



**Building Capacity for
Critical Care**

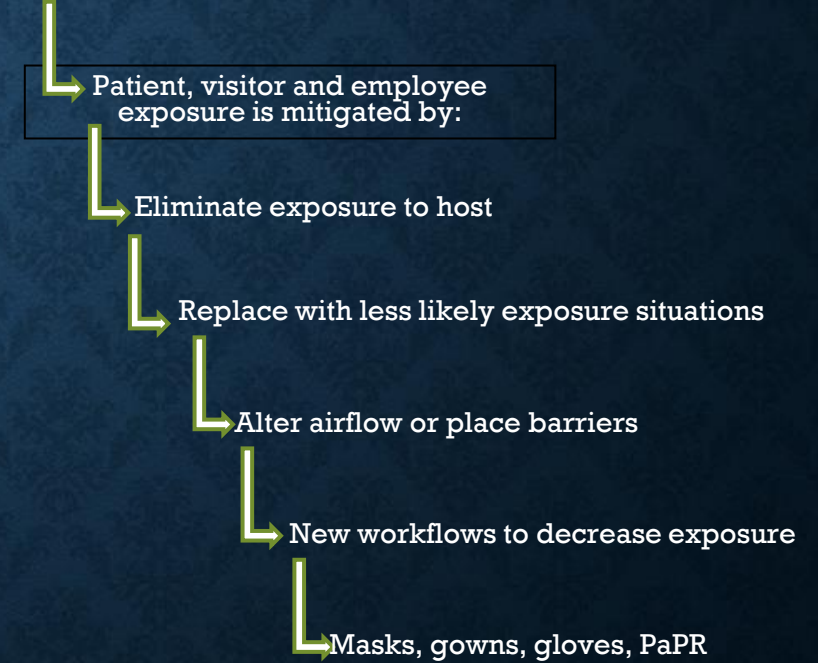
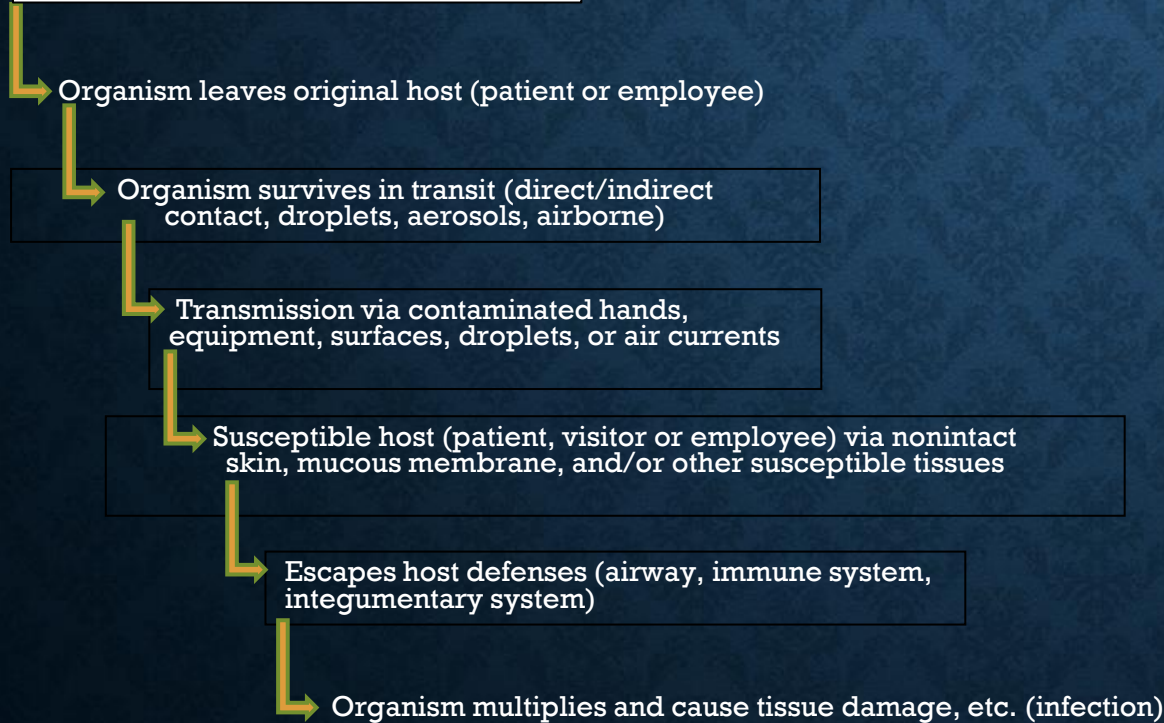
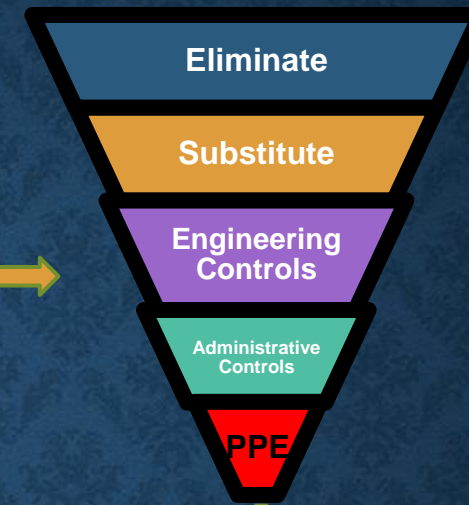
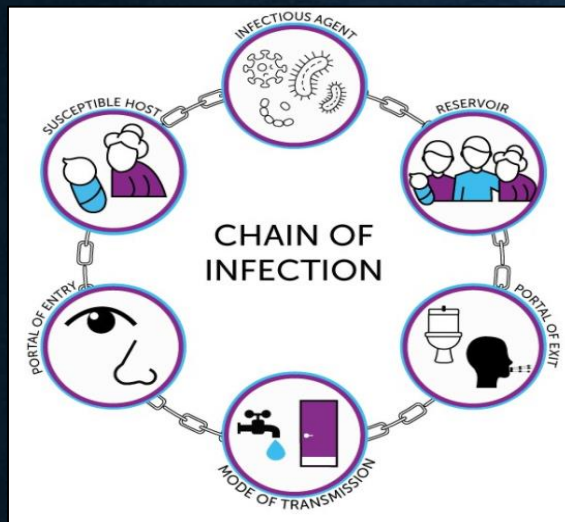
Using a Framework

