



2023-04-03 Special Meeting of the Truckee Surgery Center Board of Managers

Monday, April 3, 2023 at 12:00 p.m.

Human Resources Conference Room - Tahoe Forest Hospital

10024 Pine Avenue, Truckee, CA 96161



2023-04-03 Special Meeting of the Truckee Surgery Center Board of Managers

4. ITEMS FOR BOARD ACTION

4.1. Policies to be Retired

4.1.1. COVID-19- Screening of Patients- Employees- and Vendors- IC-2002- To Be Retired.pdf 3

4.2. Policies with Significant Changes

4.2.1. Isolation Precautions- IC-1915-Changes.pdf 7



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Owner Heidi Fedorchak:
Nurse Manager
Department Infection
Prevention and
Control
Applicabilities Truckee
Surgery Center

COVID-19: Screening of Patients, Employees, and Vendors, IC-2002

POLICY:

All means possible will be utilized to reduce the level of exposure to patients, employees, and any vendors requiring access to the facility. As a result of the COVID-19 pandemic, all individuals entering the facility for any reason will be screened for symptoms of COVID-19 and proximity to those with confirmed COVID-19.

Anyone entering Truckee Surgery Center (e.g., personnel, providers, contractors, vendors, patients, and visitors) is/are to wear a face mask or covering. If anyone does not have a mask or face covering, a mask will be provided upon arrival. Personnel are expected to comply with the face covering requirement as a condition of employment, as well as for the health and safety of themselves and their colleagues.

PROCEDURE:

COVID-19 Screenings

Patient Screening

- A. All patient's will be verbally screened (See COVID Screening Questionnaire attached) during the pre-operative phone interview for symptoms and indicators of high risk for infection of COVID-19. Patient's will be notified at the time of the phone interview of the requirement that they must wear a face mask throughout the duration of their stay in the facility. If there is any question about a patient's responses to the screening questions, the Nurse Manager, Administrator and/or Infection Prevention RN will be consulted for guidance.
- B. Upon entry to the facility, all patient's will perform hand hygiene and don a face mask. The COVID-19 Screening Questionnaire will be repeated to ensure symptoms have not emerged since the phone screening. All accompanying family members or companions will be screened upon entry and required to wear a mask while in the facility.

Employee Screening

For the purposes of this policy “Employees” will refer to all staff employed by the facility and all facility credentialed Licensed Independent Practitioners.

- A. Employees have been instructed to refrain from reporting to work if 1. they have any symptoms of COVID-19 2. The employee is unvaccinated and a family member has symptoms or has tested positive for COVID-19 3. The employee is unvaccinated and has been exposed to someone with confirmed COVID-19. The employee must contact their manager to be cleared for work.
- B. Upon entry to the facility, all employees will perform hand hygiene and don a face mask. Before work begins, each employee must complete the COVID-19 screening questions provided. If an employee can answer YES to any of the mandatory questions, that employee must immediately report to their manager and/or Infection Prevention RN to determine if he/she qualifies to safely work that day. If there is any question about a response to the screening questions, the manger and/or Infection Prevention RN will be consulted for guidance.
- C. Each employee will be required to wear a face mask for the entirety of their shift. Staff who function in non-clinical areas may wear non-medical cloth masks if they choose. Cloth masks must be made from tightly-woven, multi-layered, cotton fabric. Avoid polyester and other synthetic fabrics. Personal cloth masks must be laundered prior to each shift worked.

Vendor Screening

Vendors’ access to the facility has been restricted as a result of the COVID-19 pandemic. Only necessary individuals from outside vendors shall be permitted access to the building.

- A. Vendors will be instructed to refrain from reporting to the facility if they have any symptoms or have been exposed to anyone who has symptoms of COVID-19 or has tested postiiive for COVID-19. Vendors must contact the Administrator to be cleared to enter the facility.
- B. Upon entry to the facility, all vendors will perform hand hygiene and don a face mask. In an effort to preserve facility masks for use by employees and patients, vendors will be asked prior to their arrival to provide their own mask if possible. Facility masks will be provided if a vendor does not have one available. A COVID-19 Screening Questionnaire will be performed before the vendor may enter the facility. (See attached COVID Vendor Questionaire)
- C. The vendor will be required to wear a face mask for the entirety of their work shift in the facility

Face Masks/Face Coverings

Face coverings are required to be worn at all areas in TSC.

