

New Employee Orientation

Hospital Epidemiology and Infection Prevention



Infection Prevention - Contact Information

- Main Phone: 415-353-4343
- Practitioner On-Call (M-F 8AM-4PM):
 - Adult: 415-806-0269
 - Pediatrics: 415-866-9242
- Website
 - Infection Prevention Manual includes all IP policies and other relevant Infection Prevention-related information
 - <http://infectioncontrol.ucsfmedicalcenter.org>





COVID-19 Clinical Resources

Up-to-date information for UCSF
Health Clinicians

[READ MORE](#)

1 of 3

Welcome to the HEIP

The goals of the Department of Hospital Epidemiology and
Infection Prevention are to:

- **Provide epidemiologic analysis** based on the results of surveillance, risk assessment,

2019 Novel Coronavirus

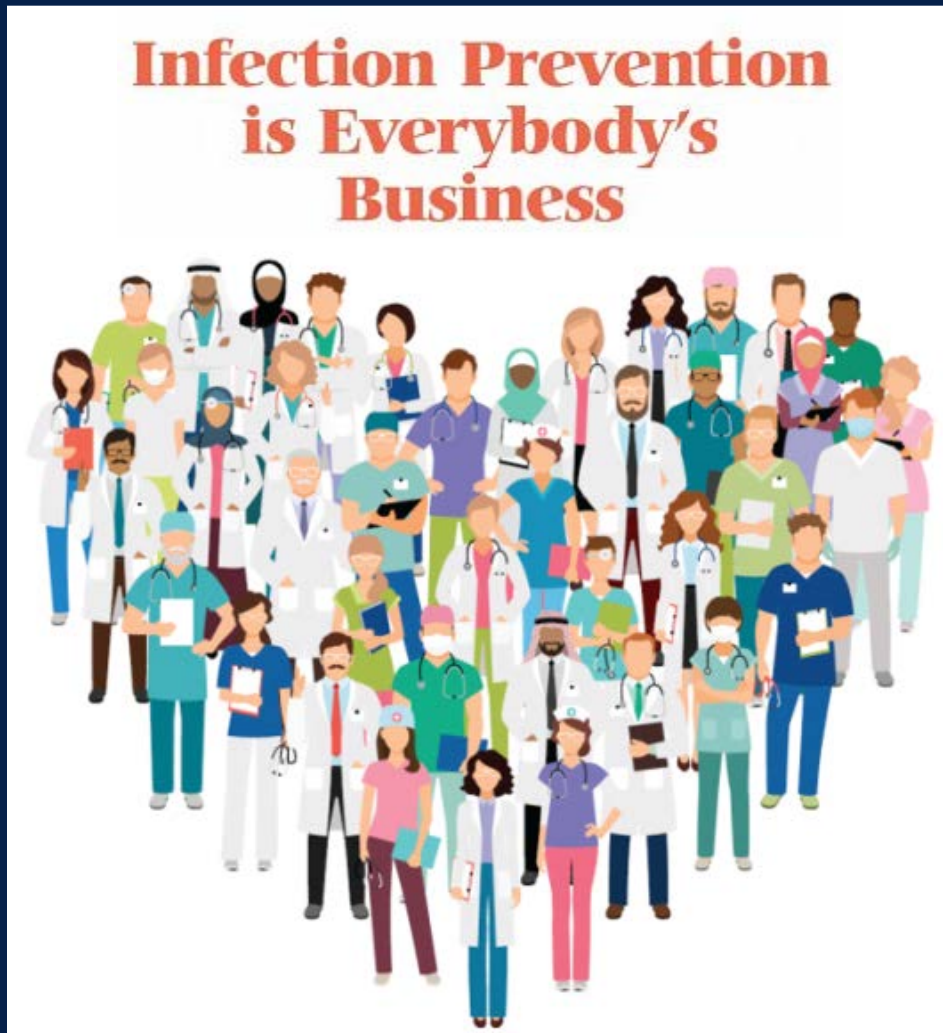
- [UCSF Health COVID-19
Resources](#)



The Patients We Serve...

- Immunocompromised patients
- Oncology Patients
- Transplant patients
- Premature infants
- Referral center for complex patients from around the world

Infection Prevention Program



Key Elements:

- Identify patients with communicable diseases
- Prevent Hospital Acquired infections
- Provide education and consultation on infection prevention strategies

Standard Precautions

Hand Hygiene, PPE, Respiratory Etiquette, Surface Disinfection

- Used for every patient, every encounter
- Protects patients and health care workers
 - Patients are AT RISK for infection
 - Patients can be THE SOURCE of infection



Hand Hygiene: Which product should I use?

Alcohol hand sanitizer

- Duration: Until product dries
- For non visibly-soiled hands
- Use before/after removing gloves
- Use after patient contact
- Quick, effective, kind to skin
- More effective than soap and water for killing bacteria



Hand Hygiene: Which product should I use?

Soap and Water

- Duration: 15 to 20 seconds
- When hands are visibly soiled
- Before preparing or eating food
- After using the restroom
- After caring for a patient with *C. difficile* or Norovirus infection



Hand Hygiene Metrics

- Institutional Goal = 95%
- Observations of staff entering and exiting patient care areas



Hand Hygiene and Door Thresholds

*Standing in Threshold-
No Hand Hygiene
Required*



Door Sweep = Threshold

*Both feet past
Threshold-
HAND
HYGIENE
REQUIRED!*



Personal Protective Equipment (PPE)

- Assess the patient and situation before providing care.
- Select and wear the best protection for yourself
- Dependent on Task
 - *Example:* Splash risk emptying drainage bag → Wear gloves, gown, and mask with eye protection.
- Dependent on patient condition
 - *Example:* Coughing patient → Wear a mask with eye protection.



Screening and Universal Masking Policy

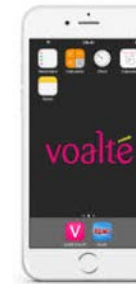


COVID-19 Daily Screen: Employees/Physicians/Students/Vendors	
Questions	Response/Actions
1. In the past 30 days, have you been diagnosed with COVID-19? If YES , have you received a letter from OHS clearing you to return to work in the past month?	NO YES without OHS letter > No entry. Call OHS for evaluation, and notify your manager YES with OHS letter > Entry OK with verbal attestation that OHS letter was received
2. In the past 30 days, have you lived with someone who has been diagnosed with COVID-19? If YES , have you received a letter from OHS clearing you to return to work in the past month?	NO YES without OHS letter > No entry. Call OHS for evaluation, and notify your manager YES with OHS letter > Entry OK with verbal attestation that OHS letter was received
3. Have you had any of these symptoms in the past 24 hours or in the past 14 days which is new or not explained by pre-existing conditions ? • Feverish, Chills ($\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$) • Cough • Sore throat • Difficulty breathing • Unexplained muscle aches • Loss of sense of smell or taste • Nasal congestion • Diarrhea (defined as ≥ 3 loose stools in 24 hrs) • Eye redness with or without discharge ("pink eye", not allergies) If YES , a) Have you received a letter from OHS clearing you to return to work for the symptom & time (past 24 hours or past 14 days) that you responded YES to?	NO YES without OHS Letter > No entry. Call OHS for evaluation, and notify your manager YES with OHS Letter > Entry OK with verbal attestation that an OHS letter was received that clears them to work for the symptom(s) and timeframe (24 hrs or 14 days) they responded YES to.
4. Do you currently have a runny nose or sneezing which is new or not explained by pre-existing conditions ? If YES , a) Do you work in a High Risk area? b) Have you received a letter from OHS clearing you to return to work in the past month?	NO YES and High Risk Area^a without OHS letter > No entry. Call OHS for evaluation, and notify your manager YES and High Risk Area^a with OHS letter > Entry OK with verbal attestation that OHS letter was received YES and work in non-High Risk area > Entry OK with self-monitoring for new symptoms
5. In the past 14 days, have you returned from travel outside the U.S.? If YES , do you have any symptoms listed in questions #3 and #4?	NO YES and Yes symptoms > No entry. Call OHS for evaluation, and notify your manager YES and No symptoms > Entry OK with instructions to 1) Call OHS to register for required self-monitoring 2) Monitor for symptoms at work, notify manager and go home if symptoms arise
6. In the past 14 days, have you been in unprotected contact with someone diagnosed with COVID-19? If YES , a) Do you have any symptoms listed in questions #3 and #4? b) Do you work in a High Risk area?	NO YES and Yes symptoms > No entry. Call OHS for evaluation, and notify your manager YES and No symptoms and High Risk Area^a > No entry. Call OHS for evaluation, and notify your manager YES and No symptoms and non-High Risk area^a > Entry OK with instructions: 1) Call OHS to register for required self-monitoring 2) Monitor for symptoms at work, notify manager and go home if symptoms arise
7. In the past 14 days, have you worked at a non-UCSF Health care facility ^b and participated in direct care or had close contact with patients diagnosed with COVID-19? (ZSFG & VAMC are non-UCSF Health care facilities) If YES , do you have any symptoms listed in questions #3 and #4?	NO YES and AMR Ambulance crew > Entry OK YES and Yes symptoms > No entry. Call OHS for evaluation, and notify your manager YES and No symptoms > Entry OK with instructions: 1) Call OHS to register for required self-monitoring 2) Monitor for symptoms at work, notify manager and go home if symptoms arise

UCSF Health 5/19/2020 COVID-19 Leadership HSC/RG
version 21a

Surface Disinfection

- Disinfect non-disposable patient care items and surfaces between uses
 - Disinfect frequently used items
 - Use hospital-approved detergent disinfectant
 - Remove visible soiling using friction
 - Allow to air dry before the next contact, following label directions for dwell time
- Dwell time is the period a surface is left undisturbed following disinfection
 - Varies depending on disinfectant used





Hospital Epidemiology and Infection Prevention

[Policy Manual & Isolation Table ▼](#)[Bundles & Audits](#)[Resources ▼](#)[Organisms of Interest ▼](#)[People ▼](#)[Clean Hands ▼](#)[Home](#) > [Policy Manual & Isolation Table](#) > [Isolation Table](#)

Isolation Table

A B C D E F G H I K L M N O P Q R S T U V
W Y Z All

Search[Apply](#)[Reset](#)

Abscess, draining

Condition	Isolation	Duration of Isolation	Comment
Major	Contact Standard	Duration of illness (i.e., until drainage stops or can be contained by a dressing)	"Major" defined as "Dressing does not contain drainage adequately"
Minor or limited	Standard		Standard precautions needed if dressings cover and contain drainage. Note: standard precautions includes the use of gloves when touching blood, body fluids, and non-intact skin.

Acinetobacter baumannii

Condition	Isolation	Duration of Isolation	Comment
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Policy Manual & Isolation Table

[Overview](#)[Policy Manual](#)[► Isolation Table](#)[Diarrhea Decision Tree](#)[TB Algorithm](#)

Quick Links

[ISOLATION TABLE](#)[POLICY MANUAL](#)

Transmission-Based Precautions

CONTACT ISOLATION

Visitors ~ See Nurse before entering



Entry/Exit:



OR



Clean Hands ~ Gown & Gloves for ALL entries

UCSF Medical Center

UCSF Benioff Children's Hospitals

- Use For:
 - MDROs
 - CRE
 - Lice
 - Scabies
 - Rotavirus
 - Specific respiratory viruses (in conjunction with Droplet Isolation)
 - Etc.

Transmission-Based Precautions

ENTERIC CONTACT ISOLATION

Visitors ~ See Nurse before entering



WASH HANDS
WITH SOAP AND
WATER ON EXIT



Clean Hands ~ Gown & Gloves for ALL entries

UCSF Medical Center

UCSF Benioff Children's Hospitals

- Use For:
 - *C. difficile*
 - Norovirus
 - Diarrhea pending test results

Transmission-Based Precautions

DROPLET ISOLATION

Visitors ~ See Nurse before entering



Clean Hands ~ Surgical Mask ~ Eye Protection

UCSF Medical Center

UCSF Benioff Children's Hospitals

- Use For:
 - Flu*
 - Rhinovirus*
 - RSV**
 - Pertussis
 - *Neisseria meningitidis*
 - Etc.

