

A. Infection Prevention Guiding Principles

1. The safety of patients, visitors, and healthcare personnel in all UCSF locations is of primary importance during the COVID recovery phase and for the long term.
2. Reopening will be developed strategically to include fundamentally changing how work is accomplished to reduce exposure risk and ensure patient and healthcare personnel (HCP) safety
3. Basic risk reduction activities will be factored into reopening strategies
4. UCSF PRIDE values will be factored into reopening strategies

B. Reopening Safety Activities

1. Routinely **clean** surfaces with hospital-approved detergent-disinfectant (e.g., Clorox Hydrogen Peroxide Healthcare Disinfecting Wipes): *(per CDC) normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure. Disinfection using [EPA-approved disinfectants against COVID-19 external icon](#) can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important. Current evidence, though still preliminary, suggests that SARS-CoV-2, the virus that causes COVID-19, may remain viable for hours to days on surfaces made from a variety of materials. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.*
 - a. Refer to IC Policy 5.5, Agents Available for Disinfection and Antisepsis for hospital-approved detergent-disinfectants
https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tksra4681/f/Sec%205%20-%20Agents%20Available%20for%20Disinfection%20and%20Antisepsis%2002_2016%20FINAL_0.pdf
 - b. Clean high touch areas in patient spaces after every patient visit
 - c. Clean high touch areas in administrative work spaces at least daily, and when workers using the spaces change, including workstations, keyboards, telephones, and doorknobs
 - d. Clean work stations, keyboards, telephones, other surfaces shared between users
 - e. Clean patient surfaces after pt exam: exam table/chair, sink/faucet, light switches, handrails
 - f. Equipment in exam rooms:
 - i. Limit equipment in exam rooms
 - ii. If not used, no need to clean
 - g. Personal equipment: clean surfaces (e.g., stethoscopes, phone, pager) with surface disinfectant and allow to remain undisturbed for appropriate contact time. Surface does not need to be re-wetted.
 - h. Clearly identify and communicate who is responsible for cleaning what
 - i. Evaluate workflows and populations to identify routine cleaning frequency; contracts and Service Level Agreements may need to be revised (e.g., to ensure adequate bathroom or waiting area cleaning, elevator buttons)
 - j. Routinely evaluate cleaning effectiveness
 - k. Monitor floor and other surface stickers/clings; replace when edges begin to lift
2. Message prominently: guidance and expectations for **hand hygiene** (soap and water or ABHR), **respiratory etiquette**
 - a. Consider posters that can be refreshed over time:
<https://www.cdc.gov/handwashing/posters.html>
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>

- b. Develop scripting for front desk and other staff to support appropriate staff and patient behaviors
 - c. Make ABHR readily available for patient/visitor use
3. **Physical distancing:**
- a. Clinicians should see patients via telehealth visits whenever feasible
 - b. Physical distancing will not be possible during a physical exam, but risk is significantly mitigated by pre-visit symptoms screening and universal masking
 - c. Omit oral exams if not vital to provide appropriate medical care. If vital, wear a surgical mask and eye protection, plus gloves if a manual exam will be performed.
 - d. Use approved UCSF signs at entrances, front desks, on seating to remind people to maintain at least 6 feet distance from others, except household contacts:
https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Surgical_Mask_Physical_Distancing.pdf
 - e. Other signs are located in the "Forms and Signage" section here:
<https://infectioncontrol.ucsfmedicalcenter.org/coronavirus>
 - f. Remove seating so chairs are >6' apart **OR** place signs on seats designating appropriate seat spacing.
 - g. Consider using visual cues at elevators, waiting areas and front desks to encourage maintaining distance (e.g., vinyl floor clings, barriers, stanchions, signs)
 - h. Consider placing clear barrier (e.g., Plexiglas) between front desk staff and patient (WorkforceOne has some options)
 - i. Consider changing layout of workspaces, encouraging telework, closing communal spaces,
 - j. Stagger shifts and break times to discourage crowding
 - k. Consider removing chairs from break spaces to discourage crowding
4. **Universal masking:** Wear masks without holes or valves over mouth and nose (employees, patients, and visitors)
- a. Surgical masks are offered at entries and front desks.
 - b. Patients who insist on wearing their personal face covering must place a surgical mask over the personal face covering.
 - c. Face coverings are not required for young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - d. Refer to San Francisco Department of Public Health orders for masking and social distancing:
<https://www.sfdph.org/dph/alerts/files/OrderNoC19-12-RequiringFaceCovering-04172020.pdf>
5. Wear eye protection when the possibility exists of respiratory secretion/blood/body fluid splash or spray.
6. **Symptom screen** patients prior to appointment (e.g., Cipher call), at entrances and front desks:
- a. Positive screen → test patient with sufficient time for test to result prior to appointment; reschedule appointment. If patient positive at lobby, send patient to RSC. If patient positive at front desk, send to nearest RSC with labeled Passport:
https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Clinic_to_RSC_Passport.pdf
 - b. Negative screen → universally mask and proceed to clinic for appointment
 - c. HCP: stay home even if mildly symptomatic, or meet exclusion criteria
7. **Limit visitors/companions**
- a. One essential companion may accompany a patient in ambulatory/core areas
 - b. Only essential visitors may be present in inpatient areas

- c. Include visitor/companion restriction instructions and expectations in appointment setting and reminder interactions
 - d. Develop scripting for public-facing staff to address excess visitors/companions
 - e. Identify alternate waiting areas for excess visitors/companions
8. **Coordinate appointments** to minimize wait times
- a. Adjust appointments and workflow to maintain limited volume of patients/companions in waiting areas; monitor waiting areas and refine workflow to achieve limited waiting
 - b. Allow sufficient time for room turnover in workflow planning (refer to #1, e.g., newly increased routine room turnover cleaning; consider room standard room empty time of 1 hour in locations where aerosol generating procedures are performed)

References:

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html#Healthy-Business-Operations>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/fs-reopening-america-workers-at-risk.pdf>

https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf