



<b>Section</b>	Psychiatric Health Facility (PHF)	<b>Effective:</b>	9/28/16
<b>Sub-section</b>	Infection Control		
<b>Policy</b>	Standard Precautions	<b>Last Revised:</b>	New policy
<b>Policy #</b>			
<b>Director's Approval</b>	_____	<b>Date</b>	_____
	Alice Gleghorn, PhD		
<b>PHF Medical Director's Approval</b>	_____	<b>Date</b>	_____
	Leslie Lundt, MD		
<b>Supersedes:</b>	New policy	<b>Audit Date:</b>	9/28/19

## 1. PURPOSE/SCOPE

- 1.1. To ensure the health and safety of all patients and staff at the Psychiatric Health Facility (PHF).

## 2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Standard precautions** – a group of infection prevention practices that applies to all patients regardless of suspected or confirmed infection status in any setting where healthcare is delivered. The use of standard precautions is intended to protect patients and healthcare workers.

## 3. POLICY

### 3.1. Hand Hygiene

1. Hand hygiene is the single most important practice to reduce the transmission of infectious agents in health care. The PHF utilizes the Centers for Disease Control (CDC) model for hand hygiene.
2. Refer to PHF Policy “Hand Hygiene” for further details.

### 3.2. Gloves

1. Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin.
2. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.

3. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient or task.
4. Perform hand hygiene immediately to avoid transfer of microorganisms to other patients or environments.

### 3.3. Gowns

1. Wear a gown (a clean, non-sterile, fluid resistant gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, excretions or exposure to scabies or lice.
2. Remove and discard soiled gown and gloves as promptly as possible. Do not reuse gowns or gloves.
3. Wash hands to avoid transfer of microorganisms to other patients or environments.

### 3.4. Patient-Care Equipment

1. Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
2. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately.
3. Ensure that single-use items are discarded properly.

### 3.5. Environmental Control

1. The PHF has procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedside equipment, and other frequently touched surfaces. Efficacy is monitored with Environmental Rounds.
2. Decontaminate using only facility approved disinfectants and antiseptics in accordance with the manufacturer's instructions.
3. Refer to PHF policy "Facility Surveillance and Inspection" for further details.

### 3.6. Linen

1. Handle, transport, and process used linen soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures. Avoid contamination of clothing and the environment.
2. Refer to PHF policy "Linen/Laundry Management: Infection Control" for further details.

### 3.7. Sharps and Risk of Bloodborne Pathogens

1. To prevent injuries, staff will utilize standard precautions when using and disposing of needles and other sharp instruments or devices and when cleaning used instruments.
2. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or activate the safety feature.
3. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand.
4. Place used disposable syringes and needles and other sharp items in appropriate puncture-resistant containers, leak-proof and biohazard labeled containers which are located as close as practical to the area in which the items were used.
5. Use safety devices and features whenever possible.

### 3.8. Safe Injection Practices

1. Used needles may not be re-injected into multi-dose vials or saline containers.
2. Use a sterile needle and syringe for each puncture of multi-dose vials.
3. If multi-dose vials are used a sterile syringe and needle must be used every time.

### 3.9. Patient Placement

1. For patients who may contaminate the environment or do not or cannot be expected to maintain appropriate hygiene or environmental control, a private room is preferable.

### 3.10. Respiratory Hygiene/ Cough Etiquette

1. Teach patients and employees to cover coughs and sneezes and wash hands immediately after.
2. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.
3. Employees may wear masks when a communicable respiratory disease is suspected.

**ASSISTANCE**

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**REFERENCE**

Centers for Disease Control

<http://www.cdc.gov/>

**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION

***Culturally and Linguistically Competent Policies***

*The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).*