

Post Anesthesia Care Unit (PACU)

Patients admitted to the PACU have a variety of underlying conditions, some of which may be infectious. Two characteristics are shared by all: (1) anesthesia, predisposing to respiratory infection and (2) incisions, predisposing to surgical site infections. Patients are frequently at risk due to the presence of multiple invasive lines, catheters, and drains. The PACU personnel must be alert to the potential for infections while the patients are under their care.

Staff.

- Hands will be washed thoroughly before and after patient contact and before performing any invasive procedure.
- All personnel will use barrier technique and precautions.
- Personnel who may come in contact with blood and body fluids, non-intact skin, mucous membranes, or items or surfaces contaminated with blood or body fluids shall wear disposable gloves. Gloves will be changed between patients and when visibly soiled; hands will be washed after gloves are removed.
- Personal protective equipment (PPE) will be readily available and worn for protection; when indicated.
- Personnel will ensure a clean and neat patient care environment.
- Proper aseptic technique will be followed for all procedures.
- Eating and drinking are not allowed in patient care areas.

Employee Health.

- All personnel shall be familiar with and comply with hospital infection control policies.
- Employees having signs/symptoms of infection (i.e., skin lesions, diarrhea, URI) must report to their supervisor and will be referred to Occupational Health to determine appropriate action.
- In the event of inadvertent exposure to patients with a communicable disease or an occupational injury (needlestick), the employee will report this immediately to their supervisor and will be referred to Occupational Health for treatment and follow-up.

Attire.

- Cleanliness and good personal hygiene are mandatory
- Clean scrub suits or dresses will be worn.
- Footwear will consist of clean shoes.
- All personnel entering the restricted areas of the OR suite will be properly attired in accordance with OR policy.
- A clean cover gown is to be worn when leaving the PACU.

Traffic Control.

- Non-professional and casual visitors will not be permitted.
- Clergy may visit if needed.
- Family members may be granted special permission to enter the PACU during the anesthesia recovery phase as deemed necessary by the nurse in charge.

In-service Education.

- All personnel in the PACU will participate in in-service education and must be trained in mandatory JCAHO/OSHA training requirements.
- Procedures concerning infection control are covered in staff orientation.

Supplies/Equipment.

- Clean/sterile supplies will be stored appropriately in designated spaces. Storage area must be clean, dry, and dust free. Supplies should be stored 8-10 inches from the floor, and 18-20 inches from the ceiling. Never store supplies in boxes on the floor.
- All reusable equipment will be properly cleaned with an EPA approved disinfectant and sterilized, if indicated, after each use.
- Sterile items are checked daily. Items are rotated and sent back to CPD/MOR when indicated, for sterilization.
- Any instrument or equipment that enters the vascular system is a critical device, and must be sterile.
- Equipment that touches the mucous membranes (i.e., endotracheal tubes, anesthesia equipment) is semi-critical equipment and must receive high-level disinfection which consists of a thorough cleaning and soaking in Cidex solution for 20 minutes, followed by a thorough rinse with sterile water.
- Disposable equipment will be used as much as possible.
- Ambu bags are for one time use only. When used, replace bag, and return to Respiratory Therapy for decontamination and sterilization.
- Laryngoscopes and blades will be thoroughly washed and scrubbed with a detergent immediately after each patient use. They will then be immersed for 20 minutes in a Cidex solution and thoroughly rinsed with sterile water before reuse.
- Stethoscopes and BP cuffs will be wiped down with an EPA approved disinfectant daily and if visibly soiled. If BP cuffs come in contact with body fluids, they are to be washed in hot, soapy water before being cleaned with the disinfectant.
- Disposable items and supplies will be disposed of in accordance with hospital regulated medical waste policy. Infectious waste stands will be conveniently located for disposal of waste.
- Needles, syringes, and sharps will be disposed of in accordance with hospital policy. Needles will not be recapped, bent, or cut. Sharps containers will be conveniently located.
- All sinks will have a functional soap dispenser with soap and paper towels. Areas without adequate handwashing facilities will have available Hibistat towelettes or an appropriate alternative.
- Suction tips as well as suction tubing are changed after each patient. Suction collection canisters will be changed as needed or every 24 hours.
- Oxygen mask and tubing (cannulas) are changed after each patient. Humidifiers are changed every 24 hours. Any tubing or masks having direct patient contact will be changed between each patient.
- All monitor cables will be cleaned daily with an EPA approved disinfectant.

