

UCSF COVID-19 CONTROL PLAN

I. **Program Administration**

Hospital Epidemiology and Infection Prevention (HEIP) as coordinated by the Director, Medical Directors and Associate Medical Director is responsible for designing, implementing, evaluating, and maintaining the UCSF COVID-19 Control Plan. HEIP collaborates with representatives from Occupational Health Services, Nursing, Hospital Administration, Emergency, EH&S, Facilities, Admitting, Hospitality, and Clinical Laboratories. Input from other departments/individuals with required expertise is sought as needed.

II. **Background**

COVID-19 is a respiratory illness caused by the SARS-CoV-2 virus that was identified as the cause of a respiratory illness outbreak first detected in Wuhan City, China. Early on, many of the patients in the outbreak had reported exposure to a large seafood and animal market in Wuhan City, China, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets, strongly suggesting that person-to-person spread is occurring.

III. **Identification and evaluation of patients with possible COVID-19 infection**

Early identification of a Patient Under Investigation (PUI):

Rapid identification of individuals with compatible symptoms and relevant travel/exposure history and institution of appropriate isolation measures are critical in reducing the risk of COVID-19 transmission. Use the current CDC Patient Under Investigation (PUI) definition available here <https://www.cdc.gov/coronavirus/COVID-19/clinical-criteria.html>.

(As of 02/14/20):

Clinical Features	&	Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province , China within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from mainland China within 14 days of symptom onset

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with HEIP on a case-by-case basis, and HEIP will facilitate discussions with public health. Based on updated CDC guidance, testing can be considered for severely ill individuals when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified.

IV. Precautions for the Emergency Department and OB Triage

- A. In order to rapidly identify and isolate patients who may be infectious, ED or OB Triage personnel should question each patient presenting with fever or cough about recent travel to COVID-19 affected areas, and recent close contact with suspect COVID-19 patients (see Patient Under Investigation criteria above). If screening suggests that a patient meets the PUI criteria:
1. Place surgical mask on the patient.
 2. Notify the charge nurse immediately that an ED Airborne Infection Isolation negative pressure room (AIIR) is required for this patient.
 3. Once the patient is in the isolation room, keep the door to the room closed.
 4. Implement Airborne and Contact Isolation and ensure that everyone entering the room is also wearing a face shield preferentially or goggles.
 5. Place a **“NOVEL RESPIRATORY ISOLATION” sign on the door.**
 - i. https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/2019%20nCoV%20Isolation%20Sign_UCSF%20Health.pdf
 - ii. https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/2019%20nCoV%20Isolation%20Sign_BCH.pdf
 6. All persons entering the room must perform hand hygiene and then put on:
 - i. an N95 respirator OR powered air purifying respirator [PAPR]. If an aerosol-inducing procedure (i.e., intubation, nebulized medication) is planned, a PAPR must be used.
 - ii. gloves
 - iii. a gown
 - iv. face shield preferentially or goggles
 7. **Contact Hospital Epidemiology and Infection Prevention (HEIP) for additional guidance:**
 - i. Moffitt-Long or Mt. Zion: (during business hours) 415-353-4343; (during non-business hours) ML Hospital Supervisor Spectralink 415-353-8036 or 415-353-1964;
 - ii. Mission Bay: (during business hours) 415-353-4343; (during non-business hours) Benioff Children’s Hospital-SF Hospital Supervisor 415-502-0728; MB Adult Hospital Clinical Resource Nurse 415-502-0562;
 - iii. 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
 8. In consultation with HEIP, determine whether the patient meets the CDC PUI criteria. Immediately report suspect cases to the public health department:
 - i. For Moffitt-Long, Mission Bay, and Mt. Zion, contact the San Francisco Department of Public Health (SFDPH) Communicable Disease Control at (415) 554-2830; if calling during non-business hours, (415) 554-3613 to reach the SFDPH on-call physician

