BUMED INSTRUCTION 6220.9B CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

Subj: HEALTHCARE-ASSOCIATED INFECTION PREVENTION AND CONTROL PROGRAM

Encl: (1) Revised Page 2
      (2) New Page 3

1. **Purpose.** To transmit revisions to page 2 and new page 3, which provides revised immunization guidance for personnel assigned to medical treatment facilities.

2. **Action.** Remove page 2 and 3 of the basic instruction and replace with enclosures (1) and (2) of this change transmittal.

3. **Records Management.** Records created as a result of this change transmittal, regardless of media and format, must be managed per SECNAV Manual 5210.1 of January 2012.

Releasability and distribution:
This change transmittal is cleared for public release and is available electronically only via the Navy Medicine Web site at:

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practices by health care providers. It will reduce the occurrence of healthcare associated infections (HAI), improve the quality of medical and dental care, and reduce the costs of operating hospitals and clinics.

4. Policy

   a. Commanders, commanding officers (CO), and officers in charge (OIC) of MTF and DTFs, senior medical department representatives on shipboard, and or assigned to Marine Corps bases must establish IP/C programs following the policies and guidelines provided in this instruction. Whenever significant variations occur, the MTF or DTF must document the reasons for those modifications in the Healthcare-Associated Infection Prevention and Control (HAIPC) Program and advise the BUMED infection prevention consultant of the plan to come into compliance.

   b. Infection surveillance is an essential part of the HAIPC Program. It is critical in identifying outbreaks, emerging infectious diseases, antibiotic-resistant organisms (ARO), and bioterrorist events so that infection prevention measures can be instituted. Surveillance programs in health care facilities should be integrated to include infection prevention, performance improvement, patient safety, and public health activities.

   c. The concepts of IP/C apply to all shipboard and Marine Corps field medical and dental units. Senior commanders must address IP/C guidelines, based on the policies presented in this instruction, which meet the needs of different classes of ships or field medical and/or dental units. Medical and Dental Department representatives, assigned to ships or Marine Corps field medical and dental units, must be familiar with the principles of IP/C discussed in this instruction. Questions or problems concerning HAIs may be referred to medical staff in the chain of command, the nearest Navy environmental and preventive medicine unit, or BUMED infection preventionist (IP) subject matter expert (SME).

   d. Commands must ensure that all staff personnel, including new personnel, volunteers, and students, are educated in the principles and procedures for preventing HAIs. Training must occur during their initial indoctrination and at least annually thereafter plus additionally on an as-needed basis.

   e. Per reference (b), commands must ensure all health care personnel who provide direct patient care in MTFs will be immunized against the seasonal influenza infection each year unless there is a documented medical or religious reason not to be immunized. Civilian health care personnel who provide direct patient care are required to receive the vaccine where it is written in their position description as a condition of employment. Other Navy civilian personnel, to include volunteers, are highly encouraged to receive influenza vaccinations as they may have incidental contact with patients in common areas such as elevators, passageways, and dining facilities. Contract personnel providing direct patient care must be vaccinated consistent with the terms of their contracts.
f. Department of Defense (DoD) requires Service participation in the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN) Patient Safety Program via a data use agreement per reference (c). Eligible MTF and DTFs must join the NHSN Navy Service Group and the DoD Patient Safety Center Group following the protocol described in reference (y), available at: [http://www.cdc.gov/nhsn/library.html](http://www.cdc.gov/nhsn/library.html). As of September 2010, all bedded health care facilities as well as clinics attached to a bedded facility are eligible for participation in NHSN. Navy MTF and DTFs must implement the NHSN Device-Associated Module to enter ventilator-associated pneumonia (VAP) and central line-associated bloodstream infection (CLABSI) data on patients (adults, children, and neonates) in critical care areas plus enter multidrug resistant organism (MDRO) Laboratory-Identifier (LabID) Events from whole-house surveillance of all inpatients and outpatients. As new modules become available, BUMED in conjunction with Navy Medicine (NAVMED) Region Commanders will determine further modules that must be added.

g. IPs will act as liaisons for construction/renovation/mitigation projects by providing infection control risk assessments (ICRA) and working with facilities, administration, construction workers, and others to help ensure patient safety from transmission of infectious diseases related to each project.

5. **HAIPC Program Components**

a. HAIPC program covers all aspects of health care operations. Implementation requires the cooperation of the entire staff; including medical, dental, nursing, administration, and all department heads. The goal of the proactive HAIPC Program is to have zero tolerance for HAIs, taking action to prevent or minimize effects of such adverse events.

b. Senior administration and Executive Committee of the Medical Staff (ECOMS) and Executive Committee of the Dental Staff (ECODS) commitment and support, evidenced through appropriation of sufficient resources to manage HAIPC activities.

c. Designating an IP to coordinate all aspects of the program and IP/C staff as appropriate to coordinate all aspects of the program and to communicate HAIPC activities to key administrative personnel. As a vital component of the program, the IP shall:

   (1) Report directly to Medicine, Infectious Diseases, or Dental clinically, as appropriate and Patient Safety, Risk Management, and Quality administratively.

   (2) Have access to all facility and professional staff data.

   (3) Be knowledgeable about facility operations, including clinical practice, legal issues, accreditation standards, Federal rules and regulations, and possess good oral communication and writing skills.

d. Support of the professional staff and their participation in HAIPC activities.