UCSF Health
UCSF MEDICAL CENTER

Guideline of Essential Infection Prevention Practices in Ambulatory Clinics and Outpatient Procedural Areas

The purpose of this guideline is to highlight the evidence-based practices that are essential for preventing healthcare-associated infections in ambulatory care and outpatient procedural areas and is in alignment with relevant UCSF Medical Center policies. Ambulatory or procedural site managers/supervisors are responsible for ensuring that their staff adhere to these practices.

KEY TOPICS

Hand Hygiene

Policy Reference:

- Hospital Epidemiology and Infection Prevention Policy 1.2 Hand Hygiene Policy

Key Points:

- Perform adequate hand hygiene at all appropriate times, including:
  - Before entering a patient's room or examination area and before touching a patient, whether or not gloves are used.
  - Before performing an aseptic task (e.g., administering a vaccine or handling a patient's urinary catheter)
  - Before moving from working on a soiled body site to a clean body site on the same patient
  - After touching a patient or a patient's immediate environment
  - After contact with blood, body fluids, or contaminated surfaces
  - Immediately after glove and other personal protective equipment (PPE) removal
- Use hospital-approved products to perform hand hygiene:
  - For most situations, using an alcohol-based hand rub (ABHR) for hand hygiene is preferred. Handwashing with soap and water is an acceptable alternative.
  - Use soap and water for handwashing
    - If hands are visibly soiled.
    - After removing gloves following care of a patient with diarrhea.
  - Use a hospital-approved waterless surgical hand rub or antimicrobial soap and water surgical scrub before performing surgery

Standard and Transmission-Based Precautions

Policy Reference:

- Hospital Epidemiology and Infection Prevention Policy 1.1 Standard Precautions and Transmission-Based Isolation

Key Points:

- Use Standard Precautions in all settings where healthcare is delivered, regardless of a patient's diagnosis or suspected or confirmed infection status.
  - The required elements include hand hygiene, the appropriate use of personal protective equipment, respiratory hygiene/cough etiquette, and safe injection and medication preparation practices.
- Use Transmission-Based Isolation (Contact, Droplet, Airborne, Novel Respiratory Isolation) in addition to Standard Precautions when indicated by patients' signs or symptoms or confirmed diagnoses (e.g. COVID-19, influenza, tuberculosis)
  - Guidance around transmission-based isolation for specific infections is available on the Hospital Epidemiology and Infection Prevention (HEIP) website Isolation Table
  - Ambulatory Transmission-Based Isolation signage can be found in Appendix B of

Hospital Epidemiology and Infection Prevention Policy 1.1 Standard Precautions and Transmission-Based Isolation.

- To the extent possible, place patients who may need Transmission-Based Isolation into a single-patient room while awaiting clinical assessment. If an airborne infection isolation room (AIIR) is available, place patients requiring airborne isolation into the AIIR. For patients who are being transferred/admitted, notify accepting facilities and the transporting agency about the need for transmission-based precautions based on suspected or confirmed infections.
- Maintain appropriate Transmission-Based Isolation until the condition has been ruled out or the criteria for removal from isolation have been met.

Personal Protective Equipment (PPE)

Policy Reference:

- Hospital Epidemiology and Infection Prevention Policy 1.1 Standard Precautions and Transmission-Based Isolation

Key Points:

- As part of Standard Precautions:
  - Before entering a patient's room or performing a task, think about what PPE might be needed to avoid being exposed to blood, body fluids, and/or other infectious materials.
  - Wear gloves when touching blood, body fluids, non-intact skin, secretions, or contaminated items
  - Use a mask and eye protection or a face shield when splashes or spray of fluids are possible
  - Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could involve contact with blood, body fluids, secretions, or excretions.
- For patients on Transmission-Based Isolation, use all PPE required for the specific type(s) of isolation required for those patients. See UCSF Ambulatory Clinical Resources Infection Prevention & Control page for additional information.
- Remove and discard PPE, other than masks worn during periods of required masking (e.g., respiratory viral season), upon completing a task and/or before leaving the patient's room or care area. If a respirator (N95 or PAPR) is used, it should be removed and discarded AFTER leaving the patient's room or care area and closing the door.
- Do not use the same gown or gloves for care of more than one patient.