- ii. For BCHO, contact the Alameda County Department of Public Health (ACDPH) at 510-267-3250, or during non-business hours call 925-422-7595.
- B. Before obtaining clinical specimens, discuss the case with the Department of Public Health and obtain approval. If specimens for COVID-19 testing are required, see current CDC recommendations <https://www.cdc.gov/coronavirus/COVID-19/guidelines-clinical-specimens.html>. Additional guidance will be provided by SFDPH or ACDPH.
- C. If the patient is not admitted to the hospital and is discharged home:
 1. Teach the patient about infection control practices to use at home including good handwashing, cough etiquette, and wearing a surgical mask during close contact with others in the home.
 2. For additional information, give him/her a copy of the CDC's interim guidance <https://www.cdc.gov/coronavirus/COVID-19/guidance-prevent-spread.html> (includes a Mandarin translation).
 3. Give the patient several surgical masks to take home.
- D. If the patient requires hospital admission, inform Admitting of the suspected COVID-19 status as soon as possible.
 1. After patient leaves the ED:
 - i. Keep exam room empty for 1 hour with the door closed.
 - ii. Clean room with approved hospital disinfectant including blood pressure cuff, stretcher, counters, bedside table etc. Discard contaminated supplies.
 - iii. If the cleaner wears the appropriate PPE described above, he/she can clean the room prior to the one-hour wait time.

V. Precautions for Ambulatory Clinics

- A. All patients presenting to ambulatory locations should undergo symptom and travel screening.
- B. If a patient is suspected of having COVID-19 based on symptoms, travel history, and CDC PUI criteria:
 1. Ambulatory clinics without a negative pressure Airborne Infection Isolation room must:
 - a. Place the suspected PUI patient in an exam room with the door closed.
 - b. Implement Airborne and Contact Isolation plus face shield.
 - c. Place a **“NOVEL RESPIRATORY ISOLATION” sign on the door.**
 - i. https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/2019%20nCoV%20Isolation%20Sign_UCSF%20Health.pdf
 - ii. https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/2019%20nCoV%20Isolation%20Sign_BCH.pdf
 - d. All persons entering the room must perform hand hygiene and then put on:
 - i. an N95 respirator or powered air purifying respirator [PAPR]). If an aerosol-inducing procedure (ie intubation, nebulized medication) is planned a PAPR must be used.
 - ii. gloves
 - iii. a gown
 - iv. face shield preferentially or goggles

VI. Management of Inpatients

A. Implementing isolation

1. Persons with possible or probable COVID-19 (see PUI criteria above) must be placed in an Airborne Infection Isolation (AII) negative air pressure room
2. **Only essential staff** should enter the room (attending physician, Fellows, RN staff, RT). Groups that should not enter the room include residents, nutrition and food services staff, social work, and care coordination groups such as case management.
3. Implement Airborne and Contact precautions and everyone entering the room must also wear a face shield preferentially or goggles.
4. Place a “**NOVEL RESPIRATORY ISOLATION**” sign on the door.
 - i. https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/2019%20nCoV%20Isolation%20Sign_UCSF%20Health.pdf
 - ii. https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/2019%20nCoV%20Isolation%20Sign_BCH.pdf
- a. All persons entering the room must first disinfect their hands and then use:
 - i. an N95 respirator or powered air purifying respirator [PAPR]. If an aerosol-inducing procedure (ie intubation, nebulized medication) is planned a PAPR must be used.
 - ii. gloves
 - iii. a gown
 - iv. face shield preferentially or goggles
5. Maintain NOVEL RESPIRATORY ISOLATION until the patient is no longer a Patient Under Investigation—this requires consultation with HEIP and public health.

B. COVID-19 isolation policies and procedures

1. Place a surgical mask on the patient during transport to an AIIR.
2. Prior to admission of the PUI into the room, the accepting primary nurse must:
 - i. Make sure the room is verified by Facilities to be “Negative”.
 - ii. Confirm with Facilities via MCSS Work Order (<https://fss.ucsfmedicalcenter.org/facilities/docs/howTo.pdf>) that the room is at negative pressure.
 - iii. Post a sign-in sheet. Before entering the patient’s room, all healthcare personnel will indicate entry into the patient’s room by completing a row on the sheet.
3. Keep doors to the negative air pressure isolation rooms, including anteroom doors, closed at all times except when healthcare personnel or patients enter or exit the room.
4. Post the NOVEL RESPIRATORY ISOLATION sign on the door of the patient’s room.
5. All persons entering an isolation room must wear either an N95 respirator to which he/she has been fit tested or a powered air purifying respirator (PAPR). A “fit check” must be performed each time the N95 respirator is worn.
6. All persons entering an isolation room must also put on gloves, a gown, and a face shield preferentially or goggles
7. Upon exiting the patient room:
 - i. enter the anteroom and close the inner patient door,

