

### AGENDA

Thursday, July 25, 2024 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](mailto:trollins@gchd.org) or [ahernandez@gchd.org](mailto: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 June 27, 2024 Governing Board Meeting

\*Item #5**ACTION**..... Consider for Approval Minutes from July 11, 2024 QA Board Meeting

\*Item #6**ACTION**..... Consider for Approval Ratification of the Action from the Executive Committee Special Meeting Wednesday, July 17, 2024

\*Item #7**ACTION**..... Consider for Approval Quarterly Compliance Report for the Period Ending June 30, 2024

\*Item #8**ACTION**..... Consider for Approval Coastal Health & Wellness Service Area Annual Review Policy

\*Item #9**ACTION**..... Consider for Approval Coastal Health & Wellness No Show and Cancellation Policy

\*Item #10**ACTION**..... Consider for Approval Coastal Health & Wellness Organizational Chart

\*Item #11**ACTION** ..... Consider for Approval Coastal Health & Wellness Infection Control Plan/Goals For 2024

Item #12**ACTION**..... Consider for Approval Sharon Hall, Community Representatives to Serve on the Credentialing Committee

- Item #13.....Coastal Health & Wellness Updates
- a) Organizational Updates Submitted by Executive Director
  - b) Operational Updates/Coastal Wave Submitted by Interim Chief Operating Officer/Director of Operations
  - c) Community Engagement Updates Submitted by Director of Community Engagement and Strategic Partnerships
  - d) Dental Updates Submitted by Dental Director
  - e) Medical Updates Submitted by Associate Medical Director
  - f) Human Resource Updates Submitted by Human Resource Manager
- Item #14.....Discussion Regarding Governing Board Terms and Governing Board Committees
- Item #15.....Comments from Board Members

## **Adjournment**

*Next Regular Scheduled Meeting: August 22, 2024*

### **Appearances before the Coastal Health & Wellness Governing Board**

A speaker whose subject matter as submitted relates to an identifiable item of business on this agenda will be requested by the presiding officer to come to the podium where they will be limited to three minutes (3). A speaker whose subject matter as submitted does not relate to an identifiable item of business on this agenda will be limited to three minutes (3) and will be allowed to speak before the meeting is adjourned. Please arrive prior to the meeting and sign in with Galveston County Health District staff.

### **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.

**Coastal Health & Wellness  
Governing Board  
June 27, 2024**

**Board Members:**

Dr. Tello  
Donnie VanAckeren  
Sharon Hall  
Rev. Jones  
Cynthia Darby  
Sergio Cruz  
Clay Burton  
Flecia Charles  
Kevin Avery

**Staff:**

Philip Keiser, Executive Director  
Jennifer Koch, Interim Chief Operating Officer  
Director of Operations  
Chris Garcia, Associate Medical Director  
Hanna Lindskog, Dental Director  
Melissa Irizarry, Chief Financial Officer  
Kenna Pruitt  
John Bearden  
Tiffany Carlson  
Brittany Rivers  
Dianna Oliver

Christina Bates  
Erdest Jenkins  
Judie Olivares  
Debra Howey  
Pisa Ring  
Wendy Jones  
Virginia Lyle  
Taylor Silva  
Tamesha Hampton  
Tikeshia Thompson-Rollins  
Anthony Hernandez

**Excused Absence:** Elizabeth Williams, Ivelissa Caban and Dr. Campbell

**Unexcused Absence:** Victoria Dougharty

**Guest:** N/A

**Items#1 Comments from the Public**

There were no comments from the public.

**Items#2-9 Consent Agenda**

A motion was made by Sergio Cruz to approve the consent agenda items two through six, eight, nine and table item seven until the July meeting. Cynthia Darby seconded the motion, and the Board unanimously approved the consent agenda.

**Item#10 Consider for Approval April 2024 Financial Report Submitted by Kenna Pruitt**

Kenna Pruitt, Controller, asked the Board to consider for approval the April 2024 financial report. A motion to accept the April 2024 financials as presented was made by Dr. Sharon Hall. Clay Burton seconded the motion and the Board unanimously approved.

**Item#11 Consider for Approval Increase Pharmacy Build in the Amount of 18,500 Submitted by Kenna Pruitt**

Kenna Pruitt, Controller, asked the Board to consider for approval increase pharmacy build in the amount of \$18,500.

A motion to accept the increase pharmacy build as presented was made by Sergio Cruz. Kevin Avery seconded the motion and the Board unanimously approved.

**Item#12 Consider for Approval Donnie VanAckeren, Community Representative, to Serve as Governing Board Chairperson**

Dr. Tello, Vice Chair, asked the Board to consider for approval Donnie VanAckeren, Community Representative, to serve as Governing Board Chairperson. A motion was made by Sergio Cruz to approve Donnie VanAckeren as Governing Board Chairperson. Dr. Sharon Hall seconded the motion, and the Board unanimously approved the consent agenda.

**Item#13 Consider for Approval the Reappointment for the Following Coastal Health & Wellness Governing Board Members for a 2 Year Term Expiring June 2026**

Dr. Tello, Vice Chair, asked the Board to consider for approval reappointment for the following Coastal Health & Wellness Governing Board Members for a 2 year term expiring June 2026.

- Kevin Avery (Consumer Member)
- Victoria Dougharty (Consumer Member)
- Sergio Cruz (Community Member)
- Clay Burton (Consumer Member)

A motion to accept reappointment for Governing Board members as presented was made by Donnie VanAckeren. Cynthia Darby seconded the motion and the Board unanimously approved.

**Item#14 Coastal Health & Wellness Updates**

- a) Organizational Updates Submitted by Executive Director
- a) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
- b) Dental Updates Submitted by Dental Director

c) Medical Updates Submitted by Associate Medical Director

Jennifer Koch, Interim Chief Operating Officer/Director of Operations updated the Board on clinical operations.

- May 2023 vs 2024 New vs. Established Patient (36.5% decrease in New Patients and a 9% decrease in established patients)
- May 2023 vs 2024 Confirmed Appointments (4.6 decrease, note that scheduled appts are down as well by 10.5%)
- May 2023 vs 2024 Resource Utilization (0.6% decrease in available slots and a 3.5% decrease in booked appointment slots, making utilization lower)
- May 2023 vs 2024 Charges/Payments/Adjustment/Refunds (27% decrease in charges, 20% increase in payment, 89% decrease in adjustments)
- May 2023 vs 2024 Kept/No-Show Comparison (11% decrease in kept appointments, 9% increase in no-show, 11% decrease in scheduled appointments)
- May 2023 vs 2024 Copay Collection (5% decrease)
- May 2023 vs 2024 New Pts. By Financial Class
- YTD 2023 vs 2024 Unduplicated Patients (3% decrease)
- May 2023 vs 2024 Visits (13% % decrease)

Brittany Rivers, Director of Community Engagement and Strategic Partnership, updated the Board on all outreach events.

**Data Sharing:**

90-day Analysis sent to Community Partners/Stakeholders (January 16-April 15, 2024) based on 543 surveys

Analysis Link: <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:6e14118a-87e2-43c0-96d6-dcee3f1ece7f>

**Health Screenings:**

- Bayside Community Center-2
- Dickinson Community Center- 13
- Wayne Johnson Community Center-11

**Health/Resource Fairs:**

- Goodwill (every Tuesday/Thursday)-46
- Kroger-50
- Ignite (Career Day)-65
- Dunbar Middle School (Career Day)- 650
- Travis Elementary (Career Day)- 70
- La Marque High School (Career Day)- 153
- Lobitt Middle School (Career Day)- 600
- Limones Productions Cinco de Mayo-5
- The Fellowship Church- 200
- City of Texas City Employee Fair- 220
- Santa Fe ISD End of the Year Awards & Resource Fair-200

**Events CHW/GCHD Hosted:**

Cinco De Mayo Employee Event (Food truck, desserts provided by Wellby Financial)  
Financial Literacy Class on "Mortgages" - 5

**Community Partner Events/Meetings**

**Attended:**

Ministers, Police, & Leaders Breakfast  
Good Morning Mainland  
LC Chamber Breakfast 101  
Sunrise w/ Santa Fe  
League City Networking Breakfast  
Good Morning Galveston

**Leadership in Communication Luncheon**

BAHEP New Members Breakfast  
Seaside Senior Expo Planning Committee Meeting (Fridays)  
African American Health Coalition Meeting  
UTMB Program Evaluation Workshop  
Young Professionals Council Meeting  
BAHEP Healthcare Committee Meeting  
Frost Bank Collaboration Meeting  
YMCA HEAL Collaboration Meeting

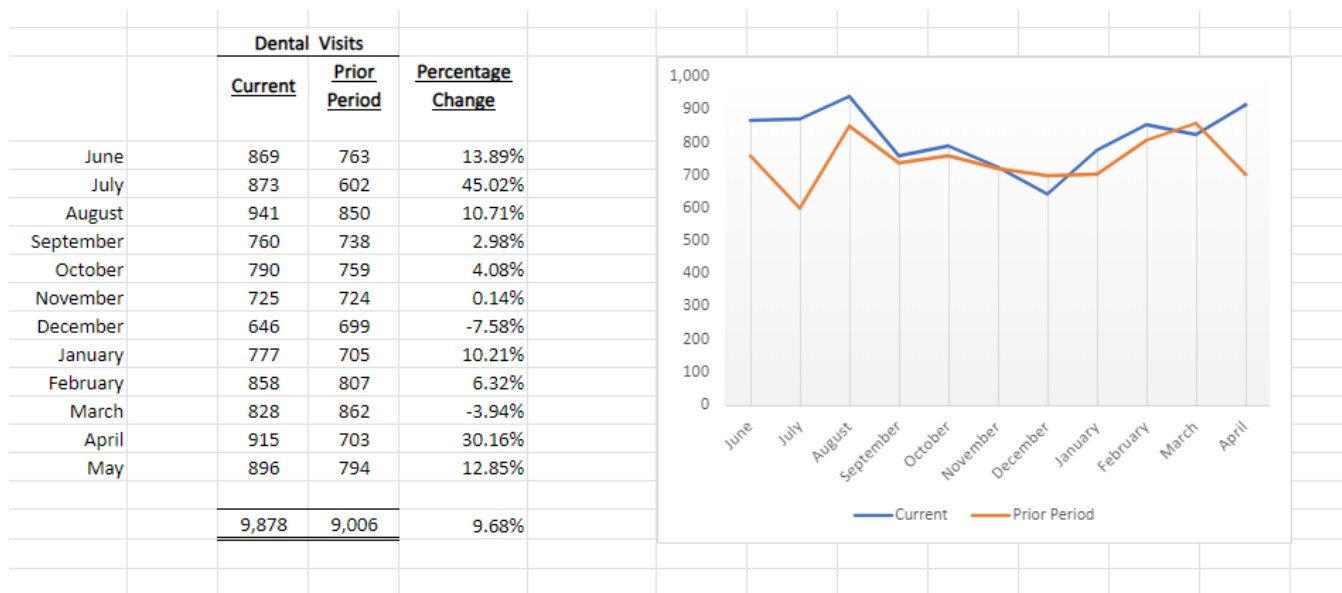
**Presentations:**

UTMB SPPH Guest Lecturer  
ADA House

## Dental Updates:

Hanna Lindskog, DDS, updated the Board on Dental services in the Coastal Health & Wellness Clinic.