For Pandemic

Readiness

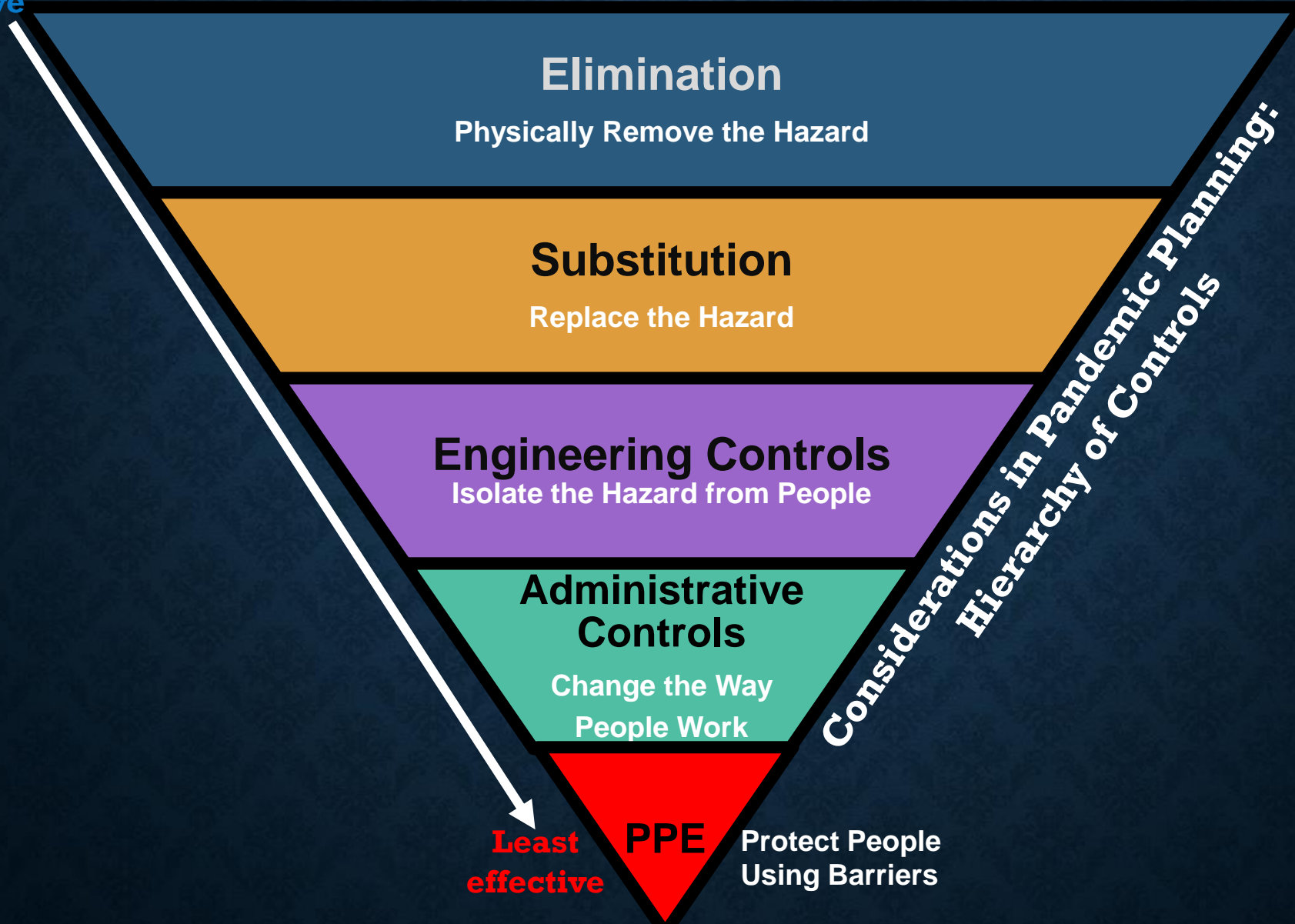
Hospital Epidemiology
and Infection Prevention
(HEIP)

