



BC.7.2 Care is coordinated with the different disciplines participating in the plan of care.

Standard Intent:

The services provided in the burn unit must be **coordinated with other services to meet the needs of patients** and are readily available and accessible including all elements in sub-standards BC.7.1.1- BC.7.1.5.

BC.8 Policies, procedures, guidelines, and protocols guide the care in the burn unit.

BC.8.1 There are policies, procedures, protocols and guidelines covering, but are not limited to:

- BC.8.1.1 Inhalation injury.
 - BC.8.1.2 Varying degrees/types of burns.
 - BC.8.1.3 Infections.
 - BC.8.1.4 Use of skin or synthetic grafts.
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Standard Intent:

The burn unit must have policies, procedures, protocols and guidelines covering that include inhalation injury, varying degrees/types of burns, infections and the use of skin or synthetic grafts.?

BC.9 Policies and procedures guide all practices relating to infection control in the burn unit.

BC.9.1 There are policies and procedures to guide all practices relating to infection control and this includes, but is not limited to:

- BC.9.1.1 Separation of cases.
- BC.9.1.2 Use of masks, gowns and gloves.
- BC.9.1.3 Cleaning and disinfecting all equipment and tools.
- BC.9.1.4 Visitor restrictions.
- BC.9.1.5 Aseptic dressing change.
- BC.9.1.6 Care of skin graft.
- BC.9.1.7 Transport of patients into and out of the unit.
- BC.9.1.8 Burn bath management.

BC.9.2 The burn care unit is under positive pressure with High Efficiency Particulate Air (HEPA) filters.

BC.9.3 Policies and procedures relating to infection control are implemented as evidenced in the daily practice and the patient's medical record.

Standard Intent:

Infection is a major complication of burn injury. Infection is linked to impaired resistance from disruption of the skin's mechanical integrity and generalized immune suppression. The burn unit must have effective means of isolation that are consistent with principles



of standard precautions and barrier techniques to decrease the risk of cross-infection and cross-contamination. Positive pressure room with HEPA filter should be available because of low immunity patient. Policies and procedures related to infection control should be established and implemented within the Burn Care Service. Policies mentioned in substandard BC.9.1.1 through BC.9.1.8 are the minimum required. There should be evidence of policies' implementation through monitoring of the daily practices and medical records documentation.

BC.10 The burn care unit has all necessary equipment and supplies for the provision of safe care.

BC.10.1 The burn care unit has the necessary equipment, supplies, and medications including, but are not limited to:

- BC.10.1.1 Crash Cart.
 - BC.10.1.2 Automated blood pressure monitoring machines.
 - BC.10.1.3 Cardiac monitors.
 - BC.10.1.4 Suction machines.
 - BC.10.1.5 Pulse oximeters.
 - BC.10.1.6 Intravenous infusion pumps and syringes.
 - BC.10.1.7 Ventilators.
 - BC.10.1.8 Blood warmers.
 - BC.10.1.9 Glucometers.
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Standard Intent:

Burn unit should have adequate equipment, supplies and medications to safely provide care to patients. Equipment and supplies mentioned in substandard BC.10.1 through BC.10.1.9 are the minimum required.

BC.11 Nursing staff in the burn care unit receive continuous training with competency assessment.

BC.11.1 Nursing staff in the burn care unit receive training and education that include, but is not limited to the following:

- BC.11.1.1 Use of pulse oximetry.
- BC.11.1.2 Principles of infection control.
- BC.11.1.3 Use of the defibrillator.
- BC.11.1.4 Knowledge of the dosage, side effects, and complications of commonly used high alert medications.

BC.11.2 There is ongoing competency assessment for the nursing staff (e.g., written test, return demonstration).

BC.11.3 The competency assessment of the nursing staff is documented.

Standard Intent: