Infection Control Training Syllabus- 2010

New York State Department of Health and
State Education Department

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Background

In August 1992, Chapter 786 of the Laws of 1992 established a requirement that certain healthcare professionals licensed in New York State receive training on infection control and barrier precautions by July 1994 and every four years thereafter unless otherwise exempted.

The statute applies to the following professionals:

- Dental hygienists
- Dentists
- Licensed practical nurses
- Optometrists
- Physicians
- Physician assistants
- Podiatrists
- Registered professional nurses
- Specialist assistants
- *Medical students
- *Medical residents
- *Physician assistant students

(* These categories were added pursuant to legislation enacted in November, 2008.)

Goal of Infection Control Training as Mandated by Chapter 786

The goal of the infection control training requirement is to:

- Assure that licensed, registered, or certified health professionals understand how bloodborne pathogens may be transmitted in the work environment: patient to healthcare worker, healthcare worker to patient, and patient to patient;
- Apply current scientifically accepted infection prevention and control principles as appropriate for the specific work environment;
- Minimize opportunity for transmission of pathogens to patients and healthcare workers; and
- Familiarize professionals with the law requiring this training and the professional misconduct charges that may be applicable for not complying with the law.

Training Requirement: Minimum Core Elements

In defining the scope of this training, the Departments consulted with health professionals in professional societies, academia, and healthcare organizations representative of the professions and the settings affected by this mandate. The resulting syllabus consists of six core elements which are intended to provide an outline of the concepts, principles, and practices which should, at a minimum, be covered in each section.

It is expected that the course work will be tailored to meet the specific needs of the professional audience and will be relevant to the most current and scientifically accepted practices in infection control. Each core element must be covered to meet the training requirement. The outline provides a **general** direction for the intended scope of each element. Course providers may modify the outline based on audience need.

Comparison to Required Training as Part of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard

The New York State law requires training to control transmission of disease from healthcare worker to patient, patient to healthcare worker, and patient-to-patient. OSHA requirements do not meet the New York State law for mandatory training since their focus is limited to preventing occupational exposure. It is believed that the employers who offer the infection control training designed by this syllabus can easily incorporate OSHA training mandates as part of the bloodborne pathogens program.

Time Requirements/Formats

Although there is no set time requirement, general experience has shown that the initial course program may be designed to last between 2-4 hours while the updated course work required every four (4) years often takes less time. Course work can be done in a single session or in divided time slots to meet the Course providers' needs.

The format for the delivery of this program is also not specified, allowing the Course Providers freedom in reaching their audience. However, if distance-learning methods are used, the Course Provider must be able to provide participants with direct answers to questions they may have as a result of the program offering.

Course Provider Approval

Organizations interested in seeking provider approval for infection control course work or training must seek application from the appropriate department.

- Organizations or individuals who will primarily be training physicians, registered physicians assistants, or specialists' assistants, healthcare facilities regulated by the Department of Health (DOH), or organizations whose membership consists of DOH-regulated facilities, and who offer educational services to these facilities should apply to the DOH.

- For all Article 28 health care facilities seeking providership, the ***recommendation*** for the qualifications of the Course Provider are:
  - Current experience in infection control, and/or
  - Certification as an infection control practitioner (e.g., certification by the Certification Board of Infection Control and Epidemiology, Inc. [CIC®]).

- For any non-Article 28 applicants seeking providership with the DOH, the following ***requirement*** must be met:
  - Current certification as an infection control practitioner (e.g., CIC®), or
  - Active in infection control practice within an institution for a minimum of 2 years, or
  - Active infectious disease physician.

- Organizations that will primarily be training dental hygienists, dentists, licensed practical and registered professional nurses, optometrists, and podiatrists must apply to the State Education Department (SED).

- Colleges and universities authorized to offer educational programs in the professions affected by this legislation, healthcare facilities outside New York State or those not regulated by the DOH, and organizations or government entities that educate professionals in healthcare issues should apply to SED.

Application forms can be requested from the DOH or the SED at the following telephone numbers and/or addresses:

- **Department of Health** Course Provider Forms are available at: http://www.nyhealth.gov/professionals/diseases/reporting/communicable/infection/hcp_training.htm or by calling the Healthcare Epidemiology and Infection Control Program at 518-474-1142.

- **State Education Department** Course Provider Forms are available by calling 518- 474-3817, ext. 360 or by e-mail request to oppleuic@mail.nysed.gov. Web: www.nysed.gov.

Courses approved by one Department will be recognized as courses approved by the other through a reciprocity agreement established between the Departments.

Documentation Requirements for Providers

NYS-approved Course Providers must document completion of training as prescribed. This shall include the provision, within 21 days, of a certificate of completion to each person who completes the course work or training. Such forms should contain, at a minimum:

- Name of the participant

- Date of course completion
- NYS-approved Course Provider name and identification number
- Signature of the NYS-approved Course Provider

An example of a certificate of completion is included in this syllabus. Course providers are free to duplicate this certificate.

Maintenance of Records

Course Providers must maintain a record of persons who completed the course for a minimum of six years. This record may be stored on computer or hard copy, at the discretion of the provider.

Instructions on Documentation for Course Participants

Each Course Provider must instruct participants in how training will be documented. This information will vary according to the professional discipline and any arrangements made by provider organizations to furnish information to healthcare organizations or the Department of Health. **All participants should be instructed to retain their certification of completion.**

In addition:

- Physicians, registered physicians assistants, and specialist assistants hired by or granted professional privileges at a hospital or healthcare facility must document to that organization the completion of the approved course work at the time of hiring or when professional privileges are granted or renewed.

- Physicians, registered physicians assistants, and specialist assistants **not** affiliated with a healthcare facility must provide evidence of course completion to the Department of Health. Each Course Provider should give a copy of the certificate of completion to any health professional in this category at the time the training is offered. A copy of this certificate, which can be duplicated, will be provided at the time of the Course Provider approval.

- Dental hygienists, dentists, licensed practical nurses, optometrists, podiatrists, and registered professional nurses must attest to completion of training to the SED at the time of license renewal by providing the name and identification number of the Course Provider and the date of training on the renewal application form. Persons in these professions are not to submit copies of their certificate of completion.

- Any dentist or podiatrist hired by or granted professional privileges at a hospital or healthcare facility must document to that organization the completion of approved course work at the time of hiring or when professional privileges are granted or renewed.

Exemptions or Equivalency Approvals

New York State Education Department may exempt **dentists, dental hygienists, licensed practical nurses, optometrists, podiatrists and registered nurses** from completing the course work or training required upon receipt of the following:

- A written application for such exemption establishing there is no need to complete the course work or training because the nature of the applicant's practice does not require the use of infection control techniques or barrier precautions; or

- Documentation satisfactory to the department that the applicant/licensee has completed course work or training equivalent to that approved by the department.

Professionals in the categories listed above not currently practicing in New York State but holding active New York State licenses DO NOT need to complete the infection control course work at this time. Upon resuming practice in New York State, they have 90 days to complete the training.

To obtain an exemption form from the **New York State Education Department,** request a copy of Form 1C by contacting the Forms Management Unit by phone at 518-474-3817 ext. 320 or email opforms@mail.nvsed.gov , or by logging onto www.op.nysed.gov.

New York State Department of Health may exempt **physicians, physician assistants and specialist assistants** from taking the required course work based upon receipt of documentation of the following:

- A written application indicating the criteria upon which the applicant is requesting an **exemption.** The criteria for exemptions are:
  - Retired and no longer in active practice; or
  - Interruption of active practice; or
  - Not practicing in New York State; or
  - Do not provide direct patient care, or the nature of the practice does not require application of infection control principles and practices (e.g., counseling, education) **and** do not directly supervise or oversee individuals or programs where others are responsible for providing patient care or reprocessing patient care equipment; or
  - Other practice category. This requires full written explanation on the request for exemption form.

- **A** written application indicating the criteria upon which the applicant is requesting an **equivalency exemption through training.** The criteria for equivalency exemptions are:
  - Completion of a fellowship in infectious disease; or
  - Two years experience as a hospital epidemiologist; or
  - Current certification in infection control; or
  - Infection control practitioner qualified by training and/or experience.

