



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Infection Prevention and Control Department		
<b>Document:</b>	Multidisciplinary Policy and Procedure (MPP)		
<b>Title:</b>	Guidelines and Education for Management of Patient, Family, Care Partners and Visitors		
<b>Applies To:</b>	Patient, Family, Care Partners and Visitors		
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## 1. PURPOSE:

- 1.1 To provide guidelines on educating and empowering patient, family, care partners and visitor to actively participate in patients care to help reduce risk of hospital acquired infections.

## 2. DEFINITONS:

- 2.1 Patient/family/visitor education - is an individualized, systematic, structured process to assess and impart knowledge or develop a skill in order to effect a change in behavior. The goal is to increase comprehension and participation in the self-management of health care needs
- 2.2 Educational needs - determine by assessing what are the specific knowledge, skills and attitude which the patient, family and visitors requires to alter their health behavior's or improve their health status.
- 2.3 A care partner or support person is anyone who authorized by the patient to assist him in making decisions. Care partners must be age 18 or older unless they are parents of patients. The care allowed to accompanying, visit and stay with patients with disabilities during their visits with health care providers, including hospital admissions.

## 3. POLICY:

- 3.1 Patient/family education is an interdisciplinary and collaborative process designed to meet educational needs of the individual patient/family throughout the continuum of care.
- 3.2 All patients and their families are provided with appropriate education and training pertinent to their diagnosis, prevention, and health maintenance identified during initial and ongoing assessments
- 3.3 Educational materials are provided to patients as a reinforcement or resource for teaching in their primary language or with the assistance of a qualified interpreter.

## 4. PROCEDURE:

- 4.1 Every patients file should have Interdisciplinary Patient/Family Education Record Form and record the education rendered. See attachment form.
- 4.2 Attending healthcare workers (physicians, nurse, and other healthcare team members as appropriate) assess the patient/family/visitor learning needs during admission, hospital stay, upon discharge, and ambulatory care/follow up visits as needed.
- 4.3 The Infection Prevention and Control Department (IP&C) should be informed immediately as to the necessary educational needs identified during initial and ongoing assessment.
- 4.4 The IP&C nurse will identify who would be the required learner(s) and to determine the education needs and any barriers that may influence the patient's and family's ability to learn.
  - 4.4.1 In case a patient is unable or unsuitable to learn (e.g. comatose, or mentally disabled) education is provided to the family or caregiver.
- 4.5 Teaching will be given thru verbal instructions (using the primary language of patient/family when possible) or skills demonstration.

- 4.6 Providing educational materials as a reinforcement such as educational patient hand outs and or literature approved and or distributed by the Patient and Family Health Education Department. Visual alerts, such as signs and posters, should be placed at the healthcare facility entrances and other strategic areas by instructing visitors not to enter as a visitor if they have a fever or respiratory symptoms
- 4.7 The IP&C Nurse will evaluate the learners learning outcomes by determining the learner's ability to recall and imitate basic concepts without assistance
- 4.7.1 When the patient and or family are unable to recall the basic concepts re-education will be given.
- 4.7.2 The patient's and family's understanding of learning needs are continually evaluated and monitored. HCW should conduct active follow up screening for Care Partner with potential exposure to respiratory infectious diseases.
- 4.8 Management if allow visitors or Care Partners:
- 4.8.1 Visitors should be aware of symptoms of acute respiratory illness consistent with respiratory infectious diseases and not enter the healthcare facility if they have such symptoms.
- 4.8.1.1 A signed person to take responsibility to notify the visitors if they have symptoms
- 4.8.1.2 Signage should include signs and symptoms of respiratory infectious diseases.
- 4.8.2 Visitors are strongly discouraged from visiting patients who are at risk for severe illness from respiratory infectious diseases. If visitors are allowed to access in the healthcare facilities, they should follow MOH policies regarding the use of medical masks or face covers (e.g., universal mask) by healthy visitors.
- 4.8.3 Provide alternatives for indirect contact between visitors and patients, including setting up remote communications (e.g., telephone or internet connection) in the isolation area to allow the visitors and patient for using video or audio calls.
- 4.8.4 An internal arrangement between the infection prevention control department and other departments for who are able to provide training and education to visitors (patient education staff). All visitors allowed to visit patients should be educated on:
- 4.8.4.1 Signs and symptoms of respiratory infectious diseases including instructions on who they should notify if they develop symptoms.
- 4.8.4.2 Performing hand hygiene by washing hands with soap and water for at least 40 seconds or by using an alcohol-based hand rub with at least 70% isopropanol for at least 20 seconds.
- 4.8.5 Following respiratory hygiene and cough etiquette (e.g., covering mouth and nose with a disposable tissue when coughing or sneezing) in the case an individual develops respiratory symptoms while visiting the facility.
- 4.9 Considerations during community disease transmission (Pandemic Disease)
- 4.9.1 Visual triage (Screening Entrance) should be established to determine when active screening of all visitors would be initiated.
- 4.9.2 During the active screening, all visitors should be assessed before entering the healthcare facility for symptoms of acute respiratory illness consistent with respiratory infectious diseases. If a visitor has symptoms, they should not be allowed to enter the facility.
- 4.9.3 The medical mask must be worn at all times while Visitor inside the healthcare facilities.
- 4.9.4 Entrance screening staff should ask all visitors to sanitize their hands by using the hand sanitizer that is provided. Moreover, if they arrive wearing gloves, they MUST request to take them off and perform hands hygiene. Also, not allow them to put the gloves back.
- 4.9.5 During widespread community transmission of respiratory infectious diseases, only Essential visitors for helping and providing patient care and/or caring for pediatric patients should be allowed only to them.

