

## NURSING SERVICES GUIDELINE INPATIENT BEHAVIORAL HEALTH

**Guideline:** Management of precautions  
patients in behavioral health



**Policy Number Superseded:**

**Responsibility:** Behavioral health staff

**Effective Date:**  
October 2024

**Purpose of Guideline:** To protect patients and staff from the transmission of disease while caring for a patient in precautions.

**Initial Effective Date:**  
July 2017

### **Procedure:**

- (A) All patients with an indication for precautions will be placed into a single room and have the appropriate sign displayed.
- (B) Staff will follow the infection control precautions policy when precautions is indicated which can be found here:  
[https://www.utoledo.edu/policies/utmc/infection\\_control/pdfs/3364-109-ISO-404.pdf](https://www.utoledo.edu/policies/utmc/infection_control/pdfs/3364-109-ISO-404.pdf)
- (C) Patients that require airborne precautions cannot be housed on behavioral health units.
- (D) For respiratory illness, please refer to “(H)” in this guideline.
- (E) Contact precautions and contact-D precautions patients may leave their room and attend group sessions and participate in the milieu under the following conditions.
  - (1) They are continent of stool and urine.
  - (2) Wounds are covered.
  - (3) Have clean hands.
  - (4) Have clean clothes.

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- (F) Isolation carts for precautions patients with all appropriate PPE will be stored in the clean room. If needed for a patient, the cart will be kept in the nurse's station. Appropriate PPE will be retrieved prior to each entry into the room.
- (G) Upon completion of the group activities, any seating used by a precautions patient will be cleaned with disinfectant wipes.
- (H) Management of patients with known respiratory viral illness (COVID, flu, etc.)
  - (1) When a patient has been identified as being positive for a respiratory viral illness but does not have a clinical need for medical admission the patient will remain in Kobacker.
    - (a) Patient is placed in a private room.
    - (b) If possible, the patient will stay in their room the majority of the day.
    - (c) If the patient cannot stay in their room, staff will help to mask the patient and help the patient with hand hygiene and insuring their clothes are clean when in the milieu.
    - (d) Staff will wear a well-fitted mask. If patients are actively coughing during interactions with the staff, staff will also wear eye protection.
    - (e) N95 masks will be available on the unit.
    - (f) In person visitation will be transitioned to alternative visiting measures per discretion of the unit director.
    - (g) Frequent cleaning and disinfection will be done in common areas of the unit, including the milieu and nurses station, throughout the day.
    - (h) If patient's symptoms worsen, the following criteria require ED evaluation.

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- (i) Severe dyspnea (dyspnea at rest and interfering with the ability to speak in complete sentences).
  - (ii) Oxygen saturation on room air of less than or equal to 90%, regardless of severity of dyspnea.
  - (iii) Concerning alterations in mentation (e.g. confusion, extreme changes in behavior, difficulty arousing) or other signs and symptoms of hypoperfusion or hypoxia (e.g. falls, hypotension, cyanosis, anuria, chest pain suggestive of acute coronary syndrome).
- (2) If there is known transmission identified from patient-to-patient on the unit, decision to disclose to new admissions will be made by the unit director. Decision will be based on the level of risk of the current patient population (e.g. wandering behaviors, medical co-morbidities that could lead to severe disease).
- (3) If transmission levels on the unit are exceeding an acceptable level, discussion will occur between the medical director of the unit and the CMO.

Approved by:

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Initial effective date:

July 2017

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Review/Revision Date:

May 2020  
October 2022  
June 2023  
October 2024

Next review date:

October 2027