DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6220.9A
BUMED-24
17 Sep 98

BUMED INSTRUCTION 6220.9A

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: NOSOCOMIAL INFECTION CONTROL PROGRAM

Ref: (a) JCAHO 1998 Hospital Accreditation Standards (NOTAL)
(b) JCAHO 1998 Standards for Ambulatory Care (NOTAL)
(c) BUMEDINST 6600.10A (NOTAL)
(d) BUMEDINST 6010.13 (NOTAL)
(e) BUMEDINST 6280.1A (NOTAL)
(f) BUMEDINST 6220.12 (NOTAL)

Encl: (1) List of Infection Control References, Publications, and Consultants

1. Purpose. To provide policies and guidelines to naval medical treatment facilities (MTFs), branch medical clinics, and shipboard and Marine Corps field medical units to establish effective infection control programs that meet or exceed the requirements of references (a) and (b). Naval dental treatment facilities (DTFs) are not addressed in this instruction, but must establish and maintain a program in infection control following reference (c). This instruction is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6220.9.

3. Definitions

a. Communicable Disease. An illness due to a specific infectious agent or toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly.

b. Infection. The entry and development or multiplication of an infectious agent in the body of a host. The result may be overt clinical disease (infectious disease) or subclinical (inapparent infection).

c. Infectious Agent. An organism (virus, rickettsia, bacteria, fungus, protozoa, and helminth) that is capable of producing infection or infectious disease.

d. Infectious Disease. A clinically manifest disease of man or animal resulting from an infection.

e. Nosocomial Infection. An infection that develops during hospitalization or as a consequence of inpatient or ambulatory medical care. An infection is not considered nosocomial if it was present or incubating at the time of admission or ambulatory treatment, unless it is related directly to a previous admission or ambulatory treatment. In general, infections are not considered nosocomial unless the onset of the infections occur more than 48 hours after the time of admission or ambulatory treatment. Each infection control program should use standard definitions of nosocomial infection specified by the Centers for Disease Control and Prevention (CDC).

4. Background

a. References (a) and (b) set the standards for infection control programs for hospitals and ambulatory care clinics. Reference (d) requires infection control committees to be established in MTFs.

b. Effective infection control programs are essential to reduce the occurrence of nosocomial infections among patients, staff, and visitors of naval MTFs. The potential for infectious disease transmission is higher in health care facilities than other facilities. Hospitals and clinics are locations where ill and well people come together, thereby increasing the potential for exposure to infectious agents. Concurrently, many of these people have lower resistance to infection because of disease or invasive medical procedures, which make them more susceptible to infection.

c. Nosocomial infections result in extended hospitalizations, needless morbidity and mortality, and soaring hospital costs. Many nosocomial infections are preventable. A well organized and fully supported infection control program will reduce the occurrence of nosocomial infections, improve the quality of medical care, and reduce the costs of operating hospitals and clinics.

5. Policy

a. Naval MTFs must establish and maintain infection control programs following the requirements in this instruction, reference (a) for hospitals, and reference (b) for clinics. These programs must include active infection control committees, infection surveillance programs, infection control manuals containing departmental procedures to reduce the risks of nosocomial infections, and continuing education programs for staff personnel. Consultation and advice on such programs may be obtained from the infection control consultants in enclosure (1).

b. Commanding officers or officers in charge (COs or OICs) will appoint an infection control committee (ICC) to implement the Nosocomial Infection Control Program. The size and makeup of the ICC must be commensurate with the size and complexity of the MTF. The committee must include a chairman, representatives from each of the major clinical services, all infection control practitioners (ICPs), and others as assigned by the CO or OIC. In hospitals, the chairman should be a physician who is involved in clinical practice and has knowledge of or interest in infection control or infectious diseases. The ICC must meet at least quarterly, per licensing and regulatory agencies, and submit the minutes promptly to the CO or OIC. Timely return of the minutes, approved or disapproved, is strongly encouraged.

c. Infection surveillance is an essential part of the Nosocomial Infection Control Program. Develop and use suitable methods and forms for reporting nosocomial infection rates, including incidence or prevalence rates based on patient days or numbers of discharges.

d. Establish an ICP position in hospitals. At teaching hospitals, one full-time ICP should be assigned for each 150 beds. The ICP should be trained in microbiology, basic epidemiology, infection surveillance, basic biostatistics, and, ideally, certified in infection control. The ICP should report to the medical directorate, administratively and the ICC chairman, clinically.

e. Establish a full-time ICP position within the ambulatory care directorate of MTFs with branch clinics under their oversight. The ICP provides consultative direction and assistance in administering the infection control program in each clinic. Additional ICPs may be required based on the number of clinics and workload.

f. The concepts of infection control apply to shipboard and Marine Corps field medical units. Senior commanders should address infection control guidelines, based on the policies presented in this instruction, which meet the needs of different classes of ships or field medical units. Medical Department representatives, assigned to ships or Marine Corps field medical units, must be familiar with the principles of infection control discussed in this instruction. Questions or problems concerning nosocomial infections may be referred to medical staff in the chain of command, the nearest Navy environmental and preventive medicine unit, or infection control consultant in enclosure (1).

g. An epidemiologist or physician preventive medicine officer, when assigned to the MTF, should be included as an essential part of the infection control team and a permanent member of the ICC.

h. Routine microbiological surveillance of hospital or clinic environments adds little to infection control and should be restricted to investigations of outbreaks when recommended by the ICP or ICC chairman.

i. Collect, treat, store, dispose of, or otherwise manage medical waste following guidelines provided in reference (e).

j. Medical commands must ensure that all staff personnel, including new personnel, volunteers, and students, are educated in the principles and procedures for preventing nosocomial infections. Training must occur during their initial indoctrination and at least annually thereafter.

k. Report communicable diseases per reference (f) and local or State requirements.

6. Action. COs or OICs of MTFs must establish infection control programs following the policies and guidelines provided in this instruction and in references (a) and (b).

7. Adaptability. Policies and procedures discussed in this instruction may be adapted to meet local conditions. COs or OICs must uphold the intent of this instruction. Whenever significant variations occur, the MTF should document the reasons for those modifications in the infection control manual.

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Available at:
http://support1.med.navy.mil/bumed/instruct/external/external.htm

LIST OF INFECTION CONTROL REFERENCES, PUBLICATIONS, AND CONSULTANTS

General References

1. A. S. Benenson, "Control of Communicable Diseases in Man," 16th edition. American Public Health Association, Washington, DC, 1996.

2. J. V. Bennett and P. A. Brachman, eds., "Hospital Infections," 3rd edition. Little, Brown and Company, Boston/Toronto, 1992.

3. Centers for Disease Control and Prevention, "Guidelines for Infection Control in Hospital Personnel," Infection Control, 4(4):326-349, 1983.

4. Centers for Disease Control and Prevention, "Recommendations for Prevention of HIV Transmission in Health Care Settings," Morbidity and Mortality Weekly Report, 36:2S, 1987.

5. Centers for Disease Control and Prevention, "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health Care Settings," Morbidity and Mortality Weekly Report, 37:24:377-388, 1988.

6. L. G. Donowitz, ed., "Hospital-Acquired Infection in the Pediatric Patient," Williams and Wilkins, Baltimore, 1988.

7. J. S. Garner, Centers for Disease Control and Prevention, "Guidelines for Prevention of Surgical Wound Infections," American Journal of Infection Control, 14(2):71-80, 1986.

8. J. S. Garner and M. S. Favero, Centers for Disease Control and Prevention "Guideline for Handwashing and Hospital Environmental Control," American Journal of Infection Control 14(2):10-29, 1986.

9. Centers for Disease Control and Prevention, "Guideline for Isolation Precautions in Hospitals," American Journal of Infection Control, 24:24-52, 1996.

10. Centers for Disease Control and Prevention, "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities," Federal Register, October 28, 1994.

11. T. A. Goularte and D. E. Craven, "Results of a Survey of Infection Control Practices for Respiratory Therapy Equipment," Infection Control, 7:327-30, 1986.

12. Hospital Infection Control Practices Advisory Committee, Centers for Disease Control and Prevention "Guideline for Prevention of Nosocomial Pneumonia," American Journal of Infection Control, 24:247-292, 1994.

13. Hospital Infection Control Practices Advisory Committee, Centers for Disease Control and Prevention, "Guideline for Prevention of Intravascular Device-Related Infections," American Journal of Infection Control, 24:262-293, 1996.

14. E. Larson, "APIC Guideline for Handwashing and Hand Antisepsis in Health Care Settings," American Journal of Infection Control, 23:251-269, 1995.

15. D. G. Maki and J. T. Broticelli, "Prospective Study of Replacing Administration Sets for Intravenous Therapy at 48 vs. 72 Hour Intervals," Journal of the American Medical Association, 258:13, 1987.

16. D. G. Maki and M. Ringer, "Evaluation of Dressing Regimens for Prevention of Infection with Peripheral Intravenous Catheters," Journal of the American Medical Association, 258:17, 1987.

17. M. A. Martin & M. Reichelderfer, "APIC Guideline for Infection Prevention and Control in Flexible Endoscopy," American Journal of Infection Control, 22:19-38, 1994.

18. R. N. Olmsted, ed., "APIC Infection Control and Applied Epidemiology: Principles and Practice." Mosby, St. Louis, MO, 1996.

19. W. A. Rutala, "APIC Guideline for Selection and Use of Disinfectants," American Journal of Infection Control, 24:313, 1996.

20. W. A. Rutala, ed., "Chemical Germicides in Health Care," Polyscience Publications, Inc., Morin Heights, P.Q., Canada, 1994.

21. W. A. Rutala and C. G. Mayhall, Society of Hospital Epidemiology of America, "SHEA Position Paper: Medical Waste," Infection Control and Hospital Epidemiology, 13:38-48, 1992.

22. R. P. Wenzel, ed., "Prevention and Control of Nosocomial Infections," 2nd edition, Williams and Wilkins, Baltimore, 1993.

23. E. S. Wong and T. M. Hooten, Centers for Disease Control, "Guidelines for Prevention of Catheter-Associated Urinary Tract Infections, 1982," American Journal of Infection Control, 11(1):28-33, 1983.

Infection Control Publications

1. American Journal of Infection Control, C. V. Mosby Company
   11830 Westline Industrial Drive
   St. Louis, MO 63146
   Telephone: (800) 453-4351 or (314) 453-4351

2. Hospital Infection Control
   P.O. Box 740059
   Atlanta, GA 30374
   Telephone: (404) 262-7436

3. Infection Control and Hospital Epidemiology, Slack, Inc.
   6900 Grove Road
   Thorofare, NJ 08086
   Telephone: (609) 848-1000

4. Nursing Times, MacMillan Journals, Ltd.
   4 Little Essex Street
   London, WC2 R3LF, England

   Subsidiary of MacMillan Publishing Co., Ind.
   866 Third Ave.
   New York, NY 10022
   Telephone: (202) 935-2000

Infection Control Consultants

1. Environmental Health Department

   Commanding Officer
   Navy Environmental Health Center
   Code 38
   2510 Walmer Road
   Norfolk, VA 23513-2167
   Commercial: (757) 363-5500 or DSN: 864-5500

2. Infection Control Practitioner

   Commander
   National Naval Medical Center
   8901 Wisconsin Avenue
   Bethesda, MD 20889-5600
   Commercial: (301) 295-4241 or DSN: 295-4241

3. Infection Control Practitioner

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Naval Medical Center
Portsmouth, VA 23708-5000
Commercial: (757) 953-7799 or DSN: 564-7799

4. Infection Control Practitioner

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San Diego, CA 92134-5000
Commercial: (619) 532-7486 or DSN: 522-7486