- Visit Numbers – Based on “FQHC Qual Enc” in NextGen –
  - We continue to see walk in patients in pain as we can fit them into our schedule.
  - We started releasing comprehensive exams on the 15<sup>th</sup> of every month, with December being the first month. The appointments continue to fill quicker each month.
  - For May 2024, we had an increase in qualifying encounters of 12.85% compared to May 2023.
  - We have an 9.68% increase in qualifying encounters comparing June 1, 2023 – May 31, 2024 with June 1, 2022 – May 31, 2023.



- Current projects, plans, department overview for dental
  - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. They are planning to start Fall 2024 with their first class.
  - We will be transitioning the dental front desk staff to become part of the dental team
- Provider Education Opportunities
  - All providers continue to select and participate in continuing education of their choice. They also share knowledge from these courses with the other providers during monthly meetings.
- Barriers or Needs (if applicable)
  - Staffing

Our Dental Office Manager, Tamesha Hampton, started on May 30<sup>th</sup> and is doing great. She is working with Revenue Cycle Management to make sure that we optimize our processes with insurance. She is also working with the dental front desk and clinical team to optimize their work flows as well.

## Medical Updates:

**School Based Clinic:** Total May visits: 76

Students: 3  
 Staff: 0  
 Existing CHW: 73  
 In person: 3  
 Telehealth: 73

**Telehealth/ Doxyme visit:** Total May visits: 294

Increase: +162

**CHW clinic visits:** Total May visits: 2001

Schedule visits: 2812  
 No Shows: 811

No Show Rate: 29%  
Show Rate: 71%

**Total charges:** \$5,725,651.92

**Current Projects:**

We are working to finalize agreement/paperwork with “Do as I have done” to use our mobile clinic (RV) to provide foot care

Staff have been trained on the use of the Retinal Cameras. We should start using these soon. We will be uploading images manually until Nextgen integration is complete in late July/early August.

I am training providers that are interested, in minor procedures such as ingrown toenails, mole removals, cyst removal/treatments, and cryotherapy

Our 3 new providers are seeing patients. We are increasing their schedules as they get more familiar with EHR, workflows, and clinic procedures.

We are working to improve our processes to improve reimbursement for our services in Women’s Health.

We are working to fill chronic care management/transitional care management coordinator as our current coordinator has resigned.

- Dr. Hall requested that HR start giving updates to the Governing Board monthly.

**Item #15 Comments from Board Members**

None

The meeting was adjourned at 1:12p.m.

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Vice Chair

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Date

**[Back to Agenda](#)**

**Coastal Health & Wellness Governing Board**  
**Quality Assurance Committee Meeting**  
**July 11, 2024**

**BOARD QA COMMITTEE MEMBERS:**

Kevin Avery-Consumer Member  
Sharon Hall

**EMPLOYEES PRESENT:**

Jennifer Koch (Interim Chief Operations Officer/Director of Operations), Dr. Lindskog (Dental Director), Dr. Garcia (Associate Medical Director), Jason Borillo (Director of Innovation and Clinical Quality), Tyler Tipton (Public Health Emergency Preparedness Manager), Wendy Jones (Compliance & Risk Management Officer), Anthony Hernandez (Executive Assistant II) and Tikeshia Thompson-Rollins (Executive Assistant III)

*(Minutes recorded by Tikeshia Thompson-Rollins)*

ITEM	ACTION
<b>Patient Access / Satisfaction Reports</b> <ul style="list-style-type: none"> <li>➤ Quarterly Access to Care Report Submitted by Pisa Ring</li> <li>➤ Quarterly Patient Satisfaction Report Submitted by Pisa Ring</li> <li>➤ Call Quality Performance Submitted by Pisa Ring</li> </ul>	<u><b>Quarterly Access to Care Report</b></u> <ul style="list-style-type: none"> <li>• Pisa Ring reviewed the access to care report for the 2<sup>nd</sup> (April, May and June). The no-show rate is at 20%.</li> </ul> <u><b>Quarterly Patient Satisfaction Report</b></u> <ul style="list-style-type: none"> <li>• Pisa Ring will work on setting goals and bring them back to the next committee meeting.</li> </ul> <u><b>Call Quality Performance</b></u> <ul style="list-style-type: none"> <li>• Report reviewed; No Action</li> </ul>
<b>Clinical Measures</b> <ul style="list-style-type: none"> <li>➤ Quarterly Report on UDS Medical Measures in Comparison to Goals Submitted by Jason Borillo</li> </ul>	<u><b>Clinical Measures</b></u> <ul style="list-style-type: none"> <li>• Report reviewed, No Action</li> <li>• Jason will provide Dr. Lindskog with the OSIS call information.</li> </ul>
<b>Quality Assurance/Risk/Management/ Emergency Management Reports</b> <ul style="list-style-type: none"> <li>➤ Quarterly Risk Management Report Submitted by Wendy Jones</li> <li>➤ Dental Quarterly Summary Submitted by Dr. Lindskog</li> <li>➤ Quarterly Emergency Management Report Submitted by Tyler Tipton</li> </ul>	<u><b>Quarterly Risk Management Report</b></u> <ul style="list-style-type: none"> <li>• The Quarterly Patient Satisfaction Report will be updated and brought back to the committee.</li> <li>• Wendy will educate management on the importance of reporting incidents within the two-day timeframe.</li> </ul> <u><b>Dental Quarterly Summary</b></u> <ul style="list-style-type: none"> <li>• Report reviewed, No Action.</li> <li>• Dr. Lindskog suggested following up on past audit findings to ensure all items are being followed up on and completed.</li> </ul> <u><b>Quarterly Emergency Management Report</b></u> <ul style="list-style-type: none"> <li>• Tyler Tipton reviewed the Emergency Management Report for the 2<sup>nd</sup> quarter and gave updates on training and plans that occurred.</li> </ul>
<b>Plans and Policies</b>	N/A

Next Meeting: October 10, 2024

[Back to Agenda](#)

**Coastal Health & Wellness  
Governing Board Special Meeting  
July 17, 2024**

**Board Members (Zoom):**

Donnie VanAckeren  
Elizabeth Williams

**Staff (Zoom):**

Jennifer Koch, Interim Chief Operating Officer/Director of Business  
Kenna Pruitt, Controller  
William Lewis, Chief Operating Officer  
Chris Davis, IT Manager  
Tikeshia Thompson-Rollins  
Anthony Hernandez

**Item#1 Consider for Approval of J2 Strategic Solutions Consulting Services in the Amount of \$30,000 for Preparation and Submission of CHW HRSA FY25 New Access Point (NAP) Grant Funding Application to Support Renovations of the old CareHere Clinic in Galveston Submitted by Kenna Pruitt**

Kenna Pruitt, Controller, asked the Board to consider approval of J2 Strategic Solutions Consulting Services in the Amount of \$30,000 for Preparation and Submission of CHW HRSA FY25 New Access Point (NAP) Grant Funding Application to Support Renovations of the old CareHere Clinic in Galveston. A motion to accept the J2 Strategic Solutions Consulting Services as presented was made by Donnie VanAckeren. Elizabeth Williams seconded the motion and the Executive Committee approved.

**Item#2 Consider for Approval IT Network Infrastructure Refresh Upgrade Lease Agreement Submitted by Chris Davis**

Chris Davis, IT Manager, asked the Executive Committee to consider for approval IT network infrastructure refresh upgrade lease agreement. A motion to accept the refresh upgrade as presented was made by Donnie VanAckeren. Elizabeth Williams seconded the motion and the Executive Committee approved.

The meeting was adjourned at 1:13p.m.

\_\_\_\_\_  
Vice Chair

\_\_\_\_\_  
Secretary/Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**[Back to Agenda](#)**



**Coastal Health & Wellness Governing Board**  
**2<sup>nd</sup> Quarter (April - June)**  
**FY2024 Compliance Report**

Internal Audits		
AUDITOR & DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Pharmacy Program Mgr.	340 B Pharmacy 3 <sup>rd</sup> Quarter Compliance Report will include 2 <sup>nd</sup> and 3 <sup>rd</sup> Quarter information	
Nursing Supervisor April – June 2024	<b>Abnormal Pap Audit:</b> <ul style="list-style-type: none"> <li>• MCA:</li> <li>• ICC:</li> </ul> 3 <sup>rd</sup> Quarter Compliance Report will include 2 <sup>nd</sup> and 3 <sup>rd</sup> Quarter information	
EHR System Administrator	<b>EHR Audits</b> <ul style="list-style-type: none"> <li>• <b>Prescription Orders:</b> Two providers same name – multiple prescriptions ordered under the wrong – same name provider.</li> <li>• <b>Permissions Audit – Charges:</b> Identified security groups having access to charges without a business need.</li> <li>• <b>Charge activities audited:</b> activities noted requiring further investigations</li> </ul>	<ul style="list-style-type: none"> <li>• Corrective steps taken in Nextgen permitting correct identification of provider.</li> <li>• Updated security permissions for those without the need for access.</li> <li>• Additional in-depth activity and audits will continue.</li> </ul>
AUDITOR & DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Nursing Director/Designee April – June 2024	<b>Title V Well Child Audit -Screening:</b> Overall average 92% Compliancy Ten charts audited in each age range <ul style="list-style-type: none"> <li>• 0 - 4 years – 92% Compliant</li> <li>• 5 - 11 years – 91% Compliant</li> <li>• 12 - 18 years – 92% Compliant</li> </ul> <u>Findings:</u> Several screenings were noted to have been missed during patient services. <b>Goal of 90% was met</b>	<ul style="list-style-type: none"> <li>• Continue operating under current protocol.</li> <li>• The Nursing Director reported all findings to the interim Medical Director.</li> </ul>