Isolation.

- All patients are on “Universal/Standard Precautions” regardless of their diagnosis. All blood/body fluids, secretions, wound drainage, etc., are considered potentially infectious. Stringent aseptic technique will be practiced to reduce the dissemination of microorganisms.
- Isolation will be practiced in accordance with hospital policy. Refer to Chapter 1 of the Infection Control Manual for specifications. Emphasis is placed on containment of the “infective material”. Consult the Infection Control Department for questions regarding patient placement.
- Surgeons and anesthesia staff will notify the charge nurse of isolation patients and will specify type of isolation prior to admission to the PACU.
- Patients on “Airborne Precautions” will be placed in a private room with negative pressure ventilation.
- Patients on “Contact Precautions” should be physically separated from other patients and placed in a private room. If possible, provide 1:1 nursing staff coverage while in the PACU. Gloves, gowns, and good handwashing will be strictly enforced.
- Personal Protective Equipment (PPE), gowns, masks, and gloves will be worn by all personnel in accordance with the type of isolation category that applies to the patient. If indicated, obtain an isolation cart from CSD.
- Personnel will always wear gloves for contact with blood/body fluids, open wounds, drainage, or non-intact skin. Wash hands after gloves are removed.
- Disposable items will be used as much as possible and will be discarded in accordance with hospital policy.

Linen.

- Linen is received daily from the linen room contained within a cart.
- Linen is changed between patients.
- All soiled linen is placed in impervious linen bags and appropriate receptacles in accordance with hospital policy. Pick-up of soiled linen is provided by linen service.

Trash.

- Trash is collected and emptied by the housekeeping staff every shift.
- Regulated medical waste is disposed of in accordance with hospital policy.

Housekeeping.

- Gurneys
 - Responsibility of PACU and OR staff.
 - Each gurney is thoroughly wiped down from top to bottom with an EPA approved disinfectant solution after each case by PACU staff.
 - When a gurney has returned from patient transport, the soiled linen is immediately stripped and, ideally, the gurney is immediately cleaned by PACU staff.
 - Every Saturday, the Operating Room staff is responsible to thoroughly clean and survey each gurney.
- Floors
 - The PACU floors are cared for by the housekeeping service. Housekeeping service is provided around the clock. In the event of spills in between mopping, the PACU staff

- will be responsible for the clean up. The utility/store room is the responsibility of the PACU staff and cleaning is carried out daily on the completion of the 1500-2300 shift.
- Specific techniques
 - Daily. Damp wipe with an EPA approved detergent/disinfectant, all horizontal surfaces (tabletops, medication counter, desk, radiators, and windowsills). Damp wipe at the end of shift (2300 hours) all monitors and monitor carts in addition to the crash cart. Scrub all sinks with scouring powder and solution. Clean centrifuge with bleach and detergent/disinfectant. Ensure all soap and paper towel holders are filled. Coffee mess must be neat and clean. Ensure coffee maker is turned off at the end of the workday. Record medication refrigerator temperature.
 - Weekly. Friday—clean refrigerator and record date on temperature log sheet. Wipe down all store room shelving. Round up all gurneys at end of the evening so they can be cleaned and inspected on Saturday by OR staff.
 - Monthly. Clean medication cabinet, ensure all out-dated medications are returned to the Pharmacy on the 30th of each month. Ensure that all opened vials without dates and initials are thrown away. Have Facilities Management or PACU staff vacuum all air vents (intake) on the 15th of each month.
 - Quarterly. Have Facilities Management vacuum all radiator/air flow units.