# Infection Prevention and Control for the Pediatric Transplant Patient

## Document Information

- **Revision:** 06  
- **Vault:** PBMT-General-rel
- **Status:** Release  
- **Document Type:** General

## Date Information

- **Creation Date:** 17 Jan 2019  
- **Release Date:** 01 Apr 2019
- **Effective Date:** 01 Apr 2019  
- **Expiration Date:**

## Control Information

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- **Owner:** MOORE171
- **Previous Number:** PBMT-GEN-009 Rev 05  
- **Change Number:** PBMT-CCR-226
PBMT-GEN-009
INFECTION PREVENTION AND CONTROL
FOR THE PEDIATRIC TRANSPLANT 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 inpatient Pediatric Blood and Marrow Transplant (PBMT) unit. See the following https://intranet.dh.duke.edu/hospitals/duh/infection/Lists/Policies/PublishedByTitle.aspx.

2 INTRODUCTION

2.1 In addition to Universal 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. This procedure is to supplement and clarify Infection Control policies as applied to patients, their family, caregivers, and visitors on the PBMT unit.

3 SCOPE AND RESPONSIBILITY

3.1 The specifics explained below apply to patients and their families/caregivers on the PBMT unit that are placed on any the following examples of isolation:

3.1.1 Contact Isolation

3.1.1.1 Typically for Clostridium difficile, norovirus, rotavirus, pediculosis, scabies, or multi-drug resistant organisms (e.g., for methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant Enterococci (VRE))

3.1.2 Droplet Isolation

3.1.2.1 Typically for Neisseria meningitides (invasive), pertussis, mumps, rubella, mycoplasma, Strep pharyngitis, and respiratory viruses which includes adenovirus, influenza, RSV, parainfluenza and rhinovirus

3.1.3 Airborne Isolation

3.1.3.1 Typically for Tuberculosis (TB), Varicella (Chicken Pox, disseminated zoster), Measles

4 DEFINITIONS/ACRONYMS

4.1 EVS Environmental Services

4.2 HUC Health Unit Coordinator

4.3 PBMT Pediatric Blood and Marrow Transplant
4.4 MRSA Methicillin-resistant Staphylococcus aureus
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 Contact Isolation Carts
   6.1.1 When patient is designated on Isolation, the Health Unit Coordinator (HUC) will order a cart from Materials Management for delivery to the PBMT unit.
   6.1.2 When Isolation designation is discontinued, the HUC will call Materials Management to retrieve the cart from the PBMT 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 Respiratory Isolation
   8.1.1 The Infection Control clinician on call should be notified for all cases requiring Airborne Isolation. Issues of visitation, prophylaxis and use of common areas will be reviewed and clarified.
8.2 Patient, Parental, Caregiver Notification of Isolation
   8.2.1 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.
   8.2.2 Information given to the patient, family, and caregivers will detail the Isolation protocol and demonstrate correct implementation of the following:
8.2.2.1 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.

8.2.2.2 The use of gowns, gloves and masks by the patient, family and caregivers upon leaving the child’s room.

8.2.2.3 The use of gowns, gloves and masks by patient visitors upon entering the child’s room.

8.2.2.4 Minimize visitation by family and friends as outlined in the PBMT Parent Handbook.

8.2.2.5 Prohibition on touching other patients or visiting other patient rooms.

8.2.2.6 Acceptable uses of common areas.

8.2.3 Handwashing Techniques

8.2.3.1 Hand washing facilities including alcohol-based sanitizer, sinks, soap, and paper towels will be readily accessible to patient, caregivers, and family members.

8.2.3.2 Soap and water hand washing:

8.2.3.2.1 Apply hospital-approved soap to hands.

8.2.3.2.2 Hands are rubbed together vigorously, paying particular attention to between fingers, under fingernails, and backs of hands, for 15 seconds.

8.2.3.2.3 Rinse hands in a stream of water.

8.2.3.2.4 Dry hands with paper towel

8.2.3.2.5 Use towel to turn off water.

8.2.3.2.6 Avoid using hot water.

8.2.3.3 Alcohol-based hand rub hygiene:

8.2.3.3.1 Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.