**Coastal Health & Wellness Governing Board**  
**2<sup>nd</sup> Quarter (April - June)**  
**FY2024 Compliance Report**

<b>Title V Dental Peer Review</b> 10/2/2023 – 3/31/2024	<b>Title V Child Dental – Overall average 99%</b> Ten patient charts from MCA & ICC clinics were audited for all aspects of pediatric exams and treatments with the Title V requirements: <ul style="list-style-type: none"> <li>• ICC: 99.07% compliance</li> <li>• MCA: 99.54 % compliance</li> </ul> <b>Goal of 90% was met</b>	<ul style="list-style-type: none"> <li>• Continue operating under current protocol.</li> </ul>
<b>Ryan White Quarterly Peer Review</b>	<b>Chart Audit:</b> Ten random charts with dates of services from 01/2024 – 03/31/2024 were evaluated based on grant requirements. <ul style="list-style-type: none"> <li>• Overall compliance: 95.53%</li> </ul>	<ul style="list-style-type: none"> <li>• Continue operating under current protocol.</li> </ul>
<b>External Audits</b>		
<b>Joint DSHS Monitoring Visit</b> <b>Health Access, LLC (HA) &amp; The Resource Group (TRG)</b> <b>April 3, 2024</b>	<b>A comprehensive review of services and systems monitored by (HA) and (TRG)</b> Oral Health (OH) <ul style="list-style-type: none"> <li>• No deficiencies: all measures scored &gt;75%</li> </ul> Universal Standards – Eligibility <ul style="list-style-type: none"> <li>• Measures scored &lt;90% <ul style="list-style-type: none"> <li>○ #1, 1b, 1c – Documentation of eligibility</li> <li>○ #2 – Documentation of recertification</li> <li>○ #3 – Overall compliance</li> <li>○ #4 – Income calculation worksheet</li> <li>○ #5 – Insurance verification</li> <li>○ #6 – 6-month insurance verification</li> </ul> </li> </ul> Universal Standards – Policies and Procedures <ul style="list-style-type: none"> <li>• No deficiencies: All measures met (100%)</li> </ul> Contract Compliance Evaluation Review <ul style="list-style-type: none"> <li>• No findings were generated from this review</li> <li>• No areas of improvement were generated from this review</li> </ul> Data Review <ul style="list-style-type: none"> <li>• No findings were generated from this review</li> <li>• No areas of improvement were generated from this review</li> </ul> Financial Review	One Corrective Action Plan (CAP) addressing Universal Standards – Eligibility will be submitted

**Coastal Health & Wellness Governing Board**  
**2<sup>nd</sup> Quarter (April - June)**  
**FY2024 Compliance Report**

	<ul style="list-style-type: none"> <li>• No findings were generated from this review</li> <li>• No areas of improvement were generated from this review</li> </ul> Priority Services & Measures / <75%	
<b>HIPAA Breach Reports</b>		
<b>DEPARTMENT – DATE OCCURRED</b>	<b>SUMMARY</b>	<b>ACTION TAKEN</b>
	None	
<b>Warning and Termination Letters</b>		
<b>REASON</b>	<b>TYPE OF LETTER</b>	
None		

*Incidents involving quality of care issues, in accordance with Section 161 et seq., Health and Safety Code, are reviewed such that proceedings and records of the quality program and committee reviews are privileged and confidential.*

[Back to Agenda](#)

## COASTAL HEALTH & WELLNESS SERVICE AREA ANNUAL REVIEW POLICY

### BACKGROUND

Each year, Coastal Health & Wellness's (CHW) Governing Board reviews the organization's strategic plan to assess services and progress. This assessment includes a review of the service area and patient population. CHW maps the existing service area and generates a patient origin analysis based on the previous year's Uniform Data Systems (UDS) metrics. The Center ensures that the service area represents at least 75% of the ZIP codes from which existing patients originate. CHW uses this data to generate an updated strategic plan that includes estimates for the number of patients and visits for the coming year and goals focused on addressing the service area's most common health concerns.

### POLICY

It is the policy of Coastal Health & Wellness to conduct a service area review annually as required by Health Resources & Services Administration (HRSA).

### DEFINITIONS

Health Resources & Services Administration (HRSA) - an agency of the U.S. Department of Health and Human Services who is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

Public Health Service Act - federal law enacted in 1944 that provides legal authority for the Department of Health and Human Services (HHS) to respond to public health emergencies

Service Area – CHW's service area is composed of twenty Galveston County, Texas ZIP codes. Service areas are along the Gulf Coast of Texas, approximately 80 miles southwest of the Louisiana state line. The Gulf of Mexico serves as the county's boundary to the southeast, and Harris County/City of Houston metropolis is the boundary to the north.

Uniform Data Systems (UDS) - standardized data set and annual program requirement that is defined in Section 330 of the Public Health Service Act.

### GUIDELINES

Per HRSA guidelines, CHW is required to annually review service area zip codes by comparing zip codes in our scope of Form 5B: Service Sites with patient origin data reported by zip code in the UDS. The annual review of a health center's service area may be conducted in a number of ways (for example, as part of submission of a competitive application or as a "stand-alone" activity during the year, such as review of annual UDS patient origin data or other data on where patients reside).

### PROCEDURE

1. Utilize the UDS Mapper website to identify target populations that remain unserved by Health Center Program (HCP) awardees and look-alikes reporting data to the UDS (but may be served by other providers).
2. This data will be used and compared with previous year's data to update our strategic plan and goals for the future.

## NO SHOW AND CANCELLATION POLICY

### PURPOSE:

To maximize open access to care for patients by reducing No-Shows, late arrivals, and late cancellations.

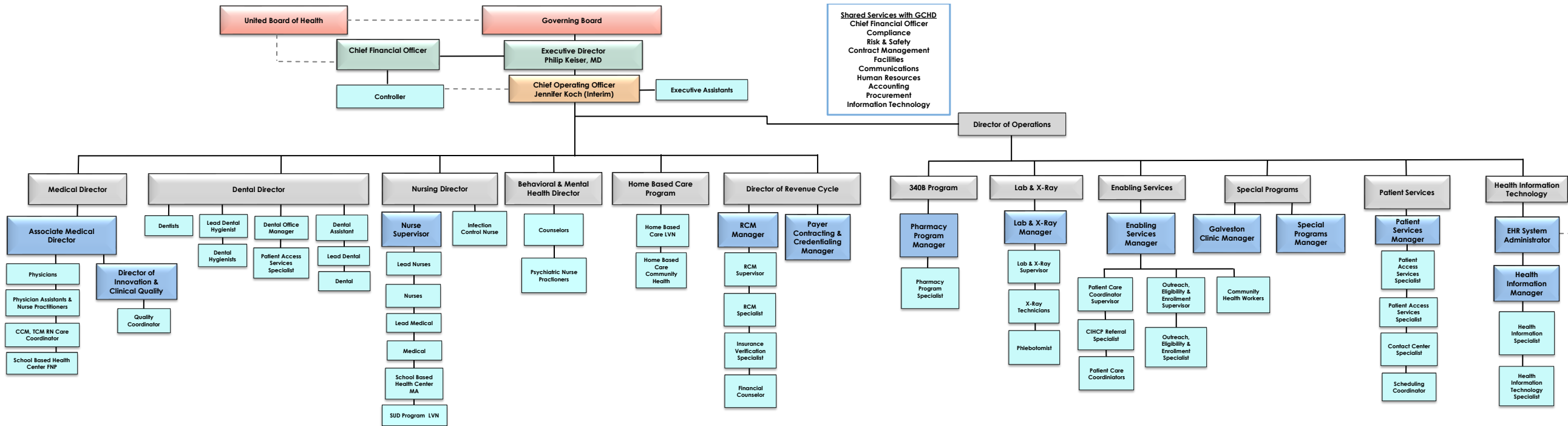
### POLICY:

It is the policy of Coastal Health & Wellness (CHW) to educate our patients about the importance of keeping their scheduled appointments, and the expectation of notifying the center of any cancellations within the allotted timeframe. Failure to comply with this policy may result in appointment limitations and/or restrictions.

### PROCEDURE:

1. Each patient will be notified annually where to review/obtain a copy of the most current *No Show and Cancellation Agreement* policy.
2. CHW's automated system will send a reminder at least **48** business hours prior to the scheduled visit to remind patients of their appointments. Patients are encouraged to confirm the appointment by using the automated system protocol or by calling (409) 938-2234.
3. The patient must notify CHW **24** hours in advance if they are unable to attend their scheduled appointment and notify CHW of any changes in the preferred contact method. Cancellations with less than 24 hours cancellation notice will be considered a No Show.
4. Patients are encouraged to arrive 20 minutes prior to their appointment time.
5. A warning notice will be sent to the patient if a patient fails to keep **2** consecutive scheduled appointments. If 3 consecutive or 3 out of 5 scheduled appointments are missed, the patient will only be allowed to schedule appointments on the same day, and only if cancellation is available.
6. This policy will be enforced uniformly and consistently by all Medical and Dental staff and administration of Coastal Health & wellness.

[Back to Agenda](#)



[Back to Agenda](#)



# Coastal Health & Wellness (CHW) 2024-2025 Infection Control Plan

## Introduction Update

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 a hierarchical method to address the various IPC requirements relevant to the organization.

Including:

- A. Local, state, and federal rules and regulations (such as those from the Occupational Safety and Health Administration [OSHA] and the Food and Drug Administration [FDA]) and US Environmental Protection Agency (EPA).
- B. Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) particularly for those healthcare organizations using Joint Commission accreditation for CMS deemed status purposes.
- C. Manufacturer's instructions for use (IFU).
- D. Consensus Documents.
- E. Evidenced-based guidelines and national standards (such as Joint Commission standards) and guidance from the CDC and WHO.

Guidelines established by the Centers for Disease Control (CDC) and Prevention incorporates guidance and recommended practice for sterilization set forth by the American National Standards Institute ANSI/AAMI Association for the Advancement of Medical Instrumentation.

Leadership approves the annual Infection Control Plan (ICP) and supports its implementation strategies.

## 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 CHW [Incidents@gchd.org](mailto:CHW_Incidents@gchd.org)
- 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 [CHW Incidents@gchd.org](mailto:CHW_Incidents@gchd.org) and Human Resources.
  - 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 Compliance Committee quarterly or more frequently if indicated.
  - 7. Overseeing the seasonal influenza vaccination program for CHW staff.
- D. The Compliance Committee will consist of CHW staff and leadership, 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. Report results of surveillance, data analysis and trends to the Compliance Committee quarterly.
  - 2. Review any incidents that involve infection control activities.
  - 3. Review the annual Risk Assessment and develop next year's multidisciplinary Risk Assessment.
  - 4. Develop annual Goals and Responsibilities for the IPCP and report progress and outcomes to the GB QA
  - 5. 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 Compliance Committee 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 Compliance Committee, the Governing Board Quality Assurance committee, and the Governing Board.



