

Breast Imaging
Department of Radiology

INFECTION CONTROL GUIDELINES

I. PERSONNEL

- A. All personnel shall practice good personal hygiene. Refer to IC Policy 2.0: Hand Hygiene.
- B. If uniform becomes contaminated, employee will change into another uniform immediately and place contaminated clothing in plastic bag and send to the Laundry. At no time will an employee wear contaminated clothing off the premises. Refer to IC Policy 5.0: Care of Personal Soiled with Patient's Blood/Body Fluids.
- C. Occupational Health Guidelines are followed. All new employees are initially evaluated by the Occupational Health Clinic. Annual evaluations are required thereafter. All employees are urged to keep immunizations current. Supervisors should promptly schedule all employees with OHC for evaluation; immunization or follow-up as appropriate.
- D. Employees will not work if they are known or suspected of having a communicable disease.
- E. Standard precautions must be observed at all times.
- F. Personal Protective Equipment (PPE) including splash proof gown, goggles, and gloves are available in each exam room for use if splashing/contamination of body fluids is a possibility.

II. PATIENT ASSESSMENT

- A. All patients are assessed upon arrival at the reception desk in Breast Imaging. If assessment indicates an infectious process, the patient is placed in a private exam room and seen immediately.
- B. Special procedure patients are reassessed during and following procedure. Patients are instructed not to remove the bandage or touch the wire for localization. Core biopsy patients are given home care instructions with additional bandages upon discharge.

III. HANDWASHING

- A. Refer to IC Policy 2.0: Hand Hygiene.
- B. Routine patient contact: For routine patient care, hand washing for 15-20 seconds with soap and water before and after contact with any patient is recommended.

- C. Invasive procedures: Antiseptics are used before performing any invasive procedure. Hands are scrubbed using Hibiclens (chlorhexidine gluconate) surgical scrub for six minutes or Iodophor for five minutes.

IV. PATIENT SKIN PREPARATION (Refer to IC Policy 22:0 Skin Preparation for Invasive Procedures)

- A. Recommendation procedure for Invasive Procedure (In order of recommendation)
 - 1. Chlorhexidine Prep
 - a. Used full strength and not diluted.
 - b. Apply scrub to the operative site using standard surgical prepping technique.
 - c. Scrub thoroughly for three minutes.
 - d. Whip off all surgical scrub with sterile sponge.
 - e. Repeat above procedure.
 - f. Wipe dry with sterile sponge.
 - 2. Chloraprep One Step
 - a. Assure skin is thoroughly clean. Pinch wings on applicator to break ampul. Do not touch the sponge. Wet the sponge by repeatedly pressing and releasing the sponge against the treatment area until liquid is visible on the skin.
 - b. Dry surgical sites (such as abdomen): Starting at the site of incision or puncture, apply the antiseptic using concentric circles, working outward, making certain that the entire prepared area is completely wet. Allow the area to dry completely, approximately 2 minutes. Do not blot or wipe off.
 - c. Moist surgical sites (such as the inguinal fold): Starting at the site of incision or puncture, apply the antiseptic using concentric circles, working outward, making certain that the entire prepped area is completely wet for two minutes. Allow the area to completely dry, approximately one minute. Do not blot or wipe away.
 - d. Discard the applicator after a single use. Do not use a single applicator to prep multiple sites, such as bilateral groin biopsies or bilateral breast biopsies.
 - e. The maximum treatment area for one applicator is approximately 130 cm² (about 4" x 5"). Multiple applicators may be used for larger prep area.
 - 3. Iodophor Prep
 - a. Scrub with iodophor scrub for five minutes developing lather.
 - b. Rinse with sterile water and pat dry with sterile sponge.
 - c. Paint with iodophor solution and allow to dry. Do not wipe off.
 - 4. Gloves

- a. Gloves are worn when it is anticipated that personnel may have contact with blood and/or body fluids, other potentially infectious materials, mucous membranes and non-intact skin.
- b. Gloves are worn when performing vascular-access procedures and when handling contaminated items and specimens.

