COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

AMENDED

AGENDA
Thursday, February 24, 2022 – 12:30 PM

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERICK (*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW's Executive Assistants at 409-949-3406, or via email at trollins@gchd.org or ahernandez@gchd.org

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

REGULARLY SCHEDULED MEETING

Meeting Called to Order
Pledge of Allegiance

Item #1 ..... Comments from the Public

***Item #2 ACTION** ..... Agenda

***Item #3 ACTION** ..... Excused Absence(s)

*Item #4 **ACTION** ..... Consider for Approval Minutes from January 27, 2022 Governing Board Meeting

Item #5 ..... Coastal Health & Wellness Updates
a) Executive Director/Medical Director- Dr. Keiser
b) Dental Director- Dr. Lindskog

Item #6 **ACTION** ..... Consider for Approval January 2022 Financial Report Submitted by Marlene Garcia

Item #7 **ACTION** ..... Consider for Approval Sage Accounting Software Submitted by Trish Bailey

Item #8 **ACTION** ..... Consider for Approval Coastal Health & Wellness Infection Control Plan Submitted by Debra Howey

Item #9 **ACTION** ..... Consider for Approval Annual Report on Infection Control Goals 2022 Submitted by Debra Howey

Item #10 **ACTION** ..... Consider for Approval Re-Privileging Rights for Unsil Keiser, DDS Submitted by Dr. Hanna Lindskog

Item #11 **ACTION** ..... Consider for Approval Privileging Rights for Lisa Cashiola, FNP Submitted by Dr. Keiser

Item #12 **ACTION** ..... Consider for Approval Nominee Rev. Walter L. Jones to fill Community Representative Position

Item #13**ACTION**.....	Consider for Approval Nominee Sharon Hall, Ph.D, M.A, B.A., to fill Community Representative Position
Item #14**ACTION**.....	Consider for Approval Nominee Cynthia Darby to fill Consumer Representative Position
Item #15.....	Plans for Employee Satisfaction Survey Presented by Ann O'Connell and Chantelle Smith
Item #16.....	Comments from Board Members

Adjournment

Next Regular Scheduled Meeting: March 31, 2022

Appearances before the Coastal Health & Wellness Governing Board

The Coastal Health & Wellness Governing Board meetings are conducted under the provisions of the Texas Open Meetings Act, and members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. The Board cordially requests that individuals desiring to make a such a statement notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom's main entrance.

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

Executive Sessions

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov't Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.

Governing Board
February 2022
Item#3
Excused Absence(s)

Back to Agenda

Governing Board
February 2022
Item#4
Consider for Approval Minutes from January 27, 2022
Governing Board Meeting

Coastal Health & Wellness
Governing Board
January 27, 2022

Board Members Conference Call:

Samantha Robinson
Dr. Southerland
Virginia Valentino
Flecia Charles
Kevin Avery
Elizabeth Williams
Victoria Dougharty
Dr. Thompson,

Staff:

Philip Keiser, Executive Director (phone)
Ann O'Connell, Chief Operations Officer
Ami Cotharn, Chief Nursing Officer
Richard Mosquera, Chief Compliance Officer (phone)
Dr. Lindskog, Dental Director (phone)
Marlene Garcia, Clinic Financial Officer (phone)
Martha Vallin (phone)
Jonathan Jordan (phone)
Virginia Lyle (phone)
Debra Howey (phone)
Shelby Evans (phone)
Ashley Tompkins (phone)
Tikeshia Thompson-Rollins
Anthony Hernandez

Excused Absence: Dorothy Goodman
Unexcused Absence: Miroslava Bustamante
Guest: Rev. Walter Jones

Items#1 Comments from the Public
There were no comments from the public.

Items#2-8 Consent Agenda
A motion was made by Virginia Valentino to approve the consent agenda items two through eight. Kevin Avery seconded the motion, and the Board unanimously approved the consent agenda.

Item#9 Executive Director will Report on Coastal Health & Wellness/COVID-19 Updates Submitted by Dr. Keiser
Dr. Keiser, Executive Director, presented an update on COVID-19 to the Board.

Ann O'Connell, Chief Operations Officer, presented an update on the services provided at Coastal Health & Wellness for Medical and Counseling services.

Dr. Lindskog, Dental Director, updated the Board on dental services in the Coastal Health & Wellness Clinic:

- The dental clinic continues to follow CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel which has a section dedicated to Dental Facilities. We are wearing N95 respirators for all patient interactions
- As reported last month, we utilized the HRSA ARP grant to purchase root canal and crown equipment for Galveston and started offering those services in that location in December. Beginning in February, Galveston will be open 5 days a week.
- Staffing: Our new dentist, Dr. Bishai has acclimated very well. He is moving to a full schedule this week. We have had some intermittent staffing shortages due to the COVID surge as well as turnover in the dental assistant positions. We have a new dental assistant starting next week.
- There are not any updates regarding the partnership with the College of the Mainland Dental Hygiene Program. They are still searching for a new program director.

- Our health center was selected for the NNOHA Oral Health Workforce Learning Collaborative. This virtual collaborative focuses on developing a recruitment and retention plan for the oral health workforce. We have completed one learning session and are looking forward to the remaining sessions.

Item#10 Consider for Approval Financial Report Submitted by Marlene Garcia

a) November

b) December

Marlene Garcia, Chief Financial Officer, presented the Financial Report for November 2021 and December 2021. A motion to accept the financial report as presented was made by Virginia Valentino. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item#11 Consider for Approval Quarterly Visit and Collection Report Including a Breakdown of New Patients by Payor Source for the Period Ending 12/31/21 Submitted by Marlene Garcia

Marlene Garcia, Chief Financial Officer, presented the quarterly visit and collection report including a breakdown of new patients by payor source for the period ending 12/31/21. A motion to accept the quarterly visits and collections was made by Dr. Southerland and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item#12 Consider for Approval MedTrainer Credentialing Submitted by Richard Mosquera

Richard Mosquera, Chief Compliance Officer, asked the Board to consider for approval MedTrainer Credentialing. A motion to accept the quarterly visits and collections was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item#13 Consider for Approval Re-Privileging Rights for Bang Nguyen, DDS Submitted by Dr. Hanna Lindskog

Dr. Lindskog, Dental Director, asked the Board to consider for approval privileging rights for Bang Nguyen, DDS. A motion to accept privileging rights for Bang Nguyen, DDS was made by Virginia Valentino, and seconded by Southerland. The Board unanimously approved the motion.

Item#14 Consider for Approval Employee Satisfaction Survey by Samantha Robinson/Dr. Southerland

Samantha Robinson, Board Chair, asked the Board to consider for approval employee satisfaction survey. Ann O'Connell, Chief Operations Officer, briefly updated the Board on the last survey completed in January-February 2020 referred to as the engagement survey. It has been recommended to look at an outside entity to conduct the employee survey and find a way to ensure that the comments and scores are anonymous. Also, employees will be informed if they complete the survey the results and comments will be shared 100% with everyone before the action planning begins. Ann will search for an outside entity to conduct the employee survey and bring back to the Board for approval. A motion to accept Ann searching for outside entity was made by Kevin Avery and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item#15 Update on County Indigent Program related to Federal Poverty Level Submitted by Ann O'Connell

Ann O'Connell, Chief Operations Officer, updated the Board on the County Indigent Program related to Federal Poverty Level.

Item #20 Comments from Board Members

No comments

The meeting was adjourned at 1:51p.m.

Chair	Secretary/Treasurer
Date	Date

Back to Agenda

Governing Board
February 2022
Item#5
Coastal Health & Wellness Updates

Coastal Health & Wellness February 2022 Coastal Wave (govdelivery.com)

a) **Executive director/Medical Director-Dr. Keiser**
b) **Dental Director-Dr. Lindskog**

Back to Agenda

Governing Board
February 2022
Item#6
Consider for Approval January 2022 Financial Report
Submitted by Marlene Garcia

COASTAL HEALTH & WELLNESS

Governing Board

FINANCIAL SUMMARY

For the Period Ending

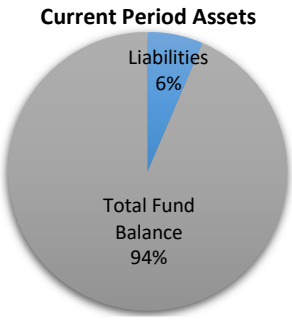
January 31, 2022

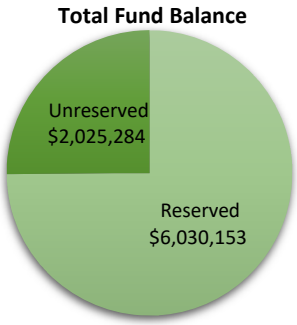
February 24, 2022

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

CHW - BALANCE SHEET *as of January 31, 2022*

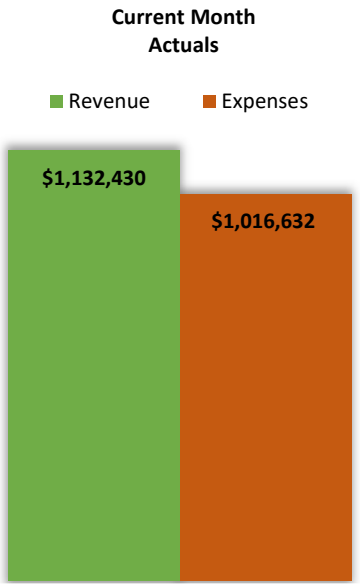
	Current Month Jan-22	Prior Month Dec-21	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	$7,249,426	$6,995,180	$254,247
Accounts Receivable	2,271,189	2,084,280	186,909
Allowance For Bad Debt	(1,097,731)	(1,064,624)	(33,107)
Pre-Paid Expenses	124,704	107,980	16,724
Due To / From	43,133	230,369	(187,235)
Total Assets	**$8,590,722**	**$8,353,184**	**$237,538**
LIABILITIES			
Accounts Payable	$225,540	$109,364	$116,176
Accrued Salaries	293,418	265,851	27,567
Deferred Revenues	36,981	38,331	(1,351)
Total Liabilities	**$555,939**	**$413,546**	**$142,393**
FUND BALANCE			
Fund Balance	$6,426,698	$6,426,698	0
Current Change	1,628,738	1,512,940	115,798
Total Fund Balance	**$8,055,437**	**$7,939,638**	**$115,798**
TOTAL LIABILITIES & FUND BALANCE	**$8,611,375**	**$8,353,184**	**$258,191**





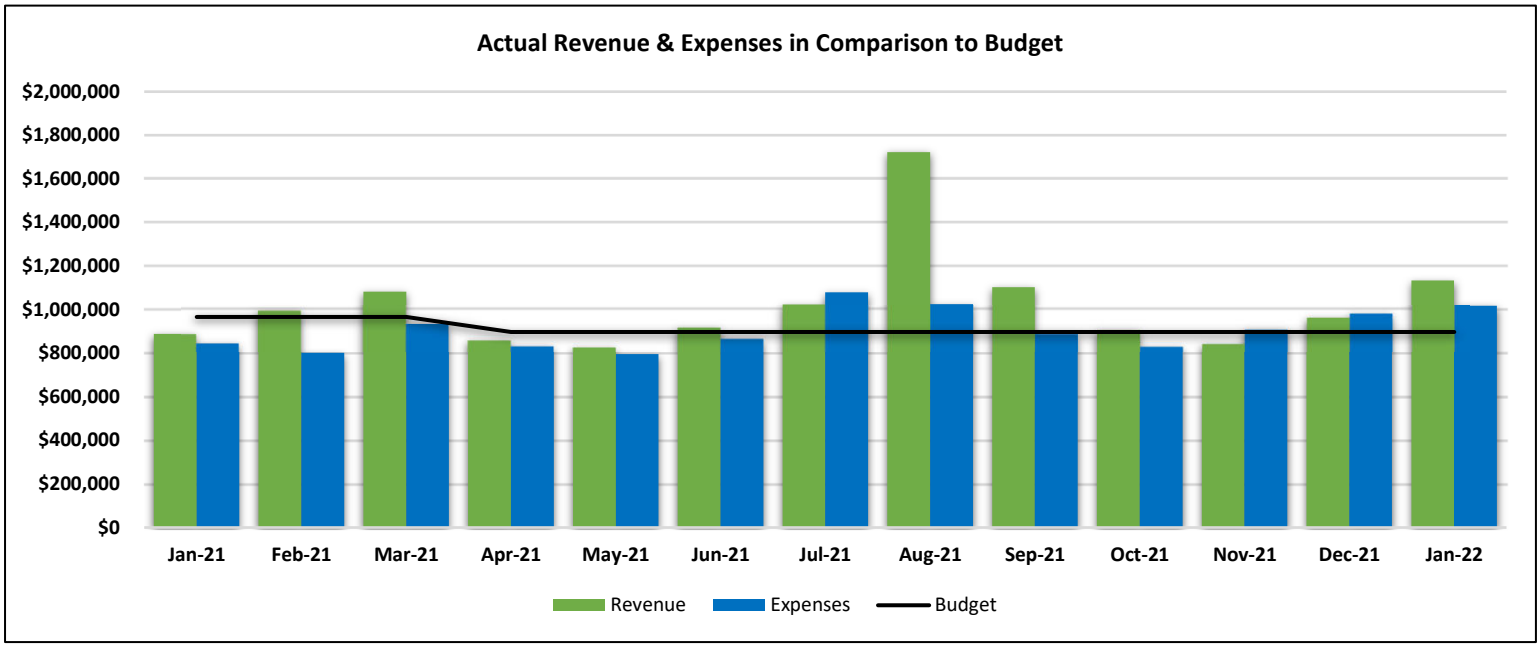
CHW - REVENUE & EXPENSES *as of January 31, 2022*

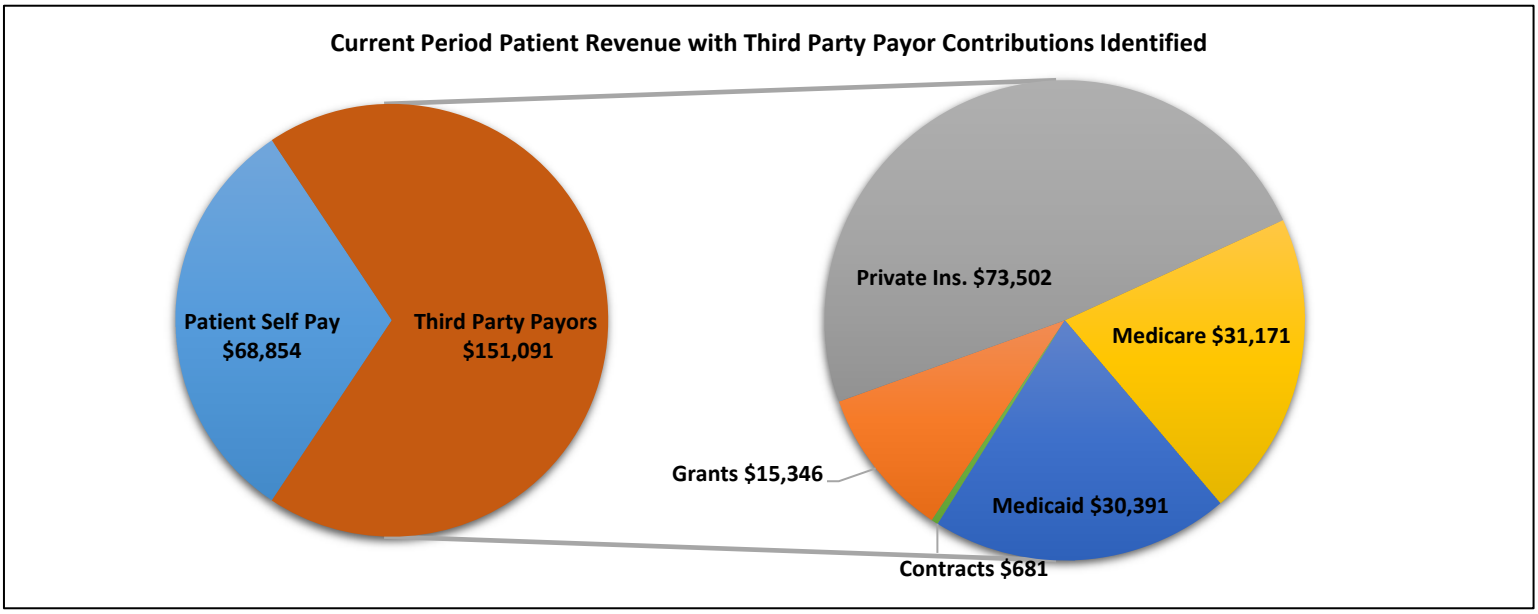
	Actual Jan-22	Budgeted Jan-22	MTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	$311,222	$311,222	$0	$0
DSRIP Revenue	0	65,833	(65,833)	285,751
HHS Grant Revenue	569,126	269,783	299,343	1,168,054
Patient Revenue	245,053	241,682	3,370	(139,192)
Other Revenue	7,029	8,851	(1,822)	(1,496)
Total Revenue	**$1,132,430**	**$897,372**	**$235,058**	**$1,313,117**
EXPENSES				
Personnel	$645,779	$615,556	($30,224)	$56,205
Contractual	57,111	57,257	146	(81,219)
IGT Reimbursement	0	21,666	21,666	(85,355)
Supplies	69,570	80,159	10,589	133,525
Travel	4,474	2,778	(1,696)	9,079
Bad Debt Expense	33,107	24,674	(8,433)	(99,158)
Other	206,592	95,283	(111,309)	(174,170)
Total Expenses	**$1,016,632**	**$897,372**	**($119,260)**	**($241,092)**
CHANGE IN NET ASSETS	**$115,798**	**$0**	**$115,798**	**$1,072,025**

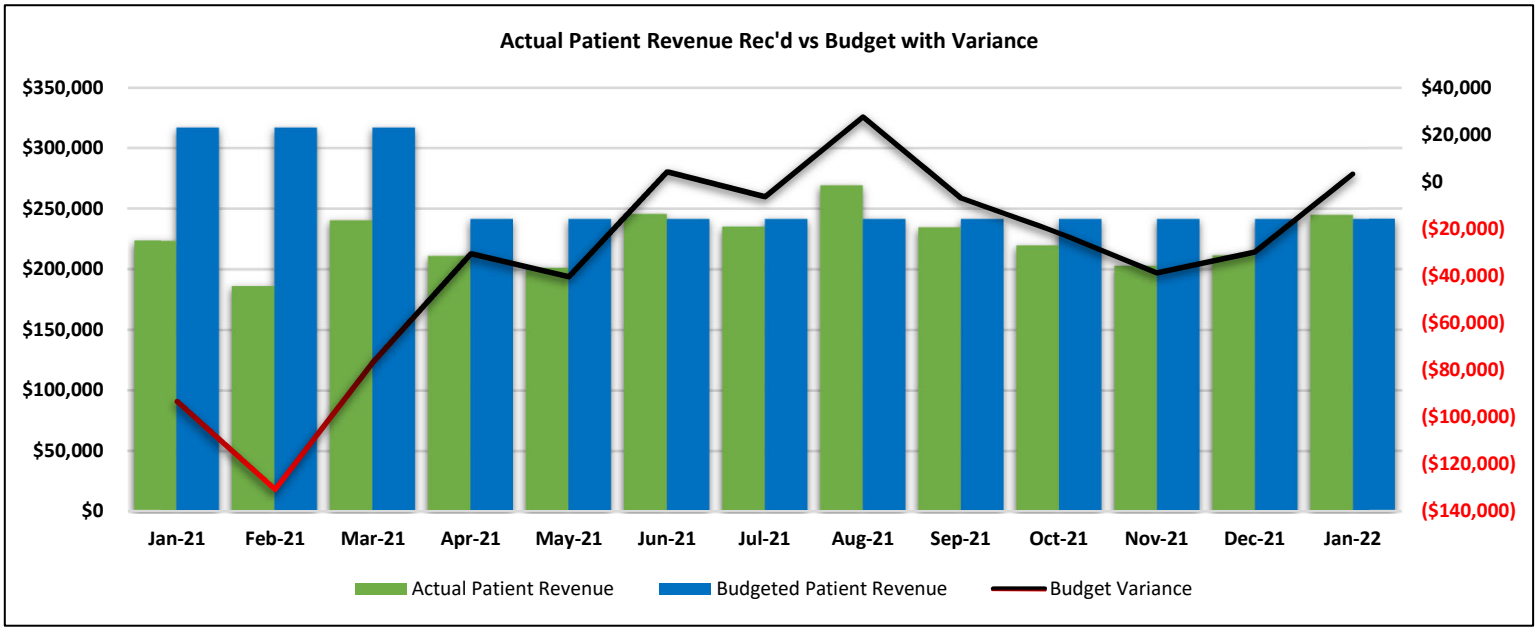


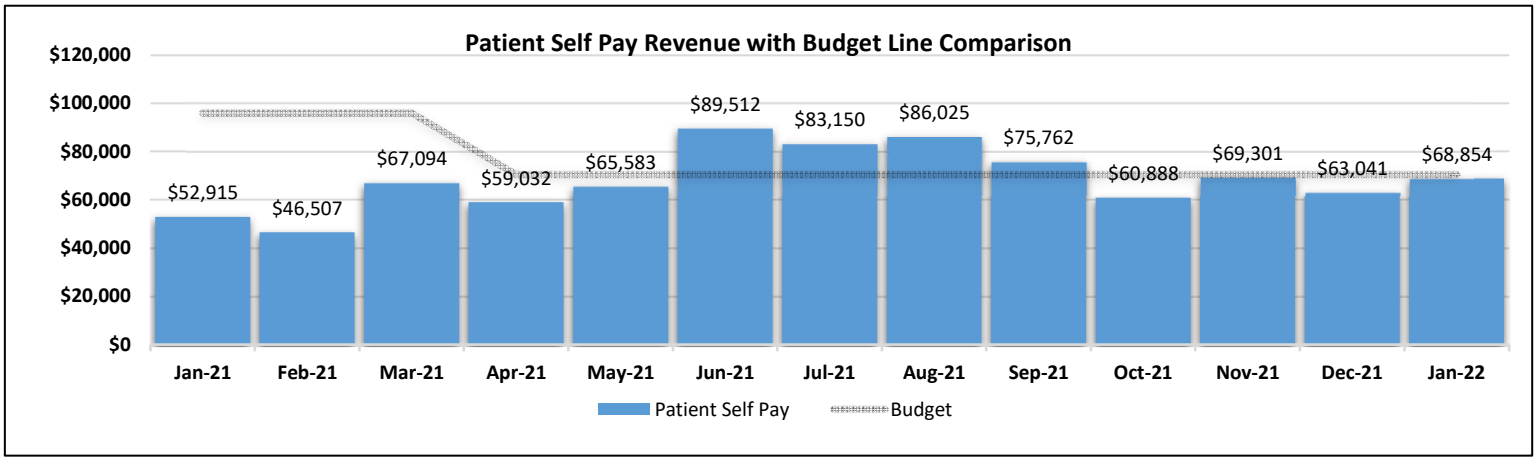
HIGHLIGHTS

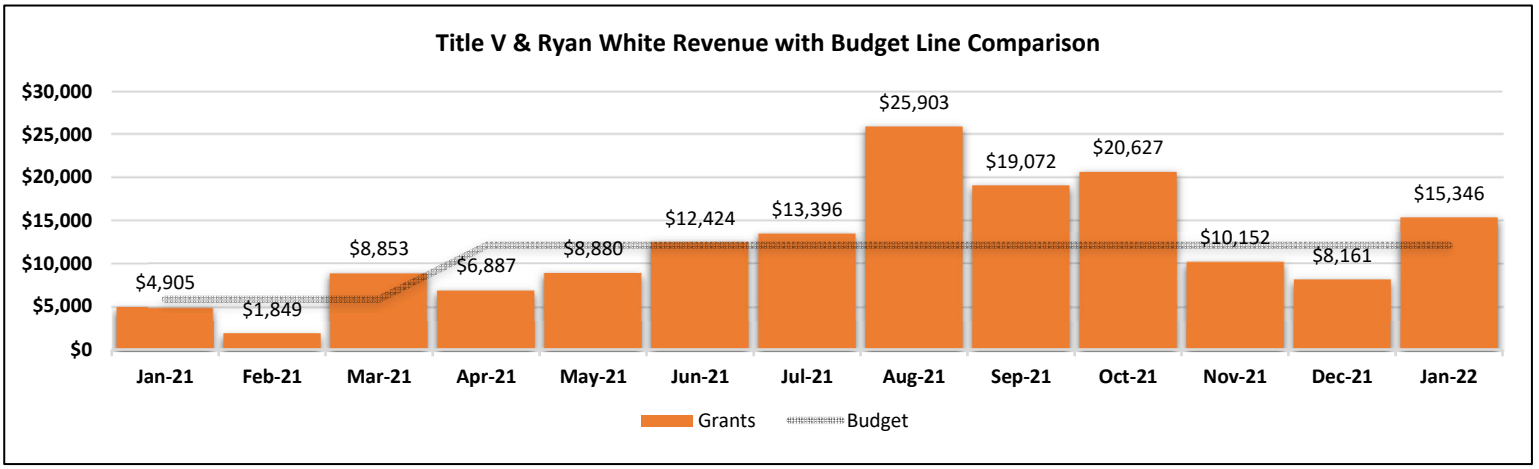
- MTD increase in fund balance of $115,798.
- HHS Grant revenue for January was overbudget for the month in the amount of $299,343. $222,597 was for the ARP Grant fund received, but will offset those expenses.
- Total Revenue is overbudget for the month by $235,058. However, Patient Fees, Pharmacy Revenue, Medicaid, Interest Income, and Contract Revenue were underbudget for Jan '22.
- Total Expense for Jan 2022 is overbudget by $119,260.
- Expenses overbudget for Jan 2022 include: payroll, lab outside contract, janitorial contract, office supplies, operating supplies, rentals, operating equipment (which are applied to the ARP Grant), IT, membership dues and bad debt expenses.

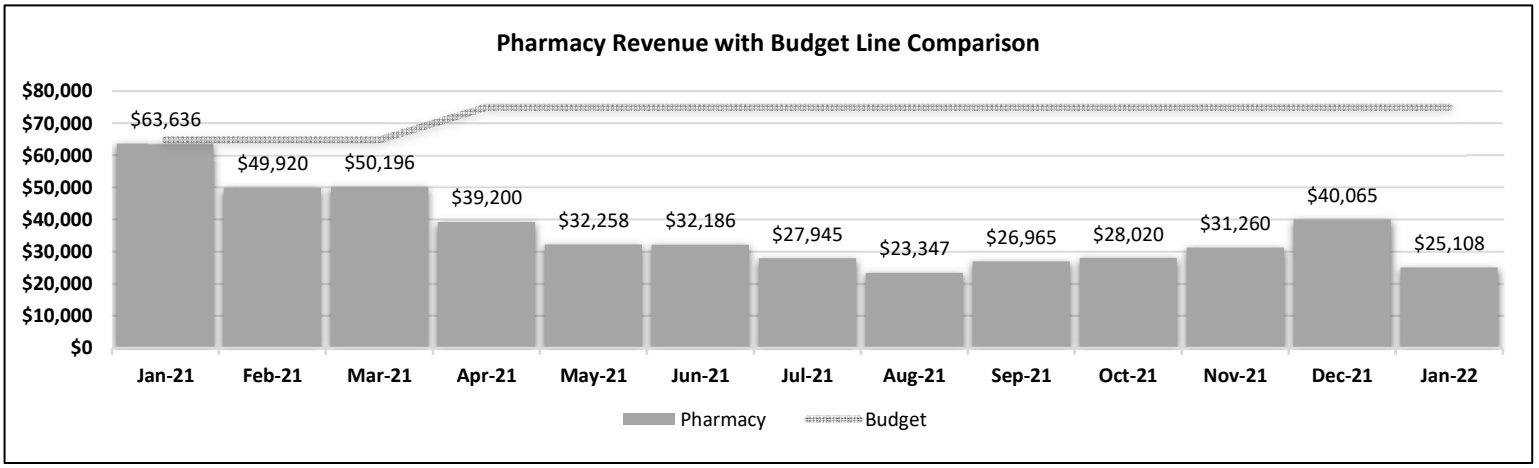

Actual Revenue & Expenses in Comparison to Budget
$2,000,000
$1,800,000
$1,600,000
$1,400,000
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$0
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Revenue
Expenses
Budget

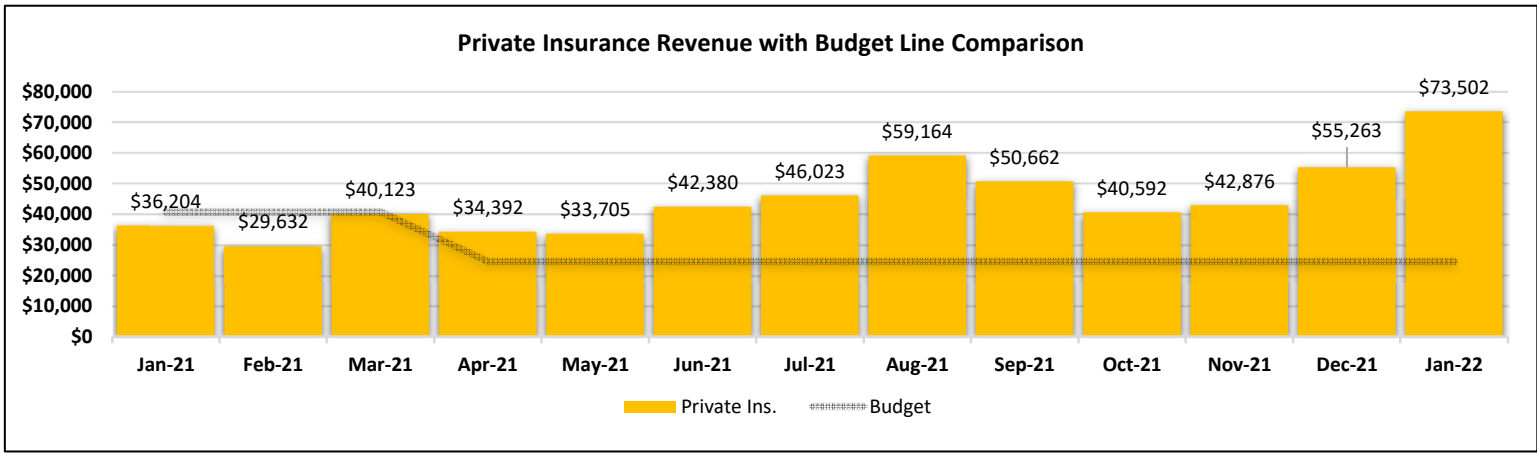

Current Period Patient Revenue with Third Party Payor Contributions Identified
Patient Self Pay
$68,854
Third Party Payors
$151,091
Private Ins. $73,502
Medicare $31,171
Grants $15,346
Medicaid $30,391
Contracts $681

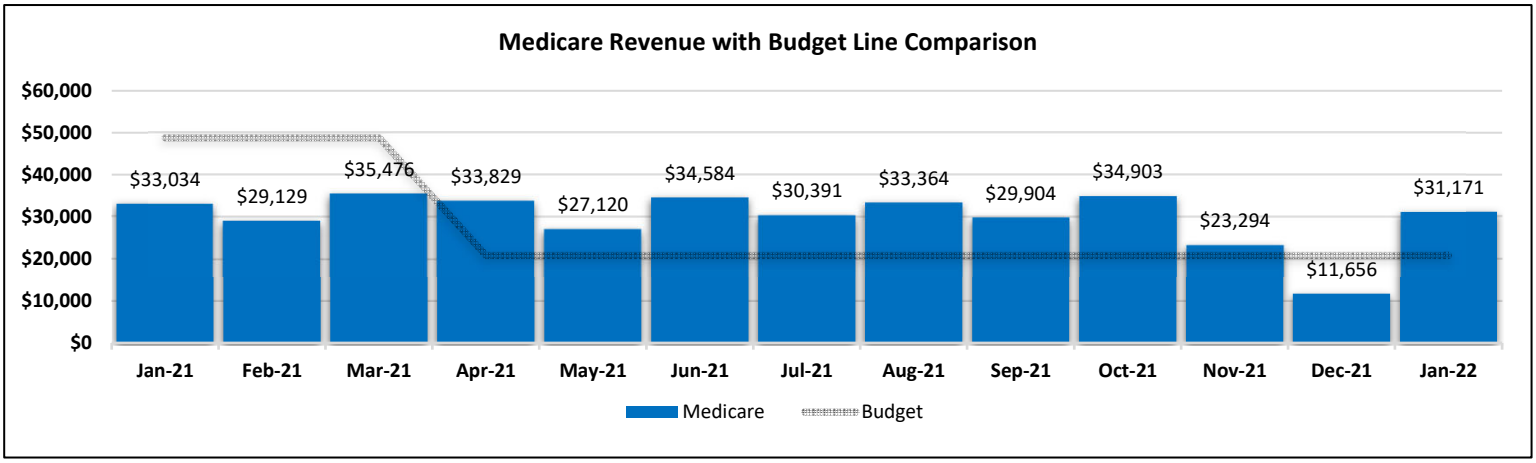

Actual Patient Revenue Rec'd vs Budget with Variance
$350,000
$300,000
$250,000
$200,000
$150,000
$100,000
$50,000
$0
$40,000
$20,000
$0
($20,000)
($40,000)
($60,000)
($80,000)
($100,000)
($120,000)
($140,000)
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Actual Patient Revenue
Budgeted Patient Revenue
Budget Variance

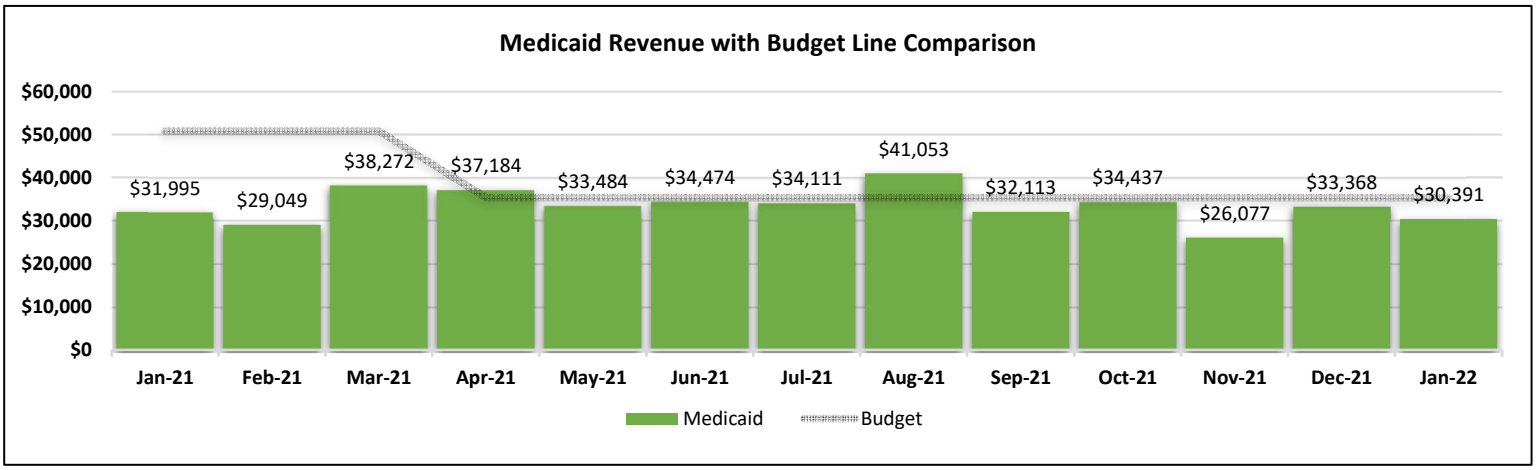

Patient Self Pay Revenue with Budget Line Comparison
$120,000
$100,000
$80,000
$60,000
$40,000
$20,000
$0
$52,915
$46,507
$67,094
$59,032
$65,583
$89,512
$83,150
$86,025
$75,762
$60,888
$69,301
$63,041
$68,854
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Patient Self Pay
Budget

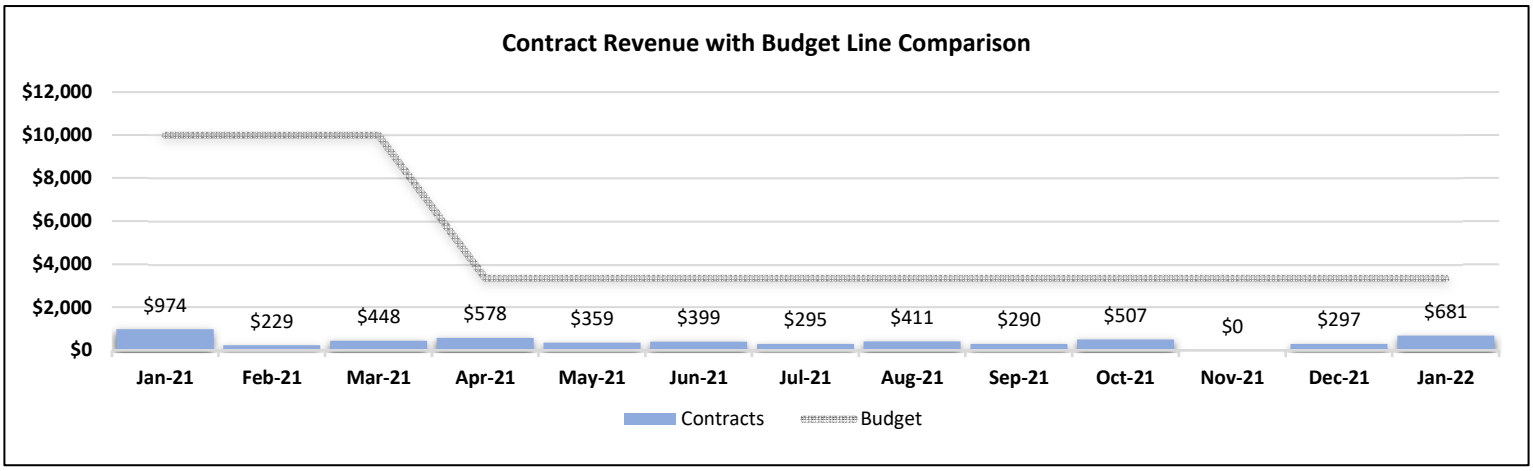

Title V & Ryan White Revenue with Budget Line Comparison
$30,000
$25,000
$20,000
$15,000
$10,000
$5,000
$0
$4,905
$1,849
$8,853
$6,887
$8,880
$12,424
$13,396
$25,903
$19,072
$20,627
$10,152
$8,161
$15,346
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Grants
Budget

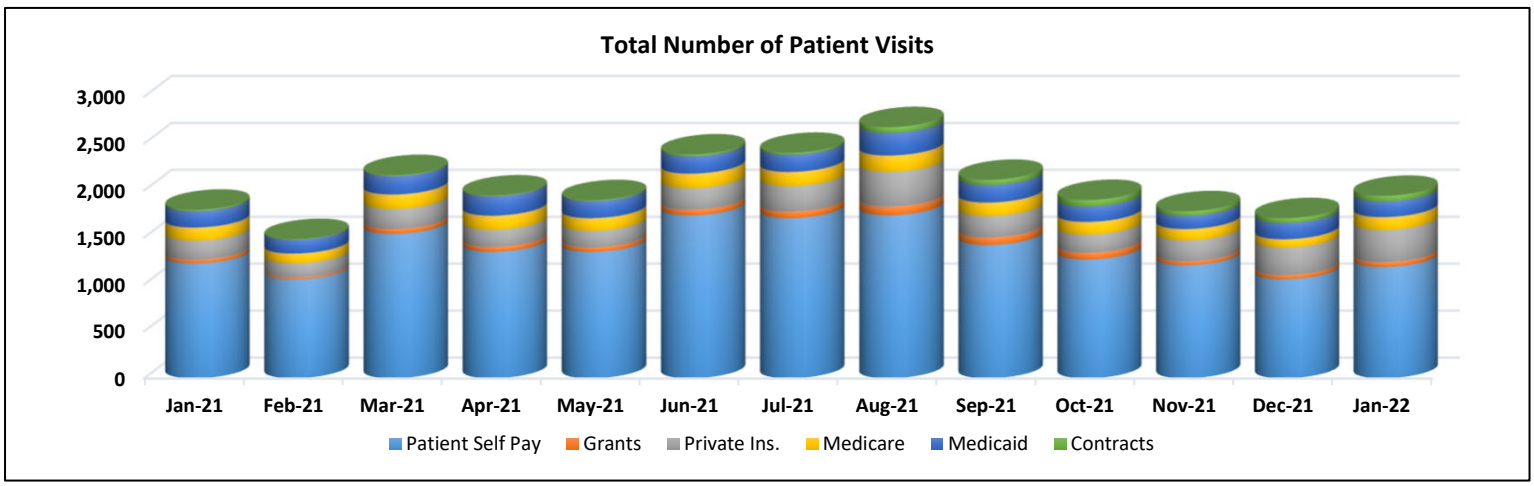

Pharmacy Revenue with Budget Line Comparison
$80,000
$70,000
$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$0
$63,636
$49,920
$50,196
$39,200
$32,258
$32,186
$27,945
$23,347
$26,965
$28,020
$31,260
$40,065
$25,108
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Pharmacy
Budget


Private Insurance Revenue with Budget Line Comparison
$80,000
$70,000
$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$0
$36,204
$29,632
$40,123
$34,392
$33,705
$42,380
$46,023
$59,164
$50,662
$40,592
$42,876
$55,263
$73,502
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Private Ins.
Budget


Medicare Revenue with Budget Line Comparison
$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$0
$33,034
$29,129
$35,476
$33,829
$27,120
$34,584
$30,391
$33,364
$29,904
$34,903
$23,294
$11,656
$31,171
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Medicare
Budget


Medicaid Revenue with Budget Line Comparison
$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$0
$31,995
$29,049
$38,272
$37,184
$33,484
$34,474
$34,111
$41,053
$32,113
$34,437
$26,077
$33,368
$30,391
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Medicaid
Budget


Contract Revenue with Budget Line Comparison
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$0
$974
$229
$448
$578
$359
$399
$295
$411
$290
$507
$0
$297
$681
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Contracts
Budget


