


Infection Control Manual		
	Policy Name	Radiological Services
	Policy Number	IC 0052
	Date this Version Effective	January 2018
	Responsible for Content	Hospital Epidemiology

I. Description

Describes guidelines to minimize the risk for transmission of infection among patients and personnel in Radiology areas.

Table of Contents

I. Description.....	1
II. Rationale.....	1
III. Policy.....	1
A. Personnel.....	1
B. Patients.....	2
C. Equipment.....	3
D. Invasive Radiology Procedures (e.g., Fluoroscopy, Myelogram, CT Scan, Ultrasound Image-Guided Biopsies).....	3
E. Isolation Precautions Reminders.....	5
F. Environmental Cleaning.....	5
G. Implementation and Monitoring.....	6
IV. Reviewed/Approved by.....	6
V. Original Policy Date and Revisions.....	6

II. Rationale

Radiology provides a wide variety of diagnostic procedures for patients, including those with transmissible infections and diseases. Strict adherence to infection prevention policies and procedures can reduce the risk of disease transmission to both patients and personnel.

III. Policy

A. Personnel

- Healthcare personnel must adhere to guidelines found in the “Infection Control Policy: Infection Control and Screening Program: Occupational Health Services IC0040”.
- Healthcare personnel must adhere to the “Infection Control Policy: Isolation Precautions Policy IC0031”.
- Personnel must adhere to the “Infection Control Policy: Exposure Control Plan for Bloodborne Pathogens IC0021” and the “Infection Control Policy: Tuberculosis Control Plan IC0060”.
- Personnel should adhere to all personnel guidelines in the “Infection Control Policy: Infection Control Guidelines for Adult and Pediatric Inpatient Care IC0030”.
- Hand hygiene will be performed in accordance with the “Infection Control Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation IC0024”.
- Infection control education, including OSHA-required education for bloodborne pathogens and TB, is completed annually via LMS.
- Personnel must be familiar with the “Exposure Control Plan for Bloodborne Pathogens Policy” and report all needlestick/sharps, mucous membrane, and nonintact skin exposures

from blood and other potentially infectious materials to the OHS by calling the **Needlestick Hotline at 984-974-4480**. University employees should report the exposure to University Employee Health Service at 966-9119.

8. When performing radiological procedures in the Operating Room, the OR dress code and Operating Room policies will be followed.
9. There will be periodic review/founds to assess compliance with established infection control policies and procedures.

B. Patients

1. Procedures should be scheduled in a manner so there is minimum patient waiting time in the department. Whenever possible, elective radiological procedures on patients with communicable diseases should be deferred until the patient is no longer infectious.
2. Patients on Isolation Precautions should be transported to the Radiology Department only when absolutely essential. If patients on Isolation Precautions must have a radiological procedure performed in the Radiology Department, they should be scheduled at a time when activity is at a minimum to prevent contact with others, and the waiting time be kept to an absolute minimum.
3. The area to which the patient is to be taken must be notified by the requesting unit of the isolation precautions status prior to the patient's arrival. The department will minimize the waiting time and follow guidelines to prevent the spread of infection. If appropriate, patients should be alerted by the nursing unit staff to the potential spread of their disease and informed as to how they can assist in maintaining a barrier against the transmission of the infection to others. Waiting room areas will be monitored by all staff for patients with signs or symptoms of communicable diseases (e.g., coughing, sneezing, vesicular lesions), and whenever possible, these patients will be moved to private areas. For patients with signs of respiratory illness, refer to the "Ambulatory Care Infection Control Policy" for details of respiratory etiquette.
4. In Nuclear Medicine, when the patient is to receive radioactive-tagged blood cells, the following is to occur :
 - a. The technologist goes to the patient's room, verifies the patient's name and medical record number with the patient's nurse present, draws the blood and transports the specimen to the Nuclear Medicine lab via a tray.
 - b. The blood is then tagged with a radioactive material under a laminar-flow hood in the Nuclear Medicine Laboratory following Nuclear Medicine Pharmacy Protocols.
 - c. Upon completion, the radioactive-tagged blood is transported to the patient's room in an appropriately shielded container. Prior to the administration of the blood, the patient's name and medical record number are verified by the technologist and the patient's nurse simultaneously. The technologist who withdrew the blood must also perform the reinjection.
 - d. When the radioactive-tagged blood has been administered to the patient, the empty syringe is then transported back to the Nuclear Medicine Lab for disposal using an appropriately shielded container.
 - e. The box used to transport radioactive-tagged blood must have an affixed biohazard label. The interior and exterior of the box must be disinfected with an EPA registered hospital disinfectant before and after it is used to carry a blood sample.
 - f. Countertops, workspaces and equipment in the Nuclear Medicine Radiopharmacy should be cleaned daily, when visibly soiled or when known to be contaminated with an

EPA registered hospital disinfectant detergent following Nuclear Medicine Pharmacy Protocols.