- ii. remove gloves, gown, face shield preferentially or goggles, and N95 respirators and discard into regular waste after each use
 - iii. perform hand hygiene
 - iv. If a PAPR is worn, discard the PAPR visor into a regular trash bag after each use and wipe the PAPR with a disinfectant wipe.
8. Patients must remain in a negative air pressure All room until COVID-19 is no longer suspected. The decision to discontinue precautions should be made on a case-by-case basis in consultation with HEIP.
 9. Educate patients about the reasons for isolation precautions. In addition, they should be instructed to cover their mouth and nose with a tissue when coughing or sneezing.
 10. The patient should remain in his/her room at all times with the doors closed unless emergency diagnostic or therapeutic procedures (e.g., CAT scan, surgery, etc.) are urgently required and cannot be performed in the patient's room. When leaving his/her room, the patient must disinfect hands, put on a clean hospital gown, and put on a surgical mask (See "Transport of COVID-19 Patient").
 11. Do NOT order viral isolation (culture). Specimens will not be accepted for viral isolation/culture. Respiratory Viral Panel (RVP) and rapid influenza/RSV PCR testing may be ordered.
 12. **Notify the Pathology Department prior to autopsy** procedures for deceased patients with suspected or confirmed COVID-19. See below for Autopsy procedure recommendations.
 13. The isolation room where the patient has resided is considered contaminated for 1 hour (>99.9% removal efficiency) after the patient leaves and should remain vacant with doors closed for that interval of time. The room must remain vacant for 1 hour, followed by discharge cleaning of the room (see "Cleaning and Disinfection of Environment and Equipment") and admission of any new patient to the room.

C. Limiting staff contacts

1. Instruct dietary personnel and non-essential personnel not to enter the patient room. Limit nursing and physician staff to essential personnel.
2. All healthcare personnel entering the patient's room must sign in on the Room Entry Log (Appendix B).

D. Trash and Linen

- A. Place a trash receptacle into the anteroom.
- B. Place trash, including discarded gowns and gloves, into the anteroom trash receptacle.
- C. Place discarded N95 respirators, PAPR disposable hoods, faceshields, and goggles into the regular trash receptacle outside of the patient's room.
- D. Trash will be transported by Hospitality staff per normal protocol.
- E. Sharps and non-hazardous pharmaceutical containers will be picked up by Hospitality staff via a transport tote.
- F. Soiled linen from a patient with known or suspected COVID-19 is transported and laundered in the same manner as all hospital linen. It is placed in a bag designated for soiled linen and must remain in the patient's room or anteroom until it is transported for laundering.

E. Cleaning and disinfection of environment

1. Room Pre-Occupancy Preparation
 1. Place soiled linen collection container in anteroom, or in patient room if no anteroom.
2. Personal Protective Equipment (PPE)
 - a. Hospitality staff must wear gown, gloves, face shield preferentially or goggles, and N95 respirator (if fit-tested within the past year) or PAPR before entering patient room (whether or not patient is present in room).
 - b. Perform hand hygiene prior to entering room and immediately after removing PPE.
 - c. Remove and discard PPE in anteroom.
 - d. If there is no anteroom, remove gloves, gown, eye protection in patient room. Remove N95 respirator immediately after exiting room.
3. Cleaning Procedures
 - a. Follow standard procedures for routine daily and discharge cleaning of patient room. Place all soiled linen into the soiled linen bag in the hamper in the anteroom or within the patient room.
 - b. Following discharge or transfer from the room, ideally keep the patient room door closed for 1 hour before performing discharge cleaning. Hospitality staff must wear all PPE described above while performing either daily or discharge room cleaning.
 - c. Change privacy curtains.
 - d. Following cleaning, Hospitality staff will page the Hospitality supervisor to report that cleaning is complete. The supervisor must visually inspect the room then will remove the NOVEL RESPIRATORY ISOLATION sign and inform nursing unit staff that the room has been cleaned and is ready for re-occupancy

F. Cleaning and disinfection of equipment

1. Equipment and/or devices that are not disposable must be cleaned to remove any blood or body fluids and disinfected with the approved hospital disinfectant. Cleaning and disinfection must be completed before the equipment is stored in the clean equipment area and before being used for other patients.
2. Clean and disinfect equipment in the patient room or in the anteroom unless space constraints make this impossible.
3. Equipment surface(s) must be THOROUGHLY WET with the disinfectant agent and allowed to remain undisturbed for the contact time specified by the surface disinfectant.
4. Persons cleaning/disinfecting equipment in a room housing a suspected or confirmed COVID-19 patient must wear personal protective equipment required for Novel Respiratory Infection isolation (gown, gloves, N95 respirator or PAPR, plus face shield preferentially or goggles. If cleaning/disinfecting equipment in the anteroom, wear a gown and gloves. Disinfect hands before putting on personal protective equipment and after removing equipment.

