

Respiratory Therapy

These policies and procedures were established to provide a workable guide to Respiratory Therapy staff and students, as well as hospital staff, to prevent and control communicable diseases transmitted through Respiratory Therapy equipment. The Respiratory Therapy Department provides diagnostic and therapeutics services to monitor and support the function of the respiratory system.

Staff.

- Handwashing
 - Hands are to be washed before and after patient contact and after attending to personal needs.
 - Personnel who may come in contact with blood and body fluids, non-intact skin, mucous membranes, or items or surfaces contaminated with blood or body fluid will wear disposable gloves. Gloves must always be changed between patients and when visibly soiled. Hands must be washed after gloves are removed.
- Employee health
 - Employees having signs/symptoms of infection (i.e., skin lesions, diarrhea, URI) must report to their supervisor. The supervisor will in turn refer them to Occupational Health where appropriate action will be determined.
 - In event of inadvertent exposure to patients with a communicable disease or an occupational injury (i.e., needlestick), the employee will report this immediately to their supervisor and will be referred to Preventive Medicine/Occupational Health respectively for treatment and follow-up.
- Personal hygiene
 - All personnel will maintain a high level of personal cleanliness.
 - Uniform or civilian attire worn on the job will be maintained in a neat and clean manner.
- In-service education
 - Orientation. All newly assigned personnel, both staff and student, shall be oriented to proper infection control policies and procedures by a senior technician and shall be familiar with the infection control policies found in the Infection Control Manual and the Respiratory Therapy Procedure Manual.
 - Continuing Education. Infection Control procedures are covered regularly in scheduled in-service education classes.

Isolation.

- Personnel will determine what type of isolation category the patient is on and will follow specifications as outlined in Chapter 1 of the Infection Control Manual. Emphasis will be placed on isolation of the “infective material”.
- “Universal/Standard Precautions” will be followed on all patients regardless of their diagnosis.
- All cough-inducing procedures performed on patients who are suspected TB patients, are performed in a special ventilation room. Staff will wear a N-95 Respirator when present in a room where cough-inducing procedures are being performed.

Equipment.

- Disposable
 - Disposable tubing, breathing heads, and other accessories will be used for IPPB treatments. Oxygen and humidity devices are changed on a weekly basis and between patients; they are stored in a clean, dry plastic bag when not in use.
 - Breathing circuits for ventilators will not be changed routinely. The ventilator circuits will be changed only if visibly soiled or if mechanically malfunctioning. Closed in line suction catheters will be changed every 7 days on all ventilators in the ICU, NICU, and PICU. Heated wire circuits will not be changed routinely. The heated wire circuits will be changed only if visibly soiled or if mechanically malfunctioning. Heated wire circuits (Infants only) are replaced every 7 days.
 - No piece of respiratory therapy equipment that is designed for single use (disposable) will be reused.
 - All respiratory therapy equipment will be covered (when not in use) to be kept clean.
 - Once ambu bags have been used for one patient, they will be returned for decontamination and sterilization.
- Mechanical cleaning process
 - All equipment is completely disassembled and observed for visible structural defects and debris.
 - Any debris (blood, tissue, mucoid material) is removed by scrubbing with a brush soaked in detergent solution. Equipment is then totally immersed for 20 minutes in a disinfectant solution followed by immersion in hot water, and all allowed to soak for one hour.
 - Hot running water is used for a final rinse.
 - Tubing is then connected to the tube drier.
 - Mechanical pieces are air-dried.
 - After drying, the equipment is again inspected for visible defects or debris. If any is present, those pieces are again scrubbed and soaked in the detergent solution.
 - The equipment is then packaged for sterilization.
 - The method for packaging is determined by the size of the piece of equipment and the method of sterilization.
 - Internal and external monitors are placed on equipment sent to Central Supply for ETO sterilization and/or steam autoclave as needed.
- Humidification equipment
 - Humidifiers and aerosol equipment are disposable and are changed between patients and as needed.
 - Only sterile fluids are used in nebulizers and humidifiers.
 - Fluid reservoirs will be filled immediately before use.
 - Fluid will not be added to a partially filled reservoir. If the reservoir is not sealed and fluid must be added, the residual fluid will first be discarded. Water that has condensed in tubing will be discarded and never drained back into the reservoir.
- Durable medical equipment
 - Medical ventilators cannot be immersed or placed in an ethylene oxide sterilizer. Decontamination requires disassembly of external parts. Ventilator will be wiped down externally between patient use. To prevent contamination of environment during patient

use, filters will be used on exhalation side. The ventilator will be changed monthly during prolonged patient use.

Patient Care Equipment.

- All sterile gear will be handled and stored in accordance with CPD policies found in the Infection Control Manual.
- Clean/sterile gear is stored in a dry, clean area away from contaminated areas or supplies. Sterile supplies are preferably stored in closed cabinets or shelves that are elevated at least 8-10 inches off the floor and 18-20 inches from the ceiling. Supplies should not be stored on the floor.
- All supplies are checked for wetness, discoloration, or broken seals. Solutions are checked for cloudiness or cracked glass. If in doubt as to the sterility of the item, consider the item unsterile and discard appropriately.
- Disposable items are utilized as much as possible. Items are marked with the patient's name and discarded upon their discharge. Disposables should not be reused.
- Critical items are instruments or objects that are normally introduced directly into the blood stream or into normally sterile areas of the body. Critical items must be sterile.
- Semi-critical items are items that come in contact with intact mucous membranes, but do not ordinarily penetrate body surfaces (i.e., respiratory therapy and anesthesia equipment). These items must be subjected to a high-level disinfection procedure after each use. This can be accomplished by thorough and meticulous cleaning of the item in an appropriate high-level disinfectant, such as gluteraldehyde for a minimum time of 20 minutes and then thoroughly rinsing the item with sterile water.
- Non-critical items are items that do not touch the patient or only come in contact with intact skin. These items rarely, if ever, transmit disease. Routine washing of these items with a hospital detergent is generally sufficient.

General Policies.

- Needles, syringes, and sharps are to be disposed of uncapped and uncut into a puncture-resistant sharp's container. Be careful to avoid injury. Follow the algorithm found in the Infection Control Manual if a needlestick or sharp injury occurs.
- Staff will report promptly, all occupational injuries or infectious exposures to Occupational Health for treatment and follow-up.
- Infectious waste will be disposed of in accordance with hospital policy. Guidelines may be found in the Infection Control Manual.
- All personnel will follow hospital policy on "Universal/Standard Precautions" and the hospital Bloodborne Pathogen Exposure Control Plan for protection against blood borne pathogens.

Housekeeping.

- Staff will ensure that all patient treatment areas are maintained in a clean and neat manner.
- Floors and other horizontal surfaces will be cleaned daily with an EPA approved disinfectant.
- All blood or body fluid spills will be cleaned promptly with a 1:10 bleach solution or an EPA approved disinfectant.