

UTMB RESPIRATORY CARE SERVICES POLICY - Infection Control	Policy 7.3.3 Page 1 of 4
Infection Control Formulated: 10/78	Effective: 11/05/94 Revised: 12/03/14 Reviewed: 08/14/23

Infection Control

Purpose To provide infection control guidelines for Respiratory Care personnel at UTMB. All Therapists/Respiratory Care Assistants are required to adhere to the following guidelines to prevent exposure of patients to contaminated equipment and to decrease the risk of nosocomial infections related to Respiratory Care.

Audience All UTMB employees, contract workers, volunteers, and students in the Respiratory Care Services Department.

Personnel Hand washing shall be performed before and after each patient contact and at other times as required (see policy: Hand washing for All Hospital Employees).

- Personnel shall comply with Employee Health Center guidelines for their area.
- Eating and drinking shall be confined to designated areas.
- All personnel shall adhere to the hospital dress codes and the dress code of each department.
- Personnel entering a patient's room shall follow Universal Precautions to avoid contact and soilage of their clothing by the patient's blood, other body fluids or excretions.
- All personnel shall follow the instructions posted on the door or isolette of a patient in isolation. All guidelines shall be followed. Items that will be removed from the patient's room shall not be placed on surfaces in that room.
- Suspected or known exposure to or acquisition of an infectious disease shall be reported to the Employee Health Center or Healthcare Epidemiology immediately.
- A clean uniform shall be worn daily.
- All cuts and lacerations shall be covered with a waterproof dressing.
- The Universal Precautions Policy shall be followed for contact with any and all blood and body fluids.
- Strict aseptic and sterile techniques shall be maintained for all invasive procedures.
- Healthcare workers with direct patient contact must maintain their fingernails in accordance with HCE policy 01.14.

Equipment & Supplies

- Disposable equipment shall never be reused.
- Equipment used for emergency care shall be covered until used, with the exception of code carts.

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- • Equipment in use shall be cleaned at least daily with a disinfectant solution and more often as necessary.

Equipment

Ventilators that are discontinued from patient use shall be wiped down with Cavicide prior to processing.

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& Supplies Continued

- • Processing reusable equipment - all equipment to be sterilized or disinfected shall be thoroughly cleaned to remove all blood, tissue, food or other residue. Processed reusable equipment shall be checked prior to use for appropriate packaging. Large pieces of respiratory care equipment shall be covered with dust covers. Clean equipment and dirty equipment shall not be stored in the same area.
- • When equipment and instruments are soaked in activated Glutaraldehyde, the container shall be covered and the activation date and the expiration date of the solution written on the lid.
- • All clean and sterile supplies shall be stored on shelves or pallets 8-10" off the floor. Clean and sterile supplies shall be dust-free.
- • Any equipment removed from an isolation room will be wiped down with Cavicide, allowed to dry and then wiped down again prior to processing.

Respiratory Equipment

Non disposable respiratory equipment needed high level disinfection should follow epidemiology policy and procedure 01.05.04 High Level Disinfection of Semi-Critical Equipment.

Patient Care

- Multi-dose vials of medication shall be dated when opened and discarded according to the UTMB Pharmacy policy. Medications shall be supplied in single-dose vials when possible.
- Gloves shall be worn during contact with mucous membranes or when cleaning items contaminated with patient's blood, other body fluids or excretions.
- Hand washing shall always be performed after removal of gloves.
- Perform tracheostomy procedures under sterile conditions. When changing a tracheostomy tube use aseptic technique and replace the tube with one that has undergone sterilization or high-level disinfection.

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Procedures

- Floors and horizontal surfaces in the department shall be cleaned at least daily.
- Resuscitation bags shall be disposable .
 - Disposable single use items shall not be reprocessed and reused unless part of the UTMB reprocessing program. All contaminated reusable equipment shall be decontaminated by appropriate means prior to being reprocessed (i.e., in the decontamination room).

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- Continued next page* ➤ Persons who decontaminate equipment shall wear gloves.
- When equipment cannot be decontaminated prior to servicing, a sticker displaying the biohazard symbol shall be attached.
 - The area(s) contaminated shall be written on the front of the sticker.
 - Opened bottles of saline and water shall be dated and discarded at the end of 24 hours.

Corresponding Policies

Follow procedures as outlined Healthcare Epidemiology Policies and Procedures: #2.24 Respiratory Care Services.

<http://www.utmb.edu/policy/hcepidem/search/02-24.pdf>

Cleaning and Reprocessing of Patient Care Equipment and Medical Devices, Policy #01.05; <http://www.utmb.edu/policy/hcepidem/search/01-05.pdf>

Intravascular Devices and Infusion System, Policy #01.18, <http://www.utmb.edu/policy/hcepidem/search/01-18.pdf>

Employee Health Center: Communicable Disease Control, Policy #01.09, <http://www.utmb.edu/policy/hcepidem/search/01-09.pdf>

Disposable Patient Care Items, <http://www.utmb.edu/policy/hcepidem/search/01-07.pdf>

Hand washing For All Hospital Employees,

<http://www.utmb.edu/policy/hcepidem/search/01-14.pdf>

Isolation, <http://www.utmb.edu/policy/hcepidem/search/01-19.pdf> Exposure Control Plan/ Universal Precautions,

<http://www.utmb.edu/policy/hcepidem/search/01-32.pdf>

References

CDC Draft Guideline for Prevention of Nosocomial Pneumonia. Notice of Comment Period. 59 Fed. Reg. 4980-5022 (1994).

Centers for Disease Control & Prevention: Guideline for Prevention of Nosocomial Pneumonia, Respiratory Care 1994, 39(12); 1191-1236

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Guideline for Prevention of Nosocomial Pneumonia. Infection Control
Hospital Epidemiology 1994; 15: 588-627.
