01.43 - Prevention and Control of *Clostridiodes difficile* Infections

Purpose To prevent and control the transmission of *Clostridioides difficile* infections among hospitalized patients in UTMB hospitals.

Audience UTMB healthcare workers, licensed independent practitioners, personnel working for contractors in UTMB hospitals, students and volunteers.

Policy Clostridium difficile infection (CDI) is a potentially severe or fatal infection. This policy details the practices required to reduce the risk of transmission to patients.

Diagnostic testing for *C. difficile*

A. *Clostridioides difficile* is a spore-forming, toxin-producing, gram-positive anaerobic bacterium. CDI causes 15-25% of all cases of antibiotic-associated colitis. CDI may be associated with significant morbidity, particularly in higher-risk patients. The key to preventing transmission is early case recognition, isolation, treatment, and judicious use of antimicrobials.

B. The diagnostic test used at UTMB is the molecular polymerase chain reaction (PCR) test that detects the gene for CDI toxin B. This test has a sensitivity and specificity of 98%, positive predictive value of 92% and negative predictive value of >99%, compared to the composite gold standard cytotoxin B assay and toxigenic culture. Because this genetic test can detect asymptomatic carriage of CDI, it is important to select the most appropriate patient population for testing. When a test for CDI is ordered, guidelines for testing will be displayed in the electronic medical record (EMR). The following are recommendations for testing:

1. The test should be performed on patients with clinically significant diarrhea, defined as 3 or more loose stools per day within a 24-hour period.

2. The test should not be performed on patients who have had laxatives administered within the previous 24 hours, since this is an alternate explanation for diarrhea, it is preferable to stop the laxative and observe the patient. Approval from the medical director/associate director of Microbiology is needed to test a patient who is on a laxative but has very profuse diarrhea (>5 episodes in previous 24 hours) with cramps or bloody stool.

3. Testing is only performed on loose or watery stool (specimens that take the shape of the collection container). The UTMB laboratory will reject test requests on formed stool.

4. Do not order multiple tests. When the initial test is positive, the Clinical Microbiology Laboratory will not accept another stool specimen for CDI testing **for 7 days** (or for entire hospital stay).

5. Repeat testing for a test of cure is NOT recommended. The test may

remain positive despite a clinical response and is not a predictor of recurrence or relapse. A negative test is not required to discontinue isolation. When a patient has a stool test positive for CDI, no further stool tests for CDI will be processed by the Clinical Microbiology Laboratory **during that admission**.

6. Patients for whom a CDI test is ordered are placed in empiric Extended Contact Precautions (ECP). If the test is negative, precautions may be discontinued.

Surveillance for Clostridium difficile infection

A. Laboratory results are reviewed by Infection Control & Healthcare Epidemiology (ICHE) personnel at least daily and upon receipt of an alert from the electronic surveillance system.

B. All hospitals report positive cases in the Emergency Department (ED) and inpatient areas to CDC's National Healthcare Safety Network (NHSN) via the LabID Event module as required by the Centers for Medicaid and Medicare Services (CMS).

C. Classification by likely exposure source: The Lab ID Event module uses an algorithm to classify onset as follows:

1. Hospital-onset: a patient whose positive test was collected on or after the 3rd hospital day.

2. Healthcare facility associated-community onset:

1. Specimen collected within the first two days of admission

2. The patient was discharged from UTMB less than 4 weeks prior to specimen collection.

3. Community-associated CDI

1. Specimen collected in the first 2 days of admission

2. The patient was not admitted or was discharged more than 4 weeks prior to specimen collection.

Isolation Precautions-Inpatient and Emergency Department

A. Extended Contact Precautions will be implemented for patients with suspected or confirmed CDI. A suspected case is a patient who has unexplained diarrhea on admission to the ED or inpatient unit, one who develops unexplained diarrhea after admission, or one for whom a CDI test is ordered. The isolation order may be entered by the healthcare provider, or an isolation screen may be entered by ICHE personnel.

B. The patient's record will be flagged in the EMR indicating isolation precautions are in place. ICHE staff implementing isolation will also enter a progress note stating when and why precautions were ordered.

C. The Extended Contact Precautions sign will be placed at the patient's door

indicating precautions to be followed.

D. Discontinuing precautions

1. ECP may be discontinued if a patient suspected of having CDI has a negative test result. The ordering provider may discontinue the isolation order.

