PRIVACY CURTAIN CONTAMINATION IN ACUTE CARE SETTINGS:
WHAT NEEDS TO BE DONE?

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Background and Significance: Staff nurses from various inpatient care areas
expressed concerns that privacy curtains had the potential for contamination, especially
after a patient was in isolation. Additionally, there was concern and a lack of knowledge
about the frequency with which privacy curtains should be changed in acute care areas.

Purpose: Review evidence on privacy curtain contamination in the acute care setting
and compare to current facility policy/procedure.

Framework: Iowa Model of Evidence-Based Practice to Promote Quality Care.

Population/Setting: The literature search focused on privacy curtain contamination in
acute care settings.

Method/Procedure: A systematic review process was used. CINAHL, Medline, and
PubMed databases were searched, a medical librarian served as consultant. Key words
and subject headings included: MRSA, curtains, drapes, bedding, linens, cross
infection, bacterial contamination, equipment contamination, and textile contamination.
Search results were limited to English language, years 1990 to 2013, and all adults.
Only research papers, practice guidelines, and literature reviews were evaluated.
References of retrieved papers were reviewed for additional evidence. Pertinent papers
were abstracted onto an evidence table and reviewed by the team.

Outcomes: With duplicates, 17 citations were found, reviewed, and 2 studies were
retrieved and abstracted onto an evidence table. From two studies with a total of 93
curtains using different culture techniques, patients’ privacy curtains were contaminated
with MRSA/VRE 20-45% and 20-42% when tested, respectively. Because privacy
curtains in medical units were found to be contaminated frequently and rapidly in the
research, a workgroup of 9 interdisciplinary professionals was called together for a one-
time meeting. Literature findings were reviewed, as well as the current Environmental
Management Services procedure. The policy and procedure is in compliance with
national and Federal guidelines: change privacy curtains when visibly soiled, after each
discharge of a patient in isolation, quarterly, or when requested by staff because of
known contamination, such as dirty gloves.

Conclusions/Implications: The workgroup concluded there was no need to change the
current facility policy or procedure. It was identified to share this information to heighten
staff awareness and adherence to the policy and procedure. The workgroup also
supports a study at this facility to examine the possible contamination of privacy curtains
within this environment.