



RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Ancillary Division		POLICY NUMBER: DPOTMH-MPP-DIS-P012-(01)	
TITLE/DESCRIPTION: INFECTION CONTROL IN IMAGING SCIENCES			
EFFECTIVE DATE: February 28, 2025	REVISION DUE: February 27, 2028	REPLACES NUMBER: DIS-QP-05	NO. OF PAGES: 1 of 9
APPLIES TO: Department of Imaging Sciences		POLICY TYPE: Multi Disciplinary	

PURPOSE:

1. To reduce the potential for disease transmission from infected patients to healthcare personnel, from infected/colonized patients to other patients, and from healthcare personnel to patients
2. To implement infection prevention and control during radiological diagnostic or therapeutic procedures.

DEFINITIONS:

Infection - the act or process of causing or getting a disease caused by bacteria or a virus.

Control - the act of restricting or managing.

Healthcare Workers (HCWs) - directly provides patient care.

IPCU - Infection Prevention and Control Unit.

TB (Tuberculosis) - bacterial disease that can affect the lungs and other parts of the body. It can be spread through the air from person to person.

BBF (Blood and bloody fluid) – substances that can transmit blood-borne pathogens.

OPIM (Other Potentially Infectious Material) - body fluids that could contain blood such as semen, vaginal secretions, and cerebrospinal fluid, unfixed human tissue or organs, cell or tissue cultures that contain HIV or HBV, can also include synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluid.

RESPONSIBILITY:

Department of Imaging Sciences Staff, Infection Prevention and Control Unit Staff, Nursing Service Division Staff, Housekeeping and Facility Services Staff

POLICY:

1. DPOTMH adapted the Occupational Health and Safety Act of SA 85 of 1993 stating that a safe and risk free environment be provided and maintained for persons at work by the employer. The Act also includes the protection of persons other than the worker from hazards arising out or in relation to the activities of the worker.
2. Periodic education and training on TB infection prevention and control shall be carried out to ensure the understanding of all HCWs regarding their occupational risks and the appropriate infection control measures.
3. The department will be notified about the isolation status of the patient by the referring unit/department on booking and prior to transport to the department. Refer to policy DPOTMH-APP-IPCU-P005-(01) - Isolation Precautions, SOP - Scheduling of Patients with



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Communicable Disease for Elective Procedures

4. Immunocompromised HCWs shall be advised not to take care of infectious patients.
5. Screen patients with illness that can be spread thru airborne route (e.g., Mycobacterium tuberculosis (MTB) patients) and identified to the department. Train the staff to recognize symptoms that may put them at risk (e.g., patient with a cough) and be knowledgeable regarding appropriate infection prevention and control procedures, including isolation and barrier precautions.
6. All HCWs diagnosed with TB shall be reported to IPCU and Staff Clinic for monitoring of the staff in the area.
7. Annual Physical Examination of hospital employees shall required for occupational health safety compliance.
8. Evaluation shall be done to determine if patients with illness needing airborne isolation precaution can be seen in the Imaging Services Department versus portable examination that can be performed in the patient's room.
9. Observe basic infection prevention and control and isolation precautions between inpatient and ambulatory care areas. Isolation procedures must be able to follow the patient across the continuum of care and at the same time be appropriate for the environment. Refer to policy DPOTMH-APP-IPCU-P005 (01) - Isolation Precautions





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ASSESSMENT OF PATIENT

1. Patients are assessed in waiting rooms and during procedures for any infection illness.
 - 1.1 All requests from the clinicians for diagnostic and therapeutic radiological procedures should indicate clearly whether the patient whom the clinician is attending to is infectious or otherwise.
 - 1.2 Radiology counter staffs should also be trained to ask questions that will facilitate the identification of such patients.
 - 1.3 If a patient or visitor is coughing, he is given tissue/paper towel and/or medical/surgical mask. If excessive coughing, the patient is placed in a single room as soon as possible.
 - 1.4 Endorsement, checking and reading of patient chart must be done when patient are brought in the department.
 - 1.5 Any precaution applied for a particular patient must be clearly included in the endorsement before starting any procedure.
 - 1.6 If a special procedure will be done, special endorsement regarding isolation precaution must be included when making a schedule or appointment. Refer to policy **DPOTMH-APP-IPCU-P005-(01) - Isolation Precautions, SOP - Scheduling of Patients with Communicable Disease for Elective Procedures**
 - 1.7 HCWs should implement respiratory protection during radiological procedures
 - 1.8 Appropriate placement of suspect patients with infectious illness in a respiratory isolation room has reduced the risk of infection and disease to HCWs.
 - 1.9 For admitted patients on Airborne Isolation Precaution, if transport to the Imaging Services Department is necessary, provide patients with surgical mask to wear for transport to and from the unit/department.
 - 1.9.1 Instruct the patients to cover their nose and mouth with a tissue when coughing or sneezing and to be separated as much as possible from other patients.
 - 1.10 Evaluate promptly patients who manifest symptoms suggestive of pulmonary tuberculosis and do not allow them to congregate in common waiting areas.