## **Table of Contents**

### **SECTION 1: Standards and Guidelines**

- 1.1 Standard Precautions/Hierarchy of Controls
- 1.2 Transmission-Based Precautions
- 1.3 Tuberculosis (TB) Exposure Control Plan
- 1.4 Bloodborne Pathogens in Healthcare Facilities Exposure Control Plan
- 1.5 Respiratory Protection Program

### **SECTION 2: Medical Surveillance**

- 2.1 Employee Health and Immunizations
- 2.2 Infectious Diseases and Occupational Health Strategies/Respiratory Protection
- 2.3 Exposure Control Plan
- 2.4 Healthcare Workers and Communicable Diseases
- 2.5 Emergency Procedures for Exposure to Blood and Body Fluids

### **SECTION 3: Regulated Medical Waste Management**

- 3.1 Handling Regulated Medical Waste
- 3.2 Needles, Syringes and Other Sharp Objects
- 3.3 Regulated Medical Waste
- 3.4 Biohazard Warning Labels
- 3.5 Practices and Controls

### **SECTION 4: Good Work Practices**

- 4.1 Hand Hygiene
- 4.2 Personal Protective Equipment
- 4.3 Eyewash Station and Spill Clean Up Supplies
- 4.4 Refrigerators
- 4.5 Food and Drink Precautions
- 4.6 Storage of Sterile Solutions/Supplies

### **SECTION 5: Cleaning, Disinfecting and Sterilization**

- 5.1 General Environmental Surface Cleaning/Disinfecting
- 5.2 Cleaning up Blood Spills
- 5.3 Medical Equipment Procedures
- 5.4 Medical devices reprocessed based on Spaulding Classification
- 5.5 Intermediate Level Disinfection
- 5.6 Dental Equipment Procedures
- 5.7 Sterilization/High level disinfection
- 5.8 Employee Competence

### **SECTION 6: Specific Dental Practices**

- 6.1 Dental Unit Waterline Quality
- 6.2 Dental Operatory Disinfection
- 6.3 Dental Radiation Safety

### **SECTION 7: Medication and Safety Injection Practices**

- 7.1 Sharps and Injection Related Practices and Controls

- 7.2 Sharps Handling
- 7.3 Safe Injection Practices

## **SECTION 8: Specific Lab and Radiology Practices**

## **SECTION 9: Reporting Communicable Diseases**

## **SECTION 10: Emergency Management and Planning**

## SECTION 1: Standards and Guidelines

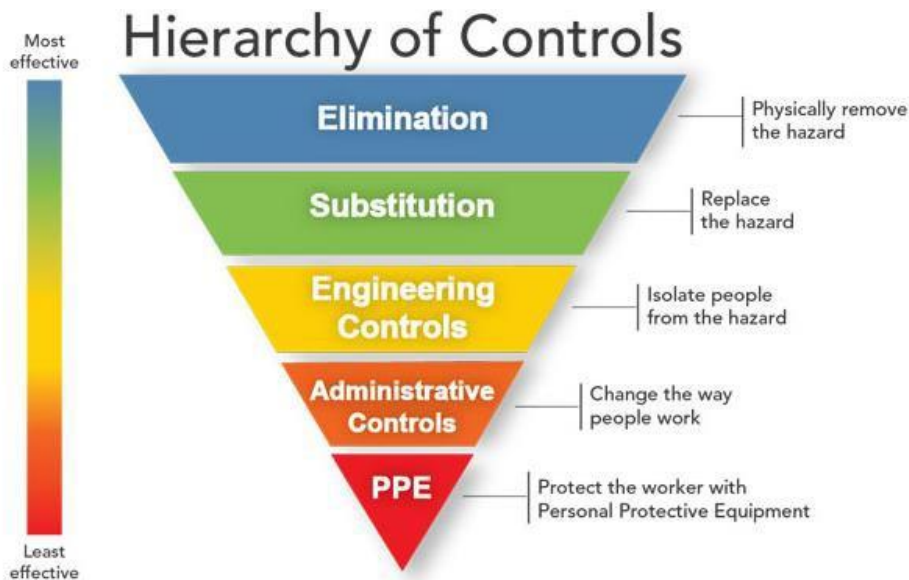
**IC.02.01.01** The organization implements its infection prevention and control activities.

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

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 removes 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 Standard Precautions

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 staff to patient/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).

**Standard Precautions include the following:**

**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 time.

- Hand Hygiene means cleaning your hands by:
  - Handwashing (washing hands with soap and water)
  - Antiseptic hand rub (alcohol-based hand sanitizer foam or gel, 60-90% alcohol).
  - Surgical Hand antisepsis using antimicrobial soap and water, handwashing, followed with 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 (ABHS)
- 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 manufacturer, 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, pre-wash 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. CHW will have appropriate PPE available, and staff will be trained on its' use, when possible, exposure to infectious material exists. CHW will ensure that employee uses the appropriate PPE. Specialized equipment is to be worn by an employee for protection against infectious materials, to reduce the risk of infection. The availability of PPE at the point of use is critical based on unit need. Strategies for optimizing the supply of PPE during shortages: Conventional, contingency, or crisis capacity. 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 or a fluid resistant surgical mask and eye protection (goggles) or a full-face shield (covers full face below chin and wraps around sides of face). Alternatively, a mask with attached eye protection may be worn. This PPE will 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 based on CDC guidelines. Fit testing at orientation of clinical staff needing to wear N95 respirator, yearly and as needed for weight loss or gain and facial alterations.
- **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.
- **Hair Coverings**- To contain hair and minimize microbial dispersal during the sterilization preparation process.

**Respiratory Hygiene/Cough Etiquette:**

- Employees, patients, and visitors 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 for 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 with masks, tissue and ABHS, 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. Also, hand hygiene is encouraged before entry. Guidelines regarding masking for all who enter, are decided by administration, based on community risk/need and CDC guidelines.

- 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, and employee workstations.
- 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 for Disinfectants for use Against SARS-CoV-2 (COVID-19), List Q for Emerging Viral Pathogens (Mpox), List K for C-diff, List P for candida auris, updated as needed.

#### **Follow safe injection practices-**

- Use clean or aseptic techniques, 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. With a 28-day expiration after opening.
- 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 state 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 ProTector 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 (secured with 2-inch tape) 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 manufacturer's instructions (IFU's) between uses.
- Creation of a team to review and evaluate Sharps Injury Prevention Devices.

### **Transmission Based Precautions**

In addition 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 the 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 patients 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 the 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.

### **1.2 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.

CHW follows the CDC TB Screening and Testing of Health Care Personnel (Updated August 30, 2022).

As a condition of employment, see Employee and Pre-hire Immunization and Screenings Policy (last approved UBOH 12/07/2022):

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 tuberculosis will be excluded from the workplace while contagious.

Texas DSHS recommendations reviewed 4/5/2023:

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 reviewed April 5, 2023.

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.

- 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.
- Any suspected or known case of tuberculosis in a patient or employee must be reported to the GCHD TB Program (ext. 2217 or 2354). Contact 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.

### **1.3 Bloodborne Pathogens in Healthcare Facilities Exposure**

- Appendix A 2023 CHW Infection Control Plan.

### **1.4 Respiratory Protection Program**

- Appendix B 2023 CHW Infection Control Plan.

## **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 12/07/2022.
- 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 to 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 care during flu season. See addendum to UBOH Employee and Pre-hire Immunizations and screening policy UBOH 08/10/2022. The Declination of Influenza vaccine must be completed and submitted to their Supervisor, Immunizations Program manager and Human Resources.

## **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 as needed/required 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 Bitrex Solution Aerosol Protocol.
  - Recordkeeping: retained in HR and infection Control.
  - 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. GCHD provides Worker's Compensation insurance to assist an employee who may have on-the-job exposure.
- ⇒ Follow the process for needle stick/exposure to evaluate the circumstances surrounding an exposure incident including identifying and testing the source individual.

If a healthcare worker has an on-the-job exposure to a communicable disease, the Supervisor and HR Epidemiology Department at 409.938.2215 for any contaminated sharps injury.

## **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.
1. Flush splashes to nose, mouth, or skin with water.
2. If exposed, irrigate eyes with clean water, saline or sterile irrigation.
3. Use eye wash stations if exposed in clinical areas. See Eye Wash Station Guidelines (08/03/2022).

4. Report the incident to a supervisor and HR.
5. 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:** Immediately inform supervisor or manager and HR by phone or email (GCHD\_HR@gchd.org).

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

**Injured Employee:**

1. Get a prescription "First Fill Card" from your supervisor or HR 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 describing how the exposure occurred is required by the insurance provider and must be submitted to HR within 10 days.
5. If a medical evaluation of the injury was obtained, the employee will need to submit a Work Status Report obtained from the workers' compensation provider and submit it to HR before returning to work.

**Supervisors:**

1. Assist employees in obtaining medical attention.
2. Ensure notification to HR.
3. Ensure an Employee Incident/Injury Report is completed and sent through the e-communication chain, CHW\_incidents@GCHD.org
4. Ensure that the Contaminated Sharps Injury form is submitted to GCHD Epidemiology Services.
5. If a worker sustains several occupational exposures, the direct supervisor and the worker should review the duties and procedures of the job.
6. Modifications of procedures and appropriate corrective action should be taken in accordance with policy and circumstances.
7. Work with HR on the employee returning to work.

**Human Resources:**

Coordinates reports of employee's medical care to the workers' compensation insurance carrier, notifies the Community Health Services Director or designee, the employees' supervisor/manager and informs the Epidemiology Manager about the exposure injury. The Director of Community Health Services will track and trend employee exposures and will work with Infection Control to review and or revise the exposure control plan yearly and as needed.

**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.
- Disposable PPE (gloves, gowns, eye protection), that is visibly contaminated with blood/OPIM.
- 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  $\frac{3}{4}$  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. Sharps are dropped into sharps container; fingers should never be used to “push” any sharps into the 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 container.

### **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,  $\frac{3}{4}$  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  $\frac{3}{4}$  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, (Texas City and Galveston), monitored by the Infection Control Nurse and Risk Management.

### **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, and scalpels
  - 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 Hand Hygiene**

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 soap and water handwash.
- Hands that are grossly contaminated must be washed with soap and water or antimicrobial soap and water.

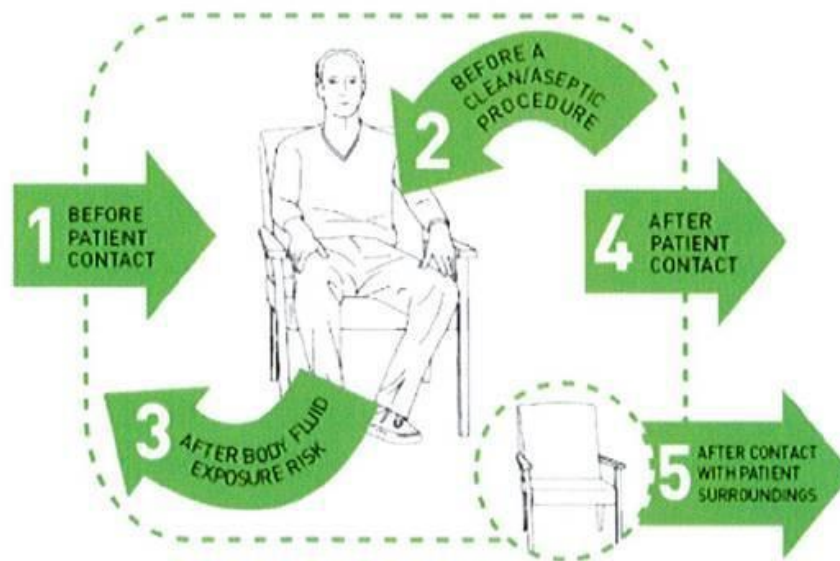
### **Procedures:**

- 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 soap and water runoff will drain 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 based on manufacturer's IFU.
  3. Rub hands together with the solution into hands until dry.
  4. Alcohol based hand sanitizing wipes used according to manufacturer's 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. Fingernail care for direct patient care employees: Fingernails clean and good repair, non-chipped polish, with no embellishments. No longer than ¼ inch long past the end of the finger pad, measurement from the palm side of the hand.

