



Section	Psychiatric Health Facility (PHF)	Effective:	4/6/2011
Sub-section	Infection Control	Version:	23.0
Policy	Infection Control Physical Environment	Last Revised:	DRAFT
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	Infection Control Physical Environment 8/23/17	Audit Date:	DRAFT
Approvals:	PHF Medical Practice Committee: PHF Governing Board:		

1. PURPOSE/SCOPE

- 1.1. To describe the ~~role responsibilities of the Santa Barbara County Psychiatric Health Facility (PHF) staff, PHF Medical Practice Committee (MPC), and of the Infection Prevention program and~~ ancillary departments in the maintenance of a safe ~~and hygienic~~ patient care environment at ~~the Santa Barbara County Psychiatric Health Facility (the PHF).~~

2. DEFINITIONS

- 2.1. ~~PHF Medical Practice Committee (MPC) – oversight body comprised of the PHF Medical Director, physicians, the Infection Preventionist (IP), and other PHF leadership that is granted the authority and privileges to act as an Infection Prevention Committee.~~

2.3. POLICY

- 2.1-3.1. ~~The PHF Medical Practice Committee (MPC) will be responsible shall provide a safe and sanitary hygienic patient care environment. There shall be anfor an active Infection Prevention Program for the prevention, control, and investigation of infections and communicable diseases.~~

- 2.2-3.2. ~~Santa Barbara County will provides physical maintenance of the PHF through contracted providers, Santa Barbara County General Services (General Services) and Behavioral Wellness Facilities Management (Facilities Management). ~~The PHF will be maintained~~ in accordance with national standards of practice as well as federal, state and local regulations. ~~National standards for the healthcare environment will be met~~~~

4. MPC's RESPONSIBILITIES

4.1. The responsibilities of the PHF MPC include:

- 1. Approving the appointment of an Infection Preventionist;**
- 2. Developing and approving an Infection Control Risk Assessment and an Infection Control Plan on an annual basis;**
- 3. Ensuring PHF staff receive infection prevention training on the Infection Control Plan upon hire, on an annual bases, and when revised and that it is documented in their individual employee files;**
- 4. Approving guidelines for determining the presence and classification of infection; and**
- 5. Reviewing an Infection Control Report either verbally or in writing on a quarterly basis.**

3.5. STANDARDS PHF AND ANCILLARY DEPARTMENTS RESPONSIBILITIES

5.1. The PHF will utilize contracted providers for:

- 1. ~~Hygienically clean laundry service (see Healthcare Laundry Processing policy); and using laundry services through a contracted laundry services provider. Laundry services will be performed 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 and Prevention (CDC), the Association for Professionals in Infection Control and Epidemiology (APIC), and the Healthcare Laundry Accreditation Council and related organizations.~~**
 - a. ~~In house laundering equipment will be used for washing patients' personal clothing.~~**
- 2. ~~Janitorial services. Housekeeping/Janitorial/cleaning services will be provided by a contracted vendor. Work will be performed in accordance with federal, state and local regulations. National standards and guidelines from the CDC, APIC and related organizations will be met.~~**
 - a. ~~Cleaning supplies used must be approved by the PHF IP Medical Practice Committee (MPC) and Infection Control Preventionist.~~**
 - b. ~~Disinfectants must be EPA approved.~~**
 - c. ~~In the absence of the a contracted janitorial provider, housekeeping PHF staff will perform cleaning duties are performed by PHF staff.~~**
 - i. ~~The PHF will maintain sufficient cleaning supplies and equipment for housekeeping needs.~~**
 - ii. ~~Cleaning supplies and equipment will be labeled and stored and stored in a secure and sanitary manner.~~**

- 4.2 ~~Santa Barbara County General Services (General Services), contracted providers, and Behavioral Wellness Facilities Management (Facilities Management) will provide the general maintenance of the PHF in accordance with national standards of practice.~~**

~~Records of maintenance are kept by the Behavioral Wellness Facilities Manager. When a work order is initiated, Facilities Management will process the original work~~

order ~~and retain~~ ~~is processed through Facilities Management and work is initiated through them.~~

1. ~~A~~ copy of the work order and record of completion ~~is retained~~ in the Facilities Management ~~office~~ ~~department files~~.