New York State Department of Health exemption forms are available at http://www.nyhealth.gov/professionals/diseases/reporting/communicable/infection/hcp_training.htm#how

ELEMENT I

HEALTHCARE PROFESSIONALS HAVE THE RESPONSIBILITY TO ADHERE TO SCIENTIFICALLY ACCEPTED PRINCIPLES AND PRACTICES OF INFECTION CONTROL IN ALL HEALTHCARE SETTINGS AND TO OVERSEE AND MONITOR THOSE MEDICAL AND ANCILLARY PERSONNEL FOR WHOM THE PROFESSIONAL IS RESPONSIBLE

LEARNING OBJECTIVES

At the conclusion of course work or training on this element, the learner will be able to:

- Recognize the benefit to patients and healthcare workers of adhering to scientifically accepted principles and practices of infection prevention and control;
- Recognize the professional's responsibility to adhere to scientifically accepted infection prevention and control practices in all healthcare settings and the consequences of failing to comply; and
- Recognize the professional's responsibility to monitor infection prevention and control practices of those medical and ancillary personnel for whom he or she is responsible and intervene as necessary to assure compliance and safety.

CONTENT OUTLINE

I. Sources and definition of standards of professional conduct as they apply to infection prevention and control.

   A. Rules of the Board of Regents, Part 29.2 (a)(13);

   B. Part 92 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of New York;

   C. Statements of relevant professional and national organizations.

II. Implications of professional conduct standards.

   A. Professional responsibility to adhere to infection control standards;

   B. Professional responsibility for monitoring and overseeing the practice of others who

are their responsibility;

C. Consequences of failing to follow accepted standards of infection prevention and control.

1. Increased risk of adverse health outcomes for patients and healthcare workers;
2. Healthcare professionals may be subject to charges of professional misconduct:
    a. Mechanisms for reporting misconduct;
    b. Complaint investigation;
    c. Possible outcomes:
        1) Disciplinary action;
        2) Revocation of professional license;
        3) Professional liability.

III. Methods of Compliance.

A. Participation in required infection prevention and control training;

B. Adherence to accepted principles and practices of infection prevention and control.

ELEMENT II

MODES AND MECHANISMS OF TRANSMISSION OF PATHOGENIC ORGANISMS IN THE HEALTHCARE SETTING AND STRATEGIES FOR PREVENTION AND CONTROL

LEARNING OBJECTIVES

Upon completion of course work or training on this element, the learner will be able to:

- Describe how pathogenic organisms are spread in healthcare settings;
- Identify the factors which influence the outcome of an exposure to pathogenic organisms in healthcare settings;
- List strategies for preventing transmission of pathogenic organisms; and
- Describe how infection control concepts are applied in professional practice.

DEFINITIONS

Pathogen or infectious agent: A biological, physical, or chemical agent capable of causing disease. Biological agents may be bacteria, viruses, fungi, protozoa, helminthes, or prions.

Portal of entry: The means by which an infectious agent enters the susceptible host.

Portal of exit: The path by which an infectious agent leaves the reservoir.

Reservoir**:** Place in which an infectious agent can survive but may or may not multiply or cause disease. Healthcare workers may be a reservoir for a number of nosocomial organisms spread in healthcare settings.

Standard precautions: A group of infection prevention and control measures that combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents.

Susceptible host: A person or animal not possessing sufficient resistance to a particular infectious agent to prevent contracting infection or disease when exposed to the agent.

Transmission: Any mechanism by which a pathogen is spread by a source or reservoir to a person.

Common vehicle: Contaminated material, product, or substance that serves as a means of

transmission of an infectious agent from a reservoir to one or more susceptible hosts through a suitable portal of entry.

CONTENT OUTLINE

I. Overview of components of the infectious disease process.

A. Concept of "The Chain of Infection":

1. Pathogen or infectious agent;
2. Reservoir (human, animal, environmental);
3. Portal of exit:
    a. Sites (respiratory tract, gastrointestinal tract, genitourinary tract, skin/mucous membrane, transplacental, blood);
    b. Mechanisms (drainage, excretions, secretions).
4. Portal of entry:
    a. Sites (respiratory tract, gastrointestinal tract, genitourinary tract, skin/mucous membrane, transplacental, parenteral);
    b. Mechanisms (percutaneous injury, invasive devices/procedures (e.g., vascular access), surgical incision.
5. Mode of transmission:
    a. Contact with pathogen:
        1) Direct;
        2) Indirect;
        3) Droplet;
        4) Airborne.
    b. Common vehicle (e.g., food, water);
    c. Vectorborne.
6. Susceptible host.

B. Factor influencing the outcome of exposures:

1. Host factors:
    a. Natural barriers (e.g., intact skin, respiratory cilia, gastric acid and motility, flow of urine, tears, normal flora);
    b. Host immunity (e.g., inflammatory response, humoral immunity, cell-mediated immunity, immune memory).
2. Pathogen or infectious agent factors:
    a. Infectivity;

b. Pathogenicity;
c. Virulence;
d. Size of innoculum;
e. Route of exposure;
f. Duration of exposure.

3. Environmental factors:
   a. Contamination of environment, fomites;
   b. Contamination of equipment.

II. Methods to prevent the spread of pathogenic organisms in healthcare settings.

A. Standard precautions:
   1. Respiratory hygiene/cough etiquette;
   2. Safe injection practices (see Element III);
   3. Use of masks during spinal/epidural access procedures.

B. For patients infected with organisms other than bloodborne pathogens:
   1. Early identification;
   2. Prompt isolation;
   3. Appropriate treatment.

C. Control of routes of transmission:
   1. Hand hygiene:
      a. Appropriate selection and use of agents (e.g., soap and water, alcohol based hand sanitizers);
      b. Factors influencing hand hygiene efficacy;
      c. Sources of potential contamination or cross-contamination of hand hygiene materials.
   2. Use of appropriate barriers:
      a. Appropriate selection, donning, doffing, and disposal of personal protective equipment (PPE).
   3. Appropriate isolation/cohorting of patients infected with communicable diseases:
      a. Standard precautions for all patients;
      b. Transmission based precautions for other pathogens:
         1) Contact (direct, indirect);
         2) Droplet;
         3) Airborne.

c. Host support and protection:
    1) Vaccination;
    2) Pre-and post-exposure prophylaxis;
    3) Protecting skin and immune system integrity.
d. Environmental control measures:
    1) Cleaning, disinfection, and sterilization of patient care equipment (see Element V);
    2) Environmental cleaning (housekeeping);
    3) Appropriate ventilation;
    4) Waste management;
    5) Linen and laundry management;
    6) Food services.
e. Engineering and work practice controls (see Element III).
f. Training and education of healthcare workers.

ELEMENT III

USE OF ENGINEERING AND WORK PRACTICE CONTROLS TO REDUCE THE OPPORTUNITY FOR PATIENT AND HEALTHCARE WORKER EXPOSURE TO POTENTIALLY INFECTIOUS MATERIAL IN ALL HEALTHCARE SETTINGS

LEARNING OBJECTIVES

Upon completion of course work or training on this element, the learner will be able to:

- Define healthcare-associated disease transmission, engineering controls, safe injection practices, and work practice controls;
- Describe specific high-risk practices and procedures that increase the opportunity for healthcare worker and patient exposure to potentially infectious material;
- Describe specific measures to prevent transmission of bloodborne pathogens from patient to patient, healthcare worker to patient, and patient to healthcare worker via contaminated injection equipment;
- Identify work practice controls designed to eliminate the transmission of bloodborne pathogens during use of sharp instruments (e.g., scalpel blades and their holders (if not disposable), lancets, lancet platforms/pens, puncture devices, needles, syringes, injections); and
- Identify where engineering or work practice controls can be utilized to prevent patient exposure to bloodborne pathogens.

DEFINITIONS

Healthcare-associated infections (HAIs): Infections associated with healthcare delivery in any setting (e.g., hospitals, long-term care facilities, ambulatory settings, home care).

Engineering Controls: Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Injection safety (or safe injection practices): A set of measures taken to perform injections in an optimally safe manner for patients, healthcare personnel, and others. A safe injection

does not harm the recipient, does not expose the provider to any avoidable risks and does not result in waste that is dangerous for the community. Injection safety includes practices intended to prevent transmission of bloodborne pathogens between one patient and another, or between a healthcare worker and a patient, and also to prevent harms such as needlestick injuries.

Single-use medication vial: A bottle of liquid medication that is given to a patient through a needle and syringe. Single-use vials contain only one dose of medication and should only be used once for one patient, using a new sterile needle and new sterile syringe.

Multi-dose medication vial: bottle of liquid medication that contains more than one dose of medication and is often used by diabetic patients or for vaccinations.

