This instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. It describes procedures for preventing and controlling healthcare-associated infections (HAIs) in patients, visitors, volunteers and staff (military, civilian, and contract personnel) within any healthcare setting such as military treatment facilities (MTFs), Limited Scope Military Treatment Facilities (LSMTFs), Aeromedical Evacuation Squadrons (AESs), Air Reserve Component (ARC) Medical Units (comprised of Air Force Reserve Medical Units [RMUs] and Air National Guard Medical Units [GMUs]) and Dental Clinics. It defines the organization, specific functions, and responsibilities of personnel key to the Infection Prevention and Control Program and is integral to support home station and expeditionary missions. This instruction applies to all Air Force military (Active Component Air Force, Air Force Reserve, and Air National Guard) and Civil Service personnel, contractor personnel, volunteers, and other medical personnel attached to or assigned to a unit with a medical or aeromedical evacuation mission. The term “employee” as used in this AFI does not apply to contractor personnel. The term “Healthcare worker” and the term “personnel” as used in this AFI are presumed to cover contractor personnel unless otherwise noted. The term “contractor personnel” as used in this AFI includes subcontractor personnel at any tier. Air Force medical personnel at any level (AF/SG, AFMOA, MAJCOM/SG, or installation-level) who draft performance work statements (PWSs) for contracts under which contractor personnel will perform duties within any of the aforementioned healthcare settings are responsible for ensuring that each such PWS contains provisions that specifically require the contractor and its personnel, including subcontractors and their personnel at any tier, to comply with the provisions of this AFI. In the event of a conflict between a requirement in a services contract and this AFI, the services contract requirement governs the
obligations of the contractor and its personnel. This AFI may be supplemented at any level, but all supplements that directly implement this publication must be routed to the Office of Primary Responsibility (OPR) for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the OPR using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (T-0, T-1, T-2, T-3) number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, Table 1.1 for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS). The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

**SUMMARY OF CHANGES**

This document has been substantially revised and must be completely reviewed. Major changes include: Tiering of directive statements and the creation of a new self-inspection checklist. Directive compliance statements are highlighted to assist in the self-inspection process. It updates and clarifies medical employee health program requirements IAW Centers for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP) recommendations. In addition, it incorporates an administrative change in the location of the Prevention and Infection Prevention and Control Air Reserve Component (IC-ARC) course. Multiple references have been updated throughout the document.

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Chapter 1

GENERAL ROLES AND RESPONSIBILITIES

1.1. **Air Force Surgeon General (USAF/SG).** Develops policy and delegates broad oversight responsibility for the Infection Prevention and Control Programs in the Air Force Medical Service (AFMS).

1.2. **Major Command Surgeons (MAJCOM/SG).** In conjunction with the Air Force Medical operations Agency (AFMOA), allocates appropriate resources to MTFs/RMUs/GMUs.

1.3. **Air Force Medical Operations Agency, Provision of Medical Care Division (AFMOA/SGHM).**

   1.3.1. Develops, updates, and disseminates Air Force infection prevention and control guidance and instructions via print and electronic media.

   1.3.2. Provides clinical consultation, defining and/or clarifying standards of care and practice related to infection prevention and control.

   1.3.3. Serves as a liaison with military consultants in infection prevention and control and related specialties to keep abreast of changes in the field.

   1.3.4. Serves as the Air Force resource for information and regulations that influence the practice of infection prevention and control.

   1.3.5. Disseminates information to appropriate MTF points of contact.

1.4. **Medical Inspection Directorate, Air Force Inspection Agency (HQ AFIA/SG).** Validates and verifies the internal inspections process of the program described in this instruction within AF MTFs, AFRC (RMUs) and ANG (GMUs). Active Component MTFs are also inspected by The Joint Commission (TJC) for bedded MTFs or the Accreditation Association for Ambulatory Health Care (AAAHC) for non-bedded medical facilities.

1.5. **The Epidemiology, Prevention and Infection Prevention and Control Course (EPIC), Infection Prevention and Control Reserve Component (IC-ARC), and the Epidemiology, Prevention and Infection Prevention and Control Committee Chairperson Course (EPIC3).** Personnel duties include:

   1.5.1. Developing curriculum using the current version of the *Association for Professionals in Infection Control and Epidemiology APIC Text of Infection Control and Epidemiology* as the primary reference for course content. Additional resources will be incorporated as appropriate to include published texts, professional standards, guidelines, Air Force Instructions, journal references, etc. (T-0).

   1.5.2. Updating the courses, as needed, to maintain currency. (T-0).

   1.5.3. Assisting with the maintenance of the Infection Prevention and Control Knowledge Exchange (Kx) Internet web page. (T-1).

   1.5.4. Developing curriculum that is appropriate and relevant to ARC Medical Units. (T-0).
1.6. Military Treatment Facility Commander (MTF/CC).

1.6.1. Establishes an Infection Prevention and Control Function (ICF) to oversee an effective facility or unit-wide Infection Prevention and Control Program. (T-2).

1.6.2. Appoints the Chief of the Medical Staff (SGH), or other qualified medical or dental provider, in writing to provide clinical authority over the Infection Prevention and Control Program and act as the Chairperson of the ICF. (T-2).

1.6.2.1. LSMTF/small clinic Commanders may choose not to have an ICF. If they elect not to have one, the Commander must ensure the Infection Prevention and Control Program items identified in the annual Infection Prevention and Control Program Plan (ICPP) are addressed at least quarterly at the Executive Committee of the Medical Staff (ECOMS), or equivalent. The Chairperson of ECOMS, or equivalent, will then provide clinical authority over the Infection Prevention and Control Program. (T-0).

1.6.2.1.1. LSMTFs are defined according to AFI 44-102, Medical Care Management, and the AFMS Flight Path.

1.6.3. Provides resources such as equipment, supplies, and staffing to perform an annual Infection Prevention and Control Risk Assessment (ICRA) to be used to develop and implement the ICPP. The MTF/CC determines, in concert with the SGH and the ICF, the capabilities of the MTF according to the level of probability and potential for harm which will be considered in the ICRA process. For example, if the capabilities involve surgical incisions into a body cavity or joint space, the facility should be considered at an increased risk and should plan accordingly. Refer to paragraph 2.3.5.1.1. and Attachment 3 of this instruction. Attachment 3 is an example only, and each ICRA should be tailored to the needs and mission of the MTF. (T-0).

1.6.4. Ensures computer and systems support to include access to the appropriate software programs, INTERNET sites to include protected/secured https sites, and information needed to support the Infection Prevention and Control Program. (T-2).

1.6.5. Reviews and approves non-programmed resources for special contingencies, such as external regulatory agency mandates and outbreaks. (T-2).

1.6.6. Ensures all MTF personnel receive a facility-specific Infection Prevention and Control Newcomer Orientation that satisfies regulated training requirements. (T-2).

1.6.6.1. All MTF employees and contractor personnel will receive a workplace-specific infection prevention and control orientation for those items not covered in the facility orientation and are specific to the workplace prior to the start of direct patient care, clinical or assigned duties. (T-0).

1.6.6.2. All MTF personnel, students, and volunteers will attend the facility’s Infection Prevention and Control Newcomer Orientation, or a similar forum, within 30 days of arrival. First Term Airman (FTA) will attend within 30 days after reporting to work within the MTF (reporting to work may be impacted by First Term Airmen Center course attendance). (T-0).

1.6.7. Ensures all MTF personnel and volunteers receive annual work area specific continuing education on infection prevention and control. (T-1).
1.6.8. Ensures all MTF personnel and volunteers working in specialty areas receive annual continuing education on infection prevention and control aspects of patient care pertinent to high risk populations (e.g., intensive care units, transplant units, neonatal intensive care unit, dialysis units, and perioperative areas). (T-2).

1.6.9. Ensures all MTF personnel and volunteers receive timely training regarding significant changes in external regulatory agency standards. (T-2).

1.6.10. Establishes or uses current facility-wide centralized record keeping system to document compliance to the regulated training requirements to include the time schedule requirements for facility’s Newcomer Orientation and annual IC briefings. (T-1).

1.6.11. Ensures the ICF Chairperson, the Infection Preventionist (IP), and the NCOIC of IC (optional position) attend the EPIC course, as soon as possible, but no later than one year after being assigned to the position. Refer to paragraph 2.4 thru 2.6. of this instruction (T-2).


1.6.13. Ensures reference materials specified in this instruction are obtained, maintained, and updated as appropriate for the MTF’s/LSMTF’s specific mission. (T-2).

1.6.14. Ensures access to information needed to support the Infection Prevention and Control Program. (T-2).

1.6.15. Ensures that incidents of occupational exposure to blood and other potentially infectious materials (OPIM) are managed and documented IAW with Occupational Safety and Health Administration (OSHA) standards and CDC guidelines specified in this instruction. (T-0).

1.7. Regional Infection Preventionist (IP).

1.7.1. The Regional IP will operate in a ‘Hub and Spoke’ fashion with the Regional IP as the ‘Hub’ (here forward referred to as the “assigned MTF”) and designated MTFs as the ‘Spokes’ (here forward referred to as the “receiving MTF”). (T-1).

1.7.2. The Regional IP will oversee and guide all elements of the Infection Prevention and Control Program (ICP) carried out within their receiving MTFs to include all buildings associated with the MTF. (T-1).

1.7.3. Advise the MAJCOM and MTFs’ senior leadership about the status of the ICPs and any infection prevention and control concerns. (T-1).

1.7.4. Work closely with the AFMS Infection Prevention and Control Consultant and the assigned and receiving MTF IPs to provide consultation and expertise. (T-1).

1.7.5. Initially and then annually review and approve each assigned and receiving MTF’s Infection Prevention and Control Operating Instruction, to ensure exposure prevention plans for Infection Control, Employee Health, Bloodborne Pathogen Exposure Control, and Tuberculosis Prevention and Control Plans contain the appropriate actions and that they are based on current regulations and standards. (T-1).
1.7.6. Communicate and collaborate with their assigned and receiving MTFs to ensure compliance in all phases of the ICP, suggest modifications when needed and discuss infection prevention concerns. (T-1).

1.7.7. Provide consultation on all aspects of Infection Prevention for the assigned and receiving MTFs. (T-1).

1.7.8. Provide regulatory and survey/inspection guidance, assist their assigned and receiving MTFs to increase outcome and process surveillance activities, implement data collection/analysis and intervention tools, and provide evidence based practice oversight. (T-1).

1.7.9. Emphasize a reduction of adverse events/healthcare acquired infections (HAIs) across their region and compliance with National Patient Safety Goals (NPSGs). (T-1).

1.7.10. Compile, analyze and interpret regional and MTF specific HAI data for trends and source. Make appropriate recommendations for implementation of measures to prevent and control HAIs. (T-1).

1.7.11. Maintain and distribute quarterly and annual MTF specific and regional statistical HAI reports to assigned and receiving MTFs’ IP, ICF, senior leadership and the AFMS IC Consultant by the tenth (10th) day of the second month following each quarter. (T-1).

1.7.11.1. Develop databases, graphs, and reports, to store, track, trend, and monitor infectious processes across assigned and receiving MTFs. (T-1).

1.7.11.2. Use basic analytical and epidemiological skills to generate, interpret, and apply data for improving infection prevention efforts. (T-1).


1.7.11.4. Share significant HAI trends with assigned and receiving facilities for educational purposes and targeted solutions purposes. (T-1).

1.7.11.5. Follow CDC and APIC outbreak investigation steps. (T-0).

1.7.12. Use AHLTA, Essentris, Composite Healthcare Computer System (CHCS), Integrated Clinical Data Base (ICDB) programs or replacement Military Health System (MHS) systems of record for patient surveillance and reporting for assigned and receiving MTFs. (T-0).

1.7.13. Conduct an initial visit to each receiving MTF utilizing TJC, AAAHC, AF Inspector General Unit Effectiveness Inspection (UEI), OSHA, APIC, CDC and NPSGs checklist criteria to consult and advise on facilities’ ICP adherence to regulations and standards within the first six (6) months of assignment. (T-0).

1.7.13.1. Compose a schedule of planned visits to designated receiving MTFs NLT the (1st) first day of the second month after assuming Regional IP duties and submit to the AFMS IC Consultant. (T-1).
1.7.13.2. Document each facility visit and provide a copy of the report to the MTF’s IP, ICF, senior leadership and the AFMS IC Consultant within ten (10) days of the visit. (T-1).

1.7.13.3. Compose the report using the official After Action Report (AAR) format located in AFH 33-337, Tongue and Quill, page 198. (T-1).

1.7.13.4. Site surveys include, but are not limited to, central sterile processing, dental instrument processing, surgery, hemodialysis, invasive cardiology, interventional radiology, oncology, equipment processing, and any areas under construction for infection prevention compliance and report any concerns to the MTF IP, Facility Manager, the ICF and senior leadership. (T-1).

1.7.13.5. The Regional IP will witness sterilizer testing to ensure the appropriate and correct use of biological indicators (spore test) IAW current guidelines and will review results reports that have been provided to the ICF. (T-1).

1.7.13.6. Review actions taken for recall or re-sterilization if autoclave results were positive. (T-1).

1.7.13.7. Coordinate prior to the visit, if possible, for the testing of negative/positive pressure rooms, isolation rooms and other high-risk areas’ ventilation testing with Bioenvironmental Engineering and Facility Management while the Regional IP is at the healthcare facility. (T-1).

1.7.13.8. Observe practices during surveillance rounds and identify areas of noncompliance using the MTF’s ICF approved policies and procedures. (T-1).

1.7.14. Review the assigned and receiving MTFs’ microbiological culture and sensitivity reports, admission and discharge diagnoses, high-risk procedures, necropsy reports and nursing services reports for significant findings related to infections and analyze for regional trends. (T-1).

1.7.15. Review assigned and receiving MTFs’ Annual ICP and summary report before submission to the MTF leadership and AFMS IC Consultant. (T-1).

1.7.16. Complete the one-time requisite NHSN training modules to obtain an NHSN account. The modules include, but are not limited to, Introduction to the Device-Associated Module, Catheter Associated Urinary Tract Infection (CAUTI), Central Line Associated Bloodstream Infection (CLABSI), Central Line Insertion Practices (CLIP), and Ventilator Associated Pneumonia/Events (VAP/VAE). (T-1).

1.7.17. Ensure assigned and receiving MTFs have conferred rights to the Regional IP so NHSN data can be reviewed. (T-0).

1.7.17.1. Ensure assigned and receiving inpatient MTFs are entering monthly data into the NHSN database and are utilizing the NHSN reports to benchmark HAI rates for their respective MTF by the tenth (10th) day of the second month following the reporting period. (T-0).

1.7.18. Monitor NHSN data to understand the performance of the assigned and receiving MTFs and be prepared to guide the MTF IPs towards improvement. (T-0).
1.7.19. Conduct bi-monthly, at a minimum, or upon request, teleconferences with their assigned and receiving IPs. (T-1).

1.7.19.1. Compile, maintain and distribute accurate teleconference meeting notes to their assigned and receiving MTFs and the AFMS IC Consultant within ten (10) days after the teleconference. (T-1).

1.7.20. Attend and participate in monthly teleconferences hosted by AFMS IC Consultant. (T-1).

1.7.21. Virtually attend the assigned and receiving MTFs’ ICF meetings, if not physically co-located. (T-1).

1.7.22. Ensure appraisal of product representative visits and the testing of new medical equipment and supplies for patient care use comply with CDC, TJC, AAAHC, and OSHA standards. (T-0).

1.7.22.1. Communicate with MTF IPs and TRICARE Regional Business Office (TRBO) Director on product introduction and inquires at the assigned and receiving MTFs. (T-0).

1.7.22.2. Compile a quarterly list of new equipment and supplies being used at their assigned and receiving MTFs, and share the information with their assigned and receiving MTFs and the AFMS IC Consultant by the tenth (10th) day of the first month following the quarter. (T-1).

1.8. **Infection Prevention and Control Function (ICF) Chair.**

1.8.1. For AD MTFs, the Chair will be a Medical or Dental Corps officer who is privileged and provides clinical authority and assistance to the IP in the implementation of the Infection Prevention and Control Program. For LSMTFs, the Chairperson for ECOMS, or equivalent, will provide clinical authority and assist the IP. (T-0).

1.8.2. Implements the Infection Prevention and Control Program along with the IP. (T-2).

1.8.3. Provides direction and support to the IP. (T-2).

1.8.4. Notifies the Chief of the Medical Staff, who then notifies the MDG/CC of situations posing an imminent hazard to patient care. They will ensure notification of other appropriate personnel such as the Risk Manager, Patient Safety Manager and the Chief Nurse (CN)/SGN. (T-0).

1.8.5. Conducts ICF meetings and validates the ICF summary. LSMTFs will include standard ECOMS, or equivalent, agenda items for the Infection Prevention and Control Program (as determined by the annual ICPP) at least quarterly. (T-0).

1.8.6. Approves the annual ICRA and the prioritized list according to the level of probability and potential for harm before writing the ICPP. (T-2).

1.8.6.1. Presents the approved ICRA and prioritized list to ECOMS, or equivalent, for final approval and before the ICPP is written and presented to ICF. (T-3).

1.8.6.2. ICPP is written based on the approved ICRA, presented for approval at ICF and provided for final approval by ECOMS, or equivalent.
1.8.6.3. Must have the ICPP approved by ECOMS, or equivalent, before it is implemented. Refer to paragraphs 2.3.5. and 2.3.5.1.2. of this instruction. (T-0).

1.8.7. Consults with Public Health (PH) to determine occupational risk categories for employees. Ensures contractors and their personnel are updated and familiar with these occupational risk categories and ensures applicable bloodborne pathogen, medical employee health, or infection prevention and control plans are updated accordingly. (T-2).

1.8.8. Establishes additional measures to study, prevent, and control infectious diseases when patients, personnel, volunteers or visitors may be at risk.

1.8.9. Activates contingency plans based on engineering control failures (e.g., ventilation surveys). (T-2).

1.8.10. Acts to minimize risk to the extent possible and/or remove susceptible individuals from environments that pose a health risk. (T-2).

1.8.11. Ensures tuberculosis and bloodborne pathogen exposure control plans are reviewed and updated annually IAW with OSHA standards. (T-0).

1.9. Infection Preventionist (IP).

1.9.1. Will be appointed in writing by the Unit Commander. The IP will be an officer, or civilian equivalent qualified by training, a minimum of three years clinical experience in their clinical field (e.g., nursing, dental, lab, medical), with an interest in managing the Infection Prevention and Control Program. Enlisted personnel cannot be selected as the MTF’s full-time IP. (T-0).

1.9.2. Works for the Chief of the Medical Staff (SGH), or designee, in performing duties and responsibilities commensurate with the management of the Infection Prevention and Control Program. (T-2).

1.9.2.1. In small MTFs where the SGH may not be the IP’s rater or civilian supervisor, the SGH will provide appropriate input to the rater or civilian supervisor for evaluation purposes. (T-3).

1.9.3. Implements the Infection Prevention and Control Program with assistance and support from the ICF Chair and the ICF members. (T-0).

1.9.4. Performs an annual self-inspection using this AFI (AFI 44-108) as well as AFI 90-201, The Air Force Inspection System, AFI 44-119, Medical Quality Operations and any other pertinent guidance. The assessments determine if there is sufficient evidence of compliance or noncompliance with standards. (T-2).

1.9.4.1. Uses the most current TJC or AAAHC survey standards appropriate for facility type (e.g., hospital environments). Additionally, uses AFIA’s UEI Evaluation Criteria for MTFs when performing the self-inspection. (T-0).

1.9.4.2. Uses self-inspection tool(s) as directed by command (e.g., Management Internal Control Toolset [MICT], and Accreditation Manager Plus [AMP]). (T-2).

1.9.5. Coordinates the annual ICRA with the IC Chair along with Facility Management, Patient Safety (PS), PH and other consultants as appropriate. Prioritizes the list according to
the level of probability and potential for harm, refer to Attachment 3 of this instruction. The ICRA will be presented at the ICF and ECOMS, or equivalent, for final approval. (T-1).

1.9.5.1.Drafts the ICPP with the ICF chair using the approved ICRA prioritized list. (T-2).

1.9.5.2.Obtains ICF and ECOMS, or equivalent, approval for the plan before it is implemented. The plan may be updated as needed throughout the year with ICF and ECOMS, or equivalent, approval. (T-2).

1.9.6.Maintains an effective ICPP by performing or supervising infection surveillance, prevention, and control activities pertinent to the mission as defined by the annual ICRA, ICPP, and approved by the MTF ECOMS, or equivalent. (T-2).

1.9.7.Develops and maintains the MTF/LSMTF OI for infection prevention and control. Does not repeat items already listed in this AFI into the local MTF/LSMTF Infection Prevention and Control OI. (T-2).

1.9.8.Works jointly with Education and Training (ET), PS, and PH Flights to ensure a formal orientation and annual in-service training program on the principles and practices of the MTF/LSMTF’s Infection Prevention and Control Program for all personnel is accurate and appropriately documented. (T-2).

1.9.8.1. Facilitates Newcomer Orientation and annual in-service training for infection prevention and control and ensures it will contain at a minimum:

1.9.8.1.1. Required PH information. IP will collaborate with the PH Flight to ensure all requirements listed in the 29 Code of Federal Regulations (CFR) 1910.1030, Bloodborne Pathogens Standard, Final Rule and Tuberculosis Prevention and Control Plan, are reflected in the MTF/LSMTF’s programs. (T-0).

1.9.8.1.2. Overview of facility requirements; IP will ensure training is tailored to meet the needs of the MTF/LSMTF for size and scope of care. (T-0).

1.9.8.2. Training may be accomplished through a variety of educational media to include lecture, self-learning packets, videotapes and computer-assisted learning packages. (NOTE: If an in-person lecture style format is not used, a knowledgeable person must be accessible during the training to answer questions between trainer and trainee in-person or via telephone). (T-0).

1.9.9. Maintains infection prevention and control files on each activity pertinent to the Infection Prevention and Control Program. (T-2).

1.9.9.1. Maintains records created as a result of processes prescribed in this publication in accordance with AFMAN 33-363, Management of Records, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). (T-1).

1.9.10. Plans the ICF agenda with the IC Chairperson, based on activities outlined in the ICPP. A formal agenda is not required for an ICF; however, an ongoing documented plan of action with interventions and follow up is required. LSMTF’s ECOMS, or equivalent, Chairperson will ensure the standard agenda items outlined in the ICPP is included in the agenda at least quarterly. (T-0).
1.9.11. Maintains infection prevention and control references which at a minimum include: (T-0).

1.9.11.1. Most current version (e.g., hard copy and/or electronic) of the APIC Text of Infection Control and Epidemiology for MTFs.

1.9.11.2. The following subscriptions and references are recommended to assist AD MTF personnel to remain current and obtain updates in infection prevention and control:

   1.9.11.2.1. *American Journal of Infection Control (AJIC)*; allows for automatic notifications and a complete published copy of changes in guidelines and regulations that impact the IP. May obtain a hard copy subscription and/or electronically through AFMS Virtual Library.

   1.9.11.2.2. *Infection Control and Hospital Epidemiology*; allows for automatic notifications and a complete published copy of changes in guidelines and regulations that impact the IP.

   1.9.11.2.3. Free weekly Centers for Disease Control and Prevention’s (CDC) *Morbidity and Mortality Weekly Report (MMWR)*; provides updates on CDC/Healthcare Infection Prevention and Control Practices Advisory Committee (HICPAC) and OSHA guidelines and regulations. It is recommended that MTFs obtain the index version with attached links to the articles.

   1.9.11.2.4. Consider subscribing to other free electronic magazines such as *Infection Prevention and Control Today* and *International Sharps Injury Prevention Society*.

1.9.11.3. Kx Infection Prevention and Control website.

1.9.11.4. Attachment 1 of this AFI consists of a Glossary of References and Supporting Information including key websites; provides source information on infection prevention and control standards.

1.9.11.5. Other infection prevention and control references appropriate for the mission of the MTF/LSMTF.

1.9.12. Coordinates and consults on the purchase of supplies and equipment used by MTF/LSMTF personnel in the direct and indirect care of patients. (T-1).

1.9.13. Coordinates and consults on renovation, construction and repair projects, facility modifications, and relocations that have an impact on direct patient care and those areas providing support to patient care areas (e.g., pharmacy, laboratory, nutritional medicine) in the MTF prior to start. (T-1).

   1.9.13.1. Uses a focused construction or renovation ICRA to preplan infection prevention and control efforts to be coordinated before any new construction, renovation, facility modification, and relocation projects within the MTF and any geographically separated units (GSU) begins. (T-2). An ICRA template to be used to access a construction or renovation project is easily obtained through an electronic internet search using the following words: ICRA, construction matrix, Construction ICRA.

   1.9.13.2. Conducts a walkthrough of areas before any department, service or unit occupies a new space or changes the existing functional use prior to the start of any project. (T-2).
1.9.13.3. IP will issue an IC Construction Permit which is included as part of the construction ICRA template at the end of the document. (T-0). Compliance with the IC Construction Permit is required to ensure the safety and wellbeing of personnel, patients and visitors. (T-0).

1.9.13.4. After completion of any construction, renovation, facility modifications, and relocations the IP or IC Department will conduct an environmental round to ensure readiness for patients and staff prior to occupancy. (T-0).

1.9.14. Coordinates and consults on service contracts and plans that have infection prevention and control implications. At a minimum, this includes the Hospital Aseptic Management System (HAMS) or an equivalent housekeeping contract, linen contract, and the waste management contract. (T-0).

1.9.15. Reviews infection prevention and control related host-tenant agreement/memorandum of understanding (MOU) prior to expiration. (T-2).

1.9.16. All IPs must have access to all information needed to support the surveillance activities of the infection prevention and control program (e.g., AHLTA, CHCS, Operating Room (OR) schedules, paper records, applicable lab reports and data bases of all areas in order to perform surveillance activities). (T-0).

1.9.17. Acts as a consultant to the Aerospace Medicine Squadron on the development of the MTF/LSMTF instructions for exposure control plans. (T-2). (NOTE: Due to the overlapping nature of these programs, the MTF Instruction for Infection Prevention and Control, Employee Health, the Bloodborne Pathogen Exposure Control Plan [BBP-ECP], and the Tuberculosis Prevention and Control Plan may all be contained in one MTF instruction). Appropriate coordination by the process owners is imperative (e.g., Aerospace Medicine coordinates the exposure control plans).

1.9.18. Maintains active membership in the following groups (if indicated): (T-2).

1.9.18.1. Safety or Environment of Care Committee, or equivalent.

1.9.18.2. Product Evaluation Committee, or equivalent.

1.9.18.3. Patient Safety Committee.

1.9.18.4. Space Utilization Committee, or equivalent.

1.9.18.5. Medical Readiness Staff Function, or equivalent, to consult on emergency management plans involving the sudden influx of infectious patients.

1.9.18.6. Nursing Executive Function, or equivalent.

1.9.18.7. Executive Committee of Medical Staff (ECOMS), or equivalent.

1.9.19. Collaborates with PS on tracking and trending of infection prevention and control near misses, events and/or issues relating to PS, the NPSGs, PS Alerts/Notices to Airmen (NOTAMS) and other initiatives that pertain to infection prevention and control. (T-2). Engages PS Manager in proactive and reactive analysis related to infection prevention and control (e.g., conduct a root cause analysis, failure mode and effect analysis or other PS Initiative). (T-2).
1.9.20. The Host MTF will provide the ground level support for tenant ARC Medical Units located on AD bases per AFI 25-201, Intra-Service, Intra-Agency, and Inter-Agency Support Agreements Procedures. (T-2). As a result, the IP will assist the AES/ARC Medical Units' Infection Prevention and Control Officer (ICO) to develop a Memorandum of Understanding or Agreement (MOU/MOA), or Host Tenant Agreement in order to participate and comply with the Host MTF's Infection Prevention and Control Program per the requirements outlined in AFI 25-201 and Attachment 4 of this AFI. (T-2). Refer to Chapter 6 and 7 of this instruction for additional information on required collaboration with ARC Medical Units. The IP will communicate and collaborate with the ICO to ensure these units are kept abreast of applicable infection prevention and control concerns, and the IP will also serve as a conduit to elevate ARC Medical Units IC issues to the AD MTFs. (T-2).

1.10. Non-Commissioned Officer in Charge of Infection Prevention and Control (NCOIC of IC) (Optional).

1.10.1. The NCOIC of IC is an optional position, but if an MTF elects to appoint an NCOIC in IC, criteria for selection to this role include completion of the EPIC course, a minimum of 3-years clinical experience in the medical enlisted career field (e.g., nursing, dental, laboratory) and must have an interest in infection prevention and control. (T-2).

1.10.2. Works directly for the IP when performing infection prevention and control duties and will cover for the IP in the temporary absence (e.g., 3 months or less) of the IP with oversight of the SGH or designee. (T-3).

1.10.3. Assists the IP with the implementation of the Infection Prevention and Control Program. (T-3).

1.11. Infection Prevention and Control (IC) Assistant, Active Component Officer (Optional).

1.11.1. The IC Assistant, Active Component Officer is an optional position, but for MTFs which have employed a civilian IP, appointment of this position is recommended.

1.11.2. Requirements: AD officer in a clinical AFSC (e.g., NC, MC, BSC, DC officer) that will assist the IP with the implementation of the Infection Prevention and Control Program and in turn will be mentored by the IP on how to manage an MTF IC Program. It is recommended the AD officer be rotated no more frequently than every two years. (T-2).

1.11.3. Works directly for the IP when performing IC duties and may cover for the IP in their temporary absence. (T-2).

1.11.4. Formal IC training is recommended as referenced in paragraph 2.5. of this instruction.


1.12.1. The Infection Prevention and Control Coordinator is an optional position, but if an MTF elects to appoint this position, he/she assists the IP and the Unit Manager in the implementation of the Infection Prevention and Control Program in their assigned clinical area. The Infection Prevention and Control Coordinator will be either an officer, enlisted, civilian, or contractor personnel (if the contract allows performing the IC Coordinator duties). The IC Coordinator will be appointed by their Unit Manager. (T-3).
1.12.1.1. Assists the Unit Manager in developing and updating the IC unit specific operating instructions if there are unique section specific practices that are not addressed in the MDGI and unit specific education (orientation and annual training). Unit specific orientation and training does not replace MDG orientation and annual training. (T-3).

1.12.1.2. Assists the IP with surveillance activities (e.g., visual surveillance, compliance to IC protocols like hand hygiene). (T-3).

1.12.1.3. Assists in testing new products (e.g., new hand hygiene antiseptics, safety designed device) and in the coordination of training their unit personnel about the new product. (T-3).

1.12.1.4. Provides IC training and guidance when performing the IC duties in their assigned units/area. (T-3).

1.13. Unit Managers/Supervisors.

1.13.1. Monitors personnel within their area of responsibility to ensure they understand and comply with all infection prevention and control policies and practices. (T-2).

1.13.2. Ensures the healthcare workers understand and comply with the basic principles and practices of infection prevention and control (e.g., hand hygiene, aseptic technique, standard precautions, isolation, and personal protective attire/equipment) as they apply in their day-to-day activities. (T-2).

1.13.3. Writes a unit specific operating instruction (OI), only if needed, to supplement the MTF/LSMTF Infection Prevention and Control OI. (NOTE: Do not repeat items written in AFI 44-108 or the MTF OI for Infection Prevention and Control). (T-2).

1.13.3.1. If applicable, reviews the unit specific IC OI annually and updates as needed based on changes to the MTF/LSMTF Infection Prevention and Control OI. (T-2).

1.13.3.2. Submits the OI to the ICF for review at least every two years. (T-2).

1.13.4. Ensures the completion of a unit-specific orientation, on-the-job-training, and ongoing in-service education, to include the appropriate documentation per regulations on infection prevention and control for assigned personnel. (T-2).

1.13.5. Evaluates work practices and in-place personal protective equipment (PPE)/controls to identify ways of improving employee practices and protection. (T-2).

1.13.5.1. Ensures respiratory protection program plans for the workplace exists if the workplace is on the respiratory protection program. (T-2).

1.13.6. Assists IP with surveillance in their respective areas.

1.13.7. Reports patients or healthcare workers with healthcare-associated infections (HAIs) to the IP. (T-2).

1.13.8. Ensures staff members, including contractor personnel, with infectious illnesses are evaluated by a healthcare provider and duty restrictions are enforced IAW current CDC Infection Prevention and Control Guidelines. (T-2). In the event duty restrictions become necessary for a contractor personnel staff member due to an infectious illness, the Unit Manager/Supervisor shall immediately notify the Contracting Officer, who will immediately
bring the matter to the attention of the contractor’s management for action in accordance with this paragraph.

1.13.9. Ensures PH is notified of employees in their duty section who are on medical leave or confined to quarters due to a communicable illness. (T-2).

1.13.10. Appoints the Infection Prevention and Control Coordinator in writing if MTF elects to appoint this position (refer to paragraph 1.12. of this instruction). (T-2).

1.13.11. Informs the IP or IC department of any plans to occupy a new space or change existing functional use of a present space. Ensures plans are reviewed by the IC department during the planning phase before the start of the project. (T-2).

1.13.12. Notifies the ICF, through the IP, prior to the start of new procedures or changes in already established procedures, which may affect infection prevention and control practices.


1.14.2. Comply with work practice and engineering controls such as the practice of good hand hygiene and use available PPE per MTF/LSMTF policies. (T-2).


1.14.4. Seek prompt medical evaluation, treatment, and report suspected/actual healthcare-associated infections or a communicable disease per the mechanism identified by the MTF/LSMTF organization. Notify the immediate supervisor and PH of any duty restrictions or limitations as a result of an infectious or communicable disease. (T-2).

1.14.5. Accomplish periodic health examinations, immunizations, and clinical laboratory studies as deemed necessary by appropriate medical authority or Department of Defense (DoD) mandate to prevent, detect, or control infections or communicable diseases. (T-2).

1.15. Commander, Aerospace Medicine Squadron (AMDS), or local equivalent.

1.15.1. Executes the occupational health program in accordance with IAW AFI 48-145, *Occupational and Environmental Health Program*. (T-2).

1.15.2. Collaborates with IC Department in the development of the facility BBP-ECP and ensures it is reviewed annually, and updated as necessary. (T-2).

1.15.3. Ensures tuberculosis prevention program plan is developed, reviewed annually, and updated as necessary. (T-2).

1.16. Public Health (PH).

1.16.1. Reports regularly to the ICF on health status and disease monitoring in the Medical Employee Health Program (MEHP) as required by instructions, the ICPP or as requested by the ICF. LSMTFs reports will be provided to ECOMS, or equivalent, and per the MOU with a larger MTF. (T-0).
1.16.1.1. Reports on occupational exposures to blood and body fluids, and other infectious disease, as appropriate. (T-2).

1.16.1.2. Reports on medical employee health screening status of MTF/LSMTF employees to the ICF at least annually. LSMTFs reports will be provided to ECOMS, or equivalent, and per the MOU with a larger MTF. (T-0).

1.16.2. Reports any reportable diseases or conditions identified within the MTF/LSMTFs to designated authorities and/or agencies. (T-2).

1.16.3. Consults on the annual ICRA with the IP, IC Chair, Facility Management, and other consultants, and prioritizes the risk assessment list according to the level of probability and potential for harm to be presented at ICF and ECOMS, or equivalent, for final approval. (T-2).

1.16.4. Assists IP as necessary with a sudden influx of potentially infectious patients, cluster and/or epidemic investigations within the MTF/LSMTF. (T-2).

1.16.5. Collaborates with IC Department in the development of the facility BBP-ECP, the annual review, and provide updates as necessary. (T-2).

1.16.6. Collaborates with IC Department in the development of the facility tuberculosis prevention and respiratory protection program plan, to include the annual review, and provide updates as necessary. (T-2).

1.17. Bioenvironmental Engineer (BE).

1.17.1. Conducts respiratory protection fit-testing for all respirators (to include N-95) as described in AFI 48-137. (T-0).

1.17.2. Performs ventilation surveys (air exchanges and air flow studies) as required by MTF/LSMTF instruction or as requested by the ICF or ECOMS, or equivalent. MTFs may need to arrange for alternative ways to accomplish these surveys if the BE lacks the necessary qualifications and/or equipment. The BE will work in concert with the Facility Manager (FM) to arrange the necessary testing. Refer to paragraph 3.14. of this instruction for locations and frequency. (T-0).

1.18. Facility Manager.

1.18.1. Cross-feeds information obtained from BE ventilation surveys to the ICF. (T-2).

1.18.2. Alerts the IP and recommends corrective action if the ventilation survey fails to meet the design criteria listed in the most current version of Unified Facilities Criteria/Medical Military Facilities-UFC 4-510-01 (formerly Military Handbook 1191, Medical Military Construction Program Facilities Design and Construction Criteria). If the building has not undergone replacement or any extensive repairs/renovations, then the organization is to comply with the codes and standards that were in force at the time the facilities construction plans were approved. (T-0).

1.18.3. Coordinates regular preventive maintenance of the ventilation system. (T-0).

1.18.4. Consults with personnel who provide oversight of linen, housekeeping, HAMS, and regulated medical waste contracts. (T-3).
1.18.5. Coordinates contract changes with the ICF. At a minimum, this includes the HAMS or an equivalent housekeeping contract, linen contract, and the waste management contract. (T-3).

1.18.6. Coordinates facility renovation, clinical services relocation, construction, facility modifications projects and repairs within the MTF with the IP. Dental Clinics will consult the Dental Evaluation and Consultation Service (DECS) for renovation, relocation, or construction issues. (T-2).

1.18.7. Consults on the annual ICRA with the IP, ICF Chair, PH, and other consultants, and prioritizes the risk assessment list according to the level of probability and potential for harm to be presented at the ICF and ECOMS, or equivalent for final approval. (T-2).

1.19. **Patient Safety Manager (PSM).** The PSM collaborates with IP on tracking and trending of infection prevention and control near misses, events and/or issues relating to PS and the NPSGs pertaining to infection prevention and control. Engages IP in proactive and reactive analysis related to infection prevention and control (e.g., conduct root cause analysis, failure mode and effect analysis or other PS Initiatives). (T-2).
Chapter 2

POLICY FOR INITIATING AND SUSTAINING INFECTION PREVENTION AND CONTROL PROGRAMS IN AD MTFS

2.1. Scope of the Program. The Infection Prevention and Control Program is a multifaceted MTF program/function that complies with current applicable external inspection agencies such as TJC and AAAHC, OSHA regulations and other regulatory agencies. LSMTFs may seek consultant service through an MOU with another larger MTF.

2.1.1. Program focuses on preventing and controlling infections among patients, personnel (including contractor personnel), students and visitors by implementing the appropriate guidelines developed by the CDC, ACIP, HICPAC, Society for Healthcare Epidemiology of America (SHEA) and other professional organizations.

2.1.2. Program’s surveillance, prevention, and control activities may be adapted to meet the mission and services based on the MTF’s ICRA.

2.2. Program Authority. The MTF/LSMTF's executive management team oversees the clinical staff performing the ICF through ECOMS, or equivalent.

2.2.1. MTF leadership must place an emphasis on the Healthcare Worker’s (HCW) health and safety. The MDG leadership must promote a climate of safety within the MTF, in order to foster a “culture of infection prevention and control.” (T-0).

2.3. Infection Prevention and Control Function (ICF).

2.3.1. A multidisciplinary group designed to coordinate and maintain the activities related to the Infection Prevention and Control Program. If a LSMTF/small clinic chooses not to have an ICF, ECOMS, or equivalent, will assume the roles of the ICF stated in this AFI (Refer to paragraph 1.6.2.1. of this instruction). (T-1).

2.3.1.1. ICF Membership:

2.3.1.1.1. Consists of personnel who have a commensurate level of authority in their functional area for critical decision making, communicating information to their functional areas, and ensuring timely implementation of recommended actions.

2.3.1.1.2. Includes but not limited to: IC Chairperson/Clinical Authority, IP, PH, FM, Nursing, Outpatient Provider Staff, Dental, OR support staff and surgeons if MTF has a working OR, Risk Management, Patient Safety, and other representatives as deemed necessary from Lab, Pharmacy, BE, Administrator, Housekeeping etc.

2.3.2. Identifies and reduces risks of endemic (common cause) and epidemic (special cause) healthcare-associated infections in patients and healthcare workers at the direct patient care level and at the patient care support level. (T-1).

2.3.3. Meets at least quarterly. (T-1).

2.3.3.1. The ICF submits minutes to ECOMS, or equivalent. (T-2).

2.3.3.2. The minutes or summary:
2.3.3.2.1. Reflect activities of the ICF by addressing, at a minimum, all of the components of the annual ICPP as standard agenda items. (T-2).

2.3.3.2.2. Uses a format that includes general discussion, action taken, and expected date of completion on each item presented at the ICF meeting unless it is for information only, then thoroughly discuss as appropriate. (T-2).

2.3.3.2.3. Contains an epidemiological approach to collect quantifiable data that is mostly longitudinal, can give a good comparison over time, and can identify positive or harmful trends. (e.g., it may not be helpful to describe monthly or quarterly surgical site infection rates unless MTFs have comparative data from 6-12 months prior or the MTF benchmarks against a national rate). (T-0).

2.3.4. Coordinates on the MTF/LSMTF Infection Prevention and Control Instruction. (T-2).

2.3.4.1. ICF may consider integrating the following instructions into one document: Infection Prevention and Control Program, MEHP, BBP-ECP and the Tuberculosis Prevention and Control Plan (refer to paragraph 1.9.17. of this instruction).

2.3.4.1.1. Combined instructions must be clearly identified as to what programs are included (e.g., BBP-ECP, IC, MEHP) at the beginning of the instruction. (T-3).

2.3.4.1.2. Appropriate coordination by process owners is imperative (e.g., Aerospace Medicine coordinates the Exposure Control Plans and MEHP).

2.3.4.1.3. Instruction specifies all components of those various programs for the associated standard.

2.3.4.1.4. If separate instructions are maintained, it is imperative that these instructions are synchronized.

2.3.4.2. The MTF Infection Prevention and Control Instruction will at a minimum: (T-0).

2.3.4.2.1. Identify the scope of the program relevant to the mission of the MTF/LSMTF.

2.3.4.2.2. Give authority to isolate infectious patients using the transmission-based precautions.

2.3.4.2.3. Give authority to culture any drainage site suspected as a HAI.

2.3.4.2.4. Define policy and procedures for the prevention and control of infection that is consistent throughout the organization (e.g., multi-drug resistant organisms [MDROs], linen, housekeeping/environmental cleaning, medical equipment, supplies, procedures, devices, use of standard precautions, PPE and infectious waste disposal).

2.3.4.2.5. Complete public reporting of HAIs through the participation in the appropriate Patient Safety Modules in the CDC NHSN or other data bases as required by MHS or DoD.

2.3.4.2.6. Implement the hand hygiene protocol for the MTF/LSMTF IAW the CDC or the World Health Organization (WHO) guidelines on hand hygiene.
2.3.4.2.7. Identify the procedure for investigating outbreaks or a sudden influx of infectious patients.

2.3.5. Coordinates on the development of the ICPP. (T-2).

2.3.5.1. The ICPP is a detailed document that describes all planned infection prevention activities for the year with supporting measurable objectives and methods for achieving those goals. The ICPP is based on the annual ICRA which addresses the unique characteristics and risks for the MTF/LSMTF. An ICRA should be conducted whenever significant changes occur within the MTF/LSMTF and added to the ICPP to reflect the changes. (T-2).

2.3.5.1.1. Contents of the Annual ICRA must be based on the MTF/LSMTF’s mission and include: (T-0).

2.3.5.1.1.1. Age range (e.g., newborns to geriatrics) and most prevalent health conditions of the patient population served (e.g., Type II Diabetes, asthma).

2.3.5.1.1.2. Geographical location and potential impact (e.g., disaster preparedness, agricultural or rural location).

2.3.5.1.1.3. Environmental issues and potential impact (e.g., disaster preparedness, hurricanes, tornadoes, droughts, blizzards, earthquakes, train derailment).

2.3.5.1.1.4. Care, treatment and level of clinical services provided (e.g., inpatient units, clinics, outpatient procedures, OR, Emergency Department [ED] level of care, transplant tissues and/or organ procurement).

2.3.5.1.1.5. Clinically significant microorganisms identified through mandated or planned surveillance.

2.3.5.1.1.6. Military mission (e.g., home station and expeditionary missions).

2.3.5.1.1.7. Assess the impact the community has on your MTF. The patients, MTF and base personnel reside in the community which may negatively impact the MTF with such things as measles or flu outbreaks or increased rates of MDROs (e.g., MOUs with community medical facilities, AES/ARC Medical Units, and LSMTFs).

2.3.5.1.1.8. Endemic diseases.

2.3.5.1.1.9. Historical HAI data and conclusions from previous year’s annual plan that warrants further action and follow-up.

2.3.5.1.1.10. Planned construction or renovations.

2.3.5.1.1.11. The annual and updated ICRAs will be reviewed and approved by ECOMS, or equivalent, to assist in prioritizing the risk identified according to the level of probability and potential for harm. The approved ICRA(s) is included in the annual ICPP. (T-0).

2.3.5.1.2. The ICPP is a fluid document that must be able to adjust as needed in response to events or changes in the MTF’s mission. Any changes must have ICF and
ECOMS, or equivalent, approval before the ICPP is implemented. (NOTE: Do not include the ICPP in the MTF/LSMTF IC Instruction). (T-0).

2.3.5.2. Annual ICPP will at a minimum identify the following items: (T-0).

2.3.5.2.1. Mission and vision statement should reflect overall facility mission and vision statement.

2.3.5.2.2. Scope of program which includes a snapshot of patient population, type and level of care, treatment and services provided by the community and environmental risks and issues.

2.3.5.2.3. Timeframe for which it is written (e.g., calendar year, fiscal year, 1 Jan 201X – 31 Dec 201X).

2.3.5.2.4. Identify and define the surveillance strategies and reporting mechanisms (refer to paragraph 4.4. of this instruction).

2.3.5.2.5. IC program education and training (annual, initial/orientation training for MTF/LSMTF and clinic specific training).

2.3.5.2.6. Planned quality initiatives and improvements of the Infection Prevention and Control Program.

2.3.5.2.7. Resources required to implement the ICPP (e.g., manpower, computer hardware and software, references, office supplies, administrative support).

2.3.5.2.8. The AD Host MTF ICPP will include the AES(s) and ARC Medical Unit(s) with Aerospace Medicine Missions and reflect how the unit(s) interface with and participate in the MTF’s IC program (refer to paragraph 1.9.20., Chapters 6 and 7, and Attachment 4 of this instruction). (T-2).

2.3.5.2.9. Obtain ICF, ECOMS, or equivalent, approval of the annual ICPP.

2.3.5.2.10. Measure progress in obtaining the goals as listed in the annual ICPP between 6-8 months after the start of the year/or plan’s stated timeframe. Document accomplishments or deficiencies and amend plans of actions if needed to facilitate successful conclusion of the listed goals in the ICF quarterly minutes or ECOMS, or equivalent, minutes for LSMTFs.

2.3.5.2.11. The annual ICPP is the foundation for the ICF standard agenda to be addressed at the ICF meetings or ECOMS, or equivalent, for LSMTFs and is the basis for the development of the Annual Summary. (T-0).

2.3.5.2.12. Method of policy and procedure review.

2.3.5.2.12.1. MTF/LSMTF Instruction for infection prevention and control will be reviewed every two years by the ICF or ECOMS, or equivalent, for LSMTFs unless it contains any aspect of the BBP-ECP and/or the Tuberculosis Prevention and Control Plan/Respiratory Protection Program, then it is required per OSHA regulations to be reviewed annually. (T-0).

2.3.5.2.12.2. Unit/clinic/department specific infection prevention and control instructions will be reviewed every two years, at a minimum, by ICF. (T-2).
2.3.6. Annual Summary:

2.3.6.1. IP will coordinate on the development of the Annual Summary. The ICF chair or ECOMS chair for LSMTFs will assist the IP in the development of the Annual Summary. (T-0).

2.3.6.2. The Annual Summary will reflect a general discussion and action taken for all activities included in the ICPP and any other activities conducted by the ICF. (T-0).

2.3.6.2.1. Use a format that includes general discussion, action(s) taken, and whether the item was successfully resolved or not. If not resolved, item should be carried over to the next ICPP.

2.3.6.2.2. Present the Annual Summary to ICF and then to ECOMS, or equivalent, in a separate document or as an attachment to the ICF minutes or ICF summary. The Annual Summary need not be completed before the next year's annual ICRA is conducted and presented to ECOMS, or equivalent. (T-0).

2.3.6.3. An MTF that serves as a Host MTF to an AES(s) will provide a copy of the Annual Summary to the AES(s) when part of the ICPP (refer to paragraph 1.9.20. and Attachment 4 of this instruction). (T-2).

2.4. ICF Chair Training. The ICF Chair will attend the 5-day Epidemiology, Prevention, and Infection Prevention and Control Committee Chair (EPIC3) course at Fort Sam Houston, TX (based on this AFI). The course must be attended within 12 months of assignment to the position unless the individual is board certified in Infectious Disease. (T-0).

2.4.1. The Dental Infection Prevention and Control Course does not meet the above requirement because of the limited focus on infection prevention and control in dental settings and does not encompass a focus on the whole organization.

2.5. IP/Infection Prevention and Control Monitor (ICM) Training.

2.5.1. The IP will attend the Epidemiology, Prevention, and Infection Prevention and Control (EPIC) course at Fort Sam Houston, TX within 12 months of assignment to the position. Civilian courses are offered by APIC and in many states, but they do not address this AFI, other pertinent PH AFIs, UEIs, DoD directives, Aeromedical Evacuation (AE) and deployment/peace time mission IC issues; and therefore do not adequately meet the training requirement for newly assigned IPs. (T-0).

2.5.1.1. If an IP is Certification in Infection Prevention and Control (CIC) certified or has experience from the civilian sector that can be validated, this requirement may be waived by the SG IC Consultant.

2.5.2. It is recommended an IP remain in IC for at least two years after completion of the EPIC course. (T-2).

2.6. NCOIC of IC Training.

2.6.1. The NCOIC of IC is an optional position, but if an MTF elects to appoint an NCOIC in IC, he or she will attend the EPIC course at Fort Sam Houston, TX within 12 months of assignment to the position (refer to paragraph 2.5.1. of this instruction). (T-0).
2.6.2. It is recommended the NCOIC of IC be utilized in IC for at least two years after completion of the EPIC course. (T-2).
Chapter 3

INFECTION PREVENTION AND CONTROL PROCEDURES IN AD MTFs

3.1. Guidelines for the Health and Safety of MTF/LSMTF Personnel. As a component of force health protection, the following guidelines in their most current edition are utilized as applicable for the prevention and control of infection in MTF personnel. (NOTE: Issues that have been recurrent sources of question and concern are specified here).


3.1.1.1. MTFs/LSMTFs will use Standard Precautions (SP). All blood and body fluids are treated as if potentially infectious with a need for heightened concern in environments of poor lighting which makes visualization of blood in body fluids uncertain (e.g., aircraft, medical transportation buses, austere ground condition in operational settings). (T-0).

3.1.1.1.1. Hand Hygiene, a component of SP, will be followed per the most current CDC and HICPAC: Guideline for Hand Hygiene in Health-Care Settings or the WHO: WHO Guidelines on Hand Hygiene in Health Care. (T-0).

3.1.1.1.2. Respiratory Hygiene/Cough Etiquette will be followed as a component of SP. The MTF/LSMTF guidance applies to all persons to include patients, visitors and staff who enter a healthcare setting. (T-0).

3.1.1.1.3. Personnel will wear PPE (e.g., gloves, gowns, goggles, masks) appropriate for the task to form a personal barrier of protection for associated exposure risk per SP. (T-0).

3.1.1.1.4. Personnel who manage reusable medical equipment (RME) will be provided initial training and follow established procedures based on manufacturer’s instructions. They will perform the proper set-up, use, and reprocessing for each type of RME in their respective areas of responsibility. Competency will be verified annually. (T-0).

3.1.1.2. MTFs will use transmission-based isolation procedures in any healthcare delivery system to include hospitals, clinics, and dental units. (T-0).

3.1.1.2.1. The three modes of transmission precautions are Airborne, Droplet, and Contact Precautions.

3.1.1.2.2. Protective Environment precautions will be used in acute care hospitals that provide care to hematopoietic stem cell transplant (HSCT) patients. These precautions are designed to prevent HAIs and consist of engineering and design interventions that decrease the risk of exposure to environmental fungi for severely immunocompromised allogeneic HSCT patients. (T-0).

3.1.1.3. Guidelines for the Prevention of Multi-drug Resistant Organisms (MDRO) Infections and other future CDC/HICPAC focused infectious disease guidelines (e.g., Noro-virus, Severe Acute Respiratory Syndrome) are used in combination with the

3.1.1.4. SHEA/Infectious Diseases Society of America (IDSA) Practice Recommendations: Strategies to Prevent Transmission of Methicillin-Resistant Staphylococcus aureus in Acute Care Hospitals.

3.1.1.5. SHEA/IDSA Practice Recommendations: Strategies to Prevent Clostridium difficile Infection in Acute Care Hospitals.

3.1.2. OSHA: Bloodborne Pathogens, Final Rule.

3.1.2.1. Personal Protective Equipment (PPE) will be supplied by the healthcare organization (e.g., MTF/LSMTF, Dental) and will include proper use of PPE that is appropriate for the task being performed. (T-0).

3.1.2.2. Personnel will wear PPE appropriate for the task to form a barrier of protection against exposure of blood, other body fluids, infectious, and chemical agents from contamination of clinical attire, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used. (T-0).

3.1.2.3. Personnel will wear protective outer garments (e.g., fluid resistant gowns, laboratory coats, cotton or cotton/polyester scrubs when sleeve length is long, scrub jackets) that must prevent contamination of clinical attire, undergarments or skin and are worn appropriate for the task being performed based upon the type of exposure and quantity of these substances reasonably anticipated to be encountered during the performance of a task or procedure. Scrubs are not considered PPE. (T-0).

3.1.2.4. Safety designed devices are considered and will be made available based on work practices, reported exposure trends, and the applicable laws or regulations of the state for any individual MTF/LSMTFs/Dental Unit. (T-0).

3.1.2.5. Occupational exposure to blood or other potentially infectious materials (OPIM):

3.1.2.5.1. Healthcare Workers (HCW) exposed to blood and OPIM will be evaluated and managed IAW 29 CFR 1910.1030, Bloodborne Pathogens. Procedures for exposure incidents will be outlined in detail in the MTF/LSMTF/ Dental Unit Exposure Control Plan. (T-0).

3.1.2.5.2. HCWs with a sharps injury, blood or OPIM exposure will promptly wash the exposed site with soap and water. If the eye or mucous membrane is exposed to blood or OPIM, flush profusely with copious amounts of water. The HCW must report exposures to their supervisor and seek post-exposure evaluation and treatment from a privileged provider. (T-0).

3.1.2.5.3. HCWs will have access to an immediate 24-hour rapid response system that includes adequate communication to a medical team trained to triage all exposures and assess the need for post-exposure prophylaxis (PEP). If PEP is deemed necessary, it is recommended to be administered as soon as possible within hours of exposure incident and per OSHA and CDC guidelines. (T-0).
3.1.2.5.4. The HCW will describe and document the circumstances surrounding the incident on the appropriate mishap report form and the exposure incident worksheet/investigation form approved by the MAJCOM and/or MTF/LSMTFs/Dental Unit. In addition, the HCW must provide the necessary information to PH and the treating provider to facilitate complete documentation and investigation of the incident. (T-0).

3.1.2.5.4.1. Federal civilian employees, in conjunction with their supervisor, should report injuries by completing the Form CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Civilians may complete Form CA-16, Authorization for Examination And/Or Treatment, should they wish to seek treatment at a civilian location.

3.1.2.5.5. The supervisor of the exposed HCW will notify PH of the injury or exposure and assist the employee with the following items: (T-0).

3.1.2.5.5.1. Ensure the source is fully evaluated by their provider to assess risk of bloodborne pathogen exposure to the HCW. The source will be tested as soon as possible for the Human Immunodeficiency Virus (HIV) and Hepatitis B/C. (T-0).

3.1.2.5.5.2. Ensure all required documentation of the incident is initiated and sent to the appropriate office for completion of final report(s). (T-2).

3.1.2.5.5.3. Send the HCW to a privileged provider as soon as possible after exposure along with the source risk assessment, the mishap report form, and the exposure incident worksheet/investigation form in a packet. (T-0).

3.1.2.5.5.4. Ensure the HCW reports to PH following the evaluation and treatment by a provider. If after duty hours, the HCW must report to PH on the next regular duty day. (T-0).

3.1.2.5.6. The privileged provider conducting the evaluation/treatment of the exposed HCW must, IAW CDC guidelines, fully assess the risk of bloodborne pathogen exposure risk, initiate laboratory testing, provide indicated treatment, and complete any necessary portions of the mishap report and exposure incident worksheet/investigation form. (T-0).

3.1.2.5.7. The attending physician, in consultation with SGH, or flight surgeon consultant and PH, will evaluate the laboratory test results of the HCW and the source patient. If necessary, this physician, in consultation with an infectious disease physician, will provide recommendations for prophylaxis and further follow-up. (T-0).

3.1.2.5.7.1. Physician’s written opinion: Within 15 days of the completion of the exposure evaluation, PH prepares a written opinion regarding risk of infection and recommended follow-up, the attending physician reviews/signs the letter and PH conveys this written opinion to the employee. (T-0).

3.1.2.5.7.2. PH will complete the exposure incident worksheet/investigation and ensure it is filed/documentied in the HCW’s medical record. (T-0).

3.1.2.5.8. Exposure incidents shall be documented on the sharps injury log, if applicable, and reported in the Air Force Safety Automated System. As these
incidents are considered to be occupational injuries, they should be reported as mishaps by the facility safety manager. (T-0).

3.1.2.5.9. Additional references for these incidents:

3.1.2.5.9.1. US Department of Labor, Occupancy Safety and Health Administration: OSHA instruction: *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens*. Washington DC: US Department of Labor, Occupational Safety and Health Administration, 2001; Directive CPL 02-02-069.


3.1.2.5.9.3. CDC: *Updated U.S. Public Health (PHS) Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for PEP*.

3.1.2.5.9.4. CDC: *Updated U.S. PHS Guidelines for the Management of Occupational Exposures to HIV and Recommendations for PEP*.

3.1.2.6. Employee Health Requirements.

3.1.2.6.1. CDC: ACIP and HICPAC recommendations for “Immunization of HealthCare Workers.”

3.1.2.6.2. CDC: ACIP and HICPAC recommendations for “Influenza Vaccination of HealthCare Personnel.”

3.1.2.6.3. CDC: “Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients during Exposure-Prone Invasive Procedures.”

3.1.2.6.4. Dental: Follow the most current guidelines outlined in the USAF Guidelines for Infection Prevention and Control in Dentistry.


3.1.2.6.6. NIOSH Alert: Preventing Allergic Reactions to Natural Rubber Latex in the Workplace.

3.2. Employee Health Program Elements.

3.2.1. All HCWs must in-process through PH within 10 duty days of arrival at the MTF/AD AES or within three Unit Training Assemblies (UTAs) after arrival to the unit for ARC AES and ARC Medical Units personnel but prior to commencement of patient care duties, whichever comes first. The CDC HICPAC/APIC definition for HCW is used here and includes all paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials, including body substances, contaminated medical
supplies and equipment, contaminated environmental surfaces, or contaminated air. HCWs
include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians,
emergency medical service personnel, dental personnel, pharmacists, laboratory personnel,
autopsy personnel, students and trainees, volunteers, contractor personnel, and persons (e.g.,
clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient
care but potentially exposed to infectious agents that can be transmitted to and from HCW.
(T-0).

3.2.2. PH/ARC PH (or designated full time or traditional ARC RMU/GMU alternate) will
identify and request required lab work and immunizations and notify supervisors of
delinquent completion. PH will enter health screening data into the approved AF PH
application for management of MEHP (i.e. Aeromedical Services Information Management
System [ASIMS]) and file associated forms, such as the Hepatitis B declination, in the
outpatient records. (T-1).

3.2.2.1. Hepatitis B (HB) Virus (HBV) Vaccine and Immunity:

3.2.2.1.1. Completion of the 3-dose HepB vaccine series is required for all HCWs to
include: active component, civilian employees, contractor personnel, trainees and
volunteers, with exposure to blood or other body fluids. OSHA and ACIP guidance
states that all civilian HCWs who are reasonably expected to come into contact with
blood or bodily fluids should be offered vaccine at no charge to themselves; those
who wish to decline must sign the Hepatitis B Declination Statement (refer to
Attachment 6 of this instruction). (T-0).

3.2.2.1.2. Post-HepB vaccination serologic testing is required for all HCWs with
direct patient care duties, and will be accomplished in accordance with current ACIP
guidance.

3.2.2.1.2.1. HCWs who have received the ≥3-dose HepB vaccine series (or who
have written documentation of a complete, ≥3-dose HepB vaccine series) and
subsequent post-vaccination anti-HBs ≥10mIU/mL are considered hepatitis B
immune.

3.2.2.1.2.2. HCWs who have received the ≥3-dose HepB vaccine series (or who
have written documentation of a complete, ≥3-dose HepB vaccine series), but
post-vaccination anti-HBs <10mIU/mL, will receive 1 dose of HepB vaccine,
followed by post-vaccination serologic testing.

3.2.2.1.2.2.1. If anti-HBs ≥10mIU/mL, HCW is considered hepatitis B
immune.

3.2.2.1.2.2.2. If anti-HBs <10mIU/mL, HCW will receive 2 more doses of
HepB vaccine, followed by post-vaccination serologic testing.

3.2.2.1.2.2.2.1. If anti-HBs ≥10mIU/mL, HCW is considered hepatitis B
immune.

3.2.2.1.2.2.2.2. HCWs who do not have a protective concentration of anti-
HBs (≥10 mIU/mL) after completion of above protocol will be tested for
Hepatitis B surface antigen (HBsAg) and Hepatitis B core antibody (anti-
HBc) to determine infection status. (T-0).
3.2.2.1.2.2.2.1. HCWs determined to be non-responders to HBV vaccination should be considered susceptible to HBV infection. PH will inform HCWs of their susceptibility and document the employee’s status in the approved Air Force immunization tracking system and medical employee health tracking system. (T-0).

3.2.2.1.2.2.2.2. HCWs determined to be infected (anti-HBc positive) and positive for HBsAg will be referred to an appropriate privileged healthcare provider to receive counseling regarding how to prevent HBV transmission to others and to be evaluated for further testing, care, treatment, and other services as appropriate. An expert review panel (e.g., Chief of the Medical Staff/Chief Nurse, Credentials Committee, ICF) will evaluate HCWs positive for HBsAg for possible duty restrictions. HCWs who were infected in the past (anti-HBc- positive but negative for HBsAg) require no vaccination or treatment. (T-0).

3.2.2.2. HIV Testing. HIV testing is required periodically IAW AFI 44-178, *Human Immunodeficiency Virus Program* and is encouraged for civilians under certain circumstances. All civilian employee and contractor personnel HCWs must sign an HIV Antibody Test Consent Form before the test is accomplished. Converters will be managed IAW AFI 44-178. (T-0).

3.2.2.3. Measles, Mumps and Rubella Vaccination or Immunity.

3.2.2.3.1. All HCWs are required to show documented proof of immunity through seropositive antibody titers or documentation of two MMR vaccinations. In the event there is a community outbreak, or a PH risk assessment determines there is an increased risk for measles or mumps transmission in the MTF setting, the MTF should follow CDC ACIP recommendations for recommended immunization and immunity documentation procedures. (T-0).

3.2.2.3.2. PH will order titer(s) for HCWs who do not have appropriate documentation of this vaccination series or previous positive titer results. (T-0).

3.2.2.4. Tuberculosis (TB) Screening. Prior to initial employment (to the Air Force or DoD), or in the case of contractor personnel, prior to commencing performance of contractual duties in an Air Force healthcare setting, all HCWs must produce documentation of an appropriate TB test protocol (either the two-step tuberculin skin test (TST), or an approved blood assay for TB screening) that was performed within the previous 12 months. New employees or contractor personnel without documented history of a TB test within 12 months should have either the two-step TST or blood TB assay performed. HCWs with a positive TST will be appropriately followed IAW Air Force and other regulatory agency guidelines. Routine TB screening need not be accomplished on HCWs who transfer between low-risk AF/DoD facilities. (T-0).

3.2.2.5. Varicella vaccine. All HCWs require proof of immunity in accordance with current ACIP recommendations. If verification of a history of varicella disease or herpes zoster by a healthcare provider cannot be provided, a titer will be ordered by PH prior to the employee or contractor personnel starting the vaccine series. (T-0).
3.2.2.6. Tetanus/Diphtheria/Pertussis. All HCWs will receive a one-time dose of the Combined Tetanus, Diphtheria and Pertussis (Tdap) vaccine if not previously vaccinated. (T-0).

3.2.2.7. Influenza. All HCWs will be vaccinated against influenza annually IAW the most current ACIP recommendations, DoD policy, AFI 10-250, Individual Medical Readiness and the annual AF/SG seasonal influenza memorandum. (T-1).

3.2.3. Occupational Examinations. The Occupational and Environmental Health Working Group will determine if and which HCWs require occupational examinations. Occupational exams will be scheduled, performed and documented IAW AFI 48-145, Occupational and Environmental Health Program. (T-1).

3.2.4. Annual Health Program Screening Requirements:

3.2.4.1. PH will notify individual HCWs when medical employee health program screening requirements are due. (T-1).

3.2.4.2. For military members, the annual Preventive Health Assessment may include occupational screening exams for HCW enrolled in the occupational health program.

3.2.4.3. Civilian employees enrolled in the occupational health program will receive annual occupational screening exams, as required. (T-1).

3.2.4.4. Contractor personnel will receive annual occupational screening exams under the terms of the contract under which they are performing which are at least equivalent to the annual occupational screening exams received by civilian employees.

3.3. Authority Statements.

3.3.1. In the MTF, the ICF has the authority through its Chair, and for LSMTFs through its ECOMS, or equivalent, Chairperson, to institute appropriate surveillance, prevention, and control measures deemed necessary to prevent transmission of infection in the facility in the performance of clinical care.

3.3.1.1. The Chairperson of the ICF will ensure the MTF Commander is promptly notified of the danger. For LSMTFs, the ECOMS, or equivalent, Chairperson ensures prompt notification of Commander. (T-0).

3.3.1.2. The patient’s primary provider is advised when isolation precautions are instituted.

3.3.2. The ICF, IP and the medical/dental provider, nurse, or technician responsible for the care of the patient has the authority to initiate the appropriate isolation precautions and to culture suspected infected sites based on pre-established protocols for care.

3.3.2.1. Personnel must be trained in culturing techniques according to laboratory guidelines. (T-0).

3.3.2.2. Sites that may be cultured include: urine, sputum, wound, stool, peripheral and central venous access sites, and other external drainage. The probing of a deep wound, to include intra-oral surgical sites, is done by the provider.

3.3.2.3. Documentation of culture submission is required in the medical or dental record.
3.3.2.4. The provider is advised when a culture was submitted.

3.4. Guidelines for the Prevention and Control of Infection in Patients. The following guidelines used separately or in combination in their most current edition and newly developed CDC/HICPAC guidelines will be followed for the prevention and control of infection in patients. Additional current literature may be used to augment these guidelines. MTFs will adapt the program's prevention and control activities to meet the needs of their specific facilities and services. If a guideline is cited by the MTF/LSMTFs the guideline must be followed in its entirety. (NOTE: Issues that have been recurrent sources of question and concern are specified here). (T-0).

3.4.1. Hand Hygiene. The MTF/LSMTF will comply with CDC/HICPAC guidelines. (T-0).


3.4.3. The MTF will follow the appropriate HICPAC, SHEA, or American College of Surgeons guidelines for the MTF's/LSMTF's mission (e.g., *Guideline for Prevention of Health Care Associated Pneumonia, Guidelines for Prevention of Catheter-Associated Urinary Tract Infections, Guidelines for Optimal Office-Based Surgery*). Refer to Attachment 1 of this instruction. (T-0).

3.4.4. Dental. Refer to the USAF Guidelines for Infection Prevention and Control in Dentistry.

3.4.5. ACIP, which are followed by the AFMS, can be located on the AFMS Immunization Information Portal.

3.4.6. General guidelines for infection prevention and control are found in *APIC Text of Infection Control and Epidemiology*.


3.4.7.1. The ultimate authority on proper storage and handling of any medication in the MTF/LSMTF is the pharmacy department so any concerns about USP 797 will be directed to the Pharmacy. (T-0).

3.4.7.2. Multi-dose medication containers (e.g., vials) are designed to allow for the removal of small increments on multiple occasions. All multi-dose medication containers will be discarded 28 days after initial entrance into the vial unless the manufacturer specifies a different expiration date. Label the newly opened multi-dose medication vial with the expiration date which is 28 days after initial entrance. (T-0).

3.4.7.2.1. This dating expectation does not apply to vaccines in the Centers for Disease Control and Prevention and state immunization programs, which have separate requirements for when multi-dose vials must be discarded. (T-0).

3.4.8. Sterile irrigation fluids. Use sterile irrigation solutions for one patient and dispose of them appropriately. Do not date or save for later use, even on the same patient.

3.5. Antiseptics. An ICF approved list of antiseptics listed as an attachment of the MTF IC Instruction or as an attachment to the ICPP (IC OI for ANG).
3.5.1. Include Food and Drug Administration (FDA) antimicrobial hand hygiene agents for use by HCWs.

3.5.2. Include any FDA-approved antiseptics that may be used on a patient.

3.6. Disinfectants.

3.6.1. The CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008, and Guidelines for Environmental Infection Control in Health-Care Facilities, or the most current editions, will be used as guides for decision making. All disinfectants must be registered with the EPA. (T-0).

3.6.2. A list of disinfectants approved by the ICF will be listed as an attachment of the MTF IC Instruction or as an attachment to the ICPP. ECOMS, or equivalent, will approve the LSMTF’s disinfectants list. (T-1).

3.6.2.1. Environmental disinfectants used by the HAMS/Clinic Housekeeping Services/Housekeeping Contracts will be maintained and approved on a separate list to ensure HCWs are not confused as to which products are approved for use by housekeeping personnel and staff. (T-1).

3.6.2.2. The HAMS/Clinics Housekeeping Services Provider/Housekeeping Contractor will purchase environmental disinfectants for use IAW established contract. (T-1).

3.6.2.3. HAMS/Clinics Housekeeping Services/Housekeeping Contractor owned or supplied chemicals, environmental disinfectants, supplies, and equipment should only be used by HCW during an emergency and only when a housekeeper is not available for emergency response. (T-1).

3.6.3. High-level Disinfectants for Instrument Reprocessing.

3.6.3.1. Due to the potentially hazardous nature of glutaraldehyde, all MTFs/LSMTFs are encouraged to seek alternative high-level disinfectants or sterilants for use (e.g., a product containing 0.55% to 0.60% ortho-phthalaldehyde [OPA]).

3.6.3.2. If glutaraldehyde must be used, comply with ventilation requirements, PPE, manufacturer’s directions for testing of concentration and use, and ensure the appropriate training of healthcare workers who will be using the product. (T-0).

3.6.3.3. Appropriate hazard and exposure evaluations are performed by the Bioenvironmental Engineering Department in areas in which glutaraldehyde is the only alternative for high-level disinfection.

3.6.3.4. High-level disinfectants for instrument reprocessing are never used to disinfect environmental surfaces.

3.6.4. Quality indicators for liquid disinfectants/sterilizing agents.

3.6.4.1. Test strips or other quality indicators made by the manufacturer of a liquid disinfecting/sterilizing agent (ortho-phthalaldehyde, hydrogen peroxide based products, peracetic acid) are used per the manufacturer's directions as a validation of the product integrity and effective concentration of its active ingredient. (T-1).

3.6.4.2. Documentation of quality indicator results will be performed daily or prior to the use of the agent if the product is not used on a daily basis. (T-1).
3.6.5. Household Bleach (Sodium Hypochlorite).

3.6.5.1. Bleach, as the only ingredient, will not be used as a primary hospital grade disinfectant in the MTF. It lacks detergent and may be corrosive to some surfaces. (NOTE: there are many commercially available products that combine bleach or chlorine compounds with other chemicals that may be used as a primary hospital grade disinfectant. Follow the manufacturer's guidelines for use). (T-0).

3.6.5.2. Bleach may be used in Nutritional Medicine as a disinfectant.

3.6.5.3. Bleach may be used as an additional disinfection step if deemed necessary and approved by the ICF (e.g., due to its highly effective kill of enterovirus, and spore forming bacteria [e.g., Clostridium difficile, Bacillus anthracis]). The surface is first cleaned with a detergent or detergent/disinfectant, allowed to dry, and then followed by a disinfection of the appropriately mixed bleach and water solution.

3.6.5.4. Spore Forming Bacteria. A chlorine based disinfectant (e.g., bleach) is effective if used IAW the manufacturer’s guidance in destroying spores formed by organisms such as Bacillus anthracis and Clostridium difficile. A chlorine based disinfectant may be used to disinfect any environment in which patients who are infected with a spore forming organism is admitted.

3.6.5.4.1. Use of diluted hypochlorite (e.g., 1:10 dilution) solution will be considered in units with high C. difficile associated diarrhea or colitis rates. (T-0).

3.6.5.5. Dental Clinics will treat the dental waterlines as recommended by the dental unit manufacturer. One part 6% household bleach to 10 parts water may be used when applying the Dental Waterline "Shock" Protocol. Refer to the USAF Guidelines for Infection Prevention and Control in Dentistry for details. (T-1).

3.7. Cleaning, Disinfection, and Sterilization.

3.7.1. Procedure for preparing contaminated, reusable instruments for reprocessing will be IAW the manufacturer’s instructions of the instrument and the intended use of the instrument: (T-0).

3.7.1.1. When transporting instruments from the point of use to an instrument reprocessing area (e.g., dirty utility room) wear gloves as a minimum if the instrument tray or other container with leak proof sides and bottoms has not been disinfected. (T-0).

3.7.1.1.1. Do not store sterile or clean instruments or supplies in the same area where contaminated instruments are held/being soaked or being cleaned. (T-0).

3.7.1.1.2. Minimize handling of loose contaminated instruments during transport to the instrument processing area. Use work practice controls to minimize exposure potential.

3.7.1.1.2.1. Instruments will be carried in an instrument tray or other puncture-resistant covered container with leak-proof sides and bottom. The container will be red color coded or designated by the facility as biohazard container, labeled with the universal biohazard symbol, or, if not sharp, placed into a red biohazard bag to minimize exposure potential. (T-0).
3.7.1.1.3. All visible blood and other contamination will be wiped from the instruments or sprayed with an enzymatic solution that will keep debris and contamination moist (e.g., enzymatic solutions) if there is going to be a delay in being brought to the reprocessing area and/or to the final reprocessing area (e.g., central sterile supply, dental instrument processing). (T-0).

3.7.1.1.3.1. The use of holding solutions (e.g., enzymatic cleaner/detergent solution) is optional, but should be considered to prevent hardening of bioburden which is then much more difficult to remove.

3.7.1.1.3.2. Personnel will follow the manufacturer’s instructions when using an enzymatic cleaner/detergent solution as prolonged exposure may lead to corrosion, rust or pitting of the instrument(s). (T-1).

3.7.2. RME and instrument re-processing, which includes dental instruments, is a complex process which requires qualified personnel to understand the importance of performing the correct processes for cleaning, preparation, and packaging items to be sterilized, all aspects of sterility maintenance, monitoring of sterilization cycles and storage of sterile items.

3.7.2.1. Provide comprehensive and intensive training at orientation for all personnel who will reprocess non-critical, semi-critical and critical medical/surgical instruments that will include: (T-0).

3.7.2.1.1. Basic microbiology and IC principles, monitoring of sterilization cycles, instruction on the proper preparation, care, handling, storage, and maintenance of sterile items following manufacturer’s instructions.

3.7.2.1.2. Initial orientation will be hands-on training per the organization’s policies, procedures and manufacturer’s instructions and all work will be supervised until competency is documented for each reprocessing task (refer to paragraph 3.7.2.2. of this instruction). (T-0).

3.7.2.1.3. Conduct competency testing at the beginning of employment and annually.

3.7.2.1.4. Central Service/Sterile Processing Department training must be provided by a qualified (e.g., competency tested) person or through either a web-based, self-study or attendance in a formal course. Curriculum will include reprocessing of reusable equipment, maintenance and use of sterilization equipment/sterilizers, basic microbiology and IC principles, monitoring of sterilization cycles and instruction in the proper preparation, care, handling, storage, and maintenance of sterile items. (T-0).

3.7.2.1.4.1. The International Association of Healthcare Central Service Materiel Management (IAHCSMM) is a well-known organization that specializes in reprocessing medical equipment.

3.7.2.2. Sterile processing personnel will be able to demonstrate knowledge and have documented competence in all aspects of steam sterilization (or other types practiced within facility) including cleaning, decontamination, inspection and packaging of the item to be sterilized, sterilizing procedures to include appropriate monitoring of the sterilization cycle, equipment operation of the specific steam (or other) sterilizing system
used in the MTF, standard/transmission based precautions, engineering and work practice controls, safety precautions, and storage of sterile items. (T-0).

3.7.2.3. Sterile processing personnel will obtain training material from sterile processing vendors, associations, journals and from AF MTFs, and will receive in-service training for all new instrumentation, devices, and equipment. (T-0).

3.7.2.4. Determination of appropriate levels of disinfection/sterilization are IAW established criteria for critical, semi-critical, and non-critical items.

3.7.2.5. Personnel will use only FDA cleared medical devices for sterilization and follow the manufacturer's instructions for correct use (e.g., cycle lengths, operating parameters). (T-0).

3.7.2.6. Personnel will clean, disinfect, and heat sterilize critical instruments IAW the instrument manufacturer, the sterilizer manufacturer's guidelines, and Association for the Advancement of Medical Instrumentation standards. (T-0).

3.7.2.7. Biological indicators will be run IAW Association for the Advancement of Medical Instrumentation (AAMI) Standards. (T-0).

3.7.2.7.1. New technologies for sterilization indicators (e.g., Rapid enzyme indicators, new chemical indicators, enzyme tablets, or integrating indicators that do not contain spores) are not acceptable methods of biological monitoring in USAF facilities until approved by AAMI.

3.7.2.7.2. Rapid readout biological indicators that contain spores and have enzyme-based early readout capability (e.g., test results at 1 or 3 hours) are acceptable when the following conditions are met:

3.7.2.7.2.1. The biological indicator will be used within an appropriate challenge test pack. (T-0).

3.7.2.7.2.2. Mechanical and chemical monitoring processes will be performed. (T-0).

3.7.2.7.2.3. The periodic verification will be either continued incubation of the biological indicator with enzyme-based early readout capability (according to manufacturer instructions) or the use of a conventional biological indicator. If conventional biological indicators will be used in these instances, maintain a conventional incubator in the facility. (T-0).

3.7.2.8. Sterilizer reports are submitted to the ICF at least quarterly. (T-1).

3.7.2.9. Flash (immediate use) Sterilization will not be used for reasons of convenience, as an alternative to purchasing additional instruments sets, or to save time. Flash sterilization is reserved for unique situations and not for routine use. (T-0).

3.7.2.9.1. Personnel will use mechanical, chemical, and biological indicators for each flash sterilization cycle. (T-0).

3.7.2.9.2. Critical instruments intended for immediate use can undergo flash sterilization if the instruments are maintained sterile during removal from the
sterilizer and transport to the point of use (e.g., transported in a sterile covered container).

3.7.2.9.3. Semicritical instruments that will be used immediately or within a short time can undergo flash sterilization on a tray or in a container system, provided that the instruments are handled aseptically during removal from the sterilizer and transport to the point of use. (T-0).

3.7.2.9.4. Do not flash sterilize implantable devices.

3.7.2.10. Testing Automated Cleaning Equipment.

3.7.2.10.1. Test automated cleaning equipment (e.g. ultrasonic cleaners, instrument washer, thermal disinfectors) upon initial installation, weekly during routine use, and after major repairs IAW AAMI and American Association of Operating Room Nurses (AORN) Standards.

3.7.2.10.2. Results of these tests should be included as a component of the instrument processing quality assurance program.

3.7.2.10.2.1. Commercially available tests are available to evaluate variables such as water pressure, temperature, pH, and drying. These tests do not replace the requirement to visually inspect instruments after cleaning.

3.7.2.10.2.2. Users must continue to follow the cleaning equipment manufacturer operating and maintenance instructions, including instrument loading procedures, which is critical to the success of the cleaning process. (T-0).

3.7.2.10.2.3. Due to the variety of brands and models of instrument washer/disinfectors available, it is recommended to first contact the manufacturer of your equipment to see if they offer or recommend a specific washer test kit. If a test kit from a manufacturer other than the equipment manufacturer is purchased, it is recommended to discuss the specific type of equipment in use at your facility (e.g., type, brand name, model of instrument washer) with the washer test kit manufacturer/distributor before purchasing any new products.

3.8. Event Related Sterility. Use event-related sterility whenever possible. This practice recognizes that the product should remain sterile until some event compromises the integrity of the package (e.g., it becomes torn, wet by body fluids/water/antiseptics, dropped on a contaminated surface, presence of dried antiseptics, or yellowing caused by extremes in temperature).

3.9. Reprocessing Single Patient Use Items. Reprocessing of disposable supplies and equipment items labeled as “single patient use only” will not occur in the MTF/ARC Medical Units/Dental Clinics. Reprocessing may occur by a third party reprocessing company that follows the FDA Good Manufacturing Practice Guidelines and is a member of Association for Medical Device Reprocessors (AMDR). (T-0).

3.10. Storage of Clean and Sterile Supplies.

3.10.1. Storage areas will be in a clean, organized, environmentally controlled location. (T-0).
3.10.2. Like items will be stored together (e.g., sterile with sterile and clean with clean). Store liquids on lower shelves or in containers that will hold the volume of the primary container if it should leak to prevent compromise to other supplies stored next to or below. (T-0).

3.10.2.1. Sterile and nonsterile patient treatment items may be stored in the same drawers or cabinets as long as there is no possibility of similar nonsterile items being used inadvertently when sterility (e.g., sterile 4x4s and clean 4x4s) is required and the items are kept separated by wipeable dividers or containers.

3.10.2.2. All supplies will be rotated using a first in, first out plan so that older items are used first, thus preventing waste due to expiration. (T-0).

3.10.2.3. Supplies will be stored 8-10 inches above the floor (permits adequate cleaning of the floor), 18-20 inches below the ceiling (away from vents, fire sprinklers, and lights to safeguard supplies from damage and for compliance with the National Fire Protection Association [NFPA] 101, Code for Safety to Life from Fire in Buildings and Structures [The Life Safety Code]) and approximately 2 inches from an outside wall (to protect package integrity and permit air circulation). (T-0).

3.10.2.4. Supplies will not be stored or piled on top of plastic covered racks, above cabinets, or in any other manner that may be deemed unsafe. (T-0).

3.10.2.5. Do not store sterile supplies or patient care items under the sink (or any location where they may become wet), on the floor, windowsills, or any area other than designated shelving or cabinets.

3.10.2.6. Do not store sterile items with items not intended for clinical use (e.g., office supplies, cleaning supplies).

3.10.2.7. No shipping boxes will be brought into patient care areas in the MTF, except to deliver supplies which are promptly placed into an appropriate clean storage bin. (T-0).

3.10.2.7.1. External shipping containers/boxes are exposed to unknown and potentially high microbial contamination. Those made of corrugated material are especially susceptible and also act as reservoirs for dust. They are potentially laden with contamination from animal urine and feces which may serve as a mode of transmission of diseases associated with such contamination.

3.10.2.7.2. Shipping containers/boxes potentially house vectors such as roaches.

3.10.2.7.3. Interior boxes may be used to store a supply item, but are discarded when the last item is used and not restocked or “reused” to store other items. (T-2).

3.10.2.8. Rubber bands will not be used to bundle items in soft packaging like peel packs together, they may compromise the integrity of the package. (T-0).

3.10.2.9. Chux or cloth towels will not be used to line drawers or shelves. (T-3).

3.10.2.10. Supply levels will be realistic and maintained in a sufficient quantity to serve the patient care demands. (T-1).

3.10.2.11. All supplies will be checked at point of use for expiration dates and for any event that may have compromised the integrity of the package (e.g., it becomes torn, wet
by body fluids/water/antiseptics, dropped on a contaminated surface) before it is used for a patient. (T-0).

3.10.2.12. Personnel will check all medical supplies monthly for expiration dates and discard expired items per MTF policy. Those items without an expiration date are considered to be sterile until some event compromises the integrity of the package under the event related sterility system. Refer to paragraph 3.8. of this instruction. (T-0).

3.11. Linen.

3.11.1. The IP will review the linen contract annually. (T-0).

3.11.1.1. Any concerns will be addressed through the MTF’s Linen Quality Assurance Evaluator (QAE) to the base Contracting Officer. (T-1).

3.11.1.2. The IP will tour the linen facility with the Linen QAE, prior to contract award for locally purchased contracts and annually thereafter, to evaluate and ensure the practice is IAW the scope of work for the contract. (T-1).

3.11.1.3. The IP may use an annual linen facility inspection report from another IP whose MTF has a contract with the same laundry facility and if the inspection was conducted using the CDC Guidelines for Environmental Infection Control in Health-Care Facilities and the Healthcare Laundry Accreditation Council’s (HLAC) most current guidelines (Accreditation Standards for Processing Reusable Textiles for Use in Healthcare Facilities). The MTF that is providing the report will address any discrepancies uncovered during the inspection and provide follow-up reports to the MTF they are sharing the inspection report with. The report must address, at a minimum, the items listed below in paragraph 3.11.2.1-8. (T-0).

3.11.2. All laundry facility personnel must: (T-0).

3.11.2.1. Receive orientation and annual training in infection prevention and control IAW OSHA requirements (e.g., BBP, PPE, post-exposure procedures, hand hygiene, TB) through their company.

3.11.2.2. Comply with OSHA BBP-ECP, TB prevention, employee health program, and hand hygiene program.

3.11.2.3. Use appropriate PPE especially in the receiving dock and separation area for contaminated linen.

3.11.2.4. Adhere to environmental and ventilation requirements.

3.11.2.5. Use appropriate temperatures and chemicals used during the washing process.

3.11.2.6. Separate clean and dirty linen during transport, processing and delivery, and provide appropriate packaging of linen.

3.11.2.7. Report any sharps found when separating contaminated linen to prevent exposures to personnel. Ensure discovery is communicated to the MTF where the linen was collected. (NOTE: A sample inspection checklist is located on the Kx IC website under surveillance that may need to be updated with current guidelines). (T-0).

3.11.2.8. The IP will report findings and any recommendations to the ICF. (T-1).
3.11.3. All clean linen will be transported and stored in carts used exclusively for this purpose or in linen carts that were cleaned and disinfected after being used to transport soiled linen. (T-0).

3.11.3.1. Clean linen will be stored in clean storage areas (e.g., dedicated linen rooms with closing door, covered carts, closed drawers or cabinets). (T-0).

3.11.3.2. Clean linen remains protected until the point of use.

3.11.4. Soiled linen will be handled in a manner that minimizes dispersal of particles into the air and surrounding area. (T-0).

3.11.4.1. Soiled linen will be placed in a rolling type hamper at the patient’s bedside or after use in a clinic. This will eliminate hand carrying by personnel down the corridors to a collection hamper. (T-0).

3.11.4.2. Any linen that is extremely soiled or wet may be wrapped loosely in clean linen or placed directly in a plastic bag then into the linen hamper.

3.11.5. Linen hamper covers may be used for aesthetic purposes in traffic areas; if used, they must be kept clean. (T-0).

3.11.6. Linen will not be rinsed or sorted in MTFs that have a linen contract. (T-0).

3.11.7. Double bagging of soiled linen is not required unless the first bag has been damaged or is leaking.

3.11.8. All soiled linen will be treated as potentially infectious so there is no need to color code soiled linen into special bags based on isolation or amount of contamination. Must comply with applicable state or host nation requirements. (T-0).

3.11.9. Soiled linen will not be placed in red bags unless it is intended to be disposed of as regulated medical waste. (T-0).

3.12. Regulated Medical Waste (RMW). RMW will be handled IAW applicable state or host nation laws governing the disposal of such waste. (NOTE: If host nation standards are less stringent than what would normally be adhered to in the U.S., personnel will hold to the more stringent standard except as otherwise directed by the Command/Task Force Surgeon’s authority in expeditionary operations). (T-0).

3.13. HAMS/Clinic Housekeeping Contracts.

3.13.1. HAMS contracts are centrally managed by HQ AFMSA/SGSLC and centrally procured by a single contracting office. Clinic Housekeeping contracts may be procured by local base contracting.

3.13.1.1. The contract specifies the contractor that will provide cleaning to achieve an environment of “total clean,” ensuring the proper level of asepsis. (T-1).

3.13.1.2. Housekeeping personnel are employees of the civilian contract company.

3.13.1.3. Appropriate ongoing, documented training of housekeepers is provided by the contractor.

3.13.2. Housekeeping contracts indicate housekeepers shall clean all government-owned property and equipment unless it is attached to a patient. (T-1).
3.13.2.1. Any equipment not to be cleaned by housekeeping personnel is referenced in the Individual Medical Facility Exhibit (IMFE).

3.13.2.2. If an individual MTF, or section therein, determines that a specific piece of medical equipment should not be cleaned by housekeeping they must notify the Housekeeping QAE to update the IMFE. (T-0).

3.13.3. The ICF reviews housekeeping policies, procedures, and cleaning agents annually. (T-1).

3.13.4. Section managers (e.g., OIC, NCOIC, or designee in charge) will insure housekeeping personnel are appropriately informed of any patients with infectious or communicable disease or patients which have been placed in Protective Environment precautions. Posting of appropriate isolation or precaution signs is an effective method of communication. (T-1).

3.13.5. The FM manages the housekeeping function if performed “in-house” and serves as the QAE of the housekeeping contract. AFI 41-201, Managing Clinical Engineering Programs, Section 4.19, addresses the FM’s role in housekeeping functions and with the ICF.

3.13.5.1. Contract surveillance is a responsibility of a QAE assigned to Facility Management.

3.13.5.2. QAEs are the only MTF agents authorized as liaisons between the users and contractor, except for emergency services.

3.13.5.3. Questions regarding contractual requirements or performance will be addressed to the QAE. (T-1).

3.13.6. Housekeeping Customer. The employees, patients, and visitors of the MTF are the customers of the contract.

3.13.6.1. The OIC, NCOIC or civilian equivalent for each MTF functional area conducts informal visual inspections on a regular basis (e.g., weekly, daily when the clinic is open) and completes the facility customer complaint form if work is not completed to their satisfaction. (T-2).

3.13.6.2. Observed deficiencies will be documented on the facility customer complaint form; one copy will be maintained and the rest of the copies are given to the QAE. (T-1).

3.13.6.3. The QAE will validate the customer complaint IAW the performance work statement (PWS). (T-1).

3.13.6.4. Discrepancies listed must be specific and include a description of the problem, facility room number (e.g., 1H30), the name and phone number of the person reporting the problem. (T-1).

3.13.6.5. Customers will not contact the contractor or housekeeping personnel directly when a customer complaint form is written due to repeated or flagrant lapses in contract performance, except for emergency services. (T-1).
3.13.6.6. Customers will coordinate with the contractor to provide access to various rooms for which the contractor does not have access and for areas in which access must be closely monitored. (T-1).

3.13.6.7. All tasks are performed with minimum interruption to patient care.

3.13.7. Emergency Service Response Procedures. Blood or body fluid spills are considered an emergency and housekeeping responds promptly to clean the area. If housekeeping service is not immediately available, HCWs may be taught to clean the spill following the guidelines of 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens; Final Rule.


3.14.1. The FM will coordinate the monitoring of ventilation pattern (air flow pressure and air exchanges per hour) within the MTF. (T-2).

3.14.1.1. Areas to be tested include, but are not limited to: the ORs, delivery rooms, Central Sterile Supply, negative pressure/airborne isolation rooms, autopsy areas, minor surgical rooms, cardiac catheterization labs, interventional radiology suites, dental instrument processing areas, rooms where glutaraldehyde is in use, and any other rooms deemed appropriate by the ICF based on the design or use of the room and/or building (refer to the American Institute of Architects Guidelines for Design and Construction of HC Facilities for vent requirements).

3.14.1.2. Ventilation surveys will be performed at least two times a year. More frequent surveys may be performed as deemed necessary by the BE or the ICF. (T-2).

3.14.1.3. The reports of the survey will be submitted to the ICF. (T-2).

3.15. Medical Laser Use.

3.15.1. Personnel will follow AORN guidelines and AFI 48-139, *Laser and Optical Radiation Protection Program*, to prevent staff working in the laser environment from exposure to the smoke plume generated during the use of the laser. Plumes may contain bioaerosols, viruses, blood fragments, bacteria spores, human papilloma virus (HPV) DNA, and suspected hazards associated with the transmission of viable viruses such as HIV. (T-0).
Chapter 4

SURVEILLANCE POLICIES FOR AD MTFs

4.1. Requirements.

4.1.1. AFMS directed that all MTFs with intensive care units will implement the Institute for Healthcare Improvement (IHI) Central Line Bundle per the 14 November 2007/SG3 Doc: 07-115. IHI defines the Central Line Bundle as a group of evidence based interventions for patients with intravascular central catheters that, when implemented together, result in better outcomes than when implemented individually. (T-0).

4.1.2. AFMS directed that all MTFs with intensive care units will implement the IHI Ventilator Bundle per the 14 November 2007/SG3 Doc: 07-115. The IHI defines the Ventilator Bundle as a series of interventions related to ventilator care that, when implemented together, will achieve significantly better outcomes than when implemented individually. (T-0).

4.1.3. Health Affairs has directed that all inpatient MTFs within the Military Health System (MHS) with intensive care units will implement the CDC NHSN Device Associated surveillance for the Central Line-Associated Bloodstream Infection (CLABSI) Events, Ventilator-Associated Events (VAEs) and Catheter-Associated Urinary Tract Infections (CAUTI) per the HA POLICY: 12-005, Reporting Infection Control Data to the Centers for Disease Control and Prevention Using the National Healthcare Safety Network, 22 May 2012. (T-1).

4.2. Definition. Surveillance is defined as the systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health. IPs use this definition to reduce and prevent HAIs and to enhance the safety of patients, HCWs and visitors in a timely and cost-efficient manner.

4.3. Surveillance Appropriate to MTF.

4.3.1. Surveillance will not be performed just for the sake of surveillance. (T-0).

4.3.2. Surveillance must be tailored by each MTF/LSMTF to maximize resources to focus on population characteristics, outcome priorities, to monitor a process and organizational objectives as determined by the MTF’s ICRA and as directed by DoD or AFMS. The goal is to look at processes and outcomes that may have significant impact on patient care practices, employee health, and safety (e.g., survey laboratory results for epidemiologically significant pathogens such as MRSA to ensure providers have access to resistance patterns that will impact antibiotic prescribing practices; survey employee exposures to ensure work practices are safe; or appropriate safety devices are available for the task the healthcare worker is performing). (T-0).

4.4. Surveillance Activities in Annual ICPP. Surveillance activities are defined in the ICPP which must be unique for each organization, but will incorporate the seven core APIC Recommended Practices for Surveillance: (T-0).
4.4.1. Assess the population and/or areas to be surveyed (e.g., all inpatients who have a cholecystectomy; all employees who are responsible for the cleaning/disinfection of the endoscope; any patient admitted to an ICU with a central line; most frequently performed surgical or other invasive procedure; and all applicable work areas).

4.4.2. Select the outcome or process to be surveyed (e.g., all outpatient Gastrointestinal [GI] endoscopic procedures; epidemiologically significant pathogens such as healthcare-associated Vancomycin Resistant Enterococci [VRE] or MRSA; surgical site infections or device-associated infections like VAEs using NHSN; knowledge of how to clean-up blood spills or what to do if personnel sustain an exposure to blood or body fluids; frequency of the event; compliance to regulatory or accrediting body requirements; appropriate storage of supplies; visual observation of personnel administering immunizations; interviewing staff regarding their knowledge of standard precautions and isolation of contagious patients).

4.4.3. Use clearly defined written definitions, particularly standardized written definitions when available. All data elements should be clearly defined to include length of time the item will be surveyed (e.g., quarterly, twice a year, and annually) dependent on what you are surveying (e.g., CDC case definitions of Surgical Site Infection [SSI]; IHI bundles; or the steps in the process like biological indicators). When appropriate, recommend the use of the CDC definitions. (T-0).

4.4.4. Data collection should be managed by knowledgeable professionals qualified by training, experience, and access to appropriate information sources (e.g., prospective review of patient record; lab results; prescribed antibiotics; electronic records, visual observation of personnel who perform the cleaning of endoscopes).

4.4.5. Calculating and analyzing surveillance rates (if any). Outcome measures examples: Surgical Site Infection (SSI) rates; device specific incidence; blood or body fluid exposure incident. Process measure examples: immunization rates; surgical antibiotic prophylaxis timing; device utilization ratio; rate of compliance to the IHI bundles or hand hygiene protocol; compliance with appropriate storage of sterile supplies.

4.4.5.1. Any rate comparison will be IAW the definition used. (NOTE: It may be appropriate to perform statistical comparisons between the MTF rate and the comparison rate, [e.g., a Z-statistic, 95% confidence interval or a Fisher exact test] [see APIC Text of Infection Control and Epidemiology, Chapter 5]). (T-0).

4.4.5.2. Provider-specific rates or trends will be presented to their Division or Service Chief/Medical Director and Flight Commander when appropriate. (T-1).

4.4.6. Risk stratification will be applied when appropriate (e.g., CDC NHSN risk stratification [CDC wound class, length of surgery, and American Society of Anesthesiologists (ASA) preoperative assessment score, in NICU surveillance by birth weight]. Risk category rates should be compared to CDC NHSN system data and to the internal rates of the previous year). (T-0).

4.4.7. Reporting and feedback. Quarterly reports will be presented to the ICF and forwarded to ECOMS, or equivalent. Service specific rates and provider specific rates will be provided to respective flight commanders, when applicable. (T-0).
4.4.7.1. Rates exceeding established thresholds will be carried as ICF agenda items to ensure follow-up at subsequent meetings. (T-0).

4.4.7.2. Develop a written report to provide a means to interpret and disseminate the surveillance data to the recipients who provide the service or procedures being surveyed and can bring about process improvement activities. Always report all surveillance activities to the ICF. Other recipients to be considered, but are not all inclusive, may include: ECOMS, or equivalent, Nursing Executive Function, Environment of Care Committee (EOC), PS, and PH.

4.5. Surveillance Reports.

4.5.1. Will be submitted to the ICF, per the ICPP, for review and recommendations. For LSMTFs, the surveillance data will be submitted to ECOMS, or equivalent. (T-0).

4.5.2. Will be provided as feedback to the provider(s) or HCW(s) who perform the service(s) or processes being surveyed. (T-0).

4.5.3. Will be used as an opportunity to improve patient/employee/process outcome(s). (T-0).

4.5.4. If an outcome or process has remained stable or unchanged over an extended period of time (e.g., 6 months), consider discontinuing the surveillance, or reduce the length of time to survey an item or perform a smaller sample size instead, such as 10%. This will allow the resources to be applied to another process or outcome which poses a higher priority. Document in ICF minutes and adjust the ICPP as appropriate. LSMTFs will document in the ECOMS, or equivalent, minutes and adjust the ICPP as appropriate. (T-1).

4.5.5. Will be included in the Annual Summary. (T-0).
Chapter 5

OPERATIONAL AND SPECIAL ENVIRONMENTS

5.1. Purpose.

5.1.1. Managing Suspected Highly Communicable Diseases.

5.1.1.1. AFI 41-307, Aeromedical Evacuation Patient Considerations and Standards of Care, contains guidelines that direct the movement regulation of the suspected casualties or HCWs who may exhibit clinical indicators of a Bioterrorism agent and/or a highly communicable disease from the CDC critical list (CL).

5.1.1.2. All medical personnel will be aware of the clinical indicators and the reporting categories that may indicate a casualty or that medical personnel may be infected with a highly infectious disease or biological agent. (T-1).

5.2. Goal. To generate a heightened awareness of infection prevention and control issues to be considered in the deployment of medical personnel for both home station and expeditionary operations. Identifying and treating emerging infectious disease, whether natural or manmade, must become second nature as we strive to provide the best prevention advice and medical care possible for both domestic and foreign troops as well as civilians. Basic principles of infection prevention and control such as hand washing, aseptic technique, standard precautions, isolation, and PPE become more, not less, important in field conditions. This guideline will assist in identifying important issues and possible solutions for the field environment but because each mission is unique it is not possible to cover all contingencies. (T-0).

5.3. General Roles and Responsibilities.

5.3.1. All personnel will practice basic infection prevention and control techniques per paragraph 3.4. (T-0).

5.3.2. BE will provide water source recommendations and testing IAW AFI 48-144. (T-1).

5.4. Patient Care Practices.

5.4.1. Comply with hand hygiene guidelines per CDC or WHO depending on the availability of running water. (T-0).

5.4.2. PPE has an increased significance during deployment based on diseases endemic to the given area. These may include the bloodborne pathogens HIV, Hepatitis B and C and other communicable diseases (refer to the PH deployment briefing).

5.5. Patient Placement.

5.5.1. Patient placement options can be limited by space constraints or the physical set up of unit. Isolation strategies may be greatly affected by these constraints. It is important to try to geographically separate a patient who needs isolation. To decrease the possibility of disease transmission, group patients with like symptoms and also cohort the staff assigned to these patients (especially during outbreaks).

5.5.2. Airborne. A negative airflow room is preferred to vent the airborne particles out of the work area to allow the ultra violet (UV) rays from the sun to kill the Mycobacterium
tuberculosis and other airborne pathogens while any wind currents will further dilute the organisms reducing the probability of exposure to others.

5.5.3. Droplet precautions. Patient beds will be placed at least four (4) feet apart (from mattress to mattress) (or as directed by the CDC) when possible. If a four (4) foot separation is not possible, consider having the patient wear a mask and augment with head-to-toe bed configuration. The patient should also wear a mask during any transport. The patient may wear a surgical mask (recommend the cup style due to its fit) when personnel are in the area. If possible, group individuals with like-symptoms together and assign cohort staff to care for these infected patients, especially during outbreaks. (T-0).

5.5.4. Contact precautions. The goal is to keep post-operative patients and patients with invasive lines (IV, drainage tubes, indwelling catheters) away from patients placed on contact isolation precautions. If possible, group individuals with like-symptoms together and assign cohort staff to care for these infected patients, especially during outbreaks.

5.6. Supplies and Equipment.

5.6.1. Supplies and equipment will be stored in a way that will protect them from extremes in temperature (heat or cold), environmental dust and dirt, vermin and insects, light and moisture. Seasonal variations may mean a change in storage practices or location during a rainy season, winter or summer seasons. Listed are some examples of creative ways to help organize and keep the storage area clean. (T-1).

5.6.1.1. Pallets will be placed over gravel at the entrance of the storage area to be used to kick mud and dirt off of boots before entering. (T-1).

5.6.1.2. The footlocker-type of transport boxes, in which many supplies arrive, can be used as shelves. Place the lid on the ground and place the box on its side. Store those items that can be cleaned and dried (non-critical items like bedpans) on the bottom in case the area floods. Keep the sterile and clean packaged items up higher.

5.6.1.3. Be aware of lumber that can be transformed into shelves. Wood is porous so only non-critical items should be placed on the wood. Protect the other items in plastic as much as possible. Save all plastic wrappers to be used as covers when needed. A change in the weather or a seasonal abundance of a particular insect could warrant a need for different levels of protection.

5.6.1.3.1. Cleaning of supplies and equipment is required and the disinfectant used may vary. Bleach is the most common but in many ways the most hazardous if not mixed correctly. Manufacturer’s directions for the use of chemicals will be followed whenever possible. Preferably, the disinfectant will be tuberculocidal because it is likely it will also kill Hepatitis B and C and HIV. (T-0).

5.6.1.3.2. Monitor stock levels to determine the need to conserve certain non-critical items that come into contact with intact skin, such as bedpans, urinals, or washbasins. If so, these items can be washed with soap and water then disinfected with a diluted bleach solution or another disinfectant after each use. Store in plastic if available, but if not available, store in a clean place. Before using the item, make sure any dust that may have collected during storage is cleaned off with soap and water.
5.6.1.3.3. Urinals and bedpans will be rinsed after each use with water. Those used for more than one week will be washed with a detergent. If a patient has diarrhea, rinse the bedpan out with soap and water and then rinse with a disinfectant after each use. (T-1).

5.7. Environmental Controls.

5.7.1. All personnel will be responsible for the cleaning and upkeep of the healthcare environment. Housekeeping contractors may not be available. If available, they likely will be from the local civilian population and may have limited knowledge. A cleaning schedule will be designed and followed. (T-0). Listed below are some basic cleaning principles:

5.7.1.1. Work site should be maintained in a clean sanitary condition. A cleaning schedule must be determined, implemented, and strictly enforced to maintain a standard of cleanliness. Cleaning follows a workflow pattern which moves from the least soiled areas to the most soiled areas and from the ceiling to the floor. (T-1).

5.7.1.2. Cleaning products will be selected based on their use, efficacy, acceptability, safety, cost and availability. The goal of cleaning and disinfecting is to decrease the microbial load of the environment. All products will be Environmental Protection Agency (EPA) approved. (T-1).

5.7.1.3. All trash and garbage will be emptied and placed in the designated waste disposal site every shift and as needed to prevent accumulation. This action will help control insects and rodents. (T-1).

5.7.1.4. Wards and vestibules in tents will be swept once a shift and as needed. Mop with a detergent or disinfectant (e.g., A-33) at least daily and as needed. Do not mop with a wet, drippy mop because it will cause pooling of water and encourage the growth of mildew in the Velcro. (T-1).

5.7.1.5. Blood and body fluid spills may be cleaned using a 1:10 dilution of 6% sodium hypochlorite (household bleach) and water. Follow these steps:

5.7.1.5.1. Cordon off the area so personnel will not slip or track blood through the area. (T-1).

5.7.1.5.2. Don appropriate PPE.

5.7.1.5.3. Prepare the bleach solution by mixing one part bleach to ten parts water in a mop bucket. Flood the area with the bleach solution being careful not to let the mop touch the blood spill and let stand 10 minutes.

5.7.1.5.4. Blot up as much of the blood or body fluid spill as possible with disposable towels. Throw away the towels into a universally labeled biohazard bag.

5.7.1.5.5. Flood the area a second time with the bleach solution being careful not to let the mop touch the blood spill and let stand 10 minutes.

5.7.1.5.6. Use a towel or a mop to finish cleaning the area. Dispose of the bleach mixture appropriately. Take off the PPE and discard appropriately.

5.7.1.6. For small blood or body fluid spills, spill kits can be easily and inexpensively made by gathering the items listed below:
5.7.1.6.1. 150 ml sodium hypochlorite in a brown, plastic 150-250 ml bottle.
5.7.1.6.2. Two sponges.
5.7.1.6.3. One pair of gloves.
5.7.1.6.4. One leak-proof bag with the universal biohazard label.
5.7.1.6.5. Place all above items into a bottle or container, which can then become the “bucket” for the bleach solution. Store in any area where a spill may occur.

5.8. Disinfectants.

5.8.1. Bleach.

5.8.1.1. Bleach does not contain a detergent and; therefore, cannot “clean” the environment of dirt or debris. The area must be cleaned with a detergent then followed with bleach to disinfect. (T-0).

5.8.1.2. One to a hundred (1:100) dilution of bleach is strong enough for environmental disinfecting. Bleach can be stored in an opaque plastic bottle for one month. Do not store bleach in glass. Label with name of disinfectant, dilution, date made, and date it expires.

5.8.1.3. Do not mix bleach with other detergents or disinfectants (e.g., phenolics such as Wexide) as it can produce harmful fumes. Wear the appropriate PPE when working with bleach.

5.8.2. Alcohol.

5.8.2.1. Alcohol is also a good disinfectant but not a good cleaner. The area must be cleaned with a detergent then followed with alcohol to disinfect. (T-0).

5.8.2.2. Cotton will break down the alcohol making it ineffective; do not store cotton in alcohol. (T-3).

5.8.2.3. Alcohol is not recommended for use as a sterilant. In the appropriate concentrations of 60-90%, alcohol will kill the vegetative forms of bacteria. It is also tuberculocidal, fungicidal, and virucidal, but does not destroy bacterial spores such as Clostridium difficile or Clostridium perfringens. Alcohol is volatile and requires storage in a cool place. (T-0).

5.8.3. A33, Dry Disinfectant/Detergent.

5.8.3.1. Contains a dual quaternary ammonium chloride in a premeasured packet which is dissolved in one gallon of water. Like all quaternary ammonia compounds it cleans by the removal of soil and also disinfects. It also neutralizes odors. Use this product to clean walls, floors and other nonporous hard surfaces.

5.8.3.2. Do not use this product on medical instruments.

5.9. Miscellaneous Environmental Issues. (Refer to Attachment 2 of this instruction).

5.9.1. Linen. Storage and handling of contaminated, dirty linen will vary with each deployment so the procedures will depend on the resources available at the particular site. (T-1).
5.9.2. Disposal of medical waste will vary with each deployment. CE will assist with providing guidance on acceptable and appropriate disposal methods. (T-1).

5.9.3. Sharps, splash or other body fluid exposure injuries will be reported to the supervisor and PH. PH will monitor and follow up all injuries. (T-0).
Chapter 6
INFECTION PREVENTION AND CONTROL PROGRAM ROLES AND RESPONSIBILITIES FOR AEROMEDICAL EVACUATION SQUADRONS (AESS) AND AIR RESERVE COMPONENT (ARC) MEDICAL UNITS WITHOUT AN AEROSPACE MEDICINE MISSION

6.1. General. This chapter provides guidance for the Infection Prevention and Control Program requirements within the Aeromedical Evacuation Squadrons (AESs) and Air Reserve Component (ARC) Medical Units (Air Force Reserve Medical Units [RMUs] and Guard Medical Units [GMUs]) without an Aerospace Medicine Mission.


6.3. Command Surgeon, Air Force Reserve Command and Office of the Air Surgeon, Air National Guard. Establish medical policies, plans, and programs for their respective units, as required.


6.4.1. Develops, updates, and disseminates Air Force infection prevention and control guidance and instructions via print and electronic media.

6.4.2. Provides clinical consultation, defining and/or clarifying standards of care and practice related to infection prevention and control.

6.4.3. Serves as a liaison with military consultants in infection prevention and control and related specialties to keep abreast of changes in the field.

6.4.4. Serves as the Air Force resource for information and regulations that influence the practice of infection prevention and control.

6.4.5. Disseminates IC information to the:

   6.4.5.1. Appropriate AD AES points of contact.

   6.4.5.2. Office of the Command Surgeon, HQ Air Force Reserve Command (HQ AFRC/SG) to disseminate information to AF Reserve AES and RMU points of contact.

   6.4.5.3. Office of the Air Surgeon, HQ Air National Guard (NGB/SG) to disseminate information to ANG AES and GMU points of contact.

6.5. Medical Inspection Directorate, Air Force Inspection Agency (HQ AFIA/SG). Validates and verifies the internal inspections process of appropriate programs described in this instruction for AES and ARC Medical Units.

6.6. Unit Responsibilities.

6.6.1. The Regional IP will communicate and collaborate with the ICO to ensure these units are kept abreast of applicable infection prevention and control concerns and the Regional IP will also serve as a conduit to elevate AES and ARC Medical Unit IC issues to the AD MTFs. (T-2).
6.6.2. Will develop, with the assistance of the ICO and the Host MTF IP, a MOU/MOA as required which identifies how the unit will comply with the Host facility’s annual plan IAW current infection prevention and control standards, instructions, and policies in infection prevention and control, Bloodborne Pathogen Exposure Control Plan (BBP-ECP) and the Tuberculosis Exposure Control Plan (TB-ECP) (refer to Attachment 4, Column 4 of this instruction). (T-1). The Host MTF will provide the ground level support for tenant AES’s and ARC Medical Units located on AD bases per AFI 25-201, Intra-Service, Intra-Agency, and Inter-Agency Support Agreements Procedures. (T-1).

6.6.3. The Host BE office is responsible for providing Industrial Hygiene Support and conducts the respiratory protection fit testing for the N-95 respirator, if required, as a component of the TB-ECP and per the host tenant agreement. Refer to AFI 25-201, Intra-Service, Intra-Agency, and Inter-Agency Support Agreements Procedures for guidance.

6.6.4. AE personnel who experience a BBP or infectious disease (e.g., TB) incident will follow procedures IAW AFI 41-307, Aeromedical Evacuation Patient Considerations and Standards of Care. (T-1).

6.7. Responsibilities.

6.7.1. Unit Commander.

6.7.1.1. Ensures development of an effective unit-wide Infection Prevention and Control Program appropriate for the unit mission.

6.7.1.2. Appoints an ICM in writing to provide program management and oversight of the Infection Prevention and Control Program. (T-2).

6.7.1.3. A medical or dental healthcare provider who is privileged will be appointed in writing to provide clinical authority over the Infection Prevention and Control Program. When a privileged provider is not assigned to the unit, the Chief Nurse or designee may act as the clinical authority and is appointed in writing. (T-0).

6.7.1.3.1. Provides direction and support to the ICM.

6.7.1.3.2. Ensures the ANG ICM develops a unit Infection Prevention and Control Operating Instruction (OI) and submits to Executive Management Committee (EMC) for approval annually.

6.7.1.3.3. Ensures the ICM assists in the development of the annual ICRA to be presented at the EMC for approval. ICRA can be included within the unit OI for the ANG.

6.7.1.3.4. Assists the ICM in the development of the annual ICPP from the approved ICRA and Annual Summary. (NOTE: ICPP is not applicable for the ANG/Annual Summary is not applicable for the ARC).

6.7.1.4. Ensures personnel complete orientation within three (3) UTAs after arrival to unit or prior to assignment of duties, whichever comes first. Initial IC training will be specific to the AES’s/ARC Medical Unit’s mission and can be combined with the respective AES’s/ARC Medical Unit’s overall orientation program. (T-0).

6.7.1.5. Ensures all personnel receive annual education on infection prevention and control. Training will be specific to the AES’s/ARC Medical Unit’s mission. (T-0).
6.7.2. Executive Management Committee (EMC). Oversees the Infection Prevention and Control Program through the EMC and ensures infection prevention and control agenda items identified in the ICPP are addressed at least quarterly. (NOTE: ICPP is not applicable for the ANG). EMC will fulfill the responsibilities of an ICF. (T-1).

6.7.2.1. Conducts an annual review MOU/MOAs with Host facilities establishing Infection Prevention and Control Policies on base, if applicable. The Host MTF will provide the ground level support for tenant ARC Medical Units located on AD bases per AFI 25-201, Intra-Service, Intra-Agency, and Inter-Agency Support Agreements Procedures. (T-1).

6.7.2.2. Ensures that the Annual Summary provided by the Host MTF is reported to the EMC with no additional action required. If not received from the Host MTF, then AESs and ARC Medical Units should request the Annual Summary from the Host MTF.

6.7.3. Infection Prevention and Control Monitor (ICM).

6.7.3.1. Appointed in writing by the commander and is a qualified professional with a suggested grade of O-3 (Captain) and one year experience in the ARC. The ICM may be any of the following: nurse, physician, nurse practitioner, physician assistant, dentist, public health or laboratory officer.

6.7.3.2. Serves as the liaison with the Host facility to communicate current and new applicable infection prevention and control issues (e.g., safety designed devices, surveillance protocols, TB-ECP, and BBP-ECP) to AES/ARC Medical Unit personnel.

6.7.3.3. Develops the Unit Newcomer Orientation and annual in-service training for infection prevention and control which includes the training required by 29 CFR 1910.1030, Bloodborne Pathogens Standard, Final Rule and Tuberculosis Prevention and Control Plan and is tailored to the needs of the mission (refer to Attachment 4, Column 4 of this instruction). (T-0).

6.7.3.3.1. Maintains documentation of infection prevention and control orientation and annual training that is appropriate for the unit’s mission. ICMs may use a centralized database (e.g., Medical Readiness Decision Support System Unit Level Tracking and Reporting Application [MRDSS-ULTRA]) for tracking. The ICM will communicate training data, as appropriate, to the Host facility at least semi-annually. (T-1).

6.7.3.3.2. Training may be accomplished through a variety of educational media to include: lecture, discussion, self-learning packets, DVDs, and computer assisted learning packages. (NOTE: A knowledgeable person must be available within 24 hours to answer questions if the lecture style format is not used). (T-0).

6.7.3.3.3. The following guidelines, documents, and websites will be used as needed:

6.7.3.3.1. Kx IC website: https://kx2.afms.mil/kj/kx6/infectioncontrol/

6.7.3.3.2. CDC/HICPAC guidelines. (T-0).

6.7.3.3.3. Guidelines for Hand Hygiene in Healthcare Settings, 2002: http://www.cdc.gov/handhygiene/

6.7.3.3.4. Guideline for Isolation Precautions: Preventing Transmission of
6.7.3.4. Assesses unit’s infection prevention and control needs by performing an annual ICRA (refer to Table 6.1. of this instruction). (T-1).

Table 6.1. Infection Prevention and Control Risk Assessment (ICRA).

<table>
<thead>
<tr>
<th>1 Risk</th>
<th>2 Impact/severity to patients, staff, or facility (Note 1)</th>
<th>3 Probability or risk of occurrence (Note 2)</th>
<th>4 Score (Column 2 multiplied by Column 3)</th>
<th>5 Prioritize based on score</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEES</td>
<td></td>
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<tr>
<td>Sharps injuries</td>
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<tr>
<td>Appropriate use of PPE/PPE and Isolation</td>
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<tr>
<td>Degree of compliance to IC program (e.g., hand hygiene, body fluid spill clean-up, aseptic technique, separation of waste, rotation of supplies)</td>
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<tr>
<td>Education (e.g., orientation, annual requirements)</td>
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<tr>
<td>Compliance Surveillance data based on annual self-inspection outcomes and if not meeting compliance standards set in the ICPP.</td>
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</tbody>
</table>

(Note 1) Score Key is as follows: 1 = Low Risk (less likely to cause disruption of services, legal or financial impact); 2 = Medium Risk (moderate severity of disruption of services, damage or failure of equipment or processes, legal or financial impact); 3 = High Risk (threat to life or health)

(Note 2) Score Key is as follows: 1 = Low Risk (uncommon/rare occurrence); 2 = Medium Risk (occasional occurrence); 3 = High risk (frequent occurrence)

6.7.3.4.1. Coordinates the annual ICRA with the EMC and other unit personnel as appropriate (e.g., immunizations, flight medicine, nursing, public health) and then prioritizes the list according to the level of probability and potential for harm to be presented at the EMC for final approval. (T-1).

6.7.3.5. Develops the unit mission specific ICPP using the approved risk assessment and set priorities, with the appointed clinical authority and other appropriate unit personnel (e.g., immunizations, flight medicine, nursing, public health) and then present to the EMC for final approval before the ICPP is implemented (refer to Attachment 4, Column 4 of this instruction). (NOTE: ICPP is not applicable for the ANG). (T-1).
6.7.3.5.1. Implements the ICPP IAW current infection prevention and control standards.

6.7.3.6. Develops an Annual Summary of all IC activities that occurred that year (refer to paragraph 2.3.6. and Attachment 4, Column 4 of this instruction). (NOTE: Annual Summary is not applicable for the ARC). (T-1).

6.7.3.7. Develops the unit's Infection Prevention and Control Program (e.g., ICPP) to be approved through EMC (refer to paragraph 2.3.5.2. of this instruction).

6.7.3.8. Current infection prevention and control standards can be obtained from appropriate websites listed in Attachment 1. Purchase of the APIC manual is optional.

6.7.3.9. Performs an annual self-inspection using this AFI (AFI 44-108), AFI 90-201, The Air Force Inspection System, AFI 44-119, Medical Quality Operations, AFI 41-307, Aeromedical Evacuation Patient Considerations and Standards of Care and any other pertinent guidance. The assessments utilize various methods to include observation, interviews, and reviews (e.g., medical records, training folders, meeting minutes, operating instructions, policy letters, quality control logs, and other documents). The assessments determine if there is sufficient evidence of compliance or noncompliance with standards (refer to Attachment 4, Column 4 of this instruction).

6.7.3.9.1. Uses self-inspection tool(s) as directed by their command until 1 Oct 14, then AFI 90-201 directs MICT use.

6.7.3.10. Attends the Epidemiology, Prevention, and Infection Prevention and Control-Air Reserve Component (IC-ARC) course at Fort Sam Houston, TX within one year of assignment (within 18 months of assignment for ARC). (T-1).

6.7.3.11. The ICM will assist with the development of an MOU/MOA per paragraph 6.6.2. (T-2).

6.7.4. NCOIC of Infection Prevention and Control (Optional).

6.7.4.1. If the position is used, the IC Technician will have a minimum of three years clinical experience in the medical enlisted career field and an interest in infection prevention and control. (T-3).

6.7.4.2. Works directly for the ICM when performing infection prevention and control duties and will cover for the ICM in the temporary absence (e.g., 3 months or less) of the ICM with oversight of the Chief Nurse (CN)/SGN or designee. (T-2).

6.7.4.3. Assists the ICM with the implementation of the Infection Prevention and Control Program.

6.7.4.4. Attends the IC-ARC course at Fort Sam Houston, TX within one year of assignment to the position (within 18 months of assignment for ARC).

6.7.5. Personnel Responsibilities for Personal Health and Safety.

6.7.5.1. Seek prompt medical evaluation and treatment for any health condition that may be associated with an infectious or communicable disease.

6.7.5.2. Notify the immediate supervisor and PH of any duty restrictions or limitations as a result of an infectious or communicable disease.
6.7.5.3. Practice good hand hygiene and use available PPE per AES or ARC (RMU/GMU) policies.

6.7.5.4. When personnel are participating in an Annual Tour, Seasoning Training, Deployment, or in support of an AD MTF or civilian hospital/medical center in the United States, territories of the United States, or in foreign countries (joint or coalition) they are accountable to be trained and comply with the Host organization's applicable infection prevention and control policies and procedures and Instructions.
Chapter 7

INFECTION PREVENTION AND CONTROL PROGRAM ROLES AND RESPONSIBILITIES FOR AIR RESERVE COMPONENT MEDICAL UNITS WITH AN AEROSPACE MEDICINE MISSION

7.1. General. This chapter provides guidance for the Infection Prevention and Control Program requirements for Air Reserve Component (ARC) Medical Units (RMUs/GMUs) with an Aerospace Medicine Mission.

7.2. Air Force Surgeon General (USAF/SG). Develops policy and delegates broad oversight responsibility for the Infection Prevention and Control Programs in the AFMS.

7.3. Command Surgeon, Air Force Reserve Command and Office of the Air Surgeon, Air National Guard. Establishes medical policies, plans, and programs for their respective units, as required.

7.4. Air Force Medical Operations Agency, Provision of Medical Care Division (AFMOA/SGHM).

   7.4.1. Develops, updates, and disseminates Air Force infection prevention and control guidance and instructions via print and electronic media.

   7.4.2. Provides clinical consultation, defining and/or clarifying standards of care and practice related to infection prevention and control.

   7.4.3. Serves as a liaison with military consultants in infection prevention and control and related specialties to keep abreast of changes in the field.

   7.4.4. Serves as the Air Force resource for information and regulations that influence the practice of infection prevention and control.

   7.4.5. Disseminates IC information to the:

       7.4.5.1. Office of the Command Surgeon, HQ Air Force Reserve Command (HQ AFRC/SG) to disseminate information to AF Reserve AES and RMU points of contact.

       7.4.5.2. Office of the Air Surgeon, HQ Air National Guard (NGB/SG) to disseminate information to ANG AES and GMU points of contact.

7.5. Medical Inspection Directorate, Air Force Inspection Agency (HQ AFIA/SG). Validates and verifies the internal inspections process of the programs described in this instruction within ARC units.


   7.6.1. If co-located with an AD Military Treatment Facility (MTF) will develop, with the assistance of the ICM and the Host MTF IP, an MOU/MOA as required which identifies how the unit will comply with the Host facility’s annual ICPP in accordance with current infection prevention and control standards, instructions and policies in infection prevention and control, bloodborne pathogen exposure control plan (BBP-ECP), and the TB-ECP (refer to Attachment 4, Column 3 of this instruction). The Host MTF will provide the ground level support for tenant ARC Medical Units located on AD bases per AFI 25-201, Intra-Service, Intra-Agency, and Inter-Agency Support Agreements Procedures. The IP will communicate...
and collaborate with the ICM to ensure these units are kept abreast of applicable infection prevention and control concerns and the IP will also serve as a conduit to elevate ARC Medical Units IC issues to the AD MTFs. (T-0).

7.7. **Air Reserve Component Medical Units where PH officers are not available.** PH officer responsibilities may be incorporated into those of the ICM or assigned otherwise by the unit commander. Overall unit requirements; however, remain the same.

7.8. **Responsibilities.**

7.8.1. Commander.

7.8.1.1. Ensures development of an effective unit-wide Infection Prevention and Control Program appropriate for the mission. (T-2).

7.8.1.2. Appoints a qualified medical or dental healthcare provider to provide clinical authority over the Infection Prevention and Control Program. (T-2).

7.8.1.3. Appoints in writing a qualified professional with a suggested minimal grade of O-3 (Captain) and one year experience in the AF Reserve or ANG. The ICM may be any of the following: nurse, physician, dentist, public health officer or laboratory officer. (T-3).

7.8.2. Executive Management Committee (EMC).

7.8.2.1. Oversees the Infection Prevention and Control Program and ensures the ARC Medical Unit’s specific infection prevention and control standard agenda items, identified in the annual ICPP, are addressed at least quarterly during the EMC meetings. (NOTE: ICPP is not applicable for the ANG). (T-2).

7.8.2.2. Possesses the authority, through its Chair or unit Commander, to institute any surveillance, prevention, and control measures deemed necessary when there is reason to believe a condition exists which places the unit or personnel at risk.

7.8.3. EMC Chair or designee.

7.8.3.1. Consults on any noted discrepancies of any contracts with the contract personnel who provide oversight of linen, housekeeping, and regulated medical waste contracts, as applicable. (T-3).

7.8.3.2. Ensures the HCWs understand the basic principles and practices of infection prevention and control (e.g., hand hygiene, aseptic technique, standard precautions, isolation, and personal protective attire/equipment) as they apply in their day-to-day activities in order to be prepared to respond intelligently to situations that alter the normal conditions or deployment of medical troops for home station and expeditionary operations. (T-2).

7.8.3.3. Ensures that the Annual Summary provided by the Host MTF is reported to the EMC with no additional action required. If not received from the Host MTF, then AESs and ARC Medical Units should request the Annual Summary from the Host MTF.

7.8.4. Clinical Authority.

7.8.4.1. A medical or dental healthcare provider appointed in writing who provides clinical authority over the Infection Prevention and Control Program.
7.8.4.2. Provides direction and support to the ICM.

7.8.4.3. Assists the ICM in the development of the annual ICRA to be presented at the EMC for approval.

7.8.4.4. Assists the ICM in the development of the annual ICPP from the approved ICRA and Annual Summary. (NOTE: ICPP is not applicable for the ANG/Annual Summary is not applicable for the ARC).

7.8.4.5. The following guidelines, documents, and websites will be used as needed: (T-0).

7.8.4.5.1. Kx IC website: [https://kx2.afms.mil/kj/kx6/infectioncontrol/](https://kx2.afms.mil/kj/kx6/infectioncontrol/)

7.8.4.5.2. CDC/HICPAC guidelines:


7.8.4.5.4. Attachment 4, Column 2.

7.8.5. ICM Assigned to Co-located Bases.

7.8.5.1. Communicates with the local MTF’s IP and, in turn, communicates requirements and updates to ARC Medical Unit personnel (e.g., safety designed devices, isolation procedures, surveillance protocols, TB-ECP, and BBP-ECP).

7.8.5.2. Maintains documentation of Infection Prevention and Control Newcomer Orientation and annual in-service training. May use a centralized database (e.g., [MRDSS-ULTRA]) for tracking. (T-2).

7.8.5.2.1. Ensures personnel receive timely training regarding significant changes in external regulatory agency standards or in UTC-specific training to include the required annual training.

7.8.5.2.2. Receives Host MTF specific orientation within three (3) UTAs after arrival or prior to assignment of duties, whichever comes first which includes the training required by 29 CFR 1910.1030, Bloodborne Pathogens. The ICM will provide the orientation and annual training statistics to the host IP if required by the MOU/MOA (refer to Attachment 4 Column 3 of this instruction). (T-0).

7.8.5.2.3. Training may be accomplished through a variety of educational media to include: lecture, discussion, self-learning packets, videotapes, DVDs, and computer-assisted learning packages.

7.8.5.2.4. Develops a unit-specific ICRA that includes only applicable items that are identified in the AD MTF’s ICRA and the ICPP, but also those items that are identified to the ARC Medical Units (refer to Attachment 4, Column 3 of this
instruction). Attachment 3 of this instruction can also be used as an example of an ICRA for ARC Units with an aerospace medical mission. (T-0).

7.8.5.2.4.1. For ANG, ICRA can be included within the unit’s Infection Prevention and Control Operating Instruction.

7.8.5.2.5. Develops the unit-specific annual ICPP using the approved risk assessment; and sets priorities with the appointed clinical authority and other unit personnel as appropriate (e.g., immunizations, PH, flight medicine, nursing); and then presents to the EMC for final approval before the ICPP is implemented (refer to paragraph 2.3.5. and Attachment 4, Column 3 of this instruction). (NOTE: ICPP is not applicable for the ANG). (T-1).

7.8.5.2.6. Implements the ICPP IAW current infection prevention and control standards.

7.8.5.2.7. Develops BBP-ECP and TB-ECP operating instruction to identify how the AD MTF's plans apply to the unit’s specific requirements (refer to Attachment 4, Column 3 of this instruction).

7.8.5.2.8. Develops specific Infection Prevention and Control Program Operating Instruction(s) that is/are approved through EMC. Instruction(s) will be reviewed and updated as needed annually by the ICM and every 2 years by EMC. Provides the host IP with the ARC Medical Unit’s specific IC issues to ensure they will be added into the Host MTF’s IC OI (refer to Attachment 4, Column 3 of this instruction). For ANG, unit IC OI will be approved annually by EMC. (T-0).

7.8.5.2.8.1. The operating instruction(s) will, at a minimum: (T-0).

7.8.5.2.8.1.1. Identify the scope of the program relevant to the mission of the ARC Medical Units.

7.8.5.2.8.1.2. Define policy and procedures for the prevention and control of infection that is consistent throughout the unit (e.g., hand hygiene, environmental cleaning, medical equipment, supplies, procedures, devices, use of standard precautions, PPE, handling of infectious waste). Work area-specific operating procedures are optional if the procedures performed in that work area are covered in the Unit IC OI. Work area operating procedures that may be considered but are not limited to: Laboratory, Immunizations, Dental, and Optometry, as applicable.

7.8.5.2.9. Assist the Host IP in compliance surveillance of the personnel in processes that have been identified in the ICPP and have a significant impact on patient care, employee health and safety (e.g., hand hygiene, standard precautions, transmission based isolation, documentation of patient education).

7.8.5.2.9.1. Report applicable surveillance data per the Host unit's ICPP.

7.8.5.2.9.2. Perform surveillance to monitor compliance to the Infection Prevention and Control Program and per the ICPP Surveillance. Surveillance will consist primarily of observations of the environment, monitoring of training requirements, assess knowledge level, and adherence to infection prevention and control standards (refer to Attachment 5 of this instruction for examples). ARC
Medical Units have a limited scope of practice and do not perform invasive procedures. So ARC medical units will not generate quantifiable data and are not required to report routine infection rates. ANG performs surveillance IAW unit Infection Prevention and Control OI. (T-0).

7.8.5.2.10. Perform an annual self-inspection using this AFI (AFI 44-108), AFI 90-201, The Air Force Inspection System AFI 44-119, Medical Quality Operations, and any other pertinent guidance. The assessments utilize various methods to include observation, interviews, and reviews (medical records, training folders, meeting minutes, operating instructions, policy letters, quality control logs, and other documents). They determine if there is sufficient evidence of compliance or noncompliance with standards (refer to Attachment 4, Column 3 of this instruction).

7.8.5.2.10.1. Communicates findings with Host IP, as applicable.

7.8.5.2.10.2. Each organization will use, as directed by their command, the appropriate self-inspection tool (e.g., MICT). (T-1).

7.8.5.2.11. Attends the Epidemiology, Prevention, and Infection Prevention and Control Air Reserve Component (IC-ARC) course within one year of assignment to the position (refer to paragraph 2.5. of this instruction) (within 18 months of assignment for the ARC). (T-1).

7.8.5.2.12. Uses current infection prevention and control standards and references. Current infection prevention and control standards can be obtained from appropriate websites listed in Attachment 1. Purchase of the APIC manual as a hard copy or the electronic version is optional.

7.8.5.2.13. Coordinates and consults as appropriate any infection prevention strategies that need to be instituted during any facility modification or relocation that may have an impact on direct patient care areas (e.g., pharmacy, laboratory, dental clinics, nutritional medicine) along with the support and consult of local leadership for additional guidance and decision making.

7.8.5.2.14. Coordinates and consults as appropriate on selected service contracts that have infection prevention and control implications when applicable to the particular ARC Medical Units. There is no requirement of the ICM to review the housekeeping or linen contract or tour any linen facility.

7.8.5.2.14.1. Reports discrepancies in housekeeping, linen, or waste management to the EMC or designee, as applicable.

7.8.5.2.15. Identifies an approved antiseptic for hand hygiene and skin antisepsis as well as the disinfectant list for those items not included in the ATC Allowances Standard or part of the base housekeeping contract.

7.8.5.2.16. The ICM will assist in the development of an MOU/MOA per paragraph 7.6.1. (T-2).

7.8.6. ICM Assigned to Non-co-located Bases:

7.8.6.1. Develop a process to receive updates of guidelines and regulations that impact the Infection Prevention and Control Program. Refer to paragraph 1.9.11. of this
instruction for CDC updates. Other free electronic magazines include *Infection Control Today* and *International Sharps Injury Prevention Society*.

7.8.6.1.1. Disseminate the information up the chain to include EMC members.

7.8.6.1.2. Disseminate the information to the unit’s staff in an appropriate method to ensure widest distribution (e.g., briefings, updates at commander calls, emails).

7.8.6.2. Maintains documentation of Infection Prevention and Control Newcomer Orientation and annual training based on mission-specific training. The ICM may use a centralized database (e.g., MRDSS-ULTRA) for tracking (refer to Attachment 4, Column 2 of this instruction).

7.8.6.2.1. Ensures personnel receive timely training regarding significant changes in external regulatory agency standards or in UTC-specific training to include the required annual training.

7.8.6.2.2. Develops unit-specific Newcomer Orientation and annual in-service training for infection prevention and control which includes the training required by 29 CFR 1910.1030, *Bloodborne Pathogens Standard, Final Rule* and *Tuberculosis Prevention and Control Plan* (refer to Attachment 4, Column 2 of this instruction).

7.8.6.2.3. Training may be accomplished through a variety of educational media to include: lecture, discussion, self-learning packets, videotapes, DVDs, and computer-assisted learning packages.

7.8.6.3. Develops a unit-specific ICRA with the appointed clinical authority and other unit personnel as appropriate (e.g., immunizations, PH, flight medicine, nursing) and then prioritizes the list according to the level of probability and potential for harm to be presented at the EMC for final approval (refer to paragraph 2.3.5.1.1.11 and Attachment 4, Column 2 of this instruction).

7.8.6.4. Uses the approved risk assessment and set priorities to develop the unit specific ICPP with the appointed clinical authority and other unit personnel as appropriate (e.g., immunizations, PH, flight medicine, nursing) and presents to the EMC for final approval before the ICPP is implemented (refer to paragraph 2.3.5.2. and Attachment 4, Column 2 of this instruction). ICPP is not applicable for the ANG.

7.8.6.5. Implements the annual ICPP IAW current infection prevention and control standards.

7.8.6.6. Develops the unit's instructions for BBP-ECP and TB-ECP along with the annual TB Risk Assessment (refer to Attachment 4, Column 2 of this instruction).

7.8.6.7. Develops the ARC Medical Units' specific Infection Prevention and Control Operating Instruction and submits to EMC for approval. IC instructions will be reviewed and updated as needed annually by the ICM and every 2 years by EMC (IC OI will be approved annually by the EMC for the ANG). (T-0).

7.8.6.8. Performs surveillance to monitor compliance to the Infection Prevention and Control Program per the ICPP. Additionally, performs surveillance that will consist primarily of observations of the environment, monitoring of training requirements, assess knowledge level, and adherence to infection prevention and control standards (refer to
Attachment 5 of this instruction for examples). ARC Medical Units have a limited scope of practice and do not perform invasive procedures so will not generate quantifiable data and are not required to report routine infection rates (refer to Attachment 4, Column 2 of this instruction). (T-0).

7.8.6.9. Performs an annual self-inspection using this AFI (AFI 44-108), AFI 90-201, The Air Force Inspection System, AFI 44-119, Medical Quality Operations and any other pertinent guidance. The assessments utilize various methods to include observation, interviews, and reviews (e.g., medical records, training folders, meeting minutes, operating instructions, policy letters, quality control logs, and other documents). The assessments determine if there is sufficient evidence of compliance or noncompliance with standards (refer to Attachment 4, Column 2 of this instruction).

7.8.6.9.1. Each organization will use as directed by their command the appropriate self-inspection tool (e.g., MICT). (T-1).

7.8.6.10. Attends the Epidemiology, Prevention, and Infection Prevention and Control-Air Reserve Component (IC-ARC) course at within one year of assignment to the position (refer to paragraph 2.5 of this instruction) (within 18 months of assignment for the ANG).

7.8.6.11. Uses current infection prevention and control standards and references. Current infection prevention and control standards can be obtained from appropriate websites as described in Section 1.9.11. Purchase of the APIC manual as a hard copy or the electronic version is optional.

7.8.6.12. Coordinates and consults as appropriate any infection prevention strategies that need to be instituted during any facility modification or relocation that may have an impact on direct patient care areas (e.g., pharmacy, laboratory, nutritional medicine) along with the support and consult of local leadership for additional guidance and decision making. Dental Clinics will consult DECS for renovation, relocation, or construction issues. (T-1).

7.8.6.13. Coordinates and consults as appropriate on selected service contracts that have infection prevention and control implications when applicable to the particular ARC Medical Units. There is no requirement of the ICM to review the housekeeping or linen contract or tour any linen facility.

7.8.6.13.1. Reports discrepancies in housekeeping, linen, or waste management to the EMC or designee.

7.8.6.14. Identifies an approved antiseptic for hand hygiene and skin antisepsis as well as the disinfectant list for those items not included in the ATC Allowances Standard or as part of the base housekeeping contract.

7.8.7. NCOIC of IC Training (Optional).

7.8.7.1. If the position is used the IC Technician will have a minimum of three (3) years clinical experience in the medical enlisted career field and has an interest in infection prevention and control. (T-3).
7.8.7.2. Works directly for the ICM when performing infection prevention and control duties and will cover for the ICM in the temporary absence (e.g., 3 months or less) of the ICM with oversight of the Chief Nurse (CN)/SGN or designee. *(T-2).*

7.8.7.3. Assists the ICM with the implementation of the ICPP.

7.8.7.4. Attends the IC-ARC course at Fort Sam Houston, TX within one year of assignment to the position (refer to paragraph 2.6. of this instruction) (within 18 months of assignment for the ARC).

7.8.8. **Personnel Responsibilities for Personal Health and Safety.**

7.8.8.1. Seek prompt medical evaluation and treatment for any health condition that may be associated with an infectious or communicable disease.

7.8.8.2. Notify the immediate supervisor and PH of any duty restrictions or limitations as a result of an infectious or communicable disease.

7.8.8.3. Accomplish periodic health examinations, immunizations, and clinical laboratory studies as deemed necessary by appropriate medical authority or DoD mandate to prevent, detect, or control infections or communicable diseases.

7.8.8.4. Practice good hand hygiene and use available PPE per ARC Medical Units policies.

7.8.8.5. Personnel participating in an Annual Tour, Seasoning Training, Deployment, or in support of an AD MTF or civilian hospital/medical center in the United States, territories of the United States, or in foreign countries (joint or coalition) will be accountable to be trained and comply with the Host organization's applicable Infection Prevention and Control policies, procedures, and OIs. *(T-0).*

7.8.8.6. Refer to the following paragraphs in this AFI (AFI 44-108) and apply as it pertains to the ARC Medical Units.

7.8.8.6.1. Hand Hygiene. Refer to paragraphs 3.4. and 3.5 of this instruction.

7.8.8.6.2. Standard Precautions and PPE. Refer to paragraphs 3.1. and 3.1.2. of this instruction.

7.8.8.6.3. Transmission Based Isolation Procedures. Refer to paragraph 3.1.1. of this instruction.

7.8.8.6.4. Reprocessing of instruments which also includes dental instruments is a complex process which requires qualified personnel to understand the correct process of cleaning, preparation, and packaging items to be sterilized, all aspects of sterility maintenance, monitoring of sterilization cycles, and storage of sterile items. Refer to paragraph 3.7. of this instruction.
7.8.8.6.5. Refer to paragraph 3.10 of this instruction for guidance on the storage of clean and sterile supplies.

THOMAS W. TRAVIS, Lieutenant General, USAF, MC, CFS
Surgeon General
Attachment 1

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Prescribed Forms
None

Adopted Forms
AF Form 847, Recommendation for Change of Publication

Abbreviations and Acronyms
AAAHC—Accreditation Association for Ambulatory Health Care, Inc.
AAMI—Association for the Advancement of Medical Instrumentation
ACIP—Advisory Committee for Immunization Practices
AE—Aeromedical Evacuation
AES—Aeromedical Evacuation Squadron
AF—Air Force
AFI—Air Force Instruction
AFIA—Air Force Inspection Agency
AFMOA—Air Force Medical Operations Agency
AFPD—Air Force Policy Directive
AFMS—Air Force Medical Service
AFRIMS—Air Force Records Information Management System
AMDR—Association for Medical Device Reprocessors
AMDS—Aerospace Medicine Squadron
ANG GMU—Air National Guard Medical Units
AORN—Association of Operating Room Nurses
APIC—Association for Professionals in Infection Control and Epidemiology
ARC—Air Reserve Component
ASA—American Society of Anesthesiologist
ASIMS—Aeromedical Services Information Management System
BE—Bioenvironmental Engineering
BBP—ECP—Bloodborne Pathogen Exposure Control Plan
CC—Commander
CDC—Centers for Disease Control and Prevention
CFR—Code of Federal Regulations
CHCS—Composite Healthcare Systems
CIC—Certification in Infection Prevention and Control
DECS—Dental Evaluation and Consultation Service
DoD—Department of Defense
ECOMS—Executive Committee of the Medical Staff
EMC—Executive Management Committee
FDA—Food and Drug Administration
GI—Gastrointestinal
GMU—Guard Medical Unit
HAI—Healthcare-Associated Infections
HAMS—Hospital Aseptic Management System
HCW—Healthcare Worker
HICPAC—Healthcare Infection Control Practices Advisory Committee
HQ—Headquarters
IAW—in Accordance With
IC—Infection Prevention and Control
ICDB—Integrated Clinical Database
ICF—Infection Prevention and Control Function
ICM—Infection Prevention and Control Monitor
ICPP—Infection Prevention and Control Program Plan
ICRA—Infection Prevention and Control Risk Assessment
IHI—Institute for Healthcare Improvement
IMFE—Individual Medical Facility Exhibit
IP—Infection Preventionist
LSMTF—Limited Scope Military Treatment Facility
MAJCOM—Major Command
MDG/CC—Medical Group Commander
MDRO—Multi Drug Resistant Organism
MEHP—Medical Employee Health Program
MHS—Military Health System
MICT—Management Internal Control Toolkit
MOA—Memorandum of Agreement
MOU—Memorandum of Understanding
MRDSS—ULTRA—Medical Readiness Decision Support System Unit Level Tracking and Reporting Application
MRSA—Methicillin Resistant Staphylococcus Aureus
MTF—Military Treatment Facility
NHSN—National Healthcare Safety Network
OI—Operating Instruction
OR—Operating Room
OSHA—Occupational Safety and Health Administration
PH—Public Health
PPE—Personal Protective Equipment
PWS—Performance Work Statement
QAE—Quality Assurance Evaluator
RDS—Records Disposition Schedule
RME—Reusable Medical Equipment
RMU—Reserve Medical Unit
RMW—Regulated Medical Waste
SHEA—Society for Healthcare Epidemiology of America
SG—Surgeon General
SSI—Surgical Site Infection
TB—Tuberculosis
TB—ECP—Tuberculosis Exposure Control Plan
TJC—The Joint Commission
UEI—Unit Effectiveness Inspection
USAF—United States Air Force
UTA—Unit Training Assembly
VRE—Vancomycin Resistant Enterococcus
### Attachment 2

**MISCELLANEOUS ISSUES TO CONSIDER DURING DEPLOYMENTS**

**Table A2.1. Handwashing.**

<table>
<thead>
<tr>
<th>Water</th>
<th>Availability</th>
<th>- Are there seasonal variations due to the climate? Will alcohol based hand rubs need to be available per CDC or WHO guidelines?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td></td>
<td>- What is the water source (water from a well, river, treatment plant, natural spring, bring our own?) - How much is carried in? Is it secure? - How is it provided (indoor plumbing, running water or carried in?) - Will alcohol-based hand rubs need to be available per CDC or WHO guidelines?</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td>- How is the water treated? Who treats it?</td>
</tr>
<tr>
<td>Testing</td>
<td></td>
<td>- Who will test and how? Need to identify if contaminated with chemicals, organic matter or organisms? - Is it potable?</td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td>- Is both hot and cold available?</td>
</tr>
<tr>
<td>Sinks</td>
<td>Availability</td>
<td>- Sinks or alternate washing facilities present? - Will alcohol based hand rubs need to be available per CDC or WHO guidelines?</td>
</tr>
<tr>
<td>Number</td>
<td></td>
<td>- How many sinks?</td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td>- Inside/outside work area, kitchen, bathroom, outside or inside?</td>
</tr>
<tr>
<td>Purpose</td>
<td></td>
<td>- General hygiene, food preparation, or housekeeping?</td>
</tr>
<tr>
<td>Type</td>
<td></td>
<td>- Hand, foot or elbow operated, indoor plumbing or manual?</td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>- How large (width and depth)?</td>
</tr>
<tr>
<td>Condition</td>
<td></td>
<td>- Need of repair, cleanliness?</td>
</tr>
<tr>
<td>Towels</td>
<td>Type</td>
<td>- Disposable paper, cloth/linen?</td>
</tr>
<tr>
<td>Laundering</td>
<td></td>
<td>- How are they laundered, who launders them (local commercial or private), quality controls in assuring cleanliness, what kind of laundry soaps are used? Disinfectants, such as bleach?</td>
</tr>
<tr>
<td>Supply</td>
<td></td>
<td>- Availability, how is linen ordered? Can the amount be increased quickly in case an outbreak occurs?</td>
</tr>
<tr>
<td>Storage</td>
<td></td>
<td>- How is it protected from vermin and from becoming contaminated from environmental factors such as dust or moisture? Closed storage cabinets or covered with plastic? - Is the storage area clean? Who has access to the linen? - Frequency of cleaning the storage area is based on the environment, the dust, and the type of shelving.</td>
</tr>
<tr>
<td>Soaps</td>
<td>Availability</td>
<td>- Is there soap? Where is it stored? How much is available? May need to prioritize needs based on your mission (e.g., only use antimicrobial for surgical procedures).</td>
</tr>
</tbody>
</table>
| Type |              | - Regular/antiseptic/waterless soap? What is it made of if supplied locally? What are the quality controls in place to make sure it is not contaminated? Is the antiseptic soap out dated? Is the right type of soap being used for various procedures? Soap can become contaminated and be a source for spreading infections. What type of antiseptic soap is being used for invasive procedures? Are Safety Data Sheets (SDS) available? - Will alcohol based hand rubs need to
Table A2.2. Personal Protective Equipment (PPE):

<table>
<thead>
<tr>
<th>General PPE Information</th>
<th>Availability</th>
<th>Supply</th>
<th>Storage</th>
<th>Types</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Where is PPE located? How does staff obtain PPE for immediate use? Where is it stored? Are the supplies war readiness materials? How long have the supplies been in storage?</td>
<td>- Where is the PPE purchased (local or American made)? If locally made, are the quality control standards as rigid as in the United States or will the gloves tear more often? How much of each type is available? Is there a way to increase stock levels quickly if needed?</td>
<td>- Stored in such a way to protect from dust, water damage, and heat? If a box is opened, is it a great hiding place for the vermin or insect population endemic to that area?</td>
<td>- What types of PPE are available? Is the appropriate PPE being utilized for the procedure or job being performed? Are all sizes available? If locally purchased, are their sizes bigger or smaller than what we are used to (is small a small)?</td>
</tr>
<tr>
<td><strong>Specific information listed below</strong></td>
<td></td>
<td>- Where is it obtained (local purchase, supplied by our government), is it supplied in large gallon containers or smaller ones? How does the healthcare worker get it to the work area?</td>
<td>- How is it stored? Is it protected from environmental contamination such as dust, water, extreme cold, and heat? -How will the stock be rotated?</td>
<td>- Are there surgical, exam and/or utility/housekeeping (reusable) types? Are the appropriate gloves being utilized for the procedure, job being performed? Is powder free available? Are latex-free gloves available? Are all sizes available? If locally purchased, are their sizes bigger or smaller than what we are used to (is small a small)?</td>
</tr>
<tr>
<td>Gloves</td>
<td>Types</td>
<td>- Cup style, flat, HEPA respirators or Particulate Respirators (N95 masks)? - Is TB a concern, if so are the appropriate full or half-face respiratory masks available either HEPA respirators or Particulate Respirators (N95 masks)? - The staff knows which size works for them? - Is the appropriate mask available to pathology, radiology or the morgue to protect them from vapors/aerosols of any toxic chemicals they may be working with? Who is responsible for maintaining and repairing reusable respirators? How are they cleaned so the filters are not damaged? How are they stored so they maintain shape and ensure a tight seal? Where are extra filters stored?</td>
<td></td>
<td>- If goggles are present, can they be repaired if they break or come apart? If they are a reusable type, how are they stored?</td>
</tr>
</tbody>
</table>
How are they cleaned to prevent them from becoming scratched or clouded over because of the cleaning solution?

| Gowns | Types | - Are different types available (Surgical, isolation, food handling, utility types)? Are they impervious or fluid resistant? - Are they reusable? If reusable, how are they laundered (locally or commercially)? |

Table A2.3. Shelf Life of Supplies.

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Availability</th>
<th>- Where are they located? How does staff obtain them for immediate use and restocking as needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Levels</td>
<td>- Where are the supplies obtained? Locally or American made? - If locally made or processed, is the quality control standard as rigid as in the United States? - Will the packaging material hold up to the variations of the local environment and weather? - Are the supplies reusable? If reusable, how and who reprocesses the items? (Locally or commercially) - How much of each type is available? Is there a way to increase stock levels quickly if a need arises, such as an outbreak? - How is stock rotated? Can the event related system be followed? Is there enough date-related supply available to follow dates of expiration?</td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td>- Stored to protect from dust, water damage, extremes of cold and heat? If a box is opened, is it a great hiding place for the vermin or insect population endemic to that area? - How closely can the standards for central sterile supply be followed? (The CSS personnel should be able to give input).</td>
<td></td>
</tr>
<tr>
<td>Types</td>
<td>- What kinds of supplies are available? Are all like items packaged the same or are they purchased from a variety of different companies? - Can the staff recognize what is in each package? Are appropriate supplies being utilized for procedure or job being performed? - Are all sizes available in items that have varying sizes? If locally purchased, do they use the same type of measuring system so their products have a universal fit with the equipment being used? - If a new item is purchased who will train the personnel on how to use this new product? - Are the instructions in English?</td>
<td></td>
</tr>
</tbody>
</table>
Attachment 3

INFECTION PREVENTION AND CONTROL RISK ASSESSMENT (ICRA) WORKSHEET

For: ____________________________

<table>
<thead>
<tr>
<th>1 Risk (Refer to para. 2.3.5.1. of this instruction)</th>
<th>2 Impact/severity to patients, staff, or facility (Note 1)</th>
<th>3 Probability or risk of occurrence (Note 2)</th>
<th>4 How well is MTF/LSMTF/ARC Unit with an aerospace medical mission prepared to prevent or improve listed risk (e.g., OI) (Note 3)</th>
<th>5 Score (Column 2 multiplied by Column 3)</th>
<th>6 Prioritize for MTF/LSMTF/ARC Units with an aerospace medical mission based on score</th>
</tr>
</thead>
<tbody>
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<td>PATIENTS</td>
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<td>High-risk Patients</td>
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<td>Organizational Programs and Services</td>
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<td>Medical procedures (e.g., invasive procedures, preparation of patient before procedure, knowledge and expertise of staff performing the procedure, equipment used for the procedure). If the facility's capability involves surgical incisions into a body cavity or joint space, the facility should score this as an increased risk.</td>
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<td>Special populations served (e.g., women and children, infants, elderly, special needs, behavior health)</td>
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<td>Equipment and devices (e.g., cleaning/disinfection procedures, reprocessing)</td>
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<td>Environmental issues (e.g., construction, renovations, alterations, ventilation issues, environmental cleanliness)</td>
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<td>COMMUNITY</td>
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<td>Community outbreaks/clusters</td>
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<td>EMPLOYEES/CONTRACTOR PERSONNEL</td>
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<td>Sharps injuries</td>
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<td>Appropriate use of PPE and Isolation</td>
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<td>Degree of compliance to IC program (e.g., hand hygiene, body fluid spill clean-up, aseptic technique, separation of waste, rotation of supply)</td>
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<td>Staff education</td>
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<thead>
<tr>
<th>EMERGENCY PREPAREDNESS</th>
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</thead>
<tbody>
<tr>
<td>Managing influx of infectious patients</td>
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<tr>
<td>Utilities and supplies</td>
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<tr>
<td>Natural or man-made disaster events</td>
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<tr>
<th>RESOURCE LIMITATIONS</th>
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<tr>
<td>(e.g., IC staff, nursing staff, other clinical support staff)</td>
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<tr>
<th>GEOGRAPHICAL CONSIDERATIONS</th>
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<tr>
<td>(e.g., location near Mexican border, suburban, farming country, forested remote areas, climate, extremes in weather, insect vectors, other environmental factors)</td>
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<tr>
<th>ORGANIZATION’S SURVEILLANCE DATA</th>
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<tbody>
<tr>
<td>Historical data (e.g., last year’s surveillance data)</td>
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(Note 1) Score Key is as follows: 1 = Low Risk (less likely to cause disruption of services, legal or financial impact); 2 = Medium Risk (moderate severity of disruption of services, damage or failure of equipment or processes, legal or financial impact); 3 = High Risk (threat to life or health)

(Note 2) Score Key is as follows: 1 = Low Risk (uncommon/rare occurrence); 2 = Medium Risk (occasional occurrence); 3 = High risk (frequent occurrence)

(Note 3) Score Key is as follows: 1 = Low Risk (program in place, written guidance, proof of compliance); 2 = Medium Risk (program in place that needs to be reassessed, older written guidance, poor proof of compliance); 3 = High Risk (no program in place, no written guidance, no proof of compliance)
## Attachment 4

### REQUIREMENTS FOR AEROMEDICAL EVACUATION SQUADRONS AND AIR RESERVE COMPONENT MEDICAL UNITS

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<tbody>
<tr>
<td><strong>Note:</strong> Data referenced in this column will provide guidance on Infection Prevention and Control Program requirements.</td>
<td><strong>ARC Medical Units with an Aerospace Medicine Mission &amp; Non-co-located with a MTF (refer to Chapter 7 of this instruction)</strong></td>
<td><strong>ARC Medical Units with an Aerospace Medicine Mission Co-located with a Host MTF. Will develop a Host Agreement/MOU with Host MTF to include the items listed in the first column (refer to Chapter 7 of this instruction)</strong></td>
<td><strong>AES and ARC Medical Units without an Aerospace Medicine Mission (refer to Chapter 6, Table 6.1. of this instruction)</strong></td>
</tr>
<tr>
<td>Newcomer Orientation Education and Documentation. (Refer to 1.6.6. &amp; 1.9.8.1. of this instruction).</td>
<td>YES - within 3 UTAs after arrival or prior to assignment of duties, whichever comes first. Training will be ARC Medical Units' specific. (Refer to 7.8.6.2. of this instruction).</td>
<td>YES - within 3 UTAs after arrival or prior to assignment to duties, whichever comes first. Must be Host MTF specific. Unit will provide IC orientation statistics to Host MTF. (Refer to 7.8.5.2.2. of this instruction).</td>
<td>YES - training will be AES/ARC Medical Unit specific. Can be combined with unit’s overall Newcomer Orientation program. (Refer to 6.7.1.4. &amp; 6.7.3.3. of this instruction).</td>
</tr>
<tr>
<td>Annual In-Service Education Documentation. (Refer to 1.6.7. of this instruction).</td>
<td>YES - to include timely training regarding any significant changes. (Refer to 7.8.6.2.2. of this instruction).</td>
<td>YES - to include annual in-service training regarding any ARC Medical Unit and/or Host MTF significant changes. Share IC annual training statistics with host MTF. (Refer to 7.8.5.2.1. of this instruction).</td>
<td>YES - In-service training will be AES/ARC Medical Unit-specific. (Refer to 6.7.1.5. &amp; 6.7.3.3.1. of this instruction).</td>
</tr>
<tr>
<td>Infection Prevention and Control Risk Assessment (ICRA) with final approval through EMC. (Refer to 2.3.5.1. &amp; Attachment 3 of this instruction).</td>
<td>YES - must be specific to the ARC Medical Unit. (Refer to 7.8.6.3. of this instruction; for ANG, refer to 7.8.5.2.4.1. of this instruction).</td>
<td>YES - must be specific to the ARC Medical Unit; use applicable Host ICRA as appropriate. Unit personnel will comply with Host Unit's ICRA as it applies to the ARC Medical Unit. (Refer to 7.8.5.2.4. of this instruction; for ANG, refer to 7.8.5.2.4.1. of this instruction).</td>
<td>YES - must be mission specific. (Refer to 6.7.3.5. and Table 6.1. instead of Attachment 3 of this instruction; for ANG, refer to 6.7.1.3.3. of this instruction).</td>
</tr>
<tr>
<td>Annual Infection Prevention and Control Program Plan (ICPP). (Refer to 2.3.5.2. of this instruction).</td>
<td>YES - (Refer to 7.8.6.4. of this instruction) Not applicable for ANG.</td>
<td>YES - must be specific to the ARC Medical Unit, may use applicable items in the Host MTF's plan. Can state: &quot;will comply as applicable to the ARC Medical Unit with Host's ICPP&quot; (Refer to 7.8.5.2.5. of this instruction) Not applicable for ANG.</td>
<td>YES - must be mission specific. (Refer to 6.7.3.7. of this instruction) Not applicable for ANG.</td>
</tr>
<tr>
<td>Annual Summary. (Refer to 2.3.6. of this instruction).</td>
<td>NO.</td>
<td>NO.</td>
<td>YES - (Refer to 6.7.3.6. of this instruction) Not applicable for ARC.</td>
</tr>
<tr>
<td>BBP-ECP OI. (Refer to 1.9.8.1.1. &amp; 2.3.4.1. of this instruction).</td>
<td>YES - (Refer to 7.8.6.6. of this instruction).</td>
<td>YES - will comply with Host MTF's OI as it applies to the ARC Medical Unit. Will develop an ARC Medical Unit-specific OI describing how the</td>
<td>NO – (Refer to the Wing/Base BBP-ECP and Disaster Plan)</td>
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<tr>
<td>Subject</td>
<td>YES – (for ANG only).</td>
<td>YES – (for ANG only).</td>
<td>YES – (for ANG only).</td>
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<tr>
<td>Infection Prevention and Control Unit</td>
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<tr>
<td>Operating Instruction. (Refer to 2.3.4.2. of this instruction, as applicable).</td>
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<tr>
<td>Clinical authority/Meeting requirements ICF</td>
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<td>(AD). (Refer to 2.3. of this instruction).</td>
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<tr>
<td>Appoints Clinical Authority. Reports to EMC</td>
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<td>quarterly (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<tr>
<td>Annual self-inspection. (Refer to 1.9.4. of this instruction).</td>
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<td>YES - must be specific to the ARC Medical Unit. (Refer to 7.8.6.9. of this instruction).</td>
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<td>YES - (Refer to 7.8.6.8. of this instruction).</td>
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<td>Surveillance (Compliance and process focused). (Refer to 4.2.-4.5. &amp; Attachment 5 of this instruction).</td>
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<td>YES - (Refer to 7.8.6.8. of this instruction).</td>
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<tr>
<td>TB-ECP and Annual TB Risk Assessment Plan. (Refer to 1.9.8.1.1. of this instruction).</td>
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<tr>
<td>YES - may use local health department's or base's Annual TB Risk Assessment but must include the ARC Medical Unit's TB skin test conversion rate. (Refer to 7.8.6.6. of this instruction).</td>
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<td>YES - (Refer to 7.8.5.2.7. of this instruction).</td>
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<tr>
<td>ARC Medical Unit applies Host MTF's OI and any specific AF Reserve or ANG mission requirements. (Refer to 7.8.5.2.7. of this instruction).</td>
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<tr>
<td>EMC is the ICF function. Meets quarterly (Refer to 6.7.3.9.1. of this instruction).</td>
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<tr>
<td>Appoints Clinical Authority. Reports to EMC quarterly. (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<td>YES – (Refer to Attachment 5 of this instruction).</td>
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<td>YES – (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<td>YES – (Refer to 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<td>YES – (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<tr>
<td>YES – (Refer to 7.8.6.9. of this instruction).</td>
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<td>YES – (Refer to 7.8.6.8. of this instruction).</td>
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<td>YES – (Refer to 7.8.6.6. of this instruction).</td>
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<td>YES – (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<td>YES – (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<td>YES – (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<tr>
<td>YES – (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<td>YES – (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<td>YES – (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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<td>YES – (Refer to 7.8.1.2., 7.8.2.1. &amp; 7.8.4.1. of this instruction).</td>
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Attachment 5

EXAMPLES OF COMPLIANCE AND PROCESS SURVEILLANCE FOR LSMTFS, DENTAL CLINICS, AESS, AND AIR RESERVE COMPONENT MEDICAL UNITS

A5.1. DEFINITION: Process surveillance includes the series of steps taken to achieve a desired outcome. Compliance surveillance ensures personnel compliance with the IC policies per the Unit’s Infection Prevention and Control Program.

A5.2. PURPOSE: Assess the knowledge level of personnel as they perform their assigned duties. Provide adequate oversight of the work of contractor personnel. Are all employees and contractor personnel compliant with and do they understand their role and responsibilities as it applies to the Infection Prevention and Control Program procedures? AESs, ARC Medical Units and LSMTFs have a limited scope of practice and do not perform invasive procedures. So AESs, ARC Medical Units, and LSMTFs are unable to generate risk stratification and quantifiable data and are not required to report routine infection rates. Surveillance focus will be more process, rather than outcome, oriented. (T-0).

A5.3. METHOD: Observation and verbal questioning/interviews of any unit personnel. Use a checklist guide to standardize your interview questions/observational goals as you observe or interview personnel.

A5.4. ACTION: Correct infractions and/or deficiencies with education, product change, practice. If the infractions and/or deficiencies involve contractor personnel, notify the Contracting Officer, who will bring the matter to the attention of the contractor’s management.

A5.5. EXAMPLES: The list below is not exhaustive.

A5.5.1. Handwashing: Does the staff wash or sanitize their hands when the opportunity presents itself (based on CDC standards)? Does the staff have knowledge and practice appropriate hand washing techniques? Do the staff members have artificial nails, nail extenders or long nails? For example, at most institutions artificial/long nails are prohibited for healthcare workers (HCW) performing patient care. Are contractor personnel performing any tasks that require contact with patients? If so, are they complying with the handwashing requirements set forth in this AFI?

A5.5.2. Supply Storage: Are soiled and contaminated supplies separated from those that are clean and sterile? Are supplies stored 8-10 inches above the floor (to permit adequate cleaning of the floor), 18-20 inches below the ceiling, (away from vents, sprinklers, and lights to safe guard supplies from damage)? Are sterile and clean supplies stored on shelves, bins, or in drawers designed to protect the items from damage? Is supply rotation of “first-in first-out” being used? Are washable storage bins with dividers made of a non-porous material used? Are shelves being wiped down? Are outdated supplies found? Is the storage area clean? Are cardboard Shipping boxes stored in areas with clean/sterile supplies?

A5.5.3. Equipment cleaning/disinfection/sterilization: Primarily for areas that perform these activities such as units with an Aerospace Medical Mission. Are appropriate personnel trained in cleaning/disinfecting/ sterilization and the required documentation? Is appropriate cleaning being accomplished in patient care areas to include: the correct environmental cleaner? Is spore testing being done per protocol and documented where sterilizers are being used? Are contractor personnel performing tasks that require proper equipment
cleaning/disinfection/sterilization? If so, are they complying with the cleaning/disinfection/sterilization requirements set forth in this AFI? Is adequate oversight of the work of contractor personnel regarding equipment cleaning/disinfection/sterilization being provided by a qualified Air Force official?

A5.5.4. Employee Health Program (EHP): Is compliance to EHP demonstrated by compliance to immunizations (e.g., Influenza, MMR, HAV, HBV, chickenpox documentation)? Compliance to EHP demonstrated by compliance to required testing (e.g., PPD-HIV)? Work restrictions concerning communicable diseases? Do personnel know the proper procedure if they sustain an exposure to blood or body fluids? Are they able to initiate the Blood borne exposure control pathogen program appropriately? Do they understand their role in the Tuberculosis (TB) Control Plan? Do they practice Standard Precautions appropriately? Are blood spills cleaned-up IAW with policies? Are contractor personnel who serve as healthcare workers performing tasks that require them to maintain currency on their immunizations and their exposure status? If so, are contractor personnel also performing tasks where they potentially come into contact with either bodily fluids or patients with communicable diseases? If so, do contractor personnel have all required immunizations as set forth in this AFI?

A5.5.5. Exposure incident: Is there documentation of incident and follow-up of exposed person and source? Are safety devices available per OSHA regulations? Are safety devices being used appropriately? Has the healthcare worker been fit tested on the N95 respirator if they take care of a patient with/or suspected TB? If not, do they know where to get fit-tested? Are contractor personnel who serve as healthcare workers performing tasks involving the care of infectious patients that require the use of specialized PPE? If so, are contractor personnel complying with the requirements set forth in this AFI regarding proper use of specialized PPE? Is adequate oversight of the work of contractor personnel regarding proper use of specialized PPE being provided by a qualified Air Force official?

A5.5.6. Visual inspection: Do personnel know where to go to get information concerning Infection Prevention in the unit? Is the general environment clean? Storage of supplies: Is there appropriate rotation, removal of outdated items, cleanliness of area? Linen: Is there protected storage and cleanliness of storage area?

A5.5.7. Unique environmental issues for special workplaces: Are infection prevention and control practices maintained in the Immunization Clinic/mobile immunization lines, Dental Clinic, Laboratories, Aircraft, and Patient exam rooms? Does staff know where to get personal protective equipment (PPE)? Are personnel performing risk-associated activities by using task appropriate PPE and techniques? Is there proper oversight by a qualified Air Force official of contractor personnel who are engaged in activities that require the use of PPE? Are errors by contractor personnel regarding the use of PPE in such situations promptly reported to the Contracting Officer, so that he or she can bring the matter to the attention of the contractor’s management? Is regulated waste (if any) disposed of IAW local policy? Are contractor personnel being used to handle, manifest, transport of regulated (e.g., solid, infectious, hazardous) waste? Does the contract authorize contractors and their personnel to perform such duties? If contractor personnel are performing such duties, is there adequate oversight of their performance of such duties by a qualified Air Force official? Does food or drink consumption occur only in designated areas within the clinic? Are unit members familiar with the intent of Standard or Transmission Based Precautions?
needles and syringes placed intact in sharps containers after use? Has the HCW been familiarized with the safety devices used in the LSMTFs/ARC Medical Units?

A5.5.8. Has the AF Reserve or ANG member been given a briefing on issues related to health/infection prevention and control prior to a mobilization?

A5.5.9. Have OSHA/infection prevention and control briefings been properly documented (e.g., Form 55, MRDSS)?

A5.5.10. Immunizations: Are immunization refrigerators being monitored daily? Is there an alarm system to notify personnel that a malfunction has occurred? Are only immunizations stored in the refrigerators? Are the immunization refrigerators being cleaned on a routine basis?

A5.6. NOTE: AESs, ARC Medical Units and LSMTFs with their limited focus should concentrate their surveillance efforts on monitoring mission specific compliance items of the IC Program. For example, when performing procedures like a dental check-up, providing immunizations, separation of waste into red bag versus regular trash bags or hand washing is there compliance with the established process for that procedure. Other examples may be found above, but do not limit your surveillance to the above listed items.
**Attachment 6**

HEPATITIS B VACCINE DECLINATION (MANDATORY) APPENDIX A TO 29 CFR 1910.1030 BLOODBORNE PATHOGEN STANDARD

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I wish to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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<table>
<thead>
<tr>
<th>Employee’s Printed Name</th>
<th>Employee’s Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
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Public Health Technician’s Signature