2. Patients testing positive for CDI will remain on precautions until all the following conditions are met:

   a. Patient is receiving adequate treatment for CDI

   b. Resolution of symptoms for 48 hours

   c. The patient is discharged or transferred from the room so that all surfaces in the room may be cleaned thoroughly (Note: patient must be bathed, placed in a clean gown, and placed in a clean bed when transferred to a new private room)

   d. Approval is received from ICHE (call or page department or infection preventionist assigned to the unit/area). Only ICHE personnel have access to the infections flag in the EMR. ICHE may be contacted at (409) 772-3192 or paged at (409) 643-3133.

   e. TDCJ: Because most rooms are semi-private, ICHE will review requests to discontinue isolation on a case-by-case basis.

E. Personal Protective Equipment (PPE)

1. Prior to entering room

   a. Clean hands (may use hand sanitizer or wash with soap and water) prior to donning PPE.

   b. Don gown and gloves to enter the room.

2. Upon exiting room

   a. Remove gown and gloves in the room prior to exiting. Gloves should be removed first (see Appendix A) Remove gown by detaching the tabs at the back of the neck and untying the straps around the waist at the back and pulling the gown forward from the shoulders and turning the gown inside out. Take care to avoid contaminating clothing or hands by touching surfaces in the room after removing gloves and gown.

   b. Discard gowns and gloves in the appropriate receptacle prior to leaving the room.

   c. Wash hands immediately on exit from the room with soap and water. **Alcohol hand rub cannot be used after contact with the patient or patient care space**. Alcohol will not remove or kill CDI spores.

Transportation of Patient on Extended Contact Precautions

A. Notification of isolation status: When arranging for transportation, the

transferring unit/department will notify the receiving unit/department of the patient's isolation status.

B. Isolation technique for transport:

1. When arriving on a nursing unit to transport a patient to another location for diagnostic procedures or treatment, the transporter will perform hand hygiene with an alcohol hand rub or antiseptic soap and water and then don an isolation gown and gloves prior to entering the room.

2. After covering the wheelchair or stretcher with a clean intact sheet, the transporter will assist with the transfer of the patient to the wheelchair/stretcher. The transporter will then move the patient to the door of the room.

3. The transporter will remove gloves (see Appendix A) and gown, discard them in the room, push the patient out of the room, and wash hands with soap and water.

4. The patient will then be moved to the assigned destination.

5. When the patient is ready for transport back to their room, the transporter will check the PATH form on the first page of the patient's chart to determine whether the patient is on isolation or not. If the patient is on ECP, the transporter will perform hand hygiene with soap and water or with an alcohol hand rub and then don gown and gloves.

6. The transporter will cover the wheelchair or stretcher with a clean sheet and assist with moving the patient into the wheelchair or onto the stretcher. The patient will be covered with a clean sheet. The transporter will then remove gloves and gown and wash hands with soap and water. The patient will then be transported back to their unit.

7. On arrival at the patient's nursing unit, the transporter will perform hand hygiene, don gown and gloves, and the patient will be transported into their room and will be moved into bed.

8. After removing the sheets from the wheelchair or stretcher, the transporter will put them in the dirty laundry receptacle in the room. The transporter will then move the wheelchair or stretcher to the door, remove gloves (see Appendix A) and gown and discard them in the room.

9. The transporter will move the wheelchair or stretcher out of the room and wash hands with soap and water.

10. The transporter will don a clean pair of gloves and clean the wheelchair or stretcher with hospital approved bleach-based wipes. The transporter will doff the gloves and wash hands with soap and water.

Visitation for Patients on Extended Contact Precautions

A. Visitors are limited to visiting one patient unless the visitor has one or more family members in the hospital.

B. Visitors will not be required to wear gown and gloves unless they are visiting another patient. Family members in the hospital who are in ECP should be visited last.

Cleaning and Disinfection of Equipment

A. Blood pressure cuffs and thermometers must be assigned to patients on ECP and must be discarded or decontaminated when the patient is discharged.

B. A stethoscope will be placed in the room and will be the only stethoscope used for the care of that patient. **Stethoscopes may not be brought into the room by anyone.**

C. Personal electronic devices: Cell phones may be brought into the room if covered by the gown. Tablet computers (e.g., iPads) may not be brought into the isolation room due to the inability to properly disinfect the screen without causing damage to the device.

