

EAST CAROLINA UNIVERSITY
INFECTION CONTROL POLICY

Department ECU Physicians MRI

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Approved by:

Chairman, Infection Control Committee

Infection Control Nurse

I. Purpose: The Infection Control policy is established to help safeguard patients and 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 ECU infection control policies.

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. Employees who have potential for exposure to *Mycobacterium tuberculosis* (MTB) will be given TB surveillance by PPD skin testing with follow-up per Prospective Health protocol.

Medical students and 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 the patient but will follow-up with EU Health Medical Center's Occupational Health for monitoring/treatment. Non- ECU students will follow their institutional policy.

If there is any use of hazardous agents, 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. Clinical employees will receive education on infection control, standard precautions and OSHA standards upon employment and yearly thereafter.

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

III. Physical Layout:

- A. The MRI facility has: 5 offices, 1 radiology reading room, 1 receptionist area, 1 lobby, 1 waiting room with 2 changing rooms, 2 exam rooms, 1 computer/equipment room, 1 magnet room, 1 electrical room, 1 housekeeping closet, 1 storage closet, 2 bathrooms, 1 file room, 1 break room and 1 outside storage room.
- B. Isolation rooms: The MRI Building does not have any isolation rooms.

IV. Procedures:

- A. Handwashing is done with an antimicrobial soap and water immediately before and after each patient contact if hand washing 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 should be handled with extreme caution. 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 and per manufacturer's instructions.

Providers and staff will maintain strict adherence to safe injection practices during patient care:

- Never administer medications from the same syringe to more than one patient, even if the needle is changed.
- Do not enter a vial with a used needle or syringe (even if the needle is changed.)

Hepatitis C virus, hepatitis B virus, and HIV can spread from patient to patient when the above precautions are not followed. Additional protection is offered by adhering to the following:

- Medications packaged as single-use vials will not be used for more than one patient
- Medications packaged as multi-use vials will be assigned to a single patient whenever possible.
- Bags or bottles of intravenous solution will not be used as a common source

- of supply for more than one patient.
- Absolute adherence to proper infection control practices will be maintained during the preparation and administration of injected medications.

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.

Patients who are seen in the ECU clinics are evaluated for signs and symptoms of *Mycobacterium tuberculosis* (MTB). If a patient exhibits symptoms consistent with a potential transmissible respiratory pathogen, then respiratory isolation procedures should be initiated. These procedures include masking the patient, moving them from common waiting areas to an exam room for evaluation as soon as possible and making sure the patient is evaluated quickly.

All staff having patient contact will have appropriate respiratory protective equipment available and will wear appropriate respiratory protection provided when evaluating the patient. Disposable N95 respirators are available for those employees who have been fit tested. Each staff member is supplied with a proper size respirators and additional masks are stocked for replacement. Patient masks (surgical masks) will be available in all clinic areas and reception areas for those patients identified to have known or suspected diagnosis of MTB or other respiratory illness. Patients will be asked to wear the mask while triaged or examined and until infectivity has been ruled out, including when sent to other areas including lab and x- ray. If a patient is diagnosed with MTB prior to being evaluated in the clinic, the patient will wear a mask during the clinic visit and may be scheduled at a less busy time during the clinic (i.e., the end of the day).

Procedures performed in the Department include: MRI scans

- 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. Personal protective equipment such as gloves, gowns, masks and eyewear or face shield and appropriate respiratory protection for MTB will be available for employees, non-employees and students. These will be located in the cabinets in the

magnet room.

- 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 the supply closet or cabinets in the magnet room.

Dirty disposable supplies are thrown away in the trash or put in a biohazard container if contaminated.

All individual patient supplies are disposable.

- 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 covered and labeled red biohazard trash can for contaminated waste and a non-contaminated trash can (clear or brown bag). Non-sharp waste which is contaminated with blood, body fluid or other potentially infectious material and could shed dried flakes of blood or release liquid blood/infectious body fluid if compressed is disposed of in the biohazard receptacle to be collected by ECU Biohazard Waste technicians. Waste which is not contaminated with blood, body fluid or other potentially infectious material or which fully absorbs and contains a minimal volume of such material (which would not be released by movement or compression) is placed into the regular trash for routine disposal.

- D. Sharp disposal units are located in each exam room and the magnet room. 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 in the supply closet.

Soiled linen should be placed in covered, labeled, 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
Venipuncture for contrast administration	Gloves
Sedation	Gloves