Work Practice Controls: Controls that reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

CONTENT OUTLINE

I. High risk practices and procedures (by exposure type) capable of causing healthcare acquired infection with bloodborne pathogens:

A. Percutaneous exposures

1. Exposures occurring through handling/disassembly/disposal/reprocessing of contaminated needles and other sharp objects:

    a. Manipulating contaminated needles and other sharp objects by hand (e.g., removing scalpel blades from holders, removing needles from syringes);

    b. Delaying or improperly disposing (e.g., leaving contaminated needles or sharp objects on counters/workspaces or disposing in non-puncture-resistant receptacles);

    c. Recapping contaminated needles and other sharp objects using a two-handed technique.

2. Performing procedures where there is poor visualization, such as:

a. Blind suturing;

b. Non-dominant hand opposing or next to a sharp;

c. Performing procedures where bone spicules or metal fragments are produced.

B. Mucous membrane/non-intact skin exposures :

1. Direct blood or body fluids contact with the eyes, nose, mouth, or other mucous membranes via:

a. Contact with contaminated hands;

b. Contact with open skin lesions/dermatitis;

c. Splashes or sprays of blood or body fluids (e.g., during irrigation or suctioning).

C. Parenteral exposures:

1. Injection with infectious material may occur during:

a. Administration of parenteral medication;

b. Sharing of blood monitoring devices (e.g., glucometers, hemoglobinometers, lancets, lancet platforms/pens);

c. Infusion of contaminated blood products or fluids.

II. Safe injection practices and procedures designed to prevent disease transmission from patient to patient and healthcare worker to patient.

A. Unsafe injection practices have resulted in one or more of the following:

1. Transmission of bloodborne viruses, including hepatitis B and C viruses to patients;

2. Notification of thousands of patients of possible exposure to bloodborne pathogens and recommendation that they be tested for

hepatitis C virus, hepatitis B virus, and human immunodeficiency virus (HIV);

3. Referral of providers to licensing boards for disciplinary action; and

4. Malpractice suits filed by patients.

B. Pathogens including HCV, HBV, and human immunodeficiency virus (HIV) can be present in sufficient quantities to produce infection in the absence of visible blood.

    1. Bacteria and other microbes can be present without clouding or other visible evidence of contamination.

    2. The absence of visible blood or signs of contamination in a used syringe, IV tubing, multi- or single-dose medication vial, or blood glucose monitoring device does NOT mean the item is free from potentially infectious agents.

    3. All used injection supplies and materials are potentially contaminated and should be discarded.

C. Proper infection control technique requires that healthcare providers must:

    1. Maintain aseptic technique throughout all aspects of injection preparation and administration:

        a. Medications should be drawn up in a designated "clean" medication area that is not adjacent to areas where potentially contaminated items are placed.

        b. Use a new sterile syringe and needle to draw up medications while preventing contact between the injection materials and the non-sterile environment.

        c. Ensure proper hand hygiene (i.e. hand sanitizing or hand washing if hands are visibly soiled) before handling medications.

d. If a medication vial has already been opened, the rubber septum should be disinfected with alcohol prior to piercing it.

e. Never leave a needle or other device (e.g. “spikes”) inserted into a medication vial septum or IV bag/bottle for multiple uses. This provides a direct route for microorganisms to enter the vial and contaminate the fluid.

f. Medication vials should be discarded upon expiration or any time there are concerns regarding the sterility of the medication.

2. Never administer medications from the same syringe to more than one patient, even if the needle is changed.

3. Never use the same syringe or needle to administer IV medications to more than one patient, even if the medication is administered into the IV tubing, regardless of the distance from the IV insertion site.

    a. All of the infusion components from the infusate to the patient's catheter are a single interconnected unit.

    b. All of the components are directly or indirectly exposed to the patient's blood and cannot be used for another patient.

    c. Syringes and needles that intersect through any port in the IV system also become contaminated and cannot be used for another patient or used to re-enter a non-patient specific multi-dose medication vial.

    d. Separation from the patient's IV by distance, gravity and/or positive infusion pressure does not ensure that small amounts of blood are not present in these items.

4. Never enter a vial with a syringe or needle that has been used for a patient if the same medication vial might be used for another patient.

5. Dedicate vials of medication to a single patient, whenever possible.

a. Medications packaged as single-use must never be used for more than one patient:

1) Never combine leftover contents for later use;

b. Medications packaged as multi-use should be assigned to a single patient whenever possible;

1) Never use bags or bottles of intravenous solution as a common source of supply for more than one patient.

6. Never use peripheral capillary blood monitoring devices packaged as single-patient use on more than one patient:

a. Restrict use of peripheral capillary blood sampling devices to individual patients.
b. Never reuse lancets. Use single-use lancets that permanently retract upon puncture whenever possible.

III. Safe injection practices and procedures designed to prevent disease transmission from patient to healthcare worker.

A. Refer to OSHA guidelines, available at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051 .

IV. Evaluation/Surveillance of exposure incidents.

A. Identification of who is at risk for exposure,
B. Identification of what devices cause exposure,
1. ALL sharp devices can cause injury and disease transmission if not used and disposed properly.
a) Devices with higher disease transmission risk (hollow bore), and
b) Devices with higher injury rates ("butterfly"-type IV catheters, devices with recoil action),
c) Blood glucose monitoring devices (lancet platforms/pens).
C. Identification of areas/settings where exposures occur, and
D. Circumstances by which exposures occur,
E. Post exposure management- See Element VI.

V. **Engineering controls**

A. Use safer devices whenever possible to prevent sharps injuries:
    1. Evaluate and select safer devices;
    2. Passive vs. active safety features;
    3. Mechanisms that provide continuous protection immediately;
    4. Integrated safety equipment vs. accessory devices:
        a. Properly educate and train all staff on safer devices,
        b. Consider eliminating traditional or non-safety alternatives whenever possible,
        c. Explore engineering controls available for specific areas/settings.

B. Use puncture-resistant containers for the disposal and transport of needles and other sharp objects:
    1. Refer to published guidelines for the selection, evaluation and use (e.g., placement) of sharps disposal containers.
        a. National Institute for Occupational Safety and Health (NIOSH) guidelines – available at http://www.cdc.gov/niosh/topics/bbp/#prevent .
        b. NYSDOH recommendations "Household Sharps-Dispose of Them Safely", available at http://www.nyhealth.gov/publications/0909.pdf .

C. Use splatter shields on medical equipment associated with risk prone procedures (e.g., locking centrifuge lids).

VI. Work practice controls

A. General practices:

    1. Hand hygiene including the appropriate circumstances in which alcohol–based hand sanitizers and soap and water handwashing should be used (see Element II).

    2. Proper procedures for cleaning of blood and body fluid spills:

        a. Initial removal of bulk material followed by disinfection with an appropriate disinfectant.

    3. Proper handling/disposal of blood and body fluids, including contaminated patient care items.

4. Proper selection, donning, doffing, and disposal of personal protective equipment (PPE) as trained [see Element IV].

5. Proper protection of work surfaces in direct proximity to patient procedure treatment area with appropriate barriers to prevent instruments from becoming contaminated with bloodborne pathogens.

6. Preventing percutaneous exposures:
    a. Avoid unnecessary use of needles and other sharp objects.
    b. Use care in the handling and disposing of needles and other sharp objects:
        1) Avoid recapping unless absolutely medically necessary.
        2) When recapping, use only a one-hand technique or safety device.
        3) Pass sharp instruments by use of designated "safe zones".
        4) Disassemble sharp equipment by use of forceps or other devices.
        5) Discard used sharps into a puncture-resistant sharps container immediately after use.

B. Modify procedures to avoid injury:
    1. Use forceps, suture holders, or other instruments for suturing,
    2. Avoid holding tissue with fingers when suturing or cutting,
    3. Avoid leaving exposed sharps of any kind on patient procedure/treatment work surfaces.
    4. Appropriately use safety devices whenever available:
        a. Always activate safety features.
        b. Never circumvent safety features.

ELEMENT IV

SELECTION AND USE OF BARRIERS AND/OR PERSONAL PROTECTIVE EQUIPMENT FOR PREVENTING PATIENT AND HEALTHCARE WORKER CONTACT WITH POTENTIALLY INFECTIOUS MATERIAL

LEARNING OBJECTIVES

Upon completion of course work or training on this element, the learner will be able to:

- Describe the circumstances that require the use of barriers and personal protective equipment to prevent patient or healthcare worker contact with potentially infectious material; and
- Identify specific barriers or personal protective equipment for patient and healthcare worker protection from exposure to potentially infectious material.

DEFINITIONS

Personal protective equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard.

Barriers: Equipment such as gloves, gowns, aprons, masks, or protective eyewear, which when worn, can reduce the risk of exposure of the health care worker's skin or mucous membranes to potentially infective materials.

