



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

Infection Control for the Radiology Department

Effective Date: March 15, 2017

Policy: RD-02

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- I. PURPOSE:** To identify methods for preventing the spread of infection through the radiology department, personnel, or equipment.
- II. POLICY:** It is the policy of the Montana State Hospital radiology department to provide an infection free environment for MSH patients.
- III. DEFINITIONS:**
 - A. Body Substance Isolation (BSI) – practice of isolating all body substances (blood, urine, feces, tears, etc.) of individuals undergoing medical treatment.
 - B. Limited Permit Technologist (LPT): current State of Montana limited permit radiology technologist license.
 - C. Registered Radiology Technologist (RT): current American Registry of Radiologic Technologists (ARRT) and State of Montana license holder under contract with to provide services to MSH.
- IV. RESPONSIBILITIES:**
 - A. Direct care staff – ensure the wheelchair and/or gurney are sanitized.
 - B. RT – ensure the radiology department equipment is sanitized.
 - C. LPT – ensure the radiology department equipment is sanitized.
 - D. Housekeeping staff – ensure restroom is cleaned daily.
 - E. All staff – ensure proper hand washing technique is utilized.
- V. PROCEDURE:**
 - A. General diagnostic imaging:
 1. The wheelchairs and gurneys should be wiped down with sanitizing wipes or a solution containing 70% alcohol.
 2. The exam table is to be wiped down frequently with sanitizing wipes or a solution containing 70% alcohol.
 3. The x-ray tube, chest board, control panel, and countertops should be wiped down frequently with sanitizing wipes or a solution containing 70% alcohol.
 4. The cassettes need to be cleaned at least once a month with sanitizing wipes or a solution containing 70% alcohol.
 5. Rest rooms are to be cleaned daily.
 6. Hands are to be washed before and after every patient per MSH policy IC-05, Handwashing.

B. Personal hygiene of the technologist:

1. Wash hands before and after every contact with a patient.
2. BSI precautions are to be used on every patient.
3. Technologists with communicable diseases are not to work with patients and should stay home.
4. Technologists should be well kept and neat in their appearance.
5. Technologists should be free from offensive odor.
6. Technologists should avoid direct coughs from patients.
7. New employees are required to have a TB skin test.
8. Lab coats are to be laundered frequently.

VI. REFERENCES: MSH policy IC-05, Handwashing.

VII. COLLABORATED WITH: Limited Permit Radiology Technologist; Associate Director of Nursing, Medical Director; Registered Radiology Technologist, and Radiologist.

VIII. RESCISSIONS: None, new policy.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Infection Control Nurse.

XII. ATTACHMENTS: None.

Signatures:

Jay Pottenger
Hospital Administrator

Thomas Gray, M.D.
Medical Director