D. Mobile Equipment (wheelchairs, stretchers, Dopplers, ultrasound machines, EKG machines, X-ray machines, dialysis machines and OT/PT equipment) used for patients on ECP will be cleaned with water and detergent without a disinfectant (Cavicide must not be used, because it will react with sodium hypochlorite), and then be disinfected with a 1:10 dilution of sodium hypochlorite prior to use on other patients.

E. Equipment attached to a patient with CDI will be cleaned and disinfected by Clinical Equipment Services (CES) using a checklist (Appendix B).

1. CES personnel will don a gown and gloves prior to entering the room.

2. The surfaces of clinical equipment will be cleaned with a detergent without a disinfectant (*Cavicide* must not be used, because it will react with sodium hypochlorite) and then disinfected with a 1:10 dilution of sodium hypochlorite (except those surfaces listed in Appendix C to which sodium hypochlorite [Clorox] should not be applied)

3. When possible, the cloth and bucket method will be used to disinfect surfaces with a 1:10 dilution of sodium hypochlorite so that surfaces are very wet. After the sodium hypochlorite has dried for 5 minutes, sodium hypochlorite will be applied again leaving surfaces very wet. Surfaces that cannot be soaked with sodium hypochlorite will be cleaned with a detergent without disinfectant followed by two applications of a 1:10 dilution of sodium hypochlorite using Clorox wipes.

4. Surfaces to which sodium hypochlorite cannot be applied must be thoroughly cleaned with a detergent.

5. Gloves (see Appendix A) and gown will be removed prior to exiting the room and discarded in the appropriate receptacle. After leaving the room, personnel will wash their hands with soap and water. Alcohol cannot be used for hand hygiene, because it will not kill CD spores.

F. Ventilators in the intensive care units will be cleaned and disinfected by Respiratory Therapists.

1. A gown and gloves will be donned by Respiratory Therapists prior to entering the room.

2. Ventilators will be cleaned with detergent without a disinfectant (*Cavicide* or other quaternary ammonium products must not be used, because it will react with sodium hypochlorite) followed by application of a 1:10 dilution of sodium hypochlorite to all surfaces (except for those listed in Appendix C) on a daily basis.

3. Where possible, the cloth and bucket method will be used to disinfect surfaces so that they are very wet. After allowing the surfaces to dry for 5 minutes, the sodium hypochlorite will be applied again to get the surfaces very wet.

4. **Sodium hypochlorite will not be applied to computer screens**. Gloves (see Appendix A) and gown will be removed and discarded in the appropriate receptacle prior to leaving the room.

5. Hands will be washed with soap and water immediately after leaving the room. Alcohol cannot be used for hand hygiene, because it will not kill CDI spores.

Environment

A. Cleaning and decontamination of patient rooms will be done daily and after discharge of the patient.

B. Environmental Services personnel who clean and disinfect the rooms (inpatient and Emergency Department) will don a gown and gloves before entering the room. The gloves and gown will be removed (see Appendix A) prior to leaving the room, and the gown and gloves will be discarded in the appropriate receptacle. After leaving the room, they will wash their hands with antiseptic soap and water. Alcohol cannot be used for hand hygiene, because it will not kill CDI spores.

C. Patient rooms will be cleaned with a hospital grade detergent, without a disinfectant (*Cavicide* must not be used, because it will react with sodium hypochlorite) by Environmental Services personnel using a checklist (Appendix D) for environmental sites to be cleaned.

D. Using the same checklist (Appendix D), environmental surfaces will be disinfected with a 1:10 dilution of sodium hypochlorite applied to all surfaces (except those listed in Appendix C to which sodium hypochlorite [Clorox] should not be applied) using the cloth and bucket method. Sodium hypochlorite will be applied so that the surfaces are very wet. After the surfaces have dried for **5 minutes**, sodium hypochlorite will be applied to the surfaces a second time leaving the surfaces very wet.

Precautions for Procedure Areas (procedures performed on inpatient unit or in department)

Radiology

A. Notice: The nursing unit from which a patient on ECP will be transported to Radiology will notify the location in Radiology with the name and UH# of the patient to be transported and that the patient is on ECP.

B. Equipment pre-procedure:

1. These areas will have detergents (not *Cavicide*) and a 1:10 dilution of sodium hypochlorite.

2. Any surface with which the patient will have contact should be covered with clean linen (sheet, pillowcase, etc.) prior to the patient's arrival.