CONTENT OUTLINE

I. Types of PPE/barriers and criteria for selection.

A. Gloves:

1. Types (sterile, non-sterile, utility);
2. Material (e.g., natural rubber latex, vinyl, nitrile).

B. Cover garb:

1. Types (gowns, aprons, laboratory coats);
2. Characteristics (fluid impervious, fluid resistant, permeable);

C. Masks:

1. Types (surgical, procedure, particulate respirators)

D. Face shields.

E. Eye protection (goggles, safety glasses).

II. Choosing PPE based on reasonably anticipated interaction:

A. Potential contact with blood or other potentially infectious material via:

1. Splashes;
2. Respiratory droplets;
3. Airborne pathogens.

B. Volume of fluid expected (minimal, large volumes).

III. Choosing barriers/PPE based on intended need:

A. Patient safety:

1. Sterile barriers for invasive procedures;
2. Masks for the prevention of droplet contamination.

B. Employee safety:

1. Barriers for prevention of contamination.
2. Masks for prevention of exposure to communicable disease.

IV. Guidance on proper utilization of PPE/barriers:

A. Proper fit (including fit-testing for particulate respirators);

B. Integrity of barrier;

C. Disposable versus reusable;

D. Potential for cross-contamination if not changed/properly reprocessed between patients;

E. Implications of over/under utilization;

F. Supply availability and accessibility;

G. Appropriate user education:

1. Selection, donning, doffing, and disposal.

ELEMENT V

CREATION AND MAINTENANCE OF A SAFE ENVIRONMENT FOR PATIENT CARE IN ALL HEALTHCARE SETTINGS THROUGH APPLICATION OF INFECTION CONTROL PRINCIPLES AND PRACTICES FOR CLEANING, DISINFECTION, AND STERILIZATION

LEARNING OBJECTIVES

At the conclusion of course work or training on this element, the learner will be able to:

- Define cleaning, disinfection, and sterilization;
- Differentiate between non critical, semi critical, and critical medical devices;
- Describe the three levels of disinfection (i.e., low, intermediate, and high);
- Recognize the importance of the correct application of reprocessing methods for assuring the safety and integrity of patient care equipment in preventing transmission of bloodborne pathogens;
- Recognize the professional's responsibility for maintaining a safe patient care environment in all healthcare settings; and
- Recognize strategies for, and importance of, effective and appropriate pre-cleaning, chemical disinfection, and sterilization of instruments and medical devices aimed at preventing transmission of bloodborne pathogens.

DEFINITIONS

Contamination: The presence of microorganisms on an item or surface.

Cleaning: The process of removing all foreign material (i.e., dirt, body fluids, lubricants) from objects by using water and detergents or soaps and washing or scrubbing the object

Critical device: An item that enters sterile tissue or the vascular system (e.g. intravenous catheters, needles for injections). These must be sterile prior to contact with tissue.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles.

Disinfection: The use of a chemical procedure that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial endospores) on inanimate objects.

High level disinfection: Disinfection that kills all organisms, except high levels of bacterial spores, and is effected with a chemical germicide cleared for marketing as a sterilant by the U.S. Food and Drug Administration (FDA).

Intermediate level disinfection: Disinfection that kills mycobacteria, most viruses, and bacteria with a chemical germicide registered as a "tuberculocide" by the U.S. Environmental Protection Agency (EPA).

Low level disinfection: Disinfection that kills some viruses and bacteria with a chemical germicide registered as a hospital disinfectant by the EPA.

Non critical device: An item that contacts intact skin but not mucous membranes (e.g., blood pressure cuffs, oximeters). It requires low level disinfection.

Semi critical device: An item that comes in contact with mucous membranes or non intact skin and minimally requires high level disinfection (e.g., oral thermometers, vaginal specula).

Sterilization: The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

CONTENT OUTLINE

I. Universal principles.

A. Instruments, medical devices and equipment should be managed and reprocessed according to recommended/appropriate methods regardless of a patient's diagnosis except for cases of suspected prion disease.

1. Special procedures are required for handling brain, spinal, or nerve tissue from patients with known or suspected prion disease (e.g., Creutzfeldt-Jakob disease [CJD]). Consultation with infection control experts prior to performing procedures on such patients is warranted.

B. Industry guidelines as well as equipment and chemical manufacturer recommendations should be used to develop and update reprocessing policies and

procedures.

C. Written instructions should be available for each instrument, medical device, and equipment reprocessed.

II. Potential for contamination is dependent upon:

A. Type of instrument, medical device, equipment, or environmental surface:

1. Potential for external contamination (e.g., presence of hinges, crevices);
2. Potential for internal contamination (e.g., presence of lumens);
3. Physical composition, design, or configuration of the instrument, medical device, equipment, or environmental surface.

B. Frequency of hand contact with instrument medical device, equipment, or environmental surface.

C. Potential for contamination with body substances or environmental sources of microorganisms.

D. Level of contamination.

1. Types of microorganisms;
2. Number of microorganisms;
3. Potential for cross-contamination.

III. Steps of Reprocessing.

A. Pre-cleaning:

1. Removes soil, debris, lubricants from internal and external surfaces;
2. To be done as soon as possible after use.

B. Cleaning:

1. Manual (e.g., scrubbing with brushes);
2. Mechanical (e.g., automated washers);
3. Appropriate use and reprocessing of cleaning equipment (e. g., do not reuse disposable cleaning equipment);

4. Frequency of solution changes.

C. Disinfection- requires sufficient contact time with chemical solution.

D. Sterilization- requires sufficient exposure time to heat, chemicals, or gases.

IV. Choice/Level of reprocessing sequence.

A. Based on intended use (see Definitions):

1. Critical instruments and medical devices require sterilization.
2. Semi critical instruments and medical devices minimally require high level disinfection.
3. Noncritical instruments and medical devices minimally require cleaning and low level disinfection.

B. Based on manufacturer's recommendations:

1. Compatibility among equipment components, materials, and chemicals used;
2. Equipment heat and pressure tolerance;
3. Time and temperature requirements for reprocessing.

V. Effectiveness of reprocessing instruments, medical devices and equipment.

A. Cleaning prior to disinfection;

B. Disinfection:

1. Selection and use of disinfectants:
    a. Surface products;
    b. Immersion products.
2. Presence of organic matter;
3. Presence of biofilms;
4. Monitoring:
    a. Activity and stability of disinfectant;
    b. Contact time with internal and external components;
    c. Record keeping/tracking of instrument usage and reprocessing.
5. Post-disinfection handling and storage.

C. Sterilization:

1. Selection and use of methods:
2. Monitoring:
    a. Biologic monitors;
    b. Process monitors (tape, indicator strips, etc.);
    c. Physical monitors (pressure, temperature gauges);

d. Record keeping and recall/ tracking system for each sterilization processing batch/item;

2. Post-sterilization handling, packaging and storage (event-related criteria).

VI. Recognizing potential sources of cross-contamination in the healthcare environment.

A. Surfaces or equipment which require cleaning between patient procedures/treatments;

B. Practices that contribute to hand contamination and the potential for cross-contamination;

C. Consequences of reuse of single-use/disposable instruments, medical devices or equipment.

VII. Factors that have contributed to contamination in reported cases of disease transmission.

A. At any point in reprocessing or handling, breaks in infection control practices can compromise the integrity of instruments, medical devices or equipment.

B. Specific factors:

1. Failure to reprocess or dispose of items between patients;
2. Inadequate cleaning;
3. Inadequate disinfection or sterilization;
4. Contamination of disinfectant or rinse solutions;
5. Improper packaging, storage and handling;
6. Inadequate/inaccurate record keeping of reprocessing requirements.

VIII. Expectations of health professionals with respect to differing levels of disinfection and sterilization methods and agents based on the area of professional practice setting and scope of responsibilities.

A. Professionals who practice in settings where handling, cleaning, and reprocessing equipment, instruments or medical devices is performed elsewhere (e.g., in a dedicated Sterile Processing Department):

1. Understand core concepts and principles:
    a. Standard and Universal Precautions (e.g., wearing of personal protective equipment);
    b. Cleaning, disinfection, and sterilization described in Sections III and IV above;
    c. Appropriate application of safe practices for handling instruments, medical devices and equipment in the area of professional practice;
    d. Designation and physical separation of patient care areas from cleaning and reprocessing areas is strongly recommended by NYSDOH.
2. Verify with those responsible for reprocessing what steps are necessary prior to

submission:

a. Pre-cleaning;
b. Soaking.

