

1 Health Licensing Boards

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3 Adopted Permanent Rules Relating to Infection Control by the
4 Board of Chiropractic Examiners, the Board of Dentistry, the
5 Board of Medical Practice, the Board of Nursing, and the Board
6 of Podiatric Medicine

7

8 Rules as Adopted

9 6950.1000 STATEMENT OF PURPOSE.

10 Parts 6950.1000 to ~~6950.1090~~ 6950.1080 are intended to
11 promote the health and safety of patients and regulated persons
12 by reducing the risk of transmission of HBV and HIV in the
13 provision of health care through the use of universal
14 precautions and other infection control procedures.

15 6950.1010 DEFINITIONS.

16 Subpart 1. **Scope.** The terms used in parts 6950.1000 to
17 ~~6950.1090~~ 6950.1080 have the meanings given in this part and
18 Minnesota Statutes, section 214.18.

19 Subp. 2. **Clinical practice location.** "Clinical practice
20 location" means a site at which a regulated person practices.

21 Subp. 3. **Contaminated.** "Contaminated" means the presence
22 or the reasonably anticipated presence of potentially infectious
23 materials on an item or surface.

24 Subp. 4. **Decontamination.** "Decontamination" means the
25 removal, inactivation, or destruction of HBV and HIV on a
26 surface or item to the point where HBV and/or HIV are no longer
27 capable of causing infection and the surface or item is rendered
28 safe for barehanded touching, use, or disposal.

29 Subp. 5. **Exposure incident.** "Exposure incident" means
30 that a person has eye, mucous membrane, nonintact skin, or
31 parenteral contact with potentially infectious materials at a
32 clinical practice location.

33 Subp. 6. **High-level disinfection.** "High-level
34 disinfection" means the elimination of viability of all
35 microorganisms except bacterial spores.

1 Subp. 7. Infection control requirements. "Infection
2 control requirements" means the requirements of parts 6950.1000
3 to ~~6950.1090~~ 6950.1080 and Minnesota Statutes, sections 214.17
4 to 214.25.

5 Subp. 8. Parenteral. "Parenteral" means taken into the
6 body in a manner other than through the digestive canal.

7 Subp. 9. Patient. "Patient" means a person who receives
8 health care services from a regulated person. For the purposes
9 of part 6950.1040, patient includes the parent or guardian of a
10 patient who is a minor, the guardian of a patient who is
11 incompetent, and a person legally authorized by the patient to
12 act on the patient's behalf when the patient is temporarily
13 unable to act on the patient's own behalf.

14 Subp. ~~9~~ 10. Personal protective equipment. "Personal
15 protective equipment" means any equipment or overclothes that
16 reduce the risk of a person's clothing, skin, eyes, mouth, or
17 other mucous membranes coming into contact with potentially
18 infectious materials at a clinical practice location. Personal
19 protective equipment includes, but is not limited to, aprons,
20 clinic jackets, eyeglasses with shields, face shields, foot and
21 leg coverings, gloves, gowns, lab coats, and masks.

22 Subp. ~~10~~ 11. Potentially infectious materials.

23 "Potentially infectious materials" means:

24 A. human blood, human blood components, and products
25 made from human blood;

26 B. semen, vaginal secretions, cerebrospinal fluid,
27 synovial fluid, pleural fluid, pericardial fluid, peritoneal
28 fluid, amniotic fluid, saliva in dental procedures, any body
29 fluid that is visibly contaminated with blood, and all body
30 fluids in situations where it is difficult or impossible to
31 differentiate between body fluids;

32 C. any unfixed tissue or organ (other than intact
33 skin) from a human (living or dead); and

34 D. HIV-containing cell, tissue, or organ cultures,
35 HIV- or HBV-containing culture media or other solutions, and
36 blood, organs, or other tissues from experimental animals

1 infected with HIV or HBV.

2 Subp. ~~11~~ 12. **Sharps.** "Sharps" means objects that can
3 penetrate the skin. Sharps include, but are not limited to,
4 needles, scalpels, broken glass, broken capillary tubes, and
5 exposed ends of dental wires.

6 Subp. ~~12~~ 13. **Sterilization.** "Sterilization" means the
7 destruction of all microbial life, including bacterial spores.

8 6950.1020 COMPLIANCE WITH INFECTION CONTROL REQUIREMENTS.

9 Subpart 1. **Scope of responsibility.** A regulated person
10 must comply with infection control requirements to the extent
11 that the regulated person has responsibility for, or
12 jurisdiction and control over, a specific infection control
13 procedure to which the requirements apply.

14 Subp 2. **Exception to compliance.** A regulated person must
15 strictly comply with the requirements of parts 6950.1000 to
16 ~~6950-1090~~ 6950.1080 unless, under rare and extraordinary
17 circumstances, strict compliance with the requirements would
18 prevent the delivery of health care services or impose an
19 increased hazard to the safety of patients or regulated persons.

20 6950.1030 COMPLIANCE WITH RECOMMENDATIONS OF CENTERS FOR DISEASE
21 CONTROL.

