

NPS Goal 7. FAQ's

- 1. What is the MGH target for compliance with hand-hygiene standards?** The minimum target is 90% before and 90% after contact.
- 2. How can I find out the compliance rate for my unit?** Each month, Infection Control Unit sends unit-specific compliance data to each Nursing Director. Quarterly the data is broken down by role group.
- 3. If a patient is on Contact Precautions, do I always need to wear a gown upon entering the room?** Not necessarily. You must always wear gloves to enter the room. Additionally, you must wear a gown to have patient contact or for contact with patient care items or the environment (i.e. items in contact with the patient such as linens, bedpans, bedrails, etc.). It is acceptable to enter the room with gloves alone for the purposes of speaking with a patient or family, shutting off an alarm, delivering a food tray, etc. Any barriers worn (gowns or gloves) must be removed upon exiting the room and the hands disinfected with Cal Stat.
- 4. Can staff drink in the nurse's station?** Food and drink should be limited to staff lounges, conference rooms and private offices in patient care areas. Staff should not eat or drink in areas where there is a potential for exposure to blood or body fluids i.e. where specimens are aggregated. Examples include WOWs, chart racks.
- 5. I keep saline in the patient room for irrigation. How long is it good for?** Sterile water and sterile saline should be labeled when opened and should not be used for more than 24 hours.
- 6. Is it safe for me to store supplies on the window sills in a patient's room?** No patient care items should be left on the window sill. This includes linens
- 7. I've know that artificial nails are not allowed for those who provide direct patient care; what about gel nails?** Gel nails are not allowed.
- 8. What is required of visitors for patients on Contact Precautions? For Airborne Precautions?** For contact precautions, visitors should wash hands or disinfect with Cal Stat when leaving the patient's room. For airborne precautions, visitors should be offered particulate respirators. (Neither medical clearance nor fit testing is required for visitors; both are an OSHA requirement for personnel. Should a visitor be unable or unwilling to wear a respirator, the visitor should be offered a surgical mask.)
- 9. What are the appropriate precautions for the immunocompromised host?** Little can be done about a patient's endogenous flora. **HAND HYGIENE (Cal Stat or soap + water followed by Cal Stat) UPON ENTERING** the room will remove transient flora from a HCW's hands. Refer to the [immunocompromised host policy](#) for specific requirements based on the patients' diagnosis.
- 10. Can patients on Contact Precautions come out of their rooms to ambulate?** Yes. Instruct the patient to wash or disinfect their hands and put on a clean robe or pajamas before leaving the room. If a HCW needs to have direct contact with the patient, they should wear gloves

and gowns. If a walker, wheelchair, or other device is used to assist the patient, it must be disinfected after use.

11. What equipment must be disinfected before it leaves a precaution room? For Contact or Droplet precautions, **all** equipment must be completely wiped down with disinfectant before leaving the room. It is best to designate certain items (due to frequent use) such as thermometers, stethoscopes or commodes to that patient only. These can then be disinfected or disposed of when the precautions are discontinued.

12. What do I do with supplies from a precaution room upon discharge of the patient? Supplies in the room of a patient who is on precautions should be kept to a minimum. Supplies should not be handled while wearing soiled gloves. Unopened, untouched, clean and/or sterile supplies can be returned to the appropriate area upon patient discharge. Opened, contaminated, or damaged items must be discarded.

13. What do I do with the chart when transporting a patient? The chart may be transported in such a way that it does not become contaminated (e.g. carried in a HCW's clean hands, placed on the bottom of the stretcher where it is not in contact with the patient or the patient's linen, or placed on top of the stretcher protected in a plastic bag). If the chart is transported in direct contact with the patient's linen, it must be considered contaminated and wiped with disinfectant before placing it back in the chart rack.

14. Is it true that gowns and gloves should not be worn in hallways and other public areas? Yes. Gowns and gloves are intended for use in a patient's room or treatment room. When transporting a patient (who's on contact precautions), drape the patient with a clean sheet and remove gowns and gloves and disinfect hands before leaving the patient's room. Upon reaching destination, HCWs who will have direct contact with patient shall don gowns and gloves. If inadvertent contact with the patient or contaminated equipment occurs during transport, the hands should be disinfected with Cal Stat as soon as possible.

Exception - If patient contact and/or contact with contaminated equipment will occur during transport (e.g. many ICU patients) gloves and gowns must be worn on route. Gloves and gowns are removed and hands disinfected with Cal Stat when contact with patient and/or contaminated equipment is completed. Every effort will be made not to touch clean surfaces (i.e. elevator buttons) with soiled hands. A member of the transport team should always have clean hands.

