



Office of Origin: Department of Hospital Epidemiology and Infection Prevention (HEIP)

## **I. PURPOSE**

The purpose of this policy is to:

- A. Ensure compliance with California Health and Safety Code, section 1288.95 (b) and (c).
- B. Provide educational vehicles for complying with mandatory education, compliance monitoring and follow-up.

## **II. REFERENCES**

California Health and Safety Code, sections 1288.5, 1288.8, 1279.6, 1279.7, 1288.45, and 1288.95.

## **III. POLICY**

Administrative policies are applicable to all departments, units, and ambulatory practices under the UCSF Medical Center license unless applicability is otherwise delineated in the policy. Personnel employed by the Medical Center, and faculty, house staff, and students who provide care, treatment, or services to the Medical Center patients are expected to adhere to these policies.

There are four categories for the Medical Center scopes of service: See

<http://manuals.ucsfmedicalcenter.org/AdminManual/ScopesOfService/index.shtml>

1. Ambulatory Services
  2. Clinical Departments
  3. Inpatient Nursing
  4. Support Services
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- A. All staff and contract physicians, licensed independent contractors (including, but not limited to nurse practitioners and physician assistants) will complete training which includes methods to prevent transmission of hospital-associated infections (HAI), including, but not limited to, MRSA and *Clostridioides difficile* infection.
  - B. All permanent and temporary hospital employees and contractual staff, including students, will complete training, which includes hospital-specific infection prevention and control policies, including, but not limited to, hand hygiene and environmental sanitation procedures, as well as overview of antimicrobial stewardship resources. This training will be completed annually and when the Infection Prevention Committee adopts new policies.
  - C. UCSF Medical Center employees without hospital contact are exempt from this training.
  - D. Annually and as necessary, HEIP will revise and update training modules in a variety of delivery methods, which may include web-based training and in-person training.
  - E. Training records and compliance reports are maintained in the Human Resources/Learning Services database.
  - F. Managers are responsible for entering names of staff who attend in-person training in the Learning Management System database, and for monitoring compliance of their staff.

## **IV. PROCEDURES**

- A. Web-based training
  1. Is available through the Learning Management System



- a. Physicians, Licensed independent contractors, and nurses will complete the course titled *Infection Prevention for Physicians, Nurses, and Licensed Independent Contractors*.
  - b. All other staff who have contact (either in a clinical or non-clinical capacity) or who enter patient care areas will complete the course titled *Annual Infection Prevention Training for Ancillary staff*.
2. Staff, departmental, and institutional compliance results are tracked on the UCSF Human Resources Compliance Umbrella. <http://hrumbrella.ucsfmedicalcenter.org/Compliance>

**B. Compliance Reporting**

- 1. Medical Center Staff
- 2. Managers are responsible for monitoring staff compliance with training via the Human Resources Compliance Umbrella. <http://hrumbrella.ucsfmedicalcenter.org/Compliance>
  - a. Managers will ensure all staff in their units complete the education in the required timeframe.
  - b. Managers may excuse from the Infection Prevention Training requirement staff who are located off-site and who never enter the UCSF Medical Center. This exemption is reviewed annually or when the employee changes positions. To exempt staff from this requirement:
    - i. Select Compliance reports on the HR Umbrella website (<http://hrumbrella.ucsfmedicalcenter.org/>).
    - ii. In the Learning Center “By Staff” report, click into the “due” area for Infection Prevention, for each staff member (it will highlight yellow), then click “Excuse” in the popup box.
    - iii. Each excused staff member must be individually excused.
- 3. Medical Staff and Faculty physicians and other licensed independent contractors: Medical Staff Office will monitor biannual (every 2 years) compliance via electronic communication with Learning Services. Periodic compliance reports will be available on request.
- 4. Residents and Fellows: General Medicine Education (GME) will monitor compliance via electronic communication with Learning Services. Compliance reports will be provided to Program Coordinators for their follow-up with out-of-compliance individuals.
- 5. Students: The professional schools will ensure compliance with this educational requirement.

**V. HISTORY OF POLICY**

Approved by:

Infection Prevention Committee		
Policy Steering Committee		
Executive Medical Board		

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