#### 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 Compliance Committee and action plans will be developed to improve compliance, if indicated.

#### 4.2 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 a single pair of nonsterile gloves. Nitrile 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 in 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 gloves 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 (with proper drying between uses per manufacturer's IFU) 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 (both ear loops or ties in place) to prevent fluid penetration. Masks when not in use need to be removed and discarded. No mask wearing under chin, top of head, or touching gown.
- Goggles protect the eyes and should fit over and around them snugly. 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.**

#### **4.3 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. Sign 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.**

Follow manufacturer's IFU for storage requirements, temperature/humidity, and expiration dates.

### **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, immediately discarded in appropriate disposal container after use. SUDs are not reprocessed in our facility.

### **5.4 Medical devices reprocessed based on Spaulding Classification**

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

- Electrocardiogram
- Nebulizers
- Sphygmomanometer/Blood pressure cuffs
- Thermometers
- Pulse oximetry sensors
- Stethoscopes
- Otoscope/Ophthalmoscope
- Ear Lavage Systems

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 based on manufacturer's IFU's, 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 (70%).
- 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	<ul style="list-style-type: none"><li>• Extraction kit</li><li>• Forceps</li><li>• Burs (unless single use, disposed of after use)</li><li>• Surgical handpiece</li><li>• Periodontal scalers</li></ul>	Cleaning followed by <a href="#">Sterilization</a>
Semi-Critical	Where there is contact with intact non-sterile mucosa or non-intact skin	<ul style="list-style-type: none"><li>• BOBCAT Pro Ultrasonic Scaler</li></ul>	Cleaning followed by High-Level Disinfection
Non-Critical	Where contact is made with intact skin	<ul style="list-style-type: none"><li>• Protective eyewear</li><li>• Blood pressure cuff</li><li>• Instrument trays</li><li>• Chair controls</li><li>• Environmental surfaces: Floors, walls, doors, handles, high-touch surfaces</li></ul>	Cleaning followed by Low-Level Disinfection

### 5.7 Sterilization/High level disinfection

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 outerwear (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 manufacturer's written IFU. General-purpose heavy duty utility gloves, if used, should be discarded if there is evidence of deterioration (e.g., punctures, peeling or cracking). Be allowed to air dry inside and out after cleaning. Heavy duty utility gloves if re-used, worn by one staff member only.
  - 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 manufacturers' 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 it 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. 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, sterilization pouch, peel pack 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.

#### E. 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 repackaged and re-sterilized.**
  - Care must be taken to keep sterile items separated from non-sterile items.

#### F. 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 valves 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 remains 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.

## **5.8 Employee Competence**

### **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 ( $\leq 500$  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 (DUWL's).
  - 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 DUWL's.
  - Use approved products to maintain DUWL's 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
  - Computer keyboards/mouse
- 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 “Disinfects time”.
  - Between Step 1 and 2, gloves must be removed, hand hygiene performed, and new gloves must be done.

## **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.
- Apron inspections are performed annually using x-ray medical imaging.
- 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 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 it 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, paper shorts, 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, inspected daily and cleaned/disinfected every week, 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 -2023, rev. 1/08/2023 expires 12/31/2023. 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 COO and the Nursing Director. 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, Monday-Friday 8:00am-5:00pm., reporting number is 409-938-2215. After hours reporting number is 409-220-1523.

## **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 ST 79- 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 Check list 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-II
- e. Guidelines MMWR June 6, 2000/Vol. 52/No.RR—10
- f. <http://www.nnoha.org/nnoha-content/uploads/2018/10/IPC-NNOHA-Power-Point-2018.pdf>
- g. <https://www.cdc.gov/sharpssafety/pdf/sharpssworkbook2008.pdf>
- h. <https://www.dshs.texas.gov/IDCU/disease/tb/forms/PDFS/TB-600.pdf>
- i. <https://www.gchd.org/home/showpublisheddocument?id=8805>
- j. <https://dshs.texas.gov/IDCU/investigation/Reporting-forms/Notifiable-Conditions-2021-Color.pdf>
- k. <https://www.dshs.texas.gov/IDCU/disease/tb/forms/PDFS/TB-600.pdf>
- l. <https://www.dshs.texas.gov/disease/tb/faq.shtm#HCW>
- m. <https://www.cdc.gov/nchhstp/newsroom/2019/recommendations-for-tb-screening.html>
- n. <https://www.cdc.gov/tb/topic/testing/healthcareworkers.html>

### **Appendices:**

- a.
  - i. <https://www.gchd.org/home/showdocument?id=5108>
  - ii. <https://www.gchd.org/home/showdocument?id=6069>
  - iii. <https://www.gchd.org/home/showdocument?id=5194>
  - iv. <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>
  - ii. [www.gchd.org/notify](http://www.gchd.org/notify)
- c. CHW Emergency Operations Plan
  - i. <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](http://www.gchd.org/reports)
- 3. Notifiable Conditions:
  - a. [www.gchd.org/notify](http://www.gchd.org/notify)
- 4. DSI IS ComHcl!ateSettings Tuberculosis Risk Assessment form

Annual reviews conducted by Compliance Committee, GB QA Board Committee.

X \_\_\_\_\_  
 Donnie VanAckeren  
 Chair, Governing Board

Date \_\_\_\_\_



See Appendix A CHW Bloodborne Pathogens

**2023 Coastal Health & Wellness  
Bloodborne Pathogen Exposure Control Plan**

Based on OSHA's Blood borne Pathogen Standard 29 CFR 1910.1030  
Appendix to the CHW 2023 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 8/11/2022.

**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

**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 2/22/2022.
- If an exposure occurs, immediately stop what you are doing, remove PPE, and wash the site of injury with soap and water, if possible.
- Notify your supervisor and HR 409-938-2260 or email (GCHD\_HR@gchd.org)
- Supervisor or HR will assist employee with the following.
- Open a Workers' Compensation claim and connect the employee with CHN for post-exposure counsel.
- **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 a Community Health Services representative.
- 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/1DCU/health/infectioncontrol/bloodbornepathogens/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 2023

**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 2023 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 Nursing Director.
- Facility administration has the ultimate responsibility for all aspects of this program and has given Nursing Director 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 management 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 N 95 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 N 95 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 • Bittrex • 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 cannot 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 one-time 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

July 2024

Item#12

**Consider for Approval Sharon Hall, Representative  
to Serve on the Credentialing Committee**

[\*\*Back to Agenda\*\*](#)

# Coastal Health & Wellness *June* 2024 Health Center Update

Quarterly reports will be presented next month when financials are caught up.

Also, unduplicated patients and visit #s were not available due to outage.



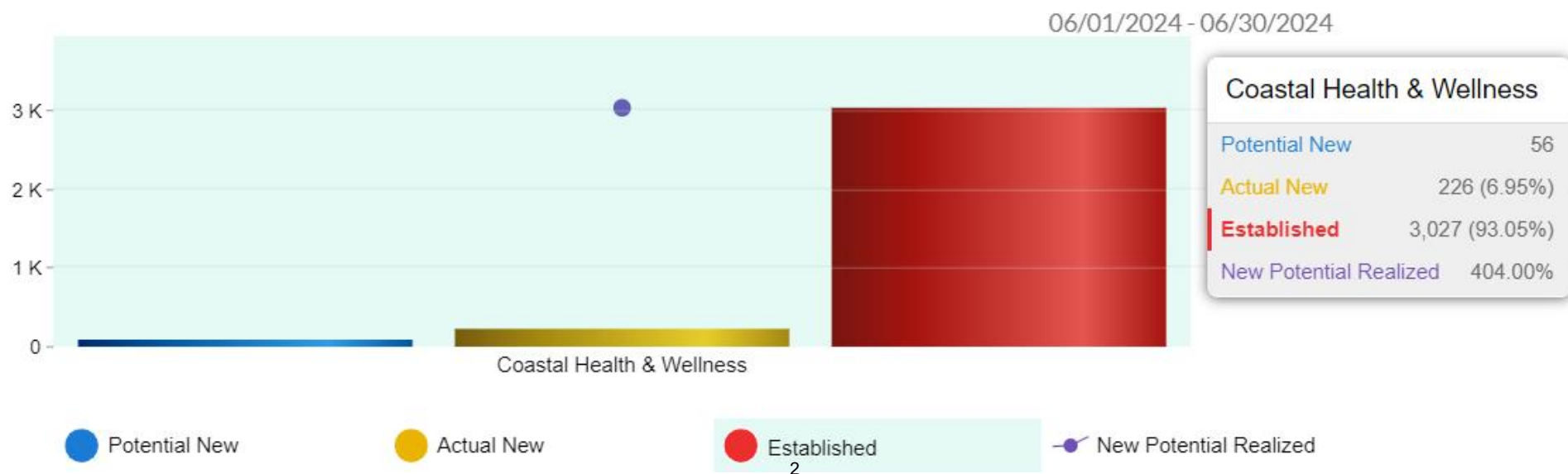
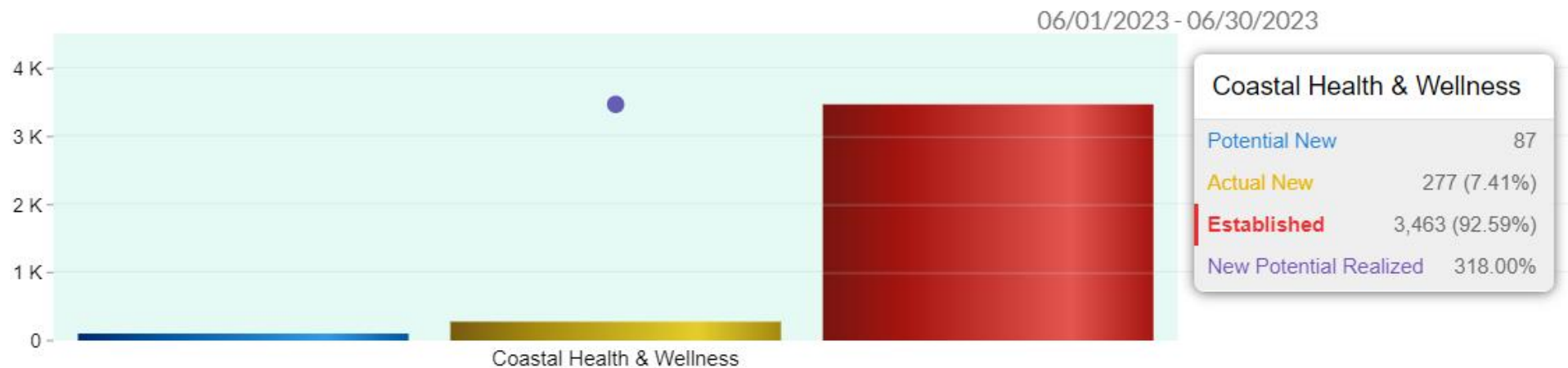
*Providing high quality healthcare to all..*