While keeping a physical distance of at least six feet from other people, practicing good hygiene measures (e.g., frequent hand washing, avoiding touching the face, covering coughs and sneezes), and staying home when ill are the best known protections against COVID-19, wearing a face covering that covers the nose and mouth can help protect others.

- A. For the purpose of this policy, a face covering must:
 1. Fit snugly against the sides of the face
 2. Completely cover the nose and mouth
 3. Be secured with ties, ear loops, elastic bands, or other equally effective method
 4. Include at least two layers of cloth

5. Allow for breathing without restriction
6. Be capable of being laundered and machine dried without damage or change to shape
7. Be free of holes, tears, or valves/vents that have the potential to release respiratory droplets

Face shields instead of face masks or coverings:

- A. A face shield is primarily used for eye protection for the person wearing it. At this time, it is not known what level of protection a face shield provides to people nearby from the spray of respiratory droplets from the wearer. There is currently not enough evidence to support the effectiveness of face shields for source control. Therefore, use of face shields as a substitute for masks are not allowed at TSC.

Who should **not** wear a face mask or covering:

- A. Children younger than 2 years old
- B. Anyone who has trouble breathing
- C. Anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance

TSC is required to ensure all of its personnel have a thorough understanding of the requirements outlined in this policy. Personnel who do not comply will be reminded of the policy by their Administrator and provided additional education and training as needed. If, after additional education and training, personnel refuse to comply, the Administrator may initiate appropriate corrective action.

Personnel with concerns that other personnel are not complying should speak with their Administrator, or report it to the Infection Control Coordinator.

TSC is committed to maintaining a respectful, productive, inclusive, and equitable workplace, and discrimination and other conduct that is inconsistent with our values will not be tolerated. Consistent with California state's public health order for face coverings, members of the public, patients and visitors are required to wear face coverings when entering TSC. If a member of the public, patient or visitor is not wearing a face covering, the following steps are to be taken:

- A. Begin with a polite verbal request for compliance to educate and persuade the individual to wear a face covering. TSC personnel should ask the individual to wear a mask or face covering, or have a supply of disposable face masks to offer individuals who do not have one. Signs indicating the face covering requirement for all who enter should be clearly posted at all entrances and on websites when possible.
- B. If, following a polite verbal request, the individual continues to decline to wear a face covering or face mask, personnel should notify the Administrator to assist the customer with determining if accommodations, such as curbside pickup, can be made.
- C. If the individual refuses to wear a face covering and does not indicate a medical condition or disability that prevents them from wearing a face covering, they should be politely informed that they are not permitted to enter the facility, and be asked to leave. Personnel should not attempt to physically block an individual or physically remove them from the space, and should avoid confrontation, but should not provide service(s). Security or local law enforcement agency may be called for help as a last resort.

References:

CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, 4/13/2020

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Cal/OSHA and statewide industry guidance on COVID-19

California state public health orders for face coverings

Transmission Based (Isolation) Precautions, APIC-1501

Attachments

[COVID employee and vendor screening form](#)

[COVID-19: patient screening form](#)

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	06/2022
	Heidi Fedorchak: Nurse Manager	06/2022





Origination 06/2019
Last Approved N/A
Last Revised 03/2023
Next Review 1 year after approval

Owner Heidi Fedorchak:
Nurse Manager
Department Infection
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Surgery
Center

Isolation Precautions, IC-1915

PURPOSE:

~~Transmission-based precautions are designed for patients with symptoms and/or documented or suspected infection or colonization with one of the organisms listed on the table “General Conditions and Specific Organisms Requiring Transmission-Based Precautions”~~

Transmission based precautions are designed for patients with documented or suspected to be infected with highly transmissible or epidemiological important pathogens for which additional precautions beyond standard precautions are needed to interrupt transmission.

POLICY:

- A. The Surgery Center does not provide services for most patients with known communicable diseases that require transmission-based precautions. In depth preoperative interviews and screening is practiced to identify patients with communicable diseases. However, in the event that a patient is discovered to have a communicable/infectious disease, isolation precautions will be observed until the patient is discharged from the facility.
- B. Use Transmission-based precautions in addition to Standard Precautions for patients with suspected or confirmed diseases listed ~~in the “General Conditions and Specific Organisms Requiring Transmission-Based Precautions” table shall be placed on the appropriate Transmission-based Precautions until the condition has been ruled out or the criteria for removal from isolation have been met.~~below
- C. The three types of Transmission-based Precautions may be used alone, or in combination for diseases that have multiple routes of transmission:
 1. Contact Isolation Precautions
 2. Droplet Isolation Precautions

3. Airborne isolation precautions

Institute the appropriate precautions when suspicion of a condition triggers a test for the causative agent.

