



Ambulatory Clinic Policy and Procedure

Title:	Plan to Manage the Influx of Potentially Infectious Patients	Policy Number:	7.18
		Version Number:	2
Regulation Reference:		Effective Date:	12/2015
		Original Approval:	12/2010

POLICY STATEMENT:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) Ambulatory Clinics to provide a healthy and safe environment for patients, visitors, and staff. This plan describes the approach to initial and ongoing management of an influx of potentially infectious patients.

SCOPE:

This policy applies to all TTUHSC Ambulatory Clinics operated through its schools.

PROCEDURE:

1. Patients exposed to biological/chemical agents requiring immediate decontamination will be referred to affiliated hospitals, and ambulatory clinics will provide follow up treatment of ambulatory patients as coordinated with affiliated hospitals
2. To the extent possible, management of an influx of potentially infectious patients will be conducted in accordance with the organization’s Emergency Operations Plan.
3. TTUHSC leadership (identified in Emergency Operations Plan) will establish initial and ongoing contact with the following agencies as appropriate to determine the specific nature and extent of the infectious issue:
 - a. Affiliated hospitals
 - b. City Health Department
 - c. Texas Department of State Health Services/Emergency Management System
 - d. Center for Disease Control and Prevention
4. Based on information and recommendations from these agencies, the scope and depth of the organization’s planned response will be determined and appropriate measures will be implemented including:
 - a. Location at which infectious patients will be received and treated (i.e. on-site or off-site)
 - b. Relocation of non-infectious patients from areas anticipated to receive incoming infectious patients. If necessary, a clinic should be cleared of non-infectious patients and designated as the admission unit for patients presenting to the organization with an infectious process.
 - c. Designation of physicians and staff which will see and treat infectious patients
 - d. Determination of supplies and equipment needed
5. Consideration should be given to the impact of the infectious process on the community where the patient

will be discharged to determine if additional precautions or services are warranted.

6. The need to maintain appropriate infection control precautions will be paramount during this type of emergency. Staff should be informed of the following by organizational leadership before assuming responsibility for providing care during the emergency:
 - a. The specific nature of the infectious process
 - b. The mode of transmission
 - c. The clinical manifestation
 - d. What precautions need to be implemented to prevent cross-contamination
 - e. The procedure for use and disposal of appropriate protective equipment
7. Daily/weekly debriefings shall be conducted by leadership as appropriate until the situation is resolved.

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, amend 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.