V. EQUIPMENT

A. Processing of equipment

1. Disposable items are used once and discarded. They are NOT reused. Refer to IC Policy 7.1: Reuse of Disposable Items and Equipment.
2. Medication vials are initialed when opened and discarded as appropriate.
2. Reusable items are sent to Central Medical Supply for cleaning and processing after each use. The trays used for special procedures are sent to Central after each use. These items are not cleaned in the department. This would include the gel used for ultrasound. Gel containers are returned to Central for cleaning and processing before being refilled. Personnel are to wear gloves when refilling the containers with gel.
3. X-ray and Ultrasound equipment that touch the patient are cleaned thoroughly with hospital approved (T-Spray) disinfectant between patient use.
4. Open Wounds: When possible, avoid placing ultrasound transducer in an open wound. If unavoidable, cover the transducer with a disposable latex-free cover. The integrity of the cover is inspected prior to use. When the integrity of the cover is compromised and/or the transducer becomes contaminated, it will be process using the Glutaraldehyde (Cidex) process below. When ultrasound exam is finished, clean thoroughly with instrument cleaner (alconox, etc.) rinsed and dried. Probe is soaked in Glutaraldehyde (Cidex), 2.4% for 45 minutes. This is available for use in the Ultrasound Department.
 - a. Processing with Glutaraldehyde (Cidex)
 1. Personal protective equipment (gloves, gown, eyewear, mask).
 2. Glutaraldehyde is kept in a controlled area. Containers are kept covered to prevent the fumes from disseminating into the air. The room should have at least 10 air exchanges.
 3. The door to the processing room is kept closed at all times.
 4. Used instruments are cleaned thoroughly with instrument clearer solution, rinsed and dried. Hands are washed between the decontamination stage and the disinfectant stage.
 5. The instrument is soaked 45 minutes in Cidex, 2.4%.
 6. Glutaraldehyde is tested daily before placement of instruments using test strips with results recorded in a logbook.
 7. The dry instrument is stored in a clean dry area.
 8. Glutaraldehyde is discarded in the appropriate container every 14 days or sooner if solution becomes diluted or soiled.
 9. Discard date is placed on disinfectant containers when opened at the time of initial use.

10. Safety office is responsible for cleaning up any spills of Cidex.
5. Digital Mammography Room
 - a. Equipment Cleaning and Disinfection
 1. The hospital approved disinfectant is to be used for the mammography equipment that comes in contact with the patient. This is done after each patient and/or use of equipment.
 2. This is sprayed on the gauze wipe and is not sprayed directly onto the grid/receptor. Liquids should be avoided on this receptor to prevent moisture from penetrating the cover.

VI. SPECIFIC INFECTION CONTROL PROCEDURES FOR BREAST IMAGING

A. Invasive Procedures

1. An appropriate skin preparation is performed prior to any invasive procedure. Refer to IC. 22.0
2. ~~A thorough handwashing with an antiseptic.~~ Refer to IC 2.0 Hand Hygiene
3. Sterile gloves are worn after the surgical scrub.
4. Attire consists of appropriate PPE (gloves, gown, and mask).
5. Set up for sterile field includes checking all sterile packages for damage, date, and supplies. This field is supervised and protected for sterility.
6. Sterile drapes are used for all procedures.
7. Needle directed biopsy sites have Neosporin ointment applied and covered by sterile gauze and bandage.
8. Core biopsy sites have Neosporin ointment and Band-Aid applied before discharge.
9. If ultrasound procedure is performed, sterile gel is used throughout the procedures and care is taken that only sterile personnel handle the transducer.
10. After the procedure all equipment used is cleaned with hospital disinfectant.