Critical Care Services



Pandemic Response for Critical Care: Hierarchy of Controls

Most
effective



**Airborne/Droplet
Transmission**

Epidemic/Pandemic
Organism

**Contact Transmission
(Direct/Indirect)**



Most
effective

Elimination

Remove exposure to COVID-19

Substitution

Replace potential exposure
with less likely exposure scenarios

Engineering Controls

Place barriers between people
and infectious organism

Administrative Controls

Modify Care
Protocols

PPE

Least
effective

Based on COVID-19 Pandemic

Elimination

Remove exposure to Epidemic/Pandemic
Organism in Critical Care Units

Eliminate Unnecessary
Access to unit

Restrict visitors/no visitors to
infected patients/group tasks

Cancel/delay elective
admissions, procedures,
and surgeries

Provide universal vaccination
when available



CTRL-Click on each
yellow tile for
specific
considerations in
critical care

Substitution

Replace potential exposure
with less likely exposure scenarios
in Critical Care Units

Dedicate non-disposable items and
utilize disposable when available
(disposable bronchoscope)

Design/utilize signage specific to the
causative organism

Establish travel pathways for patient
transportation to other areas

Redeploy staff to supplement needed
rounding, non-patient care tasks



**CTRL-Click on each
gray tile for specific
considerations in
critical care**

Engineering Controls

Isolate the infected and the
infectious organism

Convert rooms to negative air to keep
from the corridors and work areas
(Facilities)

Check pressurization and airflow in
areas with scrubbers, take pressure
readings, doors closed (Facilities)

Erect physical barriers to keep
people separated

Leaders provide feedback to staff
regarding discrepancies or lapses



CTRL-Click on each
aqua tile for specific
considerations in
critical care

Administrative Controls

Modify Care Protocols

Provide mechanisms to
communicate effectively

Evaluate staffing in a fluid manner
in anticipation of surges

Provide transparency with unions,
employees and patients

Policies and workflows
published and utilized



**CTRL-Click on each
white tile above
for specific
considerations in
critical care**

Personal Protective Equipment (PPE)

PPE training from HEIP,
INEX, Unit Champions

N-95 Training and
Preservation

Gowns – Disposable vs
Washable

Support decisions around
changes to PPE based on
availability



**CTRL-Click on each
black tile above
for specific
considerations in
critical care**

- **Eliminate unnecessary access to ICU units**
 - *Leaders set up badge access for necessary/trained staff only*
 - *Utilize video or e-Consults*
 - *Rounding groups in rooms minimized to 1-2*
 - *No students in clinical areas*
 - *Remove excess items from rooms*

Documents/Workflows/Examples

Ctrl+Click
To return to
previous slide



- **Decrease exposures and group tasks**

- *Limit visitation to video calls; infected patients stay in room*
- *Meal tray delivery grouped with Nursing tasks*
- *Nursing, physicians, resp therapy, etc. group tasks so frequent room entry is eliminated/reduced*
- *Extend monitoring cables, tubing, etc. out of room if safe and able to do in a manner that does not allow contamination*

Documents/Workflows/ Examples

COVID-19 Visitor
Guidance

Ctrl+Click
To return to
previous slide



UCSF Health COVID-19 Guidelines for Visitor Restrictions and Exceptions

I. TABLE OF CONTENTS

- [PURPOSE](#)
- [UCSF VISITOR POLICIES AND PROCEDURES](#)
- [INFECTION CONTROL GUIDANCE FOR NURSING UNITS](#)
- [APPENDIX A: VISITING RESPONSIBLY](#)
- [APPENDIX B: PEDIATRIC CARETAKER AND PATIENT GUIDANCE IN THE ED AND INPATIENT SETTING](#)
 - i. [Table 1: Summary of Caretaker Recommendations by Patient COVID status](#)
- [APPENDIX C: BCHSF STANDARD WORK FOR THE COVID CONFIRMED PATIENT HUDDLE](#)

II. PURPOSE:

To ensure the safety of our patients and staff, and in compliance with the [San Francisco Ordinances on the Limitation of Hospital Visitors](#), we continue to limit the entrance of visitors to our Hospital and Ambulatory sites.

- UCSF will continue to limit when and where visitors are permitted and asks that only patients with specific caregiving needs bring a visitor with them when seeking medical care.
- The policy below clarifies the times when visitor restrictions can be lifted and clarifies the number and timing of allowed visitors
- Visitors who fail to comply with the policies below will be restricted from entering the premises

III. UCSF VISITOR POLICIES AND PROCEDURES:

A. General Visitation: Visitation for patient support without a “medical or caregiving necessity” is allowed only for patients in the Inpatient and Perioperative Areas. ED and Ambulatory visitors are only allowed “Necessary Visitation” as below. In approved areas under general visitation, patients regardless of condition, are allowed one visit per day. A patient may have up to one visitor on their approved list at one time.

