**POLICY | PURPOSE STATEMENT:**
To minimize the risks of health care associated infections and to make infection prevention a priority in providing ambulatory care.

**SCOPE:**
This policy applies and will be distributed to all clinic staff and all patients of the Larry Combest Community Health and Wellness Center Clinics (LCCHWC).

**PROCEDURE:**

1. **Vaccination of health care personnel:** Vaccination requirements are as per TTUHSC Employee Health. New employees are required to submit proof of vaccination to TTUHSC Employee Health as part of the hiring and orientation process. Employee Health staff will work with the employee to correct any deficiencies. All LCCHWC staff members, with direct patient contact, are required to have annual screening by TTUHSC Employee Health for tuberculosis. All LCCHWC staff are encouraged to have free annual influenza vaccination, unless they have a medical contraindication. Those employees, with direct patient contact that refuse vaccination, will be required to wear a mask when possible signs and symptoms of respiratory infection are present during flu season.

2. **Management of exposures or infections in personnel:** Exposure of infection will be managed in cooperation with TTUHSC Employee Health. Employees with febrile illness will be asked to not return to work until without fever for 24 hours, without the use of antipyretic medications.

3. **Blood borne pathogen standards:** LCCHWC receive education on blood borne pathogen standards upon hire, annually and when needed due to an event.

4. **Hand hygiene:** Soap and water for handwashing and alcohol based hand rub will be available in each exam room. Alcohol based hand rub (ABHR) will be available in all office
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areas. ABHR is the preferred method for hand hygiene except when hands are visibly soiled, or after caring for patients with known or suspected Clostridium difficile or norovirus, in which case soap and water should be used. Hand hygiene will be performed before and after contact with patients, before performing an aseptic task, after contact with contaminated surfaces or blood or bodily fluids, before touching a clean body site during patient care, and after removal of personal protective equipment.

5. Use of personal protective equipment (PPE): Gloves, gowns, face masks, face shields, hair covers and leg/foot covers are all considered PPE and available for use for Combest staff. PPE selection is based on the patient interaction. Gloves are used when there is possible contact with blood/body fluids, mucous membranes, or potential infectious material. All listed PPE are used as indicated to prevent contact the procedure and/or before leaving the room. Hand hygiene will be performed after removal and disposal of PPE.

6. Safe injection practices: Aseptic technique will be used when preparing and administering medications. Syringes are only single patient use and never reused. Multi-dose vials are restricted to the pharmacy area. Medication will be withdrawn from the vial and given to the patient by the same Nurse. It is not acceptable for a Nurse to give medication prepared by another staff member. Sharps will be disposed of at the point-of-use in a designated sharps container.

7. Safe handling of potentially contaminated equipment or surfaces: Exam room surfaces with patient contact will be cleaned and sanitized after each patient with LCCHWC approved cleansing agents, applicable to the use and soiling. Surgical instruments will be sent to Sterile Processing for proper processing.

8. Respiratory hygiene/cough etiquette: To contain respiratory secretions in individuals who have signs and symptoms of a respiratory infection, a cough station with masks, tissues, hand sanitizer and instructions will remain posted and stocked at the lobby entrance. Nursing and support staff will offer masks and instructions to symptomatic individuals, to prevent the spread of infection. Space is provided in the lobby to provide a separate area for individuals needing separation from potentially infectious patients.

9. Infection Control Surveillance Monitor: Monitor will be completed by Management staff at each TTUHSC School of Nursing clinic quarterly. Monitor results will be reported by the Nurse Manager at the Director Meeting and Performance Improvement Meeting quarterly.
10. **Disposal of biohazardous/infectious waste**: Will be provided as per Ambulatory Clinic Policy and Procedure 7.06, Disposal of Biohazardous/Infectious Waste.

**REFERENCE:**

GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS: MINIMUM EXPECTATIONS FOR SAFE CARE, U.S. CENTER FOR DISEASE CONTROL, Version 2.2 – November 2015

**RESPONSIBILITIES | REVIEW | REVISIONS:**

It is the responsibility of the Nurse Manager to review and initiate necessary revisions based on collaboration and input by Policy and Procedure committee and through Administrative management of this policy, including the review and revisions will be the responsibility of the Clinical Services Director.

**RIGHT TO CHANGE POLICY:**

TTUHSC SON Combest reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.