G. Transport of PUI patients

1. The patient should remain in his/her room at all times with the doors closed unless emergency diagnostic or therapeutic procedures (e.g., CAT scan, surgery, etc.) are required and cannot be performed in the patient's room.

2. Before leaving the room, the patient should disinfect his/her hands, put on a clean hospital gown, and put on a surgical mask. Use a clean sheet that was not stored in the room to completely cover the patient before leaving the room.
3. Transporters should follow the recommended sequence of donning PPE for COVID-19 prior to entering the patient's room and before transferring the patient to a wheelchair or gurney.
4. Once the patient has been transferred to a wheelchair or gurney, the transporter should remove gowns and gloves in the anteroom, perform hand hygiene, and remove his/her faceshield or goggles, but should keep his/her N95 respirator or PAPR on during transport.
5. The transporter should continue to wear his/her N95 respirator or PAPR during transport. The transporter should bring extra clean face protection, respiratory, and gloves in case an emergency occurs during transport.
6. Bring a clean surgical mask in the event the patient's mask becomes wet during transport.
7. Notify the area to which the patient is being transported that the patient is a COVID-19 PUI so that appropriate accommodations can be made. If possible, schedule PUI patients at the end of the day or when waiting rooms are not crowded.
8. After arrival at their destination, receiving personnel (e.g., in radiology) and the transporter (if assisting with transfer) should perform hand hygiene and wear all recommended COVID-19 PPE.
9. If still wearing their original respirator, the transporter should take care to avoid self-contamination when donning the remainder of the recommended PPE.
10. Patients traveling to the Operating Room must be transported directly to the OR from their rooms.

H. Restricting visitors

1. Visitors will not routinely be allowed for PUI patients except in extenuating circumstances (end of life, pediatric patient).
2. The patient's care team will provide education to the family and designated visitors.

I. Specific indications for pediatric patients presenting with parents/caretakers/family

- A. At the point of entry, screen all people accompanying a child with concern for COVID-19 for symptoms
 1. If accompanying people are symptomatic, implement COVID-19 appropriate protocols as outlined above
 - i. In the ED and ambulatory settings, cohort the symptomatic pediatric and adult patients pending further discussion with infection prevention and the Department of Health. Give the symptomatic adult caregivers appropriate PPE.
 2. If accompanying people are asymptomatic,
 - i. Give adult caregivers accompanying the child appropriate PPE
 - ii. Have the adult room with the child while awaiting assessment of the child's status (PUI vs not a PUI)
 - iii. Place asymptomatic children accompanying the PUI into a separate area without other patients along with an asymptomatic adult caretaker pending

further discussion with infection prevention. Do not allow them to visit other areas of the hospital/clinic.

- B. If the child is deemed a PUI, then family contact with the child should be limited to one adult caretaker wearing appropriate PPE
 1. Instruct the adult caretaker on the donning and doffing of PPE. The adult caretaker should not leave the room.
 2. Place remaining asymptomatic family members or other accompanying people into a separate area without other patients pending further discussion with infection prevention and the Department of Health. Do not allow them to visit other areas of the hospital/clinic.
- C. If a pediatric PUI requires admission to the hospital,
 1. The primary team, Infection Prevention, and the Department of Health will develop a plan to minimize the infectious risk to the adult caretaker. Possible options include:
 - i. Adult caretaker remains in a separate room with videoconferencing capabilities
 - ii. Adult caretaker remains at the bedside if able to show proficiency with PPE and staff is available to observe donning and doffing of PPE
 - iii. Adult caretaker spends time in a separate room with videoconferencing capabilities and joins the child intermittently

J. Discontinuing isolation

1. The timing and appropriateness of discontinuing isolation will be decided on a case-by-case basis in consultation with HEIP and the DPH. Consideration can be made for discontinuing precautions if COVID-19 is no longer being considered as a diagnosis (i.e., there is an alternative diagnosis).

