

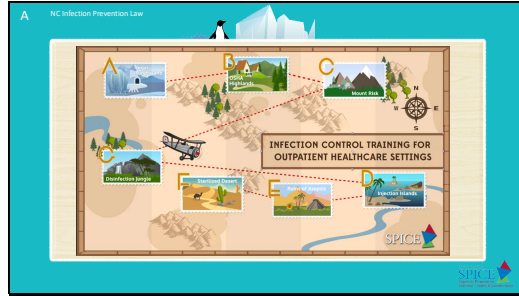


Infection Prevention Training for Outpatient Healthcare Settings

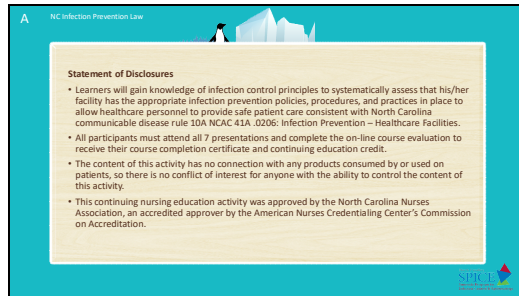
Module A- NC Laws HANDOUT

Rev 2023

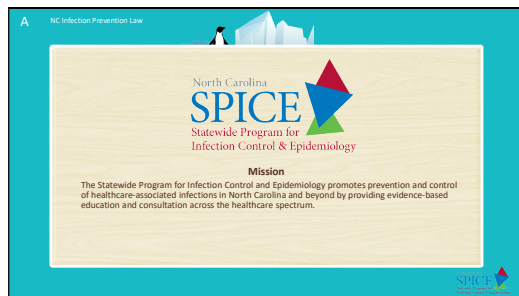
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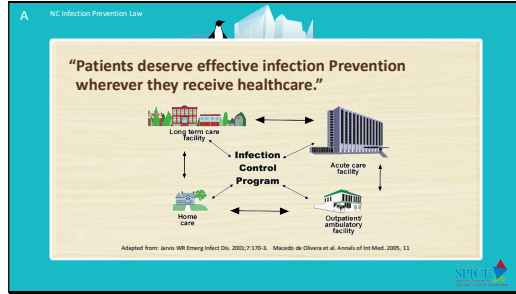
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Slide 4



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Modules

- Module A** - North Carolina Laws Concerning Infection Prevention
- Module B** - Complying with OSHA Bloodborne Pathogen
- Module C** - Epidemiology and Risk of Infection
- Module D** - Outbreak and Safe Injection Practices
- Module E** - Principles and Practices of Asepsis
- Module F** - Principles of Disinfection and Sterilization
- Module G** - Application of Cleaning, Disinfection and Sterilization Principles in Outpatient Settings

<https://spice.unc.edu/O206-spice-handouts/>

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Module A

NC Laws Concerning Infection Prevention in Outpatient Settings

MODULE A

Legal TundraLand

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A NC Infection Prevention Law


Objectives

10 A NCAC 41A

- .0206
- .0207
- .0202
- .0203
- .0214

GS 130A-135
10A NCAC 41A
15A NCAC
138 .1200

- Describe North Carolina State Laws governing infection prevention in healthcare facilities
- Discuss Control Measures for Human Immunodeficiency Virus (HIV), hepatitis B and hepatitis C
- Review Communicable Disease Reporting
- Describe NC Medical waste rules.





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A NC Infection Prevention Law

History

- 1990 – CDC becomes aware of a possible transmission of HIV from a dentist to 6 patients (Kimberly Bergalis case)
- July 1991 – CDC publishes *Recommendations for Preventing Transmission of HIV and hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures*
- October 1991 – Congress passes Public Law 102-141, requiring states to adopt CDC Guidelines or equivalent guidelines drafted by the state
- July 6th, 2012 – CDC Updated Recommendations for Management of Hepatitis B Virus-Infected Health-Care Providers and Students




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A NC Infection Prevention Law

History

HIV and hepatitis B Infected HCP



- All healthcare providers who perform or assist in:
 - Surgical OR
 - Obstetrical OR
 - Dental procedures
- And who know themselves to be infected with HIV or Hepatitis B shall notify the NC State Health Director
- No requirement to notify employer



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A NC Infection Prevention Law

History

HIV and hepatitis B Infected HCP

Once notification occurs:


Health Director is responsible to: <ul style="list-style-type: none">Investigate provider's practiceEvaluate clinical conditionDetermine risk of transmission to patientsConvene expert panel	Expert Panel shall: <ul style="list-style-type: none">Review evidenceHear testimony from provider and/or their physicianMake recommendations related to restrictions and identification of potentially exposed patients
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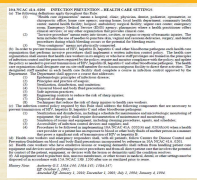
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A NC Infection Prevention Law