C. PPE will be located in all areas where radiologic procedures are performed.

1. Personnel in Radiology will don a gown and gloves prior to arrival of the patient.

2. When personnel have had contact with the patient prior to touching the control panel, they should carefully remove their gloves and put on a clean pair of gloves before touching the controls.

3. When the patient's examination or procedure is completed, the transporter will place a clean sheet on the wheelchair or stretcher, perform hand hygiene, don gown and gloves and assist with placing the patient in the wheelchair or on the stretcher. The transporter will then remove gloves (see Appendix A) and gown and discard them in the trash and wash hands with soap and water. A clean sheet will be placed over the patient just prior to departure.

4. The personnel in Radiology who worked with the patient should remove their gloves (see Appendix A) and gown and discard them in the trash.

5. Personnel should then wash their hands with soap and water. Alcohol handrub cannot be used, because alcohol will not kill CDI spores

D. Equipment post-procedure:

1. Personnel will wear a gown and gloves to clean equipment (note: change gowns between the procedure and cleaning equipment).

2. All surfaces in contact with the patient and personnel who performed the procedure should be thoroughly cleaned with a detergent compatible with the Radiology equipment (do not use *Cavicide* which will react with sodium hypochlorite). After cleaning surfaces with a detergent, apply a 1:10 dilution of sodium hypochlorite to the clean surfaces so that they are very wet and let them dry for 5 minutes. Then apply the 1:10 dilution of sodium hypochlorite to all surfaces a second time so that they are very wet. For electronic equipment, wipe surfaces with sodium hypochlorite wipes. Do not use sodium hypochlorite on aluminum surfaces. Do not wipe monitor screens with sodium hypochlorite.

3. After completing cleaning and disinfection, gloves (see Appendix A) and gown should be removed and discarded in the trash. Hands should be washed with soap and water. Alcohol will not kill CDI spores.

Cardiology

A. EKG

1. Personnel from the Heart Station who enter a patient's room on ECP will first perform hand hygiene with an alcohol hand rub or wash hands with soap and water and then don a gown and gloves.

2. The electrocardiograph will then be pushed into the patient's room. After placing the electrodes on the patient and attaching the leads, carefully remove gloves (see Appendix A) and don another pair of clean gloves.

3. Care should be taken to minimize contact with the equipment with the patient and their environment.

4. After the tests are completed, the leads for electrocardiography should be detached and placed on the machine in such a manner as to minimize contamination of the surfaces of the machine. The electrodes should be removed and discarded in the room.

5. In preparation of exiting the room the machine should be pushed to the door and gloves and gown removed and discarded in the room.

6. Immediately after exiting the room with the EKG machine, hands should be washed with soap and water.

7. Next, don a new gown and gloves, and clean the EKG leads and any surface of the machine that may have become contaminated, by contact with patient or the patient's bed with a 1:10 dilution of Clorox. Do not wipe the monitor screen with Clorox. Do not use Clorox and Cavicide together. These two chemicals will react.

8. Then remove gloves (see Appendix A) and gown and discard them in the trash and wash hands with soap and water. Alcohol will not kill CDI spores.

Ultrasound

A. Ultrasound procedures in patient rooms

1. Prior to entering the patient's room, wash hands or apply an alcohol rub to hands.

2. Don a gown and gloves and push the machine into the patient's room.

3. Attach the leads to the patient's chest and then carefully remove gloves (see Appendix A) and don a new pair of clean gloves.

4. The ultrasound probe must be covered with a sheath prior to beginning

the examination.

5. Minimize contact with the ultrasound probe cable and your hands with the patient.
6. After completing the exam, carefully remove the ultrasound probe sheath with your other hand and discard. Place the ultrasound probe back in its holder on the machine.
7. Remove the leads from the patient's chest and hang them on the machine.
8. Remove gloves and gown and discard them in the room.
9. Push the machine out of the room and wash hands with soap and water.
10. Don a gown and gloves and clean the chest leads twice with a 1:10 dilution of Clorox and any area on the machine touched by the leads before they were cleaned. **Do not wipe the computer screen with Clorox.**
11. Remove gloves (see Appendix A) and gown and wash hands with soap and water.

