I. Description

Describes the infection control policies and practices followed for patients receiving care in the Rehabilitation Center.

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II. Rationale

The Rehabilitation Center is a special purpose unit designed for the rehabilitation of patients by a multidisciplinary team including: Nursing, Occupational Therapy, Physical Therapy, Advanced Practice Providers (APPs), Recreation Therapy, Social Work, dietitians, Speech Pathology, and other services as needed. Progress toward rehabilitation can be greatly delayed by infections. The following guidelines are provided in order to preclude infections for patients, as well as rehabilitation personnel.

III. Policy

A. Personnel

1. Hand Hygiene
   a. Hand hygiene must be performed in accordance with the Infection Control policy: “Hand Hygiene and Use of Antiseptics for Hand Preparation.”

2. Dress Code
   a. Healthcare personnel should adhere to all personnel guidelines in the Infection Control policy: “Infection Control Guidelines for Adult and Pediatric Inpatient Care.”
   b. A clean Rehab uniform must be worn daily and will be changed when visibly contaminated. Rehab uniforms not contaminated with blood or other potentially infectious materials may be laundered at home.
   c. Employee-owned clothing (e.g., Rehab uniform, scrubs) contaminated with blood or other potentially infectious materials will be processed by the employer in accordance with the Exposure Control Plan forBloodborne Pathogens.
3. Occupational Health
   a. UNC Health Care personnel should adhere to guidelines established by the Occupational Health Service (OHS). See the policy: "Infection Control and Screening Program – OHS."
   b. Personnel should be familiar with and follow policies outlined in the Exposure Control Plan for Bloodborne Pathogens, the Tuberculosis Control Plan, and Isolation Precautions.

B. Patients
   1. Patients with healing or manageable wounds may be admitted to the Rehabilitation Center. Patients able to manage their wounds themselves should be instructed in the proper sterile or clean technique for wound management by the nursing staff.
   2. Patients with an indwelling urinary catheter are at risk for urinary tract infections. These patients should be managed following guidelines provided in the Infection Control Guidelines for Adult and Pediatric Inpatient Care and Nursing Policy: Urinary Drainage Devices: Percutaneous Nephrostomy Tube, Urinary Bladder and Suprapubic Catheters.
   3. Rehabilitation Center patients are educated on both Clean and Aseptic Technique for self-catheterization. Clean technique is used for patient home self-catheterization but aseptic technique is encouraged while patients are in the hospital to minimize the risk of infection.
   4. While the Rehabilitation Center is not designed to accommodate patients who require Airborne Precautions, if the need arises, the guidelines provided in the Infection Control Policy: Isolation Precautions must be followed until the patient can be transferred to an appropriate unit with a negative pressure room.
   5. For patients requiring Contact, Enteric Contact, or Droplet Precautions, the Medical Director and Nursing Supervisor should assess whether the patient should be admitted to or remain in the Rehabilitation Center. An Infection Preventionist (IP) may be consulted for assistance as needed.
      a. Patients who require Contact Precautions because of colonization by ORSA/VRE or other multi-drug resistant organisms (MDROs) often receive rehabilitation services. These patients should be managed per the Infection Control Policy: Isolation Precautions. Patients on Contact Precautions may use the Rehab Gym with other patients as long as:
         i. Patients are not having nausea/vomiting due to an infectious process
         ii. Patients are not incontinent of stool
         iii. All wounds are covered and drainage is contained
         iv. Environmental cleaning with an EPA-registered hospital disinfectant (e.g., Sani-Cloths, Metriguard) is performed upon completion of therapy in the gym.
      b. When two or more patients or staff have gastroenteritis (vomiting ≥ 2 times and/or diarrhea with ≥ 2 loose stools in a 24-hour period with or without fever and abdominal pain), the Infection Preventionist should be consulted.
      c. Refer to the Appendix of the Isolation Precautions policy entitled “Management of Herpes Zoster” for guidance on patients with Herpes Zoster
      d. Refer to the Isolation Precautions policy for guidelines for therapeutic activities with patients on Contact Precautions.
e. Enteric Contact Precautions are followed for persons with gastroenteritis caused by *C. difficile*, norovirus, or rotavirus.

