



衛生防護中心
Centre for Health Protection

Scientific Committee on Infection Control

Recommendations on Infection Control among Incapacitated Patients Requiring Long Term Care

Infection control among incapacitated patients to certain extent differs from the acute care setting. The following recommendations should probably be emphasized:

Preventive Measures of Patient Care Areas

1. Rigorous screening of visitors and carers. Visitors and carers are sometimes the culprits of institution outbreaks and thus it is important to give advice on self screening for infection such as common cold, chickenpox, and other rashes. Should the above conditions occur, they should not come to the institution. This is because even mild flu symptom would cause spread of infections among compromised patients especially children and elderly.
2. Limit group activities such as group therapy or school if patients have signs and symptoms of infection.
3. Develop a baseline number of fever in institutions with incapacitated patients for identifying clusters of infections. Each institution should have an average number of febrile cases everyday and inform ICT or epidemiological staff to investigate if the daily numbers exceed the threshold. The ICT/responsible epidemiological officer should also be notified if there are any unusual syndromes.
4. Educate staff on the importance of implementing infection control practices such as hand hygiene and appropriate use of PPE. It is important to ensure that hand washing facilities are adequate in all these facilities.



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5. Promote standard precautions and prompt isolation of infectious patients suspected or confirmed.
6. Educate staff of schools for mentally handicap children to implement hand hygiene and proper cleaning of the environment. It is also important to screen school teachers and other staff with infections similar to the visitors and carers.
7. Develop and promote a culture for infection control among staff of all ranks. Staff members should feel free to communicate any problems or obstacles that they have encountered.
8. Sick staff should refrain from direct patient care.

Control Measures of Patient Care Areas

1. When cluster do occur which exceeding the baseline, immediately inform Infection Control Team/ responsible epidemiological officer who should come to investigate to ascertain for reasons and diagnosis of fever.
2. Isolate patients promptly preferably in single room. If single room is unavailable, cohort patients in cubicle. Only patients with similar proven infections can share the room.
3. Cohort staff should wear appropriate personal protective equipment (PPE) in caring the infectious patients. PPE must be removed and hand should be washed before caring the other non-infectious patients.
4. Stop all group activities inside and outside of the ward. Stop all patients from moving to other departments for schooling or examination.
5. To liaise with the Centre for Health Protection for contact tracing of exposed discharged patients or visitors.

Duty of ICT/ responsible epidemiological officer

1. Management of outbreak requires the expertise of an infection control doctor/officer (ICO) or responsible epidemiological officer who is usually the person identified to take the leading role. He should also be responsible for clarifying the roles of all parties involved.
2. ICT/ responsible epidemiological officer would develop a definition with time person and place and the incubation period.

3. ICT / responsible epidemiological officer would advise on the specimens to be taken from patients for diagnosis and from possible infection sources such as environment, equipment when necessary.
4. Work closely with the laboratory on collection of specimens and line listing for report on patients' diagnosis and to identify the source.
5. ICT / responsible epidemiological officer would identify the index case and use the line listing chart, epidemic curve and ward floor plan to explore the reasons of outbreak.
6. Go through the care process and ward activities to identify the source.
7. Going through staff sick leave and visitors, or carers screening records to identify whether the source is from staff and others.
8. ICT/ responsible epidemiological officer to develop hypothesis for the reasons of spread, the possible common source.
9. Use of case control study to test the hypothesis.
10. Monitor compliance of infection control practices in the ward and assist in applying adequate resources such as PPE.
11. Inform responsible senior management when clustering of infection is escalating.
12. Form Outbreak Control Team and inform CHP.

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