B. Professionals who have primary or supervisory responsibilities for equipment , instruments or medical device reprocessing (e.g., Sterile Processing Department staff or clinics and physician practices where medical equipment is reprocessed on-site):

1. Understand core concepts and principles:
    a. Standard and Universal Precaution,
    b. Cleaning, disinfection, and sterilization described in Sections III and IV above:
    c. Appropriate application of safe practices for handling instruments, medical devices, and equipment in the area of professional practice;
    d. Designation and physical separation of patient care areas from cleaning and reprocessing areas is strongly recommended by NYSDOH.
2. Determine appropriate reprocessing practices taking into consideration:
    a. Selection of appropriate methods:
        i. Antimicrobial efficacy;
        ii. Time constraints and requirements for various methods.
        iii. Compatibility among equipment/materials:
            1. Corrosiveness;
            2. Penetrability;
            3. Leaching;
            4. Disintegration;
            5. Heat tolerance;
            6. Moisture sensitivity.
        iv. Toxicity:
            1. Occupational health risks;
            2. Environmental hazards;
            3. Abatement methods;
            4. Monitoring exposures;
            5. Potential for patient toxicity/allergy.
        v. Residual effect:
            1. Antibacterial residual;

2. Patient toxicity/allergy.

vi. Ease of use:

1. Need for specialized equipment;
2. Special training requirements.

vii. Stability:

1. Concentration;
2. Potency;
3. Efficacy of use;
4. Effect of organic material.

viii. Odor.

ix. Cost.

x. Monitoring:

1. Frequency
2. FDA regulations for reprocessing single use devices (refer to the FDA web site at: http://www.fda.gov/cdrh/reprocessing/)

ELEMENT VI

PREVENTION AND CONTROL OF INFECTIOUS AND COMMUNICABLE DISEASES IN HEALTHCARE WORKERS

LEARNING OBJECTIVES

At the conclusion of course work or training on this element, the learner will be able to:

- Recognize the role of occupational health strategies in protecting healthcare workers and patients;
- Recognize non-specific disease findings that should prompt evaluation of healthcare workers;
- Identify occupational health strategies for preventing transmission of bloodborne pathogens and other communicable diseases in healthcare workers; and
- Identify resources for evaluation of healthcare workers infected with HIV, HBV, and/or HCV.

DEFINITIONS

Infectious Disease: A clinically manifest disease of humans or animals resulting from an infection.

Communicable Disease: An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent from an infected person, animal, or inanimate source to a susceptible host.

Occupational Health Strategies: As applied to infection control, a set of activities intended to assess, prevent, and control infections and communicable diseases in healthcare workers.

CONTENT OUTLINE

I. Pre-placement and periodic health assessments.

A. Immunization/screening programs (e.g., measles, mumps, rubella, varicella, hepatitis B, annual influenza, any other recommended or mandated requirements);

B. Tuberculosis screening:

1. Symptoms evaluation.
2. Tuberculin skin testing as required by regulation.

C. Screening for other communicable diseases:

1. Health assessments (history and physicals).

D. Symptoms requiring immediate evaluation by a licensed medical professional and

possible restriction from patient care activities and return to work clearance:

1. Fever;
2. Cough;
3. Rash;
4. Vesicular lesions;
5. Draining wounds;
6. Vomiting;
7. Diarrhea.

II. Management strategies for potentially communicable conditions.

A. Appropriate evaluation and treatment;

B. Limiting contact with susceptibles;

C. Furlough until noninfectious.

III. Specific occupational health strategies for prevention and control of bloodborne pathogen transmission.

A. Healthcare worker exposure risk education:

1. Potential agents (HBV, HCV, HIV);
2. Prevention strategies:
    a. HBV vaccination (including safety, efficacy, components, and recommendations for use);
    b. Hand hygiene;
    c. Appropriate PPE and barrier precautions;
    d. Sharps safety;
    e. Standard and Universal Precautions.

IV. Post-exposure evaluation and management.

A. Bloodborne pathogens:

1. Prompt evaluation by licensed medical professional;
2. Risk assessment in occupational exposures;
3. Recommendations for approaching source patient and healthcare worker evaluations;
4. Recommendations for post-exposure prophylaxis emphasizing the most current NYSDOH and CDC guidelines;
5. Post-exposure management of patients or other healthcare workers when exposure source is a healthcare worker:
    a. Professional obligation to inform patients exposed to a healthcare

worker's blood or other potentially infectious material.

B. Airborne or droplet pathogen:
    1. Tuberculosis:
        a. Recommendations for post-exposure prophylaxis emphasizing the most current New York State guidelines for post-exposure prophylaxis.
    2. Varicella, Measles, Mumps, Rubella, Pertussis:
        a. Consult the most current Federal, State, or local requirements for post-exposure evaluation and management.
C. Notification of healthcare workers/public.

V. Evaluation of healthcare workers infected with HIV, HBV and/or HCV or other bloodborne pathogens.

A. Review New York State Department of Health Policy on HIV testing of healthcare workers.
B. Criteria for evaluating infected health care worker's for risk of transmission:
    1. Nature and scope of professional practice;
    2. Techniques used in performance of procedures that may pose a transmission risk to patients;
    3. Assessed compliance with infection control standards;
    4. Presence of weeping dermatitis, draining or open skin wounds;
    5. Overall health:
        a. Physical health;
        b. Cognitive status.
C. Expert panels for evaluation of healthcare workers infected with bloodborne pathogens.

Appendix A: Selected Infection Control Laws and Regulations

Public Health Law

§ 230-a. Infection control standards

Notwithstanding any law to the contrary, including section sixty-five hundred thirty-two of the education law, the department shall promulgate rules or regulations describing scientifically accepted barrier precautions and infection control practices as standards of professional medical conduct for persons licensed under articles one hundred thirty-one and one hundred thirty-one-B of the education law. The department shall consult with the education department to ensure that regulatory standards for scientifically acceptable barrier precautions and infection prevention techniques promulgated pursuant to this section are consistent, as far as appropriate with such standards adopted by the education department applicable to persons licensed under the education law other than articles one hundred thirty-one and one hundred thirty-one-B of such law.

§ 230-d. Office-based surgery

1. The following words or phrases, as used in this section shall have the following meanings:
   (a) "Accredited status" means the full accreditation by nationally-recognized accrediting agency(ies) determined by the commissioner.
   (b) "Adverse event" means (i) patient death within thirty days; (ii) unplanned transfer to a hospital; (iii) unscheduled hospital admission, within seventy-two hours of the office-based surgery, for longer than twenty-four hours; or (iv) any other serious or life-threatening event.
   (c) "Deep sedation" means a drug-induced depression of consciousness during which (i) the patient cannot be easily aroused but responds purposefully following repeated painful stimulation; (ii) the patient's ability to maintain independent ventilatory function may be impaired; (iii) the patient may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate; and (iv) the patient's cardiovascular function is usually maintained without assistance.
   (d) "General anesthesia" means a drug-induced depression of consciousness during which (i) the patient is not arousable, even by painful stimulation; (ii) the patient's ability to maintain independent ventilatory function is often impaired; (iii) the patient, in many cases, often requires assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function; and (iv) the patient's cardiovascular function may be impaired.
   (e) "Moderate sedation" means a drug-induced depression of consciousness during which (i) the patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation; (ii) no interventions are required to maintain a patent airway; (iii) spontaneous ventilation is adequate; and (iv) the patient's cardiovascular function is usually maintained without assistance.
   (f) "Minimal sedation" means a drug-induced state during which (i) patients respond normally to verbal commands; (ii) cognitive function and coordination may be impaired; and (iii) ventilatory and cardiovascular functions are unaffected.
   (g) "Minor procedures" means (i) procedures that can be performed safely with a minimum of discomfort where the likelihood of complications requiring

hospitalization is minimal; (ii) procedures performed with local or topical anesthesia; or (iii) liposuction with removal of less than 500 cc of fat under unsupplemented local anesthesia.

(h) "Office-based surgery" means any surgical or other invasive procedure, requiring general anesthesia, moderate sedation, or deep sedation, and any liposuction procedure, where such surgical or other invasive procedure or liposuction is performed by a licensee in a location other than a hospital, as such term is defined in article twenty-eight of this chapter, excluding minor procedures and procedures requiring minimal sedation.

(i) "Licensee" shall mean an individual licensed or otherwise authorized under articles one hundred thirty-one or one hundred thirty-one-B of the education law.

2. [Eff. July 14, 2009.] Licensee practices in which office-based surgery is performed shall obtain and maintain full accredited status.

3. [Eff. July 14, 2009.] A licensee may only perform office-based surgery in a setting that has obtained and maintains full accredited status.

4. Licensees shall report adverse events to the department's patient safety center within one business day of the occurrence of such adverse event. Licensees shall also report any suspected health care disease transmission originating in their practices to the patient safety center within one business day of becoming aware of such suspected transmission. For purposes of this section, health care disease transmission shall mean the transmission of a reportable communicable disease that is blood borne from a health care professional to a patient or between patients as a result of improper infection control practices by the health care professional. The reported data shall be subject to all confidentiality provisions provided by section twenty-nine hundred ninety-eight-e of this chapter.

5. The commissioner shall make, adopt, promulgate and enforce such rules and regulations, as he or she may deem appropriate, to effectuate the purposes of this section. Where any rule or regulation under this section would affect the scope of practice of a health care practitioner licensed, registered or certified under title eight of the education law other than those licensed under articles one hundred thirty-one or one hundred thirty-one-B of the education law, the rule or regulation shall be made with the concurrence of the commissioner of education.

§ 239. Course work or training in infection control practices

(a) Every physician, physician assistant and specialist assistant practicing in the state shall, on or before July first, nineteen hundred ninety-four and every four years thereafter, complete course work or training, appropriate to the professional's practice, approved by the department regarding infection control and barrier precautions, including engineering and work practice controls, in accordance with regulatory standards promulgated by the department in consultation with the department of education, to prevent the transmission of HIV, HBV or HCV in the course of professional practice. Such coursework or training must also be completed by every medical student, medical resident and physician assistant student in the state as part of the orientation programs conducted by medical schools, medical residency programs and physician assistant programs.

(b) Every physician, physician assistant, specialist assistant, medical student, medical resident and physician assistant student must provide to the department documentation demonstrating the completion of and competence in the coursework or training required under subdivision (a) of this section, provided however, that physicians subject to the provisions of paragraph (f) of subdivision one of section twenty-eight hundred five-k of this chapter shall not be required to provide such documentation to the department.

(c) The department shall provide an exemption from the requirements imposed by subdivision (a) of this section to anyone who requests such an exemption and who (i) clearly demonstrates to the department's satisfaction that there would be no need for him or her to complete such course work or training because of the nature of his or her practice or (ii) that he or she has completed course work or training deemed by the department to be equivalent to the standards for course work or training approved by the department pursuant to this section. An individual granted an exemption must reapply to continue such exemption every four years.

(d) The department shall consult with organizations representative of professions, institutions and those with expertise in infection control and HIV, HBV, and HCV with respect to the regulatory standards promulgated pursuant to this section. On or before September first, two thousand eight, and periodically thereafter as determined necessary by the commissioner, the department, including its patient safety center, in consultation with the council on graduate medical education, shall review and revise the content of the coursework or training in infection control practices as necessary to ensure that such content: (i) reflects the current infection control practices and standards accepted and promoted by the medical and scientific communities; (ii) focuses particular attention on instruction in standards of practice for which compliance is suboptimal based on the department's experience; and (iii) emphasizes the application of infection control standards and practices in outpatient and ambulatory settings.

§ 239-a. Infection control guidelines

The commissioner shall develop evidence-based guidelines that identify key infection control practices in inpatient and outpatient medical care settings. Such guidelines shall specifically cover safe injection practices. On or before January first, two thousand nine, and every year thereafter, the department will distribute these guidelines to physicians, specialist assistants and physician assistants. Such guidelines shall also be made publicly available.

§ 239-b. Study on multidose vials and disposable medical equipment

The department shall conduct a study on medications packaged in multidose vials and disposable medical equipment, including but not limited to syringes, needles, stopcocks and tubing. Such study shall examine:

1. existing utilization patterns of multidose vials and disposable medical equipment;
2. the potential to improve infection control practices by restricting the use of multidose vials and mandating the use of disposable medical equipment engineered for single use; and
3. the viability of restricting the use of multidose vials and mandating the use of disposable medical equipment engineered for single use. On or before January first, two thousand nine, the commissioner shall provide the governor, the speaker of the assembly, the temporary president of the senate, and the chairpersons of the assembly and senate health committees with a report setting forth the conclusions of the study and the commissioner's recommendations regarding multidose vials and disposable medical equipment.

§ 2760. Advisory panel established

1. A state advisory panel for the evaluation of health care workers with human

immunodeficiency virus (HIV) or hepatitis B (HBV) (hereinafter referred to in this article as HIV/HBV) is hereby established in the department. This panel shall be known as the health care worker HIV/HBV advisory panel and shall be composed of three to five members. The commissioner shall appoint three members for a term of two years: a state or local public health officer, an infectious disease expert and an expert in infection control or epidemiology. For the purpose of the panel's deliberations on a specific case: (a) the commissioner may appoint a health professional with expertise relevant to procedures performed by the health care worker, provided, however, that the commissioner shall appoint such professional if the health care worker so requests; and (b) the commissioner shall, at the health care worker's request, appoint the health care worker's personal physician. The commissioner shall appoint the chairperson of the panel. A vacancy occurring during a term shall be filled by appointment by the commissioner for the unexpired term. Any member may be removed from the panel at the pleasure of the commissioner.

2. Each member of the panel shall receive up to one hundred fifty dollars as prescribed by the commissioner for each day devoted to panel work not to exceed forty-five hundred dollars in any one year, and shall be reimbursed for actual and necessary expenses incurred in the performance of his/her duties.

3. The department shall advise the panel members of statutory and regulatory confidentiality provisions and restrictions on disclosure of information which are applicable to the panel members and to panel operations.

§ 2761. Function, powers and duties

1. The health care worker HIV/HBV advisory panel shall only evaluate and advise an HIV/HBV infected health care worker who voluntarily seeks the panel's review of the risk of HIV/HBV transmission to others through his/her workplace practice. Prior to the panel's evaluation of the worker, the panel must fully advise the worker of the panel's authority to investigate, to recommend practice restrictions or modifications, to advise facilities of such restrictions and to refer cases to professional licensing, registration and certification boards. If the health care worker is affiliated with or employed at a facility licensed by the department, the panel may evaluate and advise the worker only after such facility has completed its review of the scope of practice of the worker. This institutional review may be conducted through the facility's existing quality assurance program as required under section twenty-eight hundred five-j of this chapter, and need not require the creation of a separate facility HIV/HBV panel. Notwithstanding any other provision of law, rule or regulation, the panel may request and shall be entitled to receive patient records and other documents or information reasonably necessary for and relevant to the panel's deliberations and the implementation of this article including information and reports available to the department under section twenty-eight hundred five-m of this chapter, provided that the panel may only request records with patient names if essential to the panel's complete review of the case and provided further that employees of the department, other than the panel, shall redact patient names before panel review of such records. Any such information and reports provided to the panel that are subject to section two thousand eight hundred five-m of this chapter shall remain subject to the limitations on disclosure provided by such section. The panel may seek the advice of professionals with relevant expertise. The panel shall give the health care worker an opportunity to meet with the panel. The health care worker may be accompanied by a union or other representative at such meeting. Only when evidence indicates that the health care worker's practice poses a significant risk of harm to patients, the panel shall

make appropriate recommendations that are least restrictive with respect to the health care worker's practice including, but not limited to, training or monitoring, or, if necessary, reassignment or practice restrictions.

2. The panel shall evaluate an HIV/HBV infected health care worker pursuant to comprehensive medical criteria, including:
   (a) physical or mental condition that interferes with or is significantly likely to interfere with the worker's ability to perform assigned tasks or regular duties;
   (b) lack of compliance with established guidelines to prevent transmission of disease and/or documentation or evidence of previous transmission of bloodborne pathogens;
   (c) the appropriateness of techniques as related to performance of procedures; and
   (d) any health condition that would pose a significant risk to others.
3. When the panel recommends training, monitoring, reassignment, any similar action, or practice restrictions, the health care worker shall provide written assurance to the panel that he/she has informed facilities licensed by the department where the worker provides patient care of the panel's recommendations and shall identify the person or persons at the facilities so informed. If the health care worker fails to inform facilities licensed by the department where he/she provides patient care of the panel's recommendations, the panel shall so notify such facilities. If the health care worker fails to comply with the panel's recommendations or compliance cannot be determined by the panel after reasonable effort, the panel shall disclose the nature of its recommendations to the professional licensing, registration or certification boards relevant to the health care worker. The panel may periodically monitor and reevaluate the worker, with the worker's consent, at a frequency and through a mechanism to be determined by agreement between the worker and the panel.
4. The information received by the panel, the record of deliberations of the panel, and the decisions of the panel are not disclosable pursuant to article six of the public officers law. If the health care worker fails to comply with the recommendations of the panel or compliance cannot be determined by the panel after reasonable effort, information held by the panel, the panel's deliberations and recommendations may be disclosed to and utilized by the office of professional medical conduct, the office of professional discipline and appropriate disciplinary bodies. The meetings of the panel are not subject to article seven of the public officers law. The members of the panel are bound by article six-A of the public officers law (personal privacy protection law).
5. A health care worker's petition to the panel shall not prevent or preclude the worker from seeking relief in any other forum at any time.
6. The commissioner may promulgate regulations implementing this article.

