

<b>St. Joseph's / Candler Health System</b>	<b>Patient Care Policy</b>  <b>Title: Infection Control Guidelines</b>	<b>Policy Number:</b> <b>6139-PC</b> <b>Effective Date:</b> <b>09/06/2022</b> <b>Page 1 of 6</b>
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## **Policy Statement**

It shall be the policy of St. Joseph's/Candler Health System (SJ/C) to prevent and control healthcare-acquired infection.

## **Procedure**

### **I. RESPONSIBILITY**

The attending Licensed Independent Practitioner (LIP) is responsible for the identification of infectious disease, for assessing the need for isolation, and for ordering the appropriate type of isolation. When the attending LIP is unavailable for immediate consult, nursing unit personnel, in collaboration with the Infection Preventionist, when necessary, are authorized to initiate appropriate isolation precautions based on CDC's most recent recommendations. An extensive list of diseases which require isolation/precautions is provided on the Intranet in **Patient Care Policy #6142-PC Disease List for Isolation Precautions** for reference. CDC's recommendation of beginning isolation precautions when infectious disease is suspected, not waiting for confirmation of the diagnosis, is applied.

When transmission-based isolation precautions are determined to be necessary, every member of the health care team is responsible for adhering to established isolation protocol. Team members are responsible for educating the patient and any individual coming into contact with him/her in proper infection control techniques and for monitoring for compliance.

### **II. PROCEDURE TO INITIATE TRANSMISSION-BASED ISOLATION PRECAUTIONS**

- A. Inform patient that he/she will be in isolation and educate the patient and family about the procedure, restrictions, and reason for isolation. Document instructions given in the medical record. Document type of isolation/precautions maintained every shift.
- B. If the patient is in a semi-private room, request a private room from Bed Assignment and transfer the patient.

NOTE: A private room may not always be required. Consult the Infection Preventionist for exceptions.

- C. Order specific type of isolation/precautions on the computer. The following departments will then be automatically notified:
  - 1. Bed Assignment
  - 2. Dietary
  - 3. Environmental Services
  - 4. Infection Prevention and Control
- D. Arrange supplies in the metal drawers in the anteroom or caddie as appropriate.
- E. Verify trash and linen containers are inside the patient's room.
- F. Place applicable color-coded isolation/precautions sign on the patient's door. The sign will be suspended on the room door in a way that enables reference to the instructions listed on the sign.
  - 1. When a patient on isolation is transferred from one unit to another, the door card will remain on the vacated room door until Environmental Services has completed the room terminal cleaning.
  - 2. At the completion of terminal cleaning, the laminated sign will be disinfected and reused.
- G. Notify other departments of patient's isolation status if/when their services are requested.

### III. CONTROL MEASURES

The maintenance of uniform transmission-based precautions within the hospital is essential to protect patients and those responsible for their care from cross-infection.

- A. Handwashing/sanitizing is the single most effective means of preventing cross-infection. The use of the hospital-provided alcohol-based hand sanitizer or hospital - provided liquid soap is required. Frequent handwashing/sanitizing by all members of the health care team is encouraged.

NOTE: Alcohol-based hand sanitizers may NOT be used when caring for any patient with a spore-forming organism (such as *Clostridium difficile*, botulism, or anthrax) as they are not effective in killing these hardy organisms.

- B. Gloves are worn to protect the hands from contamination. They do NOT take the place of good handwashing/hand sanitizing practices. They are not washed between patients and reused.
- C. Masks are worn when the spread of infection is known or suspected to take place via the respiratory route. A mask is effective as a barrier ONLY when it covers the mouth and nose completely and remains dry. Disposable masks will not be lowered around the neck or be reused once removed.
- D. Gowns/aprons are worn to protect the clothing of personnel from contamination.

Fluid-repellant long-sleeved covers gowns are worn when the act of rendering care may result in contamination of clothing. When caring for patient with no known infectious process, a gown or apron should be worn whenever contamination can be reasonably anticipated.

- E. Eye Protection is worn whenever splashing of blood/body fluids or chemicals is likely or anticipated. Eye protection is available in different formats, including but not limited to goggles, masks with eye shields, whole face shields, etc.,
- F. Contaminated linens are bagged in plastic linen bags (blue bags) before removal from the patient's room, when transmission-based isolation/precautions are in effect. They are either placed down the linen chute (St. Joseph's) or placed in the designated linen collection bins in the Soiled Utility Rooms (Candler and first floor St. Joseph's).
- G. Trash is bagged in a clear plastic bag before removal from the room. The trash is placed down the trash chute (St. Joseph's) or placed in the waste receptacle in the Soiled Utility Room (Candler and first floor St. Joseph's), to be picked up periodically by Environmental Services personnel, and hauled off site for disposal. Biohazardous trash is bagged in the patient's room, carefully closed before removal from the room, and placed in rigid, spill-proof, puncture-proof, labeled Biohazardous containers in the Soiled Utility room. It is collected by Environmental Services personnel at least daily and transported off-site for final disposal.
- H. Syringes, needles, and other sharps are placed in puncture-resistant containers located as close as possible to the point of use. Full containers (3/4 full) are closed and placed in the regulated waste containers in the Soiled Utility Room.
- I. Urine, feces, and certain liquid drainage is deposited directly into the central sewage system, taking care not to spill, splash, or aerosolize these wastes.
- J. Drainage and secretions are handled using Standard Precautions.
  - 1. Large amounts of liquid drainage - Suction canister liners, chest tube drainage devices, etc. are placed in the regulated waste container in the Soiled Utility Room. A solidifier to make this liquid waste a gel is used to facilitate safe handling.
  - 2. Small amounts of liquid drainage - Liquids from hemovac and other small drainage devices, urinals, catheter bags, etc. are poured carefully into the toilet, taking care not to splash, spatter, or aerosolize the liquid.
  - 3. Dressings soaked or saturated with blood or body fluids are placed in a regulated waste/biohazard waste bag and in the regulated waste receptacle in the Soiled Utility Room.
- K. Disposable equipment: Disposable thermometers, disposable blood pressure cuffs and disposable stethoscopes are provided to patients on transmission-based precautions. Other reusable patient equipment is dedicated to each patient whenever possible. Otherwise equipment is cleaned between patients with hospital approved

disinfectant.