Respiratory Hygiene, Cough Etiquette, and Minimizing Potential Exposures

Policy Reference:

- Hospital Epidemiology and Infection Prevention Policy 1.1 Standard Precautions and Transmission-Based Isolation

Key Points:

- At the entrances and waiting areas, display "Respiratory Hygiene/Cough Etiquette" signs educating patients and visitors on symptoms and hygiene practices.
- Ensure that tissues, alcohol-based hand sanitizers, and masks are readily available. Set up clinic respiratory hygiene stations using this example as a reference.
- Provide masks to coughing patients and instruct them to use the mask to cover their nose and mouth.

- Move patients with signs or symptoms of infections requiring Droplet or Airborne Isolation (e.g., respiratory infections, fever with rash) into a private exam room as soon as possible. If an airborne infection isolation room (AIIR) is available, place patients requiring airborne isolation into the AIIR.
- For patients with suspected or confirmed infections requiring Airborne Isolation (e.g., measles, chickenpox, pulmonary tuberculosis) in locations where an AIIR is not available:
    - Make sure the patient is masked (unless <2 years of age or there are medical contraindications to masking)
    - Prioritize placing the patient into a single-patient room with the door closed
    - HCP entering the patient's room should wear PPE consistent with Airborne Isolation (i.e., N95 respirator that they've been fit-tested to wear or a powered air-purifying respirator (PAPR))
    - After the patient is discharged from the room, leave the room empty with the Airborne Isolation sign in place for one hour before entering the room for cleaning or preparing for the next patient. If entry is needed during that one-hour time period, HCP should wear Airborne Isolation PPE.

Safe Injection Practices and Medication Safety

Policy Reference:

- Hospital Epidemiology and Infection Prevention Policy 1.1 Standard Precautions and Transmission-Based Isolation
- 6.09.03 Medication Management: Single-Dose and Multi-Dose Vials

Key Points:

- One needle, one syringe, one patient. Never reuse needles or syringes (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).
- Use single-dose medication vials whenever possible.
- Use single-dose medication vials for one patient only and discard after use.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed.
- If multi-dose vials (MDV) must be used, they should be dedicated to a single patient, if possible. If shared, prepare doses and store MDV in a clean, centralized area and according to the manufacturer's recommendations. If MDVs are brought into a patient care or procedure room, treat as a single-dose medication vial and discard after use. Discard if sterility is compromised or questionable.
    - Ensure that the multidose vial is labeled with the date opened, check the date every time the vial is used, and discard according to policy.
- Prepare medications in a designated clean medical preparation area that is separated from potential sources of contamination, including sinks or other water sources (unless an appropriate splash guard is in place).
    - Prepare sterile medication using aseptic technique.
    - Perform hand hygiene before handling medications or injection equipment.
    - Clean the access diaphragm of medical vials with 70% alcohol before each access
    - Use a sterile syringe and needle for each access, even when obtaining additional doses for the same patient
    - Never recap or bend needles—this can increase the risk of needlestick injuries
- Dispose of sharps immediately after use into puncture-resistant containers

- Wear a facemask when placing a catheter or injecting material into the epidural or subdural space (e.g., lumbar puncture).

Environmental Cleaning and Disinfection

Policy Reference:

- Hospital Epidemiology and Infection Prevention Policy 5.5 Agents Approved for Cleaning and Low-Level Disinfection of Environmental Surfaces and Non-critical Devices

Key Points:

- Use a hospital-approved disinfectant to clean and disinfect surfaces and non-critical devices (e.g. glucometers, oximeter probes) consistent with this policy and compatible with the device's manufacturer's instructions for use (MIFU).
    - Wear gloves before cleaning
- Clean surfaces first to remove dirt and visible residue, then disinfect using friction (scrubbing), ensuring that the surface stays wet for the full contact time required for the specific disinfectant product.
- Cleaning procedure after each patient clinic visit (regardless of the patient's isolation precaution status) is summarized here and should include:
    - Replacing exam table paper/linen after every patient. If the pillow is not covered by the exam paper/linen cover, change the pillow cover after each patient visit.
    - Disinfecting the table surface with a hospital-approved disinfectant before replacing paper/linen if the paper/linen is soiled, the patient has uncontained wounds, or a body fluid spill has occurred (e.g. blood, urine)
    - Wiping shared patient devices (e.g., stethoscopes, blood pressure cuffs) after each patient use.
    - In ambulatory settings, a Hospitality/Environmental Services "high clean" (includes room cleaning and changing of curtains) is **not** needed following care of patients on isolation precautions unless there is visible contamination that can't be cleaned by clinic staff (e.g., blood or body fluids on curtains or the floor) or after care of patients with crusted/atypical/Norwegian scabies. Contact Facilities Services for concerns regarding patients with bed bugs.
- Handle Linens Safely
    - Clean linen should be covered and stored separately from other patient care items in a manner that ensures cleanliness and protection from dust and soil.
    - Handle used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces, and persons.
    - Place soiled linen in designated linen bags.
- Handle Waste Safely
    - Discard all trash in impervious plastic bag-lined waste receptacles.
    - Regulated ("red bag") waste includes liquid blood wastes, containers of bloody body fluids, pathological waste, laboratory and microbiology waste, dialysis waste and full, closed sharps containers.
    - Medical, pharmaceutical, and hazardous waste disposal recommendations are summarized here.
- Daily Cleaning
    - Clinic staff must disinfect all shared equipment with a hospital-approved disinfectant between patient uses and at the end of each day, including but not limited to blood

