

PATIENT ZONE PRIVACY CURTAINS – INFECTION PREVENTION AND CONTROL PROCEDURE

DOCUMENT SUMMARY/KEY POINTS

- This procedure outlines the safe use of patient zone privacy curtains that are in use within Sydney Children’s Hospitals Network (SCHN)
- The replacement of disposable and cloth privacy curtains must be in accordance with the written procedure. This procedure will be audited to measure compliance.
- Privacy curtains will be changed:
 - Routinely according to the recommended scheduled times for each ward/area outlined in [Table 1](#), or
 - When contaminated with blood or other body fluids, or
 - If torn or damaged in any way, or
 - Following discharge of a patient suspected or diagnosed with *Clostridium difficile* or *Norovirus* or SARS CoV2 (COVID-19) or outbreak as part of the ‘terminal/infectious clean’.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st April 2021	Review Period: 3 years
Team Leader:	Clinical Nurse Consultant	Area/Dept: Infection Prevention & Infection

CHANGE SUMMARY

- Review of previous document
- Addition of Cloth (Washable) Curtains
- Update to Table 1

READ ACKNOWLEDGEMENT

- All ward, unit or department clinical nurses and Domestic/Cleaning Services staff are to read and acknowledge this document.
- WHS requirements are to be followed when hanging privacy curtains.
- Training may be required when completing audits.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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1 Introduction

Information in this procedure is sourced from the [Clinical Excellence Commission's Infection Prevention and Control, Healthcare Associated Infections Handbook \(2020\)](#) and adapted for Sydney Children's Hospitals Network.

Patient privacy curtains may become a potential transmission source of pathogens as they are frequently touched and can become contaminated by body fluids, excrement or other microbiological contaminants. The curtains may be washable or disposable, but they should be easy to remove and hang. Managing curtains is an ongoing process that is monitored and audited. The frequency of changing curtains will be performed using a risk-assessment approach and must adhere to [Table 1](#) in this policy.

Note: Privacy Curtains (disposable or washable) are marked with an expiry date and **should be changed** according to the expiry date **OR** if it's been potentially exposed to an infectious agent **OR** when it has become visibly soiled or torn/damaged.

If curtains have minor stains they may be spot cleaned with a neutral detergent and may continue to be used.

Curtain types used at SCHN

- At SCH: disposable curtains only.
- At CHW: a combination of cloth and disposable curtains are in use

Refer to [Table 1](#) for recommendations on schedule of changing curtains.

Disposable Curtains

- Wards/Units/Departments may decide to use disposable curtains, but it should be noted:
 - The ward/unit/department bears the initial and ongoing cost of disposable curtains
 - Recommendations regarding the type and brand of disposable curtains for purchase is available from Infection Prevention and Control and the Clinical Products/procurement Coordinator Nurse Manager.
- An expiry date is recorded on the disposable curtain for identification and auditing purposes
- Disposal of curtain is in accordance with manufacturer's recommendations and NSW waste management guidelines. Contact the Domestic/Cleaning Services Manager for further advice.

Cloth (Washable) Privacy Curtains (only at CHW)

- CHW Linen Services manages cloth privacy curtains including maintaining stocks and laundry services.
- Cloth curtains are to be changed as part of terminal/Infectious discharge cleaning and an expiry date is recorded for identification and auditing purposes.

2 Responsibilities

2.1 Staff working in clinical areas

- Monitor recorded dates on privacy curtains and ensure that curtains are changed in accordance with procedures outlined below.
- Clinical staff should notify domestic/cleaning staff if a curtain is visibly soiled and requires changing.
- Domestic/Cleaning staff are responsible to undertake regular compliance audits as described in this procedure.

2.2 Line Managers

- Ensure adequate supply of disposable curtains is available in the ward/clinical areas and are stored appropriately (i.e. in a clean utility room, free from dust and moisture; and stored off the floor)
- Ensure there is access to stock for Domestic/Cleaning Services staff to change curtains in and out of normal working hours.
- Ensure that curtains are changed in accordance with this procedures.
- Ensure appropriate Work Health Safety equipment and safety requirements are available and adhered to when curtains are removed and hung.

2.3 Network Managers/ Service Managers

- Ensure that only those curtains approved for use within SCHN are purchased.
- Monitor compliance with this procedure via compliance audit reports.
- Provide a regular (quarterly) Audit report to the relevant Infection Prevention and Control Committee and include and issues identified and actions taken to comply with this procedure.

3 Procedure

Note: Domestic/Cleaning staff perform ongoing audits of privacy curtains and are responsible to remove and hang privacy curtains (cloth or disposable).

Ensure appropriate WHS equipment is available when hanging or removing disposable to cloth privacy curtains

3.1 Disposable Privacy Curtains

- Perform hand hygiene before hanging disposable curtain

- Record the date on the curtain on the label at the top of the curtain prior to hanging.
- Keep disposable privacy curtains in plastic sleeve during the hang and ensure the curtain does not touch the floor.

Removing and disposal of Disposable Curtains

- Don personal protective equipment PPE that is required for curtain removal dependant on the infectious risk.
- Holding curtains away from the body; unhook curtains, ensuring that they are NOT thrown onto the floor.
- Dispose of used curtains by carefully folding and placing into a large plastic bag.
 - Curtains **not contaminated** with blood or body fluids can be disposed as general waste or may be suitable for recycling. Contact the Domestic/Cleaning Services Manager for advice on recycling disposable curtains.
 - Curtains **contaminated** with blood or body fluids to be disposed as general waste .
- Perform hand hygiene using ABHR or soap and water after disposing the curtain/s.

