



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Infection Prevention and Control Department		
Document:	Multidisciplinary Policy and Procedure (MPP)		
Title:	Long Term Care IPC Guidelines		
Applies To:	Nurses and Technician		
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1. PURPOSE:

- 1.1 To provide clear guidelines on infection control issues for patients, healthcare workers, and equipment to prevent the transmission of infections during the delivery of service.

2. DEFINITONS:

- 2.1 Long Term Care patient may have one or more impairments or disabilities at the time of admission that increase the risk of infection. Factors such as incontinence, skin breakdown, co-morbidity, immobility, and age are all associated with increased risks of infection in the rehabilitation population.

3. POLICY:

- 3.1 Use Standard Precautions for all patient care.
- 3.2 Use personal protective equipment (PPE) individually or in combination for any/all procedures that require close contact with the patient and the patient's environment regardless of whether the patient is in isolation.

4. PROCEDURE:

- 4.1 Prevention begins before admission. The infection control needs of the patient must be known (whether for in-patient or out-patient procedures) before he/she is treated. Questions should include the following:
- 4.1.1 Does the patient have non-intact skin, open wounds, stasis ulcers, open burn wounds, or indwelling devices?
 - 4.1.2 Does the patient have loose stools/diarrhea?
 - 4.1.3 Does the patient have fecal or bladder incontinence?
 - 4.1.4 Does the patient have any excretions or secretions that cannot be contained?
 - 4.1.5 Did the patient have an extended ICU stay or surgery?
 - 4.1.6 Is the patient willing or cognitively able to cooperate in strategies to contain his or her own body secretions?
 - 4.1.7 Does the patient have an active or colonized infection of multidrug-resistant organisms?
 - 4.1.8 Has the patient been intubated? Do they have swallowing strategies or aspiration risks?
- 4.2 Evaluate the numerous factors that influence transmission risks and their unique settings to develop and implement policies and procedures that apply to the type of patients they treat and the services they provide, thereby, managing and minimizing the risk of infection transmission.
- 4.3 Rehabilitation Personnel Staff should be able to apply the infection control principles and practices described in the Infection Control Manual during patient care activities. Basic infection control practices include the use of Standard Precautions with all patients receiving care regardless of their diagnosis or presumed infectious status. These practices are important for reducing the risk of disease transmission among patients and HCWs.
- 4.3.1 Use Standard Precautions for all patient care.