Total Number of Patient Visits
3,000
2,500
2,000
1,500
1,000
500
0
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Patient Self Pay
Grants
Private Ins.
Medicare
Medicaid
Contracts

Coastal Health & Wellness

Statement of Revenue and Expenses for the Period ending January 31, 2022

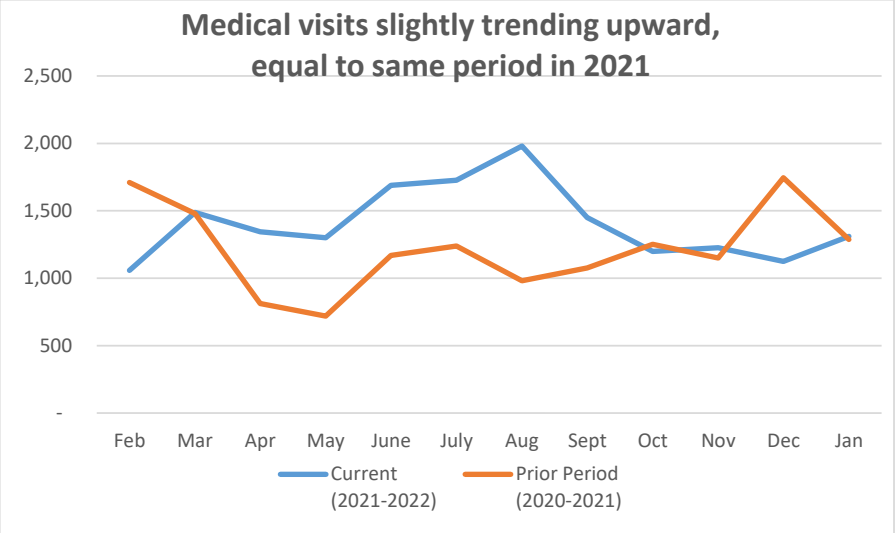
Cost Category	Account Description	Annual Budget	Period Ending 1/31/2022	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Grouping	***Revenue***							
HHS	HHS Grant Revenue - HRSA	3,237,400	569,126	269,783	299,343	3,838,612	2,697,833	1,140,778
	Base Funding	*3,237,400*	*344,792*	*269,783*	*75,008*	*2,803,762*	*2,697,833*	*105,929*
	HHS QI 19	-		-	*0*	-	-	-
	COVID Supplemental	-	-	-	*0*	-	-	-
	COVID CARES	-	-	-	*0*	*153,395*	-	*153,395*
	COVID ECT	-	*1,737*	-	*1,737*	*92,175*	-	*92,175*
	HHS QI 20	-		-	*0*	*8,425*	-	*8,425*
	Hypertension (HTN)	-	-	-	*0*	*1,589*	-	*1,589*
	COVID ARP	-	*222,597*	-	*222,597*	*779,265*	-	*779,265*
HHS	HHS Grant Revenue - Other	-	-	-	0	27,275	-	27,275
Patient	Grant Revenue *(Title V, Ryan White)*	144,977	15,346	12,081	3,264	140,846	120,814	20,032
Patient	Patient Fees	845,950	68,854	70,496	(1,642)	721,149	704,958	16,191
Patient	Private Insurance	294,821	73,502	24,568	48,934	478,316	245,684	232,632
Patient	Pharmacy Revenue - 340b	900,000	25,108	75,000	(49,892)	306,354	750,000	(443,646)
Patient	Medicare	249,596	31,171	20,800	10,371	290,215	207,997	82,219
Patient	Medicaid	424,845	30,391	35,404	(5,012)	336,692	354,038	(17,346)
Other	Local Grants & Foundations	16,208	3,351	1,351	2,000	19,507	13,507	6,000
Other	Medical Record Revenue	15,000	540	1,250	(710)	6,290	12,500	(6,210)
Other	Medicaid Incentive Payments	-	588	-	588	34,081	-	34,081
County	County Revenue	3,734,667	311,222	311,222	0	3,112,223	3,112,223	-
DSRIP	DSRIP Revenue	790,000	-	65,833	(65,833)	944,085	658,333	285,751
Other	Miscellaneous Revenue	-	-	-	0	510	-	510
Other	Gain on Fixed Asset Disposals	-	-	-	0	656	-	656
Other	Interest Income	70,000	2,359	5,833	(3,474)	22,490	58,333	(35,843)
Patient	CHW Contract Revenue	40,000	681	3,333	(2,652)	3,818	33,333	(29,515)
Other	Local Funds / Other Revenue	5,000	191	417	(226)	3,719	4,167	(448)
	Total Revenue	**$ 10,768,464**	**$ 1,132,430**	**$ 897,372**	**235,058**	**$10,286,837**	**$ 8,973,720**	**$ 1,313,117**
	Expenses							
Personnel	Hourly Pay	5,832,411	505,693	486,034	(19,659)	4,842,798	4,860,343	17,545
Personnel	Supplemental/Merit Compensation	-		-	0	43,500	-	(43,500)
Personnel	Provider Incentives	67,000	1,250	5,583	4,333	7,250	55,833	48,583
Personnel	Overtime	42,000	2,924	3,500	576	25,572	35,000	9,428
Personnel	Part-Time Hourly Pay	202,460	21,540	16,872	(4,669)	215,600	168,717	(46,884)
Personnel	Comp Pay Premium	-	-	-	0	11	-	(11)
Personnel	FICA Expense	470,018	39,609	39,168	(440)	376,531	391,682	15,151
Personnel	Texas Unemployment Tax (SUTA)	12,759	12,791	1,063	(11,728)	34,468	10,633	(23,835)
Personnel	Life Insurance Expense	14,961	1,517	1,247	(270)	14,257	12,468	(1,790)
Personnel	Long Term Diability Coverage	13,989	1,200	1,166	(34)	10,900	11,658	758
Personnel	Employer Paid Health Insurance	494,769	31,145	41,231	10,086	292,742	412,308	119,565
Personnel	Worker's Comp Insurance	18,437	1,427	1,536	110	8,227	15,364	7,137
Personnel	Cobra Expense	-	50	-	(50)	1,563	-	(1,563)
Personnel	Employer Sponsered Healthcare	79,016	6,446	6,585	138	53,204	65,847	12,643
Personnel	Pension/Retirement	138,849	20,188	11,571	(8,617)	126,778	115,708	(11,070)
Contractual	Outside Lab Contract	146,448	16,298	12,204	(4,094)	167,985	122,040	(45,945)
Contractual	Outside X-Ray Contract	18,000	1,164	1,500	336	13,584	15,000	1,416
Contractual	Misc Contract Services	237,722	16,569	19,810	3,241	233,766	198,102	(35,664)
Personnel	Temporary Staffing	-	-	-	0	45,952	-	(45,952)
Contractual	CHW Billing Contract Services	72,000	4,538	6,000	1,462	65,302	60,000	(5,302)
IGT	IGT Reimbursement	259,989	-	21,666	21,666	302,013	216,658	(85,355)
Contractual	Janitorial Contract	168,780	16,395	14,065	(2,330)	151,699	140,650	(11,049)
Contractual	Pest Control	960	80	80	(0)	801	800	(1)
Contractual	Security	43,176	2,067	3,598	1,531	20,654	35,980	15,326
Supplies	Office Supplies	82,600	8,786	6,883	(1,902)	81,483	68,833	(12,650)
Supplies	Operating Supplies	228,132	33,430	19,011	(14,419)	280,839	190,110	(90,729)
Supplies	Outside Dental Supplies	40,200	5,245	3,350	(1,895)	40,540	33,500	(7,040)
Supplies	Pharmaceutical Supplies	600,000	22,055	50,000	27,945	215,514	500,000	284,486
Supplies	Janitorial Supplies	5,400	-	450	450	4,880	4,500	(380)
Supplies	Printing Supplies	5,580	55	465	410	2,571	4,650	2,079
Supplies	Uniform Supplies	-	-	-	0	-	-	-

Coastal Health & Wellness

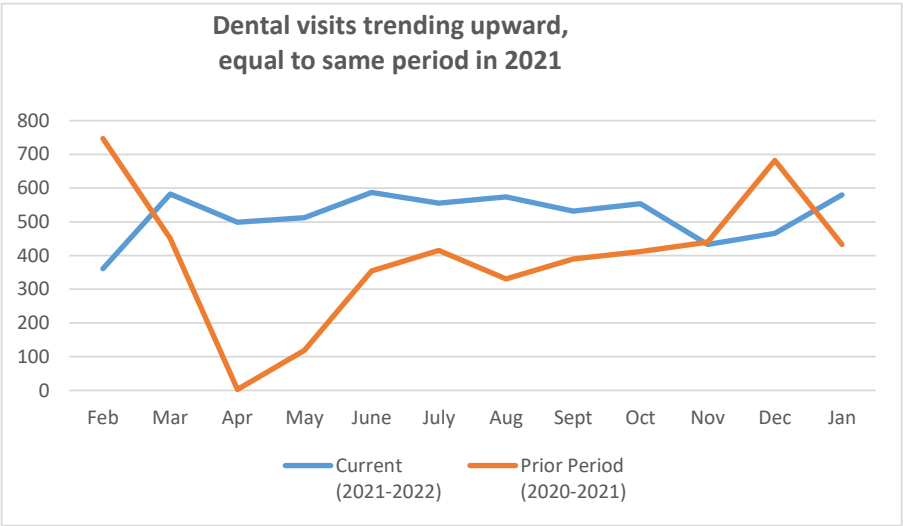
Statement of Revenue and Expenses for the Period ending January 31, 2022

Cost Category	Account Description	Annual Budget	Period Ending 1/31/2022	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Supplies	Controlled Assets *(i.e. computers)*	-	-	-	0	21,588	-	(21,588)
Other	Postage	9,000	456	750	294	5,314	7,500	2,186
Other	Telecommunications	64,500	5,527	5,375	(152)	55,640	53,750	(1,890)
Other	Water	372	31	31	1	305	310	5
Other	Electricity	18,000	1,387	1,500	113	13,140	15,000	1,860
Travel	Travel, Local	3,200	90	267	177	851	2,667	1,816
Travel	Travel, Out Of Town	-	2,233	-	(2,233)	2,722	-	(2,722)
Travel	Training, Local	30,135	2,152	2,511	360	9,557	25,113	15,555
Travel	Training, Out Of Town	-	-	-	0	5,570	-	(5,570)
Other	Rentals	39,240	4,206	3,270	(936)	36,353	32,700	(3,653)
Other	Leases	517,464	43,327	43,122	(205)	431,852	431,220	(632)
Other	Maint/Repair, Equip.	81,844	6,272	6,820	549	79,165	68,203	(10,962)
Other	Maint/Repair, Bldg.	2,400	680	200	(480)	9,554	2,000	(7,554)
Other	Maint/Repair, IT Equipment	-	-	-	0	-	-	-
Other	Insurance, Auto/Truck	108	8	9	1	82	90	8
Other	Insurance, General Liability	11,808	865	984	119	9,085	9,840	755
Other	Insurance, Bldg. Contents	18,372	1,171	1,531	360	11,578	15,310	3,732
Other	Settlements	-	-	-	0	-	-	-
Other	IT Equipment	-	-	-	0	-	-	-
Other	Operating Equipment	-	106,885	-	(106,885)	106,885	-	(106,885)
Other	Building Improvements	-	-	-	0	-	-	-
Other	Newspaper Ads/Advertising	23,600	607	1,967	1,360	25,156	19,667	(5,489)
Other	Subscriptions, Books, Etc.	18,623	295	1,552	1,257	14,389	15,519	1,130
Other	Association Dues	34,710	(5,000)	2,893	7,893	22,647	28,925	6,278
Other	IT Software / Licenses	259,929	35,256	21,661	(13,596)	274,959	216,608	(58,352)
Other	Prof Fees/Licenses/Inspections	1,670	2,980	139	(2,841)	7,472	1,392	(6,080)
Other	Professional Services	22,800	263	1,900	1,637	1,864	19,000	17,136
Other	Med/Hazard Waste Disposal	5,400	410	450	40	4,018	4,500	482
Other	Transportation	6,000	293	500	207	3,869	5,000	1,131
Other	Board Meeting Operations	350	-	29	29	1,018	292	(726)
Other	Service Charge - Credit Cards	7,200	673	600	(73)	9,360	6,000	(3,360)
Other	Cashier Over/Short	-	-	-	0	-	-	-
Bad Debt	Bad Debt Expense	296,083	33,107	24,674	(8,433)	345,894	246,736	(99,158)
Other	Miscellaneous Expense	-	-	-	0	3,289	-	(3,289)
	Total Expenses	**$ 10,768,464**	**$ 1,016,632**	**$ 897,372**	**(119,260)**	**$ 9,194,160**	**$ 8,973,720**	**$ (220,440)**
	Net Change in Fund Balance	***$ -***	***$ 115,798***	***$ -***	***115,798***	***$ 1,092,678***	***$ -***	***$ 1,092,678***

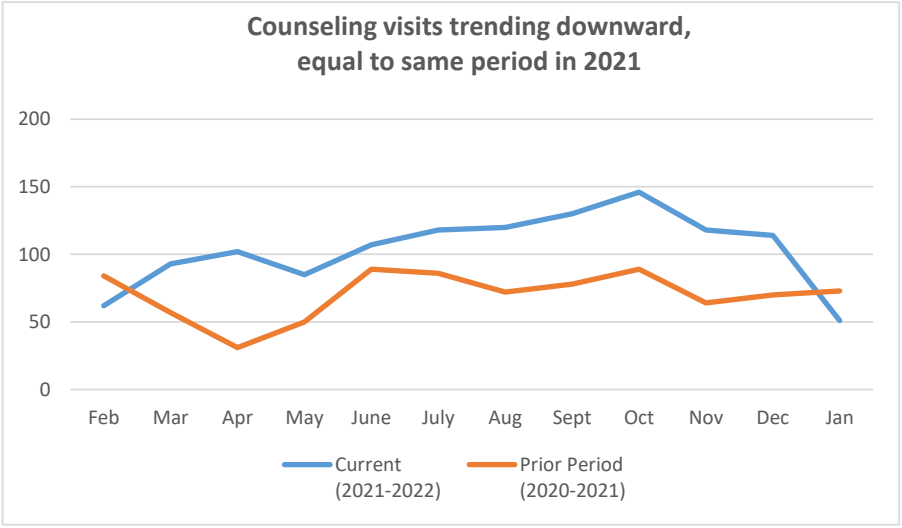
Medical Visits		
	Current (2021-2022)	Prior Period (2020-2021)
Feb	1,058	1,710
Mar	1,488	1,480
Apr	1,345	812
May	1,301	719
June	1,689	1,170
July	1,727	1,238
Aug	1,980	981
Sept	1,450	1,077
Oct	1,198	1,251
Nov	1,227	1,150
Dec	1,124	1,745
Jan	1,311	1,288
	16,898	14,621



Dental Visits		
	Current (2021-2022)	Prior Period (2020-2021)
Feb	361	747
Mar	582	451
Apr	499	3
May	512	119
June	587	354
July	555	415
Aug	574	331
Sept	532	390
Oct	554	412
Nov	433	440
Dec	466	682
Jan	580	433
	6,235	4,777



Counseling Visits		
	Current (2021-2022)	Prior Period (2020-2021)
Feb	62	84
Mar	93	57
Apr	102	31
May	85	50
June	107	89
July	118	86
Aug	120	72
Sept	130	78
Oct	146	89
Nov	118	64
Dec	114	70
Jan	51	73
	1246	843



Note: Jan. '22 - One Counselor

Vists by Financial Class - Actual vs. Budget
As of January 31, 2022 (Grant Year 4/1/2021 -3/31/2022)

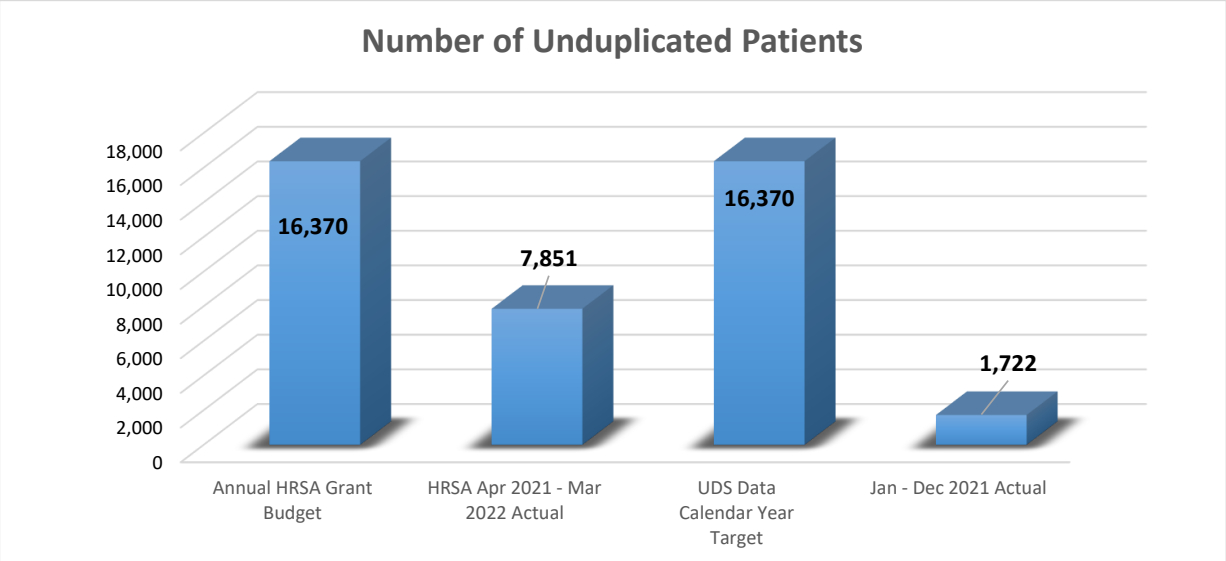
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	3,147	174	262	(88)	1,280	2,623	(1,343)	-51%
Medicare	2,713	89	226	(137)	913	2,261	(1,348)	-60%
Other Public *(Title V, Contract, Ryan White)*	1,273	94	106	(12)	596	1,061	(465)	-44%
Private Insurance	2,941	293	245	48	1,461	2,451	(990)	-40%
Self Pay	24,170	1,054	2,014	(960)	9,186	20,142	(10,956)	-54%
	34,244	**1,704**	**2,854**	**(1,150)**	**13,436**	**28,537**	**(15,101)**	**-53%**

Unduplicated Patients - Current vs. Prior Year
UDS Data Calendar Year
January through December

	Current Year Annual Target	Jan-Jan 2021 Actual	Jan-Jan 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	1,491	1,722	231	11%

Unduplicated Patients - Current vs. Prior Year
HRSA Grant Year
April through March

	Annual HRSA Grant Budget	Apr 2020-Jan 2021 Actual	Apr 2021-Jan 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	6,224	7,851	1,627	48%



Back to Agenda

Governing Board
February 2022
Item#7
Consider for Approval Sage Accounting Software
Submitted by Trisha Bailey

Accounting Software

	Total Cost	CHW	GCHD	GAAA
Annual for 1st year	74,796.00	29,918.40	37,398.00	7,479.60
Implementation fee	52,140.00	20,856.00	20,856.00	5,214.00
Total	126,936.00	50,774.40	58,254.00	12,693.60
Annually 2nd year	62,454.00	24,981.60	31,227.00	6,245.40

Payroll Software

	Total Cost	CHW	GCHD	GAAA
Annual Cost	47,751.00	19,100.40	23,875.50	4,775.10
Implementation fee	14,550.00	5,820.00	7,275.00	1,455.00
Total Cost First Year	62,301.00	24,920.40	31,150.50	6,230.10
Annually 2nd year	47,751.00	19,100.40	23,875.50	4,775.10

The WHY behind Sage

Sage is more expensive than a few other software's we looked at, but it is the only software that will integrate with Nextgen and many other software's including payroll software. If we were to go with a cheaper software we would not progress that much from where we are now and would still have to manually input several transactions into the software.

Sage has a dynamic grant tracking and billing system that will allow us to have real time data at our finger tips and allow us to manage more grants.

Sage will also allow other departments to be equipped to make decisions on spending. They will be able to have a dashboard set up so they can monitor their budget and will not have to wait on the accounting department to manually update every month.

Sage will allow the accounting department to streamline all of our processes and become more efficient. Right now several staff members are over worked and we would have to hire more staff to maintain our daily work in a timely manner.

sage Intacct

Implementation Statement of Work For

Galveston County
Health District

Table of Contents

Reference

Kerr Consulting ("KC") proposes the following implementation services package for **Galveston County Health District** ("Client"). In this document, Sage Intacct, Inc. is referred to as "Intacct."

This Statement of Work ("SOW") hereby incorporates by reference and is subject to the relevant definitions, terms, and conditions of the attached order schedule.

Scope of Project

The services and deliverables the KC team will be delivering for this project are shown below.

Intacct Environment

KC will provide the following services related to Client's Intacct environment:

Shared Intacct Company

Setup and Configuration

- Create one (1) Shared Intacct Company with single base currency (USD)
- Create three (3) transactional business entities that are 100% owned, share Chart of Accounts, and use the same accounting calendar periods
- Define Inter-Entity Relationship mapping for each entity

Historical Data Loading

KC will upload the following historical data to the General Ledger as journal entries. Historical data is defined as data not processed using the Intacct service.