[coastalhw.org](http://coastalhw.org)

# June 2023 vs. 2024

## New vs. Established Patients ( 18% decrease in New Patients and a 13% decrease in Established Patients )



# June 2023 vs. 2024

## Confirmed Appointments (6% decrease, note that scheduled appts are down as well by 12%)





# June 2023 vs. 2024

## Resource Utilization

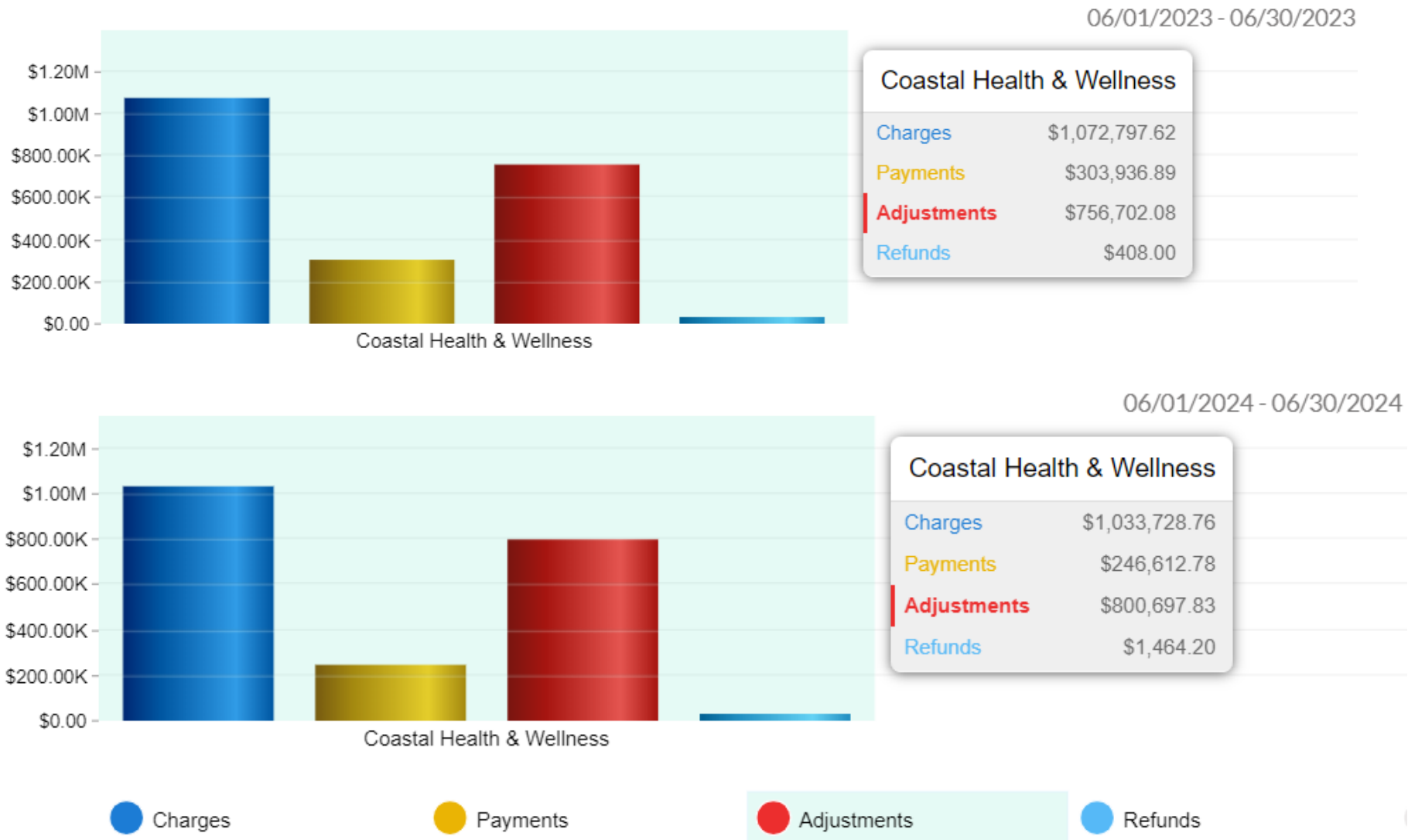
(13% decrease in available slots and a 7% decrease in booked appointment slots, making utilization lower)



# June 2023 vs. 2024

## Charges/Payments/Adjustments/Refunds

(4% decrease in charges, 19% decrease in payments, 6% increase in adjustments)



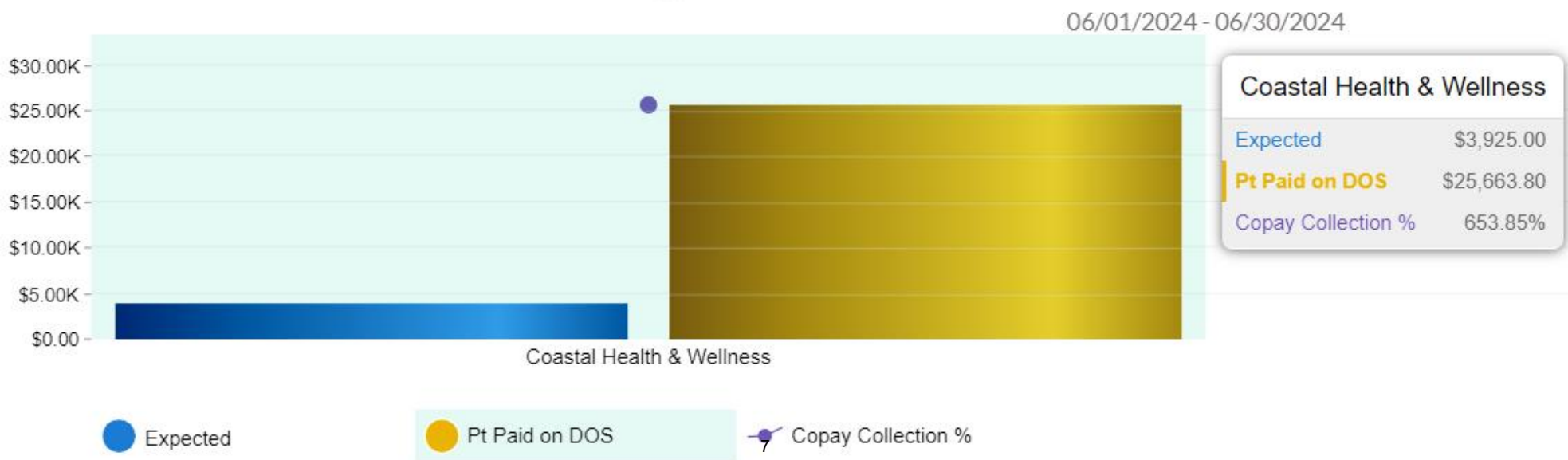
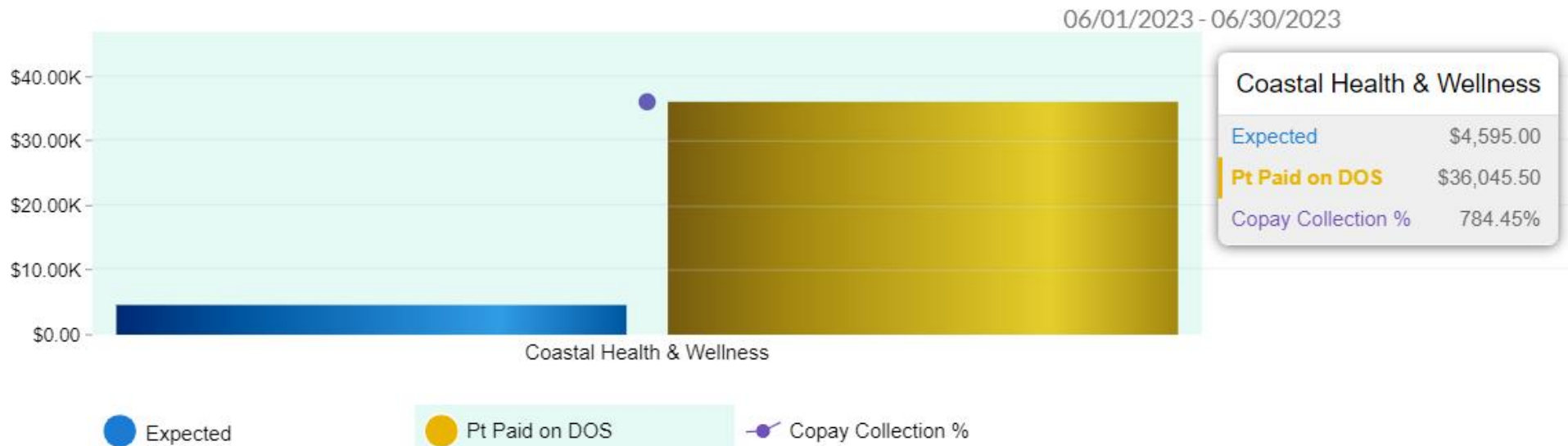
# June 2023 vs. 2024

**Kept/No-Show Comparison** (14% decrease in kept appointments, 9% decrease in no-shows, 12% decrease in scheduled appointments)



