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Physical Therapy / Occupational Therapy

I. Description

Describes the policies and practices followed to decrease the risk of infection for patients receiving physical and occupational therapy

II. Rationale

Physical and occupational therapists often provide services to patients with surgical and nonsurgical wounds and to debilitated patients. They also work with patients who are colonized or infected with Multi-Drug-Resistant Organisms (MDRO). Strict adherence to infection control practices is needed to reduce the risk of infection and prevent cross-transmission of pathogenic organisms.

III. Policy

A. Personnel

1. Healthcare personnel (HCP) should adhere to guidelines established by the Occupational Health Service (OHS). See Infection Control policy: "[Infection Control and Screening Program – OHS.](#)"
2. Personnel with a parenteral, mucous membrane or non-intact skin exposure to blood or other potentially infectious materials must promptly call the **Needlestick Hotline (4-4480)** per the [Exposure Control Plan for Bloodborne Pathogens](#) policy.
3. Pregnant staff may be at increased risk in terms of maternal/fetal infections when attending patients with certain communicable infectious diseases. Pregnant staff are referred to the infection control policy [Pregnant and Post-Partum Health Care Personnel: Recommendations from Infection Prevention and Hospital Epidemiology](#) to assess their risk in caring for these patients. Pregnant healthcare personnel with concerns about the risk of acquisition of an infectious disease may receive confidential counseling at OHS.
4. Hand hygiene, with Hospital-approved agents (i.e., 2% chlorhexidine gluconate or alcohol-based hand rub if hands are not visibly soiled), is required before entering a patients room and when leaving a patients room, before and after patient contact and after touching anything that may be contaminated. The complete policy, "[Hand Hygiene and Use of Antiseptics for Skin Preparation.](#)" is located on the Infection Control website.
5. During tanking procedures, if it is necessary for personnel to enter the tank with the patient, the patient

and healthcare personnel should be free of any open wounds or lesions.

6. Uniforms shall be clean.
7. Personnel with long hair should secure it so as not to come in contact with patients or sterile items (e.g., sterile dressing materials).
8. Infection Prevention education is required annually via LMS. An Infection Prevention in-service will be provided upon request.
9. All healthcare personnel must be familiar with and follow guidelines provided in the [Exposure Control Plan for Bloodborne Pathogens](#), and the [Tuberculosis Control Plan](#).

B. Patients

1. Procedures should be scheduled in a manner so there is minimum patient waiting time in the department. The waiting period for a patient on isolation precautions should be kept at an absolute minimum.
2. All policies and procedures for isolation precautions should be adhered to completely. Staff should be familiar with the Infection Prevention Policies entitled "[Isolation Precautions](#)" and "[Patients with Cystic Fibrosis](#)."
 - a. Patients on either Airborne or Droplet Precautions should participate in therapy in their rooms. If therapy is essential and cannot be done in the patient's room please contact Hospital Epidemiology to discuss options.
 - b. Patients who are colonized or infected with Multi-drug Resistant Organisms, MDRO (e.g., Methicillin-Resistant *Staphylococcus aureus* [MRSA], Vancomycin-Resistant Enterococcus [VRE], CF patients) are managed utilizing Contact Precautions. Patients on Contact Precautions should be seen separately and as the last patients of the day, when possible. Items and equipment used by the patient should be cleaned after use with an EPA registered Hospital disinfectant (e.g. Sani-Cloth, MetriGuard).
 - c. If appropriate, patients should be alerted to the potential spread of their disease and informed on how they can assist in avoiding transmission of the infection to others.
3. The waiting room area will be monitored by front desk staff (e.g., receptionist) for patients and visitors with signs or symptoms of respiratory illness. Surgical masks will be provided to those with symptoms of respiratory illness (e.g., fever, coughing, sneezing). For those patients who cannot wear a surgical mask, tissues and instructions on how to use and dispose of them will be provided. The importance of hand hygiene will be stressed. Segregate persons with symptoms of respiratory illness by placing them in a private room or cubicle as soon as possible. Otherwise, place them in an area of the waiting room at least 3 feet away from people who do not have respiratory symptoms.
4. Patients with indwelling urinary catheters must be managed according to the Nursing policy entitled "[Urinary Drainage Devices Indwelling and External Catheters](#)" (e.g., drainage bag remains below the level of the bladder).
5. Procedures (e.g., dressing changes) will be performed using aseptic technique.
6. Healthcare personnel will perform hand hygiene between contacts with different patients or equipment used by different patients.
7. The following additional procedures should be followed for Cystic Fibrosis (CF) patients. Refer to the [Patients with Cystic Fibrosis Infection Control Policy](#) for additional information regarding management of patients with CF.

