

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Department Radiation Oncology

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Approved by:

Department Chairman

Administrator/Manager

Chairman, Infection Control Committee

Infection Control Nurse

Instructions for Departments with Multiple Clinical Sites

If the department operates multiple clinical sites, serving different patient populations, providing different services, or using different physical facilities, the overall departmental Infection Control Policy will be supplemented with a clinic- specific statement of the Infection Control practices to be followed in each particular clinic regarding issues such as Blood born pathogens, communicable respiratory diseases, sterilization, medical waste, etc. This clinic - specific procedure supplement will document how each individual clinic complies with the ECU Infection Control policy given its unique physical location, patient care functions and resources.

I. Purpose: The Infection Control policy is established to help safeguard patients and
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personnel from the transmission of infection between patient and personnel during patient care. All ECU personnel, students, and other healthcare workers are to comply with all infection control polices.

II. Personnel:

A. All new and current employees will comply with employment screening as outlined in the Prospective Health Policy. All Employee Health records will be maintained by Prospective Health.

B. Employees who have potential for blood or other potentially infectious material exposure will be offered hepatitis B vaccine at no charge to the employee. Medical students and employees who have potential for exposure to *Mycobacterium tuberculosis* (MTB) will be given PPD skin testing with follow-up per Prospective Health protocol.

Other health care students with clinical rotations through ECU clinics, other non-employee healthcare workers, and any others who may have patient contact, will have documentation of Infection Control training, required vaccines administered, and PPD skin testing results according to BSOM policy.

C. Any ECU staff (including physicians) or student who has an exposure to a communicable disease through a needle stick or other means will report that exposure to the appropriate supervisor or instructor and follow-up will be done per Bloodborne Pathogen Exposure Control Plan, Tuberculosis Exposure Control Plan or Prospective Health Policy depending on exposure. Resident physicians (Interns, Resident's or Fellows) who have an exposure to a communicable disease in ECU clinics are to notify ECU Prospective Health for testing of patient and follow-up with PCMH occupational Health. Non-ECU students will follow their institutional policy.

If any use of biologicals or radiation are done, Staff and other workers will follow ECU policy with regard to training, monitoring, etc. Accidental exposures to chemicals and radiation will be reported on an incident report form. The person exposed to these hazards will be evaluated according to ECU Policy. Refer to Radiation Safety Manual, the Biological Safety Manual, and the Chemical Hygiene Plan.

D. Employees will receive education on infection control, standard precautions and OSHA standards upon employment and yearly thereafter.

E. This policy will be evaluated every three (3) years and as needed due to change in practice or standards.

III. Physical Layout:

- A. The Department of Radiation Oncology has radiation treatment room, private exam rooms, simulation room, radiation source room and CAT scan room.
- B. There is no negative pressure room in the Radiation Oncology Department and patients will be masked and escorted to the second floor of the Cancer Center if indicated.

IV. Infection control procedures:

- A. Handwashing is done with an antimicrobial soap and water immediately before and after each patient contact. Handwashing facilities are available.

If handwashing facilities are not immediately available, antiseptic hand cleaners or antiseptic towelettes are provided.

- B. Aseptic techniques should be strictly observed with (list procedures see appendix)
- C. Standard precautions will be observed on all patients. Gloves are worn if hands may be exposed to blood and other potentially infectious materials. Protective mask and eyewear or face shield is worn if facial splashing is likely. Gowns are worn if more extensive splashing of uniform is likely.

Needles and sharps should be handled according to the Needle Stick Safety and Prevention Act. Needles should not be bent or broken. Needles should not be resheathed unless absolutely necessary. If needles must be resheathed, it must be done with a mechanical device or with a one-handed technique. Safety sharps will be used according to OSHA policy.

Health care workers who have exudative lesions or weeping dermatitis shall be prohibited from handling patient care equipment and devices used in performing invasive procedures and from all direct patient contact until evaluation by Prospective Health and clearance obtained. Open wounds or sores should be covered with a protective dressing. Refer to policy Work Restriction for Personnel.

This clinic is not equipped with a negative pressure, airborne infection room (AII), therefore patients with infectious or potentially infectious respiratory illness will be instructed to put on a mask and be placed in an exam room immediately. Physicians and clinical staff who have been successfully fit tested will assess the patient. If the patient is suspected to have active TB or suspected to have any other communicable illness that will require extensive care, they will be transported, wearing a mask to the second floor of the Cancer Center, which is equipped with an AII room, or to other appropriate facilities (i.e. PCMH) as deemed necessary. The receiving facility

will be notified by phone of patient requiring airborne precautions.

- D. Between patient visits, contaminated areas of exam tables and counter tops will be cleaned with an approved disinfectant. Table paper is changed, soiled linen removed, and contaminated or used supplies disposed of or removed from room between patients.
- E. All specimen containers will be placed in leak-proof plastic bags marked with a biohazard label and transported in a covered secondary container marked with a biohazard label.
- F. Personnel protective equipment that includes gloves, gowns, masks and eyewear or face shield, and appropriate respiratory protection for MTB, will be available for employees, non-employees and students. Personal protective equipment is located the supply room, in the exam rooms and at the treatment machines.
- G. Refer to Appendix A for a list of common procedures that require minimum personal protective equipment.

V. Equipment and Supplies:

- A. Clean equipment is stored in storage closets.

Dirty disposable supplies are placed in red biohazard containers.

Reusable dirty equipment is thoroughly cleaned, with approved instrument cleaner, to remove all organic matter. This clinic does not have an autoclave. Critical equipment that will enter sterile tissues or the vascular system will be cleaned with a detergent instrument cleaner, rinsed, and packaged with chemical indicators in each pack and taken to be autoclaved at PCMH.

- B. Equipment is inspected periodically and repaired or replaced as necessary. Reusable contaminated equipment will be discarded in appropriate containers.
- C. Each exam room will have an appropriately labeled contaminated trash can (red bag) and a noncontaminated trash can (clear or brown bag). Any contaminated non-sharp trash will be placed in the red bag trash. These red bags will be gathered by ECU Biohazard Waste technicians and sent for incineration. Any non-contaminated trash will be placed in a clear or brown bag.

D. Sharp disposal units are located in the exam rooms and special procedure rooms. These containers are checked routinely by staff and disposed of when they are 3/4 full. They should be securely sealed and placed in the red bag storage area prior to pick- up for incineration.

E. Clean linen is stored linen closet.

Soiled linen should be placed in covered dirty linen hampers. This linen is picked up each week by the contract linen service. Gloves will be worn when handling soiled linen.

APPENDIX A

Common Procedures	Minimum Equipment Needed
Foley catheter insertions	Gloves
In and Out Catheterization	Gloves
Pelvic Exams	Gloves
Pap Smears	Gloves
Tracheotomy care and suctioning	Gloves, mask and eyewear
Suctioning	Gloves
IV catheter insertion	Gloves
IV medications	Gloves
Skin Care	Gloves, mask, eyewear, and gowns
HDR procedures	Gloves
Use of laryneal scopes for head and neck exams	Gloves
Rectal and Vaginal marker insertion.	Gloves
Insertion of Goldseeds	Gloves