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| HOSPITAL NAME | | INSTITUTIONAL POLICY AND PROCEDURE (IPP) | |
| Department: | | Manual: | Section: |
| TITLE/DESCRIPTION | | | POLICY NUMBER |
| Infection Control Guidelines | | | |
| EFFECTIVE DATE | REVIEW DUE | REPLACES NUMBER | NO. OF PAGES |
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| PURPOSE | |
| To establish infection control guidelines for the healthcare workers in the Labor and Delivery area. | |
| DEFINITION | |
| <ul style="list-style-type: none"> • Restricted area: The restricted areas include the Labor and Delivery OR suites 1,2,3, and 6, and birthing rooms 4 and 5. • Semi-restricted area: The semi-restricted areas include the hallway outside the OR / birthing rooms and the infant resuscitation area. | |
| RESPONSIBILITY | |
| All _____ employees, contract workers. Volunteers, and students healthcare workers in the Labor and Delivery area: this includes physicians, anesthesiologists, nurses and all ancillary personnel. | |
| CROSS REFERENCES | |
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| POLICY | |
| Labor and Delivery Personnel | <ul style="list-style-type: none"> • Personnel shall comply with the pre-employment and the annual employee health requirements. • Employees shall eat and drink only in designated areas (lounge, conference rooms, etc.) • A cap that covers all hair including beard and side burns, mask and eye protective shields, sterile gloves and sterile gowns shall be worn by all personnel involved in deliveries that take place in the restricted area. • Universal Precautions shall be followed for all patients. • Sharps shall be disposed of in puncture-resistant leakproof containers. The containers shall be closed and replaced when $\frac{3}{4}$ full. • Handwashing <ul style="list-style-type: none"> - A surgical scrub (or alcohol gel) is required prior to each delivery or surgical procedure (see policy: Handwashing). - Circulating nurses and observers need not scrub but shall wash their hands |

between cases.

- Good handwashing is also essential before and after routine patient contact (as in the labor and recovery rooms), going to the rest room and eating.

Patients

- Pre-operative and operative surgical preps shall be conducted as ordered by the operating surgeon and as outlined in the Nursing Procedure Manual.
- Placement of IV lines, Foley catheters, fetal monitors, etc. shall be done according to established standards (see: Nursing Policy and Procedure Manual).
- Isolation will be initiated when appropriate (see policy: Isolation).

Family Members

- Family members will be asked to don appropriate OR attire prior to entering the Labor and Delivery suite. Caps that cover all hair on the head and face are required.

Non-OR Personnel

- Personnel who are not permanently assigned to the OR, but who must enter the Labor and Delivery OR must follow the dress code as discussed by the Labor and Delivery OR. Caps that cover all hair on the head and face are required.

Antimicrobial
Prophylaxis for
Cesarean Sections

- Indications for antimicrobial prophylaxis.
 - Laboring patient – If a patient has already received antibiotics for any of a number of reasons, it will be at the discretion of the surgeon whether to administer any at the time of cesarean section. This decision may be based on the duration of time since an antibiotic was administered, the indication for antibiotic use, the pharmacokinetics of the medications used, the clinical condition of the patient, and the circumstances occurring at the time of the surgery.
 - It will be at the discretion of the surgeon whether to administer antibiotics for scheduled repeat or elective cesarean sections. The literature is not conclusive on this issue.
 - Emergent cesarean section.

Antibiotic Choice:

- The choice of the antibiotic will be left to the surgeon. The antibiotic generally used is a cephalosporin, but circumstances may necessitate use of a different antibiotic in some cases.

Timing and
Administration

- The antibiotic will be given intravenously by the anesthesiologist immediately after the umbilical cord is clamped.

Documentation

- The decision not to administer prophylaxis should be made by the obstetrician; a

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physician's order to withhold antibiotics should be placed in the patient's chart in this case.

- If prophylaxis is ordered, the anesthesiologist will administer it and document this on the anesthesiology OR flow sheet.
- The circulating nurse will also document whether prophylaxis was administered or not on the OR nurse records. When prophylaxis is not given, the nurse will document the reason it was not given in the OR nurse records.

OR Suite Set-up

- Vaginal delivery packs will be opened and instrument tables set up for no longer than 12 hours. A label with date and time will be placed on the table when set up. After this time, the tables will be cleared, instruments will be reprocessed and other items discarded or reprocessed.
- Cesarean section trays and packs will be opened and tables set up for no longer than 8 hours. A label with date and time will be placed on the table when set up. After this time, the tables will be cleared, instruments will be reprocessed and other items discarded or reprocessed.
- Anesthesiology staff will not set up the fluid warmer "Hot Line" in advance of cases.
- Arterial and central venous pressure lines and transducers will be set up for no longer than 24 hours. The lines will be labeled with the date and time they were set up. After this time, the fluid and tubing will be discarded.
- The intravenous set up for peripheral IV's will be assembled and placed in the warmer for no longer than 24 hours. The assembly will be labeled with date and time when set up. The IV set up will be placed in a bag to prevent inadvertent touch contamination. After 24 hours, the tubing and fluids must be discarded.

