

Office of Origin: Department of Hospital Epidemiology and Infection Prevention (HEIP)

## **I. PURPOSE**

To minimize the risk of infection for immunocompromised patients. Patients with impaired immune systems are at higher risk for infection. Reducing the risk for infection combines strict attention to patient care practices in the inpatient environment and patient and visitor education.

## **II. REFERENCES**

- A. [Infection Control Policy on Hand Hygiene](#)
- B. [Central Venous Catheter \(CVC\) Care and Maintenance \(Pediatric/Neonatal\)](#)
- C. [Infection Control Policy on Healthcare Workers with Infections](#)
- D. [Infection Control Construction Policy](#)
- E. [Facilities Management Building Services](#)

## **III. DEFINITIONS**

- A. Absolute Neutrophil Count (ANC):  
The measure of the number of neutrophil granulocytes (also known as polymorphonuclear cells, PMN's, polys, granulocytes, segmented neutrophils or segs) present in the blood. Neutrophils are a type of white blood cell that fights infection. The ANC is calculated from measurements of the total number of white blood cells (WBC), usually based on the combined percentage of mature neutrophils (sometimes called "segs," or segmented cells) and bands, which are immature neutrophils.  $ANC = (\% \text{ neutrophils} + \% \text{ bands}) \times WBC$ . The unit of ANC is cells per microliter (abbreviated  $\mu\text{L}$ ; a microliter is equal to one cubic millimeter) of blood. A normal ANC is 1,800 or more cells per microliter. An ANC less than 500 cells/ $\mu\text{L}$  is defined as significant neutropenia and increases the risk of infection.
- B. Immunocompromised Patients:  
See below for immunocompromised patient categories including Standard and Strict immunocompromised precautions.
- C. Neutropenic Precautions:  
Neutropenic Precautions only apply to adult patients with hematologic malignancies. These precautions are not used at BCH San Francisco.

## I. POLICY

### A. Bone Marrow Transplant (BMT) Precautions

1. BMT precautions are used in addition to Standard Precautions.
2. High Efficiency Particulate Air (HEPA) filtration is recommended.
3. Visitor screening for symptoms of communicable disease.
  - i. If a pediatric patient has ANC < 500, children < 10 years old are not allowed to visit.
4. See [Bone Marrow Transplant \(Pediatric\)](#) Nursing Procedure for details of isolation.

### B. Hand Hygiene

1. All healthcare workers are required to follow the [Hand Hygiene Policy](#).
2. All care providers and visitors must either wash hands with soap and water or use alcohol-based hand rub when entering and leaving the patient's room.
  - i. In caring for the pediatric BMT patient, all health care personnel and visitors are required to perform a two minute scrub from elbows to fingertips using antimicrobial soap every shift, and anytime they leave the hospital.

### C. Central Venous Catheter (CVC) Care and Maintenance

1. See [Central Venous Catheter \(CVC\) Care and Maintenance \(Pediatric/Neonatal\)](#) nursing procedure.

### D. Plants and Flowers:

1. Live plants and flowers are prohibited from immunocompromised patient rooms and units (C6 HO and C6 BMT), as well as intensive care unit patient rooms. Vase water and soil contain large concentrations of potential pathogens and decaying organic matter may contain fungus.
2. Imitation plants and flowers are discouraged due to dust collection.

### E. Environment of Care:

1. The use of fans is prohibited due to risk for dust and spore circulation and inhalation.
2. Caregivers should be educated to both limit and consolidate personal items in patient rooms to allow for adequate cleaning of surfaces by hospitality services.

### F. Immunocompromised Precautions and Signage:

1. Patients should be ordered for the following immunocompromised precautions, and the associated signage posted, for their respective indications:
  - a. [Standard Immunocompromised Precautions](#)
    - i. Neutropenic patients (ANC < 500 x 10<sup>6</sup>/L) on hematology/oncology service not meeting criteria for Strict Immunocompromised Precautions
    - ii. BMT patients who are readmitted and have achieved T-cell reconstitution and are on minimal immunosuppressive therapy
  - b. [Strict Immunocompromised Precautions](#)
    - i. All BMT patients from day of admission until discharge
    - ii. Patients with AML
    - iii. Patients with ALL, not in remission
    - i. Patients with a SCID diagnosis or other severe or combined immune defect (MHC-II, IPEX, ALPS, XLP, etc); until they have achieved T-cell reconstitution, if applicable
    - ii. Patients on significant immunosuppressive therapy (e.g., severe

GVHD)

2. All patients on the BMT service, until T-Cell reconstitution has been achieved, should have an additional sign posted outside their room to remind of the need for a [Two Minute Antimicrobial Hand Scrub](#) prior to caring for/visiting the patient.