1.2. ~~Santa Barbara County~~ General Services will use contracted providers ~~to provide for~~ maintenance of heating, air conditioning, and ventilation of the PHF ~~in accordance with national standards of practice.~~

2.3. Emergency maintenance can be obtained 24 hours per day, seven days per week, including holidays, evenings and weekends ~~(see Emergency Preparedness Communication Plan).~~

3.4. Any PHF maintenance activities ~~s~~ (including ~~repair, construction, demolition, and remodeling, renovation and construction activities~~) that impact ventilation or involve a disruption in water service ~~pose a risk for causing infection. These activities and~~ requires a consult with the Infection Preventionist ~~IP and may require an n Infection Control Construction Permit (see Attachment A) in accordance with (see Prevention of Construction, Demolition, and Remodeling Related Infection policy).~~ For significant projects that require substantial planning and set-up, please refer to the PHF's "Hospital Construction and Renovations" policy.

~~4. PHF MEDICAL PRACTICE COMMITTEE (MPC)~~

4.1. ~~The PHF Medical Practice Committee (MPC) will be responsible for an active program for the prevention, control and investigation of infections and communicable diseases. The responsibilities of the PHF MPC include:~~

~~— Approving the appointment of an Infection Control Officer~~

1. ~~Developing and approving an Infection Control Risk Assessment and an Infection Control Plan on an annual basis.~~

2. ~~Establishing Approving guidelines for determining the presence and classification of infection.~~

3. ~~Reviewing an Infection Control Report either verbally or in writing on a quarterly basis.~~

4. ~~Developing and approving an Infection Control Plan on an annual basis.~~

~~— Ensuring PHF staff receive training on the Infection Control Plan on an annual basis.~~

ASSISTANCE

~~Infection Preventionist Elise McKee, MSN, PHN, RN, CIC, Infection Prevention Consultant~~

ATTACHMENTS

~~Attachment A – PHF Infection Control Construction Permit~~

REFERENCE

Association for the Healthcare ~~Environment~~ ~~(Environment)~~ (AHE)

American Society for Healthcare Engineering (ASHE)

Healthcare Laundry Accreditation Council

Centers for Disease Control (CDC). [Best Practices for Environmental Cleaning in Healthcare Facilities, Appendix D](#)

Association for Professionals in Infection Prevention and Epidemiology: APIC Text [On-Line on Infection Control and Epidemiology 2014](#)

[Emergency Preparedness Communication Plan](#)

[California Code of Regulations](#)

[Title 22 Section 70739\(a\)\(3\)](#)

[Code of Federal Regulations](#)

[Title 42 Section 482.42](#)

RELATED POLICIES

[Healthcare Laundry Processing](#)

[Prevention of Construction, Demolition, and Remodeling Related Infection](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
8/17/17	2.0	<ul style="list-style-type: none"> In Section 3.3, clarified General Services' responsibilities for contracting PHF maintenance needs. In Section 3.4, established general maintenance responsibilities for General Services, Behavioral Wellness Facilities management and contracted vendors. In Section 3.6, stated that cleaning supplies must be approved by PHF MPC and Infection Control Preventionist. In Section 3.7, clarified PHF staff housekeeping/ cleaning responsibilities when the contracted vendor is absent. In Section 3.9, established construction permit requirements for maintenance or construction that impacts ventilation or involves a disruption in water service.
DRAFT	3.0	<ul style="list-style-type: none"> Moved Section 2.2 from the Standards Section Changed the name of Section 3 from PHF Medical Practice Committee to PHF MPC Responsibilities and made it the first section of the procedures Deleted repeated references to the different organizations Added related policies section.

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).

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