

YORK DIAGNOSTIC IMAGING

Infection Control: Policy and Procedure

Classification Level	Non Restricted
Version	1.4
Issued By (Dept)	MRI
Created	31 March 2011
Modified	December 2017
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Approval	Director York Neuroimaging Centre
Review Date	3 Years

Document Control

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Document History

Version	Comments	Author	Date
1.0	Initial release:	R Devlin	March 2011
1.1	1st review/update	R Devlin	Sept 2013
1.2	Header update YDI	R Devlin	May 2014
1.3	Review Update 2017	R Devlin	Apr 2017
1.4	Review Update Dec 2017	A Morland	Dec 2017

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1. Aim

The aim of this policy is to ensure that patients/participants, York Diagnostic Imaging staff and other persons are protected against the risk of healthcare-acquired infections (HCAIs) at the facility York Diagnostic Imaging, by the implementation of appropriate infection prevention and control measures.

2. Scope

This policy is to be followed by all York Diagnostic Imaging staff.

3. Roles and Responsibilities

3.1 The Centre Director is responsible for ensuring that the Health and Social Care Act: Code of Practice for Infection Prevention and Control 2009, is applied to York Diagnostic Imaging facilities and services through appropriate management systems.

3.2 The Infection Prevention and Control Lead (IPCL) shall be the Registered Manager, in their absence any issues or incidents should be raised with the Director.

3.2 The IPCL is responsible for ensuring that:

All employees are aware of and understand this policy.

All employees receive training in infection prevention and hand hygiene.

Through correct implementation of this policy, the risk of transmission of infection is minimised.

The work environment for which they are responsible, is safe and clean thereby minimising the risk of transmission of infection.

3.3 All employees have a responsibility for ensuring that:

They understand and comply with this policy.

They receive training in infection prevention and hand hygiene.

Their work environment is safe and clean thereby minimising the risk of transmission of infection.

Their practices and standards of care minimise the risk of patients developing an HCAI.

Their line manager or the IPCL is informed immediately if practices or issues with the environment in which they work, may result in an increased risk of the transmission of infection to patients.

3.4 The IPCL will have responsibilities as stated in the Health and Social Care Act 2008: Code of practice for health and social care on the prevention and control of infections.

4. Infection Prevention and control

4.1 Policy

York Diagnostic Imaging will ensure that the risk of transmission of infection is minimised by:

Providing and maintaining a clean and safe environment.

Assessing risks from infection and take action to reduce them.

Co-operating with other providers of healthcare to enable all to meet the Code of practice for infection control.

Adhering to the policies and procedures applicable to infection prevention and control.

Acting on clinical alerts as they are received.

Ensuring as far as reasonably practicable, that all staff are free of and protected from exposure to communicable disease during the course of their work.

Ensuring employees receive training in infection prevention and hand hygiene.

4.2 Assurance Framework

The following activities are undertaken to demonstrate infection prevention and control practices are assured.

Daily compliance documentation is completed.

Regular audit of hand hygiene practices where appropriate.

All infection prevention issues are immediately escalated to the appropriate manager.

Actions taken when dealing with any occurrences of infection are fully documented.

4.3 Reporting pathway

4.3.1 Any infection control issue is raised with appropriate manager and/or escalated IPCL.

4.3.2 Where it is necessary to gain microbiology support, this will be sourced externally to York Diagnostic Imaging.

4.3.3 York Diagnostic Imaging is only responsible for care of the patient during the diagnostic imaging stage of their care pathway; therefore, surveillance of HCAI must be undertaken in conjunction with other care providers. This process will be documented as agreed with the primary healthcare provider and York Diagnostic Imaging will cooperate fully with any investigation.

4.3.4 Reporting into the HCAI National surveillance schemes will be the responsibility of the main provider of care in each case.

5. Hand Hygiene

5.1 Introduction

Effective hand hygiene is the single-most important practice in reducing the prevention of transmission of infection in healthcare.

5.2 General Guidelines

5.2.1 The times that hand hygiene should be practiced are summarised in the World Health Organisation document 'Your 5 moments for Hand Hygiene'. See Appendix 1 and should be performed following the methodology in Appendix 2.

5.2.2 Hand hygiene must still be performed even if gloves have been worn.

5.2.3 Hand washing is always necessary if hands are visibly soiled.

5.2.4 Where infection from a spore-forming organism is suspected / proven e.g. Clostridium Difficile, alcohol based rubs are not effective and soap and water will be used, to ensure effective cleaning.

5.2.5 Where infection from an micro-organism such as Norovirus is suspected or proven, alcohol based rubs are not effective and soap and water will be used, to ensure effective cleaning.

