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# ULTRA MOBILE RADIOLOGY

## INFECTION CONTROL POLICY

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## Introduction

Ultra Mobile Radiology refers to the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) in order to provide a safe environment for patients and healthcare workers. This nationally accepted approach to infection prevention and control, focuses on the core principles and priority areas for action.

The aim of this policy is to assist Ultra Mobile Radiology staff to improve the quality of the care they deliver, by creating safe healthcare environments through the implementation of evidence- based practices that minimise the risk of transmission of infectious agents.

The Ultra Mobile Radiology Infection Control Policy is applicable to all staff working at Ultra Mobile Radiology- this includes healthcare workers, management and support staff.

## Basics of Infection Control

- Healthcare associated infections (HAIs) are infections acquired as a direct or indirect result of healthcare.
- HAIs can occur as a result of the provision of healthcare in any setting. While the specific risks may differ, the basic principles of infection prevention and control apply regardless of the setting.

The specific objective of this policy is to provide directions and information in relation to facilities, equipment, and procedures necessary to implement standard precautions for control of infections.

## Standard Precautions

All people potentially harbour infectious agents. Standard precautions refer to those work practices that are applied to everyone, regardless of their perceived or confirmed infectious status and ensure a basic level of infection prevention and control.

Standard precautions are used by healthcare workers to prevent or reduce the likelihood of transmission of infectious agents from one person or place to another, and to render and maintain objects and areas as free as possible from infectious agents.

Standard precautions at Ultra Mobile Radiology consists of:

- Hand hygiene, as consistent with the 5 moments for hand hygiene
- The use of appropriate personal protective equipment
- Routine environmental cleaning
- Respiratory hygiene and cough etiquette
- Waste management
- Appropriate handling of linen

## Hand Hygiene

Effective hand hygiene is the single most important strategy in preventing healthcare associated infections (HAIs). Washing hands with soap and water is required if hands are visibly soiled while either product can be used if hands are visibly clean.

*It is recommended that routine hand hygiene is performed:*

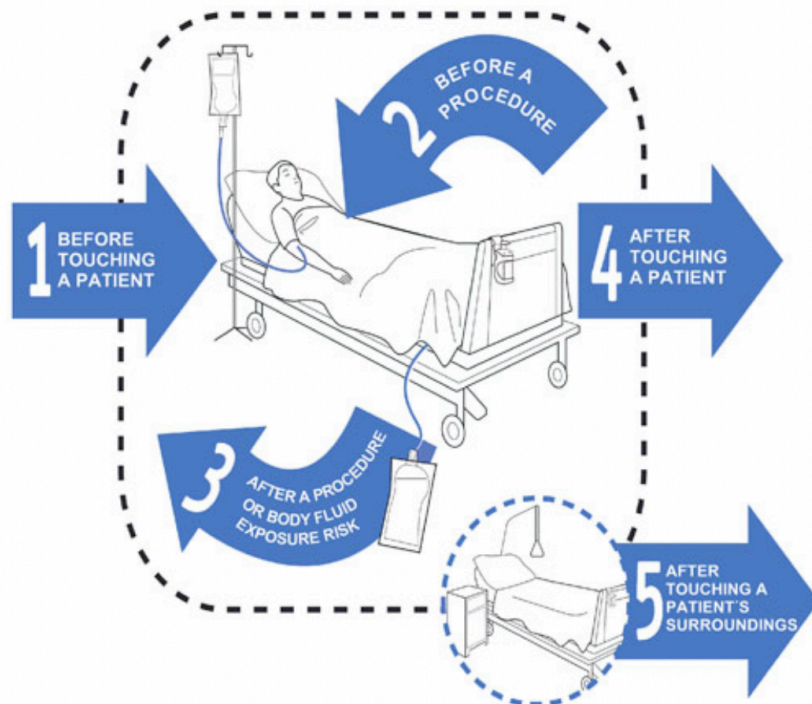
- Before touching a patient
- Before a procedure
- After a procedure or body substance exposure risk
- After touching a patient
- After touching a patient's surroundings.

Hand hygiene must also be performed before putting on gloves and after the removal of gloves.

*Effective hand hygiene:*

- Protects patients against acquiring infectious agents from the hands of the healthcare worker
- Helps to protect patients from infectious agents (including their own) entering their bodies during procedures
- Protects healthcare workers and the healthcare surroundings from acquiring patients' infectious agents.

Ultra Mobile Radiology staff refer to the “5 moments for hand hygiene” poster as a reference guide for effective hand hygiene (figure 1).



**Figure 1:** 5 Moments for hand hygiene

## Alcohol Based hand rubs

Alcohol-based hand rubs used by Ultra Mobile Radiology meet the mandatory requirements of European Standard 1500 (as set by the Australian Therapeutic Goods Administration).

