



Current Status: *Active*

PolicyStat ID: 5149472



Origination: 03/2005
Effective: 07/2018
Last Approved: 07/2018
Last Revised: 07/2018
Next Review: 07/2021
Owner: *Sherie Goldbach: Infection Prevention Registrar*
Policy Area: *Infection Prevention*
Policy Tag Groups:
Applicability: *UNC Medical Center*

Psychiatric Units

I. Description

Describes infection control guidelines for the Psychiatry Service

II. Rationale

Patients receiving inpatient psychiatric care are often at an increased risk of infection due to underlying health problems and treatment therapies based upon group activities. Strict adherence to infection control policies and procedures can reduce the risk of infection for patients and healthcare personnel.

III. Policy

A. Personnel

1. Personnel should adhere to guidelines established by the Hospital Occupational Health Service (see the [Infection Control and Screening Program: Occupational Health Service](#)).
2. Employees should report all needlestick/sharps, mucous membrane, and non-intact skin exposures from blood and other potentially infectious materials. Hospitals employees should report the exposure to OHS by calling the Needlestick Hotline at 984-974-4480. University employees should report the exposure to University Employee Health Service at 966-9119.
3. Eating, drinking, and applying cosmetics, lip balm or handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens.
4. Infection control education, to include bloodborne pathogens and tuberculosis, is provided annually via the Learning Management System.
5. Hand hygiene will be performed in accordance with the Infection Control Policy 0024: **Hand Hygiene and Use of Antiseptics for Skin Preparation**.
6. Personnel will follow the Infection Control Policies: **Exposure Control Plan for Bloodborne Pathogens and TB Control Plan**.

B. Patient Care

1. Assess patients for early signs of infection and report to the patient's physician promptly.

2. Staff will educate patients as needed to promote personal hygiene, health maintenance, infection prevention, and maintenance of a sanitary environment. They will also assist and monitor patients as needed to ensure good personal hygiene.
3. Sexual activity between patients is against hospital policy and therefore prohibited. All incidents and reports of incidents of patient sexual activity should be reported to the attending physician and the nursing supervisor as soon as possible. (Refer to the UNC Health Care Operational Policy: "Sexual Activity Involving Patients Admitted to UNC Hospitals.")
4. Personal equipment must not be shared (i.e., razors, combs, toothbrushes). Staff will educate the patient upon admission regarding the importance of keeping personal hygiene items such as toothbrushes labeled and stored separately from their roommate's items. Razors are checked out from the nursing staff, used under supervision, and returned to staff and disposed of in the puncture-proof sharps container.
5. Plastic trash can liners are not used in the patient rooms for safety reasons. Brown paper bags are used as liners. For the patient rooms likely to have contaminated trash (e.g., diapered patients or those with dressings), waxed paper bags will be used as liners. Nursing staff will place any nonregulated contaminated trash in the white biohazard bag trash kept in the Soiled Holding Room. If a trash can in a patient room becomes contaminated, it must be disinfected with an EPA-registered disinfectant or a 1:10 solution of bleach and water. Refer to [Guidelines for Disposal of Regulated Medical Waste](#) if questions arise about regulated versus nonregulated waste.
6. Patients' clothes will be washed in hot water with commercially prepared detergents and dried separately. Laundering facilities should be separate from patient rooms, from areas of food preparation and storage, and from areas in which clean materials and equipment are stored. The washer and dryer should be wiped down with an EPA registered disinfectant (e.g., MetriGuard, SaniCloth) on a routine basis (e.g. weekly) or when visibly soiled. No special wash cycle is required for patients colonized or infected with antibiotic-resistant microbes (e.g., VRE, MRSA) as the normal wash cycle has been found effective in eliminating such organisms from the clothes and washing machine.
7. Patients may leave the unit at times. This may increase the likelihood of infections on a psychiatric unit.
 - a. Exposure to friends and relatives with infectious processes may result in patients returning with infections or having infections that may be incubating. Inquire for history of possible exposure.
 - b. Observe patients for early signs of infection and report to the patient's physician.
8. All patients should be considered potentially infectious with a bloodborne pathogen. Standard Precautions will be used for all patients.
 - a. Staff should provide an environment which will reduce the opportunity for injury and infection. Sharps disposal containers are not located in areas of patient access; they are located in the Nursing Station area. Staff should utilize engineering controls such as safety syringes, IV catheters, and blood drawing devices unless medically contraindicated. (Refer to: **Exposure Control Plan for Bloodborne Pathogens.**)
 - b. Staff will use clean nitrile gloves for those activities in which there is a risk of exposure to blood and other potentially infectious materials (OPIM). Employees with a known or suspected nitrile sensitivity should be evaluated by OHS.
9. Respiratory hygiene/cough etiquette is a Standard Precaution employed to decrease the potential for transmission of respiratory pathogens. Components of respiratory hygiene/cough etiquette include:

- a. Careful and ongoing screening of patients and visitors for signs or symptoms of respiratory illness (e.g., fever, cough).
- b. Place patients with respiratory symptoms in a private room as soon as possible on droplet and contact precautions.
- c. Continue to use Droplet and Contact Precautions to manage patients with respiratory symptoms until it is determined that the cause of symptoms is not an infectious agent that requires precautions beyond Standard Precautions or until the patient is determined non-infectious.
- d. For a list of droplet spread diseases such as RSV, Influenza, and Pertussis requiring precautions beyond Standard Precautions and the appropriate precautions needed refer to the [Infection Control Policy: Isolation Precautions](#) Appendix 3: Quick Glance for Respiratory Virus Panel Isolation Precautions.

10. Implementation of Isolation Precautions on Psychiatry Inpatient Units

- a. All psychiatry units will follow Airborne, Droplet, Enteric and Protective Precautions as specified in the [Isolation Precautions Infection Control Policy](#).
- b. When a patient with a known or suspected communicable disease is admitted to the Psychiatry Service, he/she should be admitted initially to a private room and placed on the appropriate empiric isolation precautions until a full assessment can be made. Decisions regarding patient care and disposition are coordinated between the unit attending and the nursing supervisor.
- c. Private rooms are available on most inpatient units for patients requiring Isolation Precautions. For units (e.g. eating disorders unit) which do not have a private room, a private room can be made by "blocking" a bed in a double occupancy room.
- d. Rooms with special ventilation required for Airborne Precautions are located on the 3rd, 4th and 5th floors of the Neurosciences Hospital. When the patient requires Airborne Precautions, nursing staff will: (1) ensure the switch (if present) is turned to negative; (2) use a tissue test to verify negative pressure on admission and daily and (3) record the results in the electronic medical record. The [Tuberculosis Control Plan](#) will be followed for the appropriate isolation guidelines with patients who have or are suspected to have tuberculosis. The inpatient psychiatric facility at Wakebrook does not have negative pressure isolation rooms, thus cannot house patients with confirmed or suspected pulmonary tuberculosis. Patients who present at Wakebrook with suspected pulmonary tuberculosis should be transferred to an institution with an appropriate negative pressure room. Prior to transfer, patients should wear a tightly fitting surgical mask and be placed in a private room.
- e. If isolation precautions are difficult to implement due to uncooperative behavior, the treatment team will consult Hospital Epidemiology regarding the individual patient's needs and will consider the level of supervision needed. Actions may include more frequent observation or one-to-one staff to patient care.
- f. When a cluster of healthcare-associated infections is recognized, then appropriate Isolation Precautions should be instituted for all identified cases per Hospital Epidemiology.
- g. When 2 or more patients or staff have gastroenteritis (vomiting ≥ 2 times and/or diarrhea ≥ 2 loose stools] in a 24-hour period with or without fever and abdominal pain), then Hospital Epidemiology should be consulted.
- h. Patients on Droplet or Airborne Precautions may not attend group activities or common areas even

- with a surgical mask.
- i. Contact the Infection Preventionist (IP) for assistance as needed by calling 984-974-7500 between 7:30 a.m. and 4:00 p.m. Monday through Friday. After normal business hours and on weekends and holidays the IP on call may be reached by calling the Hospital Operator or by paging 216-2935.
 - j. Patients with MRSA, VRE and other Multiple-Antibiotic Resistant Organisms (MDROs):
 - i. Since the function and population of these units are more similar to a long-term care facility than an acute care setting, Standard Precautions are generally adequate for patients colonized/infected with MRSA, VRE and other MDR bacteria.
 - ii. In general, patients admitted to the psychiatry units who are colonized or infected with MRSA, VRE or other MDR bacteria may use the common areas, recreational areas, and dining facilities within the unit under the following guidelines:
 - Patients with any open skin lesions or wounds must have them completely covered with clean, dry dressings when leaving their rooms for activities.
 - Patients should perform hand hygiene whenever they may be contaminated (e.g., after bathroom visit) and before they leave their rooms for common areas.
 - The VRE colonized or infected patient should be continent of stool and should not have diarrhea.
 - iii. Patients with MRSA, VRE, or other MDRO will be housed in a private room.
 - iv. It is not necessary to place the Contact Precautions sign on the patient's door.
 - v. It is not necessary to wear gloves and gown to enter the patient's room. Standard Precautions will be practiced by staff. This includes hand hygiene before and after patient contact.
 - vi. If the patient must leave the unit for testing or therapy, it is not necessary for them to wear a gown or gloves or for the nurse to call ahead to inform the receiving department that Contact Precautions should be followed.
 - vii. If the patient must be transferred to another unit in one of the UNCHCS acute care facilities or the Rehabilitation Unit, the provider writing the transfer orders will write an order for Contact Precautions and the nurse calling report to the new unit will notify the new unit of the necessity for Contact Precautions.
 - k. **Indications for Contact Precautions as practiced in the acute care setting:** On the psychiatry units some patients will require Contact Precautions as practiced in the acute care setting, as specified in the [Infection Control Policy: Isolation Precautions](#). Decisions on which patients require Contact Precautions are based upon the organism, the site and the severity of infection. Patients who should be placed on Contact Precautions as practiced in the acute care setting include the following:
 - i. Patients infected or colonized with MRSA, VRE, or other MDR bacteria with wound drainage that cannot be completely covered with a dressing that remains clean, dry and intact while the patient is out of their room.
 - ii. Patients infected or colonized with MRSA, VRE, or other MDRO bacteria with a tracheostomy who are unable to handle secretions (i.e., cover their cough with tissue, dispose of tissue