- In the adult hospitals, switches can be made to another visitor every 24 hours in the adult setting. Visitors to adult patients can stay for visitor hours only from 10AM – 8PM and will be allowed to come and go on and off premises during visitor hours.
- In the Children’s Hospital and the Birth Center, general visitors (primary caregivers) can switch twice per day and are allowed 24 hours a day. During the time the caregivers are switching, both caregivers can be at the patient’s bedside together for up to 30 mins.

Process:

Ambulatory: Ambulatory patients are not allowed general visitation. Please see allowed visitors below under necessary visitation.

ED patients: The ED is unable to allow general visitation at this time. Only visitors meeting criteria for “necessary visitation” are allowed. Switches with other caregivers are not permitted, unless by exceptional circumstance.

Procedural and Perioperative patients: will be allowed one visitor as part of a surgical admission, come-and-go surgery and procedures/radiology. Due to space constraints in our recovery rooms and PACUs, for all procedures, visitors will be encouraged to wait in one of the designated waiting areas in a socially distanced fashion or off-site if waiting areas are full and will not be allowed into the PACU/procedural area, unless there is a need that meets “Necessary Visitation” criteria below. For inpatient surgeries, the PACU or bedside RN will have the responsibility of adding a designated visitor to the list to enable them to enter once the patient is transferred to the floor. Visitors will not be allowed to wait on hospital floors.

Inpatients: will be allowed one visitor on their approved list as per the restrictions above. A patient’s bedside RN will have the ability to add a designated visitor to the list and then daily verify with patient and/or family the approved visitor for that day.

- **Cancel/delay elective admits, procedures, transfers, and surgeries**
 - *Adjust staffing for decreased census d/t less elective patients /increased staffing for very ill infected patients*
 - *Provide workflows and documents that promote in-room procedures /surgeries for infected patients*

Documents/Workflows/Examples

Ctrl+Click
To return to
previous slide



- **Provide universal vaccination when available**
 - *Occupational Health Services (OHS)*
 - *Inpatient vaccination policy*

Documents/Workflows/Examples

Ctrl+Click
To return to
previous slide



- Dedicate disposable, wipeable items to infected patients
 - *Cross-train staff*
 - *Disposable bronchoscope*
 - *Use zoom or tablets for patient caregiver interactions*
 - *Dedicate non-disposable items*

Documents/Workflows/Examples

- Design workflows to minimize exposure to infected patients
 - *Design/utilize signage specific to the causative organism*
 - *Provide employee necessities to decrease time off unit*

Documents/Workflows/Examples

Ctrl+Click
To return to
previous slide



- Establish travel pathways and areas to treat patients safely
 - *Work with other departments on transport*
 - *Utilize rooms designed for infected patients on ancillary departments e. g., Surgery*
 - *Utilize private rooms only for suspect or known infected*

Documents/Workflows/Examples

Ctrl+Click
To return to
previous slide



Redeploy staff to supplement needed rounding, non-patient care tasks

- *HEIP train on rounding and observations*
- *Train PSA's on caring for infected patients*
- *Train staff to assist observations of ancillary departments*

Documents/Workflows/Examples

Ctrl+Click
Go to next slide



Engineering Controls

- Convert rooms to negative air to keep from the corridors and work areas (Facilities)

Documents/Workflows/Examples

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Go to next slide



Engineering Controls

- Check pressurization and airflow in areas with scrubbers, take pressure readings, doors closed (Facilities)
- *Modify airflow and the environment to prevent infection*
- *AGP workflows should allow the room to stand unused for 1 hr if air exchanges are 6 or less*

Aerosol
Generating
Procedures
(AGP)

Documents/Workflows/Examples

AGP
Workflow

AGP Signs

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Go to next slide



The following table provides guidance for determining the appropriate PPE and room criteria required for Aerosol Transmissible Diseases (ATDs) when performing Aerosol Generating Procedures (AGP). A PAPR is required for AGP for patients requiring airborne precautions.¹

		Airborne transmitted Infections ² (e.g. TB, measles, varicella)		Has signs/symptoms consistent with COVID-19 and undergoing evaluation, COVID-19 exposed, or confirmed (Novel respiratory isolation) ³		Asymptomatic with COVID-19 status unknown and/or test pending		Droplet transmitted Infections ² that are part of the ATD Standard (e.g. influenza, adenovirus) excludes RSV, rhinovirus, parainfluenza, human metapneumovirus		All Others ⁴ (Including patients with negative COVID tests)	
		PPE	Room criteria	PPE	Room criteria ³	PPE	Room criteria	PPE	Room criteria	PPE	Room criteria
Type of Procedure	Aerosol Generating Procedure	PAPR and refer to Isolation table	Airborne Isolation room	N95 with face shield (or PAPR), gown, gloves	Airborne Isolation room for continuous AGP preferred	N95 with face shield (or PAPR), gown, gloves ⁴	Private patient room preferred	N95 with face shield (or PAPR), gown, gloves ⁴	Private patient room preferred	N95 with face shield (or PAPR) ⁶ recommended plus Standard Precautions AND refer to Isolation table as applicable	Private patient room not necessary
	Not aerosol generating procedure	PAPR or N95 and refer to Isolation table		N95 with face shield (or PAPR), gown, gloves	Private patient room with door closed preferred	Surgical mask with eye protection, refer to Isolation table		Surgical mask with eye protection, refer to Isolation table		Use Standard Precautions AND refer to Isolation table as applicable	