A physician's order is not required to initiate Transmission-Based Isolation Precautions, though electronic medical record functionality may be set up to require an order be written.

Cohorting patients may be considered only after consultation with Infection Control.

Contact Diseases/Pathogens Requiring Droplet Isolation Precautions (CalOSHA)

- A. Contact, or touch, is the most common and most significant mode of transmission of infectious agents. Contact transmission can occur by directly touching the patient, through contact with the patient's environment, or by using contaminated gloves or equipment. Patients in Contact Isolation Precautions include those with confirmed or suspected *Clostridium difficile* infection (CDI) rotavirus, or other organisms deemed significant by Infection Control.
- B. Contact Isolation Precautions requires:
 - 1. Private Room
 - 2. Dedicated, disposable equipment (e.g., stethoscope, blood pressure cuff, thermometer, etc.). If shared equipment is used, it must be cleaned with hospital disinfectant (e.g. disposable detergent disinfectant-impregnated wipes) after each use.
 - 3. Children under the age of 6 years who are in Droplet Precautions are also placed in Contact Precautions.
 - 4. Appropriate door signage
 - 5. Education for the patient/representative: "Contact Isolation Precautions Patient Information Sheet"

Healthcare workers caring for patients in Contact Isolation Precautions must:

- A. Clean hands before putting on gloves.
- B. Put on gloves and gown prior to entering the patient's room.
- C. Remove and discard gloves and gown and clean hands before leaving the patient's room or, in semi-private room or multi-bed bay situation, before leaving the patient's immediate vicinity.
- D. For patients in Contact Isolation Precautions for diarrhea (suspect or confirmed CDI), use soap and water to clean hands upon exiting unless CDI is ruled out. See Appendix 1 for specific details regarding initiating and discontinuing precautions, management, environmental and equipment cleaning, and antimicrobial stewardship for the patient with CDI.
- E. Patients on Contact Isolation Precautions are not allowed in communal spaces but may ambulate in hallways wearing a clean hospital gown and after washing hands with soap and

- water.
- F. Place a clean patient gown on the patient prior to transporting patient to additional department
- G. Notify receiving department of patient isolation status.
- H. Receiving department room cleaning: see C. Surface Disinfection and Reusable Equipment above.
- I. Patient Transport: Gown and gloves may be worn during transport of a patient on Contact Isolation Precautions. PPE must be removed and hand hygiene performed when the transfer is complete.
- J. Visitors may choose to wear indicated PPE.
- K. Discontinuing isolation precautions:
 1. Diarrhea, not caused by *Clostridium difficile*: when patient's diarrhea has resolved. (See Diarrhea Decision Tree)
 2. Rotavirus: when diarrhea is resolved AND rotavirus antigen test is negative.
 3. Other conditions/diseases: consult with Infection Control

Droplet Isolation Precautions

Droplets are formed when a person coughs, sneezes, speaks, spits, sings, or undergoes oral or tracheal/bronchial suctioning. Transmission occurs when droplets containing microorganisms generated from an infected person are propelled a short distance (about 3 feet), and may come in contact with another person's conjunctivae or mucous membranes (eyes, nose or mouth). Droplets do not remain suspended in the air, and are not transmitted by the airborne route. Table 1 shows a sampling of diseases and conditions identified by CalOSHA as requiring Droplet Isolation Precautions. A complete table can be found in the table "General Conditions and Specific Organisms Requiring Transmission-Based Precautions"

Table 1. Diseases/Pathogens Requiring Droplet Isolation Precautions (CalOSHA)

Diphtheria pharyngeal

Epididymitis, due to *Haemophilus influenzae* type b

Haemophilus influenzae Serotype b (Hib) disease/*Haemophilus influenzae* serotype b -- Infants and children

Influenza, human (typical seasonal variations)/influenza viruses

Coronavirus - (COVID-19)

Meningitis

Haemophilus influenzae, type b known or suspected

Neisseria meningitidis (meningococcal) known or suspected

Meningococcal disease sepsis, pneumonia (see also meningitis)