appropriately and perform hand hygiene after tissue disposal).

- iii. All patients admitted to a Psychiatric Unit with a painful vesicular rash (painful skin rash with blisters) where Varicella Zoster Virus - VZV (Shingles) is suspected, should be placed on Contact Precautions and if disseminated (>2 dermatomes) requires Airborne Precautions plus contact precautions.
 - iv. Cystic fibrosis patients, only if there is more than one patient with Cystic fibrosis on the unit
 - Cystic fibrosis patients will not be required to wear a surgical mask while in the common areas if they are the only CF patient admitted to the unit. If there is more than one CF patient admitted, all patients with CF must wear a surgical mask while in common areas. CF patients cannot be placed in shared rooms with other CF patients.
 - v. Patients with lice, scabies, or other ectoparasites.
 - vi. Patients with upper respiratory infection (e.g. positive for adenovirus, metapneumovirus, parainfluenza virus, RSV, or rhino/enterovirus in the respiratory tract. Droplet Precautions are also required. Refer to [Infection Control Policy: Isolation Precautions](#), Appendix 3 Quick Glance for Respiratory Virus Panel Isolation Precautions.
 - vii. Patients with conjunctivitis
- I. **Indications for Enteric-Contact Precautions as practiced in the acute care setting:** On the psychiatry units some patients will require Enteric-Contact Precautions as practiced in the acute care setting, as specified in the [Infection Control Policy: Isolation Precautions](#). Patients who should be placed on Enteric-Contact Precautions as practiced in the acute care setting include the following:
- i. *Clostridium difficile* is suspected (i.e., ≥ 3 loose stools in a 24 hour period by patient history or observations) or laboratory confirmed. Patients with confirmed *Clostridium difficile* require Enteric-Contact precautions for the duration of treatment plus 30 days. Patients with confirmed *Clostridium difficile* may attend group therapies when they have been asymptomatic for 48 hours. Before attending group therapies patients must:
Wear a clean hospital gown or clean clothing, perform hand hygiene with soap and water, and be instructed to not handle items in the shared environment
 - ii. Acute infectious gastroenteritis is suspected or laboratory confirmed (e.g. norovirus) Patients with suspected or laboratory confirmed gastroenteritis must be placed on Enteric-Contact precautions for the duration of symptoms and 48 hours after symptom resolution. Patients with suspected or laboratory confirmed gastroenteritis may not attend any group therapies or enter shared common spaces until they have met the above criteria.
 - m. All Psychiatric units will follow the UNCH policy for discontinuing isolation for these patients as specified in the [Infection Control Policy: Isolation Precautions](#). For patients on Contact Precautions or Enteric Precautions, staff should be familiar with and follow the "Guidelines for Therapeutic Activities for Patients on Contact Precautions" located in the [Infection Control Policy: Isolation Precautions](#). Patients on Enteric Contact or Contact Precautions may leave their rooms for "essential purposes only." If the patient's attending physician considers group therapy essential for the patient's treatment and rehabilitation, then the patient may be allowed to attend the session if all the following are met:
 - i. Patient is afebrile.

- ii. Patients with confirmed *Clostridium difficile* may attend group therapies when they have been asymptomatic for 48 hours.
- iii. Patients with suspected or laboratory confirmed gastroenteritis must be placed on Enteric-Contact precautions for the duration of symptoms and 48 hours after symptom resolution (e.g. 48 hours after last episode of emesis or loose stool).and cannot attend group therapies or common shared spaces.
- iv. Patient with lice, scabies, or other ectoparasite has been on appropriate treatment for 24 hrs.
- v. Dressings are dry and intact. Patients with uncontrolled wound drainage must remain in their rooms.
- vi. The patient with a tracheostomy is capable of practicing respiratory hygiene and is provided with appropriate supplies (e.g., tissues, bag for disposal of tissues, assistance with hand hygiene).