Aerosol Generating Procedures (AGP) include but are not limited to:			For ALL COVID-19 testing: not AGP, wear N-95 w/eye protection (or PAPR), gloves, gown for collection
Intubation procedure	Extubation procedure	Chest physiotherapy ⁷	Not an AGP: coughing, NG/OG placement, nasopharyngeal swab, suctioning the oropharynx, non-rebreather mask/face mask/face tent up to 15L, in-line suctioning, intubated patient without other AGPs
Non-invasive ventilation (BIPAP/CPAP)	Open suction	Nebulized medications	
Manual Ventilation	Bronchoscopy/BAL	Pulmonary function tests	Do I need to be fit tested to wear PAPR equipment?
High frequency ventilation	Laryngoscopy	Autopsy	No, but training is required. Call EHS at 415-476-1300 for information.
Tracheostomy/Laryngostoma with open suction, procedure/manipulation, ventilator disconnects ⁸	CPR	Sputum induction	How to obtain a PAPR unit
High Flow Nasal Cannula	Certain ENT procedures	Certain dentistry procedures	Contact Material Services at 415-353-1837 (Parnassus) 885-7255 (MC) or 476-1116 for (MB)
Other high risk procedures that should be considered AGPs: TEE, endoscopy, Venturi mask			PAPRs not functioning should be red tagged, removed from circulation and sent to Material Services.

1) Per Cal-OSHA regulation Title 8, Section 5199, (g) (3) (B), <https://www.dir.ca.gov/Title8/5199.htm>

2) <https://www.dir.ca.gov/Title8/5199.htm> and <https://infectioncontrol.ucsfmedicalcenter.org/isolation-table>

3) Novel Respiratory Isolation Precautions: N95/face shield (or PAPR), gown, gloves for all patients irrespective of AGP status. If patient receiving a continuous AGP place patient in an airborne isolation room. Continue patient on Novel Respiratory Isolation if there are ongoing clinical concerns for COVID-19 even if COVID-19 testing is negative.

4) When AGP performed place 'Aerosol Generating Procedure In Progress' sign, wear N95 with face shield (or PAPR), gown, gloves during procedure and if a discrete procedure, when entering the room until >99% air changes have been achieved (if this is not known, then assume 1 hr).

5) Other i) Droplet Transmitted Infections not included in ATD Standards (e.g. RSV, rhinovirus, parainfluenza, human metapneumovirus), ii) negative respiratory viral evaluation AND no ongoing concern for COVID-19, OR iii) no concern for respiratory infection

6) When AGP performed place 'Aerosol Generating Procedure Is In Progress' sign, wear N95 with face shield (or PAPR) when entering the room. For patients receiving discrete AGPs place 'Aerosol Generating Procedure Is In Progress' sign and wear N95 with face shield (or PAPR) when entering the room until >99% air changes have been achieved (if this is not known, then assume 1 hr).

7) Chest physiotherapy includes intrapulmonary percussive ventilation (IPV), high frequency chest wall oscillation (vest), chest physical therapy (CPT), Frequenter, Aerobika, pneumatic compression device

8) Having a tracheostomy/laryngostoma without additional manipulation is not aerosol generating though N95 plus eye protection is recommended as there is some unpredictability whether the patient will need an AGP. Open suction or other manipulation/procedures on the tracheostomy/laryngostoma including scoping, surgery, cautery, tube changes, and ventilator circuit disconnects are aerosol generating. Oxygen delivered via tracheostomy mask, tracheostomy/laryngostoma dressing changes including changing trach ties, or replacement of a tracheostomy mask are not aerosol generating. For additional information refer to https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkzrn4681w/Outpatient_and_Inpatient_Tracheostomy-Laryngostoma_Guidelines.pdf

There are exceptions to the above guidance for required use of PAPR. In the following exemptions an N95 may be worn in place of a PAPR: A) Emergent Patient Care that does not allow sufficient time to put on a PAPR, B) PAPR equipment not available, C) PAPR equipment not functioning, D) PAPR equipment not available for the duration of the procedure, E) PAPR equipment not available for the duration of the procedure, F) PAPR equipment not available for the duration of the procedure, G) PAPR equipment not available for the duration of the procedure, H) PAPR equipment not available for the duration of the procedure, I) PAPR equipment not available for the duration of the procedure, J) PAPR equipment not available for the duration of the procedure, K) PAPR equipment not available for the duration of the procedure, L) PAPR equipment not available for the duration of the procedure, M) PAPR equipment not available for the duration of the procedure, N) PAPR equipment not available for the duration of the procedure, O) PAPR equipment not available for the duration of the procedure, P) PAPR equipment not available for the duration of the procedure, Q) PAPR equipment not available for the duration of the procedure, R) PAPR equipment not available for the duration of the procedure, S) PAPR equipment not available for the duration of the procedure, T) PAPR equipment not available for the duration of the procedure, U) PAPR equipment not available for the duration of the procedure, V) PAPR equipment not available for the duration of the procedure, W) PAPR equipment not available for the duration of the procedure, X) PAPR equipment not available for the duration of the procedure, Y) PAPR equipment not available for the duration of the procedure, Z) PAPR equipment not available for the duration of the procedure.

