

MEDDAC/DENTAC Regulation 40-15

Medical Services

Infection Control Program

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
5 May 2004**

Unclassified

SUMMARY of CHANGE

MEDDAC/DENTAC REG 40-15
Infection Control Program

Specifically, this revision—

- o Deletes the requirement for the Industrial Hygienist at Kimbrough Ambulatory Care Center to be an ad hoc member of the Infection Control Committee (para 2-9).
- o Changes the last sentence of paragraph 3-2f to read, “The medical surveillance and screening programs provided by PMS are a means of protection for patients and staff.”
- o Changes paragraph 4-2b(3) to read, “Informal education takes place as the ICP conducts surveillance, periodic rounds, or consults on a specific patient or practice issue.”

The revision of 20 April 2004—

- o Changes paragraph 2-1 (Responsibilities of the Infection Control Committee) as follows:
 - Reassigns the responsibilities of the Infection Control Committee (ICC) to the Chairperson, Infection Control Committee.
 - Changes the responsibility for “ensuring a comprehensive Infection Control Program” to “directing and monitoring a comprehensive Infection Control Program.”
 - Adds subparagraph *h*, which gives the ICC chairperson the added responsibility of incorporating national patient safety initiatives in Infection Control Program activities.
- o Changes paragraph 2-9 (Responsibilities of the Industrial Hygienist) as follows:
 - Changes subparagraph *b* to read, “b. Monitor occupational exposure to glutaraldehyde.”
 - Deletes subparagraph *d*.
- o Adds new paragraph 2-10, to assign responsibilities for the Patient Safety Manager. Old paragraphs 2-10 and 2-11 have been renumbered accordingly.
- o Adds new subparagraph *n* to paragraph 2-11, giving the ICP the responsibility to collaborate the Patient Safety Manager, Risk Manager and Patient Representative to review reports and identify patient safety-related infection control concerns.
- o Makes minor changes to paragraph 3-1a.
- o Makes significant changes throughout paragraph 3-2.

- o Adds new paragraph 4-2a(4), which addresses evaluation of infections. Old paragraphs 4-2a(4) through (6) have been renumbered accordingly.
- o Changes the responsibility for conducting daily reviews of all positive microbiology cultures from the Infection Control Practitioner to the Microbiology Section of Laboratory Service (para 4-2a(5)).

The revision of 12 February 2003—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Changes the term nosocomial infection to health care associated infection throughout the publication.
- o Deletes para 2-3f, which assigned the Preventive Medicine Physician the responsibility to serve as chairperson of the Infection Control Committee. Old para 2-3g has been changed to 2-3f.
- o Changes para 2-9b (the Industrial Hygienists responsibilities) to read “Monitor occupational exposure to glutaraldehyde.” The words “and ethelene oxide were removed from the end of the paragraph.

Medical Services

Infection Control Program

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the publication, which was originally published on 1 August 1995.

Summary. This regulation covers the responsibilities, overview and activities of the Infection Control Program of the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC).

Applicability. This regulation applies to the MEDDAC headquarters (Kimbrough Ambulatory Care Center), and Dental Clinic No. 3 (DC #3) of the U.S. Army Dental Activity, Fort George G. Meade (DENTAC).

Supplementation. Supplementation of this regulation is prohibited.

memorandum is the Deputy Commander for Clinical Services.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-ZC, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication is by electronic medium only.

History. This is the sixth revision of

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* This publication supersedes MEDDAC/DENTAC Reg 40-15, dated 20 April 2004.

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Glossary

Chapter 1 Introduction

1-1. Purpose

This regulation prescribes policies, procedures and responsibilities for the Infection Control Program.

