



Section	Infection Prevention	Effective:	8/18/16
Sub-section		Version:	2.0
Policy	<u>Facility Surveillance and Inspection Infection Control Inspection</u>	Last Revised:	<u>DRAFT</u>
Director's Approval	_____	Date	_____
	Pamela Fisher, PsyD		
PHF Medical Director's Approval	_____	Date	_____
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Supersedes:	<u>Facility Surveillance and Inspection eff. 8/18/16</u>		
Approvals:	PHF Medical Practice Committee: PHF Governing Board:		

1. PURPOSE/SCOPE

- 1.1. To establish a ~~system-wide infection~~multi-disciplinary surveillance and inspection program at the Santa Barbara County Psychiatric Health Facility (hereafter the "PHF") to include but not limited to Infection Prevention and Safety.
- 1.2. To prevent, control, and minimize the transmission of communicable diseases and protect the health and safety of patients, staff, and visitors.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

2.1. Infection ontrolFacility Inspection – ~~surveying and searching~~Assessment of the facility environment by the Multi-disciplinary Inspection Team to detect, isolate and sanitize contaminants, biological wastes and other potentially potential opportunities for improvement regarding infections, injuries, or illnesses. infectious matters that may cause injury or illness due to exposure.

2-1-2.2. Multi-disciplinary Inspection Team – may consist of the Team Leader, the PHF Safety Officer, Infection Preventionist, Nursing Supervisor, Facilities Manager, or Quality Care Management staff.

3. POLICY

- 3.1. All PHF employees, contractors, interns, and volunteers are expected to be continuously vigilant for infection control hazards and other safety risks and shall exercise appropriate

due diligence to survey report any identified infection or safety hazards in accordance with Section 4.2 ~~them~~ to minimize risks including, the facility environment daily to minimize risk of infection to patients, staff and visitors.

~~3.2. Inspections of the facility shall be performed no less than once per month. The results and finding shall be documented via the *Environmental Rounds Worksheet for Infection Control* form (see Attachment A). Findings will be reported the PHF Infection Control Committee quarterly and be reflected in the meeting minutes of the Quality Assessment and Performance Improvement (QAPI) Committee.~~

~~3.3.1.1. PHF staff shall utilize universal precautions during all inspection. This many include the use of Personal Protective Equipment (PPE) such as gloves, masks, protective eyewear and/or gowns.~~

4. **INSPECTION PROCEDURES**

4.1. The Multi-disciplinary Inspection Team:

1. ShaWill complete Facility Inspections for the purposes of identifying opportunities for improvement in infection control and safety no less than once per month. PHF staff
2. Sshall utilize universal standard precautions (see Standard Precautions policy) during all Facility Inspections. This many include the use of Personal Protective Equipment (PPE) such as gloves, masks, protective eyewear and/or gowns.
3. ShaWill fully document the Facility Inspection via the *Environmental Rounds Worksheet for Multi-disciplinary Inspections* form (see Attachment A) and submit it to the Infection Preventionist.
 - a. The Infection Preventionist shall cause the findings to be The findings are distributed to PHF Leadership and all necessary staff via email, phone call, or work order.
4. Report Hhigh risk incidents will be reported to the Medical Practice Committee as needed.

Outside of the Facility Inspections,

~~Facility inspections for the purposes of infection control will be:~~

~~Conducted no less than once per month. The frequency of inspections may be increased as directed by a team supervisor, the PHF Safety Officer or the Nursing Supervisor in the event of a potential contamination, increase in illness or other types of infection control incidents~~

~~In the event of potential contamination, increase in illness or other types of infection or infection control incidents, the team supervisor, the PHF Safety Officer or the Nursing Supervisor may increase the frequency of inspections.~~

- ~~1. Inspections will be Ccompleted by a Team Supervisor, the PHF Safety Officer or a designee.~~
- ~~2. Each inspection is to be Ffully documented via the *Environmental Rounds Worksheet for Infection Control form* (see Attachment A). Forms are submitted to the Infection Control Officer.~~

4.2. sStaff shallwicanl immediately communicate any identified deficiency or infection or safety hazards during the inspection to the Safety Officer, Infection Control

~~Officer Preventionist, or the Nursing Supervisor who shall make all efforts to address the issue immediately.~~

~~If a deficiency or infection hazard is identified during the inspection, the Safety Officer, Infection Control Officer or the Nursing Supervisor will be informed immediately. All efforts will be made to address the issue immediately.~~

~~The QAPI Committee will convene monthly to review the findings of the facility inspections and discuss the need for any further corrective action, including training, revision of policies and procedures or additional resources. Any corrective action should be fully documented in the meeting minutes. A summary of the previous month's finding will be reviewed quarterly at the Infection Control Committee and read into the record.~~

~~The Infection Control Committee will convene quarterly to review a summary of the previous month's finding and read into the record.~~

ASSISTANCE

Infection Preventionist

PHF Administrative Liaison

PHF Clinical Director

REFERENCE

Code of Federal Regulations
Title 42, Section 482.42

Centers for Disease Control and Prevention
Guidelines for Environmental Infection Control Practices in Health-Care Facilities:
Recommendations of CDC and the Healthcare Control Practices Advisory Committee
(HICPAC). MMWR 2003; 52 (No. RR-19): 1-48.
http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_hcf_03.pdf

ATTACHMENTS

Attachment A_- Environmental Rounds Worksheet for ~~Infection Control~~ Multi-disciplinary Inspections

RELATED POLICIES

Standard Precautions

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
DRAFT	2.0	<ul style="list-style-type: none"> • 1.1- Clarified the Scope of the policy • <u>Added definition “Multi-disciplinary Inspection Team”.</u> • <u>Changed 2.1 from Infection Control Inspection to Facility Inspection.</u> • 4.1- PPE moved from policy to procedure • 4.2- Clarified Facility Inspection procedure • 4.4- Delineated the specific action the Infection Control Committee <u>Multi-disciplinary Inspection Team</u> will take quarterly <u>monthly</u> • <u>Changed the title of the Attachment to Environmental Rounds Worksheet for Multi-disciplinary Inspections</u>

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).