5.3 Social Hand Hygiene

Performed to render the hands physically clean and remove microorganisms from social activity.

5.3.2 Must be performed before:

Starting/ending a shift
Eating or handling food or drink
Touching a patient
Entering/leaving a clinical area
Before putting on gloves

Must be performed after:

Touching a patient
Hands are visibly soiled
Visiting the toilet
Handling laundry
Touching patient environment
Removing gloves

5.3.4 Hand hygiene is normally performed with soap and water however where hands are not visibly soiled alcohol hand rub can be used.

5.4 Hygienic/Aseptic Hand Hygiene

5.4.1 To remove or destroy transient microorganisms, in order to reduce resident microorganisms when hygiene is particularly important.

5.4.2 Must be performed before:

Clean/aseptic procedures
Contact with immuno-compromised patients

Must be performed after:

Blood/body fluid contamination
Invasive procedures

5.5 Hand Hygiene Facilities

5.5.1 The following hand washing facilities will ensure effective hand hygiene is performed:

Facilities close to points of patient contact
'hands-free' tap systems to prevent recontamination of hands
No plugs in sinks in order to prevent filling of sinks
Mixer taps to provide correct temperature of water
Tap sited so water does not directly empty down plug hole
Availability of supplies one or more of the following will be supplied:
Soap, alcohol hand gel. Nozzles must always be clean
Soft paper towels for hand drying

5.5.2 Alcohol hand rub will be supplied and will be placed at points of direct patient contact.

5.5.3 Hand towels – only paper and disposable will be used.

5.6 Standards of hand hygiene

5.6.1 Hand Care:

Hand cream is available to all staff and its use encouraged in order that skin does not become dry or cracked. This should be used before breaks and at the end of shifts.
All cuts and abrasions must be covered.
Any sensitization to skin care products must be reported to the member of staff's line manager.

5.6.2 Nail Care

Operator nails must be:
Short and clean
Free from nail polish
No artificial/acrylic nails

5.6.3 Jewellery

Operators must not:
Wear stoned rings (wedding bands are acceptable, care must be taken to clean thoroughly underneath)
Wear watches or wrist jewellery of any kind, when providing direct care to a patient.

6. *Maintain integrity of skin*

6.1.1 All cuts to skin must be covered with a waterproof dressing.

6.2.2 Skin must be dried properly and hand cream regularly used.

6.3.3 Staff with active skin conditions must seek advice from their GP. If they require alternative hand cleaning products, they must contact their line manager.

7. *Use of Personal Protective Equipment (PPE)*

7.1.1 The purpose of PPE is to protect staff and reduce opportunities for transmission of micro-organisms. All staff must wear personal protective clothing and handle all body fluids and specimens with care. The choice of protective clothing depends on the risk of exposure to blood and body fluids during each particular procedure.

7.1.2 Personal protective clothing includes gloves, plastic aprons, masks and eye protection.

7.1.3 A variety of gloves are provided by York Diagnostic Imaging including those which are both latex and powder-free.

7.1.4 Appropriate PPE should be used whenever there is a significant likelihood of personal contamination.

8. *Decontamination of equipment and reusable medical devices*

8.1.1 All diagnostic imaging equipment will be cleaned after use or as required using a suitable cleaning agent and disposable cloths, or with cleaning wipes for the purpose, paying particular attention to horizontal surfaces with which patients have had contact.

8.1.2 Imaging accessories will be decontaminated after each patient contact with a suitable cleaning agent.

8.1.3 Blood Spills

Areas of blood to be decontaminated immediately using a spill kit.

8.1.4 No single use medical equipment will be re-used.

- 8.1.5 When decontaminating any equipment, manufacturer's instructions will be followed.
- 8.1.6 Only healthcare/hospital specification cleaning agents will be used for decontamination of medical equipment.
- 8.1.7 Records of cleaning will be completed and kept for a period of 12 months.

8.2 Spill Kits

- 8.2.1 Spill kit is provided to allow cleaning of large spills such as urine and vomit.
- 8.2.2 The granules are sprinkled on the spill, which then solidifies into a gel, making the spill easier to collect with paper roll.
- 8.2.3 Cleaning with detergent and water should then take place.
- 8.2.4 Used spill kits should be placed in the yellow clinical waste bin on the MRI corridor and the contracted supplier should be contacted to remove the contents.

9. Decontamination of the environment

- 9.1 All horizontal surfaces in clinical areas will be damp dusted daily.
- 9.2 Gloves will be worn when using any cleaning product, cloths and mop heads will be disposed of after cleaning, mop buckets will be rinsed and stored inverted to allow drying, and staff will decontaminate their hands appropriately.
- 9.3 Bins will be emptied daily by cleaning staff or York Diagnostic Imaging staff as required. In the event that a spill kit has been used, the clinical waste bin should be emptied by the contracted supplier.