History 10A NCAC 41A .0206



10A NCAC 41A.0206
Infection Prevention-
Healthcare Settings



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A NC Infection Prevention Law

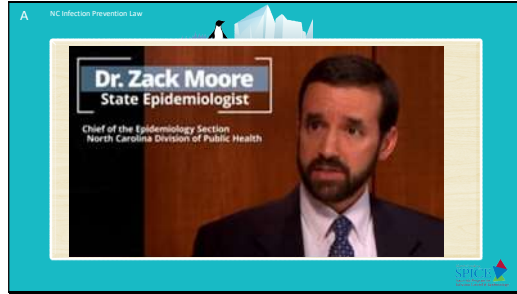
History

Each **healthcare organization** in which **invasive procedures** are performed must:

- Implement a **written infection control policy** addressing components necessary to prevent transmission of HIV, hepatitis B, hepatitis C and other bloodborne pathogens
- Designate one on-site staff member** to direct infection control activities



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Video link

<https://vimeo.com/467729203?share=copy>

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A NC Infection Prevention Law

Definitions

"Invasive procedure" means entry into tissues, cavities or organs or repair of traumatic injuries.

This includes:

- Use of needles to puncture skin
- Vaginal and cesarean deliveries
- Surgery
- Dental procedures during which bleeding occurs or the potential for bleeding exists



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A NC Infection Prevention Law

Infection Control Policy

Infection control policy must include and address the following components necessary to prevent transmission of HIV, hepatitis B, hepatitis C and other bloodborne pathogens:

- Disinfection and Sterilization
- Maintenance and microbiologic monitoring of equipment
- Sanitation of rooms and equipment
 - Cleaning procedures, agents used and schedules
- Accessibility of infection control devices and supplies
 - Personal protective equipment (PPE), safety sharps, etc.
- A post-exposure follow-up program



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A NC Infection Prevention Law

Designated Staff Member

Designated staff member must complete a State approved course in infection prevention

- Course curriculum developed by SPICE
- SPICE has oversight of course
- Course faculty must submit an application and be approved by SPICE prior to offering the course
- On the job training is not sufficient and "Train the Trainer" concept cannot be used
- Upon completion of course will receive a certificate of completion
 - Serves as documentation of compliance with rule .0206



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A NC Infection Prevention Law

Approved Course Must Include:

- Epidemiologic principles of infectious disease
- Principles and practice of asepsis
- Sterilization, disinfection, and sanitation
- Universal blood and body fluid precautions (Standard Precautions)
- Safe injection practices
- Engineering controls to reduce the risk of sharp injuries
- Disposal of sharps
- Techniques that reduce the risk of sharp injuries to health care workers




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A NC Infection Prevention Law

10A NCAC 41A .0206: 2010 Amendment

- Safe Injection Practices has been added to list of topics covered in state-approved course
- Hepatitis C and other bloodborne pathogens are addressed, in addition to HIV and HBV
- One designated trained staff member is required for each **noncontiguous healthcare facility**
 - **Noncontiguous: when facilities are not physically connected to each other.**
- OSHA bloodborne pathogen training, alone, does not include all of the elements required under .0206



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A NC Infection Prevention Law

.0206 Legal Requirements



Healthcare providers with exudative lesions or dermatitis on hands/wrists shall refrain from:

- Handling patient care equipment
- Handling devices used for invasive procedures
- All direct care activities likely to have contact with lesion



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A NC Infection Prevention Law

Knowledge Check

Which of the following are included in the definition of "invasive procedure" under .0206?

- A. Surgery
- B. Vaginal deliveries
- C. Dental procedures
- D. Giving an allergy shot
- ✓ E. All of the Above

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A NC Infection Prevention Law

Knowledge Check

True or False?
Rule .0206 requires all of the following for healthcare organizations:
Have a written infection control policy

- Conduct infection control training for healthcare providers
- Have at least one person designated to have oversight of infection control
- Designated person must attend a state-approved course
- Compliance with infection control requirements must be monitored

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A NC Infection Prevention Law

Objectives

10 A NCAC 41A

- Describe North Carolina State Laws governing infection prevention in healthcare facilities
- Discuss Control Measures for Human Immunodeficiency Virus (HIV), hepatitis B and hepatitis C
- Review Communicable Disease Reporting
- Describe NC Medical waste rules.

