



**TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
Ambulatory Clinic Policy and Procedure**

Title:	<b>Infection Prevention and Control Plan</b>	Policy Number:	<b>7.01</b>
		Version Number:	<b>3</b>
Regulation Reference:	<b>OSHA, TDSHS, CDC, APIC, TSICP, Joint Commission</b>	Effective Date:	<b>5/2008</b>
		Original Approval:	<b>2/1996</b>

**POLICY STATEMENT:**

It is the policy of Texas Tech University Science Center School of Medicine to establish and implement an Infection Prevention and Control Plan in the Ambulatory Clinics.

**SCOPE:**

This policy applies and will be distributed to all TTUHSC School of Medicine Clinics, also known as Texas Tech Physicians.

**PROCEDURE:**

**1. 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 clinic, patients and personnel.
- 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 and with the use of, medical equipment, and medical services.
- f. Communicate to the medical staff and all TTUHSC ambulatory clinic employees regarding potential infection prevention and control problems and suggest improvements.
- g. Serve as a source for education. (CDC, APIC, TSICP)

**2. The STRATEGIES of Infection Prevention and Control include the following:**

- a. Employment 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, TSICP).
- 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/Employee 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.

**3. STRATEGY EVALUATION includes the following activities:**

- a. Triennial and P.R.N updates and reassessment of Infection Control polices and procedures.
- b. Annual review of Infection Control Plan to assess risk and establish program priorities.
- c. Quarterly data analysis including tracking and trending of infectious diseases and potential for acquisition and transmission within the organization and community through the Infection Control Committee.
- d. Periodic Notifiable reporting audits.
- e. Surveillance rounds through all Clinic sites every six months and P.R.N.

**4. Infection Control Committee:** 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.

**APPROVAL AUTHORITY:**

This policy shall be recommended for approval by the Joint SOM Policy Committee to the Regional Deans with final signatory authority by the Deans, School of Medicine.

**RESPONSIBILITY AND REVISIONS:**

It is the responsibility of the Joint SOM Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement and Risk Management. Administrative and technical management of this policy, including web site maintenance, will be the responsibility of the Lubbock Office of Performance Improvement.

Signatory approval on file by:	Steven L. Berk, MD Dean, School of Medicine
	Jose Manuel de la Rosa, M.D. Dean, School of Medicine, El Paso