

<b>Name of Policy:</b> <b>Infection Control</b>  <b>Policy Number:</b> 3364-137-SH-17  <b>Approving Officer:</b> Chief Executive Officer Chief Administrative Officer  <b>Responsible Agent:</b> Director, Therapy Services  <b>Scope:</b> Rehabilitation Services		  <b>Effective date:</b> 1/2026  <b>Original effective date:</b> January 1979	
Key words: Infection Control, Prevention, Rehabilitation Services, Standard Precautions, Infectious Disease			
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy Statement

The Rehabilitation Services Department will comply with all infection control policies as established for the hospital, as well as any policies established specifically for Rehabilitation Services Department procedures. The Rehabilitation Services Department will comply with the Standard Precautions policy as established for the hospital.

(B) Purpose of Policy

To assure all patients will receive the same standard of care regardless of whether they may have a potentially infectious disease.

(C) Procedure

- (1) Infection Control Guidelines will be available at all times and will be accessible to employees online through Clinical Portal link to Hospital Administration Policies and Plans.

Any Rehab Service infection control policies and/or procedures are kept in the Rehab specific policy section of the Hospital Administration Policies and Plans.

It is the responsibility of each employee to familiarize himself with these guidelines and to follow them, and for the safety committee to keep employees knowledgeable of policy changes.

Each employee will be instructed on infection control guidelines during their initial orientation and annually for the duration of their employment within the department.

Some personnel may be required to pass competencies in other areas (i.e., aseptic technique).

(2) Measures for Infection Control.

- (a) Personal protective equipment will be available to all employees in all areas. This equipment will be routinely checked to ensure it is available and restocked with each use.
- (b) Standard precautions will be used for all patients.
- (c) Therapy mats will be wiped with hospital approved disinfectant after each patient use.
- (d) Therapy equipment (i.e., weights, balls) will be cleaned with hospital approved disinfectant after use.
- (e) Equipment that cannot be cleaned (i.e., putty, cardboard puzzles) will not be used with patients in isolation.
- (f) Equipment used in Rehab Services will be cleaned per manufacturer guidelines.
- (g) Open lesions will be covered prior to the use of department equipment.
- (h) Contact precautions will be utilized as ordered. The rehabilitation staff will encourage and educate these patients on proper hand-washing technique. Patients will wash their hands prior to leaving their room for activities outside of their rooms.
- (i) Dishes and countertops in the OT kitchen will be cleaned and sanitized per department procedure.

(3) Wound Care in Rehabilitation Services.

- (a) All patients with an open wound will be considered potentially infectious.
- (b) Any draining or open wound will be covered when the patient is not in their room.
- (c) For wound care in cases of open lesion, all rehabilitation staff must:
  - (i) Hand wash before wound care.
  - (ii) Wear clean gloves to remove dressing.
  - (iii) Use sterile technique to redress.
  - (iv) Hand wash following wound care.

- (d) Wounds shall be redressed or covered for patient transport.
- (e) Whirlpool treatment and whirlpool maintenance will be completed per department procedures.
- (f) Clean, dry towels will be used to dry and protect open wounds following whirlpool treatments.

<p>Approved by:</p> <p><u>/s/</u> Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <p><u>1/20/2026</u> Date</p> <p><u>/s/</u> Marci Cancic-Frey Chief Administrative Officer</p> <p><u>12/23/2025</u> Date</p> <p><u>/s/</u> Alison Matson PT, DPT, NCS Director, Therapy Services</p> <p><u>12/23/2025</u> Date</p> <p><i>Review/Revision Completed by:</i> <i>Alison Matson, PT, DPT, NCS</i> <i>Director, Therapy Services</i></p>	<p>Policies Superseded by this Policy:</p> <ul style="list-style-type: none"><li>• 23-SH-17</li></ul> <p>Initial effective date: January 1979</p> <p>Review/Revision Date:</p> <p>August 1984 October 1985 October 1987 November 1988 July 1990 October 1991 October 1993 May 1994 March 1996 October 1997 February 1998 September 1998 August 1999 August 2000 March 2002 September 2003 August 2006 July 2009 July 2012 July 2013 July 2014 November 1, 2016 November 2019 December 2022 1/2026</p> <p>Next review date: 1/2029</p>
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