K. Follow-up of potential healthcare worker and patient exposures

1. HEIP responsibilities:
 - Review the medical record of any COVID-19 PUI to ascertain whether proper isolation measures were instituted.
 - Review the patient's status with an attending physician or designee.
 - Determine whether any potential exposure to hospital personnel occurred.
 - Determine whether any potential exposure to patients occurred.
 - Report exposures to Occupational Health Services.
2. Responsibilities of Occupational Health Services:
 - Maintain a line list of all healthcare personnel who have entered the patient's room by utilizing the sign-in sheets posted outside the room.
 - Provide self-monitoring instructions to all healthcare personnel who have entered the patient's room.
 - Contact the supervisors of departments with exposed employees. The supervisors are emailed an exposure follow-up form which states that a COVID-19 exposure has occurred in their department, giving the name and MRN of the patient. Supervisors are required to submit a list of the names and employee ID numbers of their exposed

employees to Occupational Health Services by the end of the business day on which the supervisor is notified.

- Record all exposures and exposed employee information.
- Arrange for post-exposure education and monitoring.
- Definition of Exposure: Any contact with a patient diagnosed or suspect for COVID-19 before initiation of appropriate isolation precautions.
- Exposed employees must measure their own temperatures twice daily and can continue to work as long as they do not have either fever $>100.4^{\circ}\text{F}$ or respiratory symptoms (e.g. cough, shortness of breath or trouble breathing).
- Exposed employees at the SF campuses must telephone OHS (415) 353-4341 daily prior to reporting for each work shift for symptoms evaluation. At BCH-Oakland, call Employee Health at 510-428-3620.
- Employees determined to have suspect COVID-19 are restricted from work from time of presentation of symptoms to 10 days after the resolution of fever, provided respiratory symptoms are absent or improving. Employees must obtain OHS clearance prior to returning to work.

VII. Engineering Controls

A. Airborne Infection Isolation rooms (AIIRs)

1. A table of AIIRs is located in Appendix A.
2. Ventilation requirements for these rooms include:
 - a minimum of 12 air changes/hour airflow
 - direct air exhaust to the outside or HEPA filtration of air prior to recirculation
 - sealing of rooms to enable maintenance of negative pressure relationships with the adjacent corridor

B. Regular monitoring and maintenance of engineering controls

1. Engineering controls, including all negative air pressure areas of the hospital and HEPA filtration systems, undergo regular monitoring and maintenance by the Facilities Management.

C. AIIRs in the Emergency Department

1. The Parnassus and MB Emergency Department AIIRs must be verified by Facilities as “negative” before being used for patients on Airborne Precautions.
2. The Oakland campus has no AIIRs in the Emergency Department. Room 5 has negative pressure and would be the preferred location for a PUI, but this will depend on census at the time of presentation.

VIII. Sputum Induction and Bronchoscopy Procedures

A. Policies and procedures

During any aerosol-inducing procedure, healthcare workers in the patient room must wear a PAPR (not an N95 respirator).

Sputum Induction

1. Cough- and aerosol-inducing procedures such as nebulizer treatments, sputum induction, bronchoscopy and endotracheal intubation may facilitate transmission of the COVID-19 virus to healthcare workers.
2. During any aerosol-inducing procedure, healthcare workers in the patient room must wear a PAPR (not an N95 respirator).
3. Sputum induction should be performed on COVID-19 patients only when medically necessary.
4. Patients with diagnosed or highly suspected COVID-19 must undergo sputum induction in the patient's AIIR or in a HEPA filtered sputum induction booth. The patient must wear a surgical mask during transport to and from sputum induction booths.

Bronchoscopy

1. Cough- and aerosol-inducing procedures such as nebulizer treatments, sputum induction, bronchoscopy and endotracheal intubation may facilitate transmission of the COVID-19 virus to healthcare workers.
2. During any aerosol-inducing procedure, healthcare workers in the patient room must wear a PAPR (not an N95 respirator).
3. Bronchoscopy should be performed on suspected COVID-19 patients only when medically necessary.
4. Patients with diagnosed or suspected COVID-19 requiring bronchoscopy must have the procedure performed in an AIIR room or area or HEPA filtered room (e.g., Endoscopy Suite).
5. Patients must remain in the room until coughing has subsided. Advise the patient to cover his/her mouth and nose with a tissue when coughing.
6. A surgical mask must be worn by the patient during transport.
7. The procedure room must not be used for at least 1 hour following bronchoscopy to allow sufficient time for appropriate ventilation.