B. Ultrasound procedures performed in the ultrasound station on the fourth floor of the UHC.

1. Prior to entering the exam room, wash hands with soap and water or apply an alcohol hand rub.
2. Don a gown and gloves and enter the room.
3. Place a clean sheet over the table prior to the patient being placed on the table for the ultrasound exam.
4. Place the ultrasound leads on the patient's chest.
5. Immediately remove gloves (see Appendix A), discard and don a pair of clean gloves.
6. Prior to starting the procedure, place a clean sheath on the ultrasound probe.
7. During the exam, avoid contact of hands with the patient's chest.
8. When the exam is complete, remove the sheath on the ultrasound probe with the other hand and place the probe back in its holder on the machine.
9. Remove the leads from the patient's chest and hang them on the machine.
10. After the patient leaves the room, remove the sheet from the exam table and discard in soiled linen hamper.
11. Clean the chest leads twice with a 1:10 dilution of Clorox and any area

on the machine touched by the leads before they were cleaned. **Do not use Clorox on the computer screen.**

12. Remove gloves and gown and wash hands with soap and water.

C. TEE procedure

1. All the steps in b. above will be followed.
2. The physician(s) who insert(s) the probe into the esophagus will wash hands with soap and water or apply an alcohol handrub to their hands and don a gown and gloves before entering the room.
3. After completing the insertion of the probe into the esophagus, the physician(s) should remove gloves (see Appendix A) and gown and discard them in the room. Hands should then be washed with soap and water.

Hemodialysis

A. In the patient's room

1. Prior to entering a patient's room with a dialysis machine and water system, the dialysis technician and/or nurse will wash hands with soap and water or apply an alcohol handrub to their hands.
2. The technician and/or nurse will don a gown and gloves and push the machine and water system into the room.
3. After dialysis tubing is connected to the patient's vascular access site, the nurse will remove gloves (see Appendix A) and don a new pair of clean gloves prior to touching the dialysis machine.
4. Care will be taken to minimize contact with the dialysis machine and water system with the patient and environmental surfaces in the room.
5. After completion of dialysis and disconnection of the patient's vascular access, the disposable tubing and kidney will be discarded in the appropriate container.
6. The dialysis machine and water system will be pushed to the door of the room.
7. The dialysis technician and/or nurse will remove gloves (see Appendix A) and gown and discard them in the room.
8. The dialysis machine and water system will be pushed out of the room and the dialysis technician and/or nurse will wash hands thoroughly with soap and water. Alcohol will not kill CDI spores
9. The dialysis technician and/or nurse will again don a gown and gloves for protection of hands and clothing from contact with CDI spores which may be on the surfaces of the dialysis machine.
10. If the surface of the dialysis machine or water system has been soiled with blood or other body fluids, remove the soilage with gauze moistened with

tap water. Do not clean the surface of the machine with Cavicide. Sodium hypochlorite (Clorox) will react with Cavicide.

11. After the surfaces of the machine are clean, apply a 1:10 dilution of sodium hypochlorite to all surfaces using the cloth and bucket method leaving all surfaces very wet. Let the surfaces of the machine dry for 5 minutes and then apply a 1:10 dilution of sodium hypochlorite to all surfaces of the machine a second time leaving the surfaces very wet. Do not apply sodium hypochlorite to the computer screen.

12. The dialysis technician and/or nurse will remove gloves (see Appendix A) and gown, discard them in the trash, and wash hands thoroughly with soap and water. The dialysis machine and water system will be returned to the dialysis unit.

B. On the dialysis unit

1. Patients on ECP for CDI will be dialyzed on the second shift.

2. The room in which the patient is located will have an ECP sign placed over the door to the room.

3. Healthcare workers will perform hand hygiene and don a gown and gloves prior to entering the room.

4. After dialysis tubing is connected to the patient's vascular access site, the nurse will remove gloves (see Appendix A) and don a new pair of clean gloves prior to touching the dialysis machine.

5. If the nurse needs to have contact with the patient during dialysis, gloves will be changed prior to contact with the dialysis machine.

6. When dialysis has been completed, the disposable tubing and kidney will be discarded in the appropriate container.

7. The nurse will change gloves after the tubing and kidney have been discarded.

8. Any part of the dialysis machine or water system that may have become contaminated by contact with the patient or environment must be cleaned and disinfected using the cloth and bucket method as described in 1. j and k above.

9. After the patient has left the room, the room will be closed, and Environmental Services will be called to have the room cleaned and disinfected for CDI.

Physical Therapy / Occupational Therapy

A. Some equipment will be dedicated to patients who have CDI. The equipment will be cleaned and disinfected to the extent possible between patients.

