


<b>Name of Policy:</b>	<u><b>Infection Control</b></u>					
<b>Policy Number:</b>	3364-134-26					
<b>Department:</b>	Radiation Oncology					
<b>Approving Officer:</b>	Chief Executive Officer – UTMC Chair – Radiation Oncology - UTMC					
<b>Responsible Agent:</b>	Technical Manager, Radiation Oncology		<b>Effective Date:</b> 7/1/2022			
<b>Scope:</b>	Radiation Oncology		Initial Effective Date: 10/1981			
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>			<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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**(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. Vials of sterile water, 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. Vaginal speculums are disposable.
  - c. Stethoscopes (ear pieces and bell or diaphragm) are cleaned after each use with alcohol sponge.
  - d. The treatment table is cleaned after each patient with a hospital approved detergent/disinfectant. Clean linen is used with each patient.
  - e. Each patient having a stent or bite block has an individually tailored block. This is labeled with the patient’s name, washed with Peroxide 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. 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:

  - Refer to Infection Control Policies – “Bloodborne Pathogens Exposure Control Plan”

<p><b>Approved by:</b></p> <p><u>/s/</u> _____ <u>07/08/2022</u>        Mersiha Hadziahmetovic, MD        Associate Professor &amp; Chair, Radiation Oncology        Date</p> <p><u>/s/</u> _____ <u>07/08/2022</u>        Richard P. Swaine        Chief Executive Officer - UTMC        Date</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 4/22/2010        1989 9/1/2013        2/1990 6/1/2016        10/1992 6/1/2019        6/1993 7/1/2022        10/1993        2/1995        1996        10/1997</p> <p><b>Next Review Date:</b> 7/1/2025</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.*