NHCNEINST 6220.2
05
12 May 09

NAVHLTHCLINICNE INSTRUCTION 6220.2

From: Commanding Officer

Subj: INFECTION CONTROL

Ref: (a) Comprehensive Accreditation Manual for Ambulatory Care, Current Edition (CAMAC)
(b) BUMEDINST 6220.9A
(c) BUMEDINST 6280.1A
(d) BUMEDINST 6220.12A
(e) Association for the Advancement of Medical Instrumentations (AAMI) Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities (ANSI/AAMI ST79:2006)
(f) Center for Disease Control and Prevention (CDC)
(g) Occupational Safety and Health Administration (OSHA)
(h) USP, Chapter 797
(i) NHCNE Pharmacy SOP 9020
(j) MANMED Chapter 21, Pharmacy Operations
(k) Association for Professionals in Infection Control and Epidemiology (APIC) Text, Current Edition
(l) NHCNE Bloodborne Pathogen Exposure Control Plan (2009) (located on the NHCNE Internet site under Command Documents)
(m) NHCNE Infection Control Manual (2009) (located on the NHCNE Internet site under Command Documents)

1. Purpose. Implement an integrated and aggressive Infection Control Program (ICP) to delineate the composition, duties and responsibilities of the Infection Control Committee (ICC) and to provide for assessment and monitoring of infection control policies and procedures, including the opportunities for improvement. The Naval Health Clinic New England (NHCNE) Infection Control Program will provide guidance for infection control activities within NHCNE. The plan outlines surveillance programs and requirements, standardization of cleaning practices, products and data collection guidance throughout the command, in accordance with references (a) through (m).

2. Cancellation. NHCNE SOPP, Chapter 10

3. Objective. Ambulatory care clinics present a unique challenge in identifying healthcare associated infections related to any particular area. Patients may be exposed to infections or communicable diseases that may go undetected if they do not return for treatment. Outpatient care areas are under surveillance primarily through review of microbiology reports and compliance monitoring. An infection control program is essential for the prevention of clinic associated infections, in addition to serving as a means of detection and control. The infection control program involves every clinic within all facilities, and the cooperation of every member of the clinic community. The efforts of any number of conscientious individuals are rendered ineffective when any break in technique or lapse in judgment on the part of any person occurs. Understanding the interrelationship that exists between the patient and the environment is most important in attaining these goals. Control of infections is everyone's personal responsibility.

4. Scope. The NHCNE Infection Control Manual, reference (m), applies to all staff members at NHCNE who have direct contact with patients or who provide services that affect the microbiological or physical environment of patients, staff and/or visitors. This includes both the medical and dental communities.

5. Responsibility

a. The Commanding Officer (CO) is ultimately responsible for the ICP at NHCNE. The CO is assisted by the ICC and the Officers in Charge (OICs) in implementing the ICP.

b. The OICs are responsible for the ICP at their respective clinics and annexes and are assisted by their clinic Infection Control Officer (ICO) and the Preventive Medicine Department. Additional guidance is available from the ICC Chairman and the Head, Preventive Medicine Department.

c. The Department Heads shall:

(1) Ensure that personnel use proper personal protective equipment (PPE) and follow safe work practices.

(2) Ensure that military and civilian staff members attend Command Orientation and annual training, and are provided refresher training as necessary.

(3) Ensure a cleaning schedule is implemented for each department. The cleaning schedule lists cleaning tasks that are performed daily, weekly and monthly. This is applicable to all clinics and ancillary services. The cleaning schedule shall be available to the ICO at the time of department inspection.

d. The CO appoints the Chairman and members of the ICC, in writing. The membership of the ICC and their duties and responsibilities are listed in Chapter 1 of reference (m). The ICC provides a forum for discussion of infection control issues and opportunities for improvement, as part of the command's Performance Improvement program.

e. Per references (b) and (d), all healthcare providers and staff members must report suspected healthcare associated antibiotic resistant infections and all communicable diseases to the Preventive Medicine Department and the ICO. All exposures, and potential exposures, should be reported to the immediate supervisor immediately. If an injury is the result of an exposure incident (needle stick or mucosal exposure), medical treatment shall be provided by the Occupational Medicine Department. In the absence of the Occupational Medicine Department personnel, treatment shall be provided by the Primary Care Clinic.

6. Action. Actions and duties described in reference (m) must be implemented upon receipt of this instruction. All staff members must follow the guidelines contained in reference (m).

/s/
D. E. NELSON

Distribution:
Electronic only via the NHCNE Internet