1. Sock aids

2. Long-handled reachers
3. Walkers
4. Belts

B. Prior to entering a patient's room, therapists will wash hands with soap and water or apply an alcohol hand rub to their hands.

C. The therapist will don a gown and gloves and enter the room with the necessary equipment.

D. After completing the patient's treatment, the therapist will discard any single use devices/materials in the patient's room.

E. After placing all equipment to be removed from the room next to the door, the therapist will remove gloves (see Appendix A) and gown and discard them in the room.

F. The therapist will exit the room with the equipment/devices taking care to avoid contact with equipment/devices with any surfaces of their clothing or skin other than their hands.

G. The therapist will then wash hands with soap and water.

H. The therapist will don a gown and gloves outside of the room. Surfaces of equipment/devices that are soiled should be cleaned with a detergent. Then apply a 1:10 dilution of sodium hypochlorite (Clorox) to all surfaces using the cloth and bucket method leaving all surfaces very wet. When surfaces are dry, disinfect the surfaces again using the cloth and bucket method. Caution: Do not apply Cavicide prior to sodium hypochlorite. These chemicals will react.

I. Remove gloves and gown, discard them in the trash and wash hands thoroughly with soap and water, including all surfaces of hands and fingers. After rinsing thoroughly, dry hands with paper towels. Use paper towels to turn off the faucet. Alcohol will not kill CDI spores.

Respiratory Care Services

A. Prior to entering the rooms of patients on ECP, Respiratory Therapists (RTs) will perform hand hygiene with soap and water or an alcohol hand rub and then don a gown and gloves.

B. The mechanical ventilator will be pushed into the patient's room by the RT. When the ventilator is moved into the room, care should be taken to avoid contact with any other surfaces in the room.

C. While the ventilator remains in the room, it must be cleaned and disinfected daily with a 1:10 dilution of sodium hypochlorite (bleach). Bleach should not be applied to the computer screen or to the control panel. The 1:10 dilution of bleach can be obtained from materials management using product number 33228.

D. After working at the bedside with the patient, gloves should be carefully

removed to avoid contamination of hands with spores (see Appendix A). Then wash hands with soap and water.

E. Then don a new pair of gloves prior to touching the control panel of the ventilator.

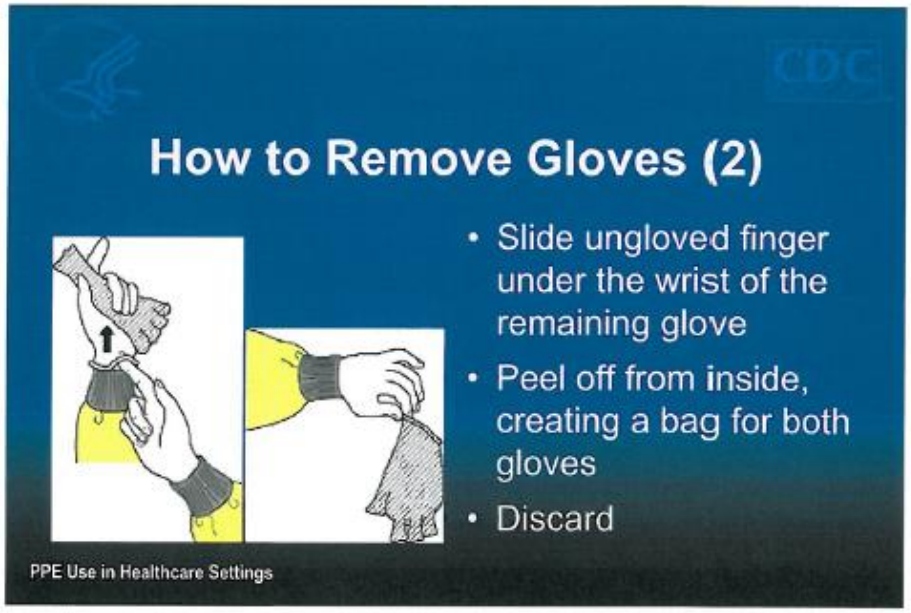
F. When the ventilator is no longer needed, the RT should push the ventilator to the door of the room.

1. Remove gloves and gown and discard them in the room.
2. Next the RT should push the ventilator outside the room and then wash hands with soap and water.
3. Then the RT will don a gown and gloves and clean and disinfect the ventilator with a 1:10 dilution of bleach while avoiding contact with the control panel and computer screen.
4. The RT will then carefully remove gloves and gown and discard them in the trash and then wash hands with soap and water.
5. The ventilator may then be returned to the Department of Respiratory Care Services or stored in an area/room designated for clean equipment.

