BY ORDER OF THE COMMANDER
59TH MEDICAL WING

59TH MEDICAL WING INSTRUCTION
44-157

8 MAY 2020

Medical

INFECTION PREVENTION AND CONTROL PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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RELEASABILITY: There are no releasability restrictions on this publication.

OPR: 59 MDW/SGHI

Certified by: 59 MDW/SGHI
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Supersedes: 59 MDWI 44-157, 16 May 2018

Pages: 51

This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This instruction establishes guidelines to identify, prevent and control healthcare-associated infections (HAIs). It provides guidelines for the practice of Infection Prevention and Control (IPC) and assigns responsibility for the Infection Prevention and Control Function (IPCF). This Medical Wing Instruction (MDWI) applies to personnel assigned, attached, or under contract to 59th Medical Wing (MDW), with the exception of healthcare workers (HCWs) assigned to the 959th Medical Group. This instruction does not apply to the Air National Guard or Air Force Reserve. This instruction may require the collection and maintenance of information protected by the Privacy Act of 1974 authorized by Title 10, United States Code, Section 8013, *Secretary of the Air Force*. Privacy Act System of Record F044 AF SG D, *Automated Medical/Dental Record System*, F044 AF SG E, *Electronic Medical Record System*, and F044 AF SG R, *Reporting of Medical Conditions of Public Health and Military Significance*, apply. Collected information is "For Official Use Only." Request to release Privacy Act information to persons or agencies outside the DoD must be in accordance with (IAW) AFI 33-332, *Air Force Privacy and Civil Liberties Act Program*, *DoDD 5400.7, DoD Freedom of Information Act (FOIA)*, and *DoDM 6025.18-R, DoD Implementation of the Health Information Privacy Regulation Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs.* Requests for waivers must be submitted to the OPR listed above for consideration and approval.

Ensure that all records created as a result of processes prescribed in this publication are maintained IAW AFI 33-322, *Records Management and Information Governance Program*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records

Disposition Schedule (RDS). 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 publication has been substantially revised and must be completely reviewed. Major changes include: Deletion of step by step process to disinfect scopes and probes, updated policies for: pre-cleaning of instruments at the bedside, storage of supplies, the incorporation of list of antiseptics and disinfectants and other updates to reflect changes made to AFI 44-108, *Infection Prevention and Control Program*.

1. Infection Prevention and Control Program.

1.1. Scope of the Program.

1.1.1. The 59 MDW Infection Control Prevention and Control Program is a multifaceted function that complies with current applicable external agencies, the Joint Commission Standards and National Patient Safety Goals, Occupational Safety and Health Administration (OSHA) regulations and other regulatory agencies.

1.1.2. The program focuses on protecting patients, personnel, students, visitors, and volunteers and preventing the spread of infection. It also focuses on reducing the risk and occurrence of HAIs by implementing the appropriate guidelines by the Center for Disease Control and Prevention (CDC), the Association for Professionals in Infection Control and Epidemiology (APIC), Healthcare Infection Control Practices Advisory Committee (HICPAC), Society for Healthcare Epidemiology of America and other professional organizations.

1.1.3. Surveillance, prevention and control activities based on the annual Medical Treatment Facility's (MTF) Infection Prevention and Control Risk Assessment are in alignment with MTF's mission and services offered.

1.1.4. All personnel from operational healthcare units with an established 59 MDW Memorandum of Agreement or Memorandum of Understanding will follow this instruction. This includes the 149th Fighter Wing, 37 Training Wing, Human Performance Support Group and 433d Airlift Wing.

1.2. Reporting Infections.

1.2.1. HCWs notify the Infection Control Office (ICO) of any suspected or confirmed HAIs by telephone (210-292-7803). At the Randolph Clinic, call the Infection Preventionist (IP) at 210-652-6003.

1.2.2. When the MTF becomes aware that it received a patient from another organization who has an infection requiring actions, and the infection was not communicated by the referring organization, it informs the referring organization. The clinic/Family Emergency Center (FEC) will contact the ICO/Randolph clinic IP who will contact the ICO of the other Facility.

1.2.3. When the MTF becomes aware that it transferred a patient who has an infection requiring monitoring, treatment, and/or isolation, it informs the receiving organization. Notification is done by the clinic/FEC.

1.2.4. The facility reports HAIs through the participation in the appropriate Patient Safety modules in the CDC National Healthcare Safety Network or other databases.

1.2.5. The Antimicrobial Stewardship Program at the MTF was created as part of the plan to combat antimicrobial resistant bacteria. This program falls under the San Antonio Market Medical Operation Team. The ICO participates in the Antimicrobial Stewardship Program.

1.3. Authority. The 59 MDW will utilize the IPCF to report to the Executive Committee.

1.3.1. The MTF executive management team oversees the IPCF through the Executive Committee of the Medical Staff.

1.3.2. The Chairperson of the IPCF, the medical/dental provider, nurse, or technician responsible for the care of the patient is authorized to isolate infectious patients using Transmission-Based precautions. If isolation is initiated by a HCW (nurse/technician) other than a provider, provider will be notified immediately.

1.3.3. The Chairperson of the IPCF, the medical/dental provider responsible for the care of the patient is authorized to culture suspected infected sites based on pre-established protocols for care (i.e., Clinical Practice Guidelines).

1.3.3.1. Personnel must be trained in culturing techniques according to laboratory guidelines**.**

1.3.3.2. Documentation of culture submission is required in the medical or dental record.

1.4. Outbreak Investigation and Sudden Influx of Infectious Patients.

1.4.1. The 59 MDW will adopt the CDC steps for outbreak investigations (**https://www.cdc.gov/hai/outbreaks/index.html**). The ICO and Public Health will collaborate to prepare the field work and validate the existence of the outbreak within 59 MDW. Employees report suspected outbreaks to ICO by telephone (210-292-7803) or pager (210-266-3437) and to Public Health at 210-292-9623/210-292-9626/210-292-9618 or on-call cell phone (210-216-7355). At the Randolph Clinic, call the IP at 210-652-6003 and Public Health at 210-652-2456.

1.4.2. The 59 MDW will adopt the plan outlined in the Disease Containment Plan, located in the Readiness Emergency Management Plan Section, to respond to a sudden influx of infectious patients.

1.4.3. Environmental Cultures. Unless directed by the ICO or the IPCF, no random or routine environmental cultures are performed.

1.5. Responsibilities of all MTF civilians, students, volunteers, contract and military personnel.

1.5.1. All personnel are responsible for knowledge of and compliance with IPC policies.

1.5.1.1. Receive initial IPC training during facility orientation. The ICO will provide the IPC newcomers briefing to new personnel and to those who were unable to attend the scheduled orientation. New personnel who perform any kind of direct patient care or who will encounter blood and body fluid as part of their job responsibilities and/or disinfect instruments must receive unit/area-specific training before they perform any of their duties. Infection Control (IC) coordinators or designee will provide the roster of new personnel and their IC orientation dates to the ICO.

1.5.1.2. Receive Wing IPC training IAW AFI 44-108 including Occupational Blood and Body Fluid Exposure Control training.

1.5.1.2.1. Education and Training schedules and monitors facility orientation.

1.5.1.3. Receive annual training and fit testing for personal respiratory protection if on the Respiratory Protection Program.

1.5.1.3.1. Section-specific IC training (initial and annual) will be documented on the AF Form 55, *Employee Safety and Health Record*.

1.5.1.3.2. IC coordinators or designee will provide copies of the annual section-specific lesson plans and attendance rosters to the ICO.

1.5.2. Report to the Medical Employee Health Office for in-processing into the Medical Employee Health Program (MEHP) within ten days of starting work at the MTF. All personnel will out-process through this office on or before their final work day. Contact Public Health (210-292-2044/2040) for questions about the MEHP. At the Randolph Clinic, contact Public Health at 210-652-2456.

1.5.3. Obtain prompt medical evaluation and treatment IAW MEHP. Notify immediate supervisor of any duty restrictions or limitations as a result of an infectious or communicable disease.

1.5.4. Report suspected HAIs/clusters/outbreaks or communicable diseases according to section 1.2 above.

1.6. Responsibilities of Flight Commanders of Outpatient Services, Managers of Clinics/Patient Care Support Areas.

1.6.1. Ensure personnel know and comply with IC policies and practices listed within this instruction.

1.6.2. Ensure that patients and their families are educated as appropriate about:

1.6.2.1. Multidrug–resistant organisms (MDROs) to include, at a minimum: isolation precautions, hand hygiene (HH), and other HAI prevention strategies.

1.6.2.2. Central line-associated blood stream infection (CLABSI) prevention strategies, prior to accessing the lines, to include sign and symptoms of infections.

1.6.2.3. Catheter-associated urinary tract infection prevention strategies prior to insertion of urinary catheter to include signs/symptoms of infections.

1.6.2.4. Surgical site infection (SSI) prevention strategies prior to surgical procedures and signs/symptoms of infections.

1.7. Responsibilities of Infection Control Coordinators.

1.7.1. Ensure personnel assigned to work in areas of occupational risk for exposure to bloodborne diseases receive the initial section-specific IC orientation before they perform any patient care duties and the annual section-specific IC training. Submit required documentation to the ICO (training rosters, lessons plan and compliance status).

1.7.2. Attend the IC coordinators meetings. If not able to attend, IC coordinators must send a representative. Provide information received to flight commander/clinic managers and disseminate information received accordingly.

1.7.3. Act as a point of contact to area personnel on issues of IPC and assist the ICO with surveillance activities.

1.7.4. Assist in testing new IC products and in the coordination of training.

1.7.5. Appointed officially by flight commander or clinic manager and attend IC Coordinator course prior to starting official duty.

1.7.6. Keep an IC binder with pertinent IC information.

2. Patient Care Practices. (See Attachment 3 for detailed procedures.)

2.1. IPCF Approved Agents. Refer to list of antiseptics attached to this instruction (Attachment 7). Refer to list of disinfectants attached to this instruction (Attachments 8 and 9) and the IPC Annual Plan.

2.2. Fingernails. All HCWs assigned, attached or under contract to the 59 MDW, who perform any patient care duties must keep their nails clean, short (nail tips should be kept to ¼ inch or less in length) and natural. Artificial nails and nail extenders may not be worn. Fingernail polish is discouraged, but may be worn if it is in good repair and within the 59 MDW dress and appearance requirements.

2.3. Hand Hygiene. Perform HH IAW the CDC/HICPAC guidelines.

2.3.1. Wash hands with either an antimicrobial or non-antimicrobial soap and water if hands are visibly soiled or after contact with a patient who is colonized or infected with a spore-forming bacteria (i.e., Clostridium difficile).

2.3.1.1. Antimicrobial agents are used according to the risk associated with the tasks (i.e., in areas where invasive procedures are performed, in dirty utility rooms, sterilization and isolation room).

2.3.2. In the absence of visibly soiled hands, alcohol-based products for hand disinfection are preferred.

2.3.3. Use HH product and hand lotion according to product manufacturer's instructions for use (IFU).

2.3.4. Only IC approved lotion is allowed in patient care areas and made available for staff use to prevent dryness of the skin.