ALL equipment residing within the contact precaution room is presumed contaminated, even if not visibly soiled.

15. When should I initiate Droplet Precautions and why? Droplet precautions are initiated for patients with known or suspected diseases transmitted by large droplets. These include bacterial meningitis, Pertussis, Influenza, Adenovirus. Droplet transmission involves contact of the conjunctivae or mucous membranes of the nose or mouth of a susceptible person with large-particle droplets i.e. respiratory droplets (larger than 5µm in size). Droplets are generated from the infected person primarily during coughing, sneezing, or talking and during certain procedures such as suctioning. Transmission via large-particle droplets

requires close contact because droplets do not remain suspended in the air and generally travel no more than 3 feet. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission.

- 16. What is the correct practice surrounding multi-dose vials?** Aseptic technique must be observed for each entry including wiping the rubber stopper with alcohol. Multi-dose vials shall be discarded when suspected or visible contamination occur or when the manufacturer's expiration date is reached.
- 17. Aren't precaution rooms terminally cleaned differently from regular rooms?** No. All patient rooms must receive the same high standard of environmental disinfection daily and as part of terminal cleaning. Routinely, this includes the disinfection of all horizontal surfaces and bathroom fixtures. Vertical surfaces, including walls and curtains, need only be cleaned as necessary when soiling or contamination occurs.
- 18. How do I remove personal protective equipment when I leave a precaution room?** Take off gloves first, then gown. Must disinfect your hands after removing both the gloves and gown.
- 19. What is the most optimal way to empty a bedpan for patients on precautions?** Options for Emptying Bedpans (Standard and Contact Precaution Patients):

1. The bedpan may be emptied in the patient's bathroom toilet (or pull out toilets in ICU rooms), using the sprayer to remove all visible soiling of the bedpan. Gloves are routinely worn and additional barriers per Standard or Contact Precautions i.e. gowns as necessary to prevent soiling of the HCW's skin and/or clothing for Standard Precautions, and gowns required for Contact Precautions. Routinely, care MUST be taken to prevent environmental soiling with bedpan contents. If soiling occurs, surfaces involved shall be cleaned and disinfected. Recommendations include removing soil first by cleaning with Virex (a detergent/disinfectant) followed by applying Virex for 10 minutes to disinfect.

2. The bedpan may be carried to the soiled utility room and emptied via the flushing sink and/or bedpan sanitizer. The bedpan shall be covered with a chux during transport to the dirty utility room taking extreme care not to come in contact with environment surfaces. As routine, gloves are worn. For a Contact Precaution patient, gown and gloves are left on during bedpan transport. Barriers are removed in the dirty utility room and hands disinfected. Clean barriers are donned to re-enter the patient's room. Routinely, care MUST be taken to prevent environmental soiling. If soiling occurs, surfaces involved shall be cleaned and disinfected.

Note: Bedpans shall routinely be labeled with the patient's name. Non-labeled bedpans found in the dirty utility room shall be disposed of (routine waste once emptied).

- 20. Where should the linen hamper be placed for a patient on Contact Precautions?** The most optimal placement is in the anteroom. If there is no anteroom, then inside the room but close to the door is best. If the hamper must be placed outside the room (due to lack of linen hampers), then the hamper should be just outside the door so that HCW's can place "dirty"

linen in hamper without actually exiting room. Once dirty linen is deposited into hamper, barriers (gowns and gloves) are removed in room and hands disinfected immediately prior to exiting room.

- 21. How often does patient care equipment need to be cleaned?** In general, all patient care equipment must be cleaned after patient use, before another patient uses it. Guidelines for the frequency of cleaning hospital equipment are found in the Infection Control Manual.
- 22. What protective equipment should be worn when handling dietary trays?** No personal protective equipment needs to be worn when delivering a dietary tray to a patient on Standard Precautions. The person delivering the tray should disinfect/wash his/her hands before delivering the tray. If the patient is on Contact Precautions, the person delivering the tray must wear gloves when entering the precaution room. The gloves must be removed and hands must be disinfected when leaving the precaution room. Gloves should be worn when picking up soiled trays. Gloves must be changed between patients.
- 23. Where can I find written information for patients and families regarding MRSA and VRE?** On the Infection Control Unit website which is accessible in Trove. You can also get to it by going to the MGH intranet site, directory, and clicking on Infection Control. Scroll down the left hand side to the section on Patients and Families.