1-2. References

Required and related publications are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

Chapter 2 Responsibilities

2-1. The Chairperson, Infection Control Committee (ICC)

The Chairperson, ICC is responsible to the MEDDAC Commander to direct and monitor a comprehensive Infection Control Program. (In accordance with (IAW) Army Regulation (AR) 40-5, the chair-person will be a medical officer who demonstrates interest and knowledge in infection control, and can devote sufficient time and effort to ensure an effective program.) The ICC chair-person, in corroboration with the members of the ICC, will—

- a. Advise and assist the MEDDAC Commander to formulate policies related to infection control.
- b. Determine whether a case is a health care-associated infection.
- c. Review and approve infection control policies and procedures.
- d. Institute appropriate control measures or studies when it is reasonably felt that a danger to patients or personnel exists.
- e. Monitor compliance with regulatory and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) guidelines pertaining to infection control in an ambulatory care setting.
- f. Establish quality improvement criteria to evaluate the effectiveness of infection control activities.
- g. Approve all disinfectant solutions used in the MEDDAC.
- h. Incorporate national patient safety initiatives in Infection Control Program activities.

2-2. The Chief, Preventive Medicine Service (PMS)

The Chief, PMS will—

- a. Act as liaison between the Kimbrough Ambulatory Care Center and the local public health authorities.
- b. Assist the Preventive Medicine (PM) Physician and ICC in epidemiological investigations.

2-3. The PM Physician

The PM Physician will—

- a. Serve as the MEDDAC's epidemiology consultant. (In the absence of the PM Physician, the Chief, PMS at Walter Reed Army Medical Center will serve as consultant.
- b. Assist the Infection Control Nurse in the analysis of collected data for presentation to the ICC.
- c. Advise the ICC on all matters of an epidemiological nature.
- d. Advise the ICC on patient care procedures and policies as they relate to infection control.
- e. Provide assistance in the development of aspects in the employee health program concerned with infection and infectious hazards.
- f. Provide guidance, as required, to the Infection Control Practitioner (ICP) in surveillance and the epidemiological investigation of outbreaks.

2-4. The Chief, Logistics Division

The Chief, Logistics Division will ensure that—

- a. Linen management procedures are IAW AR 40-5 and AR 210-130.
- b. Housekeeping procedures are IAW AR 40-5.
- c. Waste management procedures are IAW AR 40-5 and MEDDAC Reg 40-14.

2-5. The Chief, Laboratory Service

The Chief, Laboratory Service will—

- a. Review and inform the ICC of bacteriological surveillance, to include type of bacteria isolated, susceptibility to antibiotics and changes in trends of antibiotic susceptibility.
- b. Ensure the ICP has access to all patient and environmental bacteriological findings.

2-6. Department chiefs

The term "department" is explained in the glossary. Within their areas of responsibility, department chiefs will—

- a. Develop or assist in developing appropriate infection control policies and procedures.
- b. Ensure staff compliance with infection control policies and procedures.
- c. Ensure that infection control is included in the orientations of all new personnel and that it is part of continuing education for all personnel. All infection control training will be documented.

2-7. The Environmental Science Officer, PMS

The Environmental Science Officer will—

- a. Serve as advisor to the Infection Control Committee in the discipline of Environmental Health.
- b. Conduct periodic surveys of the MEDDAC and DC #3 in order to detect hazardous conditions, including infectious hazards.
- c. Assist the PM Physician and ICC in epidemiological investigations.

2-8. The Chief, Occupational Health Section (OH), PMS

With regard to the MEDDAC and DC #3, the Chief, OH will—

- a. Provide medical surveillance of MEDDAC and DC #3 staff.

- b. Assist in in-service training of staff as required.
- c. Provide follow up surveillance and counseling for blood and body fluid exposures.
- d. Monitor and report communicable diseases among the staff.
- e. Assist the PM Physician and ICC in epidemiological investigations.

2-9. The Industrial Hygienist

The Industrial Hygienist will—

- a. At the request of the ICC, review the methods used to disinfect and sterilize hazardous materials use within the facility.
- b. Monitor occupational exposure to glutaraldehyde.
- c. Coordinate ventilation studies for the operating rooms and dental clinics.