IX. Clinical Laboratory and Autopsy Procedures

A. Clinical laboratories

1. Contact the SF or Alameda County Department of Public Health Epidemiologist on-call before obtaining specimens for COVID-19 testing.
2. Send specimens to UCSF Microbiology Laboratory. The Microbiology Laboratory will package the specimens and will arrange for transport of the specimens to the SFDPH Laboratory to transport to the CDC.

B. Other Clinical Laboratory Tests

Do NOT order viral isolation (culture) to be performed at UCSF. Specimens will not be accepted for viral isolation/culture. PCR testing (rapid influenza/RSV and respiratory viral panel) may be ordered.

C. Autopsy

1. Notify Pathology prior to autopsy on a patient being ruled out for COVID-19.
 - i. The autopsy will occur in the AIIR of the Pathology Laboratory.

- ii. See CDC recommendations for collection of postmortem clinical and pathology specimens for SARS-CoV-2 testing here <https://www.cdc.gov/coronavirus/COVID-19/hcp/guidance-postmortem-specimens.html>
- iii. Limit the number of personnel working in the Autopsy suite during the autopsy procedure.
- iv. Staff involved in the autopsy procedure must wear a fluid-resistant or impervious gown with full sleeve coverage; waterproof apron; goggles or face shield; N95 respirator that they have been fit tested for or PAPR; and double surgical gloves with an interposed layer of cut-proof synthetic mesh gloves.
- v. Staff may wear surgical scrub suits, surgical cap, and shoe covers per Autopsy routine protocols.
- vi. Protective outer garments must be carefully removed when leaving the autopsy room and discarded in appropriate orange biohazard-lined trash and soiled laundry receptacles immediately outside the entrance. Hands must be disinfected upon removal of personal protective equipment. Clean and disinfect any reusable PPE per manufacturer's instructions prior to reuse.
- vii. The autopsy AIIR will be vacated for at least 1 hour following completion of the autopsy.
- viii. Avoid aerosol-generating procedures such as the use of oscillating saws whenever possible to decrease the risk of occupational exposure. Consider the use of hand shears as an alternative cutting tool. If an oscillating saw must be used, attach a vacuum shroud to contain aerosols.

X. Coordination with the Department of Public Health

Upon notification of a possible COVID-19 case, HEIP will:

1. Evaluate the possibility that the patient has COVID-19.
2. If the patient meets the CDC's PUI criteria, HEIP will report pertinent information immediately to the Department of Public Health.

Attachments:

Appendix A: UCSF West Bay Campuses: Airborne Infection Isolation Rooms (AIIRs)

Appendix B: Room Entry Log

Appendix A

UCSF West Bay Campuses: Airborne Infection Isolation Rooms (AIIRs)

NEGATIVE VENTILATION AND ATD/AII ROOM STATUS PARNASSUS			
FLOOR	PERMANENT NEGATIVE ROOMS MEETING ATD/AII AT ALL TIMES	PERMANENT NEGATIVE ROOMS REQUIRING ADDITION OF SCRUBBER TO ACHIEVE ATD/AII	ROOMS THAT CAN BE MADE NEGATIVE & ATD/AII COMPLIANT THROUGH AIR MANIPULATION AND ADDITION OF SCRUBBER
1st	Long L105 Endoscopy, L152 ED	Long ED L135E, L141, L144	
6th		Long L659, L664	Moffitt 6S-03, 6S-04, 6S-05, 6S-06, 6S-07, 6S-08, 6S-09, 6S-10 Moffitt 6PICU beds 3 thru 10
7th		Long L707, L712, L774	M702P, M702N, M702K, M702J, M702G, M702F, M702C, M702B Moffitt 7East PICU beds 1 thru 8
8th			Long L803, L804, L816, L866, L868, L872, L873 Moffitt 8NICU beds 1 thru 8
9th			Long L904, L905, L916, L963, L964, L968, L973, L974 Moffitt 9ICU beds 1 thru 16
10th		Long L1007	Long L1012, L1014, L1016, L1018, L1059, L1068, L1074 Moffitt ICC beds 1 thru 3 and 5 thru 9, 10South M1043, M1044, M1046
11th	Moffitt 11 ICU beds 5 and 6, L1132		
12th	Moffitt M1221, Long L1232		
13th	Long L1331, L1332 Moffitt M1313ICU beds 13&14		
14th			Long L1403, L1414, L1416, L1418, L1422, L1432, L1468, L1473, Moffitt M1405, M1406, M1407, M1408, M1417, M1418, M1419, M1420, M1421, M1424, M1425, M1427, M1430, M1431
15th	L1530, L1531, L1535, L1537, L1539		