APPENDIX A

PROPER TECHNIQUE FOR REMOVING GLOVES

Using one gloved hand, grasp the outside of the opposite glove near the wrist. Pull and peel the glove away from the hand. The glove should now be turned inside-out, with the contaminated side now on the inside. Hold the removed glove in the opposite gloved hand.



Slide one or two fingers of the ungloved hand under the wrist of the remaining glove. Peel glove off from the inside, creating a bag for both gloves. Discard in waste container.

APPENDIX B

CLINICAL EQUIPMENT SERVICES
Checklist for Daily and Terminal Cleaning of Patient Rooms

Surfaces to be cleaned and disinfected	Check off as Completed
1. Telemonitors	☐
2. IV Poles	☐
3. Intravenous (IV) infusion pumps	☐
4. Monitors and cables	☐
5. Television and remote	☐
6. Traction and trapeze bars	☐
7. PCA pumps	☐
8. Enteral feeding pumps (tube feeding or kangaroo pump)	☐
9. Portable suction units	☐
10. Suction control units	☐
11. SCD units	☐
12. Heating pads	☐
13. Fans	☐
14. Call button	☐
15. Bedside commodes	☐

Restock all isolation carts as needed. Report to the charge nurse after cleaning and disinfection of all items to check the equipment control settings.

APPENDIX C

Surfaces Not Approved for Use of 1:10 Dilution of Clorox

1. Aluminum
2. Brass
3. Copper
4. Corian
5. Finished Wood
6. Sealed Marble
7. Galvanized Steel
8. Sealed Granite

APPENDIX D

ENVIRONMENTAL SERVICES
Checklist for Daily and Terminal Cleaning of Patient Rooms

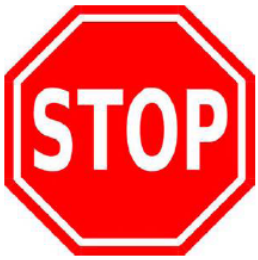
Surfaces to be cleaned and disinfected		Check off as Completed
1.	Window sills	☐
2.	Wall moldings	☐
3.	External surfaces of drawers and closets	☐
4.	Shelves	☐
5.	Doors, door knobs, handles and rails	☐
6.	Sharps container	☐
7.	Chairs	☐
8.	Soiled areas of walls and windows	☐
9.	Overbed light	☐
10.	Bedside table	☐
11.	Telephone	☐
12.	Overbed table	☐
13.	Headboard of bed	☐
14.	Footboard of bed	☐
15.	Bedrails	☐
16.	Bed frame	☐
17.	Laundry hamper	☐
18.	Waste receptacles	☐
19.	Bathroom	
	a. Pull up bars	☐
	b. Shower	☐
	c. Sink	☐
	d. Sink faucets	☐
	e. Soap and toilet paper dispensers	☐
	f. Exterior of toilet and seat	☐
	g. Interior of toilet	☐
20.	Floors	☐
21.	Mattress (for terminal clean only)	☐

APPENDIX E

Visiting Patients in Extended Contact Precautions

Why has Extended Contact Precautions been ordered?

Extended Contact Precautions ("extended contact isolation") prevents the spread of certain germs from one patient to another by direct contact. Hospitalized patients often have higher risk of infection than visitors.



Please speak to nurse before visiting for instructions in proper use of gowns and gloves.

Instructions for Extended Contact Precautions:

1. Note: If the person you are visiting is on extended contact precautions, please consider not visiting anyone else. If you need to visit more than one person, it is very important that you visit the person on extended contact precautions last.
2. Before visiting, clean your hands with either soap and water or alcohol hand rub (Purell).
3. You **must** wear a gown and gloves to visit.
4. Remove your gown and gloves before you leave the room. Hospital staff will show you how to do this correctly.
5. When you leave the patient's room, wash your hands with soap and water. Do not use alcohol hand rub after visiting as it is not effective in preventing the spread of certain germs.

Hospital staff will follow these same procedures for Extended Contact Precautions (handwashing, gloves, gowns). They will also use a bleach solution to clean the environment and equipment.

If you have questions about visiting, please ask the Physician or Registered Nurse.

utmb Health

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