f. Patients on Enteric Contact Precautions for *C. difficile* may ambulate in the hallway of the Rehab unit ONLY provided:
   i. Patients have been asymptomatic (no loose stools) for 48 hours
   ii. Patients are continent of stool (diapered patients are not considered continent)
   iii. Patients don a clean hospital gown, clean clothes, or a clean hospital gown over their clothing prior to leaving their room
   iv. Patients perform hand hygiene with soap and water prior to leaving their room
   v. A healthcare provider (HCP) assists patient in ambulation. The HCP will don gloves and an isolation gown if anticipating contact with the patient or their environment before preparing the patient for therapy. Before ambulating in the hallway, the HCP will remove contaminated gown and gloves and perform hand hygiene with soap and water, if possible, and don a clean isolation gown and gloves. After returning the patient to their room, HCPs will discard gown and gloves and perform hand hygiene with soap and water
   vi. The patient is instructed not to handle any items in the environment. If the patient handles or touches objects in the environment, the HCP should thoroughly clean these items with an EPA-registered hospital disinfectant (e.g., bleach Super Sani-Cloth or bleach solution) as soon as possible.

g. Patients on Enteric Contact Precautions for *C. difficile* may use a private treatment room on the Rehab unit ONLY provided:
   i. Patients have been asymptomatic (no loose stools) for 48 hours
   ii. Patients are continent of stool (diapered patients are not considered continent)
   iii. Patients don a clean hospital gown, clean clothes, or a clean hospital gown over their clothing prior to leaving their room
   iv. Patients perform hand hygiene with soap and water prior to leaving their room
   v. An Enteric Contact precautions sign is placed outside the room during therapy and until terminal cleaning is completed after therapy
   vi. HCPs working with the patient wear a clean isolation gown and gloves. Ideally, upon completing therapy, the HCP will discard the contaminated isolation gown and gloves, perform hand hygiene with soap and water, and don clean gown and gloves before returning patient to their room. After returning the patient to their room, HCPs will discard gown and gloves and perform hand hygiene with soap and water.
   vii. After therapy is completed, the HCP will clean all contaminated surfaces in the room or items in the environment with an EPA-registered hospital disinfectant (e.g., bleach Super Sani-Cloth or bleach solution). Environmental Services should then be notified to perform a terminal clean of the room.

h. Patients on Enteric Contact Precautions for *C. difficile* may use the Rehab Gym provided:
   i. Patients have completed antibiotic treatment for *C. difficile*
   ii. Patients are asymptomatic and continent of stool (diapered patients are not considered continent)
iii. Patients don a clean hospital gown, clean clothes, or a clean hospital gown over their clothing prior to leaving their room.

iv. Patients perform hand hygiene with soap and water prior to leaving their room.

v. HCPs working with the patient wear a clean isolation gown and gloves. Ideally, upon completing therapy, the HCP will discard the contaminated isolation gown and gloves, perform hand hygiene with soap and water, and don clean gown and gloves before returning patient to their room. After returning the patient to their room, HCPs will discard gown and gloves and perform hand hygiene with soap and water.

6. After therapy is completed, the HCP will clean all contaminated surfaces in the room or items in the environment with an EPA-registered hospital disinfectant (e.g., bleach Super Sani-Cloth or bleach solution). Family members often participate in the rehabilitation program. Persons with communicable diseases should not visit patients. Visitors, including children, are monitored by Rehabilitation Center staff and are excluded if there is evidence of a communicable disease (e.g., upper respiratory infection, herpes zoster, diarrhea, and conjunctivitis).

7. The following infection control prevention measures are used for spinal cord injury patients on Contact Precautions during Rehabilitation Group Therapy:
   a. Spinal cord patients on Contact Precautions will clean their hands before going to group therapy and be escorted to and from the group therapy room by health care personnel (HCP).
   b. HCP will ensure that patients do not come in direct contact with one another or share the same equipment during the session.
   c. Shared equipment is cleaned with an EPA-registered disinfectant (e.g., MetriGuard, Sani-Cloth) between each patient. All touch surfaces of the equipment should remain wet for at least 1 minute.
   d. HCP perform hand hygiene before and after direct patient contact.

C. Equipment

1. Cleaning of Equipment and Shared Patient Items:
   a. Medical equipment and instruments/devices must be cleaned and maintained according to the manufacturers’ instructions to prevent patient to patient transmission of infectious agents. Manufacturers of medical equipment may need to be consulted regarding which agents are safe for the equipment.
   b. An EPA-registered hospital disinfectant (MetriGuard or Sani-Cloth) should be used for cleaning surfaces and patient care equipment with a minimum one minute contact time. Bleach wipes should be used for cleaning surfaces and patient care equipment for Enteric Contact precautions patient rooms with a minimum one minute contact time. Please contact Infection Prevention if a device cannot be cleaned with an EPA-registered hospital disinfectant per manufacturer’s recommendations.
   c. All patient care equipment (e.g. stethoscope, Doppler, vital signs machines, electronic thermometer) should be disinfected when visibly soiled, after use on a contact precautions or enteric contact precautions patient and on a regular basis (e.g., daily, weekly, etc).
    i. Special Cleaning/Disinfection Protocols for Rehabilitation Area.
     a) The shared electric shaver is cleaned in the following manner:
      1) Whiskers are removed.
2) The blade head is removed and soaked in 70% alcohol for 10 minutes.
3) The remainder of the unit is wiped with alcohol.
4) Physical Therapy/Occupational Therapy will maintain the electric shaver.