2.4. Personal Protective Equipment (PPE). The selection of PPE is based on the nature of the patient interaction and/or the likely mode(s) of transmission.

2.5. Standard Precautions. These precautions must be used for all patient encounters. These precautions include: HH, usage of PPE, handling of soiled patient care equipment, environmental control, handling of textile and laundry, usage of safety needles and other sharps, patient resuscitation, patient placement and respiratory hygiene/cough etiquette.

2.5.1. Patient care equipment must be cleaned between patient encounters.

2.6. Respiratory Hygiene/Cough Etiquette. Applies to any person entering the MTF with signs of illness including cough, congestion, rhinorrhea, or with an increase of respiratory secretions.

2.7. Safe Injection Practices. Use aseptic technique to avoid contamination of sterile injection devices.

2.8. Infection Control Practices for Special Lumbar Puncture Procedures. Wear appropriate PPE including surgical mask when placing a catheter or injecting material into the spinal canal or subdural space.

2.9. Care of Respiratory Therapy Equipment. Per manufacturer's IFU.

2.10. Infection Control Measures for Operative Patients.

2.10.1. Each operative service must instruct the patient and family as appropriate on pre-operative instructions. For current recommendations on wound care, contact the Wound/Ostomy nurse (210-292-5991).

2.10.2. If necessary, HCW will clip excessive hair around the incisional site using electrical clippers or a depilatory just before surgery in a pre-op holding area, not in the room where surgery will be performed. Do not use dry or wet razor shaves.

2.10.3. Urinary Bladder Catheterization. Urinary catheters are inserted when necessary and left in place only while clinically necessary.

2.10.4. Procedures performed in the Post Anesthesia Care Unit (PACU).

2.10.4.1. Procedures involving debridement and/or dressing changes of open wound will not be performed in the PACU.

2.10.4.2. Incision and drainage of wounds will not be performed in the PACU.

2.11. Intravascular Access Device Guidelines. Refer to latest CDC Guidelines. Central lines are not inserted routinely at the MTF, but can be inserted in case of emergency in the Operating Room or FEC. HCWs will instruct the patient and family as appropriate on how to prevent a CLABSI.

2.12. Multiple dose vial/oral medication/single dose vial, handling, labeling and storage of all medications will be according to Pharmacy policies listed in 59 MDWI 44-115, *Pharmacy and Medication Management*.

2.13. Sharps and Employee Safety.

2.13.1. IPCF-approved safety devices, should be used whenever possible. The decision not to use a safety device when performing a specific task(s) is based on a risk assessment completed by the section. Evaluation of safety devices will be coordinated by the ICO through the Defense Medical Material Program Office/Medical Material Enterprise Standardization Offices, with clinical trials conducted by clinical practice teams or through the ICO. Anytime an employee identifies a problem with a safety device they will notify ICO at 210-292-7803. At the Randolph Clinic, call the IP at 210-652-6003.

2.13.2. Dispose of sharps immediately or as soon as possible after use in a sharps container. Sharps containers must be secured from tampering.

2.13.3. Contaminated needles and other contaminated sharps shall not be bent. They are not recapped or removed unless no alternative is feasible or that such action is required by a specific medical procedure. If recapping is required, it is then accomplished using a mechanical device or one-handed technique.

2.13.4. Reprocessing of contaminated reusable sharps. Sharps shall be placed in appropriate containers until properly reprocessed to prevent against risk of occupational exposure. These containers are puncture resistant, labeled or color-coded, and leak proof on the sides and bottom.

2.13.5. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure. OSHA prohibits the consumption of food and drink in areas in which work

involving exposure or potential exposure to blood or other potentially infectious material takes place, or where the potential for contamination of work surfaces exists

2.13.5.1. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present. Food and drink are prohibited in any work area where medication is prepared or administered except as required to administer the medication to the patient.

2.14. Point of Care Testing (POCT). HCWs will follow standard precautions as outlined in the instruction's attachments. POCT must be in compliance with regulatory accreditation standards and current 59 MDW instructions to include 59 MDWI 44-103, *Quality Assessment for Point of Care Testing.*

2.14.1. Use only disposable single use fingerstick devices.

2.14.2. After each use, clean and disinfect equipment per manufacturer's instruction.

2.14.3. Use PPE according to task.

2.14.4. Perform HH before and after task.

3. Supplies and Equipment. (See Attachment 4 for specifics.)

3.1. Disposables and Non-Disposables.

3.1.1. Sterile and non-sterile, single patient use disposable items are discarded after use IAW waste management directives. Reprocessing of disposable supplies and equipment items labeled as "single patient use only" will not occur in-house.

3.2. Cleaning, Decontamination, and Disinfection. Patient care items (i.e., blood pressure cuff) or medical devices for use with multiple patients should be cleaned or disinfected in-between uses and immediately after removal from any isolation room.

3.2.1. Patient care equipment attached to a patient will be cleaned by HCW using manufacturer's IFU. Use approved disinfectant wipes for cleaning equipment. Surfaces must be dry before any patient contact. Manufacturers' IFUs or nationally recognized guidelines are followed.

3.2.2. Procedure for preparing contaminated, reusable instruments for reprocessing. All objects must be thoroughly cleaned prior to any type of disinfection or sterilization.

3.2.3. Cloth or surgical stocking coverings over stethoscopes are not approved for use in this facility.

3.3. High-Level Disinfection. Instruments coming in contact with mucous membranes receive high-level disinfection (HLD) or terminal sterilization regardless of diagnosis. Instruments must be thoroughly cleaned prior to HLD with an ICF-approved agent (detergent, enzymatic agents or other) per manufacturer's IFU.

3.4. Processing Scopes. Scopes that come in contact with intact mucous membranes receive at least HLD prior to re-use. Scopes that enter sterile cavities are sterilized after use or reuse.

3.5. Endoscope Reprocessor. Refer to manufacturer's IFU. See Attachment 4.

3.5.1. After using a duodenoscope or any endoscope with an elevator mechanism, sampling and culturing of the scope will be performed according to the latest CDC guidelines and AF instructions for sampling and culturing.

3.6. Processing Transesophageal Echocardiogram Ultrasound Probe. Per manufacturer's IFU.

3.7. Processing Flexible Endoscope. Per manufacturer's IFU.

3.8. Processing Ultrasound/Vaginal Probes. Per manufacturer's IFU

3.9. Sterilization.

3.9.1. Results of biological indicators are reported every other month to the IPCF. The ICO/IP at the Randolph Clinic is notified of positive biological testing.

3.9.2. Recall. When any of the sterilization indicator results (biological, chemical, or mechanical) are not met, a recall procedure is initiated by Sterile Processing & Distribution (SPD) and/or Dental Instrument Processing Center (DIPC). At the Randolph Clinic, a recall would be initiated by Central Instrument Processing Center (CIPC). All loads will be recalled and reprocessed. In the event that recalled instruments were used on patients, the patients' information is forwarded to the IC office/IP at the Randolph Clinic and providers are notified by the respective area. Logistics Quality Assurance will initiate recall for commercially processed items.

3.9.3. Event Related Shelf Life. Shelf life is event related, not time related, for in-house processed items in disposable wrap, peel packs, or dust covers, and for commercially prepared packs that indicate they are sterile unless opened or compromised. Special guidance is given by SPD and Dental DIPC/CIPC for specific in-house processed items if not event related.

3.10. Handling of patients with known or suspected Creutzfeldt-Jakob disease. Surgeries or lumbar puncture will not be scheduled on patients with known or suspected Creutzfeldt-Jakob disease, and they will be scheduled at a local facility. If a patient presents to an outlying clinic, the patient will be transferred to higher level of care.

3.11. Supply Storage. Do not store supplies on the floor, on window sills, in a dirty utility room or in an area dedicated for storage of equipment. Use washable bins and maintain surface clutter free to facilitate cleaning.

3.11.1. Soiled and contaminated supplies are separated from those that are clean and sterile. Do not use any sterile product if the sterility is in question. If it appears to be a manufacturing or shipping problem, notify ICO/IP at Randolph Clinic for follow-up.

3.11.2. Shelves. Place a plexiglas-type liner at the bottom of all nonsolid shelves and racks or place supplies in bins if there is no liner at the bottom of the rack.

3.11.3. Separate clinical supplies from non clinical supplies.

3.12. Clinical Engineering Flight and Equipment Final Turn In. All patient care equipment needing repair will be thoroughly cleaned and disinfected with an IPCF-approved disinfectant before being sent for repair. All equipment or supplies to be turned in for credit will be thoroughly cleaned and disinfected by the respective area before being turned-in. Contact Clinical Engineering for specifics.

3.12.1. Any item that cannot be thoroughly cleaned and disinfected will be clearly labeled with a biohazard label and a written explanation so the receiving area will know to take the necessary precautions.

4. Control of the Environment. (See Attachment 5 for detailed procedures.)

4.1. Housekeeping.

4.1.1. The IPCF reviews housekeeping policies, procedures, and cleaning agents annually.

4.1.2. HCWs must ensure housekeeping personnel are appropriately informed of any patient with infectious or communicable disease so proper precautions are taken when cleaning the room.

4.1.3. Customers conduct routine monitoring of their areas to monitor for cleanliness. Observed deficiencies are reported to the Zone Master of the area or the housekeeping Quality Assurance Evaluator (QAE). Do NOT send complaint forms through distribution or directly to housekeeping but hand carry to the QAE. Do not contact the contractor or housekeeping personnel directly to report lapses in contract performance, except for emergency services. At the Randolph Clinic, contact Facilities Management at 210-652-2521.

4.1.4. Emergency Service Response Procedures. A blood or body fluid spill is considered an emergency. The HCW should cordon off the area to prevent slipping or spreading of the spill, then call housekeeping to provide an emergency response. Housekeeping will respond within 10 minutes. For housekeeping emergency service, call 210-292-5985 or 59 MDW pager (210-266-9880). If housekeeping does not respond, notify the Medical Control Center at 210-292-5990 and follow the same reporting procedure. At Randolph Clinic, call housekeeping at 210-652-3438.

4.1.5. Housekeeper will clean all government-owned property and equipment unless attached to a patient or specified in the Individual Medical Facility Exhibit as not to be cleaned.

4.2. Linen. Procedures are IAW 59 MDWI 23-101, *Linen Supply Procedure* and AFI 44-108. Bulk clean linen in plastic bundle is stored away from direct patient care areas to minimize microbial contamination. Place clean linen in 1) a cart with a secure cover (disposable plastic or clean reusable material), 2) a covered linen rack, or 3) a closet or cabinet dedicated for clean linen only. Clean linen remains wrapped while stored in main storage location. In the treatment room, linen can be stored unwrapped in a covered cabinet or drawer and in a manner that prevents contamination. If contamination occurs, the linen is considered dirty and cannot be used for patient care.

4.3. Environmental Cleanliness. Managers are responsible to ensure cleanliness of those areas not under contractual Housekeeping Service.

4.3.1. Use IPCF-Approved List of Environmental Disinfectants for all cleaning and disinfecting.

4.3.2. Refrigerators.

4.3.2.1. Drugs, specimens, breast milk and food will each have their own refrigerators. Batteries can be stored in any refrigerator if they are geographically separated. Reagents will be stored IAW with manufacturer's IFU and the nature of the reagent.

