



<b>Department:</b>	Infection Prevention and Control Department		
<b>Document:</b>	Multidisciplinary Policy and Procedure (MPP)		
<b>Title:</b>	Management of Immunocompromised Patient		
<b>Applies To:</b>	Patient Care Areas		
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## 1. PURPOSE:

- 1.1 To provide guidance on practices that minimizes the risk of exposure to infectious microorganisms in immunocompromised patients.

## 2. DEFINITIONS:

- 2.1 This policy provides methods for decreasing the transmission of infections from healthcare personnel to patients vice versa.

## 3. POLICY:

- 3.1 Patients who have congenital primary or secondary immune deficiency disorders are at increased risk for numerous types of infections while receiving healthcare and may be located throughout the hospital. Observe Standard Precautions at all times and apply Transmission based Precautions as needed.
- 3.2 Immunocompromised patients can be cared for in the same environment as other patients. However, it is advisable to minimize exposure to other patients with transmissible infections such as influenza and other respiratory viruses.
- 3.3 A protective environment (including high-efficiency particulate air filtration of incoming air, >12 air exchanges, and with a pressure differential of >2.5 Pa [0.01' water gauge] positive pressure) is recommended for immunocompromised patients.
- 3.4 Patients with a neutrophil absolute count of <0.5 can be placed in a protective environment until their neutrophil counts have recovered

## 4. PROCEDURE:

- 4.1 Adhere to Standard Precautions and Transmission-based Precautions including strict hand hygiene, aseptic technique, and barrier precautions (when necessary) for all patient care.
  - 4.1.1 Medical
    - 4.1.1.1 Immunocompromised patients are at the highest risk of developing healthcare associated infections (HA) such as pneumonia, central line-associated bloodstream infections (CLABSI), and catheter-associated urinary tract infections (CAUTI).
    - 4.1.1.2 Using the Institute of Healthcare Improvement (IHI) care bundles for prevention of ventilator associated pneumonia (VAP), CLABSI and CAUTI is highly recommended to reduce this risk.
  - 4.1.2 Nursing
    - 4.1.2.1 Minimize the rotation of staff (such as those who float in and out of the unit/ward).
    - 4.1.2.2 Staff should report any active infections to the supervisor and do not report to unit until assessment by the Employee Health Clinic regarding HCW exclusion or re-assignment is required.

- 4.1.2.3 When necessary, assess the patient daily for signs and symptoms of infection and initiate appropriate isolation techniques. Place the patient in a single room if the patient's condition indicates
- 4.1.2.4 Avoid unnecessary direct contact with the patient, especially on the part of personnel not involved in essential care.
- 4.1.3 Patient Care
  - 4.1.3.1 Immunocompromised patients can be cared for in the same environment as other patients. However, it is advisable to minimize exposure to other patients with transmissible infections such as influenza and other respiratory viruses.
  - 4.1.3.2 Judicious use of antibiotics on these patients is recommended to prevent *C. difficile* infection.
  - 4.1.3.3 Minimize traffic flow (visitors/personnel) in and out of the room.
  - 4.1.3.4 Reduction of exposure to pathogens includes several practices, such as:
    - 4.1.3.4.1 Adhere strictly to Hand Hygiene practices with all patient care activities
    - 4.1.3.4.2 Practice strict aseptic technique with all procedures
    - 4.1.3.4.3 Avoid serving fresh fruits and fresh vegetables (which can carry several species of gram-negative bacilli). These organisms can colonize the gastrointestinal tract of neutropenic patients after ingestion
    - 4.1.3.4.4 Prepare cooked food as required for a neutropenic diet or the low-bacterial diet.
    - 4.1.3.4.5 Do not use food from outside sources.
    - 4.1.3.4.6 Ban plants and flowers in high risk areas such as oncology and burn units
    - 4.1.3.4.7 Bath the patient daily with mild soap to reduce the number of skin organisms
- 4.1.4 Visitors
  - 4.1.4.1 The healthcare team should ensure that visitors are properly screened for infections and instructed about the importance of proper infection control precautions, especially proper hand hygiene, in advance of contact with the patient.
    - 4.1.4.1.1 Instruct all visitors should to follow the same standard precautions or transmission based precautions as healthcare workers
    - 4.1.4.1.2 Ban visitors who are currently suffering either from a diagnosed illness that is communicable by airborne, droplet nuclei, or contact routes, or who have symptoms of upper respiratory infection or diarrhea should be banned from visiting the patient.
  - 4.1.4.2 Pediatric patients may carry and transmit disease unknowingly, hence, children less than 12 years old are not allowed in the wards
- 4.1.5 Toys in play areas
  - 4.1.5.1 Only allow toys that can be kept clean and disinfected in between uses. Ban the use of stuffed, fluffy toys..
  - 4.1.5.2 Avoid water-retaining bath toys and soil based items
  - 4.1.5.3 Offer disposable play items when possible
  - 4.1.5.4 Infants, toddlers, and children who put toys in in their mouth should not share toys.
  - 4.1.5.5 Clean and disinfect toys regularly and immediately when visibly soiled.
  - 4.1.5.6 Wash hard plastic toys with soap and water and immerse in a mild bleach solution and air dry or wash in the hot cycle washing machine.
  - 4.1.5.7 Discard toys that cannot be cleaned and disinfected
  - 4.1.5.8 Clean and disinfect occupational and physical therapy items according to established guidelines

## 5. MATERIALS AND EQUIPMENT:

**5.1 Forms and Records:**

5.1.1 N/A

**5.2 Materials and Equipment**

5.2.1 N/A

**6. RESPONSIBILITIES:**

6.1 It is the HCW's obligation to be aware of their own infectious disease and vaccination status to minimize the risk of disease transmission to patients and other staff.

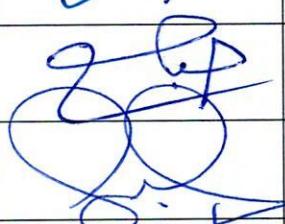
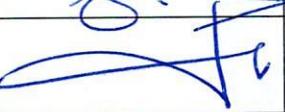
**7. APPENDICES:**

7.1 N/A

**8. REFERENCES:**

8.1 GCC 3<sup>rd</sup> Edition 2018. <http://gdipc.org/wp-content/uploads/2018/07/The-GCC-Infection-Prevention-and-ControlManual-3rd-Edition.pdf>

**9. APPROVALS:**

	Name	Title	Signature	Date
<b>Prepared by:</b>	Ms. Marilou C. Magallano	IPCD Practitioner		November 24, 2024
<b>Prepared by:</b>	Ms. Wadha Mohd Al Shammari	IPC Coordinator		November 24, 2024
<b>Reviewed by:</b>	Ms. Awatif Hamoud Al Harbi	IPC Director		November 26, 2024
<b>Reviewed by:</b>	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		November 28, 2024
<b>Reviewed by:</b>	Mr. Abdulellah Ayed Al Mutairi	QM & PS Director		December 03, 2024
<b>Reviewed by:</b>	Dr. Tamer Mohamed Naguib	Medical Director		December 04, 2024
<b>Approved by:</b>	Mr. Fahad Hazam Al - Shammari	Hospital Director & IPC Committee Chairman		December 08, 2024