Please contact the Medical Center Safety Office at MedicalCenterSafety@ucsf.edu or 415-885-3538 with any questions or concerns.

Engineering Controls

- *Erect plexiglass barriers as needed to keep people separated*
- *Develop disinfection protocols with HEIP in order to increase cleaning of high touch areas*
- *Develop room-cleaning protocols with Hospitality to ensure daily cleaning and thorough protocols*

Documents/Workflows/Examples

Ctrl+Click
Go to next slide



Leaders provide feedback to
staff regarding discrepancies
or lapses

Documents/Workflows/Examples

Ctrl+Click
Go to next slide



Administrative Controls

- Support public health recommendations and regulations
- Provide mechanisms to communicate effectively (hotline, huddles, dedicated website, workflows)
- Leader updates with staff on changes and new knowledge
- Respond to discrepancies and new issues in patient care

Documents/Workflows/Examples

Infection
Prevention Website

Ctrl+Click
Go to next slide



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, communicable disease exposure follow-up, outbreak investigation, and other data.
- **Provide direct interventions** at the patient, location, and service levels where needs are identified and where risk-reduction or change in practice is likely to have long-term success.
- **Provide education** to personnel, patients and visitors with an emphasis on their role in infection prevention.
- **Develop thresholds** of infection rates for surgical procedures and device-related infections above which department action is indicated.
- **Ensure regulatory, accreditation and legal compliance** related to infection prevention issues.

UCSF News

SEE MORE

April 12, 2021

Peter Chin-Hong Explores Identity and History in 2021 Last Lecture

March 22, 2021

How Inequities Fueled the COVID-19 Pandemic – And What We Can Do About It

March 11, 2021

Experts Discuss How Science Will Drive COVID-19 Recovery

January 8, 2021

UCSF Administers Second Dose of COVID-19 Vaccine to Frontline Staff

Return to
previous
slide

Call the COVID Hotline

UCSF Patients: (415) 514-7328
UCSF Health Employees: (415) 514-7328
UCSF Students: (415) 476-8736

2019 Novel Coronavirus

- [UCSF Health COVID-19 Resources](#)
- [Frequently Asked Questions](#)

UCSF Measles Diagnostics

- [UCSF Measles Patient FAQ](#)



Administrative Controls

- Evaluate staffing in a fluid manner in order to anticipate surges
- Keep units well staffed and float if needed
- For staffing awareness, allow for nursing to absorb many patient-facing jobs
- Provide staff amenities to limit time off the unit such as, meals, showers, change of scrubs

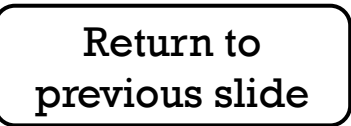
Forensic
Patients and
Corrections
Officers

Documents/Workflows/Examples

Correction Officer
Testing

Ctrl+Click
Go to next slide





<u>Workflow Governance/Leadership</u> Kim Scurr Michelle Mourad Hildy Schell-Chaple	<u>Transfer Center/ Central Patient Placement</u> Molly Shane Toni Workman	<u>PARNASSUS EMERGENCY DEPARTMENT</u> Jahan Fahimi, Medical Director ED John Wood, Patient Care Director ED Arnold Shepherd, Unit Director ED	<u>UCSF INFECTION CONTROL</u> Amy Nichols <u>PARNASSUS LAB</u> Steven Miller
<u>SAN QUENTIN LEADERSHIP</u> Oak Smith, Assoc. Warden for Healthcare	<u>Hospital Supervisors/Staffing Office</u> Irish Criseno	<u>PARNASSUS CRITICAL CARE UNITS</u> Matt Aldrich, Medical Director Critical Care	<u>UCSF OCCUPATIONAL HEALTH</u> Bob Kosnik

Administrative Controls

- *Provide transparency with unions, employees, and patients*
- *Assist HEIP/OHS with contact tracing and report potential exposures*
- *Provide workflows with knowledge of new outbreaks and risk status*



Congregate
Settings

Documents/Workflows/Examples

Congregate
Settings Workflow



Ctrl+Click
Go to next slide

Novel Respiratory Isolation for Patients Admitted to UCSF Health from Skilled Nursing Facilities

All patients transferred to UCSF from skilled nursing facilities (SNFs) should be placed on Novel Respiratory Isolation for 14 days following transfer. Based on the most current SFDPH COVID-19 surveillance data, starting 1/27/2021, asymptomatic patients transferred from assisted living facilities and other non-SNF congregate living settings will no longer require precautionary isolation.

Why?

- Many skilled nursing facilities are continuing to experience outbreaks of COVID-19
- If infected, patients may be too early in their illness to have a positive COVID-19 PCR result on the day of transfer
- Given this, we will consider all patients transferred from SNFs to be possibly exposed to COVID-19
- In order to minimize the risk of transmission to others, we are recommending placing these patients on Novel Respiratory Isolation in private rooms during the 14 days following transfer (i.e., during their 14-day incubation period).