4.3.2.2. The following government-owned refrigerators are cleaned weekly: medication, immunization, patient food, breast milk and clinic specimen refrigerators. Laboratory specimen refrigerators are cleaned monthly or sooner if needed. Freezers are defrosted monthly if not frost free. Specimen refrigerators must have a biohazard label placed on the front of the refrigerator.

4.3.2.3. The temperature for medication and patient food refrigerators must be monitored daily using an electronic device or manual thermometer.

4.3.3. Toys. Parents should be encouraged to bring the child's own toys when visiting the facility. If clinic have made toys available in the lobby/treatment room, they should be cleaned weekly and as needed or after being "mouthed." Remove any soiled or mouthed toys until it can be properly cleaned. Stuffed animals will be used only as distracters and not handled by a child. Clean toy per manufacturer's IFU.

4.3.4. Fans. Fans should not be used in the following areas: treatment room, procedure rooms, any areas with immunocompromised patients, labs, and Pharmacies (where medications are prepared, packaged or pre-packaged). In all other areas, when using fans, they must be off the floor and have a process to clean blades. Contact the ICO for guidance.

4.3.5. Cleaning of Patient Treatment and Care Area.

4.3.5.1. Environmental surfaces, with an emphasis on surfaces in proximity to the patient and those that are frequently touched, are cleaned using a facility-approved disinfectant.

4.3.5.1.1. Cleaning includes, but not limited to, exam tables, chairs, and equipment.

4.3.5.1.2. Examination Table. A clean sheet, towel, blanket, or exam paper is used for each patient.

4.3.5.1.3. Pillows. Pillows are cleaned between patients. Cloth or disposable covers are used on pillows and changed between patients.

4.3.5.2. Cleaning is done between patients.

4.3.5.3. Terminal cleaning is done by housekeeping at the end of each day.

4.3.5.3.1. When used for isolation, the exam room must be terminally cleaned after patient discharge.

4.4. Insect and Rodent Information. Report insect and rodent infestations within the 59 MDW to Facility Management at 210-292-7171. At the Randolph Clinic, contact Facility Management at 210-652-2521.

4.5. Solid and Contaminated Waste Management. The IPCF has an evaluative and consultative role, rather than operational responsibility. Individuals using area must

designate location for the placement of contaminated waste containers and ensure the trash and biohazardous waste are routinely picked up by housekeeping personnel. Reusable waste receptacles are routinely cleaned by housekeeping personnel and relined with fresh plastic liners. Report to Facilities Management (210-292-7171). At the Randolph Clinic, contact Facilities Management at 210-652-2521 with any specific discrepancies or noncompliance issues.

4.6. Antineoplastic Waste Spills. For guidance on antineoplastic waste and spill cleanup, refer to 59 MDWI 32-1001, *Facilities and Environment.*

4.7. Mercury Spills. Refer to 59 MDWI 32-1001 for spill response procedures.

4.8. Air Handler or Exhaust Fan Shutdown Affecting Negative Flow Isolation Rooms. See Attachment 5.

4.9. Computerized Tube System Spill Prevention. See Attachment 5.

4.10. Construction, Demolition and Remodeling. See Attachment 5.

4.10.1. Implementation of specific Interim Infection Control Measures (IICM) mitigating actions and surveillance is an integrated effort from Facilities Management, 59 MDW Safety and Civil Engineering (CE). Executive oversight is maintained through the Facilities and Environment of Care Committee (EOC). The ICO is the primary responsible office for conducting the Infection Control Risk Assessment and Permit with the assistance of Facilities Management and CE.

4.10.2. The multidisciplinary team will evaluate and analyze construction, demolition or remodeling projects that may impact 59 MDW environmental reservoirs to determine appropriate IICMs. Once the IICMs are established, Facilities Management conducts ongoing surveillance until the project is complete. Status of IICMs will be briefed at the EOC and IPCF meetings.

4.10.3. At Randolph Clinic, the IP conducts the IICM and shares with Facilities Management for execution. All IICMs are reported to the ICF.

5. Isolation and Precautions. (See Attachment 6 for detailed procedures.)

5.1. Surgeries are not performed on patients requiring droplet or airborne precautions. Only patients on contact precautions will be prepped and recovered in a designated area within Same Day Surgery/PACU.

5.2. Transmission-Based Isolation. Patients with suspected communicable disease will be placed in isolation as soon as possible and not be left in the clinic waiting room. In the clinic setting, contact precautions are not required to be used on patients known to have a MDRO unless patient has a draining wound that is not covered/cannot be contained, the patient has diarrhea or patient is undergoing a procedure. The designated transmission-based isolation visual aid (VA) sign will be posted on the door of the clinic's exam/treatment room (59 MDWVA 44-101, *Contact Precaution*, 59 MDWVA 44-102, *Droplets Precaution*, 59 MDWVA 44-103, *Airborne Precautions*). Personnel, patients' family and patients are required to read and comply with the stated directions. When the patient leaves the area, the sign is left in place until housekeeping or HCW completes cleaning of the room.

5.2.1. The patient is restricted to the room (e.g. clinic treatment room/PACU/FEC) during isolation. If the patient must leave the room, the sending clinic or unit [i.e. Same Day Surgery (SDS)] must instruct the receiving unit of the type of precautions currently being used prior to transport.

5.2.2. Transporting Patients. The use of PPE by the patient and staff is per Table 5.1. Maximum Barrier Precautions for Patient Transport.

5.2.3. The sending unit and receiving area will coordinate when the patient will be sent for the procedure or test. The isolation patient will be taken directly to the procedure room and not left unaccompanied and never in a community waiting area. Personnel transporting patient will wait for the patient unless arrangements have been made by the receiving area to call when the procedure is over.

Table 5.1. Maximum Barrier Precautions for Patient Transport.

	GLOVES	**SURGICAL MASKS**	**TUBERCULOSIS (TB) RESPIRATOR**	**ISOLATION GOWNS**
CONTACT				
PATIENTS	NO	NO*	NO	NO
PERSONNEL	YES	NO	NO	YES
DROPLET				
PATIENTS	NO	YES	NO	NO
PERSONNEL	NO	NO	NO	NO
AIRBORNE				
PATIENTS	NO	YES	NO	NO
PERSONNEL	NO	NO	NO**	NO

Note:
* Mask worn by patients if sputum is cultured positive with Vancomycin Resistant *Enterococcus*, Vancomycin Resistant *Staphylococcus aureus*, Vancomycin Intermediate Resistant *Staphylococcus aureus* or Glycopepetide Intermediate *Staphylococcus aureus*, and Multiple Drug Resistant organism.
** The HCWs wear an N-95 respirator only when transporting a patient in close proximity (i.e. elevators).

5.2.3.1. Transporting personnel cleans the wheelchair or stretcher before returning it to the unit/clinic. Housekeeping is not responsible to clean equipment between patients. Receiving area will thoroughly clean all surfaces coming in contact with the patient after the patient has left.

5.2.4. Terminal Cleaning. Upon termination of isolation, notify housekeeping personnel to perform terminal cleaning. Isolation signs are left in place until housekeeping or the HCW completes terminal cleaning.

5.3. Patient Care Equipment and Supplies. See Attachment 6.

5.4. Airborne, Droplets or Contact Precautions. See Attachment 6.

5.5. Special Considerations for Biological Warfare Agents. Refer to AFMAN 44-156_IP, Multi-Service Tactics, Techniques, and Procedures for Treatment of Biological Warfare Agent Casualties.

DANIEL K. FLOOD, Colonel, USAF, MC
Chief of the Medical Staff

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 44-1, *Medical Operations,* 9 June 2016

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AFI 44-119, *Medical Quality Operations,* 16 August 2011

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Abbreviations and Acronyms

APIC—Association for Professionals in Infection Control and Epidemiology

ASC—Antimicrobial Stewardship Program

CDC—Centers for Disease Control

CE—Civil Engineering

CLABSI—Central Line Associated Bloodstream Infection

CHG—Chlorhexidine Gluconate

CIPC—Central Instrument Processing Center

CTS—Computerized Tube System

CWF—Central Waste Facility

DIPC—Dental Instrument Processing Center

ERCP—Endoscopic Retrograde Cholangiopancreatograph

EOC—Environment of Care Committee

FEC—Family Emergency Center

HAI—Healthcare Associated Infection

HCW—Health Care Worker

HICPAC—Healthcare Infection Control Practices Advisory Committee

HH—Hand Hygiene

HLD—High-Level Disinfection

IAW—In Accordance With

IC—Infection Control

ICO—Infection Control Office

IFU—Instructions For Use

IICM—Interim Infection Control Measures

IPCF—Infection Prevention and Control Function

IPC—Infection Prevention Control

IP—Infection Preventionist

IV—Intravenous

MDRO—Multi-Drug Resistant Organisms

MDW—Medical Wing

MDWI—Medical Wing Instruction

MEHP—Medical Employee Health Program

MRSA—Methicillin Resistant*Staphylococcus Aureus*

MTF—Medical Treatment Facility

OPA—Ortho-Phthaladehyde

OPIM—Other Potentially Infectious Materials

OPR—Office of Primary Responsibility

OSHA—Occupational Safety and Health Administration

PACU—Post Anesthesia Care Unit

PCR—Polymerase Chain Reaction

PICC—Peripherally Inserted Central Catheter

POCT—Point of Care Testing

POU—Point of Use

PPE—Personal Protective Equipment

QA—Quality Assurance

QAE—Quality Assurance Evaluator

QC—Quality Control

RMW—Regulated Medical Waste

SDS—Same Day Surgery

SPD—Sterile Processing & Distribution

SSI—Surgical Site Infection

TB—Tuberculosis

TEE—Transesophageal Echocardiogram

VA—Visual Aid

Terms

Active Tuberculosis (TB)—Person who has clinical disease demonstrated by X-ray or culture or tissue specimen (e.g., lymph node).

Airborne Particles—Can be generated when persons, who have pulmonary or laryngeal TB sneeze, cough, speak or sing. The particles are estimated to be 1-5 m in size, and normal air

currents can carry them airborne for prolonged time periods and spread them throughout a room or building.

Biological Indicators (BIs—)**—**Specifically identified resistant spores that are used to challenge the sterilizer for effectiveness in killing all forms of microbial growth.

Community Acquired Infection—Infection that is not directly attributed to a previous hospitalization, treatment, or clinic visit.

Droplet Nuclei—See airborne particles.

Engineering Controls—Measures designed to minimize or eliminate the exposure of bloodborne pathogens in the workplace (e.g., sharps containers, needle-free intravenous systems, safety design devices, and PPE).

Healthcare Associated Infection (HAI)—Infections associated with healthcare delivery in any setting where healthcare is delivered (e.g., hospital, ambulatory settings.). HAI refers to an infection that was neither present nor incubating on admission or prior to a procedure. This infection can develop during the hospitalization, after a surgical procedure, after discharge from the hospital, after a clinic procedure and refers to a communicable (infectious) disease acquired by a patient as a direct result of a clinic exposure.