2-10. The Patient Safety Manager

The Patient Safety Manager will—

- a. Advise the ICC on infection control patient safety-related issues.
- b. Assist the ICP in surveillance of patient safety goal compliance.
- c. Provide infection control patient safety goal training (for example, goal #7, Prevent health care related infection).

2-11. The ICP

The ICP will—

- a. Coordinate the planning, development, implementation, and evaluation of the Infection Control Program.
- b. Provide surveillance and case finding and report the results to the ICC.
- c. Provide assistance with procedure development and evaluation of new supplies and equipment.
- d. Develop and present infection control orientation and computer-based annual training (CBAT), and infection control continuing education programs. The ICC also acts as a resource for individuals developing in-services for infection control.
- e. Coordinate the review and revision of infection control policies and procedures.
- f. Monitor compliance with infection control policies and procedures.
- g. Assist the medical staff for reviewing the clinical use of antimicrobial agents.
- h. Prepare (and present) agendas, surveillance worksheets, charts, and standing operating procedures (SOPs) for the ICC to review at its meetings.
 - i. Plan and conduct studies of infection control problems as recommended by the ICC.
 - j. Function as the infection control resource person for all Kimbrough Ambulatory Care Center services, the outlying clinics, and the DC #3.
 - k. Attend committee meetings per MEDDAC Reg 15-1 memberships.
 - l. Coordinate epidemiological investigations.
 - m. Investigate and assist in control of outbreaks of infections above expected levels and or cases of health care infection.
 - n. Collaborate the Patient Safety Manager, Risk Manager and Patient Representative to review reports and identify patient safety-related infection control concerns.

2-12. MEDDAC and DC #3 staff members

MEDDAC and DC #3 staff members will—

- a. Report suspected or known infection of patients or staff to the ICC.
- b. Adhere to established infection control policies and procedures.

Chapter 3

Overview of the Infection Control Program

3-1. General overview of the Infection Control Program

a. All healthcare facilities present a risk of infections acquired in the healthcare facility (health care-related infections) and infections brought into the facility (community-acquired infections). Health care infections may be endemic or epidemic. They may affect patients, staff, and others who have contact with the patients.

b. The Infection Control Program uses the facility performance improvement process to optimize the delivery of quality care, reduce costs associated with adverse outcomes and promote a safe environment. The program works closely with PMS to reduce risks of infection from the environment including food and water sources.

3-2. Specific overview of the Infection Control Program

a. The mission of the MEDDAC's Infection Control Program is to identify and reduce risks of acquiring and transmitting infections in the healthcare facility. Specific program goals are to—

(1) Improve overall patient care by reducing risk for transmission through coordination of all activities related to the surveillance, prevention and control of nosocomial infections.

(2) Reduce risks of endemic and epidemic nosocomial infections between patients and personnel.

(3) Identify and trend nosocomial infections in patients and personnel.

(4) Link with supported systems to reduce the risk of infection from the environment, including food and water sources.

b. Infection control is the responsibility of all personnel within the health care facility. These programs require full participation of personnel and attention to complying with health-care organization policies.

c. Many conditions compromise a patient's ability to fight infection. These include pre-existing underlying causes, immunosuppressive drugs, antibiotic therapy, treatments which provide a portal of entry for microorganisms (such as surgery, intravenous therapy, urinary catheters, invasive diagnostic procedures), the facility's microbial population, and reusable equipment. The Infection Control Program reduces the impact of these factors through various interventions, such as using aseptic techniques, appropriate environmental sanitation, use of appropriate antibiotics, use of Standard Precautions, and the isolation of patients with certain infectious diseases. These interventions and others can be found in the Infection Control Policy and Procedure Guide.

d. The Infection Control Program—

(1) Monitors epidemiologically significant infections in patients and personnel.

(2) Reports infections both internally and to public health agencies.

(3) Implements current standards, guidelines, applicable local, state and federal regulations, and accrediting agency standards.

(4) Participates in performance improvement processes.