For each in-scope transactional entity:

- GL account net summary beginning balances as of fiscal year-end 2020
- GL account monthly net summary balances for fiscal year 2021
- GL account detail transactions for fiscal year 2022 up to Go-live date

Core Financials System

KC will provide the following services related to Core Financials within all transactional entities:

Company

Setup and Configuration

• Configure Company general information, security, preference, accounting, and display settings	• Subscribe to purchased applications
• Review user/role creation process and permission options. Create one (1) role or user with permission designations. Client is responsible for creating additional role and user permission designation and assigning permissions to users.	• Create Dimension Groups
• Enable Accrual basis accounting method	• Create Document Numbering
• Enable accounting calendar periods equal to fiscal years	

Data Loading

• One (1) set of Locations	• One (1) set of Classes
• One (1) set of Departments	• One (1) set of Allocations

General Ledger

Setup and Configuration

• Configure application and application behavior preference options	• Create transactional and statistical journals
• Deploy QuickStart financial reports and enable Financial Report Writer	• Create one (1) sample template journal entry and recurring journal entry. Client is creating template and recurring journal entries.

Data Loading

• One (1) set of Chart of Accounts	• One (1) set of Statistical account beginning balances as of Go-live date
• One (1) set of Statistical Accounts	• One (1) set of budgets
• One (1) set of Client Reporting Periods	

Accounts Payable

Setup and Configuration

• Configure application and application behavior preference options	• Create account labels
• Configure transaction batch settings	• Create one (1) sample recurring bill. Client is responsible for creating recurring bills.
• Create AP Terms	• Configure quick checks and pre-payments
• Create default AP aging periods	• Create vendor groups
• Enable the following bill payment methods: Check, Cash, Offline charge card, and Record Transfer	• Assign bill payment approval levels

Data Loading

• One (1) set of Vendors	• One (1) set of Open AP Bills at Go-live for each in-scope transactional entity
• One (1) set of Vendor 1099 opening balances at Go-live	

Accounts Receivable

Setup and Configuration

• Configure application and application behavior preference options	• Create account labels
• Configure transaction batch settings	• Create one (1) sample recurring invoice. Client is responsible for creating recurring invoices.
• Create AR Terms	• Configure quick deposits and advances
• Create default AR aging periods	• Create customer groups
• Enable the following invoice payment methods: Check, Cash, Offline charge card, and Record Transfer	

Data Loading

• One (1) set of Customers	• One (1) set of Open AR Invoices at Go-live for each in-scope transactional entity

Cash Management

KC will setup and configure up to three (3) accounts, which can be one or a combination of checking, savings, or credit card accounts. KC will set-up and configure one (1) checking account with either of the following two check printing options:

1) *Check Printing with Pre-printed Checks*
   - KC will configure one (1) checking account for printing checks with Intacct-certified pre-printed check stock provided by Client.

2) *Check Printing with Blank Check Stock*
   - KC will configure one (1) checking account for printing checks with blank check stock provided by Client.

KC will also assist with one round of printing alignment correction, defined as reviewing Client-provided feedback to resolve Intacct configuration issues after submission by Client of one (1) test check to Client's bank.

Account Reconciliation
KC will deliver to Client a guide to assist with the account reconciliation process. KC will provide guidance and advice on account reconciliation for up to one (1) hour prior to project completion.

Sage Cloud Services

Setup and Configuration

• Enable bank feeds and bank file payments	• Provide up to one (1) hour of assistance enabling bank feeds for up to five (5) account types (checking, savings, or credit cards)

Dashboards

Setup and Configuration

• Enable Dashboards application and deploy available pre-packaged Dashboards	• Provide up to one (1) hour of assistance creating one (1) dashboard

Checklists

Setup and Configuration

• Enable and setup Checklist categories, Checklist status and Assignment categories and Assignment status	• Provide up to one (1) hour of assistance creating one (1) checklist

Reporting Center

Setup and Configuration

• Enable Reporting Center application	• Create up to one (1) Report Group

Customization Services

Setup and Configuration

• Enable Customization Services application for access to the following functionalities and tools: Custom Reports, Custom Documents, Custom Fields, Smart Rules, and Smart Events	• Provide up to one (1) hour of assistance to create up to ten (10) custom fields as needed to address Client requirements.

• Provide up to one (1) hour of assistance to create up to two (2) smart rules as needed to address Client requirements.	

Dynamic Allocations

KC will provide the following services related to Dynamic Allocations for use by each transactional entity:

Setup and Configuration

• Activate Dynamic Allocations in Client's Production company	• Review Client's requirements for up to two (2) allocation scenarios and create up to two (2) allocation definitions in Client's Production company
• Conduct an overview of using Dynamic Allocations and creating allocation definitions	

Time and Expense (Timesheets only)

KC will provide the following services related to the Time and Expense application for use by each transactional entity:

Setup and Configuration

• Configure application for Timesheets and application behavior preference options	

Data Loading

• One (1) set of Employees	

Grant Tracking and Billing

KC will provide the following services related to Grant Tracking and Billing for use by each transactional entity:

Setup and Configuration

• Enable ability to create and maintain Grants and assign grants on transactions in Order Entry, Purchasing, Accounts Payable, Time & Expense, and General Ledger	• Enable ability to set transactions with grant information as billable and generate grant-based reimbursement requests and/or invoices for scheduled, fixed price, percent complete, and/or milestone billing

Nonprofit Spend Management

KC will provide the following services related to enabling Spend Management for use by transactional entity:

Setup and Configuration

• Configure ability to prevent expenditures from exceeding committed resources (i.e. predetermined budgeted amounts) on transactions in the Purchasing, Accounts Payable, and/or General Ledger modules	• Select the dimensions, purchasing documents, and General Ledger accounts to be used in validating transaction spend as directed by Client
• Create one (1) budget for use by Spend Management	• Demonstrate Spend Management usage including validation failure where Purchasing transaction(s) exceed budgeted amount(s)

Data Loading

- One (1) set of General Ledger account budget amounts uploaded to the Spend Management budget

Intacct Collaborate

KC will provide the following services related to Intacct Collaborate:

Setup and Configuration

- Enable Intacct Collaborate within Client's Production Intacct company configured as either *Intacct Only* or *Extend Chatter from your Salesforce organization to Intacct* (the latter option is available only when Client is currently subscribed to Salesforce).
- Provide general guidance and best practices when using Intacct Collaborate, which is expected to include but not limited to the following: Intacct Collaborate functionality/usage overview, business case recommendations for leveraging Intacct Collaborate, and organization roll-out strategy/planning.
- Provide Client's Salesforce administrator the "Salesforce Chatter Integration Guide" for configuring Client's Salesforce organization to integrate Salesforce Chatter with Intacct Collaborate and provide as-requested assistance (these services are applicable when the *Extend Chatter from your Salesforce organization to Intacct* configuration option has been selected). Client is responsible for configuring Client's Salesforce organization.

Intacct Web Services and Platform Services

KC will provide the following services related to enabling Intacct Web Services and Platform Services when subscribed:

Setup and Configuration

- Activate Intacct Web Services within Client's Intacct company
- Activate Intacct Platform Services within Client's Intacct company

Employee Dimension

KC will provide the following services related to enabling the Employee dimension for use by each transactional entity:

Setup and Configuration

- Activate Employee dimension for use within all applications

Data Loading

- One (1) set of Employees

Assumptions and Responsibilities

General

- Intacct will designate a single point of contact to serve as the Project Manager, and to be Client's primary contact with Intacct throughout the project. The Project Manager will be responsible for the overall project delivery including:
    - Management of scope
    - Planning, Scheduling, and Project Controls
    - Conducting Status Meetings
    - Preparing Status Reports (status reports to include key accomplishments, next steps, updated schedule, and project financials - spend to date against baseline plan, project spend through end of project)

    - Complete Intacct's activities as specified in this Statement of Work
- The full project scope will be delivered according to Intacct's Implementation Methodology as outlined in *Appendix A*.
- The Intacct consultants will work remotely to complete work for this engagement unless otherwise noted in this Statement of Work. Dates for any onsite work by Intacct will be mutually agreed upon in advance between Client and Intacct.
- This project will utilize Microsoft Teams for communication, planning, and content management unless otherwise mutually agreed in writing by both parties. User/access to Microsoft Teams is provided to Client project team members for the duration of the project at no additional charge.
- All defined business processes and configurations will be created once and leveraged across all transactional entities.
- Client will assign a dedicated project team for the duration of the project. The project team should include Subject Matter Experts (SMEs) that will contribute to the system design and system configuration validation. The project team should also include a single point of contact that will function as Client's Project Coordinator and be Intacct's primary contact with Client. Client's Project Coordinator should have full authority to act on behalf of Client with respect to:
    - Decision and signatory authority (or involve appropriate Client parties)
    - Complete Client's activities as specified in this Statement of Work including managing Client's deliverables for the project and reviewing, accepting, and approving project deliverables
    - Authorizing payments
    - Facility and meeting coordination at Client's site (if required)
    - Interfacing with Intacct to ensure an efficient exchange of Information and timely decisions are made
    - Provide remote access to all software and hardware systems for the project including remote access to Intacct with appropriate privileges.
- One or more deliverables specified herein require a separate environment (outside of the Intacct Production environment). Intacct will provide an environment to execute these processes. The hosting costs and setup are covered in Client's Intacct Order Schedule.
- Client agrees to grant project team access to Client's Intacct Company as required for the project.

Configuration

- Client is responsible for creating Intacct users and assigning permissions.
- Client is responsible for final check printing alignment and bank verification the check print format is acceptable. Checks can be printed on blank check stock in USD, CAN, and MXN currencies using commercially available blank check stock of size 8.5 x 11 inches. Checks can be printed on pre-printed check stock in USD currency using Intacct-certified pre-printed check stock. Client is responsible for purchasing and providing all check stock on the project.
- Client is responsible for performing all account reconciliations in the Cash Management application and agrees to complete a minimum of one (1) account reconciliation within 30 days after system Go-live.
- Client is responsible for reconciling each month's General Ledger account balances in the consolidation entity with the amounts in the source transactional entities.
- System configurations and approval workflows are limited to the configuration and workflow options available within the Intacct product as of the signed Statement of Work date.

Reports/Dashboards

- Financial reports are produced and available via the General Ledger application and limited to the data and formats available via the Financial Report Writer tool.

- Custom reports are produced and available via the Customization Services application and limited to the data and formats available via the Customization Services Customer Report Writer tool.
- Dashboard component creation is limited to the reports and data available within the system.

Data/Documentation

- Client is responsible for reviewing the Functional Requirements Document and providing additions, clarifications, and corrections to KC. Two (2) rounds of revision to the Functional Requirements Document is included with this service. Two (2) rounds of revision is defined as follows:
    - Client will review version 1.0 of the Functional Requirements Document, providing additions, clarifications, and corrections verbally or in writing
    - KC will update the Functional Requirements Document
    - Client will review version 1.1 of the Functional Requirements Document providing additions, clarifications, and corrections verbally or in writing
    - KC will update the Functional Requirements Document
    - Client will approve version 1.2 of the Functional Requirements Document
- Client is responsible for format, layout, and content modifications to printed documents utilizing the Custom Documents tool within the Intacct product including but not limited to customer sales transactions (sales orders and invoices) and vendor purchase transactions (purchase orders and bills).
- Client is responsible for performing all legacy system data extraction, data cleansing, and data mapping to Intacct accurately populating all data templates for uploading into Intacct according to the specifications and dates in the detailed project plan mutually agreed upon by Client and Intacct. One (1) round of validation to assist Client in providing accurate data templates is included with this service. Validation is defined as providing feedback on a data file for missing required field values, invalid field lengths, invalid field values/type mismatches, and invalid dimension ID values (transaction amounts and balances will not be validated and are responsibility of Client). One (1) round is defined as follows:
    - If the file passes the validation KC will upload the file, or
    - If the file does not pass validation, KC will provide feedback and Client repairs the file
    - KC will validate the repaired file and if it passes the validation will upload the file.
- A "set" of data is defined as one (1) upload file containing all data to be uploaded. An Intacct data upload template provides the format by which Client will populate data for upload. One (1) upload file means populating a template once with all data for upload. As an example, if Client has 400 locations to upload, one (1) set is considered one (1) file with 400 locations (as opposed to four (4) separate files with 100 locations in each file).

Training

- Training material is intended for trainees only. Any copies or additional use by Client must be agreed to in writing by Intacct.

Change Control

Any changes to this Statement of Work must be mutually agreed upon by both Intacct and Client. No verbal agreement between persons involved in the Project will be binding on either Intacct or Client. Mutually acceptable changes in the scope of work and adjustments in schedule and price will be incorporated as a modification to this Statement of Work or may become the basis of a new, follow-on Statement of Work.

Your Sales Representative or Project Manager is the authorized (KC) representative for approving changes to this Statement of Work. Change requests for this project scope must be submitted in writing.

The approval process for change requests is as follows:

- A requirement for change is identified and documented
- The requested change is reviewed and agreed to by Client and Intacct
- An amendment to the Statement of Work is composed and mutually agreed to by Client and Intacct
- The amendment is incorporated into the Statement of Work and implemented

Client Sign-offs

The following are critical Client sign-offs required before proceeding to subsequent phases on this project.

- **Detailed project plan** – Created by the Intacct Project Manager at the beginning of the project and refined throughout as required. Establishes mutually agreeable dates, tasks, and timings from project start to completion. Client sign-off is agreement to plan and commitment to on-time completion of tasks assigned.
- **Populated data templates** – Client is responsible for populating Intacct data templates with clean data for upload into Intacct. Providing templates to Intacct signifies sign-off on the data.
- **Functional Requirements Document** – Populated by Intacct capturing the Client requirements for the Intacct system. Client is responsible for validation and sign-off prior to beginning Intacct system set-up activities. The Functional Requirements Document serves as the basis for the *Solution Definition Document*, which is populated by Intacct and provided to Client translating Client requirements into Intacct system configurations and solutions.
- **Model Phase Completion** – Upon completion of the Model Phase, including, if applicable, User Acceptance Testing, Client provides sign-off the Intacct system has been configured and set-up as defined in the provided Solution Definition Document, and is ready for production transaction processing.

Pricing Summary

- The effort defined in this Statement of Work is shown below. **Hours include design, configuration, testing, training, and go-live support.**

Phase	QTY	Rate	Extended		
Implement Core Financials	30	$ 200.00	$ 6,000.00		
Implement Transactional Entities	4	$ 200.00	$ 800.00		
Data Load General Ledger	20	$ 200.00	$ 4,000.00		
Data Load Sub-Ledgers	20	$ 200.00	$ 4,000.00		
Sage Collaborate	1	$ 200.00	$ 200.00		
Implement Dynamic Allocations	18	$ 200.00	$ 3,600.00		
Implement Time & Expense (Timesheets)	9	$ 200.00	$ 1,800.00		
Implement Grant Tracking and Billing	30	$ 200.00	$ 6,000.00		
Implement Spend Management	15	$ 200.00	$ 3,000.00		
Scoped Reports and Dashboards	30	$ 200.00	$ 6,000.00		
As requested Reports and Dashboards	0	$ 200.00	$ -		
Custom Training	60	$ 200.00	$ 12,000.00		
Project Management	237	$ 20.00	$ 4,740.00		
Project Total			$ 52,140.00		

Terms

Please refer to the Order Schedule for fees and payment terms.

Estimates provided herein are effective through February 29, 2022>.

“Go-live” is defined as the first day production transactions are processed through the Intacct Service. Any unsubscribed companies utilized for this project for testing, demonstration, and/or implementation activities will be disabled upon project completion or in the case of a delay or hold on the implementation by Client, within thirty (30) days of start of said delay. The services delivered as part of this SOW will be considered complete upon the sooner of Post Go-live Support completion or thirty (30) days from the planned Go-live date unless otherwise mutually agreed in writing by both parties. KC will provide a project completion notice to Client upon completion of the services.

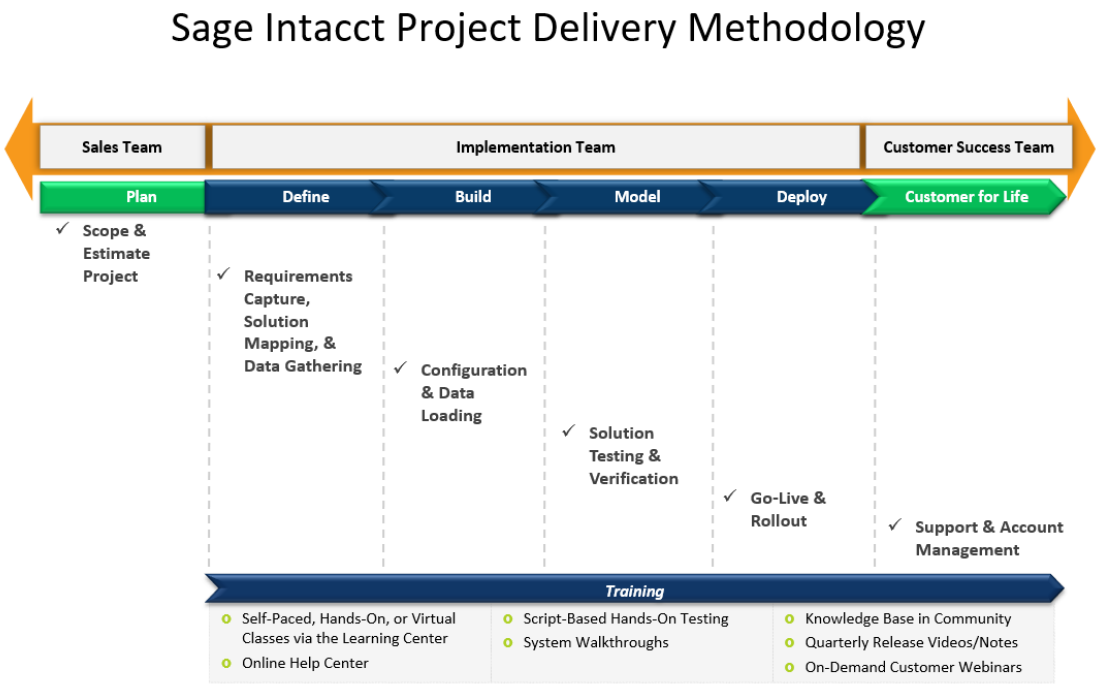
Normal work hours are from 8am to 5pm, Monday through Friday, excluding Intacct holidays.

All reasonable actual expenses are reimbursable. If applicable, travel time is billed at half the consultant’s normal bill rate. Travel time and expenses (if any) are above and beyond any provided cost estimates and will be submitted for Client approval prior to purchase and/or billing.

All activity and personnel will be scheduled when this Statement of Work is accepted. Some or all the services and deliverables defined in this SOW may be performed by Intacct or a subcontractor or certified Intacct implementation partner. Intacct remains responsible for all SOW deliverables and delivery quality.

Appendix A: Implementation Methodology

Intacct's implementation methodology is a delivery framework of phases, tasks, and milestones throughout the project. There are four key Phases:



Phase 1: Define

- Project begins with a kick-off meeting charting the course for the project.
- A project plan is created and mutually agreed upon establishing roles, responsibilities, tasks, and timing of deliverables.
- Business analysis meetings are held to understand and capture functional requirements.
- Functional requirements are translated into a solution definition to be implemented.
- Data is collected and populated by Client into templates for upload.

Phase 2: Build

- Intacct Production environment is created for Client.
- The defined solution is setup and configured.
- Finalized data templates are uploaded.

Phase 3: Model

- Client tests the configured solution to confirm Intacct is working as designed and to gain hands-on experience.
- Changes are documented and applied to the Production environment as defined in the Change Control section of this SOW.

Phase 4: Deploy

- Intacct Production environment is live and ready for use by Client to process transactions.
- Post-live data templates such as GL balances, Open bills/invoices, etc. are populated by Client and uploaded.

Back to Agenda

Governing Board
February 2022
Item#8
Consider for Approval Coastal Health & Wellness Infection Control Plan Submitted by Debra Howey

Coastal Health & Wellness (CHW) Infection Control Plan

Introduction Update 2/18/2022

The CHW Infection Control Plan (ICP) has been developed as part of the CHW Infection Prevention and Control Program (IPCP). The primary goal of an infection prevention and control program (IPCP) is to prevent health care-associated infections (HAIs). Its purpose is to provide guidelines, procedures, and practices to reduce the risk of spreading infectious diseases, promote safer work practices in caring for patients and others, and to assist staff in conforming to standards, evidence-based rules, regulations, and practices. This plan has been developed utilizing guidelines established by the Centers for Disease Control and Prevention (CDC) and incorporates guidelines for sterilization set forth by the Association for the Advancement of Medical Instrumentation (AAMI). The ICP will be assessed annually by the Joint Commission Committee (JCC) through examination of surveillance data and risk assessment. Leadership approves the annual Infection Control Plan (ICP) and supports its implementation strategies.

IC.01.05.01 The organization has an infection prevention and control plan.