9.4 Cleaning Service Providers

- 9.4.1 Responsibility for cleaning is clearly defined in the Cleaning Responsibility Framework Appendix 3. The tick list for completion daily by the contract cleaners is also attached (Ref Appendix 5).

9.5 Cleaning Equipment

- 9.5.1 All cleaning equipment used by York Diagnostic Imaging staff will be fit for purpose, easy to use and single-use disposable where applicable.
- 9.5.2 All cleaning equipment used by external cleaning contractors will be deemed suitable and safe to use, in view of the safety dangers posed by MRI units. This will be reviewed by the Registered Manager.
- 9.5.3 All cleaning products used will comply with COSHH regulations and be recommended as fit for purpose.

9.6 Audit and Monitoring

- 9.6.1 Staff will provide daily evidence of cleaning by completion of appropriate cleaning records.
- 9.6.2 Contracted cleaners will provide evidence of effective cleaning by completion of appropriate cleaning records.
- 9.6.3 The Registered Manager will regularly inspect the environment to ensure compliance and action will be taken as soon as is reasonably practicable to remedy any areas of non-compliance.

9.6 Cleaning of controlled areas]

- 9.6.1** Some cleaning duties are performed by trained YDI staff. Staff specific cleaning duties and logs are logged in the staff cleaning rota (Appendix 6)

10 Cleaning Procedure prior to Inspection, Service or repair

- 10.1** All re-usable medical equipment, including large scanning equipment (MRI, CT scanners etc) will be decontaminated prior to inspection, service or repair, and this will be documented on the Equipment Handover Sheet, Appendix 4. This form will be available to all engineers prior to starting any work on any piece of equipment.

11. Management of Infectious Patients/participants

- 11.1** The MRI equipment and environment, presents difficulties with adequate and effective decontamination following scanning of patients who may have a communicable infection. Consequently patients/participants known to have the following communicable infections will not be accepted for imaging.

Infants with Bronchiolitis

Chicken Pox

Chlamydia pneumonia

Cholera

Clostridium Difficile

Diphtheria

Influenza

Measles

MRSA

Mumps

Norovirus

Poliomyelitis

Respiratory Syncytial Virus

Rubella

Shigella (Dysentery)

Viral Haemorrhagic Fever (Lassa, Ebola Marburg, Crimean Congo)

Whooping cough

- 11.2** In the event that a Patient is scanned with one of the above infections then the system will be disinfected using 1,000ppm solution of NaDCC prior scanning the next Patient.

12. Imaging Isolation precautions

- 12.1** Patients requiring nursing using isolation precautions/procedures will not be accepted for imaging.

13. *Hepatitis B and Blood Borne Viruses*

- 13.1** Screening for BBVs will not be routinely performed due to the very low frequency of exposure to blood products or material contaminated with blood products.

- 13.1.1** Any staff member who feels their duties or working practices warrant immunisation should arrange with their GP to be immunised. Any fee payable will be met by York Diagnostic Imaging.

13.1.2 Staff undertaking Exposure prone Procedures

- 13.1.3** York Diagnostic Imaging staff, at this present time, do not undertake any Exposure Prone Procedures as described in the Department of Health Guidelines 2007: Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New workers. This will be reviewed as necessary.