High Risk Patient—Patient with a disease or condition that reduces resistance to infection (e.g., the immune system is compromised).

Microbiological Waste—All cultures and associated materials from medical research, pathological or clinical laboratories, to include culture dishes and disposable devices used to transfer, inoculate, and mix cultures.

Other Potentially Infectious Material (OPIM)—Refers to (1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

PPE—Refers to a variety of barriers (e.g., gloves, gown, mask, eye protection, splash shields in lab, covering dental surfaces from aerosolized secretions, or face shield) that are used alone or in combination to protect mucous membranes, airways, skin and clothing from contact with infectious agents.

Red Bag or Regulated Medical Waste—Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps (see below for disposal of sharps), and pathological and microbiological wastes containing blood or other potentially infectious materials.

Reuse—Cleaning, repackaging, and re-sterilization of a single use medical device after use on one patient for the intended purpose of using it on another patient.

Saturated—Thoroughly wet such that liquid or fluids flow freely from the item or surface without compression (as defined by OSHA).

Standard Precautions—Include a group of infection prevention practices that apply to all patients and equipment used on patients regardless of suspected or confirmed infection status. These practices include: hand hygiene, and use of personal protective equipment (PPE) depending on the anticipated exposure. Respiratory Hygiene Cough Etiquette, safe injection practices and use of masks for insertion of catheters or injection of material unto spinal or epidural spaces via lumbar puncture procedures are new components of SPs.

Attachment 2

PATIENTS COLONIZED OR INFECTED WITH MULTI-DRUG RESISTANT ORGANISMS (MDROS)

A2.1. Bacterial Resistance.

A2.1.1. Bacterial resistance has evolved in both the healthcare setting and community, resulting in some bacteria that are resistant to the majority of currently available antibiotics. Patients colonized with an MDRO may develop invasive infections with those organisms. Strategies to control the spread of antibiotic resistant pathogens include: 1) improving antibiotic prescribing practices in order to reduce the selection of antibiotic resistant genes, and 2) scrupulous infection control practices that include adherence to hand hygiene and isolation procedures.

A2.2. Procedures for Isolation.

A2.2.1. Ambulatory Care Setting.

A2.2.1.1. Standard Precautions will be applied at all time for all patients. Duration of Isolation Precautions is according to the guidelines from the CDC and Healthcare Infection Control Practices Advisory Committee (HICPAC): *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.*

A2.2.1.2. Contact Precautions WILL NOT be used on patients known to have a MDRO unless patient has a draining wound that is not covered/cannot be contained/the patient has diarrhea/ patient is having a procedure done.

A2.2.2. Untagging process for Methicillin Resistant *Staphylococcus Aureus* (MRSA) patient undergoing surgery.

A2.2.2.1. Patient must not have an open wound that was previously infected with MRSA.

A2.2.2.2. Order a MRSA Polymerase Chain Reaction (PCR) test from the nares. No other cultures required.

A2.2.2.3. Infection Control office will un-tag the patient if the PCR result is negative and patient will no longer need to be on isolation.

Attachment 3

PATIENT CARE PRACTICES

A3.1. Indications for Hand Hygiene.

A3.1.1. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.

A3.1.2. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described in items A3.1.3 to A.3.1.10. Alternatively, wash hands with an antimicrobial soap and water in all clinical situations described in items A3.1.3 to A.3.1.10.

A3.1.3. Decontaminate hands before having direct contact with patients

A3.1.4. Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter

A3.1.5. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.

A3.1.6. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).

A3.1.7. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.

A3.1.8. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.

A3.1.9. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

A3.1.10. Decontaminate hands after removing gloves.

A3.1.11. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.

A3.1.12. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.

A3.2. Basic Technique for General Handwashing.

A3.2.1. Wet hands first with water before applying handwashing agent to hands, as recommended by the manufacturer’s IFU.

A3.2.2. Rub hands together vigorously, generating friction on all surfaces of the hands, fingers, and wrists for at least 15 seconds (time may vary based on latest CDC guidelines) before rinsing hands with water.

A3.2.3. Dry thoroughly with a disposable towel then use a clean towel to turn off the faucet.

A3.2.4. Discard towel in waste receptacle.

A3.3. Hand Hygiene Procedures with Alcohol-based Hand Rubs (Hand Gel/Foam).

A3.3.1. Apply product to palm (following the manufacturer's IFU), then rub hands together covering all surfaces of hands and fingers until hands are dry.

A3.4. Basic Technique for Surgical Hand Scrub (i. e, Operating Rooms)

A3.4.1. Perform surgical hand rub in the Operating Rooms IAW Operating Rooms standards.

A3.4.2. An alcohol-based surgical hand scrub product with persistent antimicrobial activity for usage may be used after the initial hand scrub for subsequent scrubs. Follow the manufacturer's instructions.

A3.5. Personal Protective Equipment (PPE) Usage.

A3.5.1. Masks. A fluid resistant disposable mask is worn by HCW: 1) during procedures anticipated to generate splashes or droplets of blood or body fluids, 2) when engaged in procedures requiring sterile technique to protect patients from exposure to infectious agents carried in HCW's mouth and nose and 3) when placing catheter or injecting material into epidural space. Use mask when reprocessing soiled instruments/devices or equipment per manufacturer's IFU. Disposable surgical masks should not be confused with disposable particulate respirators (e.g., N-95).

A3.5.1.1. Single use disposable masks are changed between each patient or when contaminated.

A3.5.1.2. Remove mask by elastic or cloth tie strings without touching the face of the mask and discard in general waste container.

A3.5.2. Protective goggles, face shields, or eye wear with side shields. Eye protection is to be worn when it is likely that there will be a splash or spray of any respiratory secretions or other body fluids. Use of safety glasses with side shields are required when performing suctioning procedures. Use eye protection when reprocessing soiled instruments/devices or equipment per manufacturer's IFU.

A3.5.2.1. Standard prescription glasses and contact lenses are not considered PPE.

A3.5.2.2. Protective Reusable Eyewear/Face Shields are removed by headband or side arms without touching shield or lens area.

A3.5.2.3. Disinfect per manufacturer's IFU and dry thoroughly before reuse.

A3.5.3. Gown. A disposable moisture-proof repellent or impervious gown with arm-length sleeves is worn during procedures anticipated to generate splashes of blood or body fluids and OPIM. Use gown when reprocessing soiled instruments/devices or equipment per manufacturer's instructions.

A3.5.3.1. Change between each patient or when contaminated. Do not hang on the door or any other area of the patient's room for re-use.

A3.5.3.2. Remove gown without touching the front. If tied on garment, use the tie strings to remove and peel off garment inside out. Dispose of the gown in a general

waste container or regulated medical waste (RMW) container when grossly contaminated with blood or OPIM.

A3.5.4. Gloves. Gloves are required when there is any anticipation of direct contact with blood or body fluids, OPIM, mucous membranes, non-intact skin, touching or handling potentially contaminated patient care equipment or environmental surfaces, and any direct contact with patients who are colonized or infected with pathogens transmitted by the contact route. Use gloves when reprocessing soiled instruments/devices or equipment per manufacturer's IFU.

A3.5.4.1. Remove gloves by grasping at the wrist and stripping off the glove "inside-out" then place gloves in general waste containers when not grossly contaminated with blood or OPIM.

A3.5.4.2. Gloves are changed after each patient contact, between procedures on the same patient or when moving from a contaminated site of the body to a clean site of the body on the same patient. Immediately perform appropriate hand hygiene each time gloves are removed per paragraph A3.2.

A3.5.4.3. Do not wash gloves for the purpose of reuse.

A3.5.5. Fluid resistant, disposable shoe covers are indicated during procedures anticipated to generate spills.

A3.5.6. Fluid resistant, disposable hair covering is indicated during procedures anticipated to generate aerosols or splashes.

A3.5.7. Remove PPE before leaving the patient treatment/procedure room or the dirty utility room.

A3.5.8. For proper sequence to don and doth PPE, see CDC website and visual aid: reference website (**https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf**).

A3.6. Respiratory Hygiene/Cough Etiquette.

A3.6.1. Cover the nose and mouth when coughing or sneezing, use tissues to contain respiratory secretions disposing promptly in the nearest waste receptacle after use, don a surgical mask if coughing if tolerated and appropriate, and perform hand hygiene IAW paragraph A3.2.

A3.6.2. Recommend greater than or equal to 3 feet separation between a person with respiratory infections and other individuals in common waiting areas.

A3.6.3. The following materials will be made available in common patient/visitor gathering areas throughout the institution:

A3.6.3.1. Tissues.

A3.6.3.2. Alcohol-based hand rub dispensers.

A3.6.3.3. Surgical masks.

A3.6.4. Visual alerts (e.g., signs and posters) will be posted at the entrances to the 59 MDW, all outpatient facilities and other common patient and visitor gathering areas.

A3.6.5. Patients and individuals accompanying patients will be requested to inform HCWs of symptoms of a respiratory infection when they first register for care and/or at first point of entry.

A3.6.6. Patients and visitors will be asked to practice Respiratory Hygiene/Cough Etiquette. Staff will offer masks to persons who are coughing and encourage those individuals to sit at least three (3) feet away from other non-respiratory infected individuals in common waiting and gathering areas.

A3.7. Safe Injection Practices.

A3.7.1. IAW to Centers for Disease Control (CDC) Safe Injection Practices and CDC Guidelines for Isolation Precautions: *Preventing Transmission of Infectious Agents in Healthcare Setting.*

A3.8. Care of Respiratory Therapy Equipment. Per manufacturers IFUs

A3.9. Infection Control Measures for Operative Patients.

A3.9.1. Use sterile technique for dressing changes.

A3.9.1.1. Sterile occlusive dressings are secured over the incision until the wound edges have approximated and sealed.

A3.9.2. Main prevention strategies of reduction of SSI are appropriate use of prophylactic antibiotics, appropriate hair removal, control of post-operative serum glucose and immediate post-operative normothermia.

A3.10. Urinary Bladder Catheterization.

A3.10.1. HCWs will instruct the patient and family as appropriate on how to prevent a urinary catheter associated infection.

A3.11. Multiple Dose Vial/Oral Medication and Single Dose Vial.

A3.11.1. Handling, labeling and storage of medications will be according to Pharmacy policies. Refer to 59 MDWI 44-115.

A3.11.2. Medication will be drawn up in a designated clean medication preparation area away from immediate treatment areas and specimen collection. If reconstitution of the drug is required, follow the manufacturer's IFU.

A3.11.3. Dedicate multi-dose vials to a single patient whenever possible. If multi-dose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g. operating room, patient room/cubicle). If multi-dose vials enter the treatment room, they are to be handled as single dose vials and discarded after use.

A3.12. Intravascular Access Device Guidelines.

A3.12.1. For additional information, refer to **www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf**.

A3.12.1.1. Training.

A3.12.1.2. Personnel involved in placement/access of central line will receive training on the indications for intravenous (IV) catheter use, proper procedures for the

insertion/maintenance of IV catheters (as applicable) and appropriate infection control measures to prevent central-line associated bloodstream infections initially and annually thereafter. Area supervisors are responsible to ensure competency of HCWs that includes the Institute for Healthcare Improvement bundle components.

A3.12.1.3. Except in the event of an emergency, patients and family members will also be advised of infection and prevention strategies prior to insertion of any central venous devices.

A3.12.2. Skin Prep and Hand Hygiene Prior to Insertion of Access Devices.

A3.12.2.1. Hand Hygiene. Hand hygiene should be performed with an antimicrobial soap or waterless agent (if hands are not soiled) before and after palpating catheter insertion sites as well as before and after inserting, replacing, accessing, repairing, or dressing an IV catheter. Palpation of the insertion site should not be performed after the application of antiseptic, unless aseptic technique is maintained.

A3.12.2.2. Maximum Barrier Precautions. Use sterile technique for the insertion of all central venous, peripherally inserted central catheter (PICC), midlines catheters, arterial catheters or guide wire exchanges.

A3.12.2.2.1. Wearing clean gloves is acceptable for the insertion of peripheral venous catheters if aseptic technique can be maintained.

A3.12.3. Maintenance and Site Care of Peripheral Catheters and Central Catheter IAW Elsevier Clinical Skills.

Attachment 4

SUPPLIES AND EQUIPMENT

A4.1. Disposables and Non-Disposables Vs. Reusable.

A4.1.1. Reusable medical equipment must be cleaned, reprocessed and maintained according to the manufacturer's IFU.

A4.1.2. Reusable equipment that has been cleaned properly is stored in a dedicated equipment storage room/area.

A4.1.2.1. Reusable medical equipment (e.g., blood glucose meters and other point of care devices, surgical instruments, endoscopes) is cleaned and reprocessed appropriately prior to use on another patient.

A4.1.2.2. HCWs wear appropriate PPE when handling and reprocessing contaminated patient equipment.

A4.1.3. Torn Vinyl. Call Medical Equipment Repair for items with 59 MDW sticker. Consult with supply/equipment custodian for items that do not have a sticker. Notify Facility Interior Designer at 210-292-7172 to evaluate furniture if torn vinyl is found. At Randolph Clinic, contact Medical Maintenance for repair at 210-292-5103.

A4.2. Cleaning, Decontamination, and Disinfection.

A4.2.1. Items are not considered decontaminated until they meet requirements stated in the manufacturer's IFUs and in accordance with the CDC recommendations. (Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008(**http://www.cdc.gov/hicpac/pubs.html**)

A4.2.1.1. Procedure for preparing contaminated, reusable instruments for reprocessing.

A4.2.1.2. Perform Point of Use (POU), pre-cleaning immediately after procedure.

A4.2.1.3. Don PPE before performing any POU cleaning according to OSHA bloodborne pathogen guidelines when handling soiled instruments. This include: gloves, gown, face mask and goggles.

A4.2.1.4. Remove all blades and needles from instruments and place in sharp containers.

A4.2.1.4.1. Ensure all hinged and ratcheted instruments are fully opened.

A4.2.1.4.1.1. Use gauze sponge moistened in sterile water to wipe off instruments throughout and after the procedure.

A4.2.1.4.1.2. Dental clinics will follow process outlined in AF Dental Instrument Processing Training Document.

A4.2.1.4.2. Place dirty instruments in biohazard puncture proof container and spray with approved product (e.g, transport gel) evenly covering all surfaces of the instruments.

A4.2.1.5. Safely transport container from POU to dirty utility room where instruments are placed in latchable, closed container that are leak proof, puncture resistant with labeled biohazard (e.g, red container).

A4.2.1.6. Pre cleaned instruments must be delivered to SPD within 6 hours of being sprayed with product.

A4.2.1.7. At the WHASC, use a dedicated cart to carry instruments to be reprocessed to SPD. Cart must be wiped down with an approved disinfectant wipe after instruments have been transported to the reprocessing area and prior to leaving SPD. Wearing gloves is required when handling contaminated items during transportation.

A4.2.1.8. At the 59th Dental Group and 559 MDS, instruments are carried to CIPC/DIPC IAW USAF Guidelines for Infection Prevention and Control in Dentistry. Transport containers are cleaned prior to transport to DIPC and gloves are not required when handling items during transportation.

A4.2.1.9. Clinics must maintain separate designated areas for pick-up of soiled items and delivery of sterile items.

A4.2.1.10. Hydrocollators.

A4.2.1.10.1. Hydrocollators, hydrocollator pads, paraffin bath will be cleaned per manufacturer's instruction. Remove wax per manufactures' IFU, or as needed when it becomes significantly discolored or when there is excessive sediments in the tank.

A4.2.1.11. Mass Flow Sensor.

A4.2.1.11.1. Pulmonary Function Testing will be done with a bacterial filter placed in-line with the mass flow sensor.

A4.2.1.11.1.1. Use a new filter for each patient.

A4.2.1.11.1.2. Reprocessing is per manufacturer's IFU.

A4.3. High-Level Disinfection.

A4.3.1. Instruments must be thoroughly cleaned prior to HLD per manufacturers IFUs. Dry instruments/probes/scopes before proceeding to disinfection.

A4.3.1.1. In the event of failure of high level disinfection parameter (i.e., test strip quality control (QC) , follow manufacturer's troubleshooting instructions. If applicable, a) reprocess instruments/devices before use on a patient; b) activate a recall process; and/or c) notify provider and IC officer if item was used on a patient.

A4.3.1.1.1. Areas performing HLD/sterilization must have a back-up plan in case the main process to re-process instruments fails. Staff must maintain competency with alternate method of re-processing at a minimum every six month.

A4.3.2. Instruments coming in contact with mucous membranes receive high-level disinfection or terminal sterilization (e.g. ultrasounds probes, vaginal probes).

A4.3.3. Each room where HLD is performed will be evaluated by Bioenvironmental Engineering and placed on the list to have ventilation study done if applicable. Keep a copy of the air flow studies in the work area.

A4.3.3.1. Cidex Ortho-Phthaladehyde (OPA) & Revital OX manual soaking of devices is per manufacturer's IFU.

A4.3.3.2. Collect CIDEX OPA solution as "Non Hazardous Waste" when expired, visibly contaminated or when concentration is below proper level based on QC testing. Follow 802 CES/CEAN and 59 MLRS/SGSKF guidance on proper collection and disposal of the waste.

A4.3.3.3. Spill Clean-up. Refer to 59 MDWI 32-1001 for response information.

A4.4. Processing Endoscopes.

A4.4.1. Training document or checklist is required for unit-specific procedures. The training document or checklist is reviewed annually by the unit and the ICO.

A4.4.2. Cleaning. Follow manufacturer's IFU for pre cleaning at the bedside (including pre-cleaning of auxiliary water, elevator wire channel and Olympus 190 endoscopes) and cleaning.

A4.4.2.1. Reusable accessories that penetrate mucosal barriers (i.e., biopsy forceps, cytology brushes, etc.) and water bottles are cleaned after each patient use then sent to SPD for sterilization.

A4.4.3. Scope Storage and Handling is per manufacturer's IFU.

A4.4.3.1. Do not use the carrying case for storage. Routine storage of the fiberscope in a humid, dark, non-ventilated environment, such as the carrying case, may promote the growth of microorganisms.

A4.4.3.2. Scopes are reprocessed every 7 days if not used within that time frame.

A4.5. Automated Endoscope Reprocessor (OER –Pro). Refer to manufacturer's IFU.

A4.5.1. Any automated processor of endoscopic equipment is reviewed by ICF before purchase and use.

A4.6. Processing Trans-esophageal (TEE) Ultrasound Probe.

A4.6.1. TD-100 TM is an automated disinfector designed to provide high-level disinfection of TEE probes.

A4.6.2. Follow manufacturer's IFU for processing using TD-100 TM and for storage of probes.

A4.6.2.1. TD-5 TM is emptied at the end of the cycle into a container for disposal. Follow 802 CES/CEAN and 59 MLRS/SGSKF guidance on proper collection and disposal of the waste.

A4.6.2.2. Do not store probes in carrying case..

A4.7. Sterilization.

A4.7.1. In the event of failure of sterilization parameter, follow manufacturer's troubleshooting instructions. If applicable, a) reprocess instruments/devices before use on a patient; b) activate a recall process; and/or c) notify provider and IC officer if item was used on a patient.

A4.8. Recall.

A4.8.1. Commercially manufactured supplies.

A4.8.1.1. Medical Material Quality Assurance (QA) will notify all sections to collect the commercially recalled items and return them to the QA section of the Medical Supply Warehouse.

A4.8.1.2. Medical Material QA will provide the manufacturer's name, nomenclature of supply, lot and catalog number, and any other pertinent information.

A4.8.1.3. When the patient exposure to any recalled item is identified, a representative of the section (preferably the noncommissioned officer in charge or the section's manager/flight commander) in which the patient was located at the time of the exposure will notify the attending physician, Medical Material QA (210-292-4074), Pharmacy (210-292-5400), Risk Management (210-292-6004) and ICO (210-292-7803). At the Randolph Clinic, notify Medical Material QA (210-652-3061), Risk Management (210-652-5348) and the IP (210-652-6003).

A4.9. Event Related Shelf Life.

A4.9.1. Shelf life for sterility of instruments (i.e., peeled packs) is event related unless specified by package material or other.

A4.9.2. Items will be processed in appropriate wrap and manner.

A4.9.3. All in-house processed items issued from SPD will include the following information on the label:

A4.9.3.1. The date of sterilization for rotation purposes.

A4.9.3.2. A sterilizer load control stamp for recall purpose.

A4.9.3.3. The statement "sterile unless damaged or open" indicates package integrity is dependent on "events".

A4.9.3.4. An external chemical indicator showing exposure to sterilization cycle.

A4.9.3.5. The processing technicians' initials.

A4.9.3.6. Sterile packs of equipment and instruments are handled and stored in a manner that maintains their sterility. Sterile supplies are stored in enclosed shelving, covered racks or a closed cabinet. For specifics, refer to AFI 44-108 and manufacturer's IFU.

Attachment 5

CONTROL OF THE ENVIRONMENT

A5.1. Housekeeping.

A5.1.1. Quarterly, QAEs instruct all management representatives of contract requirements pertaining to them and the proper method for completing the 59 MDW Complaint Form.

A5.1.2. Customers coordinate with the contractor to provide access to various rooms and areas.

A5.1.3. Facilities Management reviews the housekeeping contract annually and conducts over sight of the Housekeeping Department. Housekeeping service surveillance is a function of the QAEs of Facilities Management. Contact QAE at 210-292-7171 for any questions or concerns. Call Facilities Management at 210-652-2521 at the Randolph Clinic.

A5.1.4. Housekeeping is responsible for cleaning of the environment including patient care and non-patient care areas as specified in their policy/procedure manual. Housekeeping procedures and list of disinfectants are reviewed and approved yearly by the ICF. Contaminated surfaces in the treatment/exam rooms will be cleaned by the HCWs after each patient use.

A5.2. Linen.

A5.2.1. Soiled Linen Collection.

A5.2.1.1. Do not fill linen bags more than 2/3. Filled linen bags are closed and carried to a designated collection area for pick-up by housekeeping personnel.

A5.2.1.2. At a minimum, personnel who have contact with soiled laundry must wear gloves. Other appropriate PPE is based on the exposure of the worker's skin and clothing.

A5.2.1.3. Once closed, soiled linen bags are not opened except by contract laundry personnel at the laundry facility.

A5.2.2. Linen Hamper Stands. The cleaning of linen hamper stands is the responsibility of housekeeping.

A5.2.3. Cubicle curtains and window drapes are changed every 6 months by housekeeping, sooner if soiled. The area is responsible for initiating and maintaining the cleaning schedule. Coordinate with Linen Control to arrange for curtain change (210-292-5985). At the Randolph Clinic, call Facilities Management at 210-652-2521.

A5.2.3.1. If using the disposable privacy curtains, change per manufacturer's IFU.

A5.3. Refrigerators.

A5.3.1. Patient food refrigerators are maintained at a temperature range of 32^{o} - 41^{o} Fahrenheit, IAW Tri Service Food Code. Medication refrigerators are maintained per manufacturer's IFU and per latest 59 MDWI 44-115, *Pharmacy and Medication Management.* Lab refrigerators are maintained by Lab policies.

A5.3.2. In the event that a HCW is storing personal breast milk, it must be stored in a dedicated refrigerator for breast milk storage or in a personal cooler. Breast milk must be labeled with HCW name and date.

A5.3.3. If refrigerator does not fall within the appropriate temperature, as listed above, attempt to readjust the temperature setting then re-evaluate in 15 minutes. If refrigerator temperature remains out of range, notify Medical Equipment Repair Center at 210-292-5103 for repairs during duty hours or notify the Medical Control Center at 210-292-5990 after duty hours. At the Randolph Clinic, contact Medical Maintenance at 210-292-5103.

A5.3.4. Opened multiple dose vials and multiple dose oral medication are refrigerated only if specified by the manufacturer or pharmacy.

A5.3.4.1. For refrigerators used for medication, document refrigerator temperature per Pharmacy policy. Refrigerator for medication must be cleaned weekly and will not contain food. Follow Allergy Immunization clinic policies for monitoring of refrigerators used to store vaccines.

A5.3.4.2. If the medication storage refrigerator/freezer is out of range, report problem as above and notify Pharmacy personnel at 210-292-5414 before closure for instruction on handling the medications. At the Randolph Clinic, contact Facility Management at 210-652-2521.

A5.3.4.3. Document all actions taken as well as follow up temperatures on the daily refrigerator temperature sheet.

A5.4. Area Specific General Cleaning.

A5.4.1. Medication cabinet shelves are cleaned monthly if enclosed and weekly if not enclosed using an approved IPCF disinfectant.

A5.4.2. Supply and Linen Shelves. Opened shelves are cleaned weekly in clinical areas (e.g. treatment rooms, supply rooms). In areas (such as Laboratory, Pharmacy, etc.) storing supplies not used for patient care, opened shelves are cleaned monthly and as needed. In all areas, closed shelves are cleaned minimum monthly and as needed. Unit or clinic personnel clean the shelves with an ICF approved environmental disinfectant.

A5.4.3. HCWs ensure frequent cleaning and disinfection of surfaces that are likely to be contaminated with pathogens, including those within 3 feet of patient (i.e., bed rail, table stand) and frequently touched surfaces in the patient care environment (e.g. door knobs).

A5.4.4. Exam tables are maintained in good repair to facilitate proper cleaning.

A5.4.5. Crash Cart. Flight commander/clinic managers ensure weekly cleaning of the crash cart with an approved disinfectant.

A5.4.6. Wheelchairs and Gurneys. Wheelchairs and gurneys are wiped down by HCWs after each use with an approved IC disinfectant. Wheelchairs located in common areas (e.g. clinic entrances) are cleaned daily by housekeeping.

A5.4.7. Eyewash stations. Mounted eyewash stations are cleaned weekly with an approved IC disinfectant.

A5.4.8. Document cleaning as applicable.

A5.5. Disposal of SHARPS.

A5.5.1. Sharps used in surgery, and/or other medical procedure.

A5.5.2. Intravenous stylets and rigid introducers.

A5.5.3. Glass pipettes, specimen tubes, microscope slides, and glass capillary tubes, broken glass, and medicine ampules.

A5.5.4. Needles including "dry needling" needles.

A5.5.5. Housekeeping checks daily and exchanges sharps containers that are at the fill line (¾) for empty ones, then transports all sharps containers for disposal from point of generation. At Randolph Clinic, HCWs are tasked with monitoring/ changing sharps containers that are disposed of by housekeeping.

A5.5.5.1. Contact housekeeping, 210-292-5985, for disposal of sharps, if additional pick-up is needed. For Randolph Clinic, contact housekeeping at 210-652-3438. Never place glove boxes or other items on top of sharps container.

A5.5.5.2. If HCW replaces a sharp container, it is placed in a dedicated secured area (i.e., dirty utility room), and not left on the floor.

A5.5.6. Sharp containers are hung at 52-56 inches from the floor.

A5.5.7. Glass Waste. Large glass and hard, small metal items such as medication vials and bottles, screws and nuts, and disposable scissors are placed in corrugated cardboard "glass" containers or other containers approved by Facilities Management. Place broken glass in sharp containers.

A5.5.8. Any glass container contaminated with bulk blood or OPIM in bulk will need to be placed in the appropriate sharps container.

A5.6. Handling of Waste.

A5.6.1. Hazardous Waste. Refer to 59 MDWI 32-1001, *Facilities and Environment.*

A5.6.2. Regular waste or office waste. Office trash and all disposable articles not saturated with blood or body fluids are collected in plastic bags, sealed and disposed of in the landfill.

A5.6.3. Microbiological Waste. Disposed of as regulated medical waste.

A5.6.4. Pathological Waste. Is placed in a red bag and closed with a tape labeled "Path Waste."

A5.6.5. Blood and Body Fluids that are collected as fluids in containers (e.g., suction drainage canisters) will not be emptied into the sewage system. These items are securely closed and placed into red bags for disposal.

A5.6.6. Waste of highly contagious pathogens will be handled according to Department of Transportation standards.

A5.6.7. Red bags and containers that will hold biohazardous waste will have a visible biohazard symbol to signify RMW.

A5.6.8. Double bagging is not required, unless the outside of the waste bag is contaminated with blood or bodily fluids.

A5.6.9. Used Vaccine Vials. IAW AFIJ 48-110, *Immunization and Chemoprophylaxis for the Prevention of Infectious Diseases*, immunizing and chemoprophylaxis agents are stored and handled IAW the pharmaceutical manufacturer's instructions as outlined in the product's package insert or other guidance.

A5.6.10. Animal Waste. Animal waste is considered "Pathological Waste" and disposed as such.

A5.7. Responsibilities for Solid and Contaminated Waste Disposal.

A5.7.1. Facilities Management monitors housekeeping and Central Waste Facility (CWF) operations; obtains dumpsters for waste collection; and establishes waste collection pick-up schedules. At the Randolph Clinic, Facilities Management is the responsible for waste disposal.

A5.7.2. Housekeeping.

A5.7.2.1. Removes all waste from the Medical Center, wearing appropriate PPE.

A5.7.2.2. Collects properly bagged regulated or red bag trash bags at point of generation and transports to CWF for processing.

A5.7.2.3. Prepares waste for pick-up by contractor.

A5.7.2.4. Collects sharps containers that are at the full line (¾) at point of generation from all areas and transports for disposal. Replaces sharps containers with new units.

A5.7.2.5. Maintains, operates and secures CWF.

A5.7.2.6. Cleans vehicle used to transport waste to the CWF with an ICF approved environmental disinfectant daily.

A5.7.2.7. Housekeeping receives pathological waste from the main facility. Clinical Research Division and Veterinary clinics generates pathological waste, prepares the packages which are taken to CWF picked up by contractor.

A5.7.2.8. Cleans the exterior surface and surrounding areas of sharp containers.

A5.7.2.9. All trash from airborne, droplet, and contact precautions is placed in clear impervious trash bags unless saturated with blood or body fluids as defined above.

A5.8. Air Handler or Exhaust Fan Shutdown Affecting Negative Flow Isolation Rooms.

A5.8.1. Scheduled:

A5.8.1.1. Prior to scheduled shutdown time, CE will contact the ICO and affected areas within the facility about scheduled power outages and shutdowns.

A5.8.1.1.1. For clinics with a negative flow isolation room.

A5.8.1.1.1.1. The affected areas will coordinate with attending physicians for course of actions to take if a patient needs to be on airborne isolation. The Director of Infection Control, or designee should be utilized as a consultant.

A5.8.1.2. All patient transfers will be accomplished at least one hour before scheduled shutdown time.

A5.8.2. Unscheduled:

A5.8.2.1. During normal duty hours.

A5.8.2.1.1. CE will contact clinic's flight commander or designee of the affected areas within the facility and the Director of Infection Control or designee to brief them on the time of shutdown and imminent unscheduled air handler and exhaust fan shutdown.

A5.8.2.1.2. Clinic's flight commander or designee will assess patient currently in negative flow isolation rooms and coordinate with the attending physician for transfer to another clinic or facility (this includes patients in the FEC).

A5.8.2.1.3. Clinic's flight commander or designee will make transfer arrangements.

A5.8.2.1.4. CE will notify the clinic flight commander or designees when the air handlers or exhaust fans are again operational and negative flow isolation rooms are functional.

A5.8.2.1.5. Problems with the shutdown will be communicated to the flight commanders or designee for analysis. Problems should also be documented on the Utility Outage Checklist as directed.

A5.8.2.2. After normal duty hours or weekends:

A5.8.2.2.1. CE will notify FEC shift leader or designee (depending of the areas affected) about the proposed time frame or areas affected by the imminent unscheduled air handler and exhaust fan shutdown.

A5.8.2.2.2. The FEC shift leader will notify the Infectious Disease physician on call via pager 513-6060 if there are questions about transfer of patient in negative flow isolation room.

A5.8.2.2.3. CE will notify the FEC shift leader when air handlers or exhaust fans are again operational and negative flow isolation rooms are functional.

A5.8.2.2.4. The shift leader will verify the negative flow isolation room is actually working by performing a tissue.

A5.8.2.2.5. Problems with the shutdown will be communicated to the flight commanders or designee for analysis. Problems should also be documented on the Utility Outage Checklist as directed.

A5.9. Computerized Tube System (CTS) Spill Prevention.

A5.9.1. Spills will be greatly reduced if the sender follows these simple precautions:

A5.9.1.1. Use a primary collection container that has been tested and approved to be sent through the CTS (e.g., vacutainers, blood culture bottles, and urine in vacutainers).

A5.9.1.2. The lids are securely closed and tightened.

A5.9.1.3. All lab specimens approved for sending through the CTS must be sent in a secondary containment device and need to be properly immobilized. Use the biohazard labeled "Zip N'Fold" type pouches.

A5.9.1.4. When closing the biohazard labeled "Zip N'Fold" type, leave some air for cushion. Do not use foam, blue chux or any other padding.

