

## 2.25 Radiology Services

Purpose	To outline infection control practices for the Department of Radiology
Audience	All UTMB employees, contract workers, volunteers, and students in the Department of Radiology
Personnel	<ul style="list-style-type: none"><li>• Handwashing shall be performed before and after each patient contact and at other times as required (see policy: Handwashing for All Hospital Employees)</li><li>• Personnel shall comply with Employee Health Center guidelines for their area.</li><li>• Eating and drinking shall be confined to non-patient care designated areas.</li><li>• All personnel shall adhere to the hospital dress codes and the dress code of their department.</li><li>• Personnel entering a patient's room shall strive to keep their attire free from patient contact and soilage with the patient's blood, other body fluids or excretions.</li><li>• All personnel shall follow the instructions posted on the door or isolette of a patient in isolation. All guidelines shall be followed. Items which will be removed from the patient's room shall not be placed on surfaces in that room (see policy: Isolation).</li><li>• Suspected or known exposure to or acquisition of a communicable disease shall be reported to the Department of Healthcare Epidemiology or the Employee Health Center immediately.</li><li>• All cuts and lacerations shall be covered with a waterproof dressing.</li><li>• The Universal Precautions Policy shall be followed for contact with any and all blood or body fluids.</li><li>• The Radiology Department shall be notified about patients in isolation prior to transport by the sending department.</li><li>• Handwashing shall always be performed after the removal of gloves.</li></ul>
Equipment and Supplies	<ul style="list-style-type: none"><li>• Clean linen shall be placed on the table or area for procedures being performed in the department. An impermeable barrier shall be used to cover the x-ray cassette if it must be in direct contact with the blood or body fluids of a patient. Gloves are to be worn.</li><li>• The transport equipment or table shall be immediately cleaned with an EPA-registered tuberculocidal (hospital-grade) disinfectant solution</li></ul>

<b>Section:</b> UTMB On-line Documentation	<b>2.25 - Policy</b>
<b>Subject:</b> Healthcare Epidemiology Policies and Procedures	<b>2006 - Revised</b>
<b>Topic:</b> Radiology Services	<b>1985 - Author</b>

after each patient (see policy: Universal Precautions).

- Gloves shall be worn when cleaning items contaminated with a patient's blood, other body fluids or excretions (see policy: Universal Precautions).
- Disposable equipment shall never be reused.
- All equipment or instruments requiring high-level disinfection shall be soaked in activated glutaraldehyde in a covered container and the expiration date of the solution written on the lid.
- All clean and sterile supplies shall be store on shelves or pallets 8-10" off the floor. Clean and sterile supplies shall be dust free.
- There shall be no overflow of linen hampers or trash receptacles. There shall be at least daily cleaning of the department's floors and horizontal surfaces.
- Isolation supplies shall be available at all times in all patient treatment areas. This needs to be a labeled designated area.
- Equipment used for emergency care shall be covered to prevent contamination with dust.
- All disposable single use items shall not be reused or reprocessed. All equipment contaminated with blood or other body fluids shall be decontaminated by appropriate means prior to being reprocessed or serviced (i.e. in the dirty utility room).
- Gloves shall be worn by the person who decontaminates the equipment.
- When equipment cannot be decontaminated prior to servicing or reprocessing a sticker displaying the biohazard symbol shall be attached
- The area(s) contaminated shall be written on the front of the sticker.
- All refrigerators where items for patient care are stored shall contain a thermometer and the temperature shall be recorded weekly.

#### Medication

- There shall be a daily check for outdated drugs and supplies.
- Multi-dose vials of medication shall be dated when opened and discarded according to the pharmacy policy. Medications shall be supplied in single-dose vials when possible. Irrigation bottles of saline and water shall be patient specific and discarded everyday (see policy: Pharmacy).
- CT oral iodinated contrast will use the following protocol:

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1. Only Radiology employees will make oral iodinated contrast
2. Choose a clean area to mix contrast
3. Clean area with soap and water prior to gathering supplies
4. Gather supplies
5. Wash hands
6. Using a disposable medicine cup and no touch technique place 25cc iodine into the contrast container
7. Again using no touch technique measure powdered lemonade into the cup of the lemonade container and pour in the contrast container
8. Replace cap and shake well
9. Complete label on container

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Patient Care

- Handwashing shall always be performed before and after patient contact and after removal of gloves.
- Strict aseptic technique shall be maintained for all invasive or high risk procedures.
- Patients with communicable diseases shall be immediately separated from other patients and their procedures completed as soon as possible.
- When a patient is on isolation precautions, these precautions shall be followed during transport and while the patient is having an x-ray taken or undergoing a procedure in the department.