# June 2023 vs. 2024

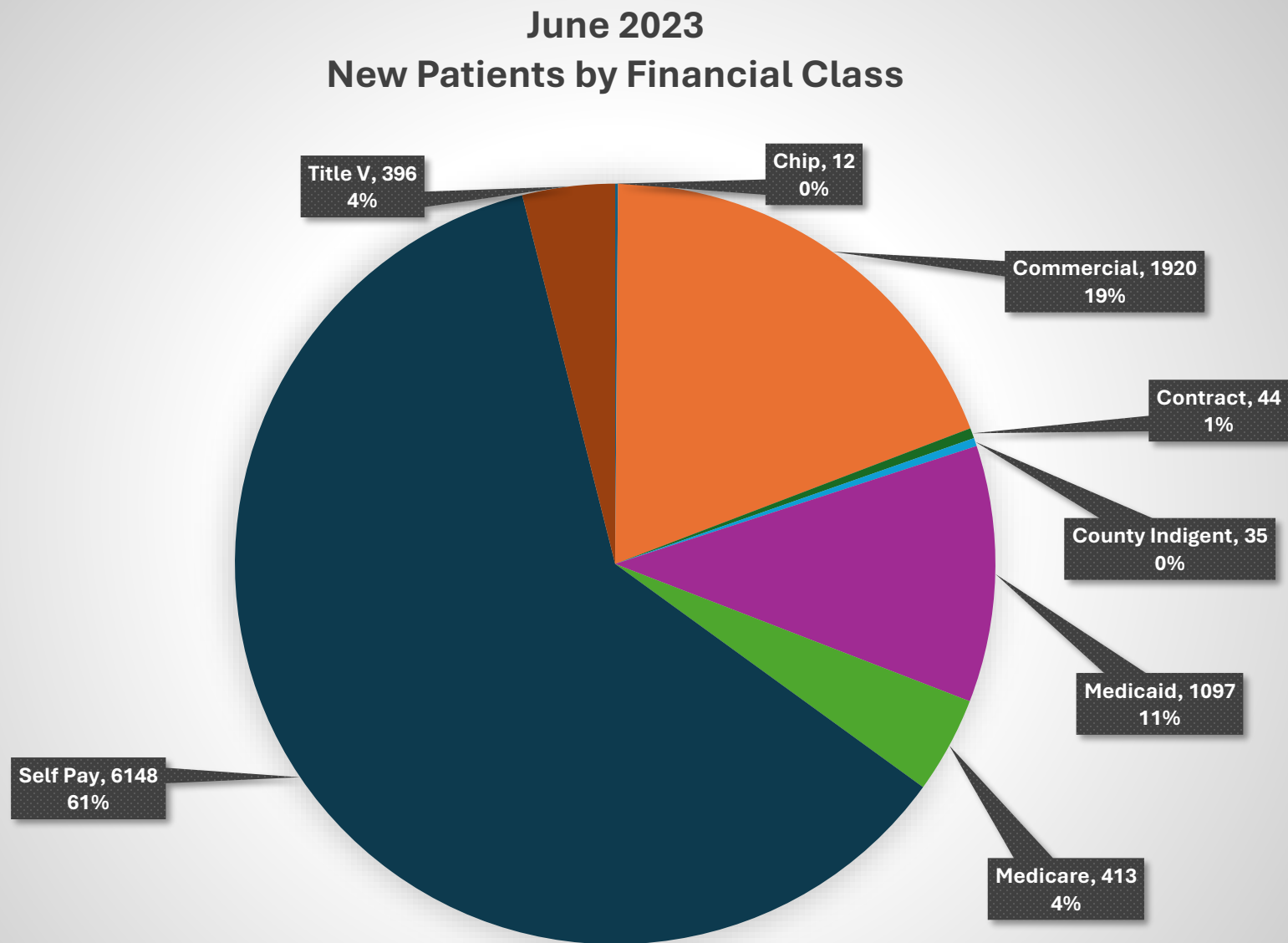
## Copay Collection (17% decrease)





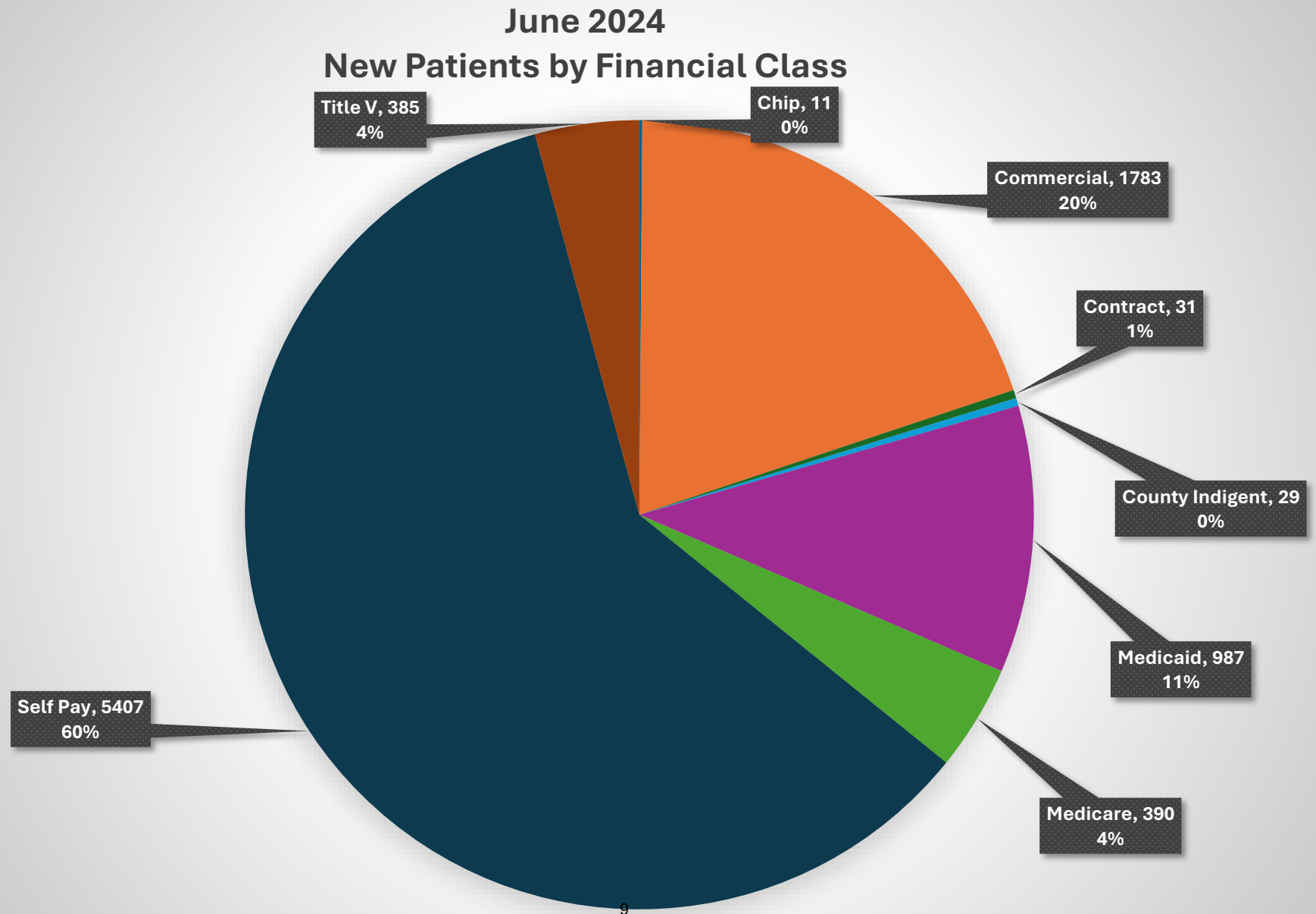
# June 2023 vs. 2024

## New Pts. by Financial Class



# June 2023 vs. 2024

## New Pts. by Financial Class



# CONGRATULATIONS to Dr. Lindskog on her Academy of General Dentistry Mastership!

To become an AGD Master, a dentist must:

- Complete over 1,100 credit hours of continuing education.
- Earn 400 of those 1,100 credits in hands-on courses.
- Pass an exam equal in difficulty to board certification exams.

Less than 2 percent of general dentists in the U.S. and Canada are AGD Masters!



Thank you!!!

## *Updates...*

- Preparing for CHW's HRSA Operational Site Visit August 20-22, 2024. Board involvement **mandatory** per HRSA. Mark your calendar now!
- Employee survey results are in and being compiled. More to come!
- EHR Optimization continues.
- Pharmacy in progress.
- Strategic Health Plan update in the works.

# Community Outreach Events

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*Community Engagement Team with CHW Outreach Eligibility, and Enrollment*



# Community Outreach

## **Health Screenings:**

Bayside Community Center (14)

Dickinson Community Center (13)

Wayne Johnson Community Center (13)

## **Events CHW/GCHD Hosted:**

Men's Health Walk (14)

Managing Credit (9)

Dollar Sense (12)

Financial Bingo (15)

## **Health/Resource Fairs Attended:**

Goodwill -League City & Galveston (every Thursday)

UTMB Resident and Fellow Orientation (63)

TCLM Business Showcase (425)

## **Presentations:**

ADA House (12)

HEAL at YMCA (11)

## **Community Partner Events/Meetings Attended:**

Good morning Galveston

Good morning Mainland

Sunrise with Santa Fe

League City Chamber Fun at 5

Young Professionals Speed Networking

Amoco FCU

Wellby|Financial

Tribe's Closet (Santa Fe ISD)

Financial Literacy at La Marque Public Library

A Night of Mystery-GCFB

# Upcoming Events

- 08.05.24 TCISD Staff Convocation
- 08.07.24 League City Employee Health Fair
- 08.23.24 Resource Navigation Expo (Hospitality Fair)-Moody Methodist Church
- 10.26.24 Fall Festival (trunk or treat)
- 11.16.24 Family Fun Day/ Fun Run at Texas City High School



# Event Highlights

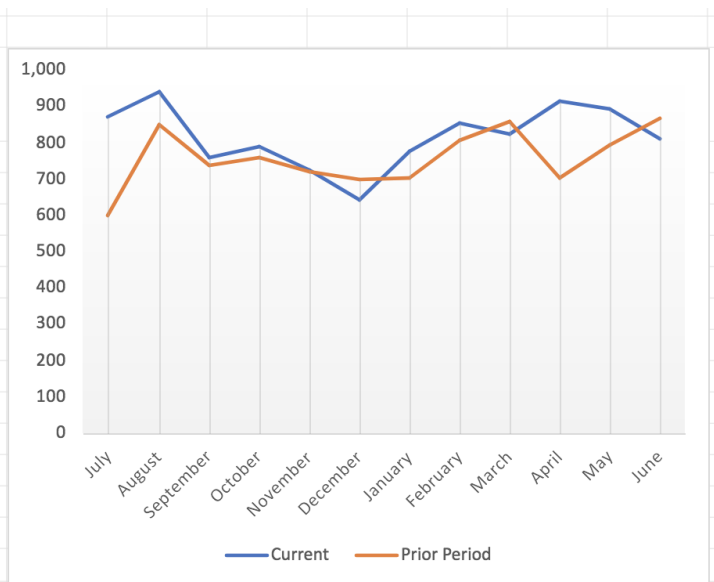




## Dental Clinic Board Update 7/25/2024

- Visit Numbers – Based on “FQHC Qual Enc” in NextGen –
  - We continue to see walk in patients in pain as we can fit them into our schedule.
  - We continue to release comprehensive exams on the 15<sup>th</sup> of every month.
  - For June 2024, we had a decrease in qualifying encounters of 6.21% compared to June 2023. We had a full-time dentist and part-time hygienist out for one week on vacation as well as several other providers with one or two days of leave during June.
  - All charges for June 2024 had not been processed at the time of this report, so the total qualifying encounters for June 2024 may increase after those have been posted.
  - There was an increase of 7.81% in qualifying encounters when comparing July 1, 2023 – June 30, 2024, with July 1, 2022 – June 30, 2023.

