

Examining the inclusion of patients and their family members in infection prevention and control policies and guidelines across *Bangladesh, Indonesia and South Korea*

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Background

Although the involvement of family members during inpatient care is not uncommon in Western countries, the types of caring activities provided by family members in Asian countries are significantly different.

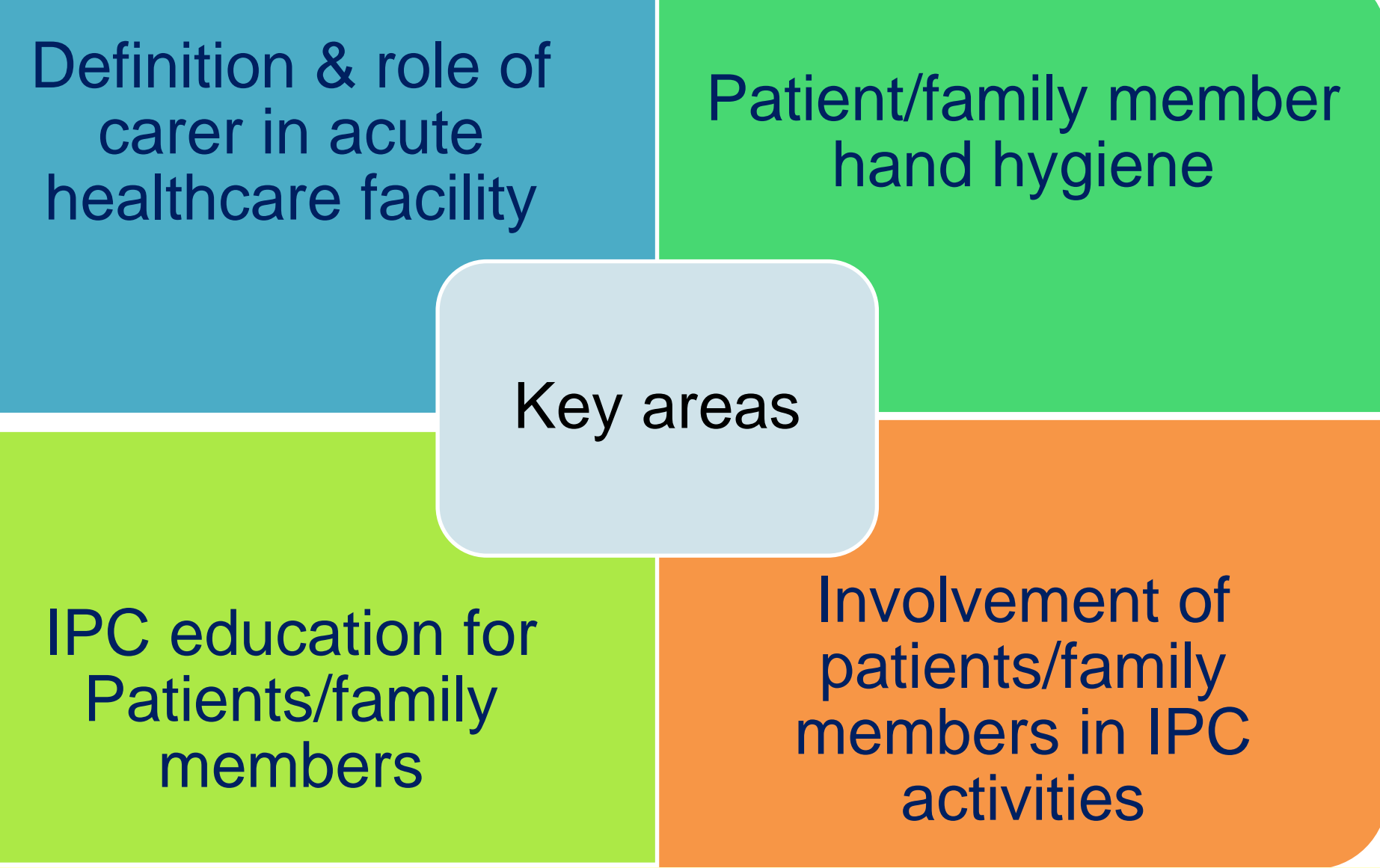
Several studies report that care activities provided by family members are **no different** from the care activities that are associated with the contamination of healthcare workers' hands during patient care. These activities may place the family member at risk from a **healthcare associated infection (HAI)**.

Aim

To examine whether the role of patients' families is accounted for in the infection prevention and control (IPC) guidelines and policy, using examples from Bangladesh (low income), Indonesia (middle income) and South Korea (high-income country).

Methods

A policy/guideline review was undertaken which focused on the following areas:



Multiple strategies were used to locate relevant guidelines/policies

1. Search of WHO & CDC *Guideline library*
2. Key personal contacts in each target country consulted
3. *Key words* search undertaken in the published peer review journals & **grey literature**; *Embase, Medline, CINAHL, Global Health, Web of Science, Scopus, & Google Scholar*

Policies and guidelines from 3 target countries + 4 western countries (US, UK, Canada & Aus) searched for comparison

Results

- **92** documents were identified based on the criteria for the study
- Only **6** acknowledged that care is provided to hospitalised patients by their family members
- Recognition of family caregivers or inclusion of them in the IPC strategies was not included in the target countries' guidelines
- Only **1** guideline recommended that family members receive the same level of training as healthcare workers on IPC precautions.
- Other guidelines from WHO and CDC advise there should be tailored IPC training for caregivers based on the care activities they perform in the healthcare. However, no clear outline of what should be included.
- WHO/CDC guidelines focus on the promotion of hand hygiene to healthcare workers. Patients/their families are considered as passive observers of staff practices



Family members resides with patients during hospital stay [from theWire.in.]



Spare bed for family members [From blog.naver.com]

Conclusion

Infection prevention and control guidelines and policies are found to be quite similar regardless of cultural differences in countries.

While health care workers are the primary actors when it comes to providing care in acute healthcare settings, it is important to expand the IPC guides by considering the role of other caregivers.

This is especially true when cultural values strongly influence over healthcare arrangements and the healthcare accommodates these cultural influences in the practice, policies, and guidelines should reflect this difference.

Further work needs to be undertaken on the level of training/education provided to family members in Bangladesh, Indonesia and South Korea.



References

References available upon request.

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