

The Rapid Pulse

May 2004

Faces and
Places

WELCOME

The Director's Perspective

By Dr. Eugene Migliaccio

In this installment of *The Rapid Pulse*, I want to highlight our new facility in Tacoma, Washington, which recently held an Open House on April 22.

A team of four Commissioned Officers was TDYed to assist in getting the Tacoma facility up and running. All equipment and supplies were assembled, distributed and installed in each of the facility sections. The sections include infirmary, isolation rooms, medical segregation rooms, pharmacy, urgent care rooms, treatment rooms, intake and mental health rooms, medical records and administrative offices. All clinical equipment was mounted and tested to ensure its readiness for use. The facility was cleaned and inspected in preparation for the Open House.

The opening ceremony was held, along with a lunch, and tours of the facility were provided to several groups. There were many distinguished individuals in attendance at the opening ceremony, including representatives from our client, the Bureau of Immigration and Customs Enforcement (ICE), as well as the Tacoma Pierce County Health Department, the Federal Protection Service,

Tacoma Fire Department, Northwest Immigrant Rights Project, among a host of others.

The team was also extremely grateful for the valuable support that ICE, as well as the American Correctional Association, provided to us.

As many of you are aware, opening a brand new facility is no easy task for any organization. However, the task is made easier when you have a group of dedicated and enthusiastic individuals overseeing the details, and I'm proud to say DIHS was fortunate to have such a group. I want to thank everyone who was involved in the start up of the Tacoma facility.

I want to thank CAPT Denise Williams for assuming the role of HSA at Tacoma, accepting a Permanent Change of Station. And to the new staff at Tacoma, I welcome you aboard and look forward to many successes and accomplishments for your facility.

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Elizabeth, NJ:

Peying Pan

Tacoma, WA:

Nicole Dakin
Ramona Dejesus
Barbara Cook
Ruby Sakovich
Ardell Riddick
Cheryl Anderson
Benford Bennett
Margaret Vailencour
Ken Burmaz
Kelly Moody
Leslie Sandusky
Amy Tennent
CDR Mike Tartaglia
CDR James Good

Washington, DC:

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FAREWELL

Florence, AZ:

CDR Luis Rodriguez

Washington, DC:

Ed Sheppard
Barbara Horn
DeWayne Jones

Our Mission:

We protect America by providing health care and public health services in support of immigration law enforcement.

Infection Control is Everyone's Job

By Dr. Sara B. Newman
and
Dr. Diana L. Schneider

All of our medical facilities have a designated Infection Control Officer (ICO) to provide the necessary leadership in infection control. The role of the ICO is critical and the job is substantial.

For example, some of the activities you might find your ICO engaged in include establishing and enforcing policies that reduce transmission of infectious disease among detainees, staff and visitors to their facility; monitoring cleaning and hygiene practices among staff; conducting training for staff and/or detainees on infection control; tracking infectious diseases; following unusual disease patterns for intervention; undertaking contact investigations; interfacing with local health departments; tracking employee immunization and health; facilitating continuity of care for TB patients released into the community or deported, and much more!

It seems like a full time job, doesn't it? But it isn't. Our ICOs must juggle the infection control duties along with their clinical duties. But this is not impossible, and it shouldn't be. That's because infection control should not be the sole responsibility of our ICOs.

While our ICOs provide leadership

and guidance in infection control, reducing the transmission of infectious diseases in our facilities is a team effort and requires the participation of all of our clinical staff including the physicians, mid-levels, RNs, LPNs/LVNs, dentists and dental assistants. All clinical staff should take part in ensuring that infection control policy is adhered to.

Some of the important measures our clinicians must take to reduce the spread of infections among patients and to protect themselves include wearing personal protective equipment, cleaning up spills with appropriate disinfectants, and ensuring equipment and devices are cleaned appropriately. Some of the most simple infection control measures are the most important.

For example, following good hand hygiene practice is the single most effective measure for preventing infection and cross contamination. All of our clinicians should wash their hands with soap for at least 15 seconds and rinse with water or use alcohol-based gels before and after each patient encounter. In fact one of our DIHS nurses let us know that a single verse of "Yankee Doodle Dandee" is all it takes to ensure sufficient washing time!

You may notice that the performance improvement committee, safety officers and especially our infection control officers are going to pay increasing attention to infection control. It is a number one priority for JCAHO and the other accrediting

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Our Spirit:

We add dignity to a necessary process of alien detention, serving without fanfare at the forefront of public health protection for the American populace.

Hygiene— from Page 2

bodies. Hand hygiene practices and documented monitoring of hand washing will be the focus of attention for accreditation reviewers.

At the Joint Commission's 2004 National Conference on Infection Control, conference presenters clearly communicated that infection control should be a "top priority" of leadership in health care facilities. It requires a "multi-faceted approach, a commitment of resources and most importantly should be integrated into the work of all practitioners in facilities."



JCAHO will look closely to determine whether or not everyone in the organization is knowledgeable about infection control policy and procedures, and follows good infection control. Here are some questions you may want to think about.

1. Do staff follow optimal hand hygiene practice in your facility? How will you demonstrate this to accreditation reviewers? (Do you have reminders up for staff? Can you provide the data to show that staff always wash hands as appropriate? Are hand cleaning materials accessible to staff)?

2. Can staff describe the procedure for cleaning blood spills?
3. Do staff know relevant procedures for isolation practices?
4. Can staff verbalize or demonstrate fit checking of N95 respirator masks?
5. Are sterile supplies stored separately from cleaning supplies?

These are questions that all staff in our sites should be able to answer. If you do not know the answers to any of these questions now, you will know them soon.

The ICOs will do their part, providing necessary training and education to staff and establishing and enforcing infection control policy and practices, but they cannot reduce the transmission of infection single handedly.

Everyone needs to be a leader in infection control. The ICO simply cannot do it alone. If they do, not only is our accreditation is at risk, but so is the health and safety of our staff and patients.

Accreditation Corner

Congratulations to the Florence SPC on successful completion of the Joint Commission on Accreditation of Health Care Organizations (JCAHO) accreditation, and to the Elizabeth SPC on successful completion of the National Commission on Correctional Health Care (NCCHC) accreditation.

DIHS In Pictures– Opening the Tacoma Facility



Dr. Migliaccio presents Barbara with a plaque in recognition of her service.

Congratulations to Mrs. Barbara Horn on her retirement!

Barbara left DIHS on April 30, 2004 after 33 years of extraordinary service in the federal government.