



DEPARTMENT OF THE NAVY  
NAVAL DENTAL CENTER SOUTHWEST  
2310 CRAVEN ST.  
SAN DIEGO, CALIFORNIA 92136-5596

NDCSWINST 6600.10C CH-1  
01PAC  
13 Jan 99

NAVDENCEN SOUTHWEST INSTRUCTION 6600.10C CHANGE TRANSMITTAL 1

Subj: INFECTION CONTROL PROGRAM

Encl: (1) Revised pages 4-2 and 4-3

1. Purpose. To transmit new pages 4-2 and 4-3, with revised infection control procedures for civilian employees.
2. Action. Remove pages 4-2 and 4-3 of the basic instruction and insert enclosure (1).
3. Annotate CH-1 in the upper right hand corner of the basic instruction, date and file.

  
D. D. WOOFTER

Dist:  
List 1, Case 1, 2

5. Action

a. Directors, Branch Dental Clinics.

(1) Ensure diagnostic and treatment procedures prescribed by the medical officer are followed. This includes a review of the medical record and history of the source patient to assess the likelihood of HIV and/or HBV infection. Also, to make sure both the source patient and the health care provider are tested for HIV and hepatitis B surface antigen (HBsAg).

(2) Ensure personnel subjected to needle stick or mucosal exposure to blood or (R) body fluids are reported, diagnosed, and when indicated, treated. Military, GS, and contract civilian personnel will be required to report to the nearest branch medical clinic Occupational Health department for appropriate treatment.

b. Infection Control Officer and Command Safety Manager.

(1) The Infection Control Officer will provide education and training on risks, prevention and management of needle stick and mucosal exposure to blood and body fluids as requested by medical personnel and as outlined in this instruction. The Infection Control Officer will also provide training on the Navy's Tuberculosis (TB) Policy.

(2) Upon receipt of a Supervisor's Mishap Report, the Command's Safety Manager will ensure corrective action is implemented and followed through.

c. Medical Acute Care Area Management Protocol.

(1) The exposed individual, and the source patient (if available), shall report to medical within one hour after the exposure occurred. The physician or health care provider (HCP) responsible shall review the medical record and case history of the source patient in order to assess the likelihood of HIV and/or HBV infection.

(2) Initial Laboratory Studies. The patient will be tested for HIV and hepatitis B surface antigen (HBsAg) (with informed consent). The consult for HIV testing (HIV Serology Request Chit, NHSD 6320/2), shall be clearly labeled "needle-stick injury – process immediately" and the "24-hour result needed (call 532-8825)" box checked. In the event that the source patient is known to be HIV seropositive, the exposed individual will be referred immediately (within one hour after exposure) to the infectious disease division of the Naval Medical Center, San Diego, for evaluation and to expedite obtaining test results.

(3) Section 6. below is to be utilized as the treatment protocol algorithm. Treatment protocol algorithm summary:

(a) Hepatitis B Prophylaxis. The hepatitis B immune status of the HCP will be assessed with an HBsAg and an Anti-HBs ran to determine whether he/she has had a subclinical case of hepatitis B. This is necessary since 80 percent of the hepatitis B cases are subclinical. If the health care worker is positive for either the HBsAg or anti-HBs, no further treatment is necessary, besides scrubbing the exposed site with an anti-microbial disinfectant. If both these tests are negative and the source patient is HBsAg positive, and if the HCP was not previously vaccinated against hepatitis B, the series will be started immediately (Recombivax 10mcg/1.0 cc I.M. in deltoid day 0, month one, and month six). Hepatitis B immune globulin (HBIG) will also be given to the HCP in the event the source patient is HBsAg positive (0.06 ml/kg I.M. within seven days of exposure). Immune serum globulin can be optionally given to prevent non A-non B hepatitis (0.06 ml/kg I.M.) as soon as possible after exposure.

(b) The risk of contracting HIV from a needle stick is low. The estimated risk is 1:200 to 1:250. There is a higher risk if a volume of blood or blood products is injected at the time of the sharp exposure. However, there is a need to be concerned. The patient needs to have an evaluation by medical for HIV. The infectious disease division will review cases thought to be at significant risk for HIV transmission, in order to determine the potential use of zidovudine prophylaxis, which has been recommended by some for this situation. However, AZT prophylaxis has not been proven to be efficacious. The use of AZT in seronegative individuals remains controversial, and AZT has caused cancers in laboratory animals. The recommended HIV testing to be performed on the HCP will be at time of exposure, six weeks, 12 weeks, six months or unless more frequent testing is clinically indicated (annual testing for HIV is a requirement for active duty personnel). The subsequent development of a mononucleosis-like illness or aseptic meningitis shall be an indication for an infectious disease consultation. Individuals who have been exposed to HIV or hepatitis B infected materials are advised to adhere to the Center for Disease Control (CDC) recommendations including "safer sex" to minimize the potential for transmission to others for a period of approximately six months. There are very few documented cases of seroconversion or infection at a period of time longer than six months.

6. Algorithm for Needle Stick or Mucosal Exposure to Blood or Body Fluid. In the event of a needle stick, the following medical procedures will be completed:

a. All patients must:

(1) Clean the wound.

(2) Administer tetanus prophylaxis if immunization is not current.