8.2.3.3.2 Dispensers will be placed outside every patient room.

8.2.3.3.3 Presence, correct operation and replacement of empty dispensers is part of Environmental Services (EVS) routine Quality Assurance (QA) practices.
8.2.3.3.4 Empty dispensers will be replaced 24 hours a day and 7 days a week.

8.2.3.3.5 Alcohol-based sanitizer dispensers will be available in Pyxis machines on the PBMT patient care unit.

8.3 The use of gowns, gloves and masks by the patient, primary care providers and family visitors

8.3.1 Families will designate primary care providers

8.3.1.1 Only individuals who are going to be at the bedside for prolonged periods of time providing hands on care to the child are appropriate.

8.3.1.2 Primary care providers will not be required to wear gowns, gloves or masks in their child’s rooms.

8.3.1.3 Primary care providers are required to wash hands and then wear gowns, gloves and/or masks as indicated by type of isolation when leaving their child’s room.

8.3.1.4 All other visitors, regardless of relation to the patient, will be required to follow full, standard isolation practices whenever they enter the patient’s room (e.g., wear gowns, gloves and/or masks as indicated by type of isolation).

8.3.1.5 Young siblings should be discouraged from visiting patients on isolation. When siblings do visit, they should follow standard isolation practices, using gowns, gloves and masks as indicated.

8.4 Utilization of common areas by patients and family caregivers

8.4.1 Caregivers of children on isolation and patients will be allowed to use these facilities with the following exceptions:

8.4.1.1 Parents or caregivers who are symptomatic of infection

8.4.1.2 Patients on Respiratory Isolation

8.4.1.3 Patients on Contact Isolation who are incontinent with symptoms of infection

8.4.2 Public laundry area on the PBMT units:

8.4.2.1 Alcohol-based sanitizer dispensers will be installed next to the laundry machines.

8.4.2.2 The user will clean their hands with alcohol-based sanitizer before beginning to use the machines. Caregivers of patients on isolation will clean their hands using alcohol-based sanitizer or handwashing with soap and water (dependent upon specific isolation status) before donning gloves when exiting the child’s room.
8.4.2.3 The user will thoroughly wipe down all surfaces of the machines with hospital-approved disinfectant wipes after using the machines.

8.4.3 The Connection on the PBMT unit:
8.4.3.1 Parents/caregivers and children will be required to wash their hands at the doorway with alcohol-based sanitizer before entering. Patients and caregivers on isolation will be wearing gloves donned when exiting the child's room; therefore, they do not wash their hands.

8.4.3.2 Children on Contact Isolation will be required to follow full Standard Isolation practices whenever they enter The Connection (e.g., wear gowns, gloves as indicated).

8.4.3.3 Children and parents/caregivers will be prohibited from touching other patients.

8.4.3.4 Children will not share materials or utensils with other patients but rather play in parallel with separate materials and utensils.

8.4.4 The kitchen and kitchen appliances on the PBMT unit:
8.4.4.1 Caregivers will clean their hands with alcohol-based sanitizer or handwashing with soap and water before handling the kitchen utensils, appliances and coffee pots.

8.4.4.2 An alcohol-based sanitizer dispenser will be placed next to the coffee pots.

8.4.4.3 Caregivers of patients on Isolation will clean their hands with alcohol-based sanitizer or handwashing with soap and water (dependent upon specific isolation status) before donning gloves when exiting their child's room and continue to wear gloves and appropriate isolation equipment while out of the patient's room. Caregivers of patients on Isolation will be wearing gloves donned when exiting the child's room; therefore, they do not wash their hands.

9 RELATED DOCUMENTS/FORMS
9.1 NA

10 REFERENCES
10.1 Duke University Health System Infection Control Policy Manual
# 11 REVISION HISTORY

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<thead>
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<td>Sally McCollum</td>
<td>Acronyms defined throughout</td>
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<td>5200 replaced with PBMT unit throughout document for longevity of the document  Adam 16</td>
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<td>Equipment section updated to group related items together.</td>
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<td>Pathogens list and isolation status updated for current assignment.</td>
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<td>Alcohol foam replaced with alcohol-based sanitizer throughout document.</td>
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Signature Manifest

Document Number: PBMT-GEN-009
Title: Infection Prevention and Control for the Pediatric Transplant Patient

All dates and times are in Eastern Time.

PBMT-GEN-009 Infection Prevention and Control for the Pediatric Transplant Patient

Author

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