	Dental Visits		Percentage Change
	Current	Prior Period	
July	873	602	45.02%
August	941	850	10.71%
September	760	738	2.98%
October	790	759	4.08%
November	725	724	0.14%
December	646	699	-7.58%
January	777	705	10.21%
February	858	807	6.32%
March	828	862	-3.94%
April	915	703	30.16%
May	896	794	12.85%
June	815	869	-6.21%
	9,824	9,112	7.81%



- Current projects, plans, department overview for dental
  - Dr. Lindsog continues to serve on the COM Hygiene School Advisory Board. They are planning to start this fall with their first class.
  - We will be transitioning the dental front desk staff to become part of the dental team
- Provider Education Opportunities
  - All providers continue to select and participate in continuing education of their choice. They also share knowledge from these courses with the other providers during monthly meetings.
- Barriers or Needs (if applicable)
  - Staffing
    - We have a vacancy for one full-time and one part-time dental assistant

## Governing Board July Meeting Agenda

<b>School Based Clinic:</b>	Total May Visits: 76	Total June Visits: 63
Students:	3	4
Staff:	0	1
Existing CHW	73	58
In person	3	6
Telehealth	73	57

<b>Telehealth/ Doxyme:</b>	Total May visits	Total June Visits
	294	213

<b>CHW Clinic visits:</b>	Total May Visits:	Total June Visits
	2001	1947
Scheduled visits	2812	2667
No Shows	811	720
No Show Rate	29%	27%

<b>Total Charges</b>	May	June
		\$520,856.11

### Current Projects:

We have started using retinal cameras, we will be monitoring usage/gap closures

Women's Health program is expanding, we have increased schedule by another half day

Procedure training for interested providers being done, Hurricane Beryl caused some delays

We are interviewing candidates for our RN CCM/TCM coordinator, hope to have position filled soon

We provided 60 free sports physicals at the CHW back to school event

## Human Resources

	Active EE Count for Month - June	Hired EE's for Month - June	Termed EE's for Month - June	Active EE Count for Prior Year – June 2023	Hired EE's for Month – June 2023	Termed EE's for Month – June 2023
CHW	126	3	2	107	1	0

Open Positions	7/18/2024
CHW	23

## Turnover Rate Calculation

Month	Number of Separated Employees	Average Number of Employees	Monthly Turnover Rates (Percentage)	Quarterly Turnover Rates	Annual Turnover Rate
January	3	106	2.8%	10.7%	
February	2	107	1.9%		
March	7	116	6.0%		
April	2	116	1.7%		
May	0	123	0.0%		
June	2	126	1.6%	3.3%	
July	0	1	0.0%		
August	0	1	0.0%		
September	0	1	0.0%	0.0%	
October	0	1	0.0%		
November	0	1	0.0%		
December	0	1	0.0%	0.0%	14.0%

As of 7/11/24

## 2024 New Hires & Upcoming

Hire Date	Department	Job Title	Position #
1/4/2024	CHW Dental Providers	Dentist	CHW-DP-002
1/4/2024	CHW Patient Services	Patient Access Specialist	CHW-PS-011
1/4/2024	CHW Patient Services	Patient Access Specialist	CHW-PS-020
1/4/2024	CHW Patient Services	Patient Access Specialist - Schedule Coordinator	CHW-PS-022
1/11/2024	CHW Providers	Behavioral Health Counselor	CHW-MP-010
1/25/2024	CHW Med Admin	Pharmacy Program Specialist	CHW-RX-002
1/25/2024	CHW Providers	Behavioral Health Counselor (reclassified Mental Health Counselor position)	CHW-MP-009
02/15/24	CHW Lab	Phlebotomist (was Lab & X-Ray Technician)	CHW-MDX-003
2/15/2024	CHW Providers	Midlevel - NP (locum)	N/A
2/15/2024	CHW Nursing	Medical Assistant	CHW-MA-015
2/29/2024	CHW Case Management	Patient Care Coordinator	CHW-CM-006
3/7/2024	CHW Nursing	Medical Assistant	CHW-MA-008
3/7/2024	CHW Dental Providers	Dentist	CHW-DP-006
3/28/24	CHW Providers	Midlevel - NP	CHW-MP-006
3/28/2024	CHW Dental Assistants	Dental Assistant	CHW-DA-003
4/18/24	CHW Providers	Midlevel - NP	CHW-MP-014
4/18/2024	CHW Nursing	Medical Assistant	CHW-MA-004
5/9/2024	CHW Providers	Midlevel - PA	CHW-MP-005
4/18/2024	CHW HIM	Bilingual Health Information Specialist	CHW-HIM-003
4/18/2024	CHW Patient Services	Patient Access Specialist - Bilingual	CHW-PS-005
4/22/2024	CHW Patient Services	Patient Access Specialist	CHW-PS-025
5/30/2024	CHW RCM	RCM Billing Specialist	CHW-RCM-003
5/30/2024	CHW RCM	RCM Billing Specialist	CHW-RCM-011
5/30/2024	CHW RCM	RCM Billing Specialist	CHW-RCM-008
5/30/2024	CHW Lab	Lab & X-Ray Tech	CHW-MDX-009
5/30/2024	CHW Lab	Lab & X-Ray Tech	CHW-MDX-004
5/30/2024	CHW RCM	RCM Billing Specialist	CHW-RCM-009
5/30/2024	CHW Dental Admin	Dental Office Manager	CHW-DO-001
5/30/2024	CHW RCM	RCM Billing Specialist	CHW-RCM-010
5/30/2024	CHW RCM	RCM Financial Counselor	CHW-RCM-013
6/20/2024	CHW Enabling Services	Outreach, Eligibility & Enrollment Specialist - Bilingual	CHW-OEE-007
6/20/2024	CHW RCM	RCM Billing & Coding Manager	CHW-RCM-007
6/20/2024	CHW RCM	RCM Billing Specialist	CHW-RCM-012
6/20/2024	CHW Nursing	Medical Assistant	CHW-MA-006
7/18/2024	CHW Providers	Pediatric Midlevel - NP	CHW-MP-015
7/18/2024	CHW Patient Services	Patient Access Specialist Lead	CHW-PS-003
7/18/2024	CHW Patient Services	Patient Access Specialist - Bilingual	CHW-PS-018
7/18/2024	CHW Med Admin	Manager - Galveston Clinic	TBD
Pending 8/1/2024	CHW Nursing	LVN	CHW-MN-007
Pending 8/1/2024	CHW Enabling Services	Manager - Enabling Services	CHW-OEE-001
Pending 8/1/2024	CHW Med Admin	Special Programs Manager	CHW-ADM-009

[Back to Agenda](#)

## GCHD, CHW throw Back-to-School Block Party

Galveston County Health District and Coastal Health & Wellness served students and families at their Back-to-School Block Party event.

Families attended the event on July 13 for free school supplies and backpacks, free student sports physicals, immunizations, free vision screenings and had a chance to learn about community resources like Women, Infants and Children (WIC), SNAP, Medicaid, registering as a CHW patient, and more.

At the block party, 682 parents and children attended, 526 meals were served, 439 backpacks were distributed, 50 vision screenings were conducted, and 60 sports physicals were conducted.

Thank you to our event sponsors: Texas First Bank, AMOCO, Rho Nu - Galveston, and the Galveston Alumni Chapter of Kappa Alpha Psi Fraternity, Inc.





## GCHD, CHW visit overnight cooling center

Galveston County Health District and Coastal Health & Wellness staff visited the Dickinson High School overnight cooling center. Staff talked to the Red Cross, educated them on food safety, and provided assistance. They spoke with the Red Cross, Sheriff's Department, and Mayor Skipworth to ensure all citizens have a safe and cool place if needed.



## STEM camp students tour GCHD, CHW

On July 17, 6th-8th grade students from the Greater St. Matthews Baptist Church STEM Camp in Hitchcock, TX visited GCHD for Career Day. During the visit, students had the opportunity to meet with CHW nurses and COM nursing students, participate in environmental demonstrations on air and water, engage with epidemiologists to learn about outbreak investigations, take a tour of the dental clinic, interact with WIC employees for a nutrition quiz, and learn CPR from GAAA staff.





## National Health Center Week, Aug. 4-10

Coastal Health & Wellness will celebrate National Health Center Week, August 4-10. This year's theme is *Powering Communities Through Caring Connections*, which focuses on empowering communities by connecting them with health centers and elected officials from all levels of government.

CHW is accredited by The Joint Commission is a recognized Patient-Centered Medical Home committed to providing access to high-quality, affordable primary care to everyone. Services include dental and primary medical care, pediatric care, behavioral health and a substance use disorder- mental health program.



## Add immunizations to your back-to-school list

Back-to-school prep season is here. While most supply lists include things like pencils, notebooks, crayons and other classroom items, parents still have time to ensure their children have the most important supply on hand - protection against vaccine-preventable diseases.

Vaccines are the best way for parents to protect their children – and themselves – from 16 potentially harmful diseases that can often be extremely serious, especially in infants and young children.

These diseases include measles, whooping cough, chickenpox and some cancers. Parents should check with their child's doctor and school to learn about vaccine requirements.

Call Coastal Health & Wellness at 409.938.2234 to see if your child is up-to-date on their immunizations.





## Tips for a successful back-to-school dental visit

School will be back in session before you know it. Whether your child will be in the classroom or learning from home, a healthy smile is still a back-to-school essential.

Regular dental visits are important year-round, but a back-to-school checkup is key in fighting the most common chronic disease found in school-age children: cavities. In fact, dental disease causes children to miss more than 51 million school hours each year. Prevention and early detection can help avoid pain, trouble eating, difficulty speaking and school absences.

Check out these [eight secrets](#) to a successful back-to-school dental checkup.



## \$20 sports physicals available at CHW School-Based Clinic

Coastal Health & Wellness School-Based Clinic is offering sports physicals for a flat fee of \$20 on Tuesdays and Thursdays, 8 a.m. to 4 p.m. The clinic is located at the Calvin Vincent Early Childhood Center, 1805 13th Ave North, Texas City. Call us at 409-916-0264 to reserve your spot. Walk-ins welcome.



**SPORTS PHYSICALS**  
**AVAILABLE** **\$20**

**TUESDAYS AND FRIDAYS**  
**8 AM – 4 PM**

**CALL TO RESERVE YOUR SPOT!**  
**409-916-0264**



**Located at Calvin Vincent  
Early Childhood Center**

**1805 13th Ave North, Texas City, TX 77590**

**WALK-INS WELCOME!**



Coastal Health & Wellness is a community health center under the Galveston County Health District.

[COASTALHW.ORG](http://COASTALHW.ORG)



## Telehealth visits offer convenient care

Did you know Coastal Health & Wellness offers Telehealth patient visits to better serve you?

As your trusted Primary Care Medical Home, we strive to do all we can to ensure the health and safety of our patients and providers.

Telehealth visits are an easy, convenient way for you to talk with your provider without having to leave your house or travel to the clinic. It is a secure, internet application that allows you to privately discuss your concerns with your provider.

Learn more about our telehealth visit service or call us at 409.938.2234 if you have any questions.

## Stay in touch with Patient Portal

Have you signed up for our patient portal? It's an easy way to get in touch with your Coastal Health & Wellness team.

- Request and view appointments
- Send a message to your provider and CHW team
- View a summary of your health record and lab results
- Request prescription refills
- Pay statements

Call us at 409.938.2234 to learn more!

Click here to learn more about CHW services.

Click here to learn more about becoming a patient.

Click here to meet our CHW providers.

### Governing Board

July 2024

Item#14

### Discussion Regarding Governing Board Terms and Governing Board Committees

[Back to Agenda](#)

**Governing Board  
July 2024  
Item#15  
Committees from Board Members**

[\*\*Back to Agenda\*\*](#)