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Applicability UNC Medical Center

Psychiatric Units

I. Description

Describes infection prevention and control guidelines for the Psychiatry Service

II. Rationale

Patients receiving inpatient or residential psychiatric care are often at an increased risk of infection due to underlying health problems, treatment therapies including close person-to-person interactions during group activities, and shared dining areas. Strict adherence to infection prevention policies and procedures can reduce the risk of infection for patients and healthcare personnel.

III. Policy

A. Personnel

1. HCP should adhere to all personnel guidelines in the following Infection Prevention policies, where applicable:
 - a. [Exposure Control Plan for Bloodborne Pathogens](#)
 - b. [Hand Hygiene and Use of Antiseptics for Skin Preparation](#)
 - c. [Infection Control and Screening Program - Occupational Health Service](#)
 - d. [Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#)
 - e. [Isolation Precautions](#)
 - f. [Tuberculosis Control Plan](#)

B. Patient Care

1. Assess patients on admission and routinely for early signs of infection or communicable disease and report to the licensed independent practitioner (LIP) promptly.
2. Staff will educate and assist patients as needed to promote personal hygiene, health maintenance, infection prevention, and maintenance of a sanitary environment.
3. Sexual activity between patients is against hospital policy and 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 Risk Management policy: [Sexual Activity Involving Patients](#) for details.
4. Personal hygiene items 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.
5. Plastic trash can liners are not used in the patient rooms for safety reasons. Brown paper bags are used as liners. Refer to Infection Prevention policy: [Guidelines for Disposal of Regulated Medical Waste](#).
6. Patients' clothes will be washed with commercially prepared detergents and dried separately. Refer to the Infection Prevention policy: [Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#).
7. Use Standard precautions per Infection Prevention policy: [Isolation Precautions](#) for all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.
8. Sharps disposal containers are not located in areas of patient access; they are located in the Nursing Station area. Refer to the Infection Prevention policy: [Exposure Control Plan for Bloodborne Pathogens](#).
9. Use respiratory hygiene/cough etiquette as a Standard Precaution to decrease the potential for respiratory pathogen transmission. 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:
 - i. It is determined that the cause of symptoms is not an infectious pathogen that requires precautions beyond Standard Precautions OR
 - ii. The patient is no longer infectious per [Attachment 3: Quick Glance for Respiratory Virus Panel Isolation Precautions](#) of the Infection Prevention policy: [Isolation Precautions](#).

10. Implementation of Isolation Precautions on Psychiatry Inpatient Units

- a. All psychiatry units will follow Droplet, Enteric and Protective Precautions as specified in the Infection Prevention policy: [Isolation Precautions](#).
- 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. Patients who require Airborne Precautions (e.g., confirmed or suspected tuberculosis, disseminated Varicella zoster, or chickenpox) should be moved to private room with negative pressure on an acute care unit. A complete listing of airborne isolation rooms is available on the [Infection Prevention intranet-site: Airborne Isolation Room locations throughout UNCMC](#). The inpatient psychiatric facility at Wakebrook does not have negative pressure isolation rooms, thus cannot house patients who require Airborne Precautions. Patients who present at Wakebrook and require Airborne Precautions 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 assess 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. Infection Prevention may be consulted if necessary.
- f. When a cluster of healthcare-associated infections is recognized, then appropriate Isolation Precautions should be instituted for all identified cases per Infection Prevention department.
- 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 Infection Prevention 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 8:00 a.m. and 4:30 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 through the hospital directory.
- j. Patients with Multidrug-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 MDROs.
 - ii. In general, patients admitted to the psychiatry units who are infected with MDROs may use the common areas, recreational areas, and dining facilities within the unit under the following guidelines:
 - a. Patients with any open skin lesions or wounds must have them completely covered with clean, dry dressings when leaving their rooms for activities.
 - b. Patients should perform hand hygiene whenever they may be contaminated (e.g., after bathroom visit) and before they leave their rooms for common areas.
 - iii. Patients with MDROs 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.
 - 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 Prevention 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 in psychiatric units include the following:
- i. Patients infected or colonized with MDROs 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 MDROs 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. Refer to the Infection Prevention policy: [Isolation Precautions](#) for more information.

- iv. Cystic fibrosis (CF) 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 per the Infection Prevention policy: [Isolation Precautions](#).
- vi. Patients with upper respiratory infections. Droplet Precautions are also required. Refer to [Attachment 3: Quick Glance for Respiratory Virus Panel Isolation Precautions](#) of the Infection Prevention policy: [Isolation Precautions](#).
- vii. Patients with conjunctivitis per the Infection Prevention policy: [Isolation Precautions](#).

I. Indications for Enteric Precautions as practiced in the acute care setting:

On the psychiatry units some patients will require Enteric Precautions as practiced in the acute care setting, as specified in the Infection Prevention policy: [Isolation Precautions](#). These patients include the following:

- i. *Clostridioides difficile* (*C. difficile*) is suspected (i.e., ≥ 3 loose stools in a 24 hour period by patient history or observations) or laboratory confirmed. Patients with confirmed *C. difficile* require Enteric precautions for the duration of treatment plus 30 days.
 - Patients with confirmed *C. 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 (e.g., norovirus) is suspected or laboratory confirmed.
 - 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. For patients on Contact Precautions or Enteric Precautions, staff should be

familiar with and follow the "Guidelines for Therapeutic Activities" for their respective precautions located in the Infection Prevention policy: [Isolation Precautions](#). Patients on Enteric or Contact Precautions may leave their rooms for essential purposes only.

C. Children

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 performed by LIP.

D. Visitors

Visitors must be free of contagious illnesses and must comply with all infection prevention requirements, including isolation precautions and hand hygiene when entering and exiting a patient's room. Refer to the [Hospital Visitation Policy](#).

E. Toys

For cleaning of toys, books, and other diversional supplies, refer to the Infection Prevention policy: [Diversional Supplies \(e.g., toys and books\)](#).

F. Cleaning of Equipment

1. All patient care equipment should be disinfected when visibly soiled, after use on a Contact Precautions or Enteric Precautions patient and on a regular basis (e.g., daily, weekly, etc.) Refer to the Infection Prevention policy: [Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#) for details.
2. Reusable transfer equipment with a non-porous surface (i.e., slide boards) 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.
3. 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, discard it.

G. Housekeeping

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

H. 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.

Association for Professionals in Infection Control and Epidemiology. (2014). The APIC text of infection control and epidemiology. APIC.

V. Related Policies

[Infection Prevention Policy: Diversional Supplies](#)

[Infection Prevention Policy: Environmental Services](#)

[Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens](#)

[Infection Prevention Policy: Guidelines for Disposal of Regulated Medical Waste](#)

[Infection Prevention Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation](#)

[Infection Prevention Policy: Infection Control and Screening Program: Occupational Health Service](#)

[Infection Prevention Policy: Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#)

[Infection Prevention Policy: Isolation Precautions](#)

[Infection Prevention Policy: Tuberculosis Control Plan](#)

[Hospital Visitation](#)

[Risk Management Policy: Sexual Activity Involving Patients](#)

Attachments

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

[Isolation Precautions - Att 2 - Quick Glance for Respiratory Panel Isolation Precautions .pdf](#)

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Kimberly Novak-Jones: Nurse Educator	04/2021
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