Alcohol-based hand rubs are easily accessible at point of care. They have:

- Excellent antimicrobial activity against Gram-positive and Gram-negative vegetative bacteria, Mycobacterium
- Tuberculosis and a wide range of fungi
- Generally good antimicrobial activity against enveloped viruses
- Lesser and/or variable antimicrobial activity against non-enveloped viruses
- No activity against protozoan oocysts and bacterial spores (such as *C. difficile*)

*The recommended technique is:*

- Apply the amount of alcohol-based hand rub recommended by the manufacturer onto dry hands
- Rub hands together so that the solution comes into contact with all surfaces of the hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers
- Continue rubbing until the solution has evaporated and the hands are dry.

## Plain soap and water

Plain soaps act by mechanical removal of microorganisms and have no antimicrobial activity. They are sufficient for general social contact and for cleansing of visibly soiled hands. They are also used for mechanical removal of certain organisms such as *C. difficile* and norovirus.

Antimicrobial soaps are used to decontaminate hands however, when alcohol-based hand rub is available in the healthcare facility for hygienic hand antisepsis, the use of antimicrobial soap is not recommended

*The recommended technique is:*

- Wet hands under tepid running water and apply the recommended amount of liquid soap.
- Rub hands together for a minimum of 20 seconds so that the solution comes into contact with all surfaces of the
- hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
- Rinse hands thoroughly under running water, then pat dry with single-use towels.

## *Gloves*

### ***Glove use and hand hygiene***

- The wearing of gloves does not eliminate the need for hand hygiene. Gloves cannot be guaranteed to provide complete protection against viral or bacterial contamination of the hands.
- If gloves are torn or compromised in any way during patient care they must be removed and hand hygiene performed before donning a new pair of gloves.
- Gloves are worn as a barrier to protect the wearer's hands from contamination or to prevent the transfer of organisms already on the hands.
- Gloves must be worn on both hands and must be used in situations where there is potential exposed to blood and/or body substances, in particular:
  - during any procedure where direct contact is anticipated with a patient's blood or body substances, mucous membranes or non-intact skin
  - while handling items or surfaces that have come into contact with blood or body substances
  - during contact precautions.

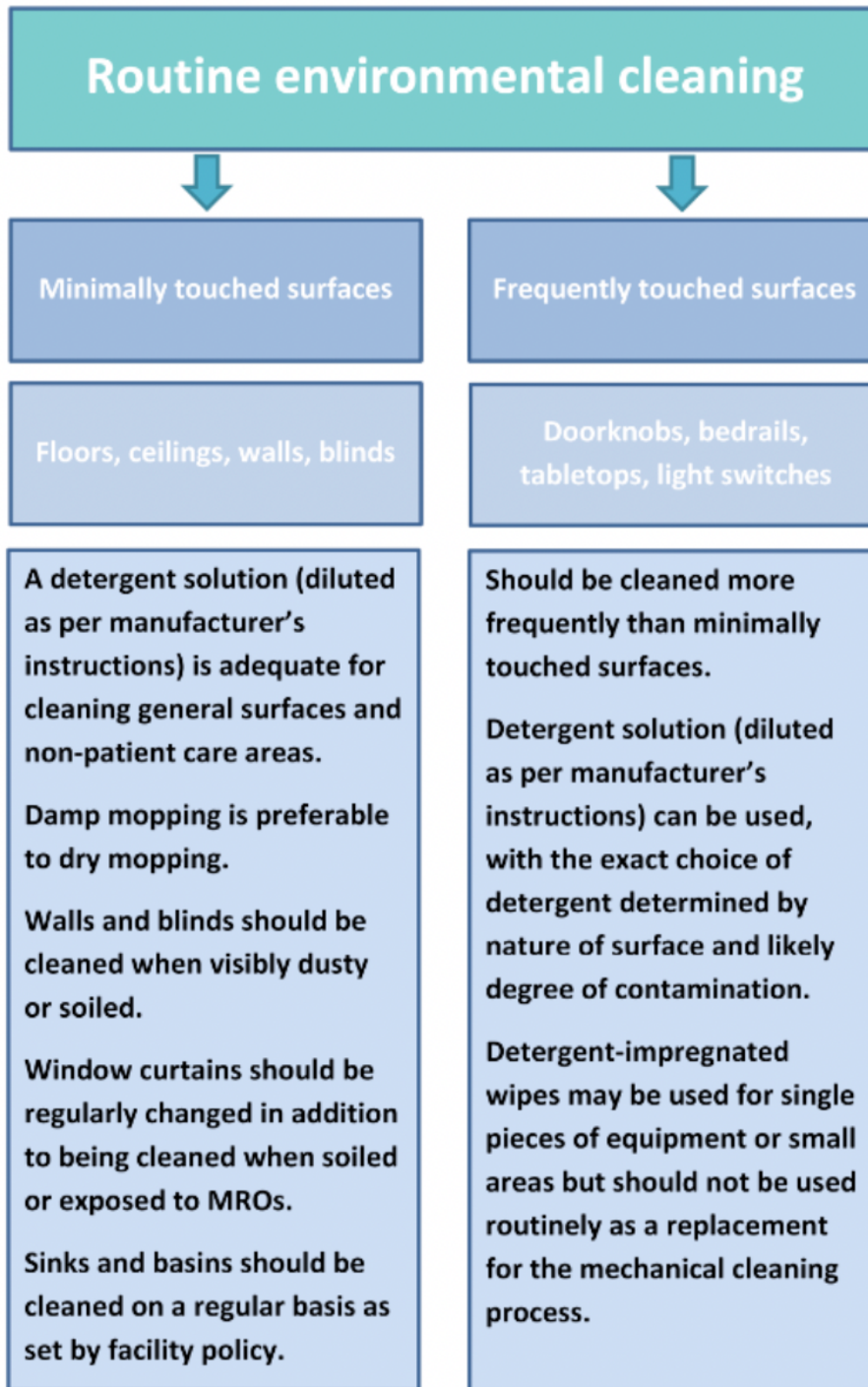
### ***Changing and discarding gloves***