- 4.3.2 Use personal protective equipment (PPE) individually or in combination for any/all procedures that require close contact with the patient and the patient's environment regardless of whether the patient is in isolation.
- 4.3.3 Change PPE before providing care to another patient
- 4.3.4 Wash or cleanse hands before and after all contact with the patient and the patient's environment.
- 4.3.5 Follow required isolation precautions when entering the rooms of patients in isolation.
- 4.4 Disinfection and sterilization protocols for therapy and patient care. Equipment used to provide rehabilitative services to patients may present an increased risk of infection to the patient, other patients, and HCWs. Ensure that equipment is cleaned and disinfected between patients.
 - 4.4.1 Routine cleaning and disinfection of equipment (canes, walkers, wheelchairs, weights, lifts, etc.) and toys following each patient use. Use only hospital-approved disinfectants to wipe down equipment.
 - 4.4.2 Cleaning and disinfecting equipment after body fluid contamination (including whirlpools and hydrotherapy baths).
 - 4.4.3 Documenting and validating that equipment has been cleaned and disinfected.
 - 4.4.4 Some examples of cleaning in the therapy area are:
 - 4.4.4.1 Disinfect treatment mats between uses and inspected for any cracks and tears that compromise the integrity of their covers.
 - 4.4.4.2 Change paper pillow covers between patients
 - 4.4.4.3 Change daily pillow cases or as needed when body fluids are present (i.e., they are visibly soiled).
 - 4.4.4.4 For types of equipment that cannot be cleaned, such as paraffin or therapy putty, instruct patients to wash their hands or feet before use. Cover patients wounds with occlusive dressing or therapy must be delayed until the wounds are healed.
- 4.5 Infection Control Issues for the Patient
 - 4.5.1 For all patients:
 - 4.5.1.1 Standard precautions must be used when providing care.
 - 4.5.1.2 All drainages, wounds, and excretions must be contained before a patient can schedule therapies and activities.
 - 4.5.1.3 The patient must be able to control secretions or excretions.
 - 4.5.1.4 Equipment (rehab or physiotherapy equipment, stretchers, wheelchairs, etc.) must be cleaned and disinfected after each patient use. Only use hospital-approved disinfectants.
 - 4.5.2 For a patient known to be infected or colonized with a multidrug-resistant organism (MDRO) (e.g., MRSA, VRE, or multidrug-resistant gram-negative organisms such as Acinetobacter) in the outpatient setting:
 - 4.5.2.1 Use PPE individually or in combination for any/all procedures that require close contact with the patient.
 - 4.5.2.2 Change PPE before providing care to another patient.
 - 4.5.2.3 Designate equipment if available and possible.
 - 4.5.2.4 Schedule patient at the end of the day if therapy equipment cannot be designated.
 - 4.5.2.5 Clean and disinfect equipment (rehab or physiotherapy equipment, stretchers, wheelchairs, etc.) after each patient use. Only use hospital-approved disinfectants
 - 4.5.2.6 The patient can participate in group activities only if he/she can:
 - 4.5.2.6.1 Understand and follow basic hand hygiene practices.
 - 4.5.2.6.2 Assist HCWs in containing his/her secretions and excretions
 - 4.5.2.6.3 Remain fully dressed.

- 4.6 Inpatients on contact isolation precautions: A patient known to be infected or colonized with a MDRO (e.g., MRSA, VRE, or multidrug resistant gram-negative organisms such as Acinetobacter) will be placed in contact isolation.
 - 4.6.1 Follow the procedure for Contact Isolation Precautions
 - 4.6.2 Observe Standard Precautions when providing care to all patients.
 - 4.6.3 Consider the following factors when preparing care plans for patients with multidrug-resistant organisms are:
 - 4.6.3.1 How much care the patient needs.
 - 4.6.3.2 Anticipation of the amount of contact with body fluids.
 - 4.6.3.3 The patient's ability to control secretions or excretions.
 - 4.6.3.4 The level of activity and mobility.
 - 4.6.3.5 Skin integrity and wounds.
- 4.7 Use barrier protection to contain wounds, drainage, urine, feces, and other excretions or secretions whenever possible to allow for patient independence and participation in therapeutic sessions or if patient has to leave his/her room. For example:
 - 4.7.1 The patient must have occlusive wound dressings, anchored urine bags, etc
 - 4.7.2 The patient must be able to comply with hand hygiene protocols and stay fully dressed.
- 4.8 Use PPE individually or in combination for any/all procedures that require close contact with the patient and the patient's environment. Change PPE before providing care to another patient.
- 4.9 Recommend dedicated equipment. Equipment (rehab or physiotherapy equipment, stretchers, wheelchairs, etc.) taken into the room and used with a patient must be cleaned and disinfected after use. Use only hospital-approved disinfectants to wipe down equipment.
- 4.10 Inpatient on airborne isolation precautions:
 - 4.10.1 A patient suspected or confirmed to be infected with an airborne transmissible disease such as pulmonary TB, chickenpox, measles, or viral hemorrhagic fever will be placed in airborn isolation.
 - 4.10.1.1 Follow Airborne Isolation Precautions.
 - 4.10.1.2 Observe Standard Precautions when providing care to all patients.
 - 4.10.1.3 Consider the following factors to consider when preparing care plans for patients with airborne transmissible diseases are:
 - 4.10.1.3.1 How much care the patient needs
 - 4.10.1.3.2 The amount of contact with body fluids (respiratory).
 - 4.10.1.3.3 The patient's ability to control secretions or excretions.
 - 4.10.1.3.4 The level of activity and mobility.
 - 4.10.1.4 Use barrier protections to contain wounds, drainage, urine, feces, and other excretions or secretions whenever possible to allow for patient independence and participation in therapeutic sessions or if patient has to leave his/her room. For example:
 - 4.10.1.4.1 The patient must have occlusive wound dressings, anchored urine bags, etc.
 - 4.10.1.4.2 The patient must be able to comply with wearing a surgical mask, practice proper hand hygiene and stay fully dressed.
 - 4.10.1.5 Use PPE individually or in combination for any/all procedures that require close contact with the patient and the patient's environment. Wear an N95 mask for patients in airborne isolation. Immunity is the best protection for prevention of chickenpox transmission.
 - 4.10.1.6 Change PPE before providing care to another patient.
 - 4.10.1.7 Recommend dedicated equipment. Equipment (rehab or physiotherapy equipment, stretchers, wheelchairs, etc.) taken into the room and used with the patient must be cleaned and disinfected after each use. Only use hospital-approved disinfectants.

