I. BACKGROUND

Infection prevention covers a broad range of processes throughout the healthcare continuum. It requires epidemiological expertise and includes attention to medical devices (e.g., intravascular and alimentation devices, ventilators, equipment used for examination and therapies); the physical environment (e.g., air ducts, surfaces, construction/demolition); invasive procedures; carriage of pathogens by employees and other health professionals.

Infection prevention processes are managed by specialists in surveillance, reporting, investigating outbreaks, issues associated with HAI, consultation, education, policy development, observation, intervention, and monitoring the results of processes to prevent or reduce the risk of infectious transmission. In the best systems, data from many sources within the hospital—surveillance, invasive procedures, microbiology and pathology reports, admission/discharge/transfer reports, billing systems, integrated data systems and data mining reports, documentation systems, morbidity and mortality conferences, etc—can be used to identify trends and sources of infectious disease.

Despite intense efforts to decrease transmission, infection prevention remains a challenge to health care facilities, and in some ways it is more difficult now than in the past. Like other advances in patient care, the advent of antibiotics has dramatically improved patient care, but the emergence of antibiotic resistance means that new efforts of surveillance and prevention must be implemented in order to make progress against infection, and continuing efforts are needed to maintain earlier achievements. Advances in the technology of diagnostic and therapeutic equipment have not enjoyed concomitant advances in cleaning or reprocessing technologies. Finally, healthcare workers experience information overload, preventing them from attending to the most basic infection prevention strategies, such as hand hygiene, surface disinfection and patient placement.

According to the Centers for Disease Control and Prevention (CDC), HAI affect approximately 2 million patients annually in acute care facilities in the United States at an estimated direct patient care cost of approximately $3.5 billion per year. The Study on the Efficacy of Nosocomial Infection Control project, conducted by the CDC, and subsequent epidemiological studies found that up to one third of HAI can be prevented by an effective infection prevention program, yet only six to nine percent are actually prevented.

Recent publications contain lively discussions regarding diametrically opposing strategies to prevent HAI. Opportunities and requirements to report HAI to improvement collaboratives, accreditation and regulatory bodies and reimbursement institutions have increased exponentially. Infection Prevention resourcing must match the needs for data management and reporting as well as epidemiologic study to drive patient care improvement strategies of the institution.
II. POLICY
The University of California at San Francisco Medical Center and Children’s Hospital Department of Hospital Epidemiology and Infection Control (HEIC) embraces the following Goal, Mission and Vision:

A. HEIC Goal:
To be the voice of Infection Prevention for UCSF Medical Center and Benioff Children’s Hospital
To be a recognized leader in the field of Infection Prevention

B. HEIC Mission:
We change culture.
1. We align with the Mission of the Organization:
   a. Caring:
      We listen to our patients, students, staff and faculty in order to understand and appreciate infection-related concerns.
   b. Healing:
      We work with the people involved in patient and employee care to implement logical applications for effective, science-based, persistent and pervasive infection-prevention strategies.
   c. Teaching:
      We teach infection prevention awareness and behaviors formally - in the Medical Center and Benioff Children’s Hospital, the UCSF schools, and in the community - and informally at every opportunity.
   d. Discovering:
      We investigate the root causes of infection problems, and persistently seek solutions through collaboration, research and analysis of infection-related data and science.

III. REFERENCES

5. Ang, B et al. Surgical Masks for Protection of Health Care Personnel against Pandemic Novel Swine-Origin Influenza A (H1N1)–2009: Results from an Observational Study. CID 2010;50:1011-14.

6. CA Health and Safety Code, Chapter 2, Division 2, Article 3.5, commencing with Section 1288.5.

7. CA Health and Safety Code, Chapter 2, Division 2, Article 3.5, Sections 1255.8 and 1288.55

IV. HISTORY OF POLICY

Revised: 5/91, 7/92, 4/01, 9/03, 5/07, 5/10, 1/11, 6/15

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