(5) Investigates outbreaks.

e. Paragraphs d(1) through (5), above, are goal-directed and interrelated processes based on sound epidemiologic principals that reduce infection risk. Interventions are found in the Infection Control Policy and Procedure Guide.

f. The Infection Control Program includes the health and protection of patients and personnel. OH and the Infection Control Section work together to evaluate risk and plan interventions to reduce risk of infection transmission and improve worker safety. The medical surveillance and screening programs provided by PMS are a means of protection for patients and staff.

Chapter 4

Activities of the Infection Control Program

4-1. General activities of the Infection Control Program

a. Responsibilities.

(1) The ICC is responsible for directing and monitoring the overall infection control program. ICC membership and responsibilities are discussed in MEDDAC/DENTAC/VS Reg 15-1.

(2) The ICC chairperson and the ICP are responsible for the day-to-day management of the program.

(3) Division and department chiefs are responsible for assuring adherence to infection control policies and procedures by all personnel.

b. Scope of the program.

(1) The major goal of the practice of infection control is to minimize morbidity, mortality and economic burdens associated with infection through prevention and control efforts in well and ill populations.

(2) Using epidemiological principles, the ICP collects and analyzes pertinent data in order to determine risk factors associated with endemic and epidemic infections and to define mechanisms of transmission.

(3) The ICP assists in developing strategies to prevent and control risk of infection in patients, personnel, students, visitors, volunteers and contract personnel.

c. The important aspects of the program are—

(1) Surveillance.

(2) Education.

(3) Consultation.

(4) Communication.

(5) Epidemiology.

d. The program encompasses both patient care and occupational health. The specific program activities may vary from year to year as they are based on at least an annual analysis of the organization's demographics; annual program review including findings from surveillance activities; and continuous monitoring of scientific literature, practice guidelines, accrediting agency standards, and applicable local, state and federal regulations. The ICC defines the

epidemiologically important issues, ensures objectives are established and that an infection control plan is developed and implemented.

4-2. Specific activities of the Infection Control Program

a. Surveillance.

(1) The types of surveillance for infections in patients and personnel carried out by the ICP are determined each year by the ICC. Policies for surveillance activities are included in the Infection Control Section SOP Manual. Case-finding procedures, case confirmation and documentation procedures and procedures for analysis and reporting are included.

(2) Goals are to—

(a) Identify opportunities to reduce risk.

(b) Establish baseline infection rates for specific infections.

(c) Provide a mechanism to detect increased incidence of infection.

(d) Measure the effectiveness of control measures and identify infections and communicable diseases with high potential for transmission early, and take appropriate action.

(3) Criteria used to identify health care infections in patients are those established by the Centers for Disease Control and Prevention and can be found in Section 2 of the Infection Control Policy and Procedure Guide.

(4) Each infection will be evaluated to determine if it is healthcare-related, whether it is an infection or a colonization, and whether it has been treated within appropriate antibiotic guidelines.

(5) A daily review of all positive microbiology cultures is conducted by the Laboratory Service's Microbiology Section to identify clusters or outbreaks of infection, the presence of antibiotic resistant organisms, and pathogens that are communicable among patients and personnel and which require isolation precautions to prevent transmission.

(6) Special studies are done at the direction of the ICC.

(7) PMS is responsible for reporting communicable diseases and other reportable conditions to public health agencies IAW MEDDAC Reg 40-18. An internal report is provided to the ICC and then disseminated to staff. PMS is our link to external agencies to assure appropriate follow up and control of infections.

b. Education.

(1) Orientation and annual in-service classes are presented by the ICP during CBAT. The program includes training on bloodborne pathogens and tuberculosis. Division and department chiefs are responsible for ensuring all personnel receive annual training.

(2) In-services on infection control topics specific to an area can be scheduled by contacting the ICP.

(3) Informal education takes place as the ICP conducts surveillance, periodic rounds, or consults on a specific patient or practice issue.

(4) Patient and family education includes explanation of isolation procedures and disease transmission when a patient is placed on isolation precautions (transmission-based).

c. Consultation.