- 4.9.6 Visitor access to healthcare facilities should be restricted. Requiring all essential visitors to wear a medical mask according to national policies, to prevent respiratory infectious diseases transmission in the facility from pre-symptomatic or asymptomatic individuals.
- 4.10 Guidelines of essential Care Partner for specific care areas
  - 4.10.1 Visiting an inpatient unit or other long-stay area (Rehab or Long-term care): Care Partner must stay beside the patient's bed and do not visit other areas of the hospital.
  - 4.10.2 Going to an outpatient clinic, test or treatment area: Entrance screening staff may ask the visitors to wait in another area or outside the hospital if the waiting room is too full or if the patient will be in a test or treatment on their own for a long time.
  - 4.10.3 Assist patient in the Emergency Department:
    - 4.10.3.1 Care Partner must wait for the patient in the Emergency Department at the waiting room or outside the hospital. A member of the health care team will update them when there is new information.
    - 4.10.3.2 Care Partner may be allowed to stay with the patient if the patient cannot be alone in the Emergency Department, such as if they have an intellectual or developmental disability or are unable to communicate. The nursing team will determine this.
    - 4.10.3.3 Care Partner will not be allowed in the Rapid Assessment Area because there is not enough space for them.
    - 4.10.3.4 For more details about the case, Care Partner should discuss the situation with the staff at the entrance to the Emergency Department. In addition, it may speak with a Charge Nurse, Manager or Administrator-On-Call.
  - 4.10.4 Supporting a patient having day surgery or being admitted to the same day as their surgery:
    - 4.10.4.1 Care Partners not able to stay with the patient in the Pre-Operative Care Unit (POCU), or the Post-Anesthetic Care Unit (PACU) after surgery.
    - 4.10.4.2 In specific situation such as (pediatric and neonatal patient) Care Partner may stay with the patient in the Pre-Operative Care Unit.
    - 4.10.4.3 Care Partners may wait in the surgical waiting room while the patient in surgery. The health care team will contact the family when the patient is ready to leave the hospital. Care Partner can visit the patient in their room when they moved from the Post-Anesthetic Care Unit.
  - 4.10.5 Care Partner for pediatric patients and/or for basic patient care and feeding.
    - 4.10.5.1 Care Partner can enter to areas where patients with respiratory infectious diseases are isolated with limit to one visitor/caregiver per patient with respiratory infectious diseases at a time.
    - 4.10.5.2 Care Partner must be limited to essentially such as those helping to provide patient care and/or caring for pediatric patients.
    - 4.10.5.3 Care Partner should be scheduled to allow enough time for screening, education, and training of visitors.
    - 4.10.5.4 Care Partner should be assessed to determine risks to their health.
    - 4.10.5.5 Care Partner who are at high risk for severe illness from respiratory infectious disease, such as older adults and those with underlying medical conditions, should be strongly discouraged and sent them back.
    - 4.10.5.6 The movement of Care Partner in the healthcare facility should be restricted.
    - 4.10.5.7 Care Partner should only visit the patient who are caring for and should not go to other locations in the healthcare facility
    - 4.10.5.8 The health care worker should provide education on appropriate personal protective equipment (PPE) use, hand hygiene, limiting surfaces touched, social distancing, and movement within the facility.
    - 4.10.5.9 HCW should make sure that caregiver understands the potential risks associated with providing care to patients with respiratory infectious

diseases, especially for visitors at high risk for serious illness from respiratory infectious diseases, those who are primary caregivers, and having extended contact with patients (e.g., parents or guardians of children).

- 4.10.5.10 Care Partner should not be present during aerosol-generating procedures or during the collection of respiratory specimens.

## **5. MATERIALS AND EQUIPMENT:**

### **5.1 Forms and Records:**

5.1.1 N/A

### **5.2 Materials and Equipment**

5.2.1 Educational materials: patient's educational hand outs, brochures, and or literature.

## **6. RESPONSIBILITIES:**

- 6.1 It is the responsibility of the IP&C nurse to monitor the learning needs and compliance of the patient and family.
- 6.2 Coordination of patient and family educational support and resources in the hospital is the responsibility of the Patient/Family Health Education Department (PFHE Dept.).




## **7. APPENDICES:**

- 7.1 Interdisciplinary Patient/Family Education Record Form (English and Arabic).

