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Policy Number:	**CM I-24**	Approved by:	Hospital Officers Leadership Team
Issue Date:	**09/24/2019**	**Applies to:**	**Downtown**
Value(s): *Respect, Integrity, Innovation*		**Page(s): 1 of 2**	

Infection Control Policy for Patients with Burn Injuries

Review Date:	Change Description:
09/24/2019	
Revised Date:	**Change Description:**
09/24/2019	New Policy

Applies to:

All Inpatient and Emergency Department staff caring for patients with burn injuries.

Policy:

The American Burn Association has long recognized the medical risks of cross infection of organisms among patients with burn injuries. Infection and sepsis are the most prominent causes of morbidity and mortality. Infection Control Guidelines are set for all patients with burn injuries who are seen at the SUNY Upstate Medical University and will be handled according to the guidelines below.

Procedure:

1. All patients with cutaneous burn injuries will be placed on isolation precautions and placed in a private room.

2. Patients who have the diagnosis of inhalation injury only do not require isolation.

3. When possible single patient use/disposable equipment and supplies will be used.

4. Curtains are to be changed in patient rooms after discharge of a burn patient. 12f, 11e, 8e, 6e, 5b, 2n.

5. When the patient is placed in the room, a burn isolation sign (F95265) will be placed on the door/curtain.

6. Prior to the entry to a patient room everyone including EVS and patient family members will clean their hands and apply isolation gowns and gloves.

7. Prior to leaving the room PPE will be removed and discarded and hands will be washed.

8. All burn admissions are required to have a MRSA swab obtained as ordered by the provider.

9. Adults and children can ambulate in the hall and leave the unit at the discretion of the Burn attending. <u>For all pediatric burns</u>, they can obtain a toy from the play area, however, it needs to be brought back to the patients' room and cleaned with germicidal sani-cloths prior to use.

6E Only

10. Prior to a patient with a TBSA of 20% or greater being admitted to 6E, the room will receive UV lighting if time allows and does not delay the transfer of the patient.

11. Staff working on 6E are required to wear hospital scrubs available on the unit. These are not to be taken home and worn in. No t-shirts or lab jackets are to be worn unless disposable.

Wound Care:

1. For patients that are not on the burn unit, a burn cart will need to be ordered from distribution.

2. Patient is to be at the appropriate temperature of 36.8, per the burn center guideline *"Burn Graft OR Procedures and Graft Loss Prevention for Adults and Pediatrics."*

3. Wound care table is to be prepared with aseptic technique

4. Staff are required to wear personal PPE including bouffant caps and eye protection (PRN)

5. After the removal of soiled dressings staff need to remove soiled gloves, wash hands and apply new gloves

6. At no time should dirty materials be placed onto the aseptic table

7. All unused dressing supplies that are opened are to be discarded

Corresponding Clinical Procedure(s):
    None

Patient Education/Related Resources:
    Procedure Information for Transmission-Based Precautions, IC B-01

Form Name(s) and Number(s):
    Burn Patient Isolation Sign, F95265

Originating Department: Critical Care Shared Governance/Burn Service
Contributing Department(s)   Infection Control, Inpatient Pediatric Shared Governance, Emergency Department

Evidence-Based References/Regulations for Policy:

Coban Y. K. (2012). Infection control in severely burned patients. *World journal of critical care medicine*, *1*(4), 94-101. doi:10.5492/wjccm.v1.i4.94

Shek, K. (1), Kohja, Z. (1), Patidar, R. (2), Kumar, A. (2), Liu, S. (3), Gawaziuk, J. P. (4), Logsetty, S. (4,5). (n.d.). Rate of contamination of hospital privacy curtains in a burns/plastic ward: A longitudinal study. *American Journal of Infection Control*, *46*(9), 1019–1021. https://doi.org/10.1016/j.ajic.2018.03.004