Monitoring Post-Cesarean Section Surgical Site Infections

- The appearance of the surgical site in patients with suspected infection should be documented in the patient's medical record.
 - Drainage (purulent, serous, serosanguinous)
 - Erythema
 - Swelling
 - Tenderness
- Specimens of drainage or a swab of tissues in a newly opened surgical site should be sent for culture.
- When surgical site infection is diagnosed, the diagnosis should be documented in

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the patient's medical record and the causative microorganism recorded when established by culture.

Environment

- Traffic in and out of the OR delivery rooms shall be kept to a minimum to prevent air turbulence created by activity. Surgical caps must be worn in all semi-restricted and restricted areas.
- Doors shall be kept closed in the OR delivery rooms. Movement and conversation during cases shall be minimized.
- The back door leading from the delivery suite shall not be used as a short cut to transport supplies to or from any area.
- All organic matter on the floor shall be immediately wiped up by a gloved hand and an absorbent cloth. This cloth shall be immediately discarded in the linen hamper. The gloves shall be removed before any further handling of supplies for the case. Spills shall be cleaned up appropriately (see policy: Universal Precautions).
- Sponge buckets shall have waterproof liners.
- All waste that is saturated or dripping with blood or other bloody body fluids shall be discarded in a red bag as biohazardous waste.
- Birthing Room Environment:
 - Items in the room (furniture, drapes, pictures, etc.) shall be made of durable materials with a smooth impervious surface which can be cleaned and disinfected easily.
 - Routine terminal cleaning of the room(s) shall be performed after the room has been vacated.

Housekeeping

- Termination of Case
 - Linens: The linen shall be bagged and taken to the soiled linen area.
 - Kick Buckets: Kick bucket bags and sponge bags shall be securely closed before disposal. If the contents are saturated with blood or bloody body fluids, these bags shall be placed in a red biohazard bag before discarding.
- Equipment
 - All reusable items shall be sterilized or properly disinfected prior to reuse.
 - All disposable items shall be discarded after use.

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- Floors shall be wet mopped after each case.
- All instrument and operating tables shall be thoroughly cleaned after each case.
- All blood spills or spills of bloody body fluids shall be cleaned up with an EPA-registered tuberculocidal (hospital-grade) disinfectant.

• Daily Cleaning

- Floors shall be thoroughly cleaned.
- All horizontal surfaces and furniture (i.e., operating tables, instrument tables, and cabinet doors) shall be cleaned and disinfected.
- Kick buckets shall be cleaned, disinfected and relined.
- Wheels and castors shall be cleaned and inspected carefully for debris.
- Sinks and faucets shall be cleaned with a suitable abrasive.
- Lounges, offices, workrooms, and janitorial closets shall be cleaned daily and kept in good order.
- Cleaning equipment shall be taken apart, cleaned with a detergent germicide, and allowed to dry.
- Routine cleaning schedules shall be established for the autoclave, warmers, refrigerators, cabinets, storage areas, and other permanent equipment. Cleaning of these items/areas shall be documented
- Floors are scrubbed on a weekly basis and whenever soiled with blood or other body fluids.
- All blood shall be handled as if it were infectious. Bulk blood and bloody body fluids shall be carefully poured into the sewage system for disposal.
- Equipment shall be cleaned with an EPA-registered tuberculocidal (hospital-grade) disinfectant. Disposable items that are saturated with blood or bloody body fluids shall be placed in a red biohazard bag and discarded.

Specimens

- Culture specimens shall be sent immediately to the laboratory in appropriate sterile specimen containers. The outside of the container shall be clean and labeled appropriately (see policy: Universal Precautions).
- Specimens going to Pathology shall be cautiously handled as infectious material.

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- Frozen specimens are to be put in a 4x4 moistened with saline and then placed into a sterile specimen container. Pathology shall pick up these specimens after they have been called.
 - All other specimens shall be placed in a clean container with a sealed lid. Formalin fixative is used for other specimens, placentas, and fetuses.
 - Large specimens shall be placed in a sealed container and then placed in a plastic bag.
 - The containers for all pathology specimens shall have attached to the outside a clean label for identification and the outside shall be free of any soilage.
- All specimens that cannot be sent immediately to pathology shall be placed in the appropriate refrigerator. No food, medicine or blood shall be placed in the same refrigerator.

Disinfection and Sterilization

- Disinfection and sterilization shall be carried out according to the hospital guidelines.
- Items to be sterilized are sent to Sterile Processing.
- All sterilized items shall be labeled with the name of the item. The policy for event-related sterility shall be followed.

Storage of Clean and Sterile Supplies

- all clean/sterile supplies shall be stored on shelves and be dust free.
- All sterile supplies inside each sterile pack shall be checked routinely for expiration dates.

Medications

- Multidose vials of medication shall be discarded according to the _____ Pharmacy policy. Single dose vials shall be supplied whenever possible. Irrigation fluids such as saline and water shall be discarded 24 hours after opening.

PROCEDURE

FORMS

EQUIPMENT

REFERENCES

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