3.2 Cloth Privacy Curtains

Hanging cloth curtains

- Perform hand hygiene before hanging cloth curtain
- Record the date on the curtain on the label at the top of the curtain prior to hanging.
- During the hang ensure the curtain does not touch the floor.

Removing Cloth Curtains and sending for laundering

- Cleaning Services Staff replacing curtains must practice Standard Infection Control precautions at all times and wear appropriate personal protective equipment (PPE) dependant on the infectious risk.
- Holding curtains away from the body; unhook curtain, place the used cloth curtain into the appropriate bag for laundering (CHW Blue laundry bag) Cleaning service staff to take the laundry bag to linen service for laundering
- Privacy screens contaminated by cytotoxic / hazardous medications must be placed in the purple triple lined linen bags, cleaning services to place the purple bag in the waste holding area on the ward to linen services to collect.
- Remove PPE and complete hand hygiene
- Cloth privacy curtains should be washed according to the [Linen Management Procedure](#).

4 Schedule for changing privacy curtains

Patient Privacy Curtain are replaced when:

- visibly soiled with blood or other body fluids (including suspected contamination from exposure to cytotoxic/hazardous medications) irrespective of the curtain expiry date, **or**
- torn or damaged in any way, **or**
- Exposed to an infectious agent. The schedule for changing privacy curtains is based on a risk assessment outlined in [Table 1](#) and the Criteria for changing Privacy Curtains when exposed to an Infectious Agent

Criteria for changing Privacy Curtains when exposed to an Infectious Agent

- When Infection Prevention and Control service (IPAC) has declared the end of an outbreak and prior to lifting the outbreak control measures and
 - Any additional precautions for patients on the ward/unit (i.e. reopening a room/ward/area), staff will be directed to change all the privacy curtains (disposable or cloth) affected in that ward or area.
- Curtains do not need to be changed after the discharge of a patient with a multi-resistant organism (MRO) or other infectious agent, unless in an outbreak situation or advised by IPAC. Contact IPAC for clarification.
- Privacy curtains are to be changed more frequently if required, based on the healthcare facilities' risk assessment. A risk assessment should be performed in consultation with nursing and Domestic/Cleaning Services and IPAC CNC.

Table 1: Schedule for changing patient privacy curtains

Table adapted from the IPC Practice Handbook, NSW CEC 2020

Level of risk	Infectious Agent	Area	Disposable Privacy Curtain	Washable Privacy Curtain
Extreme risk	<ul style="list-style-type: none"> Outbreak of unknown infectious disease or gastroenteritis (such as <i>Clostridium difficile</i>, norovirus, novel communicable disease (Influenza, SARS-CoV2 (COVID-19) or MRO such as CPE/CRE, <i>Candida auris</i> 	<ul style="list-style-type: none"> Wards managing patients with novel or highly transmissible communicable diseases 	<ul style="list-style-type: none"> Change when visibly soiled or torn Change immediately upon discharge of the pt. and dispose 	<ul style="list-style-type: none"> Change when visibly soiled or torn Change upon pt. discharge. Note: Increase frequency of changing when managing patients with new or emerging pathogens (<i>C. auris</i>)
High risk	VRE, MRSA, ESBL	<ul style="list-style-type: none"> CICU/PICU/GCNC High Dependency Unit Haematology/Oncology units Burns Unit Renal units Operating suites Emergency Departments Wards with patients requiring frequent additional contact precautions 	<ul style="list-style-type: none"> Change when visibly soiled or torn Six monthly or as directed by Infection Prevention and Control team 	<ul style="list-style-type: none"> Change when visibly soiled or torn Change monthly to three monthly based on risk assessment
Medium risk		<ul style="list-style-type: none"> General wards Outpatient Clinics Areas Medical Imaging Rehabilitation Sleep Unit Bear Cottage 	<ul style="list-style-type: none"> Change when visibly soiled or torn Change annually or if they are visibly soiled or torn 	<ul style="list-style-type: none"> Change when visibly soiled or torn Change three monthly to bi-annually based on risk assessment
Low risk		<ul style="list-style-type: none"> Office based practices 	<ul style="list-style-type: none"> Change when visibly soiled or torn Change annually 	<ul style="list-style-type: none"> Change when visibly soiled or torn Change three monthly to bi-annually based on risk assessment

5 Documentation and Auditing Curtain changing

- Record the date curtain was hung on the label at the top of the curtain
- Monthly compliance audits are undertaken by Domestic/Cleaning Services staff.
- Audit results reported to the Ward/Unit Managers and the Infection Prevention and Control Committee.

6 Related Documents

- [Infection Prevention Control Policy](#) – NSW Health (PD2017_013)
- NSW Health Policy Directive PD2020_22 - [Cleaning of the Healthcare Environment](#)

7 References

1. Infection Prevention and Control Healthcare Associated Infections Handbook, NSW Clinical Excellence Commission 2020. http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0010/383239/IPC-Practice-Handbook-2020.PDF (accessed 18/01/2021)

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