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EP 7.12 Infection Prevention and Control Plan

INFECTION CONTROL RISK ASSESSMENT (ICRA) 2019

This Plan has been developed by the Infection Control/Occupational Health Department with input and approval from the following: Clinic Operations Committee (COC), Leadership including department Managers/Administrators, Quality Improvement/Occupational Health Department, Safety Committee, and Infection Control Committee Chairman.

This plan and risk assessment are officially reviewed at least annually and/or whenever significant changes occur in the components that affect risk.

Geographic Location / Community Environment				
Risks	Risk Priority	Summary /Analysis	Recommendations / Goals	Responsible Person
Tuberculosis	6	-No trends identified. -TB Control Plan was revised and approved by Clinic Operations Committee (COC) on 12/2016. -No TB exposures occurred in our Facility in 2018. -TB conversion rate -1.3 % (21/1618X100=1.297) -Compliance rates reported during COC.	-Tuberculosis screening annually and as needed to Targeted Employees. -Education provided to Health Care Workers (HCW's) upon initial Occupational Health assessment and as needed as per Policy EP 7.7 Tuberculosis control Plan. -100 % compliance rate expected for TB screening. -Patients with suspected or confirmed TB disease will be contained and isolated appropriately as per Policy 7.02 Exposure Control Plan/Isolation Systems: Standard Precautions and Transmission Based Precautions. HCW's must wear appropriate respirator when providing patient care. - Contact Infection Control Nurse for guidance.	Infection Control Nurse, Sr. Director of QI/OH, Occupational Health Department, Clinic Managers and staff.
Influenza	7	-TTUHSC EP is offering the Influenza vaccine to all HCW's/students at no cost. -Influenza vaccination rate will be finalized at the end of March 2019 when Flu season is completed. According to Jan/2019 current compliance rate is 78 %.	-Continue Implementing Policy EP 7.13 Influenza Vaccination during flu season (September to March). -TTUHSC EP will continue offering the Influenza vaccine to all HCW's/students at no cost. <u>Target:</u> 90 % compliance rate or better by 2020. 80% 2016-2017 83% 2017-2018 86% 2018 -2019 90% 2019-2020	Infection Control Nurse, Sr. Director of QI/OH, Occupational Health Department, Clinic Managers and staff.

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			-Continue educating HCW's regarding importance of yearly influenza vaccine.	
Notifiable Conditions / Emerging Infectious Diseases	6	-Report to COC, City of El Paso Department of Public Health all identified cases. -2018 Trends:	-Continue reporting all cases to City of El Paso Department of Public Health following the Notifiable Conditions Guide. -Reinforced education to staff regarding the importance of reporting diseases in a timely manner. * Potential communicable disease confirmed or suspected, contained and isolated patient appropriately as per Policy 7.02 Exposure Control Plan/Isolation Systems: Standard Precautions and Transmission Based Precautions, and with guidance from City of El Paso Department of Public Health/CDC. -Notify Infection Control Nurse for guidance.	Infection Control Nurse, Sr. Director of QI/OH, Clinic Managers and staff.
Outbreak Exposures	5	-None occurred in our Facility in 2018.	-No actions or recommendations at this point. *Potential outbreak exposure confirmed or pending investigation, Notify Infection Control Nurse/ Occupational Health for guidance. -A contact investigation will be initiated to investigate outbreaks/exposures.	Infection Control Nurse, Sr. Director of QI/OH, Clinic Managers and staff.

Healthcare Acquired Infections				
Risks	Risk Priority	Summary / Analysis	Recommendations / Goals	Responsible Person
Surgical Site Infections (SSIs)	6	-A total of 111 Surgical Site Infections (SSI's) were reported in 2018. -111 SSI's originated at University Medical Center (UMC), all cases were referred to UMC Infection Control Director for investigation. -Report all Health Associated Infections (HAI's) to Clinic Operation Committee and Professional Liability Committee.	-Compare SSI information with facility internal preceding data. SSI rate focus "Zero Tolerance". -Department Manager's to reinforce staff education regarding the importance of reporting potential Health Associated Infections (HAI's) to Infection Control Nurse. -Tracking: all HAI's reported to Infection Control. Patient risk factors, skin antisepsis and other comorbidities will be analyzed, and interventions will be planned to improve outcomes as needed. -Continue reporting UMC infections to (UMC Infection Preventionist) for investigation.	Infection Control Nurse, Sr. Director of QI/OH, Clinic Managers and staff.

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Hand Hygiene	9	<p>-Currently following CDC recommendations. Organization educates new hires during department orientation and via annual competencies.</p> <p>-Monitor hand hygiene compliance via direct observation in all clinical departments from patients prospective.</p> <p>-Employees have access to hand rub and/or sink throughout the facility.</p>	<p>-Continue utilizing educational materials across the Facility.</p> <p>-Implement Hand Hygiene module to educate all new hires during New Employee Orientation.</p> <p>-Continue implementing Standard Precautions education module annually.</p> <p>-Continue monitoring hand hygiene compliance via direct observation from clinic appointed personnel and during unannounced inspections.</p> <p>- Increase hand hygiene compliance as evidence by Hand Hygiene Observation Form.</p>	Infection Control Nurse, Sr. Director of QI/OH, Clinic Managers and staff.
Personal Protective Equipment (PPE)	5	-PPE is available across the Facility for all HCW's.	<p>-Ongoing process</p> <p>-Assess PPE availability during environmental rounds.</p>	Infection Control Nurse, Sr. Director of QI/OH, Clinic Managers and staff.
Occupational Health				
Occurrence / Potential Event	Risk Priority	Action / Trends	Recommendations / Goals	Responsible Person
Blood/Body Fluids Exposures	8	<p>For 2018, 49 exposures were reported. There was an increase in exposures compared to 35 incidents reported in 2017</p> <p>-Currently following CDC Guidelines for management of occupational exposures.</p> <p>-TTUHSC El Paso Needlestick / Body Fluid Exposure Program Matrix available in all clinical areas and via TTUHSC-EP online portal.</p>	<p>-Reinforce importance to follow up with Infection Control for counseling and remediation after event.</p> <p>-Focus on "Zero Tolerance".</p> <p>-IC to conduct education for departments with a high incidence of injuries or trends of inappropriate disposal. Identify need for other engineering devices (if applicable).</p>	Infection Control Nurse, Sr. Director of GME, Resident Coordinators Clinic Managers and staff.
Immunizations	5	-Immunization requirements as per Healthcare provider CDC recommendations.	<p>-100 % compliance rate expected for offer vaccines or declinations.</p> <p>-Internal evaluation of compliance rate data reported yearly.</p>	Infection Control Nurse, Occupational Health Department, Sr. Director of

