
Ambulatory Care Clinics

Ref:(a) APIC, Infection Control and Applied Epidemiology Principles and Practice, Mosley, 1996, pgs 83-1 – 83-14

These policies apply to the core hospital and all Branch Medical Clinics (BMC) which comprise the Naval Medical Center, Portsmouth. An ambulatory care practice setting is defined as one that provides direct healthcare services to patients who do not remain overnight. These policies have been established to provide a workable guide for hospital staff for the prevention, early detection, and control of infections acquired in the clinic and those introduced into the clinic from the community. Nosocomial infections are usually attributed to inpatient settings. However, they can occur in a healthcare setting where staff personnel fail to follow the principles of proper aseptic technique, handwashing, and environmental sanitation.

Ambulatory care clinics and outpatient surgical services shall meet the same standards of quality as applied to inpatient care, given their inherent difference. Outpatient surgical areas where minor surgical procedures are performed will adhere to the same infection control policies and procedures set forth by the Operating Room. These policies are found in the Infection Control Manual.

Healthcare-associated Infection (HAI)

A healthcare-associated infection (formally called nosocomial) as associated with an ambulatory care setting may be defined as one that is linked causally with the visit, with the care provided during the visit (i.e., infection following outpatient surgery or that is device or procedure related), or with an event that took place during the visit (such as inadvertent exposure to a communicable disease while in the waiting room). For an infection to be defined as HAI, there must be no evidence that the infection was present or incubating at the time of care. There is no period of time specified during or after the Ambulatory Care Clinic visit to use in determining whether an infection is HAI or community acquired. Thus, each infection must be assessed individually for evidence that links it causally to the clinic visit.

Infection Control Practices

- Staff
 - Hands are to be washed before and after patient contact, after glove removal, and before performing any invasive procedure.
 - Personnel who come in contact with blood and body fluids, non-intact skin, mucous membranes or items or surfaces contaminated with body fluids will wear disposable gloves. Gloves will always be changed between patients and when visibly soiled.
 - Personal Protective Equipment (PPE) will be readily available and worn for protection, when indicated.
 - Personnel will ensure a clean and neat patient care environment.
 - Eating and drinking are not allowed in patient care areas or where specimens may be handled.
 - All sinks will have a functional soap dispenser with soap and paper towels. Waterless hand sanitizer will be available in all patient care areas as well as patient waiting rooms.
 - Trends and problems will be reported to the Infection Control Department at Naval Medical Center for follow-up.
- Employee Health

- Employees having signs/symptoms of infection (i.e., skin lesions, diarrhea, URI) must report to their supervisor. The supervisor will in turn refer them to the Occupational Health Office where appropriate action will be determined.
- In the event of inadvertent exposure to patients with a communicable disease or an occupational injury (i.e., needlestick), the employee will report this immediately to their supervisor and will be referred to the Occupational Health Office for treatment and follow-up as soon as possible.
- Personal Hygiene
 - All personnel will maintain a high level of personal cleanliness.
 - Uniform or civilian attire worn on the job will be maintained in a neat and clean manner. Designated personnel may wear scrub suits in their workspaces. A cover gown or lab coat will be worn over the scrub suit if leaving the workspace briefly. Departure from these workspaces will necessitate a return to the Uniform of the Day or civilian attire.
- In-service Education
 - All personnel in the Ambulatory Care Clinics will participate in in-service education and will be trained in mandatory OSHA, JCAHO training requirements.
 - All personnel will be familiar with and comply with policies set forth in the Infection Control Manual.

Isolation

General Information

- Isolation will be followed in accordance with the Infection Control Manual which can be accessed via the NMCP intranet. Questions regarding isolation should be directed to the Infection Control Department at Naval Medical Center, Portsmouth.
- A system of triage will be established to select those patients with the greatest likelihood of having infections or communicable diseases. Isolation measures will include placing such a patient in an examining room promptly, apart from other patients and expeditiously interviewing and examining such patients. The patient will be referred or discharged as soon as possible.
- Patients with communicable diseases are discouraged from coming to the Ambulatory Care Clinics. If a patient with a communicable disease must be seen because of other problems, they will be immediately isolated in a treatment room and remain there until ready to leave. Communicable diseases will be reported to the Preventive Medicine Department.
- Patients with suspected communicable diseases that all spread by the airborne or droplet route (i.e., TB, varicella [chickenpox], bacterial meningitis) are separated from others and will wear a mask while in the clinic and while being transported to other hospital areas. The patient should be instructed to cover his/her nose and mouth with a tissue when coughing or sneezing.
- If the patient is on Contact Precautions, all personnel who come in direct contact with the patient will wear a gown and gloves.
- All patients are on Standard Precautions regardless of their diagnosis.
- Personnel will wear gloves for contact with blood, body fluids, non-intact skin, open wounds, or drainage.

