


<b>Name of Policy:</b>	<b>Infection Control</b>	 <p><b>Effective Date:</b> 1/2007</p> <p>Initial Effective Date: 10/1981</p>
<b>Policy Number:</b>	3364-134-26	
<b>Department:</b>	Radiation Oncology	
<b>Approving Officer:</b>	Vice President & Executive Director	
<b>Responsible Agent:</b>	Technical Manager, Radiation Oncology	
<b>Scope:</b>	Radiation Oncology	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

Radiation Oncology personnel are responsible for adhering to the Infection Control procedures as outlined below. All personnel will follow the standard precautions in the Infection Control Manual at all times.

**(B) Purpose of Policy**

To minimize the risk of infection transmission to patients and employees by adhering to established procedures involving patient care.

**(C) Procedure**

Classifications of Tasks: See attached sheet.

1. Handwashing
  - a. Handwashing before and after contact with each patient and after contact with each patient's secretions is the single most important means of preventing the spread of infection.
2. Sterile Supplies (Disposable)
  - a. Used needles are placed in a hospital approved puncture-resistant container for proper disposal by the housekeeping department.
  - b. Suction tubing/containers are disposed of after each patient use.
  - c. Vials of sterile water, Cystografin or other contrast media are disposed of at the end of each work day and used for one patient only.
3. Non-disposable Equipment
  - a. Laryngeal mirrors are sent to Sterile Processing for cleaning.
  - b. Laryngeal mirrors are heated in glass bead sterilizer before using.
  - c. Vaginal speculums are disposable.
  - d. Stethoscopes (ear pieces and bell or diaphragm) are cleaned after each use with alcohol sponge.
  - e. The treatment table is cleaned after each patient with a hospital approved detergent/disinfectant. Clean linen is used with each patient.
  - f. Each patient having a stent or bite block has an individually tailored block. This is labeled with the patient's name, washed with detergent/water and then wiped with alcohol after each use and placed in the container bearing the patient's name.
4. Isolation Patients
  - a. Isolation patients with the Department of Radiation Oncology are handled as described in the Infection Control Manual.
5. Employee Action
  - a. Eating/drinking is restricted in patient care areas.

6. Room Cleaning
  - a. The operating room suite is cleaned by the housekeeping department prior to use for Intraoperative Therapy.
  - b. Exam rooms and treatment rooms will be cleaned on a set routine basis by the housekeeping department.
  
7. Employee Health
 

Personnel who suffer an accidental "exposure" should:

  - report incident to immediate supervisor
  - fill out occurrence report
  - report to Employee Health at 5006 days. For off shifts, weekends, holidays, call the Administrative Coordinator (nursing supervisor) at office # (419) 383-5003

<p><b>Approved by:</b></p> <p>_____          John Feldman          Professor  <i>Signed Policy on File in Radiation Oncology (prev. format)</i>          Radiation Oncology</p> <p>_____          Mark Chastang          Vice President &amp; Executive Director</p> <p><i>Review/Revision Completed By          Michelle Giovanoli</i></p>	<p><b>Review/Revision Date:</b></p> <p>10/22/1985 4/1999          10/1986 3/2002          1987 1/2007          1988          1989          2/1990          10/1992          6/1993          10/1993          2/1995          1996          10/1997</p> <hr/> <p><b>Next Review Date:</b> 1/1/2010</p>
<p><b>Policies Superseded by This Policy:</b> 38-023</p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*