



Protective isolation for autologous stem cell transplantation or during start of AML treatment

information for patients

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Introduction

Because of your child's reduced immunity, it's important to apply a number of precautions to minimise the risk of infection.

For this reason, your child will stay and be cared for in protective isolation.

This information brochure explains the general arrangements involved.



THE ROOM

This is what the room looks like from the corridor:



Next to the [room](#) and the [bathroom](#), there's an [anteroom](#) and a [visitor's corner](#).

The room is equipped with a special [ventilation system](#) that blows extremely clean air in and contaminated air out. The positive pressure ventilation in the room relative to the bathroom and anteroom means that when the doors are opened, there's only an outward air movement and no contaminated air can enter the room. For the optimal operation of that system, it's very important that [all doors are shut](#) at all times. This is why the doors of the anteroom and the bathroom need to be shut as much as possible. If not, an alarm goes off.

If no isolation room is available, a standard room will be equipped with a mobile ventilation system. A standard room doesn't have a visitor's anteroom, which means siblings cannot visit (temporarily). For the remainder, all measures and guidelines in this brochure apply to both types of rooms.

GENERAL GUIDELINES

We want to keep your child's environment as clean or 'germ-free' as possible. This is only possible if everyone entering the room respects a number of rules.

- ❁ From 10 days before hospitalisation and during hospitalisation, the whole family should go into 'relative quarantine'. Specifically, this means that you should have no contact with sick people and that non-essential close contact with others is avoided as much as possible (e.g. avoid visits from or to relatives or friends, don't take part in group activities, etc.). Your child may no longer attend crèche or school either. For older children the doctor will decide whether they can go to school in this period. Siblings may still go to school and parents can continue working. This will be discussed with you during the preliminary talk with the doctor. Depending on your child's or family's specific situation, the doctor may decide to deviate from this.
- ❁ One person may stay overnight with the patient, preferably one of the parents. Exceptions due to personal situations can be discussed before the start of the hospitalisation. It is important to discuss this before admission in order to find the



best solution together with the head nurse and doctor. The rest of this information brochure discusses the parent who stays overnight and the visiting parent (who doesn't stay overnight).

It is best to alternate as little as possible between parents (or other people) staying overnight. This reduces the risk of infections.

The parent staying overnight may not have any symptoms of infections (e.g. respiratory infection, gastrointestinal infection, active herpes). At the start of the isolation and at each switch, the parent staying overnight will be asked about possible symptoms. Be sure to report to the nurse in good time if you have any complaints or symptoms that may indicate an infection.

- ❁ Pay sufficient attention to **general hygiene** and **hand hygiene**. For example, don't wear rings, bracelets or a watch and wash or disinfect your hands regularly.
- ❁ Are you experiencing certain **complaints or symptoms** that could point to an infection? If so, report this immediately to the nurse or doctor in charge of the treatment.
- ❁ Do you have **cold sores** (herpes labialis)?
If so, you may stay with your child during the day, but overnight you are not permitted to stay in the room. You'll need to wear the necessary protective clothing (face mask, apron and gloves) when you visit. In case of cold sores, you need to change the face mask every four hours in combination with strict hand hygiene.

- ✿ Specific guidelines also apply to the visiting parent. These are explained in more detail from page 18 of this brochure.

WHAT DO YOU BRING TO THE HOSPITAL?

For the patient

Necessary luggage

- ✿ Clean sets of clothes and nightwear for your child, washed at minimum 60°C and packed in separate bags for every day.
- ✿ New bottle of liquid soap (max. 250 ml)
- ✿ New tube of toothpaste
 - ✱ Toothbrushes are provided by the nursing unit, as toothbrushes must be changed daily.
- ✿ Towels and flannels are available in the hospital.
- ✿ Washable slippers
- ✿ Five new dummies (if necessary)
- ✿ For younger children, you may bring a washable bath and/or potty if you wish.



Extra luggage (limited)

- ★ Washed favourite cuddly toy(s) (not too many)
- ★ New books, magazines, etc., preferably still in the packaging
- ★ Copies of textbooks are provided by the hospital school teacher
- ★ Writing material in a washable box
- ★ Laminated, washable photographs and drawings are allowed in the room.
- ★ Washable toys
- ★ Multimedia:
 - ★ Preferably bring only touchscreen devices.
 - ★ Mobile phones or smartphones with keys should be put in a bag that can be wiped with disinfectant wipes.
 - ★ If you bring a laptop, the keyboard must be cleaned properly before and after every use. Only the patient may use this laptop and it mustn't leave the room.
 - ★ If you bring a game console, it must have a clean controller. Clean the controller with disinfectant wipes before and after every use.
 - ★ If, as a parent staying overnight, you bring a laptop for yourself, it's best to only use it in the visitor's corner. If you do take the laptop into the room, disinfect your hands and the laptop before and after every use. The patient may not touch this laptop.

