



Ambulatory Clinic Policy and Procedure

Title: INFECTION PREVENTION AND CONTROL PLAN	Policy Number: EP 7.12
Regulation: OSHA, TDSHS, CDC, APIC Reference:	Effective Date: 04/2024

Policy Statement:

It is the policy of Texas Tech Physicians of El Paso (TTP EP) to establish an Infection Prevention and Control Plan that proactively prevents infections in the Ambulatory Clinics by identifying infections, evaluating the system, and reporting outcomes.

Scope and Distribution:

This policy applies and will be distributed to all TTP El Paso ambulatory clinics.

Procedure:

1. 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 884,432 residents (City of El Paso, 2023), with a Hispanic population of 82.9% (US Census Bureau, 2024). Specific characteristics of El Paso County include the following:

- Population - The population is projected to grow by 71,943 over the next 5 years (City of El Paso, 2023).
- Income- In 2022, El Paso County residents' per capita and median income levels still remain below the Texas average (US Census Bureau, 2024).
- Neighboring communities - Several New Mexico cities and towns (Sunland Park, Anthony, Chaparral, and Chamberino) are located within a 25-mile radius of El Paso, which adds approximately 43,000 people to this geographic area.
- Health care - Health issues in rural areas and limited access to health services face inequalities that lead to worse health care than that of urban and suburban residents (Warshaw, 2017).
- Fort Bliss – The army installation is currently home to over 90,000 soldiers and family members in Fort Bliss and El Paso (U.S. Army, 2024).
- Mexico - Ciudad Juarez estimated population is 1,500,000 people and is a significant entry point and transportation hub into the U.S. for all central northern Mexico (Wikipedia, 2021).

From an epidemiological point of view, the large percentage of the population that travel between El Paso, TX, Ciudad Juarez, Mexico, Fort Bliss Army Installation, and Las Cruces, New Mexico, creates a direct impact on numerous infectious diseases with a potential public health effects, including respiratory infections, Influenza, Tuberculosis, West Nile virus, and SARS-CoV-2.

2. Authority Statement

The Infection Control Nurse (ICN) is delegated to daily infection control activities and will report directly to the Director of Quality Improvement (QI). The ICN has the authority to institute any appropriate and necessary surveillance, studies, or other measures to prevent the spread of infectious diseases to patients, employees, or visitors within TTUHSC EP Ambulatory Clinics.

The ICN shall have the authority to issue instructions for discontinuation of supplies/items when the potential of infection exists or is highly suspected. Arrangements for substituting items, discontinuation of products, and appropriate replacement will be the responsibility of the Clinic Manager or equivalent.

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

- a. Take proper measures to limit unprotected exposure to pathogens throughout the organization or the



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- further spread of identified sources of contagion.
- b. Enhance hand hygiene during medication administration, procedures, or wound care.
 - c. Review patient care outcomes as related to infection prevention and control.
 - d. Minimize the risk of transmitting infections associated with procedures, the use of medical equipment, and medical services.
 - e. Provide education to medical staff and all TTUHSC EP clinic employees regarding potential infection prevention and control problems and suggest improvements.
4. The strategies of the Infection Prevention and Control Plan include the following:
- a. Designating an individual (individuals) with appropriate infection control and prevention knowledge to manage the program.
 - b. Incorporating appropriate regulatory and accreditation requirements in the organization process as specified by The Joint Commission, OSHA, Texas Department of State organizational Health Services, Medicare and Medicaid.
 - c. Referencing and resourcing guidelines from relevant organizations regarding current ambulatory care infection control practices (CDC, APIC, TAC, and AAMI).
 - d. Providing infection prevention and control/occupational health education regarding regulations, guidelines (to include hand hygiene), risk management concerns, and performance improvement initiatives.
 - e. Establishing surveillance rounds at least every six months, or as needed, through all clinic sites.
 - f. Conducting the annual TB testing program for appropriate clinic staff.
 - g. Overseeing the immunization program.
 - h. Operating the exposure management program.
 - i. Conducting outbreak investigation, in the event of a disease outbreak. In collaboration with other departments, the ICN will coordinate an investigation to identify contributing factors to stop or prevent the risk of future reoccurrences.
 - j. Providing triennial and P.R.N updates and reassessments of infection control policies and procedures.
 - k. Conducting an annual review of the Infection Prevention and Control Plan to assess risks and to establish program priorities (Appendix A).
 - l. Providing periodic information and seeking feed-back through the Infection Control and other Clinic Committees that includes tracking and trending of infectious diseases data and analysis on the potential for acquisition and transmission within the organization and community.
 - m. Conducting periodic notifiable reporting audits.
5. Infection Control Committee:

The Infection Control Committee shall provide interdisciplinary risk assessment, support, guidance, and oversight for relevant activities in the clinics, including:

- a. Limiting unprotected exposure to pathogens throughout the organization
 - b. Enhancing hand hygiene, and
 - c. Minimizing the risk of transmitting infections associated with procedures and the use of medical equipment, and medical devices.
 - d. Reviewing and recommending revisions to applicable Clinic policies.
6. Attachments:

Appendix A – EP 7.12 Infection Prevention and Control

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References

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Signatory approval on file by: Juan Figueroa, M.D. Director of Clinical Operations Clinic Medical Directors Committee, Chair Texas Tech Physicians of El Paso <div style="text-align: right;"></div>	
Armando Meza, M.D. Infection Control Committee Chairman Texas Tech University Health Sciences Center at El Paso <div style="text-align: right;"></div>	