

## *Ambulatory Clinic Policy and Procedure*

Title: <b>INFECTION PREVENTION AND CONTROL PLAN</b>	Policy Number: <b>EP 7.12</b>
Regulation: OSHA, TDSHS, CDC, APIC, Joint Reference: Commission	Effective Date: <b>04/2019</b>

### **Policy Statement:**

It is the policy of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to establish and implement an Infection Prevention and Control Plan in the Ambulatory Clinics.

### **Scope and Distribution:**

This policy applies to all Texas Tech Physicians of El Paso clinics.

### **Procedure:**

#### 1. Authority Statement

The daily infection control activities are delegated to the Infection Control (IC) Nurse who reports direct to the Director of Quality Improvement (QI). The IC Nurse is granted the authority to institute any appropriate and necessary surveillance, studies or other control measures to prevent the spread of infectious diseases to patients, employees, or visitors within Texas Tech University Health Sciences Center El Paso Ambulatory Clinics.

The IC nurse shall have the authority to issue instructions for discontinuation or taking supplies/items out of circulation when the potential for infection is highly suspected or exists. Arrangements for substituting items, discontinuation of products and appropriate replacement will be the responsibility of each Clinic Administrator.

The Clinic Administrator, Director of QI, and Director of Clinical Operations will be notified prior to initiation of any control measures/actions taken under this authority.

#### 2. The goals of the Infection Prevention and Control Plan are to:

- a. Establish and operate a practical system for proactively preventing, identifying, reporting, and evaluating infections in the ambulatory clinics.
- b. Initiate proper measures to limit unprotected exposure to pathogens throughout the organization or further spread from identified sources of contagion.
- c. Enhance hand hygiene.
- d. Review patient care outcomes as related to infection prevention and control.
- e. Minimize the risk of transmitting infections associated with procedures, the use of medical equipment, and medical services.
- f. Communicate to the medical staff and all Texas Tech Physicians of El Paso clinic employees regarding potential infection prevention and control problems and suggest improvements.
- g. Serve as a source for education (CDC, APIC).
- h. For more details see attached Infection Control Risk Assessment (ICRA) Appendix A.

#### 3. Geographic location and community environment

El Paso is located at the furthest western tip of Texas along the Rio Grande River, where New Mexico and the Mexican state of Chihuahua meet. El Paso County is home to 833,592 residents, with a greater than 81.8 % Hispanic culture. Specific characteristics of El Paso County residents include:

- El Paso County population has had an annual average growth rate of 1.1% since 2007.
- Ft. Bliss Army installation is currently home to over 38,500 active duty military personnel and their families.
- The population of Ciudad Juarez, Mexico is estimated at 1,500,000 people, and is a major point of entry and transportation into the U.S. for all central northern Mexico. - Several New Mexico cities and towns (Sunland Park, Anthony, Chaparral, and Chamberino) which are located within a 25 mile radius of El Paso, average an additional 43,000 people to this geographic area.

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- Hispanic Ethnicity and Linguistic Isolation - 82% of El Paso County residents are of Hispanic ethnicity with 30% experiencing linguistic isolation.
- Young Population - El Paso County has a younger population than Texas and the U.S.
- Educational Attainment - Approximately 77% of El Paso's population (age 25 and older) have obtained a high school diploma or higher.
- Low Income and High Poverty - In 2017 El Paso County residents' per capita and median income levels were significantly below Texas, with per capita income of \$9,035 below the State average.
- El Paso County is home to 329 colonias which are settlements areas found along the U.S. – Mexico border. Homes may be self-built and do not meet building codes. Colonias typically have limited infrastructure including lack of sewer, water, electricity and other utilities. Unemployment and poverty are very high. Health issues associated with poor infrastructure and limited access have been identified and include such things are tuberculosis, hepatitis A, salmonellosis, and dysentery.

From an epidemiologic point of view the influence of a constant Immigration into the City, plus a large percentage of travel population between El Paso TX, Ciudad Juarez, Mexico, Fort Bliss Army Installation, and Las Cruces, New Mexico, creates a direct impact in numerous infectious diseases with a potential public health effect, including respiratory infections, Influenza, Tuberculosis, and West Nile virus. In addition, other multi-drug resistance organisms (MDROs) can increase in the community due to the availability of easy access to antibiotics from Mexico.

4. The strategies of the Infection Prevention and Control Plan include the following:
  - a. Designation of an individual (individuals) with appropriate infection control and prevention knowledge to manage the program.
  - b. Incorporate appropriate regulatory and accreditation requirements (National Patient Safety Goals, OSHA, Texas Department of State organizational Health Services, Joint Commission, Medicare and Medicaid) into the organizational processes.
  - c. Referencing and resourcing guidelines from relevant organizations regarding current ambulatory care infection control practice (CDC, APIC).
  - d. Participating in effective risk management and performance improvement activities designed to improve patient care, encouraging adherence to sound principals and organizational policy.
  - e. Provide infection prevention and control/occupational health education regarding regulations, guidelines, (including hand hygiene), risk management concerns and performance improvement initiatives.
  - f. Conduct surveillance/monitoring/reporting of infection control practices in clinical areas.
  - g. Annual TB testing program for appropriate clinic staff.
  - h. Immunization program.
  - i. Exposure management program.
  - j. Outbreak investigation, in the event of a disease outbreak, the IC nurse with collaboration of other departments will coordinate an investigation with the goal to identify contributing factors and to stop or prevent the risk of future reoccurrences.
  
5. Strategy evaluation includes the following activities:
  - a. Triennial and P.R.N updates and reassessment of infection control policies and procedures.
  - b. Annual review of Infection Prevention and Control Plan to assess risk and establish program priorities.
  - c. Periodic data analysis including tracking and trending of infectious diseases and potential for acquisition and transmission within the organization and community through the Infection Control/Clinic Operations Committees.
  - d. Periodic notifiable reporting audits.
  - e. Surveillance rounds through all clinic sites at least every six months and P.R.N.

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6. Infection Control Committee:
- a. The Infection Control Committee shall provide interdisciplinary risk assessment, support, guidance and oversight for relevant activities in the clinics including limiting unprotected exposure to pathogens throughout the organization, enhancing hand hygiene, and minimizing the risk of transmitting infections associated with procedures and the use of medical equipment, and medical devices.
7. Attachments:
- Appendix A – Infection Control Risk Assessment
  - Infection Prevention and Control Plan Evaluation

### References:

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