2. The OT/PT Department maintains the gym area. Guidelines are provided in the Physical Therapy/Occupational Therapy Infection Control Policy.

3. Occupational Therapy maintains the kitchen area. Guidelines are provided in the Physical Therapy/Occupational Therapy Infection Control Policy.

D. Use of the Dining/Activity Room

The UNC Rehabilitation Center’s Dining/Activity Room is designed to be the central gathering place where patients have the opportunity to gather and socialize and practice skills learned during their rehabilitation program. The Dining/Activity Room may be used for food preparation, patient group meals, and other social functions. Infection control measures are necessary to prevent the spread of communicable diseases.

1. Patients will perform hand hygiene before entering the Dining Room. Staff will instruct and/or assist patients with appropriate hand hygiene.

2. Food Storage
   a. Food stored on nursing units must not be stored in a refrigerator used to store medicines, chemicals, or specimens.
   b. Home-prepared/home-cooked foods that are perishable if not refrigerated (e.g., meats, fish, dairy products, vegetables), if not consumed within 4 hours of being removed from temperature control, should be refrigerated in a refrigeration unit that is 45°F or less and labeled with the patient's name and an expiration/discard date of 7 days from the date it is brought in. Any unlabeled (expiration/discard date and/or patient name) home-prepared/home-cooked food should be discarded immediately. This pertains to all patient nourishment refrigerators including those in patient rooms.
   c. Commercially prepared food with an expiration date (i.e. milk carton) may be stored in the nourishment room refrigerator until the date of expiration. It must be discarded on the date of expiration.

3. The Dining Room refrigerator should be routinely cleaned (e.g. weekly). Staff will instruct patients not to share food/beverages from their plates/cups.

4. In the event of a patient/staff outbreak of vomiting and/or diarrhea, the Dining Room will be closed for meal preparation and eating activities until the last symptomatic patient has been asymptomatic for at least 48 hours and the area has been cleaned by Environmental Services. Hospital Epidemiology will contact Environmental Services to arrange to have every surface area cleaned twice with a 1:10 solution of bleach and water. An outbreak will be defined as two or more patients/staff members experiencing two or more episodes of either vomiting or diarrhea in a 24-hour period.

5. The Rehabilitation Center will follow the policy, “Guidelines for Infection Control in Nutrition and Food Services.”

E. Transitional Living Apartment (TLA)

The Transitional Living Apartment simulates a home-like environment where patients have the opportunity to practice basic and instrumental skills of daily living under the safety and guidance of rehabilitation staff. The TLA includes a bedroom area, utility closet, bathroom, kitchen and
dining area. The TLA is equipped with a washer and dryer. Infection control measures are needed to prevent the spread of communicable diseases.

1. Staff will screen the caregiver for any communicable diseases following the Administrative policy “Hospital Visitation”. Caregivers should be asymptomatic for at least 48 hours prior to rooming with the patient. Should they report or demonstrate any infectious symptoms while rooming with the patient, the caregiver should not continue to visit with the patient until evaluated, treated and cleared by their physician.

2. Nursing staff will teach the caregiver hand hygiene and respiratory hygiene/cough etiquette.

F. Laundry Room

A washer and dryer are available for the family members and patients to use. Clothes of patients will be washed with commercially prepared detergents and dried separately. No special wash cycle is required for patients colonized or infected with antibiotic-resistant microbes (e.g., VRE, ORSA), or C. difficile, as the normal wash cycle has been found effective in eliminating such organisms from the clothes and washing machine. The Rehabilitation Center staff will control the use of the machines by locking the room when not in use. Other infection control measures will include the following:

1. A waterless alcohol-based hand hygiene product (e.g., Purell) will be provided with written instructions to decontaminate hands before using the machines.

2. An EPA-registered hospital disinfectant (Metriguard or Sani-Cloth) will be available and written instructions for cleaning the contact surfaces of the machines after use.

G. Implementation

Implementation of this policy is the responsibility of the Medical Director and the Supervisors of the Rehabilitation Unit Interdisciplinary Team.

IV. Reviewed/Approved by

Hospital Infection Control Committee

V. Original Policy Date and Revisions