



## PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

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Environmental Infection Prevention and Control for the Pediatric Transplant and Cellular Therapy Patient

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# PBMT-GEN-009

## ENVIRONMENTAL INFECTION PREVENTION AND CONTROL FOR THE PEDIATRIC TRANSPLANT AND CELLULAR THERAPY PATIENT

### 1 PURPOSE

- 1.1 The specifics contained in this policy are meant to supplement and clarify existing Infection Control policies as they apply to children and their families on the Pediatric Transplant and Cellular Therapy inpatient unit. See the following link for additional policies related to Infection Prevention and Hospital Epidemiology <https://intranet.dh.duke.edu/hospitals/duh/infection/Lists/Policies/PublishedByTitle.aspx>.
- 1.2 The contents of this policy apply only to the inpatient setting.

### 2 INTRODUCTION

- 2.1 In addition to Standard Precautions, isolation is used to prevent the spread of infections from patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient when performing care activities or indirect contact (touching) with environmental surfaces or patient care items.
- 2.2 This procedure is to supplement and clarify Infection Control policies as applied to patients, their family, caregivers, and visitors on the inpatient care unit.
- 2.3 Infections and antimicrobial use and stewardship are routinely monitored by antimicrobial stewardship teams in accordance with hospital recommendations and discussed with leadership. Results are reported to the APBMT Quality Assurance (QA) committee.

### 3 SCOPE AND RESPONSIBILITY

- 3.1 Precautions, as outlined in a DUHS related policy apply to patients and their families/caregivers that are placed on any isolation and/or precautions (See related hospital policy: *DUHS Standard & Transmission-based Precautions (Isolation) DUHS Acute Care Hospitals* for additional information):
  - 3.1.1 Contact Isolation
  - 3.1.2 Droplet Isolation
  - 3.1.3 Airborne Isolation
  - 3.1.4 Special Enteric Isolation

### 4 DEFINITIONS/ACRONYMS

- 4.1 EVS      Environmental Services
- 4.2 HUC      Health Unit Coordinator

- 4.3 MRSA Methicillin-resistant Staphylococcus aureus
- 4.4 PPE Personal Protective Equipment
- 4.5 QA Quality Assurances
- 4.6 RSV Respiratory Syncytial Virus
- 4.7 TB Tuberculosis
- 4.8 VRE Vancomycin-resistant Enterococci

## **5 MATERIALS**

- 5.1 NA

## **6 EQUIPMENT**

- 6.1 Isolation Supplies
  - 6.1.1 When patient is placed on Isolation, staff will ensure adequate Personal Protective Equipment (PPE) supplies are available and stored in designated locations that provide easy access for staff, employees and patients/families. This could include storage in locations outside the room and/or a separate isolation cart obtained from Materials Management.
  - 6.1.2 When Isolation designation is discontinued, staff will call Materials Management to retrieve any unused/superfluous supplies and/or cart from the inpatient unit.
- 6.2 Applicable Isolation signage for display
  - 6.2.1 Applicable signage designating patient isolation status will be displayed throughout Isolation period.
- 6.3 Patient Care Equipment
  - 6.3.1 Use dedicated equipment (stethoscope, thermometer) for patient care.
  - 6.3.2 Clean and disinfect shared equipment after each patient use.

## **7 SAFETY**

- 7.1 NA

## **8 PROCEDURE STEPS**

- 8.1 Patient, Parental, Caregiver Notification of Isolation
  - 8.1.1 Patients who are placed on Isolation will be informed immediately upon initiation of the Isolation order. The patient's family and caregivers will also be informed immediately.
    - 8.1.1.1 Materials are available via the electronic medical record to assist staff with providing patients, caregivers and family with the educational material about isolation. These

documents can be downloaded and printed for provision of education.

- 8.1.2 Information given to the patient, family, and caregivers will detail the Isolation protocol and demonstrate correct implementation of the following:
  - 8.1.2.1 The correct hand washing technique using alcohol-based sanitizer or handwashing with soap and water (dependent upon specific isolation status) upon leaving a room, upon entering the child's room and after handling obviously soiled materials.
  - 8.1.2.2 The use of gowns, gloves and masks by the patient, family and caregivers upon leaving the child's room.
  - 8.1.2.3 The use of gowns, gloves and masks by patient visitors upon entering the child's room.
  - 8.1.2.4 Minimize visitation by family and friends as outlined in the program's Parent Handbook.
  - 8.1.2.5 Prohibition of touching other patients or visiting other patient rooms.
  - 8.1.2.6 Acceptable uses of common areas.
- 8.1.3 Handwashing Techniques are outlined in related DUHS policies. (See related hospital policies: *DUHS Standard & Transmission-based Precautions (Isolation) DUHS Acute Care Hospitals* and *DUHS Hand Hygiene*)
  - 8.1.3.1 Hand washing facilities including alcohol-based sanitizer, sinks, soap, and paper towels will be readily accessible to patients, caregivers, and family members.
- 8.2 The proper use of gowns, gloves and masks by the patient, primary care providers and family visitors are outlined in related policies. (See related hospital policy: *DUHS Standard & Transmission-based Precautions (Isolation) DUHS Acute Care Hospitals*).
  - 8.2.1 Families will designate primary care providers
    - 8.2.1.1 Only individuals who are going to be at the bedside for prolonged periods of time providing hands-on care to the child are appropriate.
    - 8.2.1.2 Primary care providers will not be required to wear gowns, gloves or masks in their child's rooms.
- 8.3 Utilization of common areas by patients and family caregivers
  - 8.3.1 Caregivers of patients on isolation and patients will be allowed to use these facilities with the following exceptions:
    - 8.3.1.1 Patients on Airborne Isolation or on Droplet Isolation who are symptomatic of infection

- 8.3.1.2 Patients on Contact Isolation who are incontinent with symptoms of infection
- 8.3.2 Public laundry area on the PBMT units:
  - 8.3.2.1 Alcohol-based sanitizer dispensers will be installed near the laundry machines.
  - 8.3.2.2 The user will perform hand hygiene before beginning to use the machines.
  - 8.3.2.3 The user will thoroughly wipe down all surfaces of the machines with hospital-approved disinfectant wipes after using the machines.
- 8.3.3 The Connection Room/Kitchen on the inpatient unit:
  - 8.3.3.1 Parents/caregivers and children will be required to perform hand hygiene before entering.
  - 8.3.3.2 Patients on Contact Isolation will be required to follow full Standard Isolation practices whenever they enter The Connection (e.g., wear gowns, gloves as indicated).
  - 8.3.3.3 Patients and parents/caregivers will be prohibited from touching other patients.
  - 8.3.3.4 Patients will not share materials or utensils with other patients but rather play in parallel with separate materials and utensils.
  - 8.3.3.5 Caregivers will perform hand hygiene before handling the kitchen utensils, appliances and coffee pots.

## 9 RELATED DOCUMENTS/FORMS

- 9.1 Related hospital policy: DUHS Standard & Transmission-based Precautions (Isolation) DUHS Acute Care Hospitals
- 9.2 Related hospital policy: DUHS Hand Hygiene Policy (current version)

## 10 REFERENCES

- 10.1 N/A

## 11 REVISION HISTORY

Revision No.	Author	Description of Change(s)
08	Sally McCollum	Title was updated to better reflect scope of the document.

## Signature Manifest

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