A5.9.1.5. If the outside of the primary collection container gets contaminated, place in a Ziploc bag before placing into the biohazard labeled “Zip N’Fold” type pouch.

A5.9.1.6. If there is more than one vacutainer being sent, use a rubber band or a tube insert to keep them together so they do not move within the biohazard labeled “Zip N’Fold” type pouch.

A5.9.2. Care of the “Zip N’Fold” type pouch:

A5.9.2.1. Each carrier will contain their own biohazard labeled “Zip N’Fold” type pouch.

A5.9.2.2. Replacement “Zip N’Fold” type pouches are available from Medical Logistics.

A5.9.2.3. If the sender notices a small amount of liquid in the pouch or any sign if contamination, wear gloves and clean it out using the approved disinfectant wipes. Allow the pouch to air dry.

A5.9.2.4. Clean canister before each usage using an approved IC disinfectant.

Attachment 6

ISOLATION AND PRECAUTION

A6.1. Sphygmomanometer and Stethoscope.

A6.1.1. Disposable single patient use blood pressure cuffs and stethoscopes are available. Non-disposable sphygmomanometers and stethoscopes soiled with infective material are cleaned per manufacturer's IFU or disposed of if unable to be cleaned properly.

A6.1.2. Disposable Equipment. Disposable articles are only brought into the patient/treatment room as needed. Any disposable articles left in the room after the patient is discharged, will be discarded.

A6.1.3. Non-Disposable Equipment. Non-disposable equipment will be cleaned immediately upon exit per IFU.

A6.1.4. Charts. Do not take charts into isolation rooms for patients on Contact Isolation precautions. For patients on other isolations, charts are not allowed to come in contact with infective material or potentially contaminated objects.

A6.1.4.1. Laboratory Specimens. All laboratory specimens are handled IAW SPs. Gloves are the minimum barrier precautions to be worn when handling any specimen. Specific specimen requirements are outlined in 59 MDWI 44-136, *Laboratory Program.*

A6.1.4.2. All specimens are placed inside clear "Zip N'Fold" type red labeled biohazard inserts. See paragraph A5.9 for guidance on spill prevention. The laboratory request is placed outside the wrapping material.

A6.1.4.3. Lab specimens hand carried to the laboratory must be contained in a fluid resistant secondary container such as the Ziploc bags.

A6.1.5. Waste. All trash from patients on any type of isolation precautions are thrown away in the regular trash or office trash unless drippy, soaked, soggy or caked with blood or OPIM. Refer to Attachment 5, Control of the Environment.

A6.2. Airborne, Droplets or Contact Precautions.

A6.2.1. Per CDC and HICPAC: *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings,* 2007. **https://www.ajicjournal.org/article/S0196-6553(07)00740-7/fulltext**

A6.2.1.1. Airborne Precautions.

A6.2.1.1.1. Room Requirements. For Airborne isolation a negative pressure isolation room is required. The room will have a minimum of twelve air exchanges per hour. An "Airborne Isolation" sign is posted on the door. The door is kept CLOSED in order to maintain negative pressure. Loose ceiling tiles will be replaced. For location of Negative Pressure Rooms, see Table A6.3. Policy for airborne precaution at the Randolph Clinic, is according to A6.2.1.1.2.

A6.2.1.1.2. If the clinic does not have a negative pressure isolation room, the patient will be masked and placed in an exam room. Arrangement will be made as soon as possible for the patient to be seen in another clinic/FEC with a negative pressure

isolation room. At Randolph Clinic, the patient is transferred to Brooke Army Medical Center (BAMC). HCWs with patient care will wear a mask (N-95) if the patient is not masked. HCWs are required to be fit-tested prior to wearing an N-95 respirator.

A6.2.1.2. Negative pressure isolation rooms are to be monitored per FM policy.

A6.2.1.3. Respirator Requirements. A National Institute of Occupational Safety and Health -approved respirator is worn by HCWs and patient visitors when entering the room of a patient with a probable, suspected or confirmed diagnosis of TB, chickenpox, measles, disseminated shingles or small pox. Visitors are instructed by nursing personnel on how to wear the respirator, but are not required to be "Fit Tested." The respirator is worn once per patient contact and is discarded in the closest trash bag waste receptacle after each use.

A6.2.1.4. Transporting the Patient. See Table 5.4. The HCWs wear an N-95 respirator only when transporting a patient in close proximity (e.g. elevators).

A6.2.1.5. Occupancy of a Negative Pressure Isolation Room after Patient Departure/Termination of Treatment of a Patient on TB Isolation. The HCW wears an N-95 mask when entering the isolation room based on time specification as determined per CDC guidelines after patient departure (*Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings*). Policies are also outlined in the Respiratory Protection Plan. Do not place a patient in the room until it has been terminally cleaned and appropriate time has elapsed.

A6.2.1.6. Power Outage Which Affects the Ventilation System.

A6.2.1.6.1. Refer to paragraph A5.8 in the event there is a power outage which will affect the negative pressure isolation rooms used for Airborne Isolation. During such power outage the door must remain closed at all times. The patient wears a cup style surgical mask every time a staff member enters the room. The staff must continue to wear the respirator each time they enter the room.

Table A6.1. Location of Negative Pressure Isolation Rooms.

LOCATION	UNIT ROOM #	FUNCTION
Family Emergency Center	1L016; 1L032	Isolation Rooms
Family Emergency Center Waiting Room	1L 020	Temporary Isolation Room
Pediatric Clinic	1G042	Isolation Room
Internal Medicine Clinic	1C081	Isolation Room
Reid Health Service Center	1C175	Isolation Room
Reid Health Service Center	1C166	Isolation Room
Dermatology Clinic	1H019	*
Family Medicine Clinic	1A087; 1A065	*
Women Health Clinic	1H044	*

Note: * Rooms to be activated in case of emergency or influx of patients to be placed on airborne isolation.

A6.3. Contact Precautions.

A6.3.1. Room Requirements. A private room is required.

A6.3.2. During an outbreak or in the event a single room is not available for isolation, consultation with the ICO/IP at the Randolph Clinic, is recommended if cohorting is being considered.

A6.3.2.1. In an open bay area, greater or equal 3 feet special separation between beds is advised. A negative pressure isolation room is NOT indicated. 59 MDWVA 44-101 is posted on the door.

A6.3.3. PPE. Gloves and gown are required when entering the patient's room.

A6.4. Droplet Precautions.

A6.4.1. Duration of Isolation. Duration of isolation is according to guidelines from the CDC and HICPAC: *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.*

A6.4.2. Room Requirements. A private room is required. In the event a single room is not available for isolation, consultation with the ICO is recommended. Special separation of greater than 3 feet and drawing the curtain between patient beds is especially important for patients in open bay rooms. Negative pressure isolation room is not indicated. 59 MDWVA 44-102 is posted on the door.

A6.4.3. Patients on Droplets Precautions must be instructed to follow recommendations for Respiratory Hygiene/Cough Etiquette.

A6.4.4. PPE. A cup style surgical mask is indicated for close or direct patient contact. Don mask upon room entry.

A6.4.5. Transporting the Patient. The patient on Droplet Precaution Isolation who must be transported outside the room should wear a cup style surgical mask if tolerated and follow respiratory etiquette. No mask is required for persons transporting the patient.

A6.4.6. Family/companion are required to wear the appropriate PPE such as the blue surgical mask**.**

A6.4.7. For disease specific isolation and PPE selection refer to CDC website (i. e, novel coronavirus (COVID-19) - **https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html**).

Attachment 7

APPROVED ANTISEPTICS

Table A7.1. Approved Antiseptics.

CHEMICAL AGENT	BRAND NAMES	USES
Alcohol 70% Isopropyl Alcohol	Any brand, sterile single use swab sticks or alcohol pledgets	Patient skin preparation agent
Alcohol based Waterless Hand Cleaner Ethyl Alcohol (62%/70%)	Purell Instant Hand Sanitizer Purell Surgical Scrub	Uses as stated in 59 MDWI 44-157 Surgical scrubs between cases
Same as above	Purell Advance Green Certified Hand Sanitizer	Uses as stated in 59 MDWI 44-157 (provided by housekeeping)
Isopropyl alcohol (63%)	Cal Stat Plus with Enhanced Emollients	Uses as stated in 59 MDWI 44-157
Propylene Glycol	Provon Foam Wash	General hand hygiene agent (provide by housekeeping)
Sodium laurethsulfate, glycerine, citric acid. Other ingredients on label	Provon Ultra Mild	General hand hygiene agent (provided by housekeeping)
Chlorhexidine Gluconate *(CHG) CHG (2%)	Bactoshield	Antimicrobial agent for hand washing when a general agent is not sufficient or use for other purpose as approved by ICF (dental photo mirror)
CHG (4%) Scrub or impregnated sponges	Any brand	Surgical scrubs
CHG (1%)/Ethyl alcohol compound	Avagard Surgical Hand Antisepsis	Surgical scrubs
Povidone-Iodine ***Note**: Identify iodine sensitivity before use.	PVP-1 (4 oz. soap/scrub or impregnated sponges) Substitute: Betadine	Antimicrobial/antiseptic Surgical hand scrub

Surgical Skin Preparations **Iodophore (10%-5%)** **Alcohol/Iodine**	Any brand	Antiseptics used as surgical scrubs for patients
Alcohol/CHG	Dura-prep Chloroprep	Chloroprep used as well for collection of blood culture
Isopropyl (70%)	Any brand	
Chlorohexidine gluconate (4%CHG)/alcohol compound	Hibiclens	Surgical scrub and pre-op showers when patient allergic to iodine and as ordered
Chloromine-T	Hydrochlor Whirpool Antiseptic	Hydrotherapy treatment

Attachment 8

APPROVED DISINFECTANTS FOR HCWS

Table A8.1. Approved Disinfectants for HCWs.

