DETAINEE HOSPITAL GUANTANAMO BAY, CUBA

Title: INFECTION CONTROL

SOP NO: 021

Page 1 of 4 Effective Date:

SCOPE: Detention Hospital

Reference: (a) NAVHOSPGTMO Infection Control Manual

\\nh-gtmo-app\public\Fh20-Riggs\Working SOPs\SOP Enclosures and

Attachments\SOP 021 Encl A.doc (b) NAVHOSPGTMOINST 6280.1

I. BACKGROUND:

As with other medical facilities, infection control practices exist to protect both the health care worker and the patient from contracting infectious disease. In that regard, infection control policies shall be no different than those outlined in reference (a). However, given the uniqueness of the mission, certain measures need be addressed. Detainees are native to a region plagued by a number of infectious diseases. It is estimated that a number of these detainees will carry one or more of these illnesses upon arrival.

II. POLICY:

Diagnosis, treatment, and prevention of these diseases will be conducted. Operating procedures outlined in reference (a) will be followed where applicable. Infectious waste will be handled in accordance with reference (b).

III. RESPONSIBILITY:

The medical officer-in-charge (MOIC) under the advisement of the public health officer and infectious disease consultant will coordinate this effort. Specifically, the MOIC is responsible for diagnosis and treatment as well as recommending measures for isolation of patients and force health protection. The public health officer is responsible for disease reporting, sanitation, and vector control as well as recommending methods of isolation and requirements for force health protection.

IV. PROCEDURE:

An immunization policy will exist and be continually evaluated. Td and TIG will be given when appropriate per the tetanus prophylaxis protocol. Empiric therapies will include: albendazole 400 mg, mefloquine 1250 mg.

Medical Event Reporting: Reportable medical events will be forwarded to the JTF GTMO Preventive Medicine Officer. Infectious waste, sharps, linens, and disinfecting procedures will be managed per references (a) and (b).

<u>Infection Control Precautions</u>: Standard precautions will be followed for all patients. In addition, until detainees are felt to be free of fecal contamination, skin infestation, and breaks in skin integrity, gloves will be worn. Transmission-based precautions will be used where appropriate.

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Body Fluid Exposures Exposure of JTF personnel to blood or body fluids of detainees should be handled as per reference (a). (b)(2)
reference (a). (D)(2)

Exposure Control Program: (b)(2)

All staff should be immunized

against hepatitis B in addition to standard deployment immunizations.

Tuberculosis: Detainees will wear a surgical mask until cleared to remove it by the medical provider performing the in-processing examination. Detainees with highly suspicious chest x-rays or detainees exhibiting signs and symptoms suggestive of tuberculosis will be evaluated early and isolated from the remainder of the detainees. Multiple cases of pulmonary tuberculosis will be confined in one cellblock area and separated from other non-infected individuals. Outdoor air circulation and UV light will reduce communicability. Treatment will begin immediately with a 4-drug regimen if active disease is confirmed. All health care workers will have access to a N-95 respirator to be used when dealing with highly suspicious or confirmed cases when the patient is not masked. Security personnel will be fitted as needed. Masks need not be worn by staff unless coming into close, personal contact with the detainee FOLLOW THE TUBERCULOSIS CONTROL SOP IN THIS BINDER FOR SPECIFIC ALGORITHM PROTOCOLS.

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STANDARD OPERATING PROCEDURES

Detention Hospital Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:			
Officer In Charge	 Date		
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IMPLEMENTED BY:			
Director for Administration	Date		
Senior Enlisted Advisor	Date		
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