Responsibilities

A. All CHW staff, including volunteers, students, and contractors, are responsible for:
   1. Adhering to the hand hygiene guidelines
   2. Adhering to the plan for the prevention and control of infections
   3. Notifying their supervisors or designee of infection related issues
   4. Reporting exposure incidents in the workplace to the Risk and Safety Coordinator/Chief Compliance Officer

B. Supervisors are responsible for:
   1. Understanding the general guidelines and principals and those that apply to their departments or programs.
   2. Orienting their new staff to the applicable guidelines
   3. Periodically training staff on the guidelines
   4. Monitoring the practices of their staff in the workplace
   5. Assuring any exposure incidents in the workplace are reported to the Risk and Safety Coordinator
   6. Counseling employees who need guidance or redirection in infection control practices

C. Infection Control Nurse (ICN) is responsible for:
   1. Surveillance monitoring of outcome and processes to plan, implement, evaluate, and improve ICP strategies.
   2. Orientation of new CHW staff to the ICP and its components
   3. Education and annual staff training related to infection prevention and control activities.
   4. Monitoring, evaluating, and reporting program effectiveness.
   5. Expanding activities as needed in response to unusual events or to control outbreaks of disease.
   6. Reviewing and recommending revisions of the ICP to the JCC annually or more frequently if indicated.
   7. Overseeing the seasonal influenza vaccination program for CHW staff

D. The JCC will consist of CHW staff and leadership including the Executive Director (ED) and/or designee, the Medical Director and/or designee, Lead Mid-Level, the Dental Director and/or designee, Infection Control Nurse, Nursing Director, Lab/X-Ray Supervisor, Supervisor of Dental Assistants, Chief Nursing Officer (CNO), Risk and

Safety Officer and the Chief Compliance Officer (CCO). The committee will be chaired by the CNO, and responsibilities include the following:

1. Meet monthly to review surveillance data collected by the ICN and managers; this will include reports on handwashing data, spot audits conducted in all clinical areas (dental, lab and medical), reports on sterilization monitoring, and any other issues that might arise, such as any infectious disease trends.
2. Report results of surveillance, data analysis and trends to the QA committee and the Governing Board (GB) QA Committee quarterly.
3. Review any incidents that involve infection control activities.
4. Review the annual Risk Assessment and develop next year's multidisciplinary Risk Assessment.
5. Develop annual Goals and Responsibilities for the IPCP and report progress and outcomes to the GB QA and the GB annually.
6. Review and update the IPCP annually and as needed if any special circumstances arise.

Risk Assessment

An infection control risk assessment will be conducted annually and presented to the, JCC for review and recommendations. The risk assessment will include consideration of the community and population served by the CHW clinics, care and services provided, and infection surveillance data. Based upon the annual risk assessment, infection control goals and responsibilities will be established, measured, and reported upon to the, JCC the QA committee, the GB QA committee, and the Governing Board.

Table of Contents

SECTION 1: Standards and Guidelines

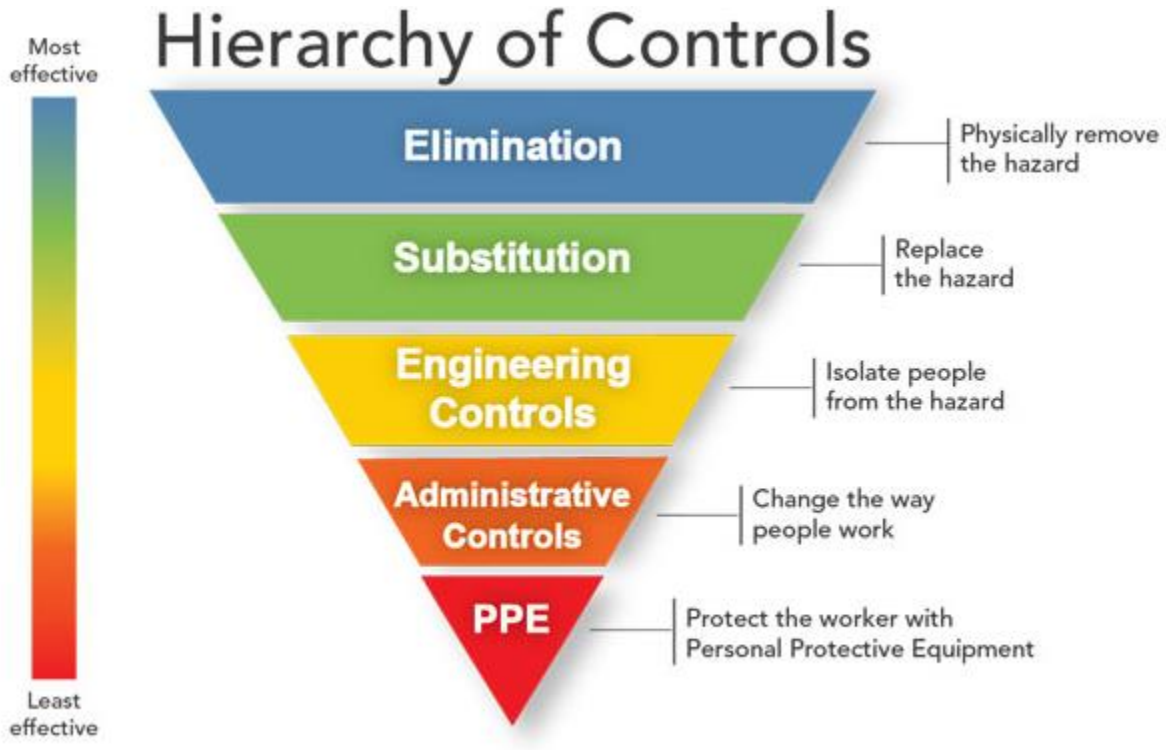
IC.02.01.01 The organization implements its infection prevention and control plan.

Coastal Health & Wellness (CHW) is a "healthcare setting" where healthcare is delivered in outpatient facilities. Standards and guidelines are designed to proactively to prevent the spread of infection in healthcare settings. CHW utilize Centers for Disease Control and Prevention (CDC) guidelines, The National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA)and Association for Advancement of Medical Instrumentation (AAMI) guidelines are utilized in the dental clinic and medical clinics.

A Hierarchy of Controls is used as a means to determine how to implement reasonable and effective controls as an infection control strategy to prevent transmission of pathogens in a patient-care delivery system.

Hierarchy of Controls as follows, from the most effective to the least effective:

- Elimination-physically remove the hazard
- Substitution-replace the hazard
- Engineering Controls-isolate people from hazards
- Administrative Controls-change the way people work
- PPE-Protect the worker with Personal Protective Equipment



1.1 <u>Standard Precautions</u>

Standard Precautions are an infection control strategy to prevent transmission of pathogens and are recommended for all patient-care delivery settings. They are based on the concept that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible pathogens. Based on principle of: All patients, all times, protecting yourself, protecting patients.

Standard Precautions are intended to address all modes of transmission by any type of organism. They are based on a risk assessment and make use of common-sense practices and personal protective equipment that protect healthcare providers from infection and prevent the spread of infection from patient to patient.

All occupational exposures to blood and or other potentially infectious materials (OPIM) place healthcare providers at risk for infection with bloodborne pathogens. Standard Precautions are designed to reduce exposure to blood and other potentially infectious material (OPIM).

<u>Standard Precautions include the following</u>:

Hand hygiene: Hand hygiene is an institutional priority for all clinical and non-clinical staff. During the delivery of healthcare, it is advised that healthcare workers protect themselves and patients from potentially deadly pathogens by cleaning their hands the right way, at the right times.

- Hand Hygiene means cleaning your hands by:
  - Handwashing (washing hands with soap and water or antimicrobial soap and water)
  - Antiseptic hand rub (alcohol-based hand sanitizer foam or gel, 60-90% alcohol)
  - Surgical Hand antisepsis using antimicrobial soap and water or alcohol-based hand sanitizer with fast acting and persistent activity.
- Wash hands with soap and water:
  - When hands are visibly dirty
  - After known or suspected exposure to patients with diarrhea
  - Before eating
  - After using a restroom
- Alcohol -Based hand sanitizer for everything else
- During routine patient care: 5 moments of hand hygiene:
  - Before patient contact
  - Before a clean/aseptic procedure
  - After body fluid exposure risk
  - After patient contact
  - After contact with patient surroundings
- Hand Hygiene:
  - Before donning gloves
  - After removing gloves
  - Before handling medication
- Surgical Hand antisepsis using antimicrobial soap and water **or** alcohol-based hand sanitizer with fast acting and persistent activity is recommended before donning sterile gloves when performing surgical procedures. Remove jewelry that could potentially tear sterile surgical gloves. Remove debris from under fingernails before starting hand hygiene.
  - Using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacture, usually 2-6 minutes.
  - When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer's instructions. Before applying the alcohol product, prewash hands and forearms and dry hands and forearms completely. After application of the alcohol-based product as recommended, allow hands and forearms to dry thoroughly before donning sterile gloves.

Personal Protective Equipment (PPE): Use PPE whenever there is an expectation of possible exposure to infectious material/agents. Specialized equipment is to be worn by an employee for protection against infectious materials, to reduce the risk of infection. Appropriate PPE is provided for employees as follows:

- **Gloves** –Protect hands and use when touching blood, body fluids, secretions, excretions, contaminated items, and for touching mucous membranes and non-intact skin. Wearing gloves is not a substitute for hand hygiene and hands should always be cleaned before donning and after removing gloves.

- **Mask, eye protection and face shield** – Wear a disposable face mask, mask with attached eye protection, fluid resistant surgical mask, and eye protection (goggles) or a full-face shield (covers full face below chin and wraps around sides of face) to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood or body fluids, secretions, and excretions.
- **N-95 Respirators:** NIOSH approved/fit tested, used for "aerosol-generating procedures" or "airborne transmission" with a full-face shield. Use of N-95 respirators due to response of international emergence of COVID-19.
- **Gowns** – Wear a gown (fluid-resistant, when possible) to prevent soiling or contamination of clothing during procedures and patient care activities when contact with blood, body fluids, secretions or excretions is anticipated. Donning/Doffing per CDC.

Respiratory Hygiene/Cough Etiquette:

- Employees are expected to contain respiratory secretions by covering the nose/mouth when coughing or sneezing, use tissues to contain respiratory secretions and dispose of used tissues in the nearest no-touch receptacle (foot-pedal-operated lid or open, plastic lined waste basket) and to perform hand hygiene after contact with respiratory secretions.
- Signs will be posted at entrances and common meeting areas with instructions to patients to cover their mouths/noses when coughing and sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.
- Respiratory stations will be stocked, cleaned, and maintained at the entrance to both clinics and medical waiting rooms.
- Staff will be instructed to provide masks to patients who are actively coughing when they present at the clinic for care, or if guideline for all to don face covering/mask when entry to clinic. Due to COVID-19, all who enter CHW are required to wear /face-covering nose and mouth, while in the facility. Also, hand hygiene before entry.
- Patients suspected of having an airborne communicable disease should be placed in an area away from others, such as in an exam room.; this is based on the Infectious Disease Guidelines/Nursing staff decision. See Infectious Disease Guidelines for room assignments.
- Avoid touching your eyes, nose, and mouth, and clean your hands often.

Ensure appropriate patient placement - Include the potential for transmission of infectious agents in patient-placement decisions. Based on transmission-based precautions used in addition to standard precautions.

- Place patients who pose a risk for transmission to others in an exam room as soon as possible. This decision is based on Infectious Disease Guidelines/Nursing staff decision.

Properly handle and properly clean and disinfect patient care equipment and instruments/devices - Protocols and procedures should be established for containing, transporting, and handling patient-care equipment and instruments/devices that may be contaminated with blood or body fluids.

- Remove organic material from instruments/devices using recommended cleaning agents to enable effective disinfection and sterilization processes.
- Wear PPE (personal protective equipment), such as gloves and gowns according to the level of expected contamination, when handling patient-care equipment and instruments/devices that are visibly soiled or may have been in contact with blood or body fluids.

Clean and disinfect the environment appropriately-

Establish protocols and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling.

- Clean and disinfect surfaces likely to be contaminated with pathogens, including those near the patient and surfaces in the patient-care environment that are frequently touched (doorknobs, light switches, chair arms), after each time on a more frequent schedule compared to that for other surfaces such as horizontal surfaces in waiting rooms.
- Use EPA-registered disinfectants that have microbicide activity against the pathogens most likely to contaminate the patient care environment. Use according to manufacturer's instructions. Use Cleaning/Disinfecting Wipes: List N: Disinfectants for use Against SARS-CoV-2 (COVID-19)

Follow safe injection practices

- Use clean or aseptic technique, in clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medication and sterile injection equipment.
- During preparation, visually inspect the medication for particulates, discoloration, or other loss of integrity.

- Disinfect the rubber septum on a medication vial, with alcohol before piercing or according to medication IFU's.
- Do not re-use needles or syringes to enter medication vial or solution, even when obtaining additional doses for the same patient.
- Do not administer medications from a syringe to multiple patients.
- Needles, cannulas, and syringes are single patient use items.
- Single-dose vials, ampules or pre-filled syringes are intended for use on only one patient. Use whenever possible.
- If there are medications that do not come in single use vials, then the multidose vial must be discarded after the first use. Exceptions are specific vaccines, PPD skin test and Insulin. If necessary to use medication from multi-dose vial, it must be prepared in clean medication room, with label indicating name of medication, dose, lot number and expiration date. Then taken to patients room for administration.
- Do not use a single-dose vial or ampule for several patients or combine contents of several vials.

Ensure healthcare worker safety including proper handling of needles and other sharps - Engineering, work practice, and environmental controls have all been developed to prevent and control the spread of infection related to the use of needles and other sharps in the healthcare setting. Refer to the CDC Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program.

- Requirements for handling sharps states that: **contaminated sharps** are needles, blades (such as scalpels), scissors, and other medical instruments and objects that can puncture the skin. Contaminated sharps must be properly disposed of immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on the sides and bottom, and color-coded or labeled with a biohazard symbol.
- Discard needle/syringe units without attempting to recap the needle unless it is unsafe to do so.
- Always activate self-capping needle protector.
- If a needle must be recapped, **never** use both hands. Use the single hand "scoop" method by placing the cap on a horizontal surface, gently sliding the needle into the cap with the same hand, tipping the needle up to allow the cap to slide down over the needle, and securing the cap over the needle with the same hand. Dental uses Pro Tector/Needle Sheath Prop-One-Handed Recapper.
- Never break or shear needles.
- To move or pick-up needles, use a mechanical device or tool, such as forceps, pliers, or broom and dustpan.

- Dispose of needles in labeled sharps containers only; sharps containers must be accessible and maintained upright. When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport. Ensure that the closed lid is locked in place before transport.

- When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- Fill the sharps container up to the fill line or two thirds full. Do not overfill the container.
- Sharps containers are secured in place while in use in the clinical area.
- In healthcare setting no sharing of fingerstick devices or insulin pens.
- Blood glucose meters must be cleaned and disinfected according to manufactures instructions between uses.
- Creation of a team to review and evaluate Sharps Injury Prevention Devices.

1.2 Transmission Based Precautions

In additional to Standard Precautions, which are used with all patients, some patients require additional precautions known as transmission-based precautions. Transmission-based precautions are measures to protect against exposure to a suspected or identified pathogen. There are three types (or combination) of transmission-based precautions: Contact, Droplet and Airborne.

Contact Precautions

Contact precautions are designed to minimize transmission of organisms that are easily spread by contact with hands or objects. CDC Contact Precautions are summarized below:

- Use of Personal Protective Equipment
  - Put gloves on upon entry into the exam room.
  - Put on a gown upon entry and remove and perform hand hygiene before leaving the exam room.
  - After removal of gown, ensure clothing and skin do not contact environmental surfaces in the patient-care area.
- Patient Transport
  - Limit transport and movement of patients outside of the exam room unless medically necessary.
  - If it is necessary to move the patient, ensure infected area of the patient's body is covered.
  - Remove and dispose of contaminated personal protective equipment and perform hand hygiene prior to transporting, (leaving exam room).
  - Don clean personal protective equipment to handle the patient at the transport destination.
- Patient-Care Equipment and Instrument/Devices/Cleaning and disinfecting room
  - Handle equipment and instruments/devices according to Standard Precautions.
  - Use disposable equipment or implement patient-dedicated use. If common use is unavoidable, clean and disinfect before use on another patient.
  - Clean and disinfect contaminated reusable noncritical patient-care equipment.
  - Exam room/area cleaned and disinfected prior to use by another patient, focus on frequently touched surfaces and equipment.

Droplet Precautions

Droplet precautions are designed to prevent transmission of diseases easily spread by large-particle droplets produced when the patient coughs, sneezes, talks or during the performance of procedures.

- Place suspected infectious patient in an exam room as soon as possible and instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations.
- Source control: put a mask on the patient.

- Staff will wear a mask upon entry into the exam room, use PPE appropriately and limit transport of patient outside the room.

Airborne Precautions

Airborne Precautions are designed to prevent transmission of diseases spread by the true airborne route.

- Identify patients requiring Airborne Precautions.
- Put a surgical mask on the patient, instruct in respiratory hygiene/cough etiquette, and place in an examination room, based on Nursing recommendations for room assignment.
- Restrict number of healthcare personnel from entering the room.
- Healthcare personnel use appropriate PPE, including a fit-tested NIOSH approved N-95 respirator, cover with full-face shield.
- Caregivers should wear a mask when entering the patient's room.
- Limit transport or movement of patient out of the room
- Once the patient leaves, the room should remain vacant for two hours to allow full exchange of air. Exam room/area terminally cleaned and disinfected with an EPA registered disinfectant: Tuberculocidal used according to manufacturer instructions, prior to use by another patient.

1.3 Tuberculosis (TB) Exposure Control Plan

Tuberculosis has long been recognized as a risk in health care settings, and the emerging incidence of drug resistant and multi-drug resistant (MDR) TB illustrates the need to monitor for possible TB exposure in the CHW clinics. TB rates in the county are monitored by the Texas DSHS Tuberculosis Control Program and the GCHD TB Program.

The CHW clinics have been identified through a TB Risk Assessment (CDC, Texas DSHS form) as low risk settings where exposure to TB is unlikely. An annual assessment is conducted, and if any suspected/confirmed cases of TB are identified, a new assessment will be conducted at that time.

Following the CDC TB Screening and Testing of Health Care Personnel Updated March 8, 2021.

As a condition of employment, see Employee and Pre-hire Immunization and Screenings Policy (last approved UBOH 08/11/2021):

TB screenings for new employees: all new employees must provide a current (less than 12 months from date of hire) TST (tuberculin skin test) or IGRA (Interferon Gamma Release Assay) prior to their start date. In the event a new hire employee is a prior positive reactor, a chest X-ray (done less than 12 months from date of hire) will suffice for clearance. Any employee exposed to active TB will undergo post-exposure repeat screening.

Positive reactors will be evaluated by the GCHD TB Program Manager. Any employee found to have active pulmonary TB will be excluded from the workplace while contagious.

Texas DSHS recommendations 11/5/2021:

Annual TB testing using an IGRA or TST is not **routinely** recommended. Health care facilities should perform TB testing and complete a signs and symptoms assessment after known or ongoing exposure to TB or complete a signs and symptoms assessment annually for HCP with untreated TB infection. HCP should also be educated about TB treatment options for TB infection.

TB Screening and Testing of Health Care Personnel Updated, DSHS TX November 5, 2021.

Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission at a healthcare facility. Health care personnel with untreated latent TB infection should receive an annual TB symptom screen. Symptoms for TB disease include any of the following: a cough lasting longer than three weeks, unexplained weight loss, night sweats or a fever, and loss of appetite.

All health care personnel should receive TB education annually. TB education should include information on TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures.

OSHA refers to CDC for recommendations:

TB Exposure Control Procedures for Suspected or Known Active TB Cases

Provide a surgical mask for the person to wear to contain droplets. Recognize the signs and symptoms of active TB - these include hemoptysis, fatigue, fever, chills, night sweats, loss of appetite and weight loss.

- Any suspected or known case of tuberculosis in a patient or employee must be reported to the GCHD TB Program (ext. 2217 or 2354). After hours reporting number is 1-888-241-0442. Call Kelly Kanon, RN, TB Program Manager 409-938- 2354. TB Fax line 409-938-2220.

The examining room used as a holding area should be closed for 2 hours and terminally cleaned after the patient has left and then disinfected with an EPA registered disinfectant: Tuberculocidal used according to manufacturer instructions.

SECTION 2: Medical Surveillance

Healthcare workers face risks to their own health when taking care of patients. The elements of a medical surveillance program are used to establish an initial baseline of workers' health and then monitor their future health as it relates to their potential exposure to hazardous agents. This information can be used to identify and correct prevention failures leading to disease. Early identification of health problems can also benefit individual workers.

2.1 Employee Health

- All employees will follow established policies regarding immunizations and tuberculosis skin tests. Refer to "Employee and Pre-Hire Immunizations" policy UBOH 8/11/21.
- Employees who may be infected with a communicable disease transmitted through airborne or casual contact may not return to work until released by their medical provider who deems them non-infectious. Supervisors who suspect that an employee has a communicable illness may require the employee seek medical attention and a release to return to work.
- Employees are strongly encouraged to obtain a yearly seasonal influenza vaccine; if an employee is unwilling or unable to be vaccinated, they will be required to wear a surgical mask while engaged in direct patient contact during flu season.