Mumps (infectious parotitis)/Mumps virus

Mycoplasmal pneumonia

Parvovirus B19 infection (erythema infectiosum)

Pertussis (whooping cough)

Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus,

Pneumonia

Adenovirus

Haemophilus influenzae Serotype b, infants and children

Meningococcal

Mycoplasma, primary atypical

Streptococcus Group A

Pneumonic plague/*Yersinia pestis*

Rubella virus infection (German measles)/Rubella virus

Severe acute respiratory syndrome (SARS)

Streptococcal disease (group A streptococcus)

Skin, wound or burn, Major

Pharyngitis in infants and young children

Pneumonia

Scarlet fever in infants and young children

Serious invasive disease

Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)

Any other disease for which public health guidelines recommend Droplet Isolation Precautions

~~A. Droplet Isolation Precautions require:~~

- ~~1. Private room, except when directed otherwise by Infection Control.~~
- ~~2. Patients to remain in their room except for essential purposes, in which case, a regular mask (surgical or paper without eye shield) is worn.~~
- ~~3. Children under the age of 2 years who require Droplet Precautions also require Contact Precautions.~~

4. Appropriate door signage
5. Education for the patient/representative

B. Healthcare workers caring for patients in Droplet Isolation Precautions will:

1. 1. Hand hygiene with alcohol based hand rub or soap and water should be performed prior to entering room. Put on a mask that covers the mouth and nose (regular surgical or paper mask), and eye protection (safety goggles, fluid shield) upon entering the room of a patient in precautions.
2. 2. Wear eye protection and respiratory protection at least as effective as an N-95 respirator when performing high hazard procedures (bronchoscopy, sputum induction, elective intubation and extubation, autopsies, open suctioning of airways, and when feasible during emergent situations such as cardiopulmonary resuscitation, emergent intubation) for patients with suspected or confirmed diseases requiring Droplet Isolation Precautions.
3. 3. Remove and discard mask/respirator and clean hands before leaving the patient's room or, in semi-private room or multi-bed bay situation, before leaving the patient's immediate vicinity. Goggles may be reused; they should be cleaned with a disinfectant wipe between uses by different healthcare workers.
4. 4. Notify receiving department of patient isolation status when patient transportation is required.

C. Visitors

1. Visitors will be educated regarding the transmission of diseases requiring Droplet Isolation Precautions:
 - a. Hand hygiene with alcohol based hand rub or soap and water should be performed regularly and always upon leaving the patient's room.
 - b. Risk of acquisition of diseases requiring Droplet Isolation Precautions is reduced through the use of personal protective equipment (i.e. surgical mask with eye shield or goggles). This equipment will be available for visitors upon request.
2. Visitors with upper respiratory symptoms are asked to refrain from visiting. Special consideration may be given to close family members. Those family members will be required to wear a surgical mask while visiting.
3. Nursing staff will instruct family/visitors to clean hands after contact with patient secretions or contact with immediate patient environment.
4. Visitors may choose to wear the indicated PPE.
5. Patients on Droplet Precautions are not allowed in communal spaces

D. Discontinuing isolation precautions:

1. Droplet Isolation Precautions may be discontinued when symptoms resolve and when criteria for discontinuing precautions (see Transmission-based Precautions Table) have been met.

~~Airborne Isolation Precautions Diseases/Pathogens~~ ~~Requiring Airborne Isolation Precautions (CalOSHA)~~

- ~~A. When a person infected with an airborne-transmitted disease coughs, sneezes, speaks, spits, sings, or undergoes oral or tracheal/bronchial suctioning, infectious particles sized 5 microns or smaller, which carry the infectious organism may be released into the air and be carried via air currents. Table 2 shows a sampling of diseases and conditions identified by CalOSHA as requiring Airborne Isolation Precautions. A complete table can be found in the table "General Conditions and Specific Organisms Requiring Transmission-Based Precautions".~~

~~Table 2. Diseases/Pathogens Requiring Airborne Isolation Precautions (CalOSHA)~~

~~Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/*Bacillus anthracis*~~

~~Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)~~

~~Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out~~

~~Measles (rubeola)/Measles virus~~

~~Monkeypox/Monkeypox virus~~

~~Novel or unknown pathogens~~

~~Severe acute respiratory syndrome (SARS)~~

~~Smallpox (variola)/Variola virus~~

~~Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected~~

~~COVID-19 virus (airborne during aerosolizing procedures)~~

~~Any other disease for which public health guidelines recommend airborne infection isolation~~

