)

[Infection Prevention Policy: Worksheet for Human Milk Exposure](#)

[Nursing Policy - Hospital Visitation](#)

[Nursing Policy: Care and Management of the Breastfeeding and/or Human Milk Feeding Dyad](#)

[Nursing Policy: Central Venous Access Device \(CVAD\) Care and Maintenance](#)

[Nursing Policy: Epidural and Intrathecal Management \(Pediatric and Non-pregnant Adult\)](#)

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

[Nursing Policy: Hospital Visitation](#)

[Nursing Policy: Intracranial Pressure Monitoring](#)

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

[Nursing Policy: Oral Care](#)

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

[Occupational Health Services Policy: Safe Patient Handling](#)

[Patient Care Policy: Animal Assisted Activities \(AAA\)](#)

[Patient Care Policy: Medication Management: Use of Multi-Dose Vials/Pens of Injectable Medications and Vaccines in Acute Care and Ambulatory Care Environments](#)

[Plant Engineering Policy: Pneumatic Tube Transport System - Computerized Tube System \(CTS\)](#)

[UNC Health - Human Resources: Professional Business Attire](#)

VI. Responsible for Content

Infection Prevention

Attachments

[1. Sequences for Donning and Doffing PPE](#)

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Kimberly Novak-Jones: Nurse Educator	11/2022
	Thomas Ivester: CMO/VP Medical Affairs	11/2022
	Emily Vavalle: Dir Epidemiology	11/2022
	Sherie Goldbach: Project Coordinator	11/2022

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