2.2 Infectious Diseases and Occupational Health Strategies

Several standards and directives are directly applicable to protecting workers against transmission of infectious agents: These include

- Bloodborne Pathogens Training OSHA Standard 1910.1030 (see Appendix A for CHW BBP Plan)
- CDC Guidelines
- Personal Protective Equipment
- Respiratory Protection/OSHA Standard 1910.134 (See Appendix B for CHW Respiratory plan)

Bloodborne Pathogens Training

CHW provides bloodborne pathogens training for all workers who may encounter blood and other potentially infectious materials (OPIM) in their jobs, based on Occupational Safety and Health Standards (OSHA) 1910.1030 Bloodborne Pathogens

- This training includes information on bloodborne pathogens and diseases, methods used to minimize risk and control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures.
- CHW offers this training for new hires, annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure.

CDC Guidelines

- To prevent transmission of bloodborne pathogens to healthcare workers, the CDC recommends:
  - Strict adherence to sharps safety guidelines and Standard Precautions
  - Hepatitis B vaccination of healthcare worker
  - Post-exposure prophylaxis and counseling in the event of exposure incident.

Personal protective equipment

- Surgical masks are used as a physical barrier to protect the user from hazards, such as splashes of large droplets of blood or body fluids; they also protect other people against infection from the person wearing the surgical mask. Such masks trap large particles of body fluids that may contain bacteria or viruses expelled by the wearer.

- When there is identified potential occupational exposures, staff will don appropriate PPE, including gloves, gowns, face shields, masks, and eye protection.
  - Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and clean hands immediately to avoid transfer of microorganisms to other people or environments.
  - Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Disposable gowns are utilized in the CHW clinics. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove and dispose of soiled gowns as promptly as possible and clean hands to avoid transfer of microorganisms to other people or environments.
  - Wear a mask and eye protection or a face mask to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

- **Respiratory Protection :** N-95 respirators, OSHA Standard 1910.134
- **See Appendix B for CHW Respiratory Protection Plan**
  - N95/filtering facepiece respirator,(NIOSH-certified respirator) filter efficiency of 95%-is a personal protective device worn on the face, covers at least nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particle (e.g.) dust and infectious agent(s).Intended use and purpose: reduces wearer's exposure to particles including small

particle aerosols (only non-oil aerosols) and large droplets. Use N-95/surgical mask with a full-face shield anytime when performing aerosol-generating procedures.

- N-95- Initial fit test for each HCP with the same model, style, and size respirator that the worker will be required to wear. Initial fit testing to determine if the respirator fits the worker and can provide the expected level of protection. Repeat fit test if changes in employees' physical condition that could affect respirator fit or need to change brand or model and yearly (when supplies are available).
- Training during fit test procedure or general training
- Respirator Medical Evaluation Questionnaire prior to fit testing
- Qualitative fit testing: Saccharin or Bitter Solution Aerosol Protocol
- Recordkeeping: retained in HR
- N-95-tight-fitting face seal, User Seal Check required each time the respirator is donned.

2.3 Exposure Control Plan

Establish an exposure control plan and update annually.
See Appendix A for CHW Bloodborne Pathogen Protection Plan

- Use of Standard Precautions with all patients, especially hand hygiene
- Use of additional transmission precautions (e. g., Contact, Droplet and Airborne)
- Vaccination (e.g., influenza and hepatitis B)
- Identify and use engineering controls.
- Identify and ensure the use of work practice controls
- Provide Personal Protective Equipment (PPE)
- Post-exposure evaluation and follow-up
- Communication of hazards to employees, use labels and signs
- Provide information and training to staff, maintain records
- Environmental hygiene to reduce exposure to pathogens in healthcare settings
- For all sharp's and Bloodborne Pathogens exposures, WITHOUT DELAY, healthcare worker needs a post-exposure evaluation by a medical provider, which must include a discussion and documentation of the risks and benefits of post-exposure prophylaxis follow-up as indicated by the exposure.
- Procedures for evaluating the circumstances surrounding an exposure incident including identifying and testing the source individual by Risk/Safety Coordinator

If a healthcare worker has an on-the-job exposure to a communicable disease, the Supervisor and Risk/Safety Coordinator should be notified without delay. This will allow for evaluation of the circumstances and prevent exposure of others, as well as coordinate with appropriate medical follow-up.

2.4 Healthcare Workers and Communicable Diseases

Healthcare workers are responsible for reporting to their supervisor when they have any **signs or symptoms of a communicable disease**. Symptoms that should be reported and evaluated typically include:

- Fever
- Unusual rash
- Skin infections, such as boils and impetigo
- Exudative (weeping) dermatitis
- Sore throat with fever

- Gastrointestinal symptoms (vomiting, diarrhea)
- Jaundice
- Symptoms suggesting active tuberculosis (chronic cough with unexplained weight loss, fever, night sweats and hemoptysis).

Preventing transmission of infection is the responsibility of the facility and the individual healthcare worker.

2.5 Emergency Procedures for Exposure to Blood and Body Fluids

Employers are required to implement these preventative measures to reduce or eliminate the risk of exposure to bloodborne pathogens. OSHA Standard 1910.1030

EMERGENCY STEPS FOLLOWING AN OCCUPATIONAL EXPOSURE

If an occupational exposure to blood or other body fluids occurs, the following CDC National Institute for Occupational Safety and Health (NIOSH), steps should immediately be taken:

1. Wash needle stick injuries and open wounds with soap and water
2. Flush splashes to nose, mouth, or skin with water
3. If exposed, irrigate eyes with clean water, saline or sterile irrigation
4. Use eye wash stations if exposed in clinical areas
5. Report the incident to Supervisor and Risk and Safety Officer
6. Immediately seek medical treatment

Emergency: Seek immediate medical care at the nearest facility or **call 911**

Non-emergency: find a provider within the *Alliance Directory* http://www.pswca.org

During Business Hours: Contact Risk and Safety Coordinator by phone (409) 938-2425 or email, and the employee's supervisor or designee immediately.

After Business Hours: It is the employee's responsibility to seek **immediate** medical attention at a local emergency room for blood borne pathogen exposures. Notify your supervisor or designee immediately.

Injured Employee:

1. Get a prescription "First Fill Card" if necessary
2. Complete an *Employee Incident/Injury Report* even if no medical treatment is sought
3. Labs for all hepatitis and HIV need to be drawn within the first 24 hours and then repeated based upon stated recommendations, usually in 3 months, 6 months and 1 year
4. A notarized affidavit in exposure situations must be submitted to the Risk and Safety Coordinator within 10 days
5. If medical treatment was sought, obtain a Work Status Report from your doctor, and submit to the Risk and Safety Coordinator or HR before returning to work

Supervisors:

1. Assist employees in obtaining medical attention
2. Ensure notification to Risk and Safety Coordinator
3. Ensure an Employee Incident/Injury Report is completed and sent to Risk and Safety Coordinator
4. If a worker sustains several occupational exposures, the direct supervisor and the worker should review the duties and procedures of the job.
5. Modifications of procedures and appropriate corrective action should be taken in accordance with policy and circumstances.
6. Work with HR on the employee returning to work

Risk and Safety Coordinator:
If applicable, coordinates reports of employee injury to the workers' compensation insurance carrier, notifies the Chief Compliance Officer, the applicable department head, CNO, and the Director of Epidemiology of the incident; and tracks and trends employee exposures, review and or revise exposure control plan yearly and as needed. Ensure that the Contaminated Sharps Injury form is submitted to GCHD Epidemiology Services.

SECTION 3: Regulated Medical Waste Management

Regulated Medical Waste requires careful disposal and containment. Standards are designed to protect workers who generate medical waste and those who manage the wastes from point of generation (Generator) to disposal (Transporter). Personnel responsible for medical waste management must receive appropriate training in handling and disposal methods. The transport of Regulated Medical Waste is regulated by the United States Department of Transportation (DOT). All affected employees (those who perform the functions of either packaging or signing the shipping papers) must complete DOT hazards material training initially and every three years, thereafter.

Regulated medical waste includes:

- Liquid or semiliquid blood or other potentially infectious materials
- Items contaminated with blood or other potentially infectious materials (OPIM) and which would release these substances in a liquid or semiliquid state if compromised
- Items that are caked with dried blood or OPIM and are capable of released these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM

3.1 Handling Regulated Medical Waste

Regulated waste must be placed in containers that are:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping
- Labeled with Biohazard sticker/label or color-coded; red, or orange red
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage transport, or shipping.
- Seal bottom and top of box with 2 inch clear tape

If outside contamination of the regulated waste container occurs, it must be placed in a second container meeting the above standard.

3.2 Needles, Syringes and Other Sharp Objects

Sharps (any object that puncture the skin) should be placed in containers that are labeled with the universal biohazard symbol and the word *biohazard* or be color-coded red. Sharps containers must be maintained upright throughout use, locked in place, replaced routinely, and not be allowed to overfill. Sharps containers should not be filled past the marked “fill line”, over ¾ full, or if there is any difficulty disposing of the sharp. Nothing should be allowed to hang outside or protrude outside of the sharp’s container.

Sharp materials must be placed in a puncture-resistant container designated for sharps waste. All sharps’ containers must be properly closed “locked” prior to being placed in a secondary container. No loose sharps are permitted outside of sharps containers.

3.3 Regulated Medical Waste

Containers must be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

- Placed in a secondary container if leakage is possible; the second container must be:
  - Closeable
  - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
  - Labeled or color-coded
- Reusable containers must not be opened, emptied, or cleaned manually or in any other manner that would expose employees to risk by percutaneous injury.
- All closed sharps containers: closed and locked, ¾ full or to fill line and small red biohazard bags (twisted and tied) are placed inside large red biohazard bag lining the cardboard box.
- When large box is ¾ full or at a maximum weight limit of full container 43 pounds, the red bag is to be twisted several times, folded over, and tied to prevent leakage. Bag may be twisted and folded over and secured with 2-inch pressure or poly tape, if not able to tie.
- Cardboard boxes (secondary containers) must be closed and sealed with 2-inch pressure or poly tape on the top and bottom. Closed bags must not be visible once the secondary container is closed and the box must not be bulging. The outside of the box must be clearly labeled with a biohazard mark, and the clinic bar code label is attached to the outside of the box in the indicated area. Label has address of Generator and Transporter.
- All regulated medical waste is stored in a locked Biohazard room, monitored by the Infection Control Nurse and Risk & Safety Coordinator.

3.4 Biohazard Warning Labels

Biohazard warning labels are to be affixed to containers of regulated medical waste; refrigerators and freezers containing blood or OPIM; and other containers used to store, transport, or ship blood or OPIM. These labels are fluorescent orange, red or orange-red. Bags used to dispose of regulated waste must be red or orange-red, and they too must have the biohazard symbol in a contrasting color readily visible upon them.

3.5 Practices and Controls

In addition to the precautions described above, CHW has other practices and controls in place to prevent and control infection. These include:

- Engineering Controls
- Work practice Controls
- Environment Controls

- **Engineering Controls** refer to measures that isolate or remove a hazard from the workplace and that must be used when feasible. These include the following:
  - Sharps disposal containers
  - Self-sheathing needles
  - Sharps with engineered sharps injury protections
- **Work practice controls** reduce the likelihood of exposure to pathogens by changing the way a task is performed, such as:
  - Practices for handling and disposing of contaminated sharps
  - Handling specimens
  - Cleaning and disinfecting contaminated surfaces and items
  - Performing hand hygiene
- **Environmental controls** help prevent the transmission of infection by reducing the concentration of pathogens in the environment. Such measures include but are not limited to:
  - General housekeeping
  - Cleaning and disinfecting strategies
  - Sterilizing patient equipment

- Disposal of regulated medical waste
- DOT Training

SECTION 4: Good Work Practices

4.1 Handwashing.

Hand hygiene shall be practiced before and after routine patient care activities, including entering and exiting the patient care environment, before and after removing gloves, and after hand-contaminating activities

- Hand hygiene shall be practiced before handling medication.
- Hand Hygiene before eating.
- All employees are required to wash, rinse, and dry their hands before beginning work, after using the rest room, and prior to leaving work.
- When not visibly soiled, an alcohol-based hand rub (ABHR) or alcohol-based hand sanitizer or alcohol-based hand sanitizing wipes may be used routinely for hand hygiene in place of a soap and water handwash.
- Hands that are grossly contaminated must be washed with soap and water or antimicrobial soap and water.

Procedures:

A. Handwashing procedure with soap and water:

1. Wet hands first with warm water
2. Apply an amount of product recommended by manufacturer to hands.
3. Rub hands together making lather for at least 20 seconds, covering all surfaces of the hands and fingers, front and back.
4. Rinse thoroughly by keeping hands down so that run off will go into the sink and not down the arm, avoid use of hot water.
5. Dry well with paper towels and use paper towel to turn off faucet.
6. Use paper towel to open door to exit restroom and then:
7. Discard paper towels into the appropriate container

B. Hand antiseptic procedure with ABHR Alcohol Based Hand Rub

1. If hands are visibly soiled, wash hands with plain soap and water according to procedure prior to applying alcohol hand rub.
2. Apply enough alcohol hand rub/sanitizer to cover the entire surface of hands and fingers.
3. Rub hands together with the solution into hands until dry.
4. Alcohol based hand sanitizing wipes used according to manufactures IFU.
5. Use of alcohol hand rubs may result in a sticky residue on the hands. Wash with soap and water periodically to remove the hand rub residue.
6. Nails should be kept clean and nail polish should be in good repair (no chipped nail polish). Attention must be given to cleaning around the base of the nails, cuticles, and nail tips when washing hands.
7. Healthcare workers with direct patient care must keep nails short. Natural nails shall be trimmed so they are no longer than 1/4 inch past the tip of the finger.
8. Artificial fingernails or extenders (including resin bonding, extensions, tips, acrylic overlays, resin wraps, chipped nail polish, decorations within nail polish, or acrylic nails) shall not be worn by healthcare providers that provide direct patient care.

C. Lotions

1. Use moisturizing lotion to maintain healthy hand skin integrity and prevent dryness or irritation.
2. Moisturizing lotion must be an approved hand lotion to avoid risk of incompatibility and/or inactivation of the active ingredients in hand hygiene products and gloves.

Process and Outcome Measurement
It is the responsibility of staff and managers to monitor and remind others of hand hygiene procedures. Hand hygiene audits are performed according to the 5 Moments of Hand Hygiene, as outlined in this procedure (see graphic).

Hand hygiene audits:

a. Should reflect a cross section of clinic staff
b. Should reflect a cross section of the patient care episodes in a range of settings and not prolonged observation of single episode of patient care
c. Audits will be reviewed in Joint Commission Committee and action plans will be developed to improve compliance, if indicated.

4.1 Personal Protective Equipment

Gloves are the most common type of PPE. They are used for patient care as well as environmental service. Gloves can be sterile or nonsterile and single use or reusable. Because of allergy concerns, latex products have been eliminated in the CHW clinics, and materials used for gloves are synthetics such as vinyl or powder-free nitrile.

Most patient-care activities require the use of single pair of nonsterile gloves. Vinyl gloves are frequently available and work well if patient contact is limited. However, some gloves do not provide a snug fit on the hand, especially around the wrist, and should not be used if extensive contact is likely. Use of Nitrile powder free gloves, preferred. Gloves should not tear or damage easily. Gloves should be available is sizes to provide a snug fit on the person wearing the gloves; small, medium, large, and X-large.

Sterile surgical gloves are worn when performing sterile patient procedures.

Proper glove use includes:

- Working from clean to dirty

- Limiting touch contamination (e.g., adjusting eyeglasses, touching light switches, etc.) when wearing gloves that have been in contact with the patient.
- Changing gloves during use if torn or when heavily soiled and after use on each patient.
- Disposing of gloves in proper receptacle
- Performing hand hygiene before putting on and following removal of gloves
- **Never** washing or reusing disposable gloves or applying ABHR or ABHS to clean the gloves.

The CDC describes when and how to wear gloves and states that wearing globes is not a substitute for hand hygiene. Hands should always be cleaned after removing gloves.

- **Gloves** - Steps for glove use:
  - Choose the right size and type of gloves for the task.
  - Wear disposable medical examination gloves for providing direct patient care.
  - Wear disposable medical examination gloves use gloves with extended cuff or reusable utility gloves when using chemicals for cleaning the environment and medical equipment.
  - Put on gloves before touching a patient's non-intact skin, open wounds, or mucous membranes, such as the mouth, nose, and eyes.
  - Change gloves during patient care if the hands will move from a contaminated body site (e.g., perineal area) to a clean body site (e.g., face).
  - Remove gloves after contact with patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination.
  - Clean hands before putting on gloves.
  - Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
  - Remove gloves promptly after use and perform hand hygiene immediately.

- **Gowns** - Wear a gown that is appropriate to the task to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.

  - Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.
  - Remove gown and perform hand hygiene before leaving the patient's room.
  - Do not reuse gowns, even for repeated contacts with the same person.

- **Masks, Eye Protection and Face Shields**
  - Face and eye protection are used during patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
  - Masks protect the nose and mouth and should fully cover them to prevent fluid penetration.
  - Goggles protect the eyes and should fit over and around them snuggly. Personal prescription glasses are not a substitute for goggles.
  - Face shields protect the face, nose, mouth, and eyes. A face shield should cover the forehead, extend below the chin, and wrap around the sides of the face.

- **Putting on and Removing PPE**
  - Specific procedures to be followed when putting on and removing PPE include: See CDC sequence for putting on PPE and removal example 1 and 2. See Summary of recent changes 6/9/2020 PPE for COVID-19.
  - PPE should be donned in the following sequence:

1. Gown
2. Mask
3. Face shield or goggles
4. Gloves

- Contaminated PPE should be removed in the following sequence:
  Either-
  1. Gloves
  2. Face shield or goggles
  3. Gown
  4. Mask or respirator

  Or-
  1. Gown and gloves
  2. Goggles or face shield
  3. Mask or respirator

Hand hygiene must be performed immediately after removing all PPE.

4.2 Eyewash Station and Spill Clean Up Supplies

Employees will be trained where the emergency eyewash stations are in each clinical area. Eyewash stations are monitored, checked/tested weekly by clinical staff to ensure that water flows through each correctly and actions are logged appropriately. Staff are also trained on where the chemical (based on SDS) and biological (bodily fluids) spill supplies are located in each clinical area and where other safety equipment is located.

4.4 Refrigerators:

There must be separate refrigerators for food, specimens, and medications, each with a cleaning schedule. Signs must be affixed to indicate its designated use. A biohazard label must be affixed to the outside of refrigerators used to store specimens. Refrigerators must be monitored for temperature and cleanliness, which includes daily or twice daily temperature checks, weekly and as needed cleaning, and routine inspection of contents. Laboratory specimens requiring refrigeration while awaiting transport may not be stored in the same refrigerator as medications, juices or water stored for the purpose of dispensing with medication. Refrigerators for lab specimens are in lab area only.

4.5 Food and Drink Precautions

Confine food and drink to designated employee break areas. Covered drinks may be acceptable in some non-patient care areas.

4.6 Storage of Sterile Solutions:

Sterile solutions are one-time use, once open, used and remaining fluid discarded.

SECTION 5: Cleaning, Disinfecting, and Sterilizing.

5.1 General Environmental Surface Cleaning

Environmental cleaning is critical for reducing pathogen contamination of surfaces. Environmental cleaning involves physical action of cleaning surfaces to remove organic and inorganic material, application of a disinfectant, and employing monitoring strategies to ensure that these practices are carried out appropriately.
Healthcare environment surfaces can be divided into two groups: 1) those with minimal hand contact, such as floors and

ceilings, and 2) those with frequent hand contact, such as doorknobs and light switches, that require cleaning and/or disinfecting more frequently than those with minimal hand contact.
The number and type of pathogens present on environmental surfaces are affected by:

- Number of people in the environment
- Amount of activity
- Amount of moisture
- Presence of material able to support microbial growth
- Rate at which organisms suspected in the air are removed
- Type of surface and orientation (horizontal or vertical)

Horizontal surfaces with infrequent hand contact (e.g., windowsills, hard-surface flooring) in routine patient-care areas require cleaning on a regular basis, when soiling or spills occur. Disinfectants used in environmental cleaning are not sporicidal or tuberculocidal but can kill most other microorganisms.
Cleaning solutions should be replaced frequently, and soiled or disposable cloths and mop head should be replaced each time a bucket of detergent/disinfectant is emptied and refilled.

5.2 Cleaning up spills

All environmental and working surfaces must be cleaned and decontaminated after contact with blood or OPIM. Protective gloves and other PPE should be worn as necessary, and an appropriate disinfectant/germicidal should be used. EPA-registered antimicrobial products such as tuberculocidal, and label claim, or products registered against Bloodborne pathogens (HBV, HCV, and HIV)

After putting on personal protective equipment:

- Block off area to protect patients and other staff if the spill is large.
- Wipe up the spill with paper towels or other disposable absorbent material and discard the contaminated materials in an appropriate, labeled biohazard container.
- Use a spill kit to clean up the spill. If the spill contains sharps such as needles, scalpels, broken glass, blood tubes or capillary tubes, or if there is a large volume of liquid; properly dispose of sharps immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on the sides and bottom and color-coded or labeled with a biohazard symbol.
- Clean up all blood or OPIM thoroughly before applying the disinfectant.
- Apply the disinfecting solution, spray or disposable wipes, onto all contaminated areas of the hard non-porous surface.
- Let surface remain wet, in contact with disinfectant for the number of minutes based on the manufacturer's directions. Bleach germicidal disposable wipe (sodium hypochlorite) is an appropriate disinfectant to use for decontaminating blood spills.