- a. All CF patients require Contact Precautions.
- b. All patients with CF must wear a surgical mask when not in their rooms.
- c. The 6 BT treadmill room is used to exercise CF patients. The CF patient may take off their mask when using the treadmill, as long as: 1) the patient does not have an airborne or respiratory droplet pathogen (e.g., influenza, ruling out for Tuberculosis), 2) the physical therapist helping the patient does not have CF 3) everything the patient contacts with their hands is cleaned after use, and, 4) The CF patient is the only CF patient in the room. When the CF patient is wearing their mask they must maintain a safe 6 foot distance from other masked patients.
- d. CF Patients should proceed directly to the pulmonary treatment area and not wait in the waiting room.
- e. All patients and staff must perform hand hygiene with hospital-approved agents (e.g., 2% chlorhexidine gluconate (CHG) or alcohol-based hand rub (ABHR)) before entering or leaving the pulmonary treatment area.
- f. Mats used by patients receiving chest physical therapy will be wiped with an EPA registered hospital disinfectant after each patient use (e.g. MetriGuard, Sani-cloth) and linens should be changed.
- g. Therapists and technicians wear gloves and a yellow cover gown over clothing during treatment and change gowns and gloves between patients on Contact Precautions. Hand hygiene is performed after glove removal.
- h. Equipment is cleaned as outlined in the Section C5 (Pulmonary Rehabilitation Areas) below.

C. Equipment

1. Fluidotherapy

- a. Patients will wash their hands and the affected arm up to the elbow before and after treatment. The unit will not be used on patients with open wounds present on the treatment area.
- b. When the unit is used frequently (e.g., daily, weekly), the top and end sleeves will be laundered weekly using an antibacterial detergent (e.g., Bactoshield®) and allowed to air dry or to be dried on low temperature setting. When the unit is used infrequently (e.g., once a month), the sleeves will be laundered at the end of the patient's treatment cycle.
- c. The Cellex® medium should be changed every 6 months according to the manufacturer's recommendations.

2. Hydrotherapy Tub

- a. A plastic disposable liner is used in the tank for each patient.
- b. A hole is punctured in the tank's plastic liner at the drain site to dispose of the tanking solution.
- c. The tank's liner is removed and disposed of in the regular trash.
- d. The tank surfaces are cleaned with an EPA registered hospital disinfectant (e.g. MetriGuard, SaniCloth) after each patient use.

3. Gym/Activities Rooms

- a. High-touch surfaces of mats, parallel bars, cuff weights, hand weights, wheelchairs, canes, stair rails, etc., are wiped down with an EPA registered hospital disinfectant after each patient. Non-high touch surfaces of patient equipment are cleaned with an EPA registered hospital disinfectant on a routine schedule (e.g., weekly, monthly) and when visibly soiled.

- b. Floors and other surfaces are cleaned according to the [Environmental Services Infection Control Policy](#).
 - c. The splinting tanks and pans are emptied weekly, cleaned according to manufacturer's recommendation, and refilled with tap water. The hotpack hydrocolator tanks are emptied and cleaned every 2 weeks. The hydrocolator water will remain >160°F. Clean towels are used to wrap the hot packs. Similarly, the ColPak is cleaned biannually.
 - d. Patients using the Fluidotherapy machine must have clean hands with no open areas on the skin.
4. Toys – Please refer to Appendix 2: OT Psychiatry Care.
5. Pulmonary Rehabilitation Areas
- a. High-touch surfaces of stationary bikes, treadmills, and any other exercise equipment will be cleaned with an EPA registered hospital disinfectant after each patient use.
 - b. Reusable equipment (e.g., pulse oximeters, stethoscopes, blood pressure cuffs) are cleaned with an EPA registered hospital disinfectant on a routine basis, when visibly soiled, and after each patient use.
 - c. Oxygen tubing, when used without a humidifier, can be reused by the same patient for up to four weeks. After four weeks it must be discarded and new tubing issued. Between uses, the tubing should be stored in a plastic bag labeled with the patients' name and date issued.
 - d. Those using the Pulmonary Rehabilitation Areas should perform hand hygiene before entering the exercise area.
6. Portable Equipment
- a. When portable equipment (e.g. vibrators, stethoscopes) are used, they will be thoroughly cleaned with an EPA registered hospital disinfectant on a routine basis, when visibly soiled, and after patients on Contact Precautions.
 - b. When portable suction machines are used, the exterior of the machine and the tubing that goes from the portable suction machine to the air chamber on the pleurevac is wiped with an EPA registered hospital disinfectant after each use.
7. Paraffin bath should not be used on the hands of a patient with non-intact skin. When used directly on the patient's skin, the unit is cleaned monthly. When used indirectly on the patient's skin (e.g., 4x4 gauze dipped in paraffin then placed on the skin), the unit is cleaned biannually. The melted paraffin is removed and any dirty particles that collect at the bottom are discarded. The paraffin can then be returned to the bath and new paraffin added as needed.
8. Burn Center
- a. Personnel must perform hand hygiene with an approved antimicrobial agent upon entering the Burn Center, between patient contacts, after handling contaminated items, after removing gloves, and prior to entering and leaving a patient's room.
 - b. Patients on Contact Precautions may be brought to the Burn Center OT/PT Gym for daily exercise and therapy. These patients will be treated one at a time and whenever possible, scheduled to be seen at the end of the day. All equipment will be cleaned with an EPA registered hospital disinfectant (e.g. Metriguard, Sani-Cloth) prior to allowing the room to be used by another patient.
 - c. Reuse of Splints
 - i. Splints may be reused between patients as long as they are cleaned and high level disinfected

in the hydrocollator at 167°F for 30 minutes. They will be allowed to cool and dry prior to placing on the patient.