How?

- A BPA will appear for all patients transferred to UCSF from a SNF that will direct providers to place the patient on Novel Respiratory Isolation

The screenshot shows a 'Best Practice Advisory' window. At the top, it says 'Very Important Alert (1)'. The main text reads: 'This patient resides in a congregate housing setting (e.g., SNF) that poses a high risk for COVID-19 exposure. Place patient in Novel Respiratory Isolation per Infection Prevention policy. Click here for more information and FAQs regarding this policy.' Below the text are three buttons: 'Order' (highlighted in blue), 'Do Not Order', and 'Novel Respiratory Isolation (Contact, Droplet, and N95/PAPR)'. At the bottom right are 'Accept' and 'Dismiss' buttons.

- Patients arriving for a procedure or scheduled surgery will be identified during scheduling or through PREPARE prior to their arrival.
- Patients on Novel Respiratory Isolation must be admitted to a single patient room.
- Patients on Novel Respiratory Isolation who are receiving [aerosol generating procedures \(AGPs\)](#) should preferentially be placed into a negative pressure Airborne Infection Isolation room (AIIR).
- Hospital Epidemiology and Infection Prevention (HEIP) staff will place a "COVID-19 Exposure" infection flag that will remain in place during the 14-day period
- Although this BPA will not appear for patients who have recently been discharged from a SNF and are now being admitted from home, consider placing these patients on Novel Respiratory Isolation during the remainder of the 14 days since discharge from the facility
 - ⇒ Use Voalte to contact either the Adult or Pediatric Infection Preventionist On Call (ideally between 8am-4pm) if you have questions

Administrative Controls

- *Assist with workflows to increase disinfection*
- *Prepare for hand hygiene and disinfectant changes with teaching and questions about changes*

Documents/Workflows/Examples

Ctrl+Click
Go to next slide



Personal Protective Equipment (PPE)

- *Mandatory training for all unit staff*
- *Standardize and update PPE carts*
- *Provide donning/doffing steps in printed form to hang on door*
- *Assist with Train the Trainer and Just-In-Time training*

Documents/Workflows/Examples

PPE Cart Checklist

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Go to next slide



Novel Respiratory Isolation Cart Packet

	Component
<input type="checkbox"/>	Novel Respiratory Isolation Sign
<input type="checkbox"/>	"How to create a work order to change and document Negative Pressure Isolation room"
<input type="checkbox"/>	Sign-in Sheet
<input type="checkbox"/>	Donning/Doffing Instructions
<input type="checkbox"/>	Room Setup Checklist
<input type="checkbox"/>	Q-Shift Checklist
Contacts	
Hospital Epidemiology and Infection Prevention (HEIP):	
<ul style="list-style-type: none">• Moffitt-Long or Mt. Zion: During business hours: 415-353-4343 (main office) or 415-806-0269 (on-call cell); During non-business hours: ML Hospital Supervisor Spectralink 415-353-8036 or 415-353-1964• Mission Bay: During business hours: 415-353-4343 (main office) or 415-806-0269 (on-call cell); During non-business hours: Benioff Children's Hospital-SF Hospital Supervisor 415-502-0728; MB Adult Hospital Clinical Resource Nurse 415-502-0562• Benioff Children's Hospital Oakland: (during business hours) 510-428-3733; (during non-business hours) cellphone 510-459-3702, pager 510-718-1466, or BCHO Nursing supervisor 510-428-3885 ext 6997	
San Francisco Department of Public Health:	
<ul style="list-style-type: none">• Communicable Disease Control: (415) 554-2830• After hours On-Call Physician: (415) 554-3613	

Go back to
previous slide

N-95/PAPR Training & Preservation

- *N-95 fit tests/PAPR Training with visuals, INEX and HEIP support*
- *PAPRs - develop appropriate means of disinfection and storage*
- *Prepare for PPE shortages and collaborate in order to provide alternatives*
- *N95- only touch with clean hands, ensure appropriate fit and seal; if intact and not contaminated, extend use or remove and store appropriately for reuse*

Documents/Workflows/Examples

Ctrl+Click
Go to next slide



Gowns- disposable or washable

- *Storage size may differ with washable gowns*
- *Technique for doffing may differ*
- *Washable requires increased emptying of linen hamper and monitoring quality of reprocessing*