If a spill involves a chemical, refer to SDS and follow appropriate procedures.

5.3 Medical Instruments

It is the practice of CHW to use only disposable instruments in the medical clinics; no sterilization of medical equipment is done. Any Single Use Device (SUD), intended to use on 1 patient during a single procedure, are immediately discarded in appropriate disposal container after use. SUDs are not reprocessed in our facility.

5.4 Low-level disinfection

Items that touch intact skin for a brief period are usually considered non-critical surfaces. **Noncritical items** include environmental surfaces and equipment such as:

- Echocardiogram
- Nebulizers
- Sphygmomanometer/Blood pressure cuffs

- Thermometers
- Pulse Oximeters
- Stethoscopes
- Otoscope/Ophthalmoscope

Most noncritical reusable items may be decontaminated where they are used. Virtually no risk has been documented for transmission of infectious agents to patients through noncritical items if they do not contact non-intact skin and/or mucous membranes.

Noncritical items are disinfected using low-or intermediate-level disinfectants, which include:

- Ethyl or isopropyl alcohol
- Sodium hypochlorite (Diluted household bleach solution)
- Quaternary ammonium, germicidal detergent solution (low level only) Chemical name: dimethyl benzyl ammonium chloride

5.5 Intermediate-level disinfection

Intermediate-level disinfection kills most viruses, bacteria and mycobacteria using a chemical germicide registered as tuberculocidal by the EPA. It does not kill bacterial spores. It is often used to clean up blood spills and other environmental cleaning and is not licensed for disinfection of patient-care equipment that touches mucous membranes. These disinfectants are typically labeled as tuberculocidal to give evidence that they kill the bacterium that causes tuberculosis as well as HBV and HIV. They may be available as a liquid or as disposable wipes.

Intermediate-level disinfectants include:

- Ethyl or isopropyl alcohol
- Sodium hypochlorite Diluted household bleach solution

5.6 Dental Equipment Procedures

Reusable devices become soiled and contaminated when used and must undergo reprocessing, which is a detailed, multistep process to clean and then disinfect or sterilize them. Devices can be safely used more than once if reprocessing is done correctly following labeled instructions/IFU'S

Reprocessing involves three steps:

1. Initial decontamination and cleaning at point of use to prevent drying of blood, tissue, other biological debris and contaminants.
2. Transfer of the device to the reprocessing work area, where it is thoroughly cleaned.
3. Either disinfection or sterilization, depending on the intended use of the device, and the materials from which it is made. The device is then stored or routed back into use.

The dental clinic at CHW utilizes the Spaulding Classification System, which is an instrument classification system used for reprocessing decisions (see table below).

Classification	Definition	Examples	Requirements
Critical	Where there is entry or penetration into sterile tissue, cavity, or blood stream	• Extraction kit • Forceps • Burs (unless single use,	Cleaning followed by Sterilization

		disposed of after use) • Surgical handpiece • Periodontal scalers	
Semi-Critical	Where there is contact with intact non-sterile mucosa or non-intact skin	• BOBCAT Pro Ultrasonic Scaler	Cleaning followed by High-Level Disinfection
Non-Critical	Where contact is made with intact skin	• Protective eyewear • Blood pressure cuff • Instrument trays • Chair controls • Environmental surfaces: Floors, walls, doors, handles, high-touch surfaces	Cleaning followed by Low-Level Disinfection

5.7 Sterilization

Sterilization is required for reusable patient-care instruments that touch sterile tissue or the vascular system and require the absence of microbial contamination. Sterilization describes a process that destroys or eliminates all forms of microbial life. With some exceptions for more recent discoveries, such as prion disease.

Most of these should be purchased as sterile or be sterilized with steam.

Steam sterilization is the most widely used and the most dependable method. It is used whenever possible on all critical and semi-critical items that are heat-and moisture-resistant. Steam sterilization is rapidly microbicide, sporicidal, and rapidly heats and penetrates fabrics. Each item is placed in a steam sterilizer (autoclave) and exposed to direct steam at the required temperature and pressure for a specific time.

Sterilization will be performed by manufacturer's recommendation for the steam sterilizers accordingly along with manufacturer's recommendations of instrumentation.

A. All reusable instruments, equipment, and used surfaces will be decontaminated, disinfected, or sterilized prior to use on a patient. The infection control guidelines for cleaning, disinfecting and sterilization of patient care equipment, instruments and patient care environment will be determined according to the Spaulding Classification System.
B. Manufacturers' directions and facility policies and procedures for reprocessing reusable instruments and equipment, including directions for use of the reprocessing equipment will be followed.

C. Personnel
   - Personnel wear clean scrub attire and no outer wear (i.e., jackets)
   - Wear a fluid resistant cover gown (secured in back; at neck and waist).
   - Gloves: For cleaning of patient care items in the decontamination area disposable gloves should be puncture and chemical resistant with extended cuffs. Reusable general-purpose heavy duty utility gloves with extended cuff, if used, should be cleaned and re-used in accordance with manufactures written IFU. General-purpose heavy duty utility glove should be discarded if there is evidence of deterioration (e.g., punctures, peeling or cracking).
   - Wear fluid-resistant disposable face mask and a full-length face shield over mask or mask with splash visor, to protect against splashes or sprays.
   - Disposable hair cover, to protect against splashes or sprays
   - Staff will follow the hand hygiene guidelines
   - Personnel must have proper training on processing instruments with competency testing during orientation to their jobs and annually. Documentation of training should be maintained in the employee's personnel file. Continuing education (including training for all new instrumentation, devices, and equipment) is conducted at regular intervals.

Design

Location: Sterile processing area will be divided into two (2) areas, designated as "clean" and "dirty," physically divided, and the integrity of each area will be maintained through traffic and instrument/equipment flow

- The "dirty" area will be used for decontamination of all soiled instruments.
- The "clean" area will be used for processing and sterilization of clean items, to include the preparation and packaging of instruments. Sterilizers are in this area.

Procedures:

A. Pre-Cleaning

Contaminated items should be wiped or sprayed at point of use to keep them moist prior to cleaning; they should not be cleaned or decontaminated in the scrub or hand sinks.

B. Transport

- Contaminated items will be contained during their transport from the point of use to the decontamination area in covered puncture-resistant containers marked as "Biohazardous."
- Sharps and delicate instruments should be kept separate from other items.
- Items will be kept moist until cleaning and decontamination can be performed.

C. Cleaning in decontamination area

- Cleaning of patient care items must occur prior to beginning of sterilization and/or decontamination, should remove all visible soil, and should occur as soon as practical after use. Cleaning solutions and/or detergents should be measured, mixed, labeled, and discarded appropriately according to the manufacturer's directions for use and should be compatible with the instruments and equipment for which they are used.
- Proper protective equipment (PPE) must be used when cleaning an item if a risk of aerosolization exists (spraying of particles into air) and for protection against exposure to the chemicals used as directed by the Safety Data Sheet (SDS)
  - The manufacturers' specifications for the quality of water used for cleaning should be followed (i.e., sterile, distilled, de-ionized)
  - Completely disassemble each item prior to cleaning; all jointed instruments must be open and/or unlocked from transport to the completion of sterilization.
  - Disposable brushes are used for cleaning instruments and discarded after each use. Clean/brush immersible instruments under water to minimize aerosolization.
  - Mechanical cleaning equipment should be used whenever possible according to IFU; test and maintain equipment as per manufacturer's instructions.
  - If lubrication is necessary, instrument will be wiped down according to IFU and placed in lubricating/cleaning machine or a non-toxic or water-soluble spray will be used.
  - Appropriate sharps which are contaminated with blood or other potentially infectious materials should not be stored or processed in a manner which requires employees to reach by hand into the container where these sharps have been placed; rather, such instruments should be placed in drainage type baskets prior to submerging in cleaning solutions.
  - Traffic between the decontamination, preparation, and assembly areas must be minimized; decontamination attire should be removed, and personnel should wash their hands upon leaving the decontamination area.
  - Visually inspect each item (using magnifying light if necessary) to be certain they are clean prior to placing in dryer.

- If the item is visually soiled at the point of inspection, it will be manually cleaned and/or reprocessed in the ultrasonic machine.
- All items to be high-leveled disinfected or steam sterilized must be thoroughly cleaned prior to disinfection because failure clean the item could interfere with the disinfection and sterilization process.

D. Inspection

Suitable lighting will be provided for optimal inspection

- Instruments in disrepair or with compromised surfaces-such as oxidation, pitting, cracking or damaged from instrument marking-may not be able to be effectively sterilized.
- Each instrument needs to be clean and dry prior to packaging
- Each item will be inspected for functionality, safety, and sharpness prior to packaging
- If an item is not suitable to use, it will be removed from service

E. Packaging

- Assure adequate drying time of instruments and equipment prior to packaging for sterilization
- Review and follow the manufacturer's instructions for type of wrap or container that may be used, shelf life, and storage recommendations; wrap all packages separately
- Internal and external steam indicator will be used for all peel-pack pouches
- A Type 5, steam chemical integrator strip is placed inside the peel-pack pouch
- Hinged instruments must be in open position when processed
- Sharp items should be protected from damage. Tip protectors, if used, should be used according to manufacturer's written IFU.
- Peel packs should not be placed inside of packages or containerized sets
- Document on the plastic side (on label) of sterilization pouches:
    - Assistant's Initials
    - Cycle Number, including the name of the sterilizer
    - Operatory number
    - Date of Sterilization

F. Sterilization

- Select the appropriate method of sterilization according to the instrument or equipment manufacturer's instructions.
- Steam is the preferred method for sterilization of critical instruments not damaged by heat.
- Loading of Sterilizer:
    - Positions biological indicator according to sterilizer and monitoring IFU.
    - Arrange on rack or carriage to present least possible resistance to the passage of steam; textile packages on top, peel pouches on edge, instrument sets flat, rigid containers under wrapped packages.
    - Do not overload sterilizer; items should never touch sterilizer chamber walls.
    - Basins, trays, test tubes, etc. must be set on edge or upside down so air will flow out freely as steam flows in
- Removing Load from Sterilizer:
    - Proper temperature and exposure time must be known; chart and temperature gauge must be checked to see that these are achieved.
    - Load should be dry and cool when removed.

- It is critical to follow the recommendations and time frames for drying the instruments and trays that have been sterilized.
- If packs are wet when removed, they must be re-sterilized.
- Care must be taken to keep sterile items separated from non-sterile items.

- Documentation
  - The sterilizer identification
  - The type of sterilizer and cycle used
  - Load Contents
  - The critical parameters such as time, temperature, and pressure
  - The results of the sterilization process monitors
  - The operator's name, initials, or identification
  - The results of BI testing will be documented in the logbooks in the sterilization area
- Immediate-Use sterilization will not be performed

G. Storage and Distribution

- Integrity of clean and sterile equipment and supplies shall be assessed prior to use.
- Determination of shelf life of packaged items:
  - Inspect all packages before use; if intact, they are considered sterile.
  - Packaging will be considered non-sterile (compromised) when certain events occur:
    - Holes/tears
    - Broken or no seal
    - Dropped
    - Moisture
    - Unsealed dust cover
  - Store items in a manner that prevents crushing or binding together so packaging is not compromised.
  - Place lighter items on heavier ones.
  - Store items in closed cabinets; if this is not possible, store items on wire shelves in a restricted storage area with the bottom shelf being solid.
  - Arrange storage areas in a manner that prevents splashing from personnel or housekeeping.
  - Rotate stock so that older items are used first
  - Store liquids below dry sterile goods or in a separate section
  - Store materials at least 18" below the ceiling and/or sprinkler head
  - Stored at least 8 inches above the floor (with solid bottom), and 2 inches from outside wall.
  - Do not store sterile items under plumbing values and traps.
  - Cleaned delivery carts shall be used to transport clean and sterile supplies.
  - Sterile storage area will be a well-ventilated area that provides protection against dust, moisture, insects, and temperature and humidity extremes.

H. Quality Assurance

- Monitoring

Mechanical (physical), chemical, and biological monitors must be used to assure that the sterilization process has been effective.

- Physical monitors include time, temperature, and pressure gauges, displays, recorders, and digital printouts. At the end of each cycle, the operator should read and sign the printout to verify that:

a. The printer is functioning properly
b. The cycle identification number has been recorded
c. All cycle parameters have been met

- Chemical indicators (internal and external) should be used with every load
- Use a biological indicator as follows:
  a. Steam sterilization: BI is performed daily when the clinic is open, and instruments are quarantined until the BI is read
  b. Same lot number for biological indicator in the load and for the control
  c. Biological control will be processed prior to disposal
- Recall Process:
  a. Upon notification that a physical, chemical, or biological indicator demonstrates a lack of sterility, or sterilizer cycle did not meet expectations, an incident report will be completed as soon as reasonably possible.
  b. Notify Dental Director and Dental Assistant Supervisor immediately.
  c. In the case of a failed spore test, remove the sterilizer from service; review sterilization procedures and work practices to determine whether the failed test could be the result of operator error.
  d. After correcting any identified procedural problems, retest the sterilizer by using biological, mechanical, and chemical indicators.
  e. If the repeat spore test now verifies that mechanical and chemical indicators are within normal limits, put the sterilizer back in service.
  f. If the repeat spore test also fails, do not use the sterilizer until it has been inspected and/or repaired.
  g. Dental assistants will check all shelf supplies and instruments in the clinic and pull from inventory any item with a corresponding date, autoclave number, and cycle number, from all loads since last negative biological indicator.
  h. All recalled supplies and instruments will be repackaged and re-sterilized.
  i. For any supply or instrument that is not located, begin the investigation to identify potential patients that may have been affected by a breach of sterilization and notify the Dental Director. All instruments are quarantined.
  j. The cycle/autoclave indicator tag will be retained and attached on the incident report as noted by positive biological indicator.
  k. After reviewing all available data, the Dental Director or Dental Assistant Supervisor will determine if the autoclave will remain in service or be taken out of service until causative factors are resolved through service, repair, and validation.
  l. After correction of identified cause, immediately re-challenge
  m. Documentation of sterilizer details, causative factors, follow-up action and results of validation testing will be maintained in the sterilizer repair log, as well as on the sterilization log.

- Maintenance

Cleaning, maintenance, and record keeping/documentation of equipment will be performed according to manufacturer's IFU.

SECTION 6: Specific Dental Practices

6.1 Dental Unit Waterline Quality

- CHW routinely tests and documents dental unit water quality to verify the dental unit water measures less than or equal to 500 colony forming units of heterotrophic bacteria per milliliter (≤500 CFU/mL) of water, the standard set for drinking water by the Environmental Protection Agency (EPA)
- CHW employs multiple methods to aid in reducing the amount of biofilm in the dental unit water lines (DUWLs)
    - Use self-contained water bottle delivery systems
    - Use spring water as the 'source water'
    - Use sterile water or saline for the 'source water' when completing surgical procedures. Not used in the self-contained water system.
    - Discharge water and air for a minimum of 20-30 seconds after each patient from any device connected to the dental water system that enters a patient's mouth (handpieces, ultrasonic scalers)
    - Use approved products to complete periodic 'shocking' of DUWLs
    - Use approved products to maintain DUWLs between shocking procedures
- See "Protocol for Use of the A-Dec Self Contained Water System", "Monitoring Waterline Quality procedures according to A-Dec recommendations" and "Procedure for collecting water sampling" for more information regarding specific procedures.

6.2 Dental Operatory Disinfection

- All members of the healthcare team will comply with the current Center for Disease Control and Prevention (CDC) recommendations for proper usage of surface disinfecting agents.
- Barriers must be used on clinical contact surfaces which are 'difficult to clean', including, but not limited to
    - Air/water control buttons
    - Suction control levers
    - Overhead light handles
    - Chair control buttons
- All clinical contact surfaces that are not barrier-protected are cleaned and disinfected by utilizing a two-wipe process after each patient.
    - Step 1: The first "cleaning" wipe removes visible debris and large numbers of microorganisms from surfaces.
    - Step 2: The second "disinfecting" wipe kills organisms on surfaces and items that cannot be heat sterilized. Follow manufacturer's Instructions for Use (IFU) for the recommended contact time of how long the surface needs to remain "wet" to achieve the TB Kill Time
    - Between Step 1 and 2, gloves must be removed, hand hygiene performed, and new gloves must be donned.

6.3 Dental Radiation Safety

- CHW follows Texas State guidelines to implement radiation safety through the ALARA ("as low as reasonably achievable") principles.
- Dental radiographs are prescribed based on the American Dental Association dental radiographic recommendations.
- Individuals who operate only dental x-ray machines are exempt from individual monitoring requirements (Texas Administrative Code §289.232(d))
- Appropriate barriers, PPE and patient shielding are used while taking x-rays.
- In order to maintain the integrity of the protective shields (aprons/capes), they should be
    - Hung with no crimping or folding
    - Visually inspected before each use
- All dental radiation equipment is certified by a qualified radiation inspector on a regular basis.

Section 7: Medication and Safety Injection Practices

7.1 Sharps and Injection Related Practices and Controls

Engineering, work practice and environmental controls have all been developed to prevent and control the spread of infection related to the use of needles and other sharps in the healthcare setting.

7.2 Sharps Handling

Contaminated sharps are needles, blades (such as scalpels), scissors, and other medical instruments and objects that can puncture skin. Contaminated sharps must be properly disposed of immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on the sides and bottom and color-coded or labeled with a biohazard symbol.

- Discard needle/syringe units without attempting to recap the needle whenever possible.
- If a needle must be recapped, NEVER use both hands. Use the single hand "scoop" method by placing the cap on a horizontal surface, gently sliding the needle into the cap with the same hand, tipping the needle up to allow the cap to slide down over the needle, and securing the cap over the needle with the same hand.
- Never break or shear needles.
- To move or pick-up needles, use a mechanical device or tool, such as forceps, pliers, or broom and dustpan.
- Dispose of needles in labeled sharps containers only; sharps containers must be accessible and maintained upright. When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- Fill a sharps container up to the fill line or two thirds full. Do not overfill the container.

7.3 Safe Injection Practices

Unsafe injection practices put patients and healthcare providers at risk for infection. Safe injection practices are part of Standard Precautions and are aimed at maintaining a basic level of patient safety and provider protections.
Recommended practices for injection:

- To the extent possible, prepare medications in dedicated medication rooms.
    - Draw up medications in the medication room or a designated clean area, free of any items potentially contaminated with blood or body fluids (e.g., syringes, needles, blood collection tubes and needle holders).
    - Multi-dose vials should not be accessed in the immediate patient treatment area. If a multi-dose vial enters the immediate patient-care area, it should be dedicated to that patient and discarded after use. Avoid Multi-dose vials if possible, use single-use vials that are discarded after single patient use.
- Use an aseptic technique to access parenteral medications.
- Perform hand hygiene before handling the medication.
- Disinfect the rubber septum with alcohol and allow alcohol to dry prior to piercing. This includes newly opened medication (either multi-vial or single dose) as well. Or according to medication IFU.
- Always use a new sterile syringe and sterile needle to draw up medication and avoid contact with a nonsterile environment during the process.
- Never leave a needle inserted into the septum, of a vial for multiple draws.
- Ensure that any device inserted into the septum is used in accordance with the manufacturer's instructions and does not compromise the integrity of the remaining vial contents.
- Discard medications:
    - According to the manufacturer's expiration date (even if not opened) and whenever sterility is compromised or questionable.
    - Single dose vials that have been opened or accessed should be discarded according to the manufacturer's time specifications or at the end of the case/procedure for which it is being used. Do not store for future use.

  - Multi-dose vials that have been opened or accessed should be dated with the date opened and discarded within 28 days. The disposal date should also be included on the vial.
- Never administer medications from the same syringe to more than one patient, even if the needle is changed.
- Never enter a vial with a used syringe or needle.
- Never use medications packaged as single-dose vials for more than one patient.
- Assign medications packed in multi-dose vials to a single patient whenever possible.

Safe injection practices include:

- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.
- If an employer can demonstrate no alternative that is feasible or that such an action is required by specific medical or dental procedure, bending, recapping, or needle removal must be accomplished using a mechanical device or one-handed "scoop" technique.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. Reusable sharps are that contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the container.

SECTION 8: Specific Lab and Radiology Practices

- Standard Precautions
- Cleaning/disinfecting all surfaces in blood draw stations and radiology table: Start of the day, end of the day and after every patient contact.
- Patients supplied with disposable paper gowns and paper pillow covers for disposal after 1 time patient use.
- Positioning wedges (plastic) cleaned/disinfected after patient use.
- Vein Finder cleaned/disinfected after every patient use, according to manufactures instructions.
- Lab centrifuge cleaned/disinfected every day at the end of the day, documented on centrifuge logbook.

SECTION 9: Reporting Communicable Diseases

The list of communicable notifiable conditions required by Texas Department of State Health Services to be reported is attached. See Texas Notifiable Conditions -2022, rev. 2/3/22 expires 1/31/23. In addition to these conditions, any outbreaks, exotic diseases, and unusual group outbreaks of disease must be reported. All cases shall be reported by name of patient, age, sex, race/ethnicity, DOB, address, telephone number, disease, date of onset, method of diagnosis, and name, address, and telephone number of providers.