- Gloves must be changed and discarded:
  - As soon as they are torn or punctured or when the integrity has been altered
  - After contact with a patient is complete and before care is provided to another patient
  - When performing separate procedures on the same patient
  - After completing a task not involving patients but requiring gloves
  - Before touching environmental items and surfaces
  - Before or on leaving an examination room
  - Before writing in the medical notes, answering the telephone, using the computer and moving or touching equipment.
- Hand hygiene is performed immediately after removing gloves to avoid transfer of micro-organisms to other persons or environments.
- Disposable gloves must never be reused.

## **Management of the physical environment**

Infectious agents can be widely found in healthcare settings. Transmission of infectious agents from the environment to patients may occur through direct contact with contaminated equipment, or indirectly, via hands that are in contact with contaminated equipment or the environment and then touch a patient.

General surfaces and the cleaning requirements for each can be divided into two groups (see figure 2).



**Figure 2:** Cleaning requirements for routine environmental cleaning

*Cleaning routines/schedules*

Ultra Mobile Radiology staff work within environments that utilise documented cleaning schedules.

## Respiratory hygiene/cough etiquette

Ultra Mobile Radiology staff follow the steps outlined below in situation in which someone presents with signs and symptoms of a respiratory infection:

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses.
- Use tissues to contain respiratory secretions.
- Dispose of tissues in the nearest waste receptacle or bin after use.
- If no tissues are available, cough or sneeze into the inner elbow rather than the hand.
- Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials.
- Keep contaminated hands away from the mucous membranes of the mouth, eyes and nose.
- In healthcare facilities, patients with symptoms of respiratory infections should sit as far away from others as possible.

## Waste management

When handling waste, Ultra Mobile Radiology staff follows the steps outlined below:

- Apply standard precautions to protect against exposure to blood and body substances during handling of waste; wash hands following procedure
- Segregation should occur at the point of generation
- Waste should be contained in the appropriate receptacle (identified by colour and label) and disposed of according to the facility waste management plan (in accordance with the relevant healthcare environment guidelines).

## Handling of linen

All used linen is handled with care to avoid dispersal of microorganisms into the environment and to avoid contact with staff clothing. The following principles apply for linen used for all patients:

- Appropriate personal protective equipment is worn during handling of soiled linen to prevent exposure of skin and mucous membrane to blood and body substances.
- Used linen is 'bagged' at the location of use into an appropriate laundry receptacle.
- Used linen must not be rinsed or sorted in patient-care areas or washed in domestic washing machines.
- Linen soiled with body substances should be placed into leak-proof laundry bags for safe transport.
- Hand hygiene is performed following the handling of used linen.
- Clean linen must be stored in a clean and dry place that prevents contamination by aerosols, dust, moisture and vermin, and is separate from used linen (in accordance with the relevant healthcare environment guidelines).



## COVID-19

Ultra Mobile Radiology adheres to the RANZCR (2020) *Position Statement: Patient Access to Imaging Services During and After COVID-19 Social Distancing*.

*It is understood that movement within the community provides opportunity for the transmission of COVID-19. However, the risk of community transmission by attending a community health service is relatively low. Additionally, the risk can be minimised by utilising infection control measures:*

- *screening patients for symptoms*
- *ensuring patients without known infection are provided care separate from areas where patients with COVID-19 are likely to have been*
- *surfaces are thoroughly cleaned between patients*
- *minimising the length of time a patient is required to be in a health care facility*
- *minimising contact between the patient and clinician*
- *PPE used as necessary.*

Ultra Mobile Radiology staff rely on the relevant healthcare setting to enforce their guidelines with regard to COVID 19 management.

## Resources

Australian Commission on Safety and Quality in Health Care (2019), *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. Canberra: NHMRC

The Royal Australian and New Zealand College of Radiologists (2020), *Position Statement: Patient Access to Imaging Services in New Zealand – During and After COVID-19 Social Distancing*. New Zealand.