Education Law

§ 6505-b. Course work or training in infection control practices

Every dentist, registered nurse, licensed practical nurse, podiatrist, optometrist and dental hygienist practicing in the state shall, on or before July first, nineteen hundred ninety-four and every four years thereafter, complete course work or training appropriate to the professional's practice approved by the department regarding infection control and barrier precautions, including engineering and work practice controls, in accordance with regulatory standards promulgated by the department, in consultation with the department of health, which shall be consistent, as far as appropriate, with such standards adopted by the department of health pursuant to section two hundred thirty-nine of the public health law to prevent the transmission

of HIV, HBV or HCV in the course of professional practice. Each such professional shall document to the department at the time of registration commencing with the first registration after July first, nineteen hundred ninety-four that the professional has completed course work or training in accordance with this section, provided, however that a professional subject to the provisions of paragraph (f) of subdivision one of section twenty-eight hundred five-k of the public health law shall not be required to so document. The department shall provide an exemption from this requirement to anyone who requests such an exemption and who (i) clearly demonstrates to the department's satisfaction that there would be no need for him or her to complete such course work or training because of the nature of his or her practice or (ii) that he or she has completed course work or training deemed by the department to be equivalent to the course work or training approved by the department pursuant to this section. The department shall consult with organizations representative of professions, institutions and those with expertise in infection control and HIV, HBV and HCV with respect to the regulatory standards promulgated pursuant to this section.

§ 6509. Definitions of professional misconduct

Each of the following is professional misconduct, and any licensee found guilty of such misconduct under the procedures prescribed in section sixty-five hundred ten shall be subject to the penalties prescribed in section sixty-five hundred eleven:

* * *

11. A violation of section six thousand five hundred five-b of this chapter by a professional other than a professional subject to the provisions of paragraph (f) of subdivision one of section twenty-eight hundred five-k of the public health law.

§ 6530. Definitions of professional misconduct

Each of the following is professional misconduct, and any licensee found guilty of such misconduct under the procedures prescribed in section two hundred thirty of the public health law shall be subject to penalties as prescribed in section two hundred thirty-a of the public health law except that the charges may be dismissed in the interest of justice:

* * *

46. A violation of section two hundred thirty-nine of the public health law by a professional.
47. Failure to use scientifically accepted barrier precautions and infection control practices as established by the department of health pursuant to section two hundred thirty-a of the public health law.
48. A violation of section two hundred thirty-d of the public health law or the regulations of the commissioner of health enacted thereunder.

Health Regulations (10 NYCRR)

Part 92 Infection Control Requirements

Subpart 92-1 Physicians, Registered Physician Assistants and Specialist Assistants: Required Course Work or Training in Infection Control and Barrier Precautions Every Four Years.

§ 92-1.1 Course work or training.

Course work or training in infection control and barrier precautions for physicians, registered physician assistants (PAs) and specialist assistants (SAs) as sufficient to satisfy the requirement of Public Health Law section 238, shall contain the core content which is specified in a syllabus prepared by the Department of Health (DOH) in consultation with the Department of Education, including course work or training in basic concepts of disease transmission, scientifically accepted principles and practices for infection control and engineering and work practice controls.

§ 92-1.2 Application.

Persons or organizations, other than DOH regulated health care facilities, including home health care agencies, wishing to provide such course work or training to physicians, PAs, and SAs must submit an application to DOH for review and approval, on forms prescribed by the Commissioner. The Department may request additional information from the applicant and conduct site visits. DOH regulated health care facilities, including home health care agencies, wishing to provide such course work or training to physicians, PAs and SAs must inform the department in a manner as prescribed by the Commissioner.

§ 92-1.3 Provider competency.

Persons or organizations seeking approval, other than DOH regulated health care facilities, including home health care agencies, shall document their expertise and competence to communicate the course materials and document that course work or training shall be supported by adequate facilities, equipment and other physical resources. Such facilities and agencies are deemed competent to provide training and education on infection control, unless they are subject to a denial or termination as provided for in section 92-1.5 of this Subpart.

§ 92-1.4 Approval period.

The department may approve for a six-year period the course work or training as submitted by an organization or person.

§ 92-1.5 Denial or termination.

A determination by the department that course work or training offered is inadequate or incomplete shall result in the denial or termination of departmental approval.

§ 92-1.6 Certificate of completion.

Persons or organizations engaged in training and education pursuant to this Subpart shall supply each participant who has completed a course with a certificate of completion, as specified by the Commissioner, within 21 days and shall maintain a record for six years of participants who complete the work or training.

§ 92-1.7 Certificate of retention.

In the event that an approved person or organization discontinues offering course work or

training, a record of certifications shall be retained in a manner approved by the department for six years from the date of issuance.

§ 92-1.8 Submission of documentation to the department.

Physicians, PAs and SAs must submit documentation of course completion to DOH, except that such persons holding privileges or affiliated with or employed by DOH regulated health care facilities, including home health care agencies, need not submit documentation of course completion to the department. DOH regulated health care facilities, including home health care agencies, shall maintain documentation in credentialing or employment files of such infection control training and education of physicians, PAs and SAs.

§ 92-1.9 Exemptions.

The department may grant an exemption from such training and education to: physicians, PAs and SAs when the professional demonstrates to the Department's satisfaction that: (1) no need exists to complete the course work or training due to the nature of his/her practice, or (2) he/she has completed equivalent course work or training. No need to complete course work or training exists when health professionals are in settings where they do not provide direct patient care, do not have responsibility for supervising staff who provide direct patient care or reprocess used patient care equipment, or do not perform services to which these standards would be expected to apply, or when the professional does not practice in New York State. A physician, a PA or SA. who has been granted an exemption shall notify the Department in writing of any change in the nature of his or her practice within 30 days of the occurrence of such change. The physician, PA or SA shall then obtain necessary course work or training within 90 days of the change in practice.

§ 92-1.10 Equivalencies.

Equivalent training or course work shall be that training or course work which covers the concepts of disease transmission, scientifically accepted principles and practices for infection control, and engineering and work practice control as detailed in the syllabus. Equivalent course work or training must emphasize the bidirectional aspect of disease transmission.

Subpart 92-2 Physicians, Registered Physician Assistants and Specialist Assistants Required Use of Infection Control Practices

§ 92-2.1 Required use of infection control practices.

For physicians, registered physician assistants and specialist assistants, the definition of unprofessional conduct shall include the failure to use scientifically accepted infection control practices to prevent transmission of disease pathogens from patient to patient, physician to patient, registered physician or specialist assistant to patient, employee to patient, and patient to employee, as appropriate to physicians, registered physician's assistants and specialist's assistants. Such practices shall include:

(a) adherence to scientifically accepted standards for: handwashing; aseptic technique; use of gloves and other barriers for preventing bi-directional contact with blood and body fluids; thorough cleaning followed by sterilization or disinfection of medical devices; disposal of non-reusable materials and equipment; and cleaning between patients of

objects that are visibly contaminated or subject to touch contamination with blood or body fluids;

(b) use of scientifically accepted injury prevention techniques or engineering controls to reduce the opportunity for patient and employee exposures; and

(c) performance monitoring of all personnel, licensed or unlicensed, for whom the licensee is responsible regarding infection control techniques.

Education Regulations (8 NYCRR)

§ 29.2. General provisions for health professions.

