

Department of Radiology
CT Section

Purpose: To provide optimum patient care and minimize the risk of healthcare-associated infections during radiological procedures with adherence to established procedures and guidelines in the handling of equipment and in the performance of procedure.

I. **ASSESSMENT OF PATIENTS**

- A. Patients are assessed in waiting rooms and during procedure for any infectious process.
- B. If a patient or visitor is coughing, he is given tissue and/or a submicron mask. If excessive coughing, patient is placed in a single room as soon as possible.
- C. An effort is made to keep body fluids confined and contained.

II. **HAND WASHING**

- A. Refer to IC Policy 2.0: Hand Hygiene.
- B. Routine Patient Care: A thorough 15-20 second hand washing with soap and water before and after contact with any patient.
- C. Hospital approved waterless alcohol hand sanitizer is available and is used when hands are not visibly soiled.

III. **SKIN PREPARATION**

- A. Refer to IC Policy 22.0, Skin Preparation for Invasive Procedures.
- B. Chlorprep sepps or alcohol swabs x 2 are used for IV punctures.

IV. **GENERAL INFECTION CONTROL GUIDELINES**

- A. Standard Precautions are used with all patients.
- B. Strict adherence to Hand Hygiene is enforced. Refer to IC Policy 2.0, Hand Hygiene.

- C. Personnel maintain good personal hygiene while working with patients such as wearing of clean uniforms, coughing into a disposable tissue, and not performing direct patient care when hands have cuts or draining areas.
- D. Clean gloves are worn when it is anticipated that personnel may have contact with blood and body fluids, other potentially infectious materials (OPIM), mucous membranes and non-intact skin. Clean gloves are worn when performing vascular-access procedures, when handling contaminated items.
- E. Routinely, the cleaning up of spills is done by Environmental Services. However, when spills occur in high-traffic areas, Radiology personnel should clean up spills immediately.
- F. Clean gloves are worn for cleaning up spills of body fluids. Strict hand washing is also observed after removing the gloves.
- G. Splash-proof disposable gowns are available and worn if exposure to blood or OPIM is reasonably anticipated.
- H. Mask and goggles may be used if there is possibility of heavy splashing.
- I. Sinks are not used for discarding any patient secretions or excretions; a designated toilet is used and the material is flushed down the drain. Staff must wear appropriate PPE when emptying containers.
- J. Wall suction is maintained with a sterile suction catheter to ensure that suction is readily available. The suction canister, tubing, and catheter are changed between each patient use. They are placed in a contaminated box for ultimate incineration.
- K. Resuscitation carts are readily available and easily accessible in adult and pediatric sizes.
- L. All linen is stored in a clean, designated area. It must be stored in an enclosed cabinet or closet. Linen is changed between each patient procedure. The table is cleaned thoroughly with hospital-approved disinfectant if contaminated with blood or OPIM.
- M. All sponges for the headrest will be covered with Saran Wrap and will be changed between each patient.

- N Sterile supplies are rotated so that they do not become outdated. Expiration dates are also checked before use. Chemical indicators in each pack are checked before use. Integrity of packaging is inspected prior to use.
- O Used needles and syringes are handled cautiously and are not recapped. The used needle and syringe are placed in a sharp container for ultimate disposal.
- P Sterile and clean supplies are stored separately but can be stored in the same room. They are stored no less than 12 inches from the floor and 18 inches from the ceiling. Only dirty items are stored in the dirty utility room.
- Q Special considerations for prevention of infection:
 - 1. IV Catheters in place are not disturbed.
 - 2. IV's are not connected until immediately before use.
 - 3. IV solutions are not premixed.
 - 4. When handling patients with indwelling urinary catheters, take care not to elevate the urine bag above the bladder to reduce the incidence of reflux back into the bladder. Bags are attached to the side of the bed or a bag holder is used.
 - 5. Single use vials of medication are used once and then discarded.

V. **ISOLATION PROCEDURES**

- 1. Standard precautions are used for all patients.
- 2. If the procedure is done in the patient's room, personnel wear the attire recommended per isolation sign and/or as directed by the nursing service.
- 3. When a patient who is in isolation is brought to the Radiology department, personnel refer to the Infection Control B.I.T. located in the department or available online. (Nursing Service must notify the department when the patient is in isolation.)
- 4. If a patient requires respiratory isolation, the patient wears a mask to the department and while in the procedure room. The mask is changed when it becomes moist. The Infection Control practitioner is consulted if questions.
- 5. When a patient is suspected of having an infectious process, the exam is prioritized and patient returned to nursing unit as quickly as possible.

6. Room where respiratory isolation patients are seen is left vacant for the appropriate period. (Refer to TB Exposure control plan.)
7. The Infection Control BIT contains Bloodborne Pathogens, Isolation and TB Exposure Control Plans and is accessible on line at http://www.medcom.lsuhs-c-s.edu/cfdocs/policies/IC_Revisions.cfm.

VI. PROCESSING OF EQUIPMENT

- A. Disposable items are never reused.
- B. Reusable Items: Reusable items are sent to Central Service for cleaning and processing after each use. These items are not rinsed in this department.
- C. Refer to IC Policy 7.1: Reuse of Disposable Items and Equipment.

VII. CLEANING OF ROOMS USED FOR INVASIVE PROCEDURES

- A. Floors are to be mopped daily and when spillage occurs.
- B. All horizontal surfaces are cleaned daily.
- C. Lights are to be cleaned daily.
- D. Tables are cleaned after each procedure with the hospital-approved disinfectants by Radiology personnel.

VIII. SPECIFIC PROCEDURES

Cat Scan - Routine examinations

- * Hand washing - Routine hand washing
- * No special attire of physician and assistant
- * Gloves

CT GUIDED BIOPSY, ASPIRATION AND ABSCESS DRAINAGE

- * A surgical hand scrub is performed prior to performing any invasive procedures. Refer to IC 2.0 Hand Hygiene
- * Attire - Sterile gloves
- * Skin preparation for the procedure –Skin Preparation For Invasive Procedures in IC Policy 22.0.

IX ROUTINE CLEANING OF THE RADIOLOGY DEPARTMENT

- A. Daily routine cleaning of rooms with the hospital-approved disinfectant is the responsibility of Environmental Services.
- B. Radiographic tables and other stationary equipment is to be cleaned by Radiology personnel with the hospital-approved disinfectant between patients if there is spillage.
- C. Overhead cables, swing arms, control boards, panels, light fixtures, bulbs, and all other electrical equipment are dusted daily and PRN by Environmental Services.
- D. Ventilator and fan-outlet parts are to be cleaned during preventative maintenance by manufacturer.
- E. Shelves and other storage areas are cleaned monthly by Radiology personnel.
- F. Floors and all horizontal surfaces are to be cleaned with the hospital-approved disinfectant daily or more often as needed by Environmental Services personnel.
- G. Lead aprons are cleaned with soap and water on a weekly basis and when soiled by Radiology personnel.
- H. Any spills of body fluids are cleaned by Environmental Services personnel unless in high traffic area; which are cleaned by Radiology personnel.

X DISPOSAL OF WASTE

All contaminated waste is placed in a contaminated trash box to be incinerated.
(See IC Policy 6.0: Waste Policy: Contaminated /Regular)

- XI. No food or drink except in designated area.

References:

LSUHSC IC 2.0 Hand Hygiene

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

Written: 1998

Revised: 99, 00, 01, 2/03, 4/05, 4/07, 4/09 Adapted from Infection Control Guidelines for Intervention and Diagnostic Radiology:

