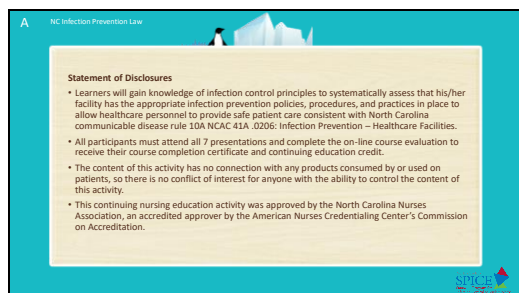


Slide 1



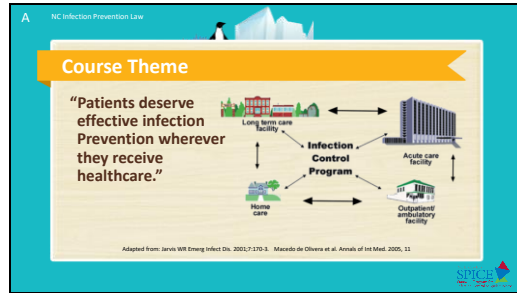
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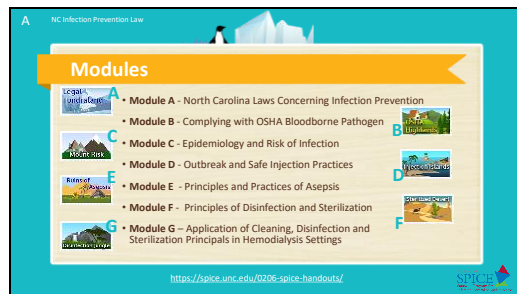
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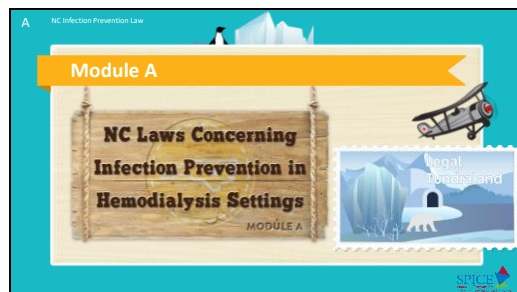
Slide 4



Slide 5



Slide 6



Slide 7

A NC Infection Prevention Law

### Objectives

- 10 A NCAC 41A
  - .0206
  - .0207
  - .0202
  - .0203
  - .0214
- GS 130A-135
- 10A NCAC 41A
- 15A NCAC 13B .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 6<sup>th</sup>, 2012 – CDC Updated Recommendations for Management of Hepatitis B Virus-Infected Health-Care Providers and Students

People

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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

North Carolina

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A NC Infection Prevention Law

### History

#### HIV and hepatitis B Infected HCP

Once notification occurs:

|  |  |
|--|--|
| <p>Health Director is responsible to:</p> <ul style="list-style-type: none"> <li>Investigate provider's practice</li> <li>Evaluate clinical condition</li> <li>Determine risk of transmission to patients</li> <li>Convene expert panel</li> </ul> | <p>Expert Panel shall:</p> <ul style="list-style-type: none"> <li>Review evidence</li> <li>Hear testimony from provider and/or their physician</li> <li>Make recommendations related to restrictions and identification of potentially exposed patients</li> </ul> |
|--|--|

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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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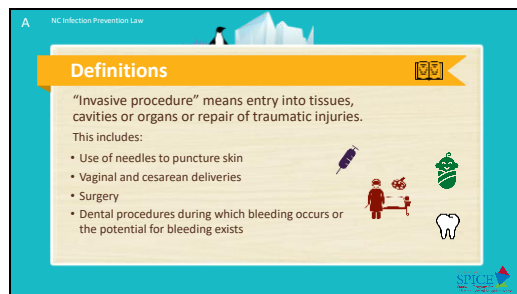
Slide 13



Slide 14



Slide 15



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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                    | • Safe injection practices   |
| • Principles and practice of asepsis                                | • Engineering controls to reduce the risk of sharp injuries                |
| • Sterilization, disinfection, and sanitation                       | • Disposal of sharps   |
| • Universal blood and body fluid precautions (Standard Precautions) | • 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 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

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

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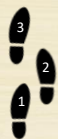
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A NC Infection Prevention Law

### 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



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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

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A NC Infection Prevention Law

### Objectives

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

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A NC Infection Prevention Law

### Reporting Rules:

**GS 130A-135; 10A NCAC 41A**

- "A physician licensed to practice medicine who has reason to suspect that a person about whom the physician has been consulted professionally has a communicable disease (CD) or condition declared by the Commission to be reported, shall report information required by the Commission to the local health director ..."
- Physicians, labs & specified others must report CDs designated "reportable" by NC Commission for Public Health

<https://epi.publichealth.nc.gov/cd/report.html>

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A NC Infection Prevention Law

### CHAPTER 130A - COMMUNICABLE DISEASES

**SECTION 130A-135 - COMMUNICABLE DISEASES**

130A-135. (a) A physician licensed to practice medicine who has reason to suspect that a person about whom the physician has been consulted professionally has a communicable disease (CD) or condition declared by the Commission to be reported, shall report information required by the Commission to the local health director ...

(b) Physicians, labs & specified others must report CDs designated "reportable" by NC Commission for Public Health

Amended November 1, 2024

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A NC Infection Prevention Law

### Objectives

**10A 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  
13B.1200**

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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*

**Medical waste**

- Any solid waste generated in the
  - Diagnosis
  - treatment, or
  - immunization of human beings or animals
- Disposed of in the county landfill and no treatment necessary prior to disposal



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A NC Infection Prevention Law

### NC Medical Waste Rules

**15A NCAC 13B .1200**  
*Currently Two Types of Medical Waste*

**Regulated medical waste**



- Must be treated prior to disposal
- Regulated medical waste and treatment methods include the following:
  - 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"> <li>Rules do not require treatment before disposal</li> <li>Must be packaged in a container that is rigid, leak-proof when upright, and puncture resistant</li> <li>Shall not be compacted prior to off-site transportation</li> <li>Can be disposed of with general solid waste               <ul style="list-style-type: none"> <li>Some landfills do not accept sharps</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Dressings and bandages (even blood soaked), sponges, disposable instruments, used gloves, and tubing</li> <li>Disposed of as general solid waste</li> <li>Household waste including injections administered at home is not included in medical waste rules</li> </ul> |

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

SPICE  
Statewide Program for Infection Control and Epidemiology