

**VALLEYCARE**  
**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS**  
**RESPIRATORY CARE SERVICES - ADULT**  
**POLICY & PROCEDURE**

**NUMBER: 898**

**VERSION: 1**

**SUBJECT/TITLE: INFECTION CONTROL POLICY**

**POLICY:** All RCP's will observe infection control policies, be familiar with the contents of the infection control manual, and any updated policies concerning infection control.

**PURPOSE:** To prevent the spread of infection.

**DEPARTMENTS: RESPIRATORY CARE SERVICES**

**DEFINITIONS:**

**PROCEDURE:** **Universal Precautions**  
All respiratory staff will follow universal Blood and Body Fluid Precautions.

**Employee Health**

All employees will have pre-employment screening, annual T.B. skin tests, and all immunizations, as recommended by the Infection Control Committee.

**Employee Exposures to a Communicable Disease**

Notify Employee Health and Infection Control of any employee exposure to a communicable disease.

**Employee Education**

All employees will receive orientation to Infection Control and will attend an Infection Control class annually and will follow the Infection Control policies and procedures of ValleyCare Olive View-UCLA Medical Center and the Respiratory Therapy.

**Self-Education**

1. It is the responsibility of the Respiratory Therapist to be familiar with any information indicating that a patient has a communicable respiratory infection. Chart reviews both prior to the initial therapy and on a daily basis are essential for proper care.
2. The Respiratory Therapy Department will observe the hand washing procedure outlined in the Infection Control Manual.
3. At Respiratory Therapy Department meetings Infection Control issues will be discussed, updated and implemented as needed.

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### **Equipment**

1. Pediatric aerosol tents placed on “stand-by” status for more than eight (8) hours will have their aerosol nebulizer units changed. Tents in continuous operation will have their aerosol nebulizer reservoirs emptied of water every shift and filled with sterile water. The condensation trap will be emptied as frequently as necessary, but not less than once a shift. All other non-disposable equipment used for aerosol production or conveyance will be replaced with cleaned and sterilized equipment every 24 hours.
2. All disposable continuous flow devices for delivery of oxygen-enriched heated humidity to the newborn will be changed every 48 hours.
3. Respiratory therapy equipment will be strictly segregated and utilized again only after appropriate cleaning and sterilization.
4. All disposable equipment (i.e. hand held nebulizers) will be used on only one patient and will be disposed of every 24 hours.
5. All aerosol devices that are not continuous flow devices will be changed every 24 hours.
6. All equipment (disposable) used on any patient in isolation will be changed every 24 hrs.
7. All disposable and non-disposable closed system equipment (i.e., volume ventilator circuits) will be changed when visibly soiled or non functional.
8. Circuit change will be documented on patients’ flow sheet.

### **Equipment Breakdown, and Cleaning**

All ventilators, BIPAP and other hard mobile equipment will be brought up to the department and placed in the decontamination room.

### **BIPAP/CPAP Machines**

1. Remove all disposable equipment and discard in a proper receptacle.
2. Wipe and thoroughly wet the surface of the equipment with germicidal disposable wipe.
3. Allow treated surfaces to remain wet for the duration of the contact time of 2 minutes or as stated on the germicidal wipe label.
4. Re-assemble equipment using the appropriate circuits and filters.

### **Ventilators**

1. Remove all disposable equipment and discard in a proper receptacle.
2. Wipe and thoroughly wet the surface of the equipment with germicidal disposable wipe.
3. Bring the ventilator down to central processing for disinfection and cleaning.
4. Once central processing finished processing the ventilator, pick up the equipment and bring to the respiratory care department for assembly.
5. After assembling, place a clean plastic bag over the ventilator and place in

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the clean utility room.

References:	
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