

Radiology Department
Nuclear Medicine

I. GENERAL GUIDELINES

- A. Standard Precautions are used for all patients.
- B. A thorough handwashing with chlorhexidine for 6 minutes is done before any invasive procedure. For routine procedures handwashing for 15-20 seconds with soap and water before and after caring for the patient is performed.
- C. Hospital approved waterless alcohol hand sanitizer is available and is used when hands are not visibly soiled. Refer to IC Policy 2.0: Hand Hygiene.
- D. Gloves are worn when handling any patient body fluids. Gloves are removed immediately after use and hands are washed thoroughly. Gloves are worn when it is anticipated that personnel may have contact with blood and body fluids, other potentially infectious materials, mucus membranes and non-intact skin. Gloves are worn when handling items contaminated with body fluids.
- E. Gloves are worn when performing vascular access procedures.
- F. Goggles and splash-proof gowns are available if there is risk of splashing of body fluids.
- G. The Occupational Health Guidelines are followed. The Occupational Health nurse is notified if there are questions about these guidelines.
- H. The Infection Control Bit, which includes the Bloodborne Pathogens Control Plan, TB Control Plan, Guidelines and Isolation Manual, is followed.
- I. The Infection Control guidelines for the Clinical Laboratory are utilized for all lab procedures.

II. PATIENT CARE PROCEDURES

- A. When IVs are started the skin is prepped with Chlorprep Sepp or 70% alcohol using at least two pads. (See IC Policy 22.0: Skin Preparation for Invasive Procedures).
- B. Suction machines are changed between patients.

C. General Measures in Giving Radioactive Material

- 1) Medications and solutions will be drawn into syringes immediately before use. Syringes used for injections are immediately discarded after use in the hospital-approved sharps container.
- 2) The Hospital Guidelines for Preparation of IV Medications is followed.
- 3) Documentation includes the name of the person giving the dose and the exact time.
- 4) All procedures are documented; documentation includes, at minimum, the date, name and amount of radiopharmaceutical, and route of administration. The name or identifying information of the person, administering the dose and the exact time of administration is recorded on the patient's dose record.
- 5) Single dose heparin vials are used.

D. Labeling of Blood

- 1) All blood removed from the patient is immediately labeled with name and pharmaceutical.
- 2) When specimens for re-injection are removed from the department they are labeled biohazard and with the patient's name and hospital number.
- 3) Prior to re-injection of labeled blood, two people verify the patient's identity matches the label on the blood specimen.
- 4) Specimens returning to the department with different labels than the original are not used.
- 5) Alcohol 70% (x2 pads) is used to prep IV tubing before injection of labeled blood.

E. Cardiac Stress Test

- 1) IV Preps
 - (a) Refer to IC Policy 22.0: Skin Preparations for Invasive Procedures.
 - (b) Hub of IV is propped with alcohol x2 before injection of isotope.

III. EQUIPMENT

- A. The xenon-system tubing, mask, bag, filter (.8- 1.0 micron) are changed between each Patient usage. Mask, tubing and filters are disposable and discarded after each patient use.
- B. All blood and blood products are placed in the contaminated waste container. Needles and syringes are considered contaminated and are placed in the sharps container for ultimate incineration. Needles are not recapped after use.
- C. Lead carriers or "pigs" used to transport unit doses of radiopharmaceuticals will have a Disposable insert placed inside the carrier. This disposable insert will be replaced after each use. If patient contact to a syringe shield occurs, it will be cleaned with 1:10 solution of bleach prior to reusing.
- D. The guidelines for contaminated waste and laundry are followed. Refer to IC Policy 6.0: Waster Policy: Contaminated/Regular and the Infection Control B.I.T.
- E. Any large equipment such as the gamma camera that is in direct contact with the patient will be disinfected with the hospital-approved disinfectant before and after patient use. If a disinfectant cannot be used, the portion of the equipment that encounters the patient is wrapped with Saran wrap and changed between each patient use.
- F. The Infection Control Bit is referred to for specific instructions when dealing with the patient who requires specific isolation precautions. Nursing Service should notify the department when the patient is in isolation. If there are any questions, the Infection Control Department is contacted.
- G. Patients with a diagnosis of TB or R/O TB are placed in a negative pressure room. These patients are made priority. 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. The mask is changed when it becomes moist. Rooms where respiratory isolation patients are seen are left vacant for the appropriate time period. Refer to the TB Control Plan.
- H. Medications
 - 1) Medication vials are single use except ones that are radioactive. Radioactive vials are handled very carefully assuring no contamination occurs. All vials are cleaned with two alcohol swabs before entering. These vials are dated and initialed. IV medications are mixed in a designated clean area, aseptically, and according to manufacturers recommendations.

- 2) Lead transport carriers, syringe shields, and forceps are cleaned weekly with a housekeeping disinfectant.
- 3) Recapping of needles for technetium is done very carefully. Personnel may recap a needle by one-handed technique or by using recapping devices.

I. Cleaning done by Environmental Service Personnel

- 1) Cleans all horizontal surfaces daily.
- 2) Cleans all patient care equipment except nuclear medicine equipment.
- 3) Mops all floors daily and when soiled.
- 4) Empty trash daily.
- 5) Dusting is done weekly and more often if needed.

J. Using appropriate PPE, Nuclear Medicine Personnel clean all Nuclear Medicine equipment weekly and when soiled.

K. The Infection Control Practitioner is notified if there are questions about infection control standards.

References:

LSUHSC IC 2.0 Hand Hygiene

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

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