C. Equipment

Equipment should be cleaned with a hospital approved EPA registered disinfectant detergent (e.g. SaniCloth, Metrigard).

1. All portable radiological equipment will be cleaned on a routine basis (e.g. weekly), when obviously soiled, or after being used in a Contact Precautions room. For patients on Enteric Contact Precautions, cleaning should be done with bleach wipes or 1:10 bleach solution after use.
2. All radiological equipment must be cleaned after every procedure in operating room.
3. Equipment/products labeled for single-use will not be reused.
4. Reusable equipment going to CPD for sterilization should be cleaned or decontaminated so that all visible organic soil (blood, proteinaceous matter, debris, etc.) is removed prior to being placed in the CPD container. This prepares the item for safe handling and for subsequent disinfection or sterilization. Wear gloves and use extreme caution to prevent sharps injury. If splash or splatter is likely, wear appropriate protective equipment (gown, eyewear/mask, or face shield).
5. Treatment tables are to be cleaned after each use. Tables and countertops should be cleaned at the end of the day or when visibly soiled. Radiology equipment (scanners, x-ray machine, etc.) should be cleaned weekly or when visibly soiled.
6. Lead aprons should be cleaned monthly, when visibly soiled, and after use on a patient requiring Contact Precautions/Enteric Contact Precautions (if worn without a cover gown).
7. All portable x-ray cassettes and grid covers are to be covered with a disposable, clear plastic cassette cover to prevent contamination.
8. Suction canisters and their tubing are changed after each patient use.
9. Bottles containing ultrasound gel should not be refilled or topped off. Once empty, the container should be discarded. Refer to the "Infection Control Guidelines for Adult and Pediatric Inpatient Care" policy.
10. Upon completion of a vaginal or rectal ultrasound, the ultrasound probe must be high-level disinfected (HLD) following the "Cleaning, Disinfection, and Sterilization of Patient Care Items".
 - a. When HLD is achieved with the Trophon device, manufacturer's instructions for use must be followed.
11. HLD activities require demonstrated competency upon hire and annually. Competency form may be found in the "Cleaning, Disinfection, and Sterilization of Patient Care Items policy", appendix 4.

D. Invasive Radiology Procedures (e.g., Fluoroscopy, Myelogram, CT Scan, Ultrasound Image-Guided Biopsies)

Procedure teams consist of professional personnel who carry out the procedure and technologists assisting them. There are generally two physicians, one technologist and one Radiology nurse involved in the performance of all invasive procedures.

1. Dress code Upon entering the procedure room, personnel must wear clean apparel. Hair on the head and face must be fully covered to prevent shedding of hair and squamous cells. Large sideburns and ponytails must be covered or contained. Disposable bouffant and hood

style covers will be provided. Bald and shaved heads must be covered to prevent shedding of squamous cells. Personally-owned cloth caps are permitted. Personal head coverings must not be worn for more than one day without laundering. Personal head coverings soiled with blood or OPIM must be discarded and must not be taken home for laundering. **Surgical masks should be worn when performing a myelogram.**

2. Hand Hygiene Hand hygiene with a designated antimicrobial agent (e.g., CHG, alcohol-based hand rub) should be performed before and after caring for any patient in the procedure area regardless if gloves are worn or not.
3. Observers All personnel not included above in the procedure team description will be considered observers and should adhere to the same dress code and hand hygiene practices as outlined above. These will include consultants, students and others approved to watch procedures. Movement in and out of the room should be kept at a minimum. Doors must remain closed to the procedure room when at all possible.
4. Patients' Dress Patients entering the procedure room should be dressed in clean attire such as a clean hospital gown or other hospital attire (e.g. pajamas). For certain procedures or injections, the physician may allow the patient to wear their personal clothing into the procedure area.
5. Skin preparation and drape Skin preparation of the procedure site will be performed using aseptic technique. Two percent CHG and alcohol (Chloraprep) is the preferred antiseptic agent for skin preparation. Tincture of iodine 1% - 2%, iodophors or 70% alcohol may be used. Sterile towels will be used to isolate the site. The patient will then be covered with the exception of prepared areas, using sterile sheets.
6. Instrument Control All opened reusable instruments and supplies regardless if they are used or not during the case must be properly reprocessed before re-use. Refer to the Infection Control Policy: "Cleaning, Disinfection, and Sterilization of Patient-Care Items". While a case is in progress in the procedure room, the instrument tables with open instruments should be considered "off limits" to personnel not scrubbed in for the procedure. Single-use devices/supplies may not be reprocessed.
7. Equipment
 - a. Sterile Tray A sterile tray appropriate for the procedure will be set up by the technologist. A sterile drape covers the tray. A sterile field should be prepared as close as possible to the time of use.
 - b. Transducers Disposable transducers are used frequently in the Radiology Department. Perform hand hygiene with an antimicrobial product before handling the transducer. During the procedure the transducer will be covered with a sterile drape. After the procedure the reusable cable will be wiped with alcohol or an EPA-registered hospital disinfectant (e.g., Sani-Cloth).
 - c. IV Fluids/Contrast Media All IV fluids and connectors will be newly opened for each case using the closed system in the special procedures rooms. The sterile contrast used during procedures may be drawn from sterile bowls on the sterile instrument table.
 - d. Medications Aseptic technique must be used when entering medication vials. Vials should be handled with clean hands or clean gloves. Cleanse the rubber diaphragm of the medication vial with alcohol before withdrawing contents of vial. Use a new sterile syringe with a new needle for each access. Single use medication vials must be discarded immediately after initial use. For multi-dose vials, refer to the Administrative Policy: "Medication Management: Use of Multi-Dose Vials in Acute Care and Ambulatory Care Environments."