- L. Dishes and utensils used for all patients regardless of isolation status are non-disposable. Unconsumed food and drink from the rooms of patients on isolation should be disposed of by Nursing Service personnel after the patient has finished his/her meal. The tray is then bagged (clear bag) and placed atop the dietary cart or in the Soiled Utility room by nursing personnel.
- M. Clothing will be bagged and sent home with the patient's family. Patients/family members will be advised to wash this clothing with detergent in hot water with bleach if possible.
- N. Books, magazines, and toys will be disinfected or discarded if visibly soiled with infectious material. Visitors will be instructed on the proper method of removal of such items from the patient's room.
- O. Laboratory specimens are bagged in BioHazard bags and labeled as to contents and type of isolation/precautions. The requisition is attached to the outside of the bag.
- P. Visitors will be kept to a minimum and will be instructed in proper handwashing/hand sanitizing. Handwashing/hand sanitizing will be performed by visitors before and after visitation. If the visitor is participating in the patient's hands-on care, the visitor will be instructed in the use of gloves, gowns, and mask use as appropriate. Visitor compliance with instructions will be monitored. Cross-visitation with other patients is generally not permitted. Patients on transmission-based precautions may not visit other patients.
- Q. Transportation of patients on isolation precautions out of their rooms is restricted to essential purposes. Appropriate barriers (mask, dressings, sheets, etc.) to prevent transmission of infectious organisms will be placed on the patient during transport. Transport personnel wear appropriate barriers while in the patient's room when contamination may occur, but do NOT wear gowns or masks during transport of the patient. (See **Patient Care Policy #6167-PC Transportation of Patients in Isolation.**)
- R. Concurrent cleaning of the patient's room is done daily by Environmental Services.
- S. Terminal cleaning/disinfection of isolation rooms is done by Environmental Services personnel. After discharge of a patient on Airborne Precautions for tuberculosis, the room is held for a minimum of one hour after air filters have been changed and terminal cleaning has been completed. All other isolation rooms may be occupied immediately after terminal cleaning.
- T. Cleaning/disinfection of reusable equipment is done before storage and reuse.
  - 1. Reusable floor stock equipment (e.g., IV pumps, elevated commode seats, gooseneck lamps, etc.) is wiped carefully with a hospital-supplied

- disinfectant before storage in the Clean Utility Room.
2. Large reusable equipment (e.g., pumps, K-units, hypothermia units, etc.) is wiped carefully with a disinfectant and returned to the decontamination area of Dispensing for terminal cleaning.
3. Small reusable items are bagged (clear bag) and returned to the decontamination area of Dispensing for terminal cleaning.

#### IV. DISCONTINUATION OF ISOLATION/PRECAUTIONS

- A. Send "Isolation Discontinued" message via computer.
- B. Nursing Service personnel are responsible for removing items from the room and will discard disposable equipment, disinfect unit stored equipment or place in soiled utility room for decontamination.
  1. Disposable, single use items are bagged (clear bag) and discarded with trash.
  2. Hard and soft items for reprocessing should be bagged (clear bag) separately.
- C. Environmental services will perform a terminal clean of room.

NOTE: If isolation /precautions are discontinued while patient is still admitted, patient should be moved to a clean room.

#### V. POST-MORTEM HANDLING OF BODIES

- A. Personnel will use the same precautions to protect themselves during post-mortem handling of the body (i.e., autopsy, preparation of the body for release to funeral home, etc.) as were used before the patient's death. Standard Precautions are employed in the handling of all patients.
- B. All appropriate barriers (gowns, gloves, masks, and protective eyewear) will be worn during autopsy whenever possible exposure to blood/body fluids is anticipated.
- C. In accordance with state regulations, funeral homes and their transport personnel are provided with information necessary to prevent the spread of infectious disease during transport and final preparation of the body. (See **Patient Care Policy #6133-PC Notification of Infectious/Communicable Disease to Funeral Home**)

**NOTE:** Policies are intended to serve as training tools and as general guidelines for when questions arise or when unusual events occur. Personnel should not use policies as a substitute for the exercise of good judgment as it is recognized that a guideline may not be uniformly appropriate. If you have a specific question that is not addressed by this policy or if you have questions about the application of this policy, please contact a supervisor, the compliance officer, or legal department.

Approved:

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Infection Control Committee Chairman



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Sherry Danello, DHA, MSN, RN, NEA-BC

Original Implementation Date: 3/75

Next Review Date: 09/06/2025

Originating Department/Committee: Infection Control/Administration

Reviewed: 9/98, 7/00, 3/01, 10/03, 05/04, 12/04, 0408, 5/11, 8/14, 11/17, 09/19

Revised: 2/98, 10/98, 11/03, 05/04, 0408, 5/11, 11/17, 09/19

Rescinded:

Former Policy Number(s): SJ: IC-002, C: IC 101; IC - 103

Cross Reference:

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***Printed copies are for reference only. Please refer to the electronic copy for the latest version.***