*With Contact Isolation in Peds

** With Contact Isolation for all patients

Transmission-Based Precautions

AIRBORNE ISOLATION

Visitors ~ See Nurse before entering



Clean Hands ~ N-95 or PAPR ~ Negative Pressure / Door Closed

PAPR High-Hazard Medical Procedures (See other side)

UCSF Medical Center

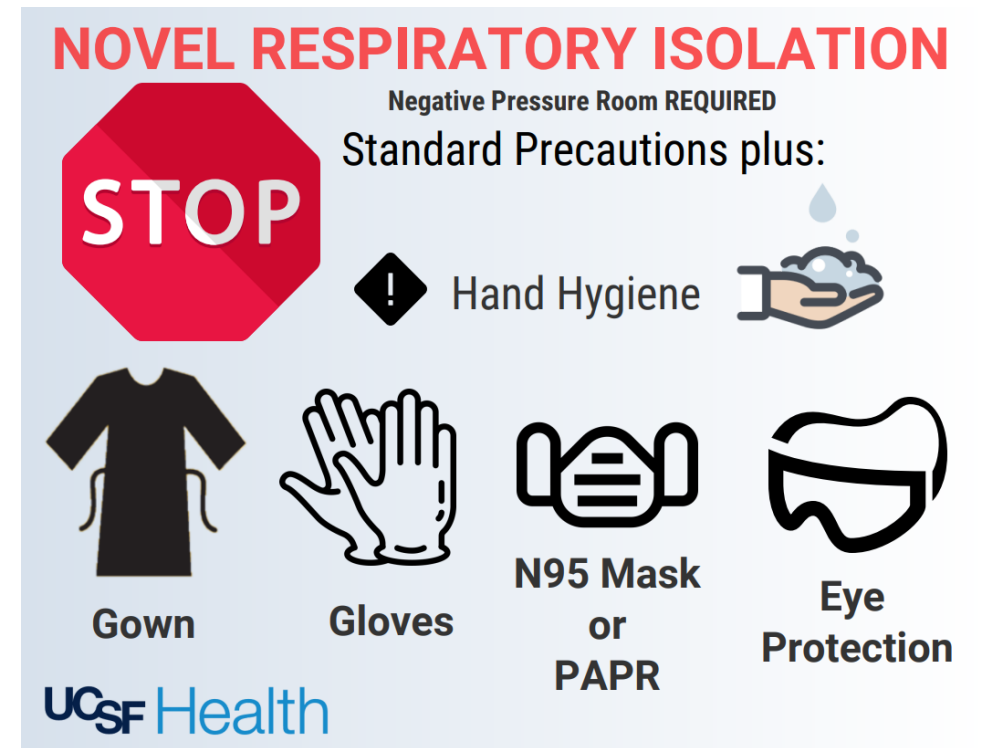
UCSF Benioff Children's Hospitals

- Use For:
 - Measles
 - TB
 - Varicella (Chickenpox)
 - Zoster (Shingles)-disseminated or localized in immuno-compromised patients

Transmission-Based Precautions



- Use For:
 - Suspected or Confirmed COVID-19



Occupational Health

- Illness and Work Restrictions:
STAY HOME!

- *Fever*
- *Diarrhea*
- *Rash*
- *Upper respiratory symptoms*
- *See Infection Prevention Policy Manual Section 3.2a Table of Illness/Infections and Related Work Restrictions*

- Exposures

- Communicable disease notifications
- Bloodborne pathogens (needlesticks, sharps injuries, splashes, etc.)

Occupational Health Program

[Clinical Services](#)

[Helpful Links](#)

[Locations and Hours](#)

[Our People](#)

[Requesting Immunization Records](#)

[Return to Work](#)

[Home](#) > [Clinical Services](#)

[Pre employment Clearance](#)

[Workers Compensation](#)

[Annual Tuberculosis Surveillance](#)

[Annual Flu Shots](#)

Immunizations—UCSF employees are required to have proof of immunity to a number of common communicable diseases, including measles, mumps, rubella, and varicella. We also require annual influenza immunization and annual screening for TB. There may be other immunization requirements, depending on your work. New employees are screened. You can refer to our [Service Matrix](#) or the [UCSF Communicable Disease Surveillance and Vaccination Policy](#) for specific information. If your job description changes or you have questions, please refer to the [Service Matrix](#) or get in touch with us at 415.885.7580 or email us at ohs@ucsf.edu.

[Return to Work Evaluation](#)

[Respirator Clearance](#)



Needlestick Hotline: Pager 353-STIC

- Following an exposure you should:
 - Wash the area thoroughly with soap and water
 - Report the injury to the Needlestick Hotline
 - Report ALL needle sticks, lacerations and splashes
 - Inform your supervisor
 - 24-hour confidential assessment/triage, counseling, testing, treatment and information
 - Prophylaxis and/or treatment available for work-related exposures



Respiratory Etiquette Video