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ISOLATION PROCEDURES

1. Standard precautions are used for all patients. The transferring department must notify the receiving department when the patient requires isolation.
2. It should be explained and instructed to patient to wear a surgical mask at all times while being wheeled out from the isolation precaution room in the ward to the Imaging Services Department.
3. An isolation room or a separate room to place suspected infectious patients while waiting for diagnostic or therapeutic procedures or post - procedure should be created to reduce the risk of exposure of non-infected persons.
4. The examination and procedure of the patient is performed according to schedule and the patient is returned to the nursing unit as quickly as possible.
5. If the procedure is to be done in patient's room, personnel should wear the attire recommended on the door poster.
6. Rooms where airborne isolation precaution patient are placed and examined, room is cleaned and terminally disinfected.

PROCESSING OF EQUIPMENT

1. Disposable items are never reused.
2. Reusable items:
 - 2.1 Clean and disinfect reusable equipment use for invasive sterile procedures.
 - 2.2 Reusable items are sent to Central Service for cleaning and processing after each use. **These items are not rinsed in this department.**
 - 2.3 Endo cavitary ultrasound probes, including vaginal ultrasound probes, require cleaning and high-level disinfection between uses because of contact with mucosal surfaces. Use of condom-type covers is important adjunct in preventing gross contamination of such items.

CLEANING OF ROOMS FOR INVASIVE PROCEDURES

1. Clean and disinfect surfaces that come in direct contact with patients with clean sheets or table paper and/or clean and disinfect between patients.
2. Clean and disinfect the surrounding regularly with hospital-approved disinfectants at the end of each day or shift or more frequently if visibly soiled/contaminated.
3. Floors are to be mopped daily and when spillage occurs.
4. Radiology personnel clean tables after each with disinfectant.





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4. Radiology personnel clean tables after each with disinfectant.

ROUTINE CLEANING OF THE RADIOLOGY DEPARTMENT

1. Daily routine cleaning of rooms with the hospital-approved disinfectant is the responsibility of Housekeeping services Staff.
2. Radiographic tables and other stationary equipment is to be cleaned by Radiology personnel with the hospital-approved disinfectant between patients and if there is spillage.
3. Machines chin rest, and x-ray cassettes are routinely cleaned and when necessary by Radiology personnel.
4. Tables and other equipment used for special procedures are to be thoroughly cleaned with hospital-approved disinfectant immediately after use by Radiology personnel.
5. Overhead cables tube support columns, control boards/panels and all other electrical equipment are dusted daily and PRN by Radiology personnel.
6. Ventilators and fan – outlet parts are to be cleaned during preventive maintenance by Biomedical Engineer/Technician.
7. Shelves and other storage areas are cleaned monthly and when visibly dirty.
8. Floors are cleaned with the hospital-approved disinfectant daily or more often as needed by Housekeeping personnel.
9. Lead aprons are cleaned daily and when visibly soiled and weekly with soap and water.

DISPOSAL OF WASTE

1. All contaminated waste is segregated in a color coded trash bin. Bagged and labeled appropriately when required. **DPOTMH-F-80-PO1-S02- Waste Segregation Policy.**
2. Dispose contaminated sharps and used syringes appropriately in puncture-resistant disposable containers. In the nuclear medicine department, where unsealed radioisotopes are used, emphasize safe handling of the radiologic materials and contaminated sharps.
3. **DPOTMH-F-80-PO1-S06-Disposal of Glass Ampules, Vials, Bottles, and Plastic Wastes.**



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GENERAL PRACTICES

1. Practice standard precautions when performing invasive procedures such as angiography to prevent the risk for exposure to blood-borne pathogens via injuries from contaminated sharps.
2. Adhere to strict aseptic technique whenever invasive procedures are performed.
3. To prevent sharp injury, employ engineering controls such as procedures to minimize handling of contaminated sharps, especially not recapping used sharps, and using safety vascular access devices.
4. Personnel should maintain good personal hygiene while working with patients such as wearing clean uniforms, coughing into disposable tissue paper, and not performing direct patient care when hands have cuts or draining areas.
5. Clean gloves are worn when it is anticipated whenever personnel may have contact with blood and other potentially infectious material (OPIM), mucus membranes and non – intact skin. Gloves are worn when performing vascular access procedures and when handling contaminated items. **Refer to DPOTMH-APP-PCU-P005 (01) - Isolation Precaution Policy.**
6. Routinely, the cleaning up of BBF spills is done by the department staff with the Housekeeping Personnel. However, when BBF spills occur in high – traffic areas, radiology personnel clean up spills immediately. Clean gloves are worn for cleaning – up spills of body fluids. **Refer to DPOTMH-C-24-P07 - Managing Blood and Body Fluid Spills**
7. Routine Patient Care: A thorough handwashing with soap and water is done before and after contact with any patient. Hospital approved waterless handwash is used in rooms where there are no sinks available. Strict handwashing is also observed after removing the gloves. Refer to DPOTMH-HW-P12 HAND HYGIENE POLICY
8. Splash – proof disposable gowns are available and worn if exposure to blood or OPIM is reasonably anticipated.
9. Mask and goggles may be used if there is possibility of heavy splashing.
10. 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.
11. The emergency cart contains an ambu bag or other breathing bag and three clean masks, (small, medium, large), which are covered with plastic dust covers, as well as assorted sizes on airways, clean and ready for use at all times. They are sent to Central Supply Service for processing after each use.
12. Linen is changed between each patient procedure. The table is cleaned thoroughly with hospital-approved disinfectant if contaminated with blood or OPIM.



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13. Sterile supplies are checked and rotated to ensure package integrity. Chemical indicators in each pack as well as the packing integrity is checked before use.
14. In departments such as O.R., OB, and NICU requiring special attire, the person performing these procedures must be appropriately attired and follow the Infection Prevention and Control guidelines for that area.
15. Used needles and syringes are handled cautiously and not recapped. The used needle and syringe is placed in sharps container for ultimate disposal. Please refer to DPOTMH-APP-PCU-P-009-(01) Prevention & Management of Occupational Exposure Needlestick, Sharp Injury and BBF Policy.
16. 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.
17. When handling patients with indwelling urinary catheters, care is taken not to elevate the urine bag above the bladder to reduce the incidence of reflux back in to the bladder. Bags are attached to the side of the bed or a bag holder is used.

INFECTION CONTROL TECHNIQUES IN BEDSIDE RADIOGRAPHY

1. Soiled equipment is not taken into patient's room. Care is taken that X-ray machines are kept clean daily by Radiology personnel using a hospital-approved disinfectant.
2. Cassettes and any parts of the equipment that touch a patient must be wiped with clean wet cloth with the hospital-approved disinfectant/disinfectant wipes between each patient use.
3. When mobile x-ray machine is taken to a patient in isolation precaution room, the technologist wears proper attire, as outlined on the appropriate Isolation Precaution Poster attached to the door, or as otherwise directed by the nursing service personnel.
 - 3.1 When two technologists are entering the isolation room one is designated to operate the equipment only; the other is designated to position the patient and to manipulate the patient's environment, including the door and any other items coming in contact with the patient or his environment.





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PROCEDURE (SOP): N/A

WORK INSTRUCTION: N/A

WORK FLOW: N/A

FORMS: N/A

EQUIPMENT: N/A

REFERENCES:

1. World Health Organization (WHO)
2. Center for Disease Control and Prevention (CDC)
3. Tuberculosis- CDC <https://www.cdc.gov/tb/index.html#:~:text=Tuberculosis%20is%20caused%20by%20bacteria,any%20part%20of%20the%20body>
4. Occupational Safety and Health Administration (OSHA)
5. Association for Professionals in Infection Control (APIC) and Epidemiology, Inc. (2014) Chapter 58: Imaging Services and Radiation oncology. In APIC Text of infection control and epidemiology (4th ed.)
6. Association for Professionals in Infection Control (APIC) and Epidemiology, Inc. (2014). Chapter 60: Interventional Radiology. In APIC Text of infection control and epidemiology (4th ed.)





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