

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

I. PURPOSE

- A. This policy establishes the minimum requirements for infection prevention and control training required for all Hospital staff, Medical Staff, Advanced Practice Providers, contracted staff, students, and volunteers at UCSF Medical Center.

II. REFERENCES

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

III DEFINITIONS:

- A. MRSA: Methicillin-resistant *Staphylococcus aureus*

IV. POLICY

All UCSF Medical Center Hospital staff, Medical Staff, Advanced Practice Providers, contracted staff, students, and volunteers will complete the Hospital Epidemiology and Infection Prevention (HEIP)-approved infection prevention and control web-based training available through the Learning Management System.

- A. This infection prevention and control training will be completed upon hire and annually.
- B. It includes hospital-specific infection prevention and control practice requirements including but not limited to:
 - 1. Methods to prevent transmission of hospital-associated infections (HAI), including but not limited to MRSA and *Clostridioides difficile*
 - 2. Hand Hygiene
 - 3. Standard and Transmission-based isolation precautions
 - 4. Environmental cleaning and disinfection procedures

V. PROCEDURES

- A. Staff, departmental, and institutional compliance results are tracked on the UCSF Human Resources Compliance Umbrella. <http://hrumbrella.ucsfmedicalcenter.org/Compliance>
- B. HEIP will revise and update training modules annually and as necessary. These can be delivered using a variety of methods including web-based training and in-person training.
- C. Compliance Reporting
 - 1. Managers are responsible for monitoring staff compliance with training in the required timeframe via the Human Resources Compliance Umbrella.
<http://hrumbrella.ucsfmedicalcenter.org/Compliance>

2. Medical Staff and Advanced Practice Providers: Office of Medical Affairs and Governance will monitor biannual (every 2 years) compliance via electronic communication with Learning Services. Periodic compliance reports will be available on request.
3. Residents and Fellows: Department Program Leadership will monitor compliance via electronic communication with Learning Services. Periodic compliance reports will be available on request.

VI. RESPONSIBILITY

Questions about the implementation of this policy should be directed to Hospital Epidemiology and Infection Prevention.

V. HISTORY OF POLICY

Date of issue: 12/2009

Revised and approved by the Infection Prevention Committee: 09/2025

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