B. Isolation Procedures

1. Standard precautions are used for all patients. Masks are available in each exam room.
2. When a patient requiring isolation arrives in the department, the technologist refers to the Infection Control B.I.T. located within department or available online for appropriate isolation practices.
3. Nursing service notifies the department when the patient is in isolation. This patient should be expedited through the department
4. If the patient requires respiratory isolation (TB, R/O TB, or Chickenpox) this exam is prioritized and the procedure is done in the negative pressure room. If a negative pressure room is not available and the patient requires respiratory isolation, the patient wears a mask to the department and while in the procedure room. _____
5. Any part of the equipment that touches a patient must be wiped with hospital-approved disinfectant after exam.

6. After completion of exam, this room is left vacant for the appropriate time period. Refer to the IC Tuberculosis Control Plan for exact time period.
7. Patient is to wear a mask and it is changed when moist. When patient should wear mask but is unable, department employees should wear mask when in contact with patient.
8. Infection Control practitioner is notified if any questions.

VII. GENERAL INFECTION CONTROL GUIDELINES

- A. Personnel maintaining good personal hygiene habits while working with patients, such as the wearing of clean uniforms, or scrub suits and turning the head to cough or sneeze into a disposable tissue.
- B. Personnel wear disposable gloves when there is anticipated or known contact with any secretions or other potentially infectious material.
- C. Personal Protective Equipment including goggles and splash-proof gowns are available and should be worn when splashing/contamination of body fluids are a possibility.
- D. The hospital linen policy is followed.
- E. Needles, knife blades and syringes are handled cautiously. The needle is NOT RECAPPED after use. These items are placed in a sharps container. When the sharps container is 2/3 full, it is placed in the contaminated trash box for ultimate disposal.
- F. Clinical Care of Patient
 1. IV's should not be disturbed. If the IV stops, call nurse or unit in charge of patient.
 2. When handling patient with indwelling urinary catheters, care is taken not to elevate the urine bag above the bladder to reduce the incidence of reflux back into the bladder.

VIII. ENVIRONMENT

- A. Department Work Areas
 1. Exam rooms are kept clean and orderly at all times. Care is taken to prepare the room for each patient according to the nature of the examination to be performed and special considerations as indicated.
 2. All food and drinks are to be put away prior to using any room for treatment or examination. No food or drink is allowed in the treatment or exam areas during procedure.
- B. Linen
 1. All clean linen must be kept covered or stored in an enclosed cabinet or closet.
 2. All dirty linen will be stored in the linen container within the workroom.
 3. Contaminated linen will be placed in a plastic bag before being placed in the linen container.
 4. At the end of the day all linen will be placed in the linen chute to the laundry.
 5. Refer to the hospital linen policy

IX. DISPOSAL OF WASTE

- A. All contaminated waste is placed in a contaminated trash box to be incinerated.
- B. All laundry items contaminated with body fluids are placed in a plastic bag and sent to the laundry.
- C. Any spills of body fluids are removed by using the housekeeping disinfectant and a disposable cloth.
- D. Refer to the IC B.I.T. and IC Policy 6.0: Waste Policy Contaminated/Regular.

X. ROUTINE CLEANING OF BREAST IMAGING DEPARTMENT (HOUSEKEEPING)

- A. Housekeeping Department Responsibilities
 - 1. Daily routine cleaning of exam rooms with the hospital-approved disinfectant.
 - 2. Floors are to be mopped daily or more often when necessary.
 - 3. Trash is emptied daily or more often as required.
 - 4. Needle boxes and contaminated boxes replaced as needed by hospital guidelines.
 - 6. All spills of body fluids. Emergency situations may require department employee to cover spill with sheet until housekeeping arrives.
- B. Housekeeping Responsibilities for Breast Imaging Personnel
 - 1. Equipment is routinely cleaned and dusted weekly.
 - 2. Exam tables, compression plates, grids, and probes are cleaned with housekeeping disinfectant after each patient.
 - 3. Equipment used for Invasive Procedure is thoroughly cleaned with hospital-approved disinfectant immediately after use.
 - 4. Lead aprons are cleaned with housekeeping disinfectant monthly and more often when soiled.

References:

LSUHSC Hand Hygiene IC 2.0

LSUHSC Infection Control Blood borne Pathogen, Isolation, Tuberculosis Control Plan (B.I.T.)

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