

Critical Care Units

Intensive Care Unit / Step-down Unit / Progressive Care Unit / Pediatric Intensive Care Unit / Neonatal Intensive Care Unit

Patients in Critical Care Units are at an increased risk of healthcare-associated infections. The increased risk is associated with:

- The severity of the patients' illness and the underlying conditions. ICU patients are the sickest patients in the hospital.
- The length of exposure to invasive devices and procedures.
- The increased patient contact with healthcare providers.
- The prolonged administration of antibiotic therapy.
- The length of the ICU stay.
- The special environmental characteristics of the unit, such as space limitations.

Responsibilities.

- Medical Department Head
 - Formulates and enforces Infection Control policies.
 - Reviews data concerning nosocomial infections as required and consults with the Infection Control Department.
 - Certifies the skills of the ICU staff.
- Division Head, Nursing Services
 - Organizes in-service education programs for infection control in conjunction with Infection Control.
 - Reviews practices and procedures with the director.
 - Assures appropriate application of isolation/precaution and infection control procedures.
 - Submits all policies and procedures that are concerned with infection risks to the Infection Control Committee for review before adoption.
- Appoints an interested party as the Infection Control Collateral Duty representative for each respective Critical Care area.

In-service.

All staff is responsible for complying with mandatory annual training requirements (i.e., Blood borne pathogen and TB). In-service classes pertinent to Infection Control will be held as needed or when requested.

Traffic Control.

- There is an open visitation policy allowing, on average, 2 visitors at the bedside at one time. Children, under the age of 12, should get permission from the shift charge nurse prior to entering the ICU. Additional information is available in NAVMEDCENPTSVAINST 5510.5B.
- Visitors to patients on isolation precautions are to be instructed on and maintain the appropriate isolation barriers.

- Visitors with obvious signs of illness (i.e., respiratory or skin infection) are not to visit in the ICU unless they wear protective attire (i.e., mask, gowns, gloves) and are instructed on appropriate precautions.

Handwashing.

Good handwashing is the primary infection control measure.

- Handwashing must be practiced meticulously. Personnel must wash their hands after any patient contact, before performing an invasive procedure and **always** after glove removal.
- Observe proper hand hygiene procedures either by washing hands with conventional antiseptic-containing soap and water or with waterless alcohol-based gels or foams.
- Use of gloves **DOES NOT obviate** the need for hand hygiene.

General Policies.

- Medical invasive devices and lines alter normal defense mechanisms by creating new portals of entry. Adherence to established protocols for insertion and care of invasive devices is mandatory.
- Intravascular lines (peripheral and central) are to be inserted by certified personnel utilizing strict aseptic technique. Refer to Guidelines for Intravascular Devices, Central Venous Catheters, and Pressure Monitoring Devices found in the Infection Control Manual for further specifications. Insertion sites are evaluated at least every shift for evidence of cannula related complications. The condition of the site must be documented. If the site exhibits redness, warmth, pain, tenderness, and/or drainage, the physician must be notified and the catheter should be evaluated immediately by the physician.
- Staff will follow strict aseptic technique in the preparation of medications and additives. Sterile needles and syringes will be used each time a vial is entered. Do not use the same syringe for multiple uses. **Unit dose (prefilled) syringes will be used for line flushes.**
- Maintain stopcocks, injection ports, and other portals of access to sterile fluids with sterile technique. Keep ports free of blood and cover with a sterile cap or syringe when not in use.
- Foley catheter's will be inserted and cared for utilizing strict aseptic technique. Follow guidelines found in the Infection Control Manual.
- Tracheostomies, oral endotracheal tubes, and nasotracheal tubes frequently become colonized with gram negative bacteria. Follow guidelines for the care of tracheostomies found in the Infection Control Manual.
- Endotracheal intubation will be carried out utilizing sterile endotracheal tubes. Airway and intubation equipment on the unit resuscitation cart will be cleaned and reprocessed by the Anesthesia Department.
- Opened bottles of water or other solutions that may be used for irrigation or to fill reservoirs of respiratory therapy equipment, may become contaminated and serve as a reservoir of microorganisms. Therefore, all bottles of solution will be labeled, dated, and discarded at least every 24 hours.
- Needles, syringes, and sharps are to be disposed of uncapped and uncut into puncture resistant containers.
- Infectious waste will be disposed of in accordance with the hospital Regulated Medical Waste policy. Refer to guidelines found in the Infection Control Manual.