~~Negative pressure air handling (ventilation) is required for isolating patients diagnosed or suspected of having a disease requiring Airborne isolation precautions.~~

~~A. Airborne Isolation Precautions require:~~

- ~~1. Private Airborne Infection Isolation Room (AIIR, aka Negative Pressure Isolation Room [NPIR]).~~
- ~~2. Healthcare workers entering the room of a patient with suspected or confirmed diseases requiring Airborne isolation precautions are to wear a fit-tested N-95 respirator or Powered Air Purifying Respirator (PAPR) – see Tuberculosis Exposure~~

Control Plan and the Aerosol-Transmissible Diseases Exposure Control Plan (on the Safety website).

3. ~~The healthcare worker to wear a PAPR or N-95 mask when performing high hazard procedures (bronchoscopy, sputum induction, elective intubation and extubation, autopsies, open suctioning of airways; and when feasible during emergent situations such as cardiopulmonary resuscitation, emergent intubation) for patients with suspected or confirmed diseases requiring Airborne isolation precautions. Exceptions to wearing a PAPR for aerosol-generating procedures include:~~
 - a. ~~Emergent patient conditions that do not allow time to don PAPR equipment.~~
 - b. ~~PAPR equipment interferes with the use of medical devices necessary to conduct a procedure.~~
 - e. ~~Other exemptions must be submitted to the Office of Environmental Health and Safety on behalf of the department for compilation and annual review.~~
4. ~~When a patient is suspected or confirmed to have an infection with chickenpox, disseminated varicella or measles, susceptible healthcare workers or visitors should not enter the room. Immunity to chickenpox (varicella) may be confirmed via:~~
 - a. ~~Clinical disease demonstrable by serum antibody titer.~~
 - b. ~~Two doses of varicella vaccine. NOTE: No vaccine is perfect and breakthrough cases of mild disease are not uncommon in vaccinated people. Vaccinated personnel who care for patients with chickenpox or disseminated zoster should monitor themselves for symptoms following exposure.~~
5. ~~Patients to be confined to their room except for essential purposes, in which case, a regular mask (surgical or paper) is worn by the patient at all times when outside the negative pressure environment. (Patients with airborne transmitted diseases are not required to wear an N-95 respirator.)~~
6. ~~Keep N-95 respirators and PAPRs on when exiting the room. Then discard them outside patient door and clean hands.~~
7. ~~Appropriate door signage~~
8. ~~Education for the patient/representative~~
9. ~~Notify receiving department of patient isolation status when patient transportation is required.~~

B. Visitors

1. ~~Visitors may choose to wear the indicated PPE.~~
2. ~~Symptomatic household or other contacts of patient may not visit until medically cleared. If symptomatic contact must visit, a mask will be donned before entering the hospital and worn continuously while in the facility.~~

C. Discontinuing isolation precautions:

1. ~~Consult with Infection Control before discontinuing Airborne Isolation Precautions.~~

2. In addition, for "R/O TB", consult the Tuberculosis Exposure Control Plan.

Contact Precautions:

- A. Contact, or touch, is the most common and most significant mode of transmission of infectious agents. Contact transmission can occur by directly touching the patient, through contact with the patient's environment, or by using contaminated gloves or equipment. Patients in Contact Isolation Precautions include those with confirmed or suspected *Clostridium difficile*, rotavirus, or other organisms deemed significant by Infection Control.
- B. Contact Isolation Precautions requires:
1. Moving the patient to wherever the patient can be safely isolated.
 2. Dedicated, disposable equipment (e.g., stethoscope, blood pressure cuff, thermometer, etc.). If shared equipment is used, it must be cleaned with appropriate disinfectant after each use.
 3. Appropriate door signage to be posted.
- C. Healthcare workers caring for patients in Contact Isolation Precautions must:
1. Clean hands before putting on gloves.
 2. Put on gloves and gown prior to entering the patient's area
 3. Follow the guidance below for the donning and doffing of PPE

Droplet Isolation Precautions

Droplets are formed when a person coughs, sneezes, speaks, spits, sings, or undergoes oral or tracheal/ bronchial suctioning. Transmission occurs when droplets containing microorganisms generated from an infected person are propelled a short distance (about 3 feet), and may come in contact with another person's conjunctivae or mucous membranes (eyes, nose or mouth). Droplets do not remain suspended in the air, and are not transmitted by the airborne route.