(1) The ICP consults on all aspects of infection control to all divisions, services and activities within the healthcare organization.

(2) Examples of consultative activities include—

(a) Assisting in the development or review of infection control policies and procedures for all areas of the healthcare organization.

(b) Monitoring procedures, practices and equipment which may be associated with occurrence of health care infections and recommend changes if necessary.

(c) Providing recommendations for patients being placed on isolation precautions and assisting staff in implementing them.

(d) Providing direction on precautions during construction.

(e) Assisting with product evaluation of items that have infection control implications.

(f) Providing infection control expertise and guidance to outlying clinics through staff assistance visits.

d. Communication. Minutes of the ICC are distributed to all departments through the Performance Improvement and Utilization Management Committee members who are responsible for dissemination of information throughout their departments. Surveillance identification of infection control issues is ongoing with staff members. Infection data are identified and confirmed by communication with staff and patient observation.

e. Epidemiology.

(1) This includes the investigation, intervention, control and reporting of outbreaks of infection in outpatients and the MEDDAC community. It also includes the analysis of patterns or trends and the identification and investigation of problems in infection control.

(2) A description of procedures for investigation of outbreaks is located in the IC department Outbreak SOP.

(3) Accepted epidemiological methodologies will be employed to investigate infection problems and determine corrective action. Corrective action may be aimed at knowledge deficits, system(s) deficits or performance deficits. Corrective action will be recommended to the Executive Committee through the Performance Improvement and Utilization Management Committee. Monitoring and evaluation activities will be implemented to determine if the problem has been corrected.

Appendix A References

Section I Required Publications

AR 40-5

Preventive Medicine. (Cited in paras 2-1 and 2-4.)

AR 210-130

Laundry and Dry Cleaning Operations. (Cited in para 2-4.)

Centers for Disease Control (CDC) Definition for Health care Infections, 1994. (Cited in para 4-2.) (This publication is available in the Infection Control Policy and Procedure Guide, section 2-1, and on the Internet at www.apic.org/html/pdf/cdcdefs.pdf.)

Centers for Disease Control (CDC) Definition for Surgical Site Infections, 1999. (Cited in para 4-2.) (This publication is available in the Infection Control Policy and Procedure Guide, and on the Internet at www.cdc.gov/ncidod/SSI/SSI_guideline.htm.)

Infection Control Policy and Procedure Guide. (Cited in para 3-2.)

JCAHO Manual, Joint Commission on Accreditation of Healthcare Organizations Accreditation Manual for Ambulatory Care. (Cited in para 2-1.)

MEDDAC/DENTAC/VS Reg 15-1

U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) Boards, Committees, Councils, Meetings, and Teams. (Cited in para 2-9.)

MEDDAC/DCC/VS Reg 40-14

Regulated Medical Waste (RMW) Management Program. (Cited in para 2-4.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this publication.

MEDDAC Reg 40-18

Disease Reporting

MEDDAC/DENTAC Reg 40-19

Bloodborne Pathogens Exposure Control Plan

MEDDAC/DENTAC Reg 40-21

Tuberculosis Exposure Control Plan (TBCEP)

Section III Prescribed Forms

This section contains no entries.

Section IV Referenced Forms

This section contains no entries.

Glossary

Section I Abbreviations

CBAT

computer-based annual training

DC #3

Dental Clinic No. 3

DENTAC

U.S. Army Dental Activity, Fort George G. Meade

IAW

in accordance with

ICC

Infection Control Committee

ICP

Infection Control Practitioner

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

OH

Occupational Health Section

PM

preventive medicine

PMS

Preventive Medicine Service

SOP

standing operating procedure

VS

Fort Meade Branch Veterinary Services

Section II Terms

department

Within this regulation, the term “department” means any organizational element whose chief is directly subordinate to the Deputy Commander for Clinical Services or the Deputy Commander for Nursing, regardless of what the element’s actual name is.