- Soiled linen will be handled as little as possible and will be placed in an impervious linen bag of sufficient quality to contain used/soiled linen.

Patient Care Equipment / Supplies.

- Disposable patient care items are utilized as much as possible.
- Clean/sterile supplies are stored in a dry, clean area away from contaminated areas or supplies.
- Sterile supplies and equipment are stored in closed cabinets or shelves that are elevated at least 8-10 inches off the floor and 18-20 inches from the ceiling. Supplies (sterile and clean) must never be stored on the floor.
- Critical items are instruments or objects that are introduced directly into the vascular stream or into normally sterile areas of the body. These items must be purchased sterile and if reusable, sent for sterilization before reuse.
- Semi-critical items are items that come in contact with intact mucous membranes, but do not ordinarily penetrate body surfaces (i.e., respiratory therapy equipment). These items must be subjected to a high-level disinfection procedure after each use. This can be accomplished by thorough and meticulous cleaning of the item and then soaking the item in an appropriate high-level disinfectant, such as Cidex OPA® for a minimum time of 20 minutes and then thoroughly rinsing the item with sterile water.
- Non-critical items (i.e., BP cuff and IV poles) are items that do not touch the patient or only come in contact with intact skin. Routine washing of these items with a hospital detergent is generally sufficient.
- Ventilators and respiratory devices are managed by the Respiratory Therapy Department.
- “Clean” and “Dirty” areas are clearly established and marked in each unit.
- All body fluids are considered contaminated and test or measurements are performed only in specified areas.
- Refrigerators are clearly marked as to their use for medications, food, or specimens. Food or beverages are not stored with medications. Specimen refrigerators are labeled with biohazard labels.

Housekeeping.

- Floors and horizontal surfaces are cleaned at least daily with an EPA approved disinfectant.
- All blood and body fluid spills are cleaned immediately with a 1:10 bleach solution or an EPA approved disinfectant.
- Patient bedside components (i.e., monitors, beds, rails) are cleaned as needed and after each patient use with a hospital grade disinfectant. Bedsides are to be kept clean and neat.
- The medication area will be maintained in a clean and neat manner and is cleaned on a regular basis with an appropriate cleaning solution by the staff.

Patient rooms (including isolation rooms) are cleaned daily and as needed. Rooms are terminally cleaned by housekeeping staff when patients are transferred out of the department or isolation is discontinued.

Isolation and Barrier Techniques.

- Consideration will be given to patient placement. Isolation rooms with anterooms will be utilized for patients requiring Isolation Precautions. Patients will be placed in a manner to

decrease the opportunity for cross-contamination. For example, patients colonized or infected with the same organism will be co-horted together.

- CDC 1996 Transmission Based Precautions will be followed when indicated. Patients with diagnosed or suspected communicable disease will be placed on: airborne, droplet, or contact precautions.
- “Universal/Standard Precautions” are followed by all personnel in accordance with Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards.
- Patients with diagnosed or suspected airborne illnesses (i.e., TB, varicella, measles) will be placed in a negative pressure ventilation room on “Airborne Precautions”.
- Patients infected or colonized with multiple antibiotic-resistant organisms (i.e., MRSA, VRE) will be placed in a private room on “Contact Precautions”. No special ventilation requirements.
- Isolation supplies are obtained from CSDB. Isolation signs are maintained on each unit or can be obtained from the Infection Control Department. Signs must be clearly displayed.
- Questions regarding isolation and patient placement should be referred to the Infection Control Department
- Fresh or dried flowers or potted plants are NOT allowed in any Critical Care area.

Occupational Medicine.

- Personnel sick or with active infections should be referred to Occupational Health to determine duty status and/or work restrictions.
- Civilian personnel off duty for 3 or more days because of illness should be cleared by Occupational Health before returning to work.

Personnel Practices.

- Personnel are strictly prohibited from eating or drinking in patient care rooms/areas, i.e., nursing station/desk in accordance with the OSHA Bloodborne Pathogen Standard. Eating and drinking are allowed only in designated areas.
- Personnel will report promptly any suspected communicable diseases, occupational injury, or infectious exposure to their immediate supervisor and will be referred to Occupational Medicine for follow-up.
- All personnel will follow “Universal/Standard Precautions” for protection against bloodborne pathogens.

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