



Section	Psychiatric Health Facility (PHF)	Effective:	4/6/2011
Sub-section	Infection Control		
Policy	Infection Control Physical Environment	Last Revised:	4/25/2017
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	#100-D – Infection Control Physical Environment (3/24/11)	Audit Date:	4/25/2018
Approvals:	Infection Control Committee Approval Date:		
	PHF MPC Approval Date:		

1. PURPOSE/SCOPE

- 1.1. To describe the role of ancillary departments in the establishment of a safe patient care environment at the Santa Barbara Psychiatric Health Facility (PHF).

2. POLICY

- 2.1. The PHF shall provide a safe and sanitary patient care environment. There shall be an active program for the prevention, control and investigation of infections and communicable diseases.

3. STANDARDS

- 3.1. Santa Barbara County provides physical maintenance of the PHF through contracted providers, County General Services and Behavioral Wellness Facilities Management. The PHF will be maintained in accordance with federal, state and local regulations. National standards for the healthcare environment will be met.
- 3.2. The PHF will provide laundry services through a contracted provider. Laundry services will be done in accordance with federal, state and local regulations. National standards of practice will be met as set forth by such organizations as the Centers for Disease Control (CDC) and the Association for Professionals in Infection Control and Epidemiology (APIC) and related organizations.

- 3.3. Santa Barbara County General Services, contracted providers and Behavioral Wellness Facilities Management will provide maintenance of heating, air conditioning, ventilation and the general maintenance of the hospital in accordance with national standards of practice.
- 3.4. Records of maintenance are kept by the Behavioral Wellness Facilities Manager. When a work order is initiated, the original work order is processed through Facilities Management and work is initiated through them. A copy of the work order and record of completion is retained in the Facilities Management office.
- 3.5. Housekeeping/cleaning services will be provided by a contracted vendor. Work will be done in accordance with federal, state and local regulations. National standards and guidelines from the CDC and APIC and related organizations will be met.
- 3.6. There will be sufficient supplies and equipment available for housekeeping necessary in the absence of the contracted provider, including, but not limited to:
 1. Cleaning supplies and equipment will be labeled and stored in a secure and sanitary manner.
- 3.7. Supplies and equipment will be available to the staff for use when cleaning/janitorial services are not available.
- 3.8. Emergency maintenance can be obtained 24 hours per day, seven days per week, including holidays, evenings and weekends.

4. **INFECTION CONTROL COMMITTEE**

- 4.1. The Infection Control Committee will be responsible for an active program for the prevention, control and investigation of infections and communicable diseases.
- 4.2. The PHF Medical Practice Committee (MPC) will approve the appointment of an Infection Control Officer.
- 4.3. The Infection Control Committee will establish guidelines for determining presence and classification of infection.
- 4.4. The Infection Control Committee will report to the PHF MPC either verbally or in writing on a quarterly basis.
- 4.5. The Infection Control Committee will develop and maintain an Infection Control Plan which will be approved by the PHF MPC annually.
- 4.6. PHF staff will receive annual training on the Infection Control Plan.

ASSISTANCE

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REFERENCE

Association for the Healthcare Environment (AHE)

American Society for Healthcare Engineering (ASHE)

Healthcare Laundry Accreditation Council

Centers for Disease Control (CDC)

Association for Professionals in Infection Prevention and Epidemiology: APIC Text on Infection Control and Epidemiology 2014

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).