- d. The tanks used in the pasteurization of splints will be emptied weekly, cleaned with an EPA registered hospital disinfectant (e.g. MetriGuard, Sani-Cloth) and refilled with tap water. The temperature should be checked on a routine basis (e.g. weekly) and should remain at or above 167°F.
- e. The sink used to clean splints should be cleaned with an EPA registered hospital disinfectant (e.g. MetriGuard, Sani-Cloth) between each patient's splint cleaning. Only one set of splints (e.g., for one patient) should be in the sink at the same time.

D. Preparation of Food

The PT/OT Department will follow the policy "[Guidelines for Infection Control in Nutrition and Food Services](#)" for the purchasing, cooking, serving, and storing of foods. During an outbreak of Norovirus (e.g., two or more patients on a unit with diarrhea and/or vomiting), patients on that unit should not participate in preparing food and eating together. A patient on any type of isolation should not participate in group meals. In addition, the following guidelines will be followed:

1. Leftover food from cooking groups will be eaten within 24 hours after it is prepared or it will be discarded, even if it has been refrigerated.
2. The temperature of the refrigerator should be checked daily and recorded on a temperature chart. The refrigerator daily temperature logs will be kept for 90 days. Temperatures >45°F degrees should be reported to Maintenance. If temperatures are recorded via a wireless monitoring system (e.g., AeroScout), temperature logs in the inpatient areas are not necessary. The refrigerator will be cleaned routinely and when visibly soiled.
3. Only dishwasher detergent with chlorine will be used in the dishwasher. Ideally, all eating utensils, plates, cups, and kitchenware used by patients should be washed in the dishwasher or be disposable. If kitchenware is not dishwasher safe or items are needed immediately, they may be hand washed in the sink. The kitchenware must be washed in a dishwashing detergent containing chlorine bleach and rinsed well. Dishes should be air dried in a dish drain rather than being towel dried. After each use, dishcloths/sponges must be washed in the dishwasher or soaked for 5 minutes in a 1:10 bleach and water solution or discarded.
4. A routine should be established for cleaning the interior of drawers, oven cabinets, and microwave. The drawers should be cleaned at least bi-annually and when visibly soiled. The microwave should be cleaned on a routine basis (e.g. weekly) and when visibly soiled. The oven should be cleaned when visibly soiled.
5. The countertops should be cleaned after each use and when visibly soiled using a hospital approved bleach wipe.
6. Healthcare personnel must not use fresh eggs for cooking because of the risk of bacterial contamination from the eggs. In accordance with the [Nutrition and Food Services Infection Control Policy](#), only pasteurized eggs should be used in cooking. Please contact the Dietary Department to determine where to purchase the pasteurized regular eggs. For patients whose diets allow, egg substitutes may be used.
7. Frozen food should be labeled with the date, placed in the freezer and if not used within 30 days be discarded. Thawed food should not be refrozen.
8. Canned foods and other shelf-stable products should be stored in a cool, dry place. When expiration date is reached, item will be discarded.

9. All healthcare personnel and patients involved in food preparation will wash hands and wear plastic/vinyl gloves before handling food and throughout meal preparation. If someone gets a cut during preparation, the food that is exposed will be thrown out, and the person with the cut will receive medical attention immediately.
10. Expiration dates will be checked routinely and stock rotated to use goods in the order in which they are received. All food supplies should be from an approved source, either grocery store or dietary department. Cleaning products will be stored separately from food products. Food will be dated when it is received.
11. Healthcare personnel and patient food is stored in separate refrigerators.
 - a. Refrigerated Food Storage
 - i. 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.
12. Bags of sugar, flour, spices and other packaged supplies should be placed in airtight containers and stored in a refrigerator or freezer. They will be discarded per the manufacturer's expiration date.

E. Grooming Center

Personal patient items (e.g., combs, tooth brushes, tooth paste) are labeled with patient's name and unit number and stored separately.

- i. Electric Clippers
 - Disposable clipper heads are intended for single patient use and will be discarded after each patient. The handle should be disinfected with an EPA-registered hospital disinfectant between each patient.

F. Environmental Services

Refer to the [Environmental Services Infection Control Policy](#) for appropriate cleaning procedures and schedules.

G. Natural Products / Objects

1. Therapies that involve the use of organic items found in nature (e.g., feathers, pumpkins, seashells) may be approved for recreational activities on an as-needed basis by Hospital Epidemiology.
2. Horticultural activities will be acceptable under the following conditions:
 - a. Patients have intact skin
 - b. Patients wear disposable gloves when working with plants, soil, or sand
 - c. No patients on Protective Precautions or those who have Pica are involved in the gardening activities
 - d. There is no standing water (e.g., water in flower pot holders)
 - e. Hands are washed with soap and water after activity

H. Implementation

The implementation and enforcement of this policy is the responsibility of the Director of the Physical Therapy / Occupational Therapy Department.

Attachments:

1: Cleaning Duties

2: OT/PT Psychiatry Care

Applicability

UNC Medical Center

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