C. Children

1. All children admitted to the Pediatric Psychiatry Unit should be screened for communicable diseases or exposure to communicable diseases (e.g., varicella) before interaction with patients or staff. All children admitted should have an immunization review.

D. Visitors

1. Visitors exhibiting obvious signs of illness must be excluded from visiting. Visitors must be instructed regarding appropriate hand hygiene and receive proper instruction regarding Isolation Precautions procedures when indicated. Children's visitation information and further visitor information may be obtained in the UNC Health Care Administrative Policy: "[Hospital Visitation.](#)"

E. Toys

1. Small items to be used by younger children (who have a tendency to put things in their mouths) should be made of a cleanable material.
2. Used cleanable toys (e.g. non porous items such as plastic blocks) are cleaned with an EPA registered hospital disinfectant on a routine basis and when visibly soiled. If the EPA- registered disinfectant contains bleach, accelerated hydrogen peroxide or quaternary ammonium compounds, the toy should be rinsed or wiped with tap water and dried following the use of the disinfectant.
3. Non-cleanable toys (e.g., porous items such as puzzles, cardboard, books, etc.) may be used children who do not place toys in their mouths.
4. When non-cleanable toys become soiled (e.g., with secretions) they should be given to the patient or discarded.
5. New toys brought into the playroom do not need to be sterilized or disinfected.
6. Toys that are not cleanable should not be taken into the room of a patient on isolation precautions unless they can be given to the patient. Preferably, the child should have his own toys or be given toys he can keep.
7. Cleanable toys used by a patient on isolation precautions should be cleaned with an EPA registered hospital disinfectant and then rinsed or wiped with tap water and dried before being returned to the

playroom for use by other children.

8. Robotic pets used for therapy with geriatric psychiatric patients should be cleaned between each patient use and on a routine basis (e.g., weekly) with an EPA-registered disinfectant (i.e., Super Sani-Cloth or accelerated hydrogen peroxide spray). Robotic pets may not be used for patients on Contact or Enteric Precautions, or patients with draining wounds. Patients should perform hand hygiene before and after robotic pet use. During an outbreak situation, robotic pets may be discarded at Hospital Epidemiology's discretion.

F. Cleaning of Equipment

1. Stethoscopes, "fall out" chairs, patient lifts, merry walkers, patient tubs and other shared equipment owned by the unit that has contact with intact skin will be routinely cleaned between patients. An EPA registered disinfectant (Metriguard, SaniCloth) will be used for cleaning the equipment.
2. Ear specula are disposable and are thrown away after each use.
3. Blood pressure cuffs should be cleaned on a routine basis (e.g. daily) when obviously soiled, or when used for a patient on Contact Precautions with an EPA registered disinfectant.
4. Leather restraints should be cleaned thoroughly after each use with an EPA registered disinfectant.
5. Tables in the Dayroom area should be cleaned before and after meals and when visibly soiled with an EPA registered disinfectant.

G. Patient Transfer Equipment

1. Transfer equipment may be reusable with a non-porous surface (i.e., slide boards), or may be single patient use with a porous surface (i.e., cloth slings). Reusable transfer equipment with a non-porous surface should be cleaned with an EPA registered disinfectant between each patient use and if visibly soiled or contaminated with blood or other potentially infectious material. Since slings and slides cannot be safely stored in the patient's room on Psychiatry, single patient use transfer equipment with a porous surface may be stored in the Laundry Room in a plastic bag large enough to easily and completely contain the item. The plastic bag that contains each sling or slide should be labeled with the patient's name. No part of the item should protrude from the bag. If a single patient use piece of transfer equipment becomes visibly soiled or contaminated with blood or other potentially infectious material, it should be discarded.

H. Housekeeping

The [Environmental Services Infection Control Policy](#) will be followed for cleaning of common areas and patient rooms.

I. Implementation

Implementation of this policy will be the responsibility of the Nurse Supervisors and Directors of the Psychiatric Services.

IV. References

"Statement on Psychiatric Mental Health Clinical Nursing Practice and Standards of Psychiatric Mental Health

Clinical Nursing Practice." American Nurses Association. 1994.

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting, Centers for Disease Control and Prevention, 2007.

APIC. (2009). The APIC text of infection control and epidemiology; Vol. 2 Essential elements (3rd ed.), Washington, DC. Pfiffer JA.

Attachments:

[1: Quick Glance to Identify Patients who Need Contact Precautions for MDRO in Psychiatric Services](#)

Approval Signatures

| Step Description | Approver | Date |
|---------------------------|---|---------|
| Policy Stat Administrator | Patricia Ness: Nurse Educator | 07/2018 |
| | Thomas Ivester: CMO/VP Medical Affairs | 07/2018 |
| | Emily Vavalle: Director, Epidemiology | 07/2018 |
| | Sherie Goldbach: Infection Prevention Registrar | 07/2018 |

Applicability

UNC Medical Center

COPY