- ❁ Everything should always be disinfected before it's brought into the patient's room.
- ❁ Clean your belongings and your child's belongings (e.g. toys, laptop, etc.) with the provided disinfectant wipes every day.
- ❁ Cuddly toys need to be washed weekly or sooner if they fall on the floor or are visibly dirty.

All the patient's belongings must be kept in the room. Please note that storage space is limited.

The storage space in the room is for your child's belongings. All linen (bed linen, towels and flannels) is kept in the anteroom.

Parents are given an extra storage locker with a lock in the nursing unit. You can leave your laptop, food, handbag in this locker. The clothes of the parent staying overnight are kept in the child's room but strictly separated from the child's clothes.



For the parent staying overnight

The belongings of the parent staying overnight are kept separate from the child's belongings as much as possible.

- ✿ Clean sets of clothes and sleepwear that you keep separate from your child's clothes.
- ✿ New bottle of liquid soap (max. 250 ml)
- ✿ New tube of toothpaste
- ✿ New toothbrush
- ✿ Towels and flannels are available at the hospital.
- ✿ Washable slippers
- ✿ New books, magazines, preferably still in the packaging

Don't put anything on the floor or in the anteroom. The anteroom is a work and storage space for the nursing team. You cannot store anything here, as the anteroom must always be kept clean and tidy for medical equipment.

EATING AND DRINKING

For the patient

- ★ The dietician discusses with you which food your child can and can't eat.
- ★ If your child needs specific food, always check with the dietician whether it can be ordered through the hospital or should be brought from home.

- ★ The meals provided at the hospital always follow the guidelines. The meals are kept in the fridge until the time your child wants to eat. This way, all products are stored correctly throughout the period.
- ★ Home-made meals are allowed if they meet the dietician's guidelines: bring the meal to the hospital on the day of preparation and reheat once to a high temperature (at the hospital).
- ★ A small fridge is available in the room for individually wrapped snacks and drinks for the patient. Always write down the date you opened the packaging.



For the parent staying overnight

- ★ Only breakfast is included, lunch and dinner are not.
The parent may bring food for himself/herself. The nursing unit has a microwave to heat up meals. During the period of source isolation due to fever or infection, you're not allowed to leave the room to heat up a meal or get a drink. Our logistics staff and nurses will help you.
- ★ A parent is allowed to eat and drink in the child's room. Make sure your food and drinks are kept separate from your child's.

START OF THE ADMISSION

- ✓ At the start of the protective isolation, the parent staying overnight takes a shower and washes his or her hair. The parent puts on clean clothes and then helps the child wash and put on clean clothes. This can be done at home if you come directly to the ward afterwards and immediately go into protective isolation.
- ✓ Examinations may still be necessary before the protective isolation. In that case, the child first stays in a regular room and moves to an isolation room afterwards. Just before moving to the isolation room, both the parent staying overnight and the child take a shower and put on clean clothes.
- ✓ Before entering the anteroom, any rings, bracelets and watches need to be removed. Both the parent staying overnight and the child thoroughly wash their hands in the corridor. Hands should be disinfected again with hand sanitiser (alcohol) in the anteroom before entering the room.
- ✓ As soon as protective isolation starts, both the child and the parent staying overnight leave the room as little as possible.



DURING THE STAY

- ✿ The parent staying overnight takes a shower every morning, washes his or her hair and puts on clean clothes every day. Always use a clean towel and a clean flannel. Use the sanitary facilities in the room.
- ✿ Keep your and your child's used clothing in a closed laundry bag outside the room. In the morning before showering, take the sheets off your sofa bed and put them in the laundry bag in the bathroom. You can also put used towels in there. The cleaning team will take out the laundry bag every day.
- ✿ Clean your bed with disinfectant wipes, fold it up and put it in the anteroom.
- ✿ Between the parent's shower and the child's shower, the cleaning staff clean the bathroom.
- ✿ Flush the toilet with the lid down and clean the toilet seat with disinfectant wipes after use.
- ✿ The parent staying overnight may **not** sit or lie in, or on, the child's bed.
- ✿ Keep your personal belongings separate from your child's belongings.

- ❁ Keep the room tidy and use the provided lockers to allow the cleaning team to thoroughly clean the room every day.
- ❁ Make sure the provided work surfaces for the nursing equipment in the room and in the anteroom are always kept free and clean.
- ❁ A parent staying overnight should limit the time spent outside the room. Respect hand hygiene rules before entering the room: wash your hands for 30 seconds and disinfect them with hand sanitiser for 15 seconds. If your child is in source isolation (e.g. due to fever, an infection, etc.), you may not leave the room.
- ❁ Clean your mobile or smartphone with disinfectant wipes before entering the room again.
- ❁ Avoid contact with other parents of hospitalised patients and don't spend time in the common areas.