pressure cuffs, shared stethoscopes, otoscopes, oximeters, and thermometers.
    - Ambulatory practices cleaning frequencies are summarized here.
    - Keep clinic areas free of clutter. Do not store patient care supplies or devices under sinks—this can lead to contamination of these items.
    - Hospitality/Environmental Services staff are responsible for cleaning and disinfecting exam tables, sinks, counters, and other horizontal surfaces at the end of each day. The customer service level agreement between Ambulatory Practices and Hospitality/Environmental Services is available here.
- Clinic staff are also responsible for regular inspection of exam tables, furniture, and other surfaces for cracks, tears, and other signs of wear that could compromise effective cleaning and disinfection. If possible, sequester damaged items, and notify leadership to arrange for repair or replacement.

Reprocessing and Storage of Reusable Patient Care Devices

Policy Reference:

- Hospital Epidemiology and Infection Prevention Policy 4.11 Processing and Storage of Reusable Patient Care Devices
- UCSF Medical Center Administrative Policy 1.05.01 Soiled Instrument Handling (Outside of Operative Areas)
- UCSF Medical Center Nursing Procedure Trophon 2 Disinfection Ultrasound Probes
- OneSource Documents for access to manufacturer's instructions for use (MIFUs) for reuseable medical devices at UCSF

Key Points:

- Clean and sterile devices must always be kept separated from soiled/contaminated devices.
- Use designated containers and clearly labeled areas for storage and transport.
- Inspect all sterile instruments including package integrity before use. See tip sheet here.
- Non-critical reusable medical devices (used only on intact skin, e.g., glucometers, oximeter probes) must be cleaned and disinfected according to manufacturer's instructions for use (MIFU) after each use and when visibly soiled.
- Semi-critical devices (contact mucous membranes or non-intact skin) must, at a minimum, undergo High-Level Disinfection (HLD) using MIFU.
    - Examples: Endocavitary ultrasound probes, endoscopes not used in sterile body cavities
    - For most endocavitary ultrasound probes, Trophon HLD systems can be used for HLD. Check with the device's manufacturer's instructions for use (MIFU) to verify compatibility.
    - Staff must be trained and competent in Trophon use and follow UCSF procedures and protocols.
    - Any areas performing HLD must ensure that their staff are trained and competent to perform HLD and must follow UCSF procedures and protocols.
    - Any areas requesting use of new HLD methods (e.g., chlorine dioxide-based Tristel OPH) must obtain approval from the UCSF High-Level Disinfection and Sterilization Subcommittee prior to implementation.
    - All other devices requiring HLD must be reprocessed by Endoscopy.
- Critical devices (entering sterile tissue, body cavities or vascular system) should ideally undergo sterilization using MIFU-approved methods. If the device is not compatible with sterilization options, must at a minimum undergo HLD.

    - Examples: Endoscope accessories that penetrate mucosa (e.g. biopsy forceps, sphincterotomes), ultrasound transducers (probes) or endoscopes used intraoperatively on sterile tissues
- All sterilization must be performed by the UCSF Sterile Processing Department (SPD).
- Reusable instruments should be opened and disassembled (e.g., open all hinged instruments) and sprayed/moistened at the point-of-use (POU) with a hospital-approved pretreatment foam/gel or by immersion in an enzymatic solution immediately after use with the goal of keeping instruments from drying during transport to SPD.
    - The Ambulatory Soiled Instrument Handling Training Tip Sheet is available here.
    - Point-of-use cleaning of channeled endoscopes should follow MIFU and include flushing of channels with water or an enzymatic solution.

RESPONSIBILITY

Questions should be directed to UCSF Hospital Epidemiology and Infection Prevention (HEIP) or the Ambulatory Clinical Resource Team (ACRT@ucsf.edu).