



## **Nursing Service Guideline**

### **SBH (Senior Behavioral Health)**

**TITLE:**                    **MANAGEMENT OF PRECAUTIONS PATIENTS IN BEHAVIORAL HEALTH UNITS**

**Responsibility:**        Behavioral Health Staff

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

**Procedure:**

1. All patients with an Indication for Precautions will be placed into a single room and have the appropriate sign displayed
2. Staff will follow the Infection Control Precautions policy when Contact Precautions or Contact Precautions -D 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)
3. Patients that require Airborne Precautions cannot be housed on Behavioral Health units
4. For respiratory illness please refer to #8 in this guideline
5. Contact Precautions and Contact-D Precautions patients may leave their room and attend group sessions and participate in the milieu under the following conditions:
  - a. they are continent of stool and urine
  - b. wounds are covered
  - c. have clean hands
  - d. have clean clothes
6. Isolation carts for Precautions patients with all appropriate personal protective equipment 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
7. Upon completion of the group activities, any seating used by a Precautions patient will be cleaned with disinfectant wipes

8. Management of patients with known respiratory viral illness (COVID, flu, etc.)
- a. 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
  - b. Patient is placed in a private room
  - c. If possible, the patient will stay in their room the majority of the day
  - d. If the patient cannot stay in their room, staff will help to mask the patient and help the patient with hand hygiene and ensuring their clothes are clean when in the milieu
  - e. Staff will wear a well fitted mask. If patients are actively coughing during interactions with the staff, staff will also wear eye protection
  - f. N95 masks will be available on the unit
  - g. In person visitation will be transitioned to alternative visiting measures per discretion of the Unit Director
  - h. Frequent cleaning and disinfection will be done in common areas of the unit including the milieu and nurses' station throughout the day
  - i. If patient's symptoms worsen, the following criteria require ED evaluation:
    - 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)
  - j. If there is a patient with a respiratory infection on the unit and they cannot be isolated (e.g. wandering behaviors, unable to mask) disclosure will occur with new admissions
  - k. If transmission levels on the unit are exceeding an acceptable level, discussion will occur between the Medical Director of the unit and the CMO

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