G. Healthcare Workers:

1. Healthcare workers with acute infections are restricted from work to prevent transmission to patients: [Infection Control Policy 3.2](#).

H. Room Placement:

1. Single occupancy room with hand washing sink and private bathroom are required.
2. Pediatric patients on Strict Immunocompromised Precautions must recover post procedures in a HEPA-filtered, private room, and should be preferentially placed in room 1, 2 or 15 (HEPA-filtered rooms) in the PICU, if available, when critical care needed.

I. Patient Care Recommendations:

1. Minimize invasive procedures (e.g., bladder catheterization, IV catheter insertions, or IV line entries).
2. Patients should have axillary temperatures and should not have their temperature taken by either oral or rectal routes.

## II. PROCEDURES

A. Environmental Controls:

1. Facilities Management inspects and performs preventive maintenance of duct and filter systems routinely.
2. Facilities Management ensures dust mitigation measures are utilized during all construction activities at the Medical Center. Dust-generating construction activities that disturb existing dust or create new dust must be conducted in enclosures that prevent the flow of particles into patient areas. [Construction Policy 5.1](#)
3. Protected Environments have specific maintenance schedules. Refer to [Facilities Management Building Services](#)

B. Water Supply Systems (*Legionella* spp. prevention)

1. San Francisco supplied water contains chloramine to reduce bacterial contamination. In addition, the potable water in Medical Center buildings is heated to 140°F, and delivered 110°F and 120°F, depending on the distance of the tap from the heat source. Warning signs are posted at each sink to alert hot water users.
2. At the Mission Bay campus, the potable water supply receives additional disinfectant treatment as needed. In BMT and Hematology/Oncology units, point-of-use filters are installed on all taps.
3. In the event of waterborne illness, HEIC may institute interventions including but not limited to:
  - a. Restrict severely immunocompromised patients from showering.
  - b. Direct that sterile water be used for hematopoietic stem cell transplant patients' sponge baths.
  - c. Provide patients with sterile water for tooth brushing, drinking, and for flushing nasogastric tubing during a Legionellosis investigation.

**III. HISTORY OF POLICY**

Reviewed: 8/91, 4/01, 4/04, 11/04, 2/08, 4/12, 10/14, 5/19, 3/20

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**Appendix I**  
**Pediatric Immunocompromised Patient Policy Table**

<b>Immunocompromised Level</b>	<b>Patient Population</b>	<b>Room Type</b>	<b>Patient Movement/Child Life</b>	<b>Additional Comments</b>
<b>Standard</b>	<ul style="list-style-type: none"> <li>- Neutropenic patients (ANC &lt; 500 x 10<sup>6</sup> /L) on hematology/oncology service not meeting criteria for Strict Immunocompromised Precautions</li> <li>- BMT patients who are readmitted and have achieved T-cell reconstitution and are on minimal immunosuppressive therapy</li> </ul>	<p>Recovery after procedures can occur in general recovery area.</p>	<p><b>Patient Movement</b> Patient encouraged to stay in room, but permitted to leave with a mask.</p> <p><b>Child Life</b> Should generally go to private play/neutropenic time in all child life spaces.</p> <p>May be permitted to participate in select, small group activities that do not include patients with potential infectious process, but must wear a mask.</p>	
<b>Strict</b>	<ul style="list-style-type: none"> <li>- All BMT patients from day of admission until discharge</li> <li>- Patients with AML</li> <li>- Patients with ALL, not in remission</li> <li>- Patients with a SCID diagnosis or other severe or combined immune defect (MHC-II, IPEX, ALPS, XLP, etc.); until they have achieved T-cell reconstitution</li> <li>- Patients on significant immunosuppressive therapy (e.g., severe GVHD)</li> </ul>	<p>HEPA filtered, private room required.</p> <p>In PICU, this includes rooms 1, 2, 15, if available.</p> <p>Recovery after procedures must take place a HEPA filtered, private room.</p>	<p><b>Patient Movement</b> Must stay in their room.</p> <p>May ambulate on unit while wearing a mask once ANC &gt; 500 x 10<sup>6</sup> cells/L for three consecutive days.</p> <p>Permitted to exit HEPA filtered area only for diagnostics/procedures that cannot be done at bedside.</p> <p><b>Child Life</b> Not permitted to participate in group activities, but can in private play, e.g., BMT playroom as appropriate, with mask.</p>	<p>For patients on the BMT service and patients with a SCID diagnosis, perform a two minute antimicrobial scrub prior to caring for patient once a shift and upon re-entering hospital.</p>