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		<ul style="list-style-type: none"> -Recommended immunizations are offered free of charge to all TTUHSC-EP employees. -Flu vaccine is offered free of charge to all employees, contract personnel, and students. 	<ul style="list-style-type: none"> -Department Managers to reinforce staff education regarding the importance of completing new hire Occupational Health Assessment in a timely manner. 	<p>QI/OH, Clinic Managers and staff.</p>
Environment of Care				
Occurrence / Potential Event	Risk Priority	Action / Trends	Recommendations / Target	Responsible Person
Sterile Processing Instruments	10	<ul style="list-style-type: none"> -Instrument reprocessing per protocol, has been standardized -Policy EP 7.20 Sterilization of reusable instruments accessible to staff. -Policy EP 7.21 Endoscope Reprocessing Procedure was created on 1/2017, and revised on 01/2018. -Sterilization done to all TTUHSC-EP main clinics by The Hospitals of Providence Memorial Campus (THOP Memorial). - Sterilization from the Transmountain clinic is done by The Hospital of Providence Transmountain Campus (THOP Transmountain) - Monthly Sterilization meetings. -Frontline staff education done at Department level. 	<ul style="list-style-type: none"> -Standardized cleaning/decontamination process and products in all clinics. -Recommend having decontamination/sterilization process done by The Hospitals of Providence Memorial Campus (THOP-Memorial) and Transmountain Campus (THOP Transmountain) Sterile Processing Department (SPD). -Continue with Memorial Campus and Transmountain Campus SPD inspections at least once a Quarter or as needed. -THOP-Memorial and Transmountain SPD Managers to report urgent information immediately to Clinic managers and Infection Control. -Continue to provide new hire and annual competencies for all frontline reprocessing staff. -Continue Environmental Inspections at least once a Quarter to monitor reprocessing protocols compliance. -Plan for a 2019 STERIS Education Seminar on decontamination and sterilization process. 	<p>Infection Control Nurse, Sr. Director of QI/OH, Clinic Managers, staff and THOP-Memorial SPD Manager.</p>
Construction, renovation and demolition Projects	7	<ul style="list-style-type: none"> -Current IC involvement in Construction, Renovation, and Demolition projects is minimal or zero. -Currently maintenance and engineering employees are 	<ul style="list-style-type: none"> -Create a protocol between departments for notification, collaboration, and recommendations. -Implement Infection Control Risk Assessment (ICRA) permit based on guidelines. 	<p>Infection Control Nurse, Sr. Director of QI/OH, Directors of Safety, Director of Engineering and</p>

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		following recommendations based on previous job related experiences.	-Implement random construction site visits to monitor compliance. -Staff in-service 2018.	Director of Maintenance and Operations.
Environmental Inspections	5	-Environmental Inspections lead by Senior QI Director, Assistant Dir. and IC Nurse Monica Flores to identify clinic issues using a Continuous Survey Readiness assessment tool.	-Continue environmental inspections at least once a Quarter. -Opportunity for clinic to immediately correct, educate staff about identified issues.	Infection Control Nurse, Sr. Director of QI/OH, Assistant Director of QI Clinic Managers and staff.
Cardboard boxes in patient care areas	5	-Shipping boxes have been identified in several clinical clean storage areas.	-Sterile supplies and equipment must be removed from external shipping containers or corrugated cardboard boxes before storage to prevent contamination with soil/debris. -Compliance will be monitored during environmental inspections.	Infection Control Nurse, Sr. Director of QI/OH, Assistant Director of QI Clinic Managers and staff.

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Assessment Hazard Scoring Matrix (The higher score, the greater the priority)

Risk Event	Probability the Risk will Occur				Risk/Impact Severity if the Risk Occurs				How Well is the Organization Prepared to Address this Risk			Risk Priority
	4 -Frequent	3 -Occasional	2 -Uncommon	1 -Remote	4 -Catastrophic Event	3 - Major Event	2 - Moderate Event	1 -Minor Event	3 -Poorly	2 -Fairly	1 -Well	
Score:	4	3	2	1	4	3	2	1	3	2	1	
Tuberculosis			2			3					1	6
Influenza	4						2				1	7
Notifiable Conditions/Emerging Infectious Diseases	4							1			1	6
Outbreak Exposures			2				2				1	5
Surgical Site Infections (SSIs)			2				2			2		6
Hand Hygiene	4					3				2		9
Personal Protective Equipment (PPE)			2				2				1	5
Blood borne Exposures	4					3					1	8
Immunizations			2				2				1	5
Sterile Processing Instruments	4				4					2		10
Construction, renovation and demolition Projects		3					2		3	2		8-7
Environmental Inspections		3						1			1	5
Cardboard boxes in patient care areas		3						1			1	5