



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

**Programmatic
Policy and Procedure**

Section	Psychiatric Health Facility (PHF)	Effective:	DRAFT
Sub-section	Infection Prevention	Version:	1.0
Policy	Infection Prevention Program	Last Revised:	New policy
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	New policy		
Approvals:	PHF Medical Practice Committee:	PHF Governing Board:	

1. PURPOSE/SCOPE

- 1.1. To establish decision-making authority, oversight and accountability for the Santa Barbara County Psychiatric Health Facility (hereafter "PHF") Infection Prevention Program.
- 1.2. This policy applies to all PHF staff, health care workers (HCWs), and all others responsible for oversight, implementation, and adherence to infection prevention policies and procedures.

2. DEFINITIONS

- 2.1. **PHF Medical Practice Committee (MPC)** – oversight body comprised of the PHF Medical Director, physicians and other PHF leadership that is granted the authority and privileges to act as an Infection Prevention Committee. The PHF MPC shall provide advice on all proposed construction and have the responsibility for the provision of current and updated information on infection control policy and procedures for the PHF. [22 CCR §70739(b)]

3. BACKGROUND AND DEMOGRAPHICS

- 3.1. The PHF is a free-standing 16-bed psychiatric inpatient unit serving Santa Barbara County residents with no general acute care hospital or comprehensive medical support services onsite, and operates within the regulatory limits established by the California Health and Safety Code, the California Welfare and Institutions Code, and the Code of Federal Regulations. The Santa Barbara County Department of Behavioral Wellness oversees PHF operations. Approximately 60 PHF employees offer comprehensive diagnostic, treatment, rehabilitative, and social services. Additionally, Behavioral Wellness administrative, quality care management, and human resource personnel provide ancillary support.

4. POLICY/STATEMENT OF AUTHORITY

- 4.1. The PHF Governing Board and PHF MPC fully recognize that any infection acquired during hospitalization or any infection brought into the PHF is potentially hazardous for all persons in the facility. Therefore, the PHF MPC through its chairperson(s) and/or physician member(s) have the authority to institute any appropriate infection prevention and control measures or studies, and to recommend corrective action when there is considered to be a danger to any patient, visitor or personnel.
- 4.2. The PHF Infection Preventionist (IP) shall have the authority to institute any appropriate surveillance, prevention, and/or intervention measures when any condition exists that could result in the spread of infection or create a hazard for any person at the PHF.
- 4.3. The PHF MPC has the ultimate authority in the event of a disagreement between it and the IP related to Infection Prevention policies and procedures.

5. MISSION

- 5.1. The PHF will maintain an ongoing Infection Prevention Program for the surveillance, prevention, and control of infections and communicable diseases among patients, staff, and visitors, and investigations of same. The Plan shall comply with standards set forth by Associations for Professionals in Infection Control and Epidemiology (APIC), Centers for Disease Control and Prevention (CDC), Centers of Medicaid & Medicare Services (CMS) Conditions of Participation, and Title 22 of the California Code of Regulations.

6. VISION

- 6.1. The PHF Infection Prevention Program contributes to a safe care environment and practices.

7. HEALTH INFORMATION

- 7.1. With the assistance of the Department's Information Systems division, the PHF will make health information accessible when needed for patient care, treatment, and services by way of a HIPAA-compliant electronic health record.

8. INFECTION PREVENTION PROGRAM RESOURCES

- 8.1. The PHF shall allocate needed resources for the Infection Prevention Program, including laboratory resources and other necessary equipment and supplies.

9. IMMUNIZATIONS AND VACCINES

- 9.1. The PHF offers certain immunizations and vaccines to all staff assigned to work at the PHF. Influenza compliance rates and rates of declination are monitored by the PHF IP and data is presented to the PHF Governing Board. Please refer to the PHF policy *Employee Health Program and Infection Control* for more information.

10. MEDICAL EQUIPMENT, DEVICES, AND SUPPLIES

- 10.1. The PHF utilizes infection prevention practices when cleaning and performing low-level disinfection of medical equipment, devices, and supplies according to manufacturer's instructions. Device, equipment and supply disposal is also based on manufacturer's instructions and recommendations.

11. OUTBREAK INVESTIGATION

- 11.1. Outbreaks or suspected outbreaks of infectious disease will be investigated by the PHF IP and reported to the Santa Barbara County Public Health Department in accordance with Title 17 of the California Code of Regulations and the PHF policy *Reportable Diseases, Conditions and Occurrences*.

12. POLICY, PROCEDURE AND PRACTICE DEVELOPMENT

- 12.1. The PHF adheres to applicable laws and regulations regarding infection prevention and uses evidence-based national guidelines in the development of infection prevention policies, procedures and practices. In the absence of such guidelines, subject matter experts are consulted.

13. STANDARD AND TRANSMISSION-BASED PRECAUTIONS (TBP)

- 13.1. The PHF uses standard precautions and TBP to reduce the risk of infection as outlined in the PHF's policies *Standard Precautions* and *Transmission-based Precautions*.

14. REPORTS

- 14.1. Surveillance data is reported internally to appropriate committees as required. Infection prevention reports are provided to the PHF Nursing Supervisor on a shared drive where the PHF IP stores these documents.
- 14.2. Key indicators are reported externally to the PHF Governing Board as required. The PHF IP may report surveillance data in other forms and to other oversight bodies for informational purposes and for performance improvement activities.

15. SINGLE-USE DEVICES

- 15.1. The PHF does not reprocess single-use devices which are discarded after each use. Please refer to the PHF's policy *Safe Injection Practices, Single-Use Devices and Sterile Fluid Management*.

16. TUBERCULOSIS

- 16.1. The PHF has an infection prevention plan to minimize, reduce, or eliminate the risk of infection from tuberculosis (TB) as outlined in the PHF policy *Employee Health Program and Infection Control and TB Screening for Patients*.

ASSISTANCE

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REFERENCE

California Code of Regulations - Licensing and Certification of Health Facilities
Title 22, Chapter 1, Section 70739

Association for Professionals in Infection Prevention and Epidemiology (APIC)
4th edition, 1-7, 1-4, Section 62:2

RELATED POLICIES

[Employee Health Program and Infection Control](#)

[Standard Precautions](#)

[Transmission-based Precautions](#)

[Reportable Diseases, Conditions and Occurrences](#)

[TB Screening for Patients](#)

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).