- A. Droplet Isolation Precautions require:
1. Moving the patient to wherever the patient can be safely isolated.
 2. Patients to remain isolated except for essential purposes, in which a mask without eye shield is worn.
 3. Appropriate door signage to be posted
- B. Healthcare workers caring for patients in Droplet Isolation Precautions will:
1. Perform hand hygiene with alcohol based hand rub or soap and water prior to entering the patients general area. Put on a mask that covers the mouth and nose and eye protection (safety goggles, fluid shield) in addition to a gown and gloves upon entering the patients area.
 2. Wear eye protection and respiratory protection at least as effective as an N-95 respirator when performing high hazard procedures (intubation and extubation, open suctioning of airways, and when feasible during emergent situations such as cardiopulmonary resuscitation).

3. Follow the guidance below for the donning and doffing of PPE.

Airborne Isolation Precautions

When a person infected with an airborne-transmitted disease coughs, sneezes, speaks, spits, sings, or undergoes oral or tracheal/bronchial suctioning, infectious particles sized 5 microns or smaller, which carry the infectious organism may be released into the air and be carried via air currents.

A. Airborne Isolation Precautions require:

1. Moving the patient to wherever the patient can be safely isolated
2. Appropriate door signage to be posted

B. Healthcare workers caring for patients in Airborne Isolation Precautions will:

1. Wear a fit-tested N-95 respirator or Powered Air Purifying Respirator (PAPR) in addition to eye protection, gown and gloves.
2. Keep N-95 respirators and PAPRs on when exiting the room. Then discard them outside patient door and clean hands.
3. Follow the guidance below for the donning and doffing of PPE
4. Allow 15 minutes for the appropriate amount of air exchanges to occur prior to terminally cleaning the OR suite after the patient has been left the room.

Donning and Doffing PPE:

A. Donning (applying) PPE in the following order:

1. Gown
2. Mask or Respirator (includes surgical mask, N95 respirator and Powered Air Purifying Respirator (PAPR));
3. Goggles/Face Shield;
4. Gloves (immediately precede with hand hygiene).

B. Doffing (Removing) PPE in the following order:

1. Gown and gloves are removed as a paired set, followed by hand hygiene;
2. Goggles/ Face Shield;
3. Mask or Respirator (includes surgical mask, N95 and PAPR).

Special Instructions / Definitions:

- A. Aerosol transmissible disease (ATD) or aerosol transmissible pathogen (ATP). A disease or pathogen for which droplet or airborne isolation precautions are required.
- B. Aerosol transmissible pathogen -- laboratory (ATP-L). A pathogen that meets one of the following criteria: (1) the pathogen appears on the list in Appendix D of the CalOSHA Aerosol Transmissible Diseases Standard, (2) the Biosafety in Microbiological and Biomedical Laboratories (BMBL) recommends biosafety level 3 or above for the pathogen, (3) the

biological safety officer recommends biosafety level 3 or above for the pathogen, or (4) the pathogen is a novel or unknown pathogen.

~~Airborne infection isolation (AII). Infection control procedures as described in Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings. These procedures are designed to reduce the risk of transmission of airborne infectious pathogens, and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.~~

~~Airborne infection isolation room or area (AIIR). A room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized *M. tuberculosis* and other airborne infectious pathogens and that meets the requirements stated in subsection (e)(5)(D) of this standard.~~

~~Airborne infectious disease (AirID). Either: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which AII is recommended by the CDC or CDPH, or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.~~

~~Airborne infectious pathogen (AirIP). Either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agent, and for which the CDC or CDPH recommends AII, or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that it is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.~~

aka: also known as

C. CalOSHA: California Occupational Safety and Health Administration.

References:

Abbott, D and JS McGurk. Authority and Responsibility of Local Health Officers in Emergencies and Disasters. *The local health authority, San Francisco Department of Public Health (SFDPH), is the ultimate authority in a public health emergency. UCSF will implement precautions and use personal protective equipment according to SFDPH guidance.*

California Code of Regulations, Title 8, Section 5199, *Aerosol-Transmissible Diseases.*

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

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Effective: August 2013

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending
	Heidi Fedorchak: Nurse Manager	03/2023

COPY