14. *Review*

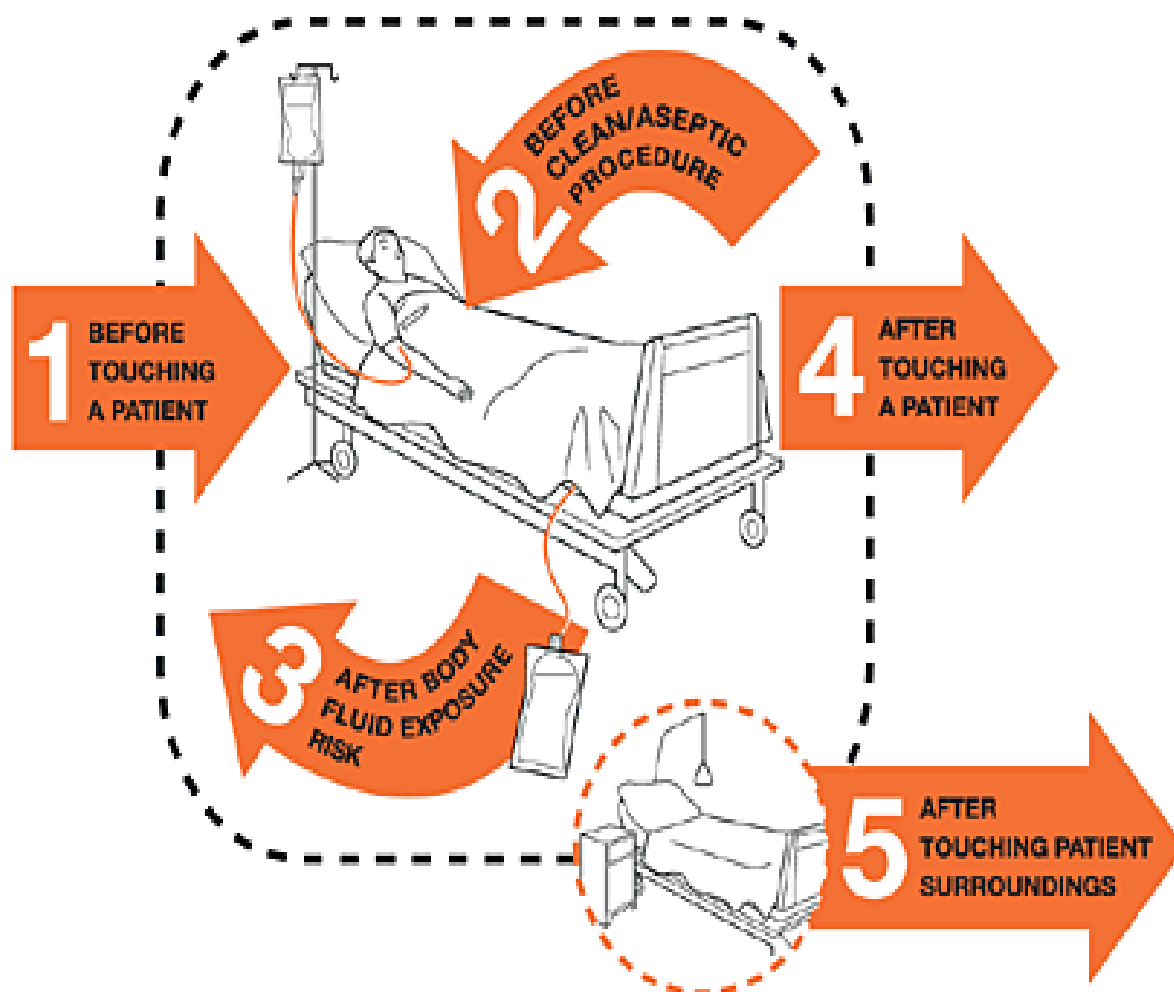
This policy will be reviewed every three years or sooner if there is any change to current legislation or guidelines. This will be undertaken by the Infection Control Lead.

15. *Evaluation*

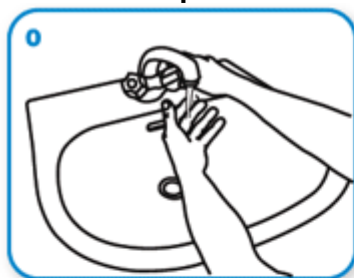
The implementation and effectiveness of this policy will be evaluated through the following:
Review of incidents and complaint

Appendix 1

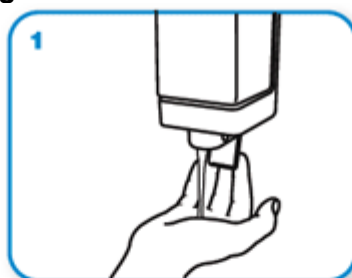
The 5 moments of Hand Hygiene



Appendix 2: Technique for hand hygiene



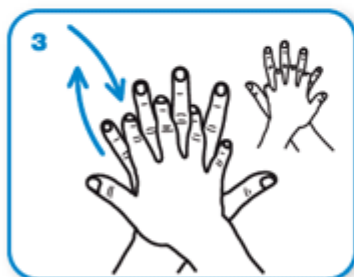
Wet hands with water



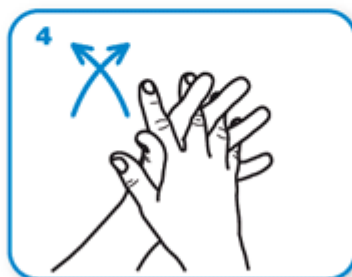
apply enough soap to cover all hand surfaces.