8. Disposable Supplies

- a. All needles and syringes used in the procedure areas will be discarded in the designated needle disposal container. When 3/4 full, this container will be closed and placed in a red contaminated waste bag for incineration. Engineering controls to minimize the risk of sharps injury will be utilized in accordance with the "Exposure Control Plan for Bloodborne Pathogens".
- b. Any disposable supplies used in the procedure should be disposed of in the regular trash bags (i.e., catheters, plastic tubing, empty IV bags). Gloves should be worn during this procedure.

9. Blood and Blood Products

Small volumes (<20ml) of blood and blood products must be disposed of in a trash receptacle, hopper or toilet. Bulk volumes (>20 ml) of blood or blood products must be discarded by carefully pouring into the hopper or toilet using appropriate PPE. All bulk blood and blood product containers (bags and bottles), as well as IV tubing, should be emptied and placed in regular trash receptacle. Bulk blood, >20cc, which cannot be safely emptied (e.g., pleurevacs, evacuated containers, hemovacs) should be placed in the regulated medical waste container (red bag waste) for incineration.

E. Isolation Precautions Reminders

1. Personnel are responsible for following the Infection Control Policy: "Isolation Precautions." For patients with known or suspected TB refer to the "Tuberculosis Control Plan." Contact Hospital Epidemiology for questions regarding management of patients on isolation.
2. For all patients on Isolation Precautions, cassettes, grids and positioning equipment should be placed in plastic bags before placed in contact with the patient **and cleaned with an EPA-registered disinfectant after use.**

For Portable Procedures

3. Upon completion of the procedure, the cover should be removed before placing the equipment into the portable machine. This can be done by opening the compartment, sliding the cassette out of the bag and into the compartment, and then closing it with a gloved hand, discard the plastic cover while inside the patient's room.
4. Remove and discard in the regular trash in the patient's room all personal protective equipment including the cover used for the procedure. Perform hand hygiene before leaving the patient's room.
5. After use in the room of a patient on Contact Precautions/Enteric Contact Precautions, the machine is moved into the hallway and cleaned. The parts of the portable x-ray machine that have been touched by the tech or patient or may have come into contact with contaminated items in the room will be cleaned. Using a new pair of gloves, wipe down the portable machine, taking care to include the control pad, hand held device, and push bar, as well as the compartment handle. After removal of gloves, immediately perform hand hygiene.
6. Portable radiography equipment must be cleaned before entering the room of a patient on Protective Precautions. Note: If the patient is on both Protective Precautions and Contact Precautions, then the portable radiography equipment must be disinfected both before entering the room and after leaving the room.

F. Environmental Cleaning

1. Cleaning and Maintenance: Cleaning is performed with an EPA registered disinfectant detergent. The radiographic table and other equipment touched by the patient is cleaned

between cases, countertops and workspaces are cleaned daily and other equipment within the procedure room is cleaned at least weekly. EVS is responsible for changing trash and linen bags at the end of the day and more often if necessary. Sinks and countertops are cleaned by EVS daily and the floor cleaned and mopped at the end of the day. Blood spills should be promptly cleaned.

2. Air Control: The procedure rooms will be maintained at positive pressure with respect to the corridors. All doors will be kept closed during procedures, and personnel traffic limited to those who work in the area.

G. Implementation and Monitoring

The responsibility for both the implementation and monitoring of this policy belongs to the Medical Director, the Section Chiefs, as well as the Administrative Director of Radiological Services. New staff will be instructed in the method of compliance to this policy. The technical supervisor, Patient Services Manager I, Patient Services Manager III, and chief technologists serve with the Director as monitors.

IV. Reviewed/Approved by

Hospital Infection Control Committee

V. Original Policy Date and Revisions

Revised on May 2005, Aug 2007, Aug 2010, Aug 2013, Aug 2016, Jan 2018_{rev}