Patient Care Equipment

- Disposable items are utilized as much as possible. Items are marked with the patients name and discarded upon their discharge.
- All sterile supplies are to be maintained in accordance with CPD policy “Packaging, Storage, and Distribution” found in the Infection Control Manual.
- Clean/sterile gear is stored in a dry clean area away from contaminated areas or supplies.
- Sterile supplies and equipment are preferably stored in closed cabinets or shelves that are elevated at least 8-10 inches off the floor and 18-20 inches from the ceiling. Sterile or clean supplies must never be stored on the floor. Follow CPD storage requirements found in the Infection Control Manual. NMCP employs event related sterility.
- All supplies are checked for wetness, discoloration, or broken seals. Solutions should be checked for cloudiness or cracked glass. If in doubt as to the sterility of the item, consider the item unsterile and discard appropriately.
- Critical items are instruments or objects that are introduced directly into the blood stream or into normally sterile areas of the body (i.e., vascular catheters). These items must be sent for sterilization.
- Semi-critical items are items that come in contact with intact mucous membranes, but do not ordinarily penetrate body surfaces (i.e., respiratory therapy equipment). These items must be subjected to a high-level disinfection procedure after each use. This can be accomplished by thorough and meticulous cleaning of the item and then soaking the item in an appropriate high-level disinfectant i.e., Cidex OPA® for the recommended time frame. If using Cidex OPA® as a high-level disinfectant, note the manufacturer’s recommendation that this product be tested prior to each use employing test strips designed for this purpose. A log book of this testing process/outcome MUST be maintained in the area where the product is being used.
- Non-critical items (i.e., BP cuffs, crutches, and wheelchairs) are items that do not touch the patient or only come in contact with intact skin. There is virtually no documented risk of transmitting infectious agents to patients via these items. Routine washing of these items with a hospital grade detergent/disinfectant is generally sufficient. Large equipment items, such as IV poles and gurneys, are cleaned on a weekly basis and when soiled. Small equipment items, such as BP cuffs and stethoscopes, are rarely associated with the risk of infection. However, these equipment items need to be cleaned periodically and if contaminated or visibly soiled.

Sterilization

- All patient gear that requires sterilization (i.e., instruments and protective trays) will be sent to CPD for sterilization. Branch medical clinics will send gear requiring sterilization to their Central Sterilization Room (CSR).
- Gear that is cleaned and wrapped in the clinic areas must be done in accordance with CPD standards found in the Infection Control Manual.
- Clinics that have a sterilizer in use will strictly adhere to the following guidelines.
 - Steam sterilizers must be monitored at least weekly with spore testing. Weekly checks are mandated.
 - Ethylene Oxide sterilizers must be monitored at least weekly with spore testing. Every load that contains an implantable device must be tested with a biological monitor.

- Biological indicators specific for “flash sterilizer” monitoring must be used at least once a week.
- Maintain a log of all spore testing. Report to the Infection Control Committee any unexpected outcome and corrective action taken.
- Daily maintenance of sterilizers include: cleaning, straining, wiping inside chamber, checking gaskets, and checking temperature recording graphs.
- Workflow patterns should flow from soiled receiving areas to decontamination areas to sterile processing areas to storage areas.

General Policies

- Needles, syringes, and sharps are to be disposed of uncapped and uncut into puncture resistant sharps containers in accordance with hospital policy. Be careful to avoid injury. Sharps containers will be conveniently located.
- Staff will report promptly (as soon as possible) all occupational injuries or infectious exposures to Occupational Health for treatment and follow-up.
- Linen
 - Examination tables are to be covered with clean linen and paper that is discarded after each patient.
 - Disposable gowns and drapes are used whenever possible.
 - Soiled linen will be placed in an impervious linen bag of sufficient quality to contain used/soiled linen.
- Regulated medical waste will be disposed of in accordance with hospital policy. Follow guidelines in the Infection Control Manual.
- Branch medical clinics will dispose of regulated medical waste in accordance with the clinics regulated medical waste policy.
- Refrigerators will have thermometers for proper temperature control. Temperatures are recorded daily. Temp log sheets contain proper refrigerator temp parameters and what to do if the reefer temp is not within those guidelines. Food, biologicals/specimens, and medications will be contained in separate refrigerators. Refrigerators that contain either biologicals/specimens must have a biohazard sign on the door of the unit. Biological refrigerators should be checked every shift. Refer to NAVMEDCENPTSVAINST 6710.18E to obtain complete information and sample temp log sheets for food, biological, and medication refrigerators. Food refrigerators containing staff or patient food will have the date and name on all food items.
- Space under sinks can be utilized for properly labeled cleaning products and plastic materials such as bags or unused sharp’s containers.

Housekeeping

- Housekeeping is the responsibility of staff personnel if the area is not covered under the housekeeping contract. Any EPA approved hospital grade detergent/disinfectant may be used for environmental cleaning.
- Staff will ensure that all patient treatment areas are maintained in a clean and neat manner.
- Floors and other horizontal surfaces such as exam tables, door knobs, counter tops, etc. will be cleaned daily with an EPA approved hospital grade detergent/disinfectant.

- Clinic operating rooms will adhere to the same housekeeping requirements as set forth by the Main OR for daily and terminal cleaning. Follow policy found in the Infection Control manual.
- All blood or body fluid spills will be cleaned promptly with a bleach solution (1:10) or an EPA approved disinfectant. Gloves and appropriate protective equipment must be worn.

Traffic Control

Only authorized personnel are permitted in the clinic spaces and surgical rooms.

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