## **8. REFERENCES:**

- 8.1 General Directorate of Infection Prevention and Control in Healthcare Facilities (GDIPC) Infection Control Guideline for Management Visitors and Care Partners in Healthcare Setting. 1st Edition 2021 V.1.0

9. APPROVALS:

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Reviewed by:	Mr. Abdullellah Ayed Al Mutairi	Quality & Patient Safety Director		November 14, 2024
Reviewed by:	Dr. Thamer Naguib	Medical Director		November 17, 2024
Approved by:	Mr. Fahad Hazam Al Shammari	Hospital Director & IPC Committee Chairman		November 24, 2024

7.1 Interdisciplinary Patient/Family Education Record Form (English and Arabic).

KINGDOM OF SAUDI ARABIA  
 وزارة الصحة  
 MINISTRY OF HEALTH

MRN: \_\_\_\_\_ رقم الملف الطبي:  
 Name: \_\_\_\_\_ الاسم:  
 Nationality: \_\_\_\_\_ الجنسية:  
 Age: \_\_\_\_\_ سنة \_\_\_\_\_ شهر \_\_\_\_\_ يوم \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / 14\_\_\_\_\_ H \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_ تاريخ الميلاد:  
 Gender:  Male  Female الجنس:

Hospital: \_\_\_\_\_ مستشفى:  
 Region: \_\_\_\_\_ المنطقة/المحافظة:  
 Dept./Unit: \_\_\_\_\_ القسم/الوحدة:

**INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD FORM**

Part 1: Education Needs Assessment: (Write Number codes as applicable)  Out Patient  In-Patient

1- Personal Hygiene 6- Diagnostic Test / Procedure 11- Nutrition  
 2- Pain Management 7- Health Maintenance 12- Risk  
 3- Activity / Exercise 8- Social Services 13- Safety  
 4- Disease Process 9- Safe & Effective Use of Medication 14- Consent  
 5- Safe & Effective Use of Medical Equipment 10- Discharge Instruction 15- Others(Specify) \_\_\_\_\_

Part 2: CODES:

Learning Barriers:  
 1- No Learning Barriers 5- Language Barrier 9- Responsibilities at Home 13- Financial Difficulties  
 2- Impaired Hearing 6- Educational Level 10- Cultural differences 14- Others: (Specify) \_\_\_\_\_  
 3- Speech Barriers 7- Desire/Motivation to Learn 11- Religious Practice  
 4- Emotional Barriers 8- Impaired Thought Process 12- Impaired Vision

Response to Teaching:  
 0. Not Receptive to teaching  
 1. Verbalizes Understanding  
 2. Demonstrated Ability / Understanding  
 3. Needs Follow-up

Person Taught:  
 PT: Patient  
 Sn: Son  
 SO: Significant Others (Specify)  
 S: Spouse  
 F: Father  
 M: Mother  
 D: Daughter

Teaching Tools:  
 A: Audio  
 O: Oral  
 V: Video  
 W: Written instructions  
 P: Printed Materials Provided  
 D: Demonstration

Part 3: Education Process

Date	Time	Education Needs	Information Taught	Learning Barriers	Person Taught	Teaching Tools	Response to Teaching	Evaluation /Comments	Informant			
									Name	Dep.	Signature/ ID number	

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Name: \_\_\_\_\_ الاسم: MRN: \_\_\_\_\_ رقم الملف الطبي:

**نموذج تثقيف المريض/العائلة**

الجزء الأول: تقييم احتياجات التثقيف (يرجى كتابة الرموز كما هو مطبق)  التثقيف  العيادات الخارجية

1- العناية الشخصية 2- التعامل مع الألم 3- النشاط/ التمارين الرياضية  
 4- المرض 5- الاستخدام الآمن والفعال للأجهزة الطبية 6- التحاليل / الفحوصات  
 7- المحافظة على الصحة 8- الخدمات الاجتماعية 9- الاستخدام الآمن والفعال للدواء  
 10- تعليمات الخروج 11- التغذية 12- المخاطر  
 13- الامان 14- إقرار الموافقة 15- أخرى (حدد)

الجزء الثاني: (الرموز) عوامل التثقيف

1- لا توجد عوامل 2- ضعف سمعي 3- صعوبات نطق 4- صعوبات نفسية  
 5- صعوبات لغة 6- المستوى التعليمي 7- الرغبة / الحافز للتعلم 8- عملية تعلم حسنة  
 9- مسؤوليات منزلية 10- الاختلافات الثقافية 11- الصعوبات المالية 12- الممارسات الدينية  
 13- ضعف بصري 14- أخرى (حدد)

الاستجابة للتثقيف

0- لا يستجيب للتثقيف 1- الفهم الشفهي 2- القدرة على التطبيق 3- يحتاج للمتابعة  
 PT- المريض D- الابنة SN- الابن F- الوالد M- الوالدة  
 A- مسموع V- مرئي P- مواد مطبوعة  
 O- شفهي W- تعليمات خطية  
 D- التوضيح العملي

الجزء الثالث: آلية التثقيف

التاريخ	التوقيت	احتياجات التثقيف	المعلومات المعطاة	عوامل التثقيف	الشخص المثقف	أدوات التثقيف	الاستجابة للتثقيف	الملاحظات/ التقييم	الاسم	القسم	التوقيع

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