- 4.10.1.4.8 Consider rescheduling therapy sessions at the end of the day or until patient is non-infectious and acceptable. Consult the Infection Preventionist (IP) if needed.
- 4.11 Prevention of Infections
 - 4.11.1 Treating burn patients
 - 4.11.1.1 Treatment of the wound consists of meticulous cleansing and debridement of dead tissue.
 - 4.11.1.2 Apply topical ointments.
 - 4.11.1.3 Use sterile technique and sterile dressings to control wound sepsis.
 - 4.11.1.4 Use showers with hand-held spray for hydrotherapy. Use of a hydrotherapy tub or bath is discouraged due to the potential for contamination of the equipment and water.
 - 4.11.2 Bladder and bowel issues
 - 4.11.2.1 Care of patients who are unable to control their bladder or bowel has to be a priority.
 - 4.11.2.2 Keeping the patient's skin clean and dry is essential for good skin care.
 - 4.11.2.2.1 Good perineal care.
 - 4.11.2.2.2 Intermittent catheterization may be used (example for neurogenic bladder).
 - 4.11.2.3 Recommendation for urinary tract infection prevention:
 - 4.11.2.3.1 Follow the established guidelines for catheter use, insertion, and maintenance.
 - 4.11.2.3.2 Maintain asepsis for urinary catheter insertion.
 - 4.11.2.3.3 Maintain a sterile, closed drainage system and do not disconnect the catheter and drainage tube unless necessary.
 - 4.11.2.3.4 Utilize a condom catheter or in-and-out catheters when appropriate.
 - 4.11.2.3.5 Keep the collection bag below the level of the bladder
 - 4.11.2.3.6 Provide good catheter care on a regular basis.
- 4.12 Spill Management
 - 4.12.1 Control access to the area.
 - 4.12.2 Contain the spill with paper towels or other absorbent materials.
 - 4.12.3 Contact housekeeping to disinfect the area.

5. MATERIALS AND EQUIPMENT:

- 5.1 **Forms and Records:**
 - 5.1.1 N/A
- 5.2 **Materials and Equipment**
 - 5.2.1 N/A

6. RESPONSIBILITIES:

- 6.1 Health Care Workers


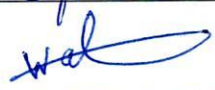

7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 GCC Infection Prevention and Control Manual. 3rd Edition 2018.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Marilou C. Magallano	IPC Practitioner		December 08, 2024
Prepared by:	Ms. Wadha Mohd Al Shammari	IPC Coordinator		December 08, 2024
Reviewed by:	Ms. Awatif Hamoud Al Harbi	IPC Director		December 10, 2024
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Nursing Director		December 15, 2024
Reviewed by:	Mr. Abdullellah Ayed Al Mutairi	QM & PS Director		December 18, 2024
Reviewed by:	Dr. Thamer Naguib	Medical Director		December 25, 2024
Approved by:	Mr. Fahad Hazam Al Shammari	Hospital Director & IPC Committee Chairman		December 26, 2024