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Owner Sherie Goldbach
Policy Area Infection Prevention
Applicability UNC Medical Center

Rehabilitation Therapies

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. Strict adherence to infection control and prevention practices is needed to reduce the risk of infection and prevent cross-transmission of pathogenic organisms.

III. Policy

A. Personnel

- Healthcare personnel (HCP) should adhere to all guidelines established in the Infection Prevention policies:
 - a. [Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#)
 - b. [Exposure Control Plan for Bloodborne Pathogens](#)
 - c. [Hand Hygiene and Use of Antiseptics for Skin Preparation](#)
 - d. [Infection Control and Screening Program - Occupational Health Service](#)
 - e. [Tuberculosis Control Plan](#)
 - f. [Isolation Precautions](#)

g. [Ambulatory Care Clinical Services](#)

B. Patients

1. When caring for inpatients on transmission-based isolation precautions, HCP should adhere to the Infection Prevention policy: [Isolation Precautions](#). Ambulatory HCP should refer the Infection Prevention policy: [Ambulatory Care Clinical Services](#).
2. Patients with indwelling urinary catheters must be managed according to the Nursing policy: [Urinary Drainage Devices: Indwelling and External Catheters](#) (e.g., drainage bag remains below the level of the bladder).
3. When caring for patients with Cystic Fibrosis, refer to the Infection Prevention policy: [Patients with Cystic Fibrosis](#).
4. Patients entering any therapy area should perform hand hygiene before entering area.

C. Equipment

1. Equipment

- Equipment reused between patients will be disinfected with an EPA-registered disinfectant on a routine basis, when visibly soiled, and after patients on Contact and Enteric Precautions.

2. Fluidotherapy

- a. Patients will wash their hands and the affected arm up to the elbow before and after treatment. The fluidotherapy equipment will not be used on patients with open wounds present on the treatment area.
- b. The fluidotherapy equipment and sleeves will be cleaned and maintained per the manufacturer's instructions for use.
- c. The Cellex® medium should be changed according to the manufacturer's recommendations.

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 disinfectant after each patient. Non-high touch surfaces of patient equipment are cleaned with an EPA-registered disinfectant per manufacturer's instructions for use (MIFU) or on a routine schedule (e.g., weekly, monthly) if not specific in the MIFU and when visibly soiled.
- b. Floors and other surfaces are cleaned according to the Infection Prevention policy: [Environmental Services](#).

- c. The splinting tanks and pans are cleaned and maintained according to manufacturer's instructions for use.
 - d. The hotpack hydrocolator tanks are cleaned and maintained per manufacturer's instructions for use. Wrap the hot packs per MIFU or with a clean pillow case or towel if not specified.
 - e. The ColPak is cleaned and maintained manufacturer's instructions for use.
4. Toys – Please refer to Infection Prevention policy: [Diversional Supplies](#).
5. Paraffin bath should not be used on the hands of a patient with non-intact skin. Equipment is cleaned and maintained per MIFU.
6. Burn Center
- a. 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 disinfectant (e.g. Metriguard, Sani-Cloth) prior to allowing the room to be used by another patient.
 - b. 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.
 - ii. Splints that are too large to be high level disinfected in the hydrocollator can be used between patients only if they are completely prevented from contact with non-intact skin and body fluids. Clean these splints with an EPA-registered disinfectant.
 - c. The tanks used in the pasteurization of splints will be cleaned and maintained per MIFU. The temperature should be checked on a routine basis (e.g. weekly) and should remain at or above 167°F.
 - d. The sink used to clean splints should be cleaned with an EPA-registered disinfectant 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 Rehabilitation Therapies Department will follow the Infection Prevention 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. Prepared foods that are perishable if not refrigerated (e.g., meats, fish, dairy products, vegetables), should be refrigerated in a refrigeration unit that is 41°F or less and labeled with the patient's name and date it is placed in the refrigerator. Prepared refrigerated food is good for 7 days from the date it is placed in the refrigerator. Any unlabeled (i.e., patient name and date it was brought in) prepared/home-cooked food should be discarded immediately. This pertains to all patient nourishment are refrigerators.
3. The refrigerator will be cleaned routinely and when visibly soiled.
4. Commercially prepared food with an expiration date (e.g., milk carton) may be stored in the nourishment room refrigerator until the date of the expiration. It must be discarded on the date of expiration.
5. 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.
6. A routine should be established for cleaning the interior of drawers, oven cabinets, and microwave. The drawers should be cleaned on a routine basis 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.
7. The countertops should be cleaned after each use and when visibly soiled using an EPA-registered disinfectant (e.g., Super Sani-Cloth, Sani-Cloth Bleach wipe).
8. Healthcare personnel must not use fresh eggs for cooking because of the risk of bacterial contamination from the eggs. In accordance with the Infection Prevention policy: [Guidelines for Infection Control in Nutrition and Food Services](#), only pasteurized eggs should be used in cooking. Please contact the Nutrition & Food Services Department to determine where to purchase the pasteurized regular eggs. For patients whose diets allow, egg substitutes may be used.
9. 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.
10. Canned foods and other shelf-stable products should be stored in a cool, dry place.

When expiration date is reached, item will be discarded.

11. 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.
12. 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.
13. Healthcare personnel and patient food is stored in separate refrigerators.
 - Refrigerated Food Storage
 - 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 41°F or less and labeled with the patient's name and the date it is placed in the refrigerator. Refrigerated food from home is good for 7 days from the date it is placed in the refrigerator. Any unlabeled (expiration/discard date and/or patient name) home-prepared/home-cooked food should be discarded immediately.
14. 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.

- 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 disinfectant between each patient.

F. Environmental Services

Refer to the Infection Prevention policy: [Environmental Services](#) 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 Infection Prevention.
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 Rehabilitation Therapies Department/s

IV. Related Policies

[Infection Prevention Policy: Ambulatory Care Clinical Services](#)

[Infection Prevention Policy: Diversional Supplies](#)

[Infection Prevention Policy: Environmental Services](#)

[Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens](#)

[Infection Prevention Policy: Guidelines for Infection Control in Nutrition and Food Services](#)

[Infection Prevention Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation](#)

[Infection Prevention Policy: Infection Control and Screening Program: Occupational Health Service](#)

[Infection Prevention Policy: Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#)

[Infection Prevention Policy: Isolation Precautions](#)

[Infection Prevention Policy: Patients with Cystic Fibrosis](#)

[Infection Prevention Policy: Tuberculosis Control Plan](#)

[Nursing Policy: Urinary Drainage Devices: Indwelling and External Catheters](#)

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Kimberly Novak-Jones: Nurse Educator	05/2022
	Thomas Ivester: CMO/VP Medical Affairs	05/2022
	Emily Vavalle: Dir Epidemiology	03/2022
	Sherie Goldbach: Project Coordinator	03/2022

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