GS 130A-135
10A NCAC 41A
15A NCAC
138.1200

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A NC Infection Prevention Law

Control Measures HIV, HBV, HCV

10A NCAC 41A .0202, .0203, and .0214

3 Key Steps

1. Determining the risk
2. Following up on the source
3. Maintaining confidentiality




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A NC Infection Prevention Law

Modules

Determine if exposure to the person constitutes a significant risk

- Needlestick most common
- For all other exposures (splashes and splatters for example) evaluate:
 - The amount and type of body fluid
 - Potential pathogen and
 - The route of exposure (mucous membranes, non-intact skin for example)



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A NC Infection Prevention Law

Control Measures HIV, HBV, HCV


Follow up on the source of the exposure:

- If source is known, notify their physician, test for HIV, HBV and HCV (unless already known to be infected) and offer follow up as appropriate.

Known Source → **Notify Physician**

Test for:

- HIV
- HBV
- HCV



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A NC Infection Prevention Law

Control Measures HIV, HBV, HCV

Follow up on the source of the exposure:

- If source unknown: offer HIV testing to exposed person, verify status of HBV vaccination and offer HCV testing

Unknown Source

Offer tests

- HIV
- HCV

Verify HBV immunization status

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A NC Infection Prevention Law

Control Measures HIV, HBV, HCV

Maintain Confidentiality

- Protect confidentiality of known source person and their testing status
- Exposed person instructed to maintain confidentiality
- Disclosures for communicable disease reporting are protected and do not violate HIPAA regulations

Confidential

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A NC Infection Prevention Law

Knowledge Check

True or False:

Needlesticks are the most common route of exposure to bloodborne pathogens in the healthcare setting

True False

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A NC Infection Prevention Law

Objectives

- 15A NCAC 11B .0206, .0207, .0208, .0209, .0214
- GS 130A-135, 139 NCAC 41A
- 15A NCAC 13B .1200

- Describe North Carolina State Laws governing infection prevention in healthcare facilities
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A NC Infection Prevention Law


NC Medical Waste Rules

15A NCAC 13B .1200

The NC Medical Waste Rules:

- Define types of medical waste
- Outline how medical waste should be packaged
- Dictates how medical waste should be stored and transported and
- Outlines methods of treatment and disposal

Rules are periodically updated



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A NC Infection Prevention Law

NC Medical Waste Rules 15A NCAC 13B .1200

Currently Two Types of Medical Waste

<p>Medical waste</p> <ul style="list-style-type: none"> Any solid waste generated in the <ul style="list-style-type: none"> Diagnosis treatment, or immunization of human beings or animals Disposed of in the county landfill and no treatment necessary prior to disposal 	<p>Regulated medical waste</p> <ul style="list-style-type: none"> Must be treated prior to disposal Regulated medical waste and treatment methods include the following: <ul style="list-style-type: none"> Any blood or body fluids in individual containers >20ml (about size of test tube)...incineration/sanitary sewage system/steam sterilization Microbiological waste...Incineration, steam sterilization, microwave, ozonation, or chemical treatment Pathological waste...incineration/ozonation
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A NC Infection Prevention Law

Not Defined as Regulated Medical Waste Under 15A NCAC 13B .1200:

Sharps	Miscellaneous Items
<ul style="list-style-type: none">Rules do not require treatment before disposalMust be packaged in a container that is rigid, leak-proof when upright, and puncture resistantShall not be compacted prior to off-site transportationCan be disposed of with general solid waste<ul style="list-style-type: none">Some landfills do not accept sharps	<ul style="list-style-type: none">Dressings and bandages (even blood soaked), sponges, disposable instruments, used gloves, and tubing<ul style="list-style-type: none">Disposed of as general solid wasteHousehold waste including injections administered at home is not included in medical waste rules




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A NC Infection Prevention Law

Knowledge Check

Which of the following is NOT classified as "Regulated" medical waste in the NC Medical Waste Rules?

- A. Microbiological
- B. Gowns and gloves
- C. Pathological
- D. Blood in quantities of >20 ml per a single unit vessel




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A NC Infection Prevention Law

Knowledge Check

What do the NC Medical Waste Rules require for disposal of sharps?

- A. Container for sharps is rigid, puncture resistant and leak proof when in an upright position.
- B. Closed sharps container may be disposed of with general solid waste.
- C. Contained sharps shall not be compacted prior to off-site transportation.
- D. All of the above




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A NC Infection Prevention Law

Objectives

- 10 A NCAC 41A
 - .0206
 - .0207
 - Describe North Carolina State Laws governing infection prevention in healthcare facilities
- .0202
- .0203
- .0214
- GS 130A-135
- 10A NCAC 41A
 - Discuss Control Measures for Human Immunodeficiency Virus (HIV), hepatitis B and hepatitis C
- Review Communicable Disease Reporting
- 15A NCAC
- 13B .1200
 - Describe NC Medical waste rules.



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A NC Infection Prevention Law