The list indicates when to report each condition. Cases or suspected cases of illness considered being public health emergencies, outbreaks, exotic diseases, and unusual group expressions of disease must be reported to the GCHD epidemiology department immediately (ext. 2238, 2208, or 2215). These incidents are also to be reported to the Medical Director, Dental Director (if a dental patient), the CEO and the CNO. Other diseases for which there must be a quick public health response must be reported within one working day. All other conditions must be reported to the epidemiology department within one week. After hours reporting number is 1-888-241-0442.

SECTION 10: Emergency Management and Planning

Emergency management of infectious patients is directed at early detection and swift isolation. In the event an emergency results in the inability of the facility to continue providing services in a safe manner, CHW will initiate its plan for continuity of services as described in the "CHW Emergency Operations Plan".

References:

a. Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care, Center for Disease Control, version 2.3-September 2016

b. AAMI-Association for the Advancement of Medical Instrumentation. ANSI/AAMI ST79-Comprehensive Guide to Steam Sterilization and Sterility Assurance in the Health Care Facilities. Arlington, VA: Association for the Advancement of Medical Instrumentation; 2017.

c. Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care, Center for Disease Control

d. Updated U. S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Post exposure Prophylaxis, MMWR June 29, 2001/Vol. 50/ No. RR-11

c. Guidelines MMWR June 6, 2003 / Vol. 52 / No. RR--10

d. La Esperanza Clinic, Inc. Infection Control Manual, revised 2018

e. http://www.nnoha.org/nnoha-content/uploads/2018/10/IPC-NNOHA-Power-Point-2018.pdf

f. https://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf

g. https://www.dshs.texas.gov/IDCU/disease/tb/forms/PDFS/TB-600.pdf

h. https://www.gchd.org/home/showpublisheddocument?id=8805

i. https://dshs.texas.gov/IDCU/investigation/Reporting-forms/Notifiable-Conditions-2021-Color.pdf

j. https://www.dshs.texas.gov/IDCU/disease/tb/forms/PDFS/TB-600.pdf

k. https://www.dshs.texas.gov/disease/tb/faq.shtm#HCW

l. https://www.cdc.gov/nchhstp/newsroom/2019/recommendations-for-tb-screening.html

m. https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

Appendices:

i. https://www.gchd.org/home/showdocument?id=5108

i. https://www.gchd.org/home/showdocument?id=6069

ii. https://www.gchd.org/home/showdocument?id=5194

iii. https://www.gchd.org/home/showdocument?id=4570

b. U. S. Public Health Service Guidelines for the Management of Occupational

i. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm

i. www.gchd.org/notify

c. CHW Emergency Operations Plan

https://www.gchd.org/home/showdocument?id=6151

Forms

1. Employee Incident or Injury Report:
   a. http://www.gchd.org/home/showdocument?id=5448
2. Infectious Disease Reporting Form
   a. www.gchd.org/reports
3. Notifiable Conditions
   a. www.gchd.org/notify
4. DSHS Congregate Settings *Tuberculosis Risk Assessment* form

Annual reviews by Joint Commission Committee, QA & GB QA conducted Jan/Feb 2022

Approved by the Coastal Health & Wellness Governing Board:

_____ _____

Chairman, Coastal Health & Wellness Governing Board Date

See Appendix A CHW Bloodborne Pathogens

2022 Coastal Health & Wellness
Bloodborne Pathogen Exposure Control Plan

Based on OSHA's Blood borne Pathogen Standard 29 CFR 1910.1030
Appendix to the CHW 2022 Infection Control Plan

All the requirements of OSHA's Bloodborne Pathogen standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard states what employers must do to protect workers who can reasonably be anticipated to come in contact with blood or other potentially infectious materials (OPIM).

In general, the standard requires employers to:

Establish an exposure control plan, update annually, and a written plan that describes how the employer will eliminate or minimize occupational exposures. At a minimum the following three elements must be present in exposure control plan:

Exposure determination:

1. Listing of job classifications in which employees will be exposed or may occasionally be exposed.

   Policy: Employee and Pre-hire Immunizations and Screenings UBOH last Approved 8/11/2021.

   Category 2; Health Care Employees performing tasks involving exposure to blood of blood-contaminated body fluids. For example, nurses, medical assistants, providers, lab technicians, dentists, dental assistants, EMS, and WIC staff.

2. Vaccine Responsibility: Hepatitis B vaccine is required for state licensing. Pre-hire must show proof of beginning series, GCHD will provide remaining dosages after hire date.

   Post-Exposure evaluation and follow-up communication of hazards to employees, and recordkeeping.

3. The procedure for the evaluation of circumstances surrounding exposure incidents. Describe what constitutes an exposure incident, immediate treatment, medical follow-up, and reporting

Other Key Requirements:

- Providing education and training
- Providing personal protective equipment (PPE)
- Identifying and use of engineering controls
- Making hepatitis B vaccination available to workers with occupational exposure
- Making available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences and exposure incident
- Proper waste disposal
- Communication of hazards
- Housekeeping and laundry practices
- Recordkeeping

2022 Coastal Health & Wellness
Bloodborne Pathogen Exposure Control Plan

Based on OSHA's Blood borne Pathogen Standard 29 CFR 1910.1030
Appendix to the CHW 2022 Infection Control Plan

Providing annual employee education and training:

- An accessible copy of the regulatory text of the standard and an explanation of its contents;
- A general explanation of the epidemiology and symptoms of bloodborne pathogens;
- An explanation of the employer's exposure control plan and how the employee can obtain a copy of the written plan
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE;
- Information on the types, proper use, location removal, handling, and disposal of PPE;
- An explanation of the basis for selection of PPE;
- Information of the HBV vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIMs;
- An explanation of the procedure to follow if an exposure incident occurs, including method of reporting the incident and the medical follow-up that will be made available;
- Information on post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- An explanation of the warning signs and labels and/or color coding; and
- An opportunity for interactive questions and answers with the person conducting the training session.

Providing Personal Protective Equipment (PPE):

- Single use gloves
- Masks, eye protection and face shields
- Gowns and other protective clothing

Engineering and administrative controls:

- Puncture resistant sharps containers, biohazard waste containers, self-sheathing needles, medical devices for increased safety
- Work practice controls: hand washing policies, sharps handling procedures, proper waste disposal techniques, and more to reduce the likelihood of exposure through the alteration of the way the task is performed.
- CHW Staff will take part in biannual *or as needed* Sharp Injury Prevention Committee meetings facilitated by the CHW Infection Control Nurse or designee.

Waste disposal:

- All blood or OPIMs contaminated items that could release infectious materials must be placed in appropriate sharps containers or closable, color-coded or properly labeled leak-proof biohazard waste containers or bags. Regulated medical waste must be disposed of in accordance with federal, state, and local regulations.

Communication of Hazards

- Warning labels must be attached to all containers used for the storage or transport of potentially infectious materials. The labels must be orange or red-orange with biohazard symbol in a contrasting color.

Housekeeping:

- A schedule for periodic cleaning and appropriate disinfecting to ensure the worksite is kept clean and sanitary.

Record keeping:

- The employer must maintain medical and training records for each employee who faces the possibility of being exposed or who has been occupationally exposed to a bloodborne pathogen.
- Employers are also required to establish and maintain a sharps injury log.

Making available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences and exposure incident:

- An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM.
- The evaluation and follow up must be at no cost to the worker.

Reporting at CHW:

- Occupational illnesses and or exposures which require post exposure management will be handled in accordance with the District's *Infection Control Plan,* which outlines prevention, reporting and follow-up requirements. See Workers' Compensation Policy GCHD plans UBOH last approved 02/24/2021 and GCHD Infection Control Plan UBOH 2/24/21. Also see Safety and Risk Management Policy UBOH 2/24/21.

- If an exposure, immediately stop what you are doing, remove PPE, and wash with soap and water the site of the exposure, if possible.
- Notify your supervisor and Risk and Safety Coordinator 409-938-2425.
- Supervisor or Risk and Safety Coordinator will assist employee with the following;
- Prepare to seek medical attention.
- **Access the "What to Do If You Have an On-The- Job Injury/Exposure" This 1-page flyer will give you directions/steps of what to do**. (Employee Extranet/Safety & Emergency Information/ Risk and Safety/ Injury Accident/Exposure Flyer)
- Access the Employee Incident or Injury report and "First Fill" for Proscriptions. (On Employee Extranet)
- CHW "Process for needle stick/ exposure". (Or other sharps injury that penetrates the skin). Has process for blood draw from "source patient" (Employee Extranet Homepage/Safety and Emergency information/Risk and Safety/CHW Process for needle stick/exposure.
- Log of the sharp's injuries will be maintained by the Risk and Safety Coordinator/Chief Compliance Officer
- Forward the completed, Contaminated Sharps Injury form to Epidemiology Services.

Reporting the Contaminated Sharps Injury:

- ✓ Reported to Department of State Health Services/Infectious Disease Control;
- ✓ https://www.dshs.state.tx.us/IDCU/health/infection_control/bloodborne_pathogens/Reporting.aspx
- ✓ The facility where the injury occurs should complete the form: Contaminated Sharps Injury Form (Pub No EF 59-10666 (6/04)
- ✓ The completed form is submitted to GCHD: Epidemiology Services Fax-409-938-2399 or call 409-938-2215 for information. The report will be logged on the Galveston County Spread Sheet.
- ✓ GCHD/The Local Health Authority, acting as an agent for the Texas Department of State Health Services will receive and review the report for completeness and submit the form to Texas Department of Health Services in Austin.

See Appendix B CHW Respiratory Protection Plan

2022 Coastal Health & Wellness
Respiratory Protection Plan

Based on OSHA's Occupational Safety and Health Standards
Personal Protective Equipment and Respiratory Protection 1910.134
Appendix to the CHW 2022 Infection Control Plan

The purpose of this Respiratory Protection Plan (RPP) is to maximize the protection afforded by N95 respirators when they must be used. An RPP establishes procedures necessary to meet the regulatory requirements described in OSHA's Respiratory Protection standard (29 CFR 1910.134).

This program applies to all employees and contractors who are required to wear respiratory protection due to the nature of their work at Coastal Health & Wellness (CHW).

Key Requirements of a Respiratory Protection Program:

- Written program with specific guidelines and standard operating procedures
- Program Administrator
- Hazard evaluation and respirator selection
- Medical evaluation for respirator wearers
- Respirator Fit Testing: initial, annual, or after any physical changes that may affect fit
- Proper respirator: use, storage, maintenance, repair, and disposal.
- Training
- Program evaluation
- Recordkeeping

Written program with Policies and Procedures:

- Compliance to OSHA Standard 29 CFR 1910.134 as it applies to N95 Filtering Facepiece respirators.

Program administrator:

- The Respiratory Program administrator (RPA) is knowledgeable about the requirements of the OSHA Respiratory Protection standard and all elements of the respiratory protection program that need to be implemented to be effective. The designated Program administrator is the Chief Nursing Officer.
- Facility administration has the ultimate responsibility for all aspects of this program and has given Chief Nursing Office full authority to make the necessary decisions to ensure its success. This authority includes, but is not limited to, conducting hazard assessments for selecting appropriate respiratory protection, purchasing the necessary equipment and supplies, and developing and implementing the policies and procedures described in this written RPP.
- Supervisors, employees, infection control nurse, employee health nurse or occupational/ risk coordinator to participate in the hazard evaluation and respirator selection for facility staff. Based on the hazards to which employees may be exposed.

Hazard evaluation & respirator selection:

- The RPA will select the types of respirators to be used by facility staff based on the hazards to which employees may be exposed and in accord with OSHA regulations and Centers for Disease Control and Prevention (CDC), and other public health guidelines. With input from the respirator user, the RPA and supervisor will conduct a hazard assessment for each task, procedure, or work area with the potential for airborne contaminants.
- Staff may have the potential to be exposed to ATD pathogens (Aerosol Transmissible Diseases). This RPP covers the use of N95 respirators only.
- A review of work processes to determine levels of potential exposure for all tasks and locations. For example, patients undergoing cough-inducing or aerosol-generating procedures in the dental or medical clinical areas.
- All N95 particulate filtering face piece respirators shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the configuration and environment in which it is going to be used. NIOSH-approved respirators have an approval label on or within the packaging and abbreviated approval on the respirator. All respirators are verified by the approval number on the NIOSH Certified Equipment List (CEL). Verification before any N95's are fit tested and used by staff. Or any indication that the N95 is counterfeit or notice from NIOSH or CDC that an approval has been removed by NIOSH.
- The RPA will revise and update the hazard assessment any time an employee or supervisor identifies or anticipates a new exposure or changes to existing exposures.
- Occupational exposure is defined in this regulation as "exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by ATPs.

Medical Evaluation for respirator wearers:

- The employee will complete a Medical Clearance Questionnaire (Appendix C to Sec.1910.134: OSHA Respirator Evaluation Questionnaire, mandatory). The healthcare professional (HCP) will review and make a medical determination as to whether the employee can wear a respirator safely. The HCP may make this determination based on the questionnaire alone but may also require a physical examination of the employee and any tests, consultations, or procedures the HCP deems are necessary before determination is made.
- To ensure the confidentiality of medical information, the medical evaluation should not be conducted by the employee's immediate supervisor and others in the employee's direct line of authority. The questionnaire will be secured in HCP office until time that it is secured in HR, separate from the employees HR file.

Respirator Fit Testing: initial, annual, or after any physical changes that may affect fit:

- There is no requirement for certification of fit testers, but you must be sure that the person doing the fit testing understands and follows the fit test protocol and understands how to train the wearer to don the respirator properly and do a user seal check.
- Use the same make, model, style, and size of N95 as will be used in the facility.
- Employees will be offered a selection of several models and sizes of N95 respirators, based on availability, from which they may choose the one that correctly fits and is most acceptable/comfortable. An initial fit test and annual thereafter or any physical changes a fit test must be completed.
- After employee completes and passes the fit-test, the supervisor and employee will be notified by e-mail, what brand, size, model number that the employee has been cleared to use. Only that N95 respirator can be used unless request is made by employee or facility to change. At that time the fit-test will need to be repeated for the change of N95 respirator.
- A log is maintained and updated by the fit tester by department, for each employee that is in that department, indicating date of fit test, brand/size/model. The log is e-mailed to supervisor and staff ordering for the department and laminated for posting, so correct N95 respirator is available and worn by employee. Also, for annual re-fit testing date.
- A qualitative fit test may be used for all wearers of N95 filtering facepiece respirators. The qualitative test will follow the protocol for: ∗ Saccharine ∗ Bitrex® solutions found in Appendix A of the OSHA Respiratory Protection standard (29 CFR 1910.134).
- Consideration proposed for another available test is the quantitative ambient aerosol condensation nuclei counter (CNC) fit testing protocol and this test can be used to replace the qualitative test: For employees that can not tolerate the Qualitative test. At this time the test would need to be performed by outside agency or purchase and training for CNC machine.

Proper respirator: use, storage, maintenance, repair, and disposal:

- Disposable filtering facepiece respirators are generally a onetime use item. The respirator must be discarded when it is no longer in its original working condition, whether that condition results from contamination, structural defects, or wear.
- Disposable filtering facepiece respirators that will be reused in patient care areas should be stored in a breathable container such as a paper bag labeled with the user's name.
- Disposable filtering facepiece respirators are not repaired. Defective disposable respirators will be discarded and replaced with a new N95 respirator.
- New N95 respirators will be stored in original packaging, with clean supplies/PPE.

Training:

- Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter. Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.

- The employee will also receive training during the fit testing procedure that will provide an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air to familiarize themselves with the respirator, and finally to wear it in a test atmosphere. Every respirator wearer will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to perform a user seal check according to the manufacturer's instructions. See training power point.
- Employees will be given the opportunity during training, annual retraining and throughout the year to provide feedback on the effectiveness of the program and suggestions for its improvement.

Program evaluation:

- The RPA will conduct a periodic/annual, evaluation of the RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard and that the RPP is being implemented effectively to protect employees from respiratory hazards.
- Program evaluation will include a review of the written program. And a review of feedback obtained from employees (to include respirator fit, selection, and use that will be collected during the annual training session.
- Any other methods used for program evaluation at facility.

Recordkeeping:

- Personnel medical records such as medical clearance to wear a respirator shall be retained by: HR, but not as part of the HR file. Medical clearance records must be made available in accord with the OSHA Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020) and maintained for a minimum of thirty (30) years after an employee's separation or termination.
- Documentation of training and fit testing will be kept, stored with respiratory protection plan: until the next training or fit test
- A copy of this RPP and records of program evaluations and revisions shall be kept by and made available to all affected employees, their representatives, and representatives of OSHA upon request.

Back to Agenda

Governing Board
February 2022
Item#9
Consider for Approval Annual Report on Infection Control Goals 2022
Submitted by Debra Howey

Coastal Health & Wellness
2022 Infection Control Goals and Measurable Objectives

Goals	% Compliance	Measurable Objectives	Comment
Increase and maintain Hand Hygiene (hand cleaning) compliance.	95%	Achieve/maintain 95% compliance with hand hygiene, using CDC guidelines for hand cleaning.	NPSG.07.01.01
Monitor and improve staff adherence to recommended practices; to protect against possible exposure to infectious agents, to reduce the risk of infection: • Standard Precautions • Use of Personal Protective Equipment (PPE)	95%	Achieve/maintain 95% compliance with the use of Standard Precautions	IC. O2.01.01 EP2 EC.02.02.01 EP4
Increase and maintain staff adherence and implementing effective Respiratory Protection Program in healthcare setting: • Respiratory Hygiene and Cough Etiquette (CDC) • OSHA Respiratory Protection Standard (29CFR 1910.134)	98%	Developing and implementing healthcare Respiratory Protection Program, to decrease the exposure/transmission of pathogens causing disease.	(29 CFR 1910.134)
Bloodborne Pathogens Exposure Control Plan: Develop Plan Decrease health care workers occupational exposure to blood or other potentially infectious materials (OPIM). • Decrease sharps injuries • Minimize the risk when storing and disposing regulated medical waste.	98%	Achieve 98% of the 10 steps to compliance with procedures to protect workers from Occupational exposure to Bloodborne Pathogens. Reduce sharps injuries from the previous year 2021. Reduce non-compliance of disposing of regulated (biohazard) medical waste.	OSHA 29 CFR 1910.1030 CPL 02-02-069 IC.02.01.01 EP6 Needlestick Safety and prevention Act Year 2000
Reduce the risk of infection associated with medical equipment and supplies, by ensuring adequate cleaning, disinfection, sterilization, and storage.	99%	Achieve 99% compliance with requirements and recommendations to risk infection associated with medical equipment and supplies.	IC 02.02.01 EP 1-EP 5

Back to Agenda

Submitted by: Debra Howey, RN, CIC
2/16/2022

Governing Board
February 2022
Item#10
Consider for Approval Re-Privileging Rights for Unsil Keiser, DDS
Submitted by Dr. Hanna Lindskog

Samantha Robinson, BSN
Chair, Coastal Health & Wellness Governing Board

Coastal Health & Wellness
Serving, Healing, Caring
www.coastalhw.org

Philip Keiser, MD
Executive Director

Date: January 27, 2022

To: CHW Governing Board

From: Hanna Lindskog, DDS
Dental Director

Thru: Philip Keiser, MD
Executive Director

Re: Re-Privileging

After preparation of the credentialing file, the Coastal Health & Wellness Dental Director Hanna Lindskog, DDS, has reviewed the completed file and recommends that the Governing Board approve re-privileging as follows:

Unsil Keiser, DDS, is a general dentist who will practice part-time at both the Texas City and Galveston Coastal Health & Wellness Dental Clinics. Dr. Keiser graduated from University of Maryland School of Dentistry. Dr. Keiser is requesting general dentistry privileges.

Back to Agenda

Governing Board
February 2022
Item#11
Consider for Approval Privileging Rights for Lisa Cashiola, FNP
Submitted by Dr. Keiser

Samantha Robinson, BSN
Chair, Coastal Health & Wellness Governing Board

Coastal
Health & Wellness
Serving, Healing, Caring
www.coastalhw.org

Philp Keiser, MD
Executive Director

Date: February 24, 2022

To: CHW Governing Board

From: Philip Keiser PHK.
Executive Director

Re: Privileging

After review of the standard credentialing documents by a Coastal Health & Wellness Human Resources representative for Lisa Cashiola, FNP who is a Nurse Practitioner with an unrestricted license in the State of Texas, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director, Philip Keiser, MD of the privileging documents submitted by Lisa Cashiola, we are requesting privileging approval by the Governing Board.

Back to Agenda

Governing Board
February 2022
Item#12
Consider for Approval Nominee Rev. Walter L. Jones to fill Community Representative Position

Back to Agenda

Governing Board
February 2022
Item#13
Consider for Approval Nominee Sharon Hall, Ph.D, M.A, B.A., to fill Community Representative Position

Back to Agenda

Governing Board
February 2022
Item#14
Consider for Approval Nominee Cynthia Darby to fill Consumer Representative Position

Back to Agenda

Governing Board
February 2022
Item#15
Plans for Employee Satisfaction Survey Presented by
Ann O'Connell and Chantelle Smith

Back to Agenda

Governing Board
February 2022
Item#16
Comments from Board Members

Back to Agenda