(a) Unprofessional conduct shall also include, in the professions of acupuncture, athletic training, audiology, certified dental assisting, chiropractic, creative arts therapy, dental hygiene, dentistry, dietetics/nutrition, licensed practical nursing, marriage and family therapy, massage therapy, medicine, mental health counseling, midwifery, occupational therapy, occupational therapy assistant, ophthalmic dispensing, optometry, pharmacy, physical therapist assistant, physical therapy, physician assistant, podiatry, psychoanalysis, psychology, registered professional nursing, respiratory therapy, respiratory therapy technician, social work, specialist assistant, speech-language pathology:

* * *

(13) failing to use scientifically accepted infection prevention techniques appropriate to each profession for the cleaning and sterilization or disinfection of instruments, devices, materials and work surfaces, utilization of protective garb, use of covers for contamination-prone equipment and the handling of sharp instruments. Such techniques shall include but not be limited to:

(i) wearing of appropriate protective gloves at all times when touching blood, saliva, other body fluids or secretions, mucous membranes, nonintact skin, blood-soiled items or bodily fluid-soiled items, contaminated surfaces, and sterile body areas, and during instrument cleaning and decontamination procedures;

(ii) discarding gloves used following treatment of a patient and changing to new gloves if torn or damaged during treatment of a patient; washing hands and donning new gloves prior to performing services for another patient; and washing hands and other skin surfaces immediately if contaminated with blood or other body fluids;

(iii) wearing of appropriate masks, gowns or aprons, and protective eyewear or chin-length plastic face shields whenever splashing or spattering of blood or other body fluids is likely to occur;

(iv) sterilizing equipment and devices that enter the patient's vascular system or other normally sterile areas of the body;

(v) sterilizing equipment and devices that touch intact mucous membranes but do not penetrate the patient's body or using high-level disinfection for equipment and devices which cannot be sterilized prior to use for a patient;

(vi) using appropriate agents, including but not limited to detergents for cleaning all equipment and devices prior a sterilization or disinfection;

(vii) cleaning, by the use of appropriate agents, including but not limited to

detergents, equipment and devices which do not touch the patient or that only touch the intact skin of the patient;

(viii) maintaining equipment and devices used for sterilization according to the manufacturer's instructions;

(ix) adequately monitoring the performance of all personnel, licensed or unlicensed, for whom the licensee is responsible regarding infection control techniques;

(x) placing disposable used syringes, needles, scalpel blades, and other sharp instruments in appropriate puncture-resistant containers for disposal; and placing reusable needles, scalpel blades, and other sharp instruments in appropriate puncture-resistant containers until appropriately cleaned and sterilized;

(xi) maintaining appropriate ventilation devices to minimize the need for emergency mouth-to-mouth resuscitation;

(xii) refraining from all direct patient care and handling of patient care equipment when the health care professional has exudative lesions or weeping dermatitis and the condition has not been medically evaluated and determined to be safe or capable of being safely protected against in providing direct patient care or in handling patient care equipment; and

(xiii) placing all specimens of blood and body fluids in well-constructed containers with secure lids to prevent leaking; and cleaning any spill of blood or other body fluid with an appropriate detergent and appropriate chemical germicide.

Part 58 Approval of Course Work or Training in Infection Control Practices and Barrier Precautions

§ 58.1. Purpose.

The purpose of this Part is to set forth standards for the approval and the approval process for course work or training regarding infection control and barrier precautions for dentists, registered professional nurses, licensed practical nurses, podiatrists, optometrists and dental hygienists practicing in the State, as required by section 6505-b of the Education Law.

§ 58.2. Definitions.

As used in this Part:

(a) *Course work or training* means course work or training in infection control and barrier precautions.

(b) *Provider* means a Department of Health regulated facility; or a college or university which is authorized to offer programs leading to licensure in a profession subject to the requirements of section 6505-b of the Education Law or section 238 of the Public Health Law or to offer post-licensure degree programs in these fields; or any other organization or government entity that has as a purpose the provision of education or training on health care related issues to licensed professionals subject to the requirements of section 6505-b of the Education Law or section 238 of the Public Health Law.

§ 58.3. Approval of course work or training.

Course work or training included as part of a program leading to licensure in a profession regulated by title VIII of the Education Law shall be approved by the department pursuant to Part 52 of this Title. Unless otherwise exempted, all other course work or training shall be approved by the commissioner pursuant to this Part.

§ 58.4. Standards for approval of course work or training.

(a) Course work or training shall be offered by a provider.
(b) Course work or training shall include, but not be limited to, the core elements specified in the syllabus prepared by the department in consultation with the Department of Health, regarding infection control and barrier precautions, including engineering and work practice controls, to prevent the transmission of Human Immunodeficiency Virus/Hepatitis B Virus (HIV/HBV) in the course of professional practice.
(c) Course work or training shall be taught by instructors who have demonstrated by training, education, and experience their competence to teach the course content prescribed in subdivision (b) of this section.
(d) Course work or training shall be supported by adequate facilities, equipment, and other physical resources.

§ 58.5. Responsibilities of providers of course work or training.

(a) A provider of course work or training shall execute a certification of completion for each person completing course work or training.
(b) Within 21 calendar days of the completion of course work or training, the provider shall submit a certification of completion to the person completing the course work or training for that person's use in documenting such completion.
(c) The provider shall retain a copy of the certification of completion in the provider's files for not less than six years from the date of completion of course work or training.
(d) In the event that a provider discontinues offering course work or training, all copies of certifications of completion issued within the six years prior to such discontinuance shall be transferred to the department.

§ 58.6. Application for approval of course work or training.

(a) Providers seeking approval of course work or training pursuant to this Part shall submit to the commissioner an application on forms prescribed by the commissioner and a fee of $600 for the review of such course work or training.
(b) The commissioner shall review the information contained in such application and may request and review additional information and may conduct a site visit to ensure compliance with the requirements of this Part.

§ 58.7. Term of approval of course work or training.

(a) Course work or training shall be approved for a period of six years, except that the approved status of such course work or training may be terminated during this term by the department in accordance with section 58.8 of this Part.
(b) At the expiration of said term, a provider may reapply to the department for approval of course work or training following the requirements of section 58.6 of this Part, including payment of the required fee.

§ 58.8. Review of course work or training.

(a) The department may review approved course work or training during the term of approval to ensure compliance with the requirements of this Part and may request information from a provider and may conduct a site visit, pursuant to such review.
(b) A determination by the department that the course work or training offered by a provider is inadequate, incomplete, or otherwise unsatisfactory pursuant to the standards set forth in this Part shall result in the denial or termination of the approved status of that course work or training.

§ 58.9. Exemption.

Course work or training in infection control and barrier precautions that is offered by a Department of Health regulated facility and is approved by the Commissioner of Health in accordance with regulations of the Commissioner of Health shall be deemed approved pursuant to this Part.

§ 58.9. Training regarding infection control practices.

(a) Commencing July 2, 1994, all persons applying for the issuance of a license or renewal of a registration in dentistry, registered professional nursing, licensed practical nursing, podiatry, optometry, dental hygiene, or any other profession subject to the requirements of section 6505-b of the Education Law shall affirm to the department, and maintain and/or submit such documentation as the department may require, that they have completed, in the four years immediately preceding such application, course work or training in infection control and barrier precautions which is approved by the department, pursuant to Part 58 of this Title, or which is approved as part of a program registered pursuant to Part 52 of this Title. As provided in subdivision (b) of this section, an applicant may be exempted from the infection control and barrier precautions course work or training requirement; or as provided in subdivision (c) of this section, may be exempted from the requirement to document the completion of such course work or training.
(b) The department may exempt an applicant for registration from the course work or training required pursuant to subdivision (a) of this section either upon receipt of:
    (1) a written application for such exemption establishing that there would be no need to complete the course work or training because the nature of the applicant's/licensee's practice does not require the use of infection control techniques or barrier precautions; or
    (2) documentation satisfactory to the department that the applicant/licensee has completed course work or training equivalent to that approved by the department, pursuant to Part 58 of this Title.
(c) Maintenance or submittal of documentation pursuant to subdivision (a) of this section is not required of any dentist or podiatrist who is subject to the provisions of paragraph (f) of subdivision (1) of section 2805-k of the Public Health Law and who attests at the time of registration that documentation requirements have been met as required in the Public Health Law.
(d) If there are changes in the nature of the practice of a licensee who has been granted an exemption under paragraph (b)(1) of this section and such changes require the licensee to use infection control techniques or barrier precautions, the licensee shall notify the department in writing of the change within 30 days of such change. If the licensee has not

taken approved course work or training in infection control and barrier precautions during the four years immediately preceding the change in practice, the licensee shall obtain such course work or training within 90 days of the change in practice.

Certification of Completion: Course Work or Training in Infection Control and Barrier Precautions Approved by the New York State Department of Health and the State Education Department

This certifies that _____
(PARTICIPANT'S NAME)

has successfully completed an approved course in Infection Control and Barrier Precautions, as mandated by Chapter 786 of the Laws of 1992, on _____.
(DATE)

This program was presented by

_____
(NYS-APPROVED COURSE PROVIDER'S NAME AND IDENTIFICATION NUMBER)

of_____
(*ADDRESS, CITY, STATE)*

Signature of NYS-approved Course Provider:

_____

This certificate is valid for a period of four (4) years from the above date of course completion.

Be sure to maintain this document in your professional file.