Documents/Workflows/Examples

Pandemic
Observation Form

New Gown Update

Ctrl+Click
Go to next slide



Month of Observation:																			
Instructions: Use a separate row for each entry or exit observed.																			
1. Write the unit, bed number or room number in the box (i.e., 9CU-09) 2. Circle the shift the observation was made AM =07:00-12:59 PM =12:00-06:59 3. Circle the job category or write in the job category (see back)																			
HAND HYGIENE: (Blue) 4. Circle Entry or Exit. 5. Circle whether patient is on Enteric Contact Isolation (ECI) 6. Circle gel/wash compliance, Yes or No. a. Patients on Enteric Contact Isolation: HCW must wash with soap and water on exit to receive a "Yes" score b. HCW must clean hands before donning gloves and entering the room or after removing gloves and exiting the room to receive "Yes". 7. Confirm compliance for Exit from ECI room by indicating method of Hand Hygiene used.																			
MASK and SOCIAL DISTANCING: (Lilac) 8. Circle YES or NO for each question *Any student observation should be included in the applicable occupational category. *Allow 30 seconds after entry or exit for the person to complete hand hygiene.																			
Special Circumstances: 1. Do not enter data when you are uncertain whether hand hygiene occurred. 2. Refer to the unique hand hygiene guidance for exceptions to the standard gel/wash requirements. Exceptions are found on the back of this data collection tool and are limited to the specific tasks or occupational groups. 3. Emergency situations are EXCLUDED from the data collection process.																			
Unit or Bed (as needed)	Observation Number	Circle Shift Observed AM or PM	RN = Registered Nurse	Provider = MD, NP, PA (Specify Specialty =)	RT = Respiratory Therapy	Other = See List	Entry or Exit to the pt room or environment?	Enteric Isolation (ECI) Room?	Did person foam/wash?	ECI Room Exit Only Foam (F) or Soap & Water (S)	Is HCP wearing a mask? (on face/nose properly; a typical or N95 are correct) (except heat)	Is HCP wearing eye protection at all times when with patients?	Is HCP physically distancing from colleagues, visitors, patients? 6 feet? (if cover, no longer than 15' from 6.5 feet 2' combined)	Is HCP in patient room, are patients/visitors/caregivers properly masked?	Physician Service (if applicable)				
	1	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	2	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	3	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	4	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	5	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	6	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	7	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	8	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	9	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	10	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	11	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
	12	AM PM	RN	Prov	RT		EN EX	YES NO	YES NO	F S	YES NO	YES NO	YES NO	YES NO					
Add additional staff: Child Life, Play Therapist, Teaching Dietitian Food Services Hospitality Staff (Foodservice, PB&J, Juice & Water, etc.) Laboratory MD/PA/PA (Family) Medical Student Nurse & Front Service Center Patient Care Assistant (PCA Patient Care Assistant, Medical Assistant II, Skilled Patient Care Technician) (PCT) Pharmacy Radiology Technologist Rehabilitation Services (PT, OT, ST) Research Assistant/Coordinator Respiratory Therapist (RT) RN Social Work/Care Management Specify your own roles: Surgical Case Services Technicians Transport Volunteers																			

Return to
Previous Tile

Enter observations at <http://handhygiene.ucsfmedicalcenter.org/>
 All data must be entered by midnight of the last day of the observation month

New PPE Product: Blue Contact Gown

UCSF Health has secured a one-time supply of a new type of disposable gown intended for use for both contact precautions and hazardous medication precautions. This disposable blue gown with purple lining can be used for any of the following levels of isolation precautions requiring a gown:

- Contact Isolation
- Enteric Isolation
- Respiratory Illness Isolation
- Novel Respiratory Illness Isolation
- Hazardous Medication Precautions
- Standard Precautions when a gown is warranted (e.g. complex dressing change or bedside procedure)

Environmental Health and Safety has determined that this blue gown with purple lining is rated and acceptable for handling of hazardous medications.

There are slight variations with the disposable blue contact gown with purple lining that distinguishes this gown from the yellow contact gown or blue hazardous medication gown:

- There is a Velcro securement at the neck
- There is a single tie at the mid-back region
- The gown does not have loops for the thumbs
- There is a white cuff at the wrist

Due to the absence of thumb loops, when donning gloves take care to securely pull glove up and push the white cuff inside the glove. Pushing the white cuff up to the wrist region will provide a secure fit. If the sleeve and cuff become unsecured from the glove, doff the gloves and perform hand hygiene before securing the cuff into a new pair of gloves.

Follow the [established doffing technique](#) for doffing disposable gowns:

- Grasp the gown in front and pull away from your body so that the ties break, while touching the outside of the gown only with gloved hands
 - Due to the Velcro at the neck, additional force may be required to break apart the Velcro securement
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands
- Place the gown and gloves into a waste container

For a patient with Hazardous Medication Precautions ONLY (no isolation of any kind) it is permissible to reuse the blue gown with purple lining for multiple instances of patient care with the same patient. This is permissible provided that the gown has not been soiled with hazardous medication or body fluids.

- The blue gown with purple lining must always be discarded after one use if the patient has any type of Transmission Based Isolation Precautions.



Blue contact gown pictured with gown, gloves, and standard universal surgical mask. Don appropriate respiratory and eye protection as appropriate to the ordered Isolation Precautions



White cuff of gown is stuffed inside the gloves at the wrist to ensure a secure fit

Eye Protection and Extended Use

- *Eye protection can be wiped down and reused until non-intact or no longer clear*
- *Develop observation protocols that remind employees to use correctly*
- *Standardize PPE Caddy to include eye-protection*
- *Develop strategies for extended use*

Supply
Challenges

Documents/Workflows/Examples

Ctrl+Click
Go to last slide



**I WOULD LIKE TO THANK ALL THE PEOPLE
THAT PROVIDED INPUT AND GUIDANCE ON
THIS DOCUMENT.**

Renee Graham-Ojo, RN, BSN, MPH, CIC

