

Center for MR Research – 3T

Policy 4: Infection Control/Universal Precautions

It is the policy of the Center for MR Research to protect both the subject and the department staff by minimizing the exposure to communicable disease. Further, it is the policy of the Center for MR Research to provide a safe environment for patients, subjects, employees, students, and volunteers through minimizing the risk of transmission of infectious diseases that are blood/body fluid borne. To facilitate these policy objectives, universal precautions will be maintained as described in UIC Policy.

DEFINITION (universal precautions)

Universal precautions define any patient as potentially infectious and recommend the use of barrier protection and equipment where appropriate.

University of Illinois at Chicago Hospital

In addition to the use of Universal Precautions for all subjects, the UICH utilizes additional Isolation/Precautions described below:

PROCEDURE

A. Isolation Precautions

1. Strict – to prevent transmission of all highly communicable diseases that are spread by both contact and airborne routes of transmission.
2. Respiratory – to prevent transmission of organisms by means of droplets and droplet nuclei that are coughed, sneezed or breathed into the environment.

B. Precaution Types

1. Direct Contact – to prevent transmission of epidemiologically significant microorganisms by personnel having direct contact with patient/subject body sites colonized or infected with such organisms.
2. Chicken pox/Shingles – to prevent employees susceptible to chicken pox from acquiring infection from patients/subjects with chickenpox/shingles.

C. Isolation types

1. Strict Isolation – highly communicable disease transmitted by both the respiratory route and by direct contact.
 - a. The imaging and waiting room to receive a strict isolation patient should have all unnecessary ancillary equipment removed.
 - b. The strict isolation patient will be taken directly into the designated exam room and will not be left in the halls or waiting area.
 - c. The patient should be wearing a gown and a mask.
 - d. Only a limited number of necessary imaging staff will be in the room during the procedure.
 - e. Precautions:
 - Gowns – individual gown technique is imperative for all persons entering the room.
 - All persons entering the room must wear masks.

- Hands must be washed with Betadine for at least 30 seconds before and after contact with the patient.
 - All persons entering the room must wear gloves.
 - All disposable dressings, or other contaminated disposable items should be put into red hazardous waste bags prior to leaving the room. Linen should be put into the red plastic bags and handled as contaminate/biohazardous.
 - All needles and sharps should be placed in impervious plastic needle boxes available in each room. Needles should never be recapped. See Safety Policy 4.
 - Special procedure trays and special instruments should be separated into: a) disposable, b) autoclavable, c) linen, etc. The instruments and trays should be seen to Central Service for decontamination/sterilization. Routine inspection of holding areas for outdated trays and supplies is mandatory. Linen should be placed in blue linen bags and handled as contaminated.
 - During or immediately following the procedure, the Housekeeping Department should be notified that the exam room and equipment must be cleaned.
 - No personnel should enter the exam room until it has been cleaned.
2. Respiratory Isolation – infectious droplets that are coughed, sneezed or breathed into the environment. Childhood diseases including mumps, rubella (German measles), and measles are put into this category. *ATTENTION: Pregnant staff members should not perform examinations of rubella patients.*
- a. Imaging room should be ready to receive the patient as soon as possible upon his/her arrival.
 - b. Patient should be wearing a mask during transport and the procedure, if possible.
 - c. Precautions:
 - Gowns are not necessary, unless dictated by Universal Precautions needs.
 - Masks are necessary while in close proximity with the patient. (This includes all persons entering the exam room.)
 - Hands must be washed with Betadine for at least 30 seconds.
 - Gloves are not necessary, unless dictated by Universal Precautions needs.
 - Needles and syringes – needle box – disposed by Housekeeping.
 - Dressings and tissues should be put in red hazardous waste bags to be incinerated without being opened.
 - Linen – blue plastic bags.
 - The patient’s chart may be taken into the room.
 - Normal housekeeping procedures.
3. Cleaning Procedures in Patient Care Areas
- a. The pulse oximeter and sensor, dynamap, etc. should be cleaned after every patient use with a low-level disinfectant. Visible contamination with blood should be cleaned with 10% Clorox solution.
 - b. Instrumentation is cleaned after each patient use with alcohol or bleach solution. Patient restraints are soaked in a Clorox solution for disinfection.
 - c. Any employee who experiences a needle stick or cut with a sharp instrument or a splash of blood or body fluids into a mucous membrane (eye, nose, mouth) should report to their supervisor and University Health Services. See Safety Policy 4.
 - d. Outdated materials and items must be discarded appropriately.
 - e. Please see Hospital Policy IC 1.01, 1.02, 1.03, 2.02, 2.03, 2.04, 3.00, and 3.01 for more detailed information regarding any of the above items. The Center for MR Research will always comply with UICMC Hospital policies on infection control.

Please refer to policy "Staff_1_COVID-19_Return_to_Work_5.20_rev2" for further office and MRI suite disinfection procedures.