NOTE ! "AIRBORNE PRECAUTION" eMR designations REQUIRE Facilities Work Order to effect ATD/AII Negative Pressure designation and regulatory monitoring - as well as a Work Order to return to regular pressure in order to return to normal. Includes PERMANENT NEGATIVE!

NEGATIVE VENTILATION AND ATD/AII ROOM STATUS MT. ZION			
FLOOR	PERMANENT NEGATIVE ROOMS MEETING ATD/AII AT ALL TIMES	PERMANENT NEGATIVE ROOMS REQUIRING ADDITION OF SCRUBBER TO ACHIEVE ATD/AII	ROOMS THAT CAN BE MADE NEGATIVE & ATD/AII COMPLIANT THROUGH AIR MANIPULATION AND ADDITION OF SCRUBBER
1st	Mount Zion Endoscopy B121, B118, B116 and B115		
4th			Mount Zion A434B, A434D, A434E, A434G
5th			Mount Zion A515, B523

NOTE ! "AIRBORNE PRECAUTION" eMR designations REQUIRE Facilities Work Order to effect ATD/AII Negative Pressure designation and regulatory monitoring - as well as a Work Order to return to regular pressure in order to return to normal. Includes PERMANENT NEGATIVE!

NEGATIVE VENTILATION AND ATD/AII ROOM STATUS MISSION BAY			
FLOOR	PERMANENT NEGATIVE ROOMS MEETING ATD/AII AT ALL TIMES	PERMANENT NEGATIVE ROOMS REQUIRING ADDITION OF SCRUBBER TO ACHIEVE ATD/AII	ROOMS THAT CAN BE MADE NEGATIVE & ATD/AII COMPLIANT THROUGH AIR MANIPULATION AND ADDITION OF SCRUBBER
1st	Emergency C1875, C1877		
2nd	RECOVERY TREAT 6 A2569 RECOVERY TREAT 13 C2835 RECOVERY, TREAT 14 C2837		
3rd	POSTPARTUM UNIT A3547 TRIAGE A3664, A3668 LABOR AND DELIVERY A3745 ANTEPARTUM UNIT A3847 INTENSIVE CARE NURSERY C3419, C3893, C3925, C3934, C3989		
4th	ADULT ICU A4547, A4549 CHILDREN'S ICU C4847, C4849 CHILDREN'S CARDIAC TCU C4899 CHILDREN'S CARDIAC ICU C4939 ICU ROOM, ADULT, ISOL A4543		
5th	ADULT ACUTE CARE SURGICAL UNIT/5 A5547, A5549 CHILDREN'S MED SURGE UNIT C5843, C5847, C5849 CHILDREN'S TCU C5935 PATIENT ROOM, PEDS, ISOLATION C5907		
6th	ADULT ACUTE CARE SURGICAL UNIT/5 A6547, A6549 CHILDREN'S HEM/ONC UNIT C6807, C6843, C6847, C6849		

NOTE ! "AIRBORNE PRECAUTION" eMR designations REQUIRE Facilities Work Order to effect ATD/AII Negative Pressure designation and regulatory monitoring - as well as a Work Order to return to regular pressure in order to return to normal. Includes PERMANENT NEGATIVE!

East Bay Campuses: Airborne Infection Isolation Rooms

Negative Ventilation and ATD/All Room status Oakland 52nd Street Campus			
Floor	Permanent Negative Rooms Meeting ATD/All at all times	Permanent Negative Rooms Requiring Addition of Scrubber to achieve ATD/All	Rooms that can be made negative & ATD/All compliant through air manipulation and addition of a scrubber
2 nd	PICU BED 16 PICU BED 17		
4 th	4 South 4307 4 South 4312		
Negative Ventilation and ATD/All Room status Oakland Summit Campus			
4th	4 Med/Summit 4003, 4045, 4051		
5 th	5 Med/Summit 5464		

