



Ambulatory Clinic Policy and Procedure

Title:	Exposure Control Plan/Isolation Systems: Standard Precautions and Transmission- Based Precautions	Policy Number:	7.02
		Version Number	7
Regulation Reference:	CDC, HICPAC	Effective Date:	12/2015
		Original Approval:	2/1998

POLICY STATEMENT:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) ambulatory clinics to control and reduce the risk of transmission of pathogens including bloodborne pathogens within the ambulatory clinics.

SCOPE:

This policy applies to all TTUHSC ambulatory clinics operated through its schools.

PROCEDURE:

Delivery of healthcare in all settings, including ambulatory care centers, is associated with a risk for transmission of infectious agents, via patients and healthcare workers or in association with medical devices. The patient who has not been identified or is not suspected of being colonized or infected with transmissible infectious agents represents a substantial risk to healthcare workers or other patients. Risk of transmission of infectious agents is determined by host susceptibility, route of transmission, and duration and intensity of exposure, and behavior of healthcare workers with hands-on patient contact.

1. **Standard Precautions:** Standard Precautions will be used for the care of all ambulatory clinic patients. Standard precautions are the foundation of all precautions to prevent transmission of infectious agents associated with healthcare, because infectious agents may be present in blood, in all body fluids (except sweat), and on non-intact skin and mucous membranes of all patients; therefore, hand hygiene and personal protective equipment or PPE (e.g., gloves, gown, mask, eye/face protection) should always be used if contact with those fluids is likely.
2. **Transmission-Based Precautions:** In addition to consistent use of Standard Precautions, additional Transmission-Based Precautions are warranted when the patient is exhibiting symptoms of an active infection (e.g. diarrhea, rash, respiratory symptoms, draining wounds or lesions which can include pathogens that are highly transmissible, and/or epidemiologically important agents based on the mode of transmission of the specific pathogen:
 - a. **Contact Precautions.** Applies to patients with the presence of incontinence of stool, draining wounds, copious secretions, pressure ulcers, ostomy and/or tubes with draining fluids. PPE- Gloves should be worn when touching the patient, patient's immediate environment or belongings. Gowns should be worn if substantial and prolonged contact is anticipated. Includes vancomycin-resistant Enterococcus (VRE), methicillin-resistant Staphylococcus aureus (MRSA), and Clostridium difficile.
 - b. **Droplet Precautions.** Applies to patients known or suspected to be infected with a pathogen that can be transmitted by droplet route; these include but not limited to respiratory viruses (e.g. influenza, parainfluenza, adenovirus, respiratory syncytial virus and bordetella pertussis). PPE-Facemask over nose and mouth. If substantial spraying of fluids is anticipated, glove and gowns as well as goggles or face shield. Controversy exists over the potential distance that large respiratory droplets may travel, but recommendations have not changed from the use of surgical masks within 3-feet of the patient.
 - c. **Airborne Precautions.** Apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route including but not limited to: TB, Measles, Chickenpox (until lesion

crusted) PPE- Place mask over patient as soon as patient enters facility with instructions to keep it on at all times. Staff should wear an N-95 if available. If substantial spraying of fluids is anticipated, gloves gown and goggles or face shield.

- d. **Hygiene.** Hand hygiene should be practiced after removing all PPE. Accidental contamination can easily occur when removing these items and effective hand hygiene is key to preventing accidental spread of the pathogen (see [7.03, Hand Hygiene](#)).

3. First Point of Contact with Potentially Infected Patients: To prevent the transmission of all respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person.

- a. Visual alerts (in appropriate languages) should be posted at the entrance to outpatient clinics instructing patients and persons who accompany them (i.e., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette.
- b. Individuals with signs and symptoms of a respiratory infection (coughing, sneezing and possible nasal congestion) should be instructed to cover the nose/mouth when coughing or sneezing.
- c. Tissues should be used to contain respiratory secretions and disposed of in the nearest waste receptacle after use.
- d. Hand hygiene (i.e., hand washing with soap and water, an alcohol based hand rub, or an antiseptic hand wash) should be performed after having contact with respiratory secretions and contaminated objects/materials.
- e. Tissues and hand washing facilities should be made available to patients, visitors and families.

4. Procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) should be available and offered to persons who are coughing or complaining of respiratory illness. Each clinic should isolate a potentially infectious patient in a room with the door closed; if exam room is unavailable and space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas.

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.

RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY:

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

CERTIFICATION:

This policy was approved by the Council of Deans on December 3, 2015.

REFERENCES

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. (2007). *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*. <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

Centers for Disease Control and Prevention. (2015). *Guide to Infection Prevention for Outpatient Settings (Complete Guide and Checklist)* <http://www.cdc.gov/HAI/pdfs/guidelines/Outpatient-Care-Guide-withChecklist.pdf>