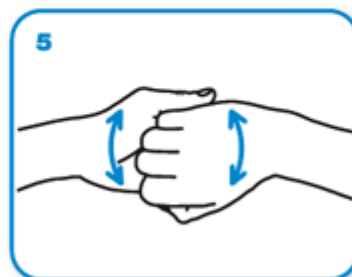
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



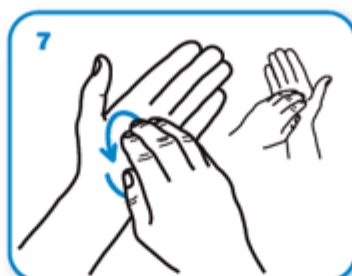
palm to palm with fingers interlaced



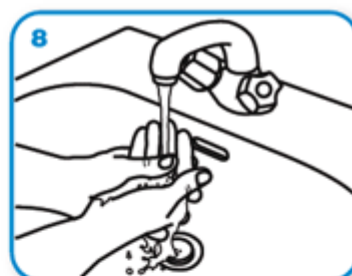
backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



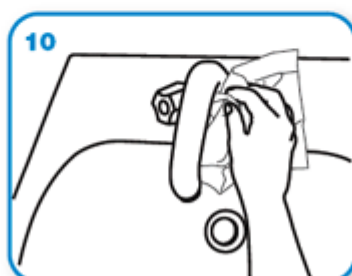
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

Appendix 3 Cleaning Responsibility Framework:

Key CS = Centre Staff
CC= Contract Cleaning Staff

Items	Frequency	Staff Group Responsible	Comments
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Floors	Weekly	Scan Room CS
	Daily	All other Floors CC
Horizontal surfaces	Daily	Scan Room CS
		Control Room CS
		All other Areas CC
Chairs/stools	Quarterly	CC
Waste receptacles	Fortnightly	CC
Cleaning Equipment	After each use	By User
Hand Hygiene dispensers	Fortnightly	CC
Sinks	Daily	CC
Telephones	Daily	CC
Monitors/keyboards	Daily	CS
Patient Table	Daily	CS
Patient mattress	Daily	CS
Patient Pillow	Daily	CS
Patient easy slides	After use	CS
Fire extinguishers	6 Monthly	CC
Cupboards	6 Monthly	CS
Pump Injector	Daily	CS
Patient examination couch	Daily	CS
Any equipment in direct contact with the patient	After use	CS
MRI coils	After use	CS
Patient headphones	After use	CS

Appendix 4: Handover Sheet

Equipment Handover Sheet (To be completed on service or repair)

Equipment

This equipment has been cleaned and/or
decontaminated in preparation for service or repair.

Equipment Received in satisfactory condition for Service/Repair (Comments below)

Service/Repair complete. System fit for Customer use. (Comments below)

Equipment accepted as fit for use
(Comment below)

Cleaning Checklist

Week Commencing.....

MRI corridor	Frequency	Mon	Tues	Wed	Thurs	Fri
Bins emptied	Daily					
Sinks & Toilet cleaned in Toilet and Patient area	Daily					
Work surfaces cleaned	Daily					
Toilet and Patient prep area floors mopped	Daily					
Carpeted floors to be vacuumed	Daily					
Door glass & skirting wiped	Weekly					
Chairs cleaned	Weekly					

GE MRI control Room	Frequency	Mon	Tues	Wed	Thurs	Fri
Bin emptied	Daily					
Sink & Worksurfaces cleaned	Daily					
Floors mopped	Daily					
Door glass & skirting wiped	Weekly					
Chairs cleaned	Weekly					

Siemens MRI control Room	Frequency	Mon	Tues	Wed	Thurs	Fri
Bin emptied	Daily					
Sink & Worksurfaces cleaned	Daily					
Floors mopped	Daily					
Door glass & skirting wiped	Daily					
Chairs cleaned	Weekly					

by (please initial):

.....

STAFF CLEANING ROTA

CONTROL ROOM

AREA	FREQUENCY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WORK SURFACES CLEANED	DAILY					
KEYBOARDS AND MICE	DAILY					
TELEPHONE WIPED	DAILY					
BINS EMPTIED	DAILY					
FLOOR MOPED	DAILY					
SINK CLEANED	DAILY					
DOOR GLASS AND SKIRTING WIPED	WEEKLY					
CHAIRS CLEANED	WEEKLY					

SCANNER ROOM

AREA	FREQUENCY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WORK SURFACES CLEANED	DAILY					
SCAN TABLE AND GANTRY BUTTONS	DAILY					
COILS	AFTER EACH PARTICIPANT/PATIENT					
BUTTON BOXES AND BUZZER	AFTER EACH PARTICIPANT/PATIENT					
FLOORS MOPED	WEEKLY					
DOOR HANDLES CLEANED	WEEKLY					