


Infection Control Manual		
	Policy Name	Medical Engineering
	Policy Number	IC 0036
	Date this Version Effective	August 2017
	Responsible for Content	Hospital Epidemiology

I. Description

Describes the practices followed by Medical Engineering to reduce infection risk associated with medical equipment.

II. Rationale

Medical Engineering is responsible for ensuring that patient-care equipment functions safely and effectively. Medical Engineering personnel service equipment such as ventilators, infusion pumps, pressure monitors and many other medical devices. Some equipment may have direct contact with patients' body fluids. The equipment may be serviced in the Medical Engineering Department or personnel may work directly on the patient-care unit. At times, Medical Engineering personnel may need to enter a patient's room while the patient is present. Careful attention to infection prevention guidelines can reduce the risk of disease transmission.

III. Policy

A. Personnel

1. Personnel should adhere to guidelines established by the Occupational Health Service (OHS). Please refer to the complete [Occupational Health Service Infection Control Policy](#) located on the UNC Health Care Intranet.
 - a. Personnel who enter patient rooms must be familiar with the placement and meaning of UNC Health Care System's isolation precautions signs. Medical Engineering personnel who enter an isolation room must follow the guidelines provided on the isolation sign. Nursing personnel can assist in assuring that the proper protective attire is available and worn appropriately. An Infection Preventionist may be consulted if needed. The complete [Isolation Precautions Infection Control Policy](#) is available on the UNC Health Care Intranet as a resource for detailed guidelines.
 - b. Standard Precautions are followed for all patients. Personnel should be familiar with and follow the [Exposure Control Plan for Bloodborne Pathogens](#) and the [Tuberculosis Control Plan](#).
 - c. Medical Engineering personnel should not enter the room of any patient on airborne precautions unless they have been fit tested within the last year.
 - d. Drinking, eating, applying lip balm and handling contact lenses are prohibited in areas where there is potential for blood and other potentially infectious materials exposure.
 - e. Hand hygiene should be performed with an approved antimicrobial agent (e.g., 2% chlorhexidine gluconate, alcohol-based hand rub) before entering and when exiting a patient room. An alcohol-based hand rub may be used if hands are not visibly soiled or contaminated with proteinaceous material or visibly soiled with blood or body fluids. When exiting room of patients on enteric contact precautions, hand hygiene must be done using antimicrobial soap and water. Please refer to the complete [Hand Hygiene policy](#) located on the UNC Health Care intranet.
 - f. Personal protective equipment must be worn (e.g., gloves, protective eyewear, mask, gown) as needed when working with equipment that is contaminated with blood or other potentially infectious materials.

- g. Infection control education (e.g., OSHA Bloodborne Pathogen and Tuberculosis training) is provided initially upon employment and annually via Learning Made Simple (LMS).

B. Equipment

1. Medical Engineering is not responsible for cleaning equipment. All equipment must be cleaned and decontaminated by the user prior to sending for routine service or repair. Medical Engineering will not accept equipment that has not been cleaned.
2. When the equipment needs to be serviced on the patient-care area, it must be cleaned and decontaminated prior to requesting service by Medical Engineering personnel.
3. Equipment that may have internal contamination with blood or other potentially infectious materials and cannot be accessed for decontamination must be labeled with a BIOHAZARD tag. The tag must state the area of suspected contamination. This alerts Medical Engineering of the need to take precautions when performing the work. Consultation with Infection Control is available as needed.

C. Implementation

It is the responsibility of the Director of Medical Engineering and his/her designee to implement this policy.

III. Reviewed/Approved by

Hospital Infection Control Committee

IV. Original Policy Date and Revisions

Revised on Apr 2004, Sept 2005, Sept 2008, July 2011, Aug 2014, Aug 2017