Care by the parent staying overnight

The parent and the patient are asked to get ready every morning (together). This involves:

- ★ Washing the child completely and brushing teeth. Use a clean towel and a clean flannel every time. Brush teeth thoroughly twice a day and use a new toothbrush (available at the nursing unit) every day, which you keep dry and in a separate cup between brushing.
- ★ Put on clean clothes after washing and brushing teeth.
- ★ Make the child's bed. Put the dirty sheets in the white laundry bag and clean the bed and the mattress with disinfectant wipes before putting on clean sheets.
- ★ If your child uses dummies, sterilise them every day.
- ★ When helping your child to go to the toilet or changing its nappy, always wear gloves. Take off the gloves immediately afterwards and thoroughly wash your hands with water and soap.

Where necessary, you can ask for the nursing team's help.



The **floor** is considered a **dirty zone**.

- The child should never stand on the floor barefooted. Always put a towel under the child's feet. When walking around the room, your child must always wear footwear.
- Your child may only play on a mat with a clean sheet over it. This play mat is provided by the physiotherapists on the ward.
- If anything falls on the floor, it must be cleaned with disinfectant wipes before it is given to the child again.

Nursing care

During the period of transplantation, various nursing activities are performed to monitor your child's state of health. A number of guidelines have been established in our ward to group as much of the care as possible and thus keep it short.

Most nursing activities are performed in the morning (e.g. changing catheters, taking blood samples, wound care, etc.). This allows more time for relaxation the rest of the day. It also provides the necessary structure.

The multidisciplinary team (physiotherapists, play support, music therapy, hospital school, etc.) will draw up a weekly schedule to support this structure and daily routine.

A doctor visits every day to examine the patient.



Points of attention to support good medical care

- ✓ On Monday morning, there is an extensive blood test, including haemocultures of the different lumens of the catheter (e.g. Hickman catheter).
- ✓ The catheter's dressing is renewed at least every Monday unless multiple dressing changes are required.
- ✓ Correct use of the catheter is crucial to prevent infections. The catheter is used to draw blood and administer medication. The administration system must remain closed as much as possible to prevent infection of the catheter. That's why the catheter lines are only disconnected when they need to be replaced.
- ✓ Avoid pulling the catheter. Always secure the lines to the child's clothing with a plaster and safety pin.

VISIT

Visit of the parent who is not staying overnight

Only parents are allowed to be continuously present at the hospital. One parent can stay overnight, the other parent is the visiting parent or the parent who is not staying overnight. Exceptions due to personal situations can be discussed before the start of the hospitalisation.

It is important to discuss this before admission in order to find the best solution together with the head nurse and doctor.

The parent who is not staying overnight also applies the specific hygiene measures that are listed on the isolation card at the entrance of the room. More specifically, remove rings, bracelets and watches and wash your hands before entering the isolation room at all times. Disinfect your hands and put on the necessary protective clothing (face mask, apron and gloves) in the anteroom. Now you can enter the room. Change face mask at least twice a day or every time you leave the room.

Visiting parents may not bring any personal belongings, such as a coat, into the anteroom or room. You can leave them in the visitor's corner. You can only bring your mobile or smartphone into the room if you cleaned it with disinfectant wipes beforehand.

The visiting parent may not eat or drink in the room, only in the visitor's corner.

In case of doubt or the first time you enter the room, be sure to ask the nursing staff on the ward for help. They will explain the correct order to you and what you need to watch out for.



Other visitors

Visits of family and friends are not recommended and should be limited as much as possible.

If they do visit, they should not go into the room and must stay in the visitor's corner. Visits in the room itself are limited: one visitor at a time is allowed in the room for a maximum of one hour. Besides the patient, there should never be more than three people in the room at the same time.



Children under 12 are not allowed in the room. They are allowed in the visitor's corner and can communicate via the door phone.

Any visitor entering the room must respect the hygiene measures indicated on the isolation card on the entrance door and in the anteroom.

SOURCE ISOLATION

The purpose of protective isolation is to protect your child from germs. Despite all the precautions and measures described in this information brochure, there is still a risk that your child will contract an infection or develop a fever during the treatment. Sometimes, the child's own germs can cause illness during a period of reduced immunity, despite all the measures.

To prevent an infection from spreading to other patients, it is necessary to take additional precautions. This is referred to as source isolation. When source isolation is necessary in addition to protective isolation, the parent staying overnight is also considered to be infected and will not be allowed to leave the room. Our logistics staff and the nursing team are on hand for practical matters such as heating up meals.

If source isolation is necessary, the changes to certain guidelines and agreements will be discussed with you.



QUESTIONS

If you still have any questions about certain information in this brochure or practical applications, please don't hesitate to ask our team.





INFORMED CONSENT

The undersigned, parent(s)/guardian(s), declares/declare to have received sufficient information about the isolation procedure of doctor and/or the responsible care coordinator, and will respect the guidelines.

Date: ... / ... /

Name parent/guardian:
.....

Name parent/guardian:
.....

Signature:

Signature:

Name of the care coordinator:
.....

Signature:



NOTES



A series of horizontal blue lines providing space for writing notes.



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