CHEMICAL AGENT	BRAND NAMES	USES
Ajax	Comet, or any chlorine based scouring powder	Cleaner for Custom Ultrasonic Processor processing tanks, filters and outside surfaces
Alcohol	70% Isopropyl Alcohol substitute: any brand, sterile single use swab sticks or alcohol pledgets	Disinfect external surfaces of equipment or surfaces of biological safety cabinets/hood (e.g., stethoscopes)
Isopropyl Alcohol (main ingredient 70%)	Steri-Fab	GameReady compression wraps
Chlorine * Sodium Hypochlorite (5.25%)	Any Brand	Cleaner for the Computerized Tube System carriers if a spill should occur. Must be diluted at a 1:10 ratio (1 part bleach to 9 parts water) As alternate environmental disinfectant dilute 1:100
Sodium Hypochlorite (0.60%)	Dispatch	Cleaner for equipment/device
Sodium Hypochloride (0.63%)	Sanicloth Bleach	Cleaner for equipment/device
Sodium Hypochloride (8.25%)	Any brand	Dental, Lab

Enzymatic detergent solution	Enzol Dornoch Enzyme (OR) Metrizyme sponge Enzymatic Detergent Manual Cleaning Concentrate Enzymatic Detergent Ultrasonic Cleaning Concentrate Enzymatic Detergent Washer-Disinfector Concentrate Steris Valsure (Dental) MediClean EZ One Tab sinkside powder One Tab Flex powder	Cleaner for initial decontamination of instruments (manual/washer/ultrasonic) Manual Cleaning (SPD/Dental) Ultrasonic (SPD/Dental) Washer(SPD/Dental) Dental Area to request approval by ICF GI GI
Neutral non enzymatic detergent	Ophthalmic Neutral Non Enzymatic Detergent	Soap for ophthalmic instruments(SPD)
Ortho-phthalaldehyde	Cidex OPA substitute: none	High-level disinfectant of instruments/devices
Hydrogen Peroxide (Aqueous Solution)	Sonex HL	Trophon
Hydrogen Peroxide (58%-59.5%)	Advanced Sterilization Product (Johnson & Johnson)	Sterrad
Acetic Acide **Paracetic Acid** **Hydrogen Peroxide** **Potassium Nitrate** **Tetrasodium etidronate** **Trisodium phosphate**	Acecide-C (Solution 1) Acecide-C (Solution2)	OER
Hydrogen Peroxide (2%)	Revital –Ox	Gus Unit
Advanced Hydrogen Peroxide	Oxyvir tb	Ultrasound machine or to disinfect devices per manufacturer's instructions
Glutaraldehyde	TD 5	TD 100 System
Quaternary Ammonia Compound	Super Sani-Cloth Lysol I.C.	Environmental disinfectant for inanimate objects. Cleaner for equipment(Clinical

	Coverage Spray TB Plus Substitute must be approved by ICF Envirocide Matt-Kleen disinfectant cleaner Sono 4018 Ultrasound Wipes	Laboratory) Cleaner for alginate impression Cleaner for whirlpool Cleaner for Fibroscan machine
Phenolic	Wexcide Usage and substitute must be approved by IPCF	Environmental disinfectants for inanimate objects and floor
Quant ammonium	Virex 256 Usage and Substitute must be approved through IPCF	Environmental disinfectants inanimate objects and floors

Table A8.2. Miscellaneous Agents.

CHEMICAL AGENT	**BRAND NAMES**	**USES**
Detergents **Alkaline detergent**	Any liquid dish washing agent dispensed by non-medical supply Dawn Ultra Original Soap Endo quick	Removal of gross contaminants from inanimate surfaces, to clean personnel dishes/cups, etc.. Other areas as approved by ICF Flow sensor (Pulmonary/ Flight Medicine), and as approved by ICF for other areas per IFU (i.e. Oral Surgery, OR) OER (GI)
Surfactant base gel	Steris Pre-Klenz	To keep instruments moist
Non-ionic lotion **Mucopolysaccharide lotion** **Paraben-free lotion**	Steris Lotion Soft Skin Conditioner Eucerin Biotone *Substitute: None (do not use any other hand lotion unless approved by the ICF)	Hand lotion(HCWs) Hand lotion (patients only) Patient massage (PT/OT)
Cellulose	Windex Original Glass wipes	LCD screen. SonoSite Titan diagnostic ultrasound machine
Specific Agents (Listed By Area of Use)		
Ultrasound/Dermatology/Cardiology Octyl/Dioctyl	Protex wipes	Transducer/cords of Philips CX 50 , Epic Ultrasound machines Transesophageal echocardiogram

dimethyl ammonium chloride Dimethyl benzyl ammonium chloride		probes- handle/cord. Other areas per IFU
Cardiology Phenol 1.56% & other ingredient	Sporicidin	External part of TD-100
SPD Hydrogen peroxide Alcohols C9-11, ethoxylated	Dornoch Ultra Clot Buster	Washer
Phosphoric Acid	Belimed Rust and Stain Remover	Washer/sterilizer/cart washer
Phosphoric Acid	Belimed Descaler	Washer/sterilizer/cart washer
Sodium Carbonate (25%)	Coe Tray Cleaner	Instrument stain remover
Dental Phosporic Acid	Belimed Rust and Stain Remover	Washer/sterilizer/cart washer
Phosphoric Acid	Belimed Descaler	Washer/sterilizer/cart washer
Etoxylated Oleyl Alcohol (5%)	Steris Hinge Free	Thermal disinfector/washer cleaner
Hydrogen Peroxide (3%)	Tech Wash 3	Thermal disinfector/washer cleaner
Ethoxylated Alcohol Surfactant (10 %)	Steris Prolystica Alkaline2X Concentrate	Thermal disinfector/washer cleaner
Tetrasodium EDTA (10-30%), Sodium Hydroxide (1-5%), Sodium Silicate(1-5%	Steris Liquid Jet	Sterilizer cleaner
Glycolic Acid (20%)	Getinge Clean Instrument Brightener	Thermal disinfector/washer cleaner
Soy Based Mixture (25%)	Getinge Clean Shine Stainless Steel Cleaner/Polish	Dental DIPC equipment/stainless steel countertops cleaner/polish

Sodium carbonate (25%), Isobutane (7%)	Coe Tray Cleaner	Metal impression tray cleaner.
	SSK80 Stainless Steel Cleaner	Ultrasonic cleaner
Glucerol (5%)	Hu Friendly Enzymax	Ultrasonic cleaner
Cocamidee diethanolamine (3%)	Miltex Surgical Instrument cleaner	Ultrasonic cleaner
Sulfamic acid	Lime-A-Way cleaner	Washer cleaner
Alkaline agent	Omni Cleaner XL	Sterilizer cleaner
Sodium Percarbonate coumpound	ICX Sterilex Ultra Powder	Treat water in unit
Propylene Glycol Isopropanol	Purevac SC	Treat dental unit water lines
Sodium Bicarbonate 1,3 Triazine Ethanol, methane 1,1, oxybis	Bien Air Aqua Care	Clean implant handpiece
Alkyldimethyl benzylammonium chloride and Ethylbenzyl ammonium chloride, ethanol, ethoxylated propoxytaled alcohols	Biotrol neutravac	Dental evacuation system
Tetrasodium ethylenediaminetetraacetate, sodium carbonate, benzyl-C12-18-alkyldimethyl, chlorides, Alkyl dimethyl ethyl benzyl ammonium chloride	Crosstex Liquid Ultra Solution	Dental water lines

Dental Randolph **Phosphate, non-ionic surfactant**	Miele Pro Care Dent 11A	Use in washer
Phosphoric acid	Miele Pro Care Dent 30P	Use in washer
Silver, citric acid	Sterisil Citrisil Substitutes must be approved through ICF	Use in washer
GYM/Exercise areas **Alkyl dimethyl benzyl ammonium chloride/ Alkyl dimethyl ethyl benzyl ammonium chloride**	Gym Wipes Professional Formula	Gym/workout equipment cleaner
PT/OT/ Chiropractic Clinic **Quartz/dodecylbenzene sulfonic acid**	Emerel Multi-Surface Crème	Cleaner Hydroculator unit interior
Petroleum/White mineraloil/d-limonene	Stainless Steel Wipes	Cleaner Hydroculator unit exterior
Polydimethylsoloxane, 1-Propanol	Slipcoat lubricant IMAR Startglass Cleaner & Protectant	Treadmill belt lubricant Cleaner Alter-G antigravity unit interior
Citric acid, silver,water Ethanol/Ethanolamine/Anionic surfactant non / -anionic surfactant	Pure Green	Cleaner Alter-G short
Sodium carbonate, Silicic acid/ aluminium sodium salt (refer to SDS for others)	Tide Free & Gentle Liquid Laundry Detergent	Cleaner Alter-G shorts / Game Ready Cryotherapy sleeves cleaner Use as mild detergent to clean other devices as per IFUs

Viper Clinics White mineral oil/Isobutane/Sorbitan oleate ethanolamine	3 M Stainless Steel Cleaner & Polish	Cleaner/polisher whirlpool
Pharmacy Hydrogen Peroxide	Oxyvir TB	Disinfectant and cleaner for clean room and for other area as approved by ICF

Attachment 9

APPROVED DISINFECTANTS (HOUSEKEEPING USE)

Table A9.1. Approved Disinfectants (Housekeeping Use).

CHEMICAL AGENT	BRAND NAMES	USES
Quant ammonium	Virex 256 Substitute must be approved through IPCF	Environmental disinfectants inanimate objects and floors
Phenolic	Wexide	Environmental disinfectants inanimate objects and floors
Hydrogen Peroxide Paracetic Acid	Peridox	Pharmacy Disinfectant and cleaner for clean room
Germicidal Bleach Sodium Hypochlorite 6.15%	Clorox	Bleach
Alcohol ethoxylates, monoethanolamine, n-alkyl dimethyl benzyl ammonium chloride	Crew Na Bowl Cleaner	Bowl cleaner
Quartz, Dodecylbenzene sulfonic acid	Emerel Creme Cleaner	Bathroom cleaner
Alcohol ethoxylates, Dye	Stride Neutral Cleaner	Neutral cleaner
Alcohol ethoxylates, Tetrasodium salt of EDTA, Sodium xylene sulfonate, sodium silicate, sodium hydroxide	G.P. Forward	General purpose cleaner
Water, alcohol ethoxylates, citric acid, monoethanolamine, n-alkyl dimethyl benzyl ammonium chloride, n-alkyl dimethyl ethylbenzyl ammonium chloride	Crew Neutral Bowl Cleaner	Bowl cleaner
Diethylene glycol butyl ether, 2-	Glance HC 1 Glass and Multisurface Cleaner	Window cleaner

butoxyethanol, sodium lauryl sulfate, ammonium hydroxide, sodium xylene sulfonate		
Diethylene glycol monoethyl ether, Dipropylene glycol methyl ether, Tributoxyethil phosphate	Snapback UHS Restorer	Floor restorer
Acrylic copolymer, diethylene glycol monoethyl ether, Tributoethyl phosphate	Aquaria Floor Finish	Floor wax
Diethylene glycol ethyl ether, copolymer blend, trisbutoxy phosphate	Enviro Care Novus	Floor wax
Copolymerblend, propyleneglycol	Enviro Care Enhancer	Floor restorer
Diethylene glycol monoethyl ether	Carefree Floor Finish	Floor wax
2- Butoxy , ethanol , sodium hydroxide, Tetrasodium EDTA	Super Strip	Floor stripper
Methanol , 1,2 Benzisothiazol-3	Defoamer	Defoamer
Monoethanolamine, Benzyl alcohol, Diethylene glycol monoethyl ether, Sodium hydroxide	Pro Strip Heavy Duty Floor Stripper	Floor stripper
Isobutane, potassium hydroxide, diethylene glycol butyl ether, ethoxylated secondary alcohol, 2-butoxyethanol, monoethanolamine, benzyl alcohol	Bravo Power Foam Heavy Duty Stripper for Spot Buildup	Detail stripper
Silicones, butane, propane	Shine Up Furniture Polish	Shine furniture
Sodium xylene sulfonate, alcohol	Extraction cleaner	Carpet solution

ethoxylates		
Sodium lauryl sulfate	Carpet Shampoo	Carpet solution
Fatty acids, methyl esters, d limonene	WOW	Stainless steel cleaner
Hydrogen Peroxide	Ovivir TB	Disinfectant for OR, Lab, GS, Oral Surgery and any other Dental Surgery rooms