Purpose:
The purpose of this policy is to establish infection prevention guidelines to prevent or minimize transmission of infections in the Post-Anesthesia Care Unit.

Policy:
All personnel will adhere to the established guidelines in this infection prevention manual.

Rationale:
The Post-Anesthesia Care Unit (PACU) is, in effect, a short-term intensive care unit for care of patients after surgical procedures. Patients admitted to the PACU are a diversified population of patients in that they have different degrees of risk for developing infections. In addition, some patients present to the PACU with active infections that have a potential to transmit illness to other individuals.

Several of the factors that place a PACU patient at risk for infection are:
- Anesthesia, predisposing to respiratory infection;
- Surgical wound;
- Intravenous therapy;
- Urinary catheters.

Personnel must be aware of risk factors associated with the post-op surgical patient as well as identifying those patients who pose an infectious risk to others. Personnel must have knowledge related to infection prevention and control, isolation of infectious patients, and medical and surgical aseptic technique.

Infection prevention procedures and methods are only effective when personnel accept personal responsibility for ensuring that appropriate infection prevention measures are taken.

All personnel will follow Standard Precautions on all patients at all times. Barriers will be selected based on the likelihood of exposure. Personal protective equipment utilized will be gloves, yellow impervious gowns and/or goggles or eye protection. All eye protection will have side-shields.

Responsibilities:
- PACU Medical Director
  - Review all policies and procedures;
  - Arbitrate questions of patient admission;
  - Supervise medical care of all PACU patients;
- PACU Department Director:
  - Review all PACU personnel practices;
  - Verifies the health and educational status of all PACU employees.
Responsibilities (cont’d):

- PACU Charge Nurse/Lead Nurse:
  - Assigns duties to PACU personnel;
  - Observes all personnel for adherence to infection prevention practices;
  - Assesses patient population for patient placement purposes and cohorts patients and personnel to minimize the risk of transmission of infection;
  - Works closely with the Infection Prevention Practitioner in identifying and managing infection prevention problems in the Recovery Room.

- Infection Prevention Practitioner:
  - Performs routine surveillance of surgical wound infections;
  - Assists in review and revision of guidelines for admission and care of infected patients;
  - Assists with review and revision of infection prevention guidelines in the PACU;
  - Provides in-service education to PACU personnel related to infection prevention and control as the need is identified.

- Infection Prevention Team:
  - Review and approve all infection prevention policies and procedures;
  - Review problems identified in the PACU related to infection prevention, surgical wound infections, etc. and make recommendations for change as indicated.

Infection Prevention Practices:

- Personnel:
  - Employee Health:
    ✴ Must adhere to established employee health guidelines, policies, and procedures;
    ✴ Personnel with potentially communicable infectious diseases should not give care to patients in the PACU; report to the Employee Health Nurse as indicated for follow-up.
  - Attire:
    ✴ Approved PACU attire must be worn;
    ✴ If the patient is to be recovered in the OR, hair covers, masks, and approved scrub attire must be worn;
  - Handwashing:
    ✴ Adhere to Hand Hygiene Guidelines. (See Hand Hygiene Guidelines)

Inservice Education:

- All new personnel must attend the Infection Prevention and Control orientation program.
- All employees must have documented attendance of the required Infection Control in-service. "Documented" attendance means that the employee MUST have signed his or her name to the attendance sheet provided at the in-service.
- Inservice education programs are provided on a frequent basis which includes information regarding updated and new infection prevention and control policies, procedures, new methods and techniques, new products, infectious disease updates, OSHA and CDC recommendations.
Infection Prevention Practices (cont’d):
- Employees are encouraged to attend unit level specialty in-services throughout the year.
  - All employees should update infection prevention and control education annually. Specialized inservices will be presented if requested or if a need is identified.
- Completion of a computerized Infection Prevention and Control inservice once yearly will meet the annual requirement.
- Attendance may be verified by individual department heads through the CHEX database.

Patients:
- Patients should be placed according to the cohort method: colonized/infected patients are separated by distance from non-colonized/non-infected patients.
- Sterile technique should be used in handling dressing changes:
  - Soiled dressings should be discarded in the appropriate receptacles.
- Endotracheal suctioning:
  - Must use strict aseptic technique.
  - For suctioning, gloves must be worn on BOTH hands.
  - See specific procedure for endotracheal suctioning and prevention of nosocomial pneumonia.
- Isolation:
  - Patients requiring isolation will be managed according to the isolation category indicated (see Isolation Guidelines).
  - Handling patient specimens:
    - Collection containers should be leak-proof to prevent spillage during transport. Enclose collection container in a “Biohazard container” (zip lock bag).
    - Care should be taken to prevent contamination of the external surface of the container.

Visitors:
- Visitation is limited in PACU and must be approved by the PACU Charge Nurse/Lead Nurse. No sibling visitation is permitted.

Equipment/Materials:
- Linen:
  - Clean linen should be stored in the clean linen area of the unit and should be kept covered to help prevent contamination.
  - Clean linen will be used for each patient; beds should be stripped and cleaned with a hospital-grade germicidal solution after each patient.
  - Soiled linen should be placed in appropriate hampers.
  - Linens should be handled carefully to prevent contamination of the air and the environment; care must also be taken to prevent contamination of personnel uniforms.
- Respiratory Equipment:
  - Masks, cannula, tubing for administration of oxygen or humidity are for single patient use and should be discarded after each patient.
  - Suction catheters are for single patient use; these are to be used ONLY ONCE and discarded.
  - Suction canisters are for single patient use and should be discarded between patients.
  - ANY EQUIPMENT SUSPECTED OF CONTAMINATION SHOULD BE DISCARDED.
Infection Prevention Practices (cont'd):
Equipment/Materials (cont’d):

**Needles and Syringes:**
- Needles and syringes should be discarded UNCAPPED in needle disposal containers immediately after use. Safety needles should have the safety device activated immediately after use and be placed in the needle disposal box as soon as possible.
- When needle/syringe container is filled to the full line, cap seal box for discarding in hazardous waste.
- If an accidental needlestick injury or blood exposure occurs, complete an Exposure Packet (Red Packet) and notify the Infection Prevention Practitioner for follow-up.

**Intravenous therapy:**
- See procedure for IV therapy.
- Inspect each bag for evidence of cracks, particulate matter, cloudiness; check for expiration date.
- Blood set-ups - discard blood bag and tubing in plastic bag.

**Medicines:**
- Multi-dose vials are discouraged. If a multi-dose vial is used, it should be dated and initialed when opened. Single-dose vials are for single use only.

**Other equipment:**
- Disposable equipment is for single patient use and should be discarded; disposables will not be reprocessed for reuse unless specific reuse guidelines are in place.
- Reusable equipment should be sent to Sterile Processing for decontamination and reprocessing.
- Clean equipment and supplies should be stored in an area separated from contaminated equipment and supplies.

**Specific PACU Personnel Responsibilities:**

**Daily:**
- Emergency Cart/Emergency Drug Bag:
  - Check medications for expiration dates.
  - Clean monitor and cables with approved germicidal agent.

**Specific PACU Personnel Responsibilities:**

**Monthly (and as necessary):**
- Refrigerator:
  - Defrost and clean the inside with a germicidal solution.
- Beds and stretchers (between patients):
  - Wipe rails on all beds and stretchers with hospital-grade germicidal.
  - Wipe shelves below mattresses with a hospital-grade germicidal solution.
  - Wipe mattresses with hospital-grade germicidal solution.
Infection Prevention Practices (cont’d):

Housekeeping Responsibilities:

Daily:

- Floors and all horizontal surfaces should be cleaned daily and as necessary using approved disinfectant solutions as specified in the Environmental Services Policy and Procedure Manual.
- Walls should be wiped with a disinfectant detergent if contaminated with blood, body fluids, or secretions immediately.
- Isolation rooms will be routinely and terminally cleaned according to guidelines for cleaning rooms.
- Trash cans:
  - Must be emptied at frequent intervals to prevent overflow.
- Hopper room:
  - Clean hopper, tile walls, walls above tiles and flooring with hospital-grade germicidal solution.
- Shelves:
  - Clean daily with disinfectant/detergent solution.
- Sinks:
  - Clean sink with germicidal solution.
  - Ensure that handwashing agent has adequate supply.

Weekly:

- IV poles, portable equipment, etc.
- Vents - vacuum
- Overhead shelves

Communication/Reporting/Outbreak Control:

- Septic cases:
  - PACU personnel are responsible for reporting any septic cases recovered to the charge nurse of the receiving unit.
  - Potential exposure episodes that occur in the PACU should be reported to the Infection Prevention Practitioner immediately for follow-up (See Isolation Guidelines and Exposure Control Plan)
- Definitions:
  - Major wound infection - when infected area is not covered with dressings or when dressing does not adequately contain purulent drainage or infective material or the patient is infected with highly virulent or epidemiologically significant organisms such as MRSA or penicillin resistant strep pneumococcus or VRE.
  - Minor or limited wound infections - the infected area is very small or when the dressing adequately contains the purulent drainage or infective material.
  - See Isolation Guideline Policy and Procedure chapter for category of isolation indicated for each type of infection.
  - An Isolation door sign must visible to alert personnel of precautions necessary.
  - The OR circulating nurse is responsible for notifying the PACU of any isolated patients to be recovered.
Infection Prevention Practices (cont’d):
Recovering Infected/Septic Cases by the PACU Personnel:

- **Specific Precautions for Recovering Patients:**
  - Have all supplies necessary for care of the patient and for providing protective barriers as needed (e.g. gowns, gloves, masks, and protective eye wear).
  - Handwashing is essential for preventing transmission of the infection, even when gloves are used. See Hand Hygiene Guidelines.
  - Reusable equipment should be bagged and sent to Central Distribution or Sterile Processing for decontamination and reprocessing.
  - Used linen and trash must be placed in the appropriate receptacles located in the Isolation Room.
  - Terminal cleaning by the Environmental Service Department will be done as soon as possible after each patient.
  - Consult with the Infection Prevention Practitioner for recommendations as necessary regarding management of isolated patients.

- **Recovering patients in the Operating Room:**
  - The OR circulating nurse will notify the PACU of the need for OR recovery of infected patients at the termination of the case.
  - PACU nurse dons appropriate surgical attire (See OR Dress Code Policy)
  - The PACU nurse then recovers the patient in the OR
  - A Patient Care Technician (PCT) will remain in the OR with the PACU RN during recovery of the patient and assist with transport
  - The PCT should be dressed in the appropriate protective clothing to assist with care and transport of the patient onto the stretcher or bed.
  - The PACU nurse must notify the receiving unit of Isolation precautions that are necessary for the care of the patient.

  - Whatever barriers were required to protect susceptible personnel, must be applied to the patient during transport (i.e. - VZV isolation - patient wears mask, plus gown if lesions present; Airborne Precautions - patient wears mask). See Isolation Guidelines
  - All excreta should be bagged and discarded or disposed in the hopper; care must be taken to prevent contamination of the dressings with excretions.
  - Linens contaminated with drainage, excretions, etc. must be changed immediately and clean linen replaced