22 Subpart 1. **Scope of responsibility.** A regulated person
23 must comply with the recommendations of the Centers for Disease
24 Control to the extent that the recommendations are consistent
25 with the requirements of parts 6950.1000 to ~~6950-1090~~ 6950.1080.
26 The recommendations are contained in the following Centers for
27 Disease Control documents:

28 A. "Guideline for Handwashing and Hospital
29 Environmental Control," 1985;

30 B. "Morbidity and Mortality Weekly Report," August
31 21, 1987, Vol. 36, No. 2S;

32 C. "Morbidity and Mortality Weekly Report," June 24,
33 1988, Vol. 37, No. 24;

34 D. "Morbidity and Mortality Weekly Report," February
35 9, 1990, Vol. 39, No. RR-2; and

1 E. "Morbidity and Mortality Weekly Report," May 28,
2 1993, Vol. 42, No. RR-8; and

3 F. "Morbidity and Mortality Weekly Report," June 7,
4 1996, Vol. 45, No. 22.

5 The recommendations are incorporated by reference. The
6 recommendations are available at the Minnesota State Law
7 Library, Judicial Center, 25 Constitution Avenue, St. Paul,
8 Minnesota 55155. The recommendations are subject to frequent
9 change.

10 Subp. 2. **Inconsistencies.** To the extent there are
11 inconsistencies between the requirements of parts 6950.1000 to
12 ~~6950.1090~~ 6950.1080 and the recommendations of the Centers for
13 Disease Control and Prevention, the requirements of parts
14 6950.1000 to ~~6950.1090~~ 6950.1080 supersede the recommendations
15 of the Centers for Disease Control and Prevention. If there are
16 inconsistencies in the recommendations of the Centers for
17 Disease Control and Prevention, the most recent recommendations
18 supersede earlier recommendations.

19 6950.1040 EXPOSURE INCIDENTS.

20 A regulated person with personal knowledge of an exposure
21 incident must ensure that a the exposed patient, and with the
22 patient's permission, the patient's primary health care
23 provider, are informed of the exposure incident and that the
24 patient is offered assistance in securing follow-up care
25 immediately or as soon as possible after the patient is
26 subjected to an exposure incident ~~when-the-regulated-person-has~~
27 ~~personal-knowledge-of-the-incident.~~ If the exposure incident
28 occurs in a health care setting that has written procedures
29 regarding exposure incidents and the procedures require patient
30 notification of the exposure incident and the offer of
31 assistance to the patient in securing follow-up care, the
32 regulated person meets the requirements of this part by
33 notifying the official designated in the written procedures
34 charged with the responsibility for carrying out the
35 procedures. A regulated person must not disclose to a patient

1 who is subjected to an exposure incident the identity of the
2 source unless the source has explicitly given authorization for
3 release of identity.

4 6950.1050 COMPLIANCE WITH POLICIES AND PROCEDURES ON INFECTIOUS
5 DISEASES.

6 Parts 6950.1000 to ~~6950.1090~~ 6950.1080 must not be
7 construed to limit the duty, obligation, or responsibility of a
8 regulated person to comply with policies and procedures that are
9 designed to prevent the transmission of infectious diseases, are
10 consistent with infection control requirements, and are required
11 by a clinic, hospital, institution, or other entity at a
12 clinical practice location.

13 6950.1060 GENERAL CONTROLS.

14 Subpart 1. General requirements. A regulated person:

15 A. must not cut, bend, or break contaminated needles;

16 B. must minimize exposure to contaminated sharps by
17 actions such as not recapping or removing a contaminated sharp
18 from its base unless the regulated person can demonstrate that
19 no safer alternative is feasible, that the action is required by
20 a specific medical procedure, or that the base is reusable, in
21 which case the recapping or removal must be accomplished through
22 the use of a mechanical device or a one-handed technique;

23 C. must minimize splashing, spraying, spattering, and
24 generation of droplets of potentially infectious materials;

25 D. must not perform mouth pipetting or suctioning of
26 potentially infectious materials;

27 E. must, before caring for a subsequent patient,
28 remove and replace protective coverings used to cover equipment
29 or work surfaces in work areas if the coverings become
30 contaminated;

31 F. must remove debris and residue and decontaminate
32 equipment before the equipment is repaired in the clinical
33 practice location or transported to another site for repair or,
34 if the equipment cannot be decontaminated before repair, must
35 label the equipment as potentially contaminated; and

1 G. must pick up contaminated objects in such a manner
2 that bare or covered skin does not come into contact with
3 contaminated sharp surfaces.

4 Subp. 2. **Multiple dose vials.**

5 A. A disposable needle and/or syringe that is used to
6 withdraw fluid from a multiple dose vial must not be used more
7 than once.

8 B. A reusable needle and/or syringe that is used to
9 withdraw fluid from a multiple dose vial must be sterilized
10 before each use.

11 Subp. 3. **Handwashing.** A regulated person must thoroughly
12 wash hands or other skin surfaces as soon as feasible after
13 hands, other skin surfaces, or gloves are contaminated and in
14 any case prior to treatment of a subsequent patient.

15 Subp. 4. **Decontamination-and-sterilization Contaminated**
16 **equipment, instruments, and devices.**

17 A. All debris and residue from reusable contaminated
18 equipment, instruments, and devices must be completely removed.

19 B. Equipment, instruments, and devices which come
20 into contact with a patient's vascular system or other normally
21 sterile areas of the body must be sterilized.

22 C. Reusable equipment, instruments, and devices which
23 come into contact with a patient's intact mucous membranes but
24 do not penetrate body surfaces must be sterilized or high-level
25 disinfected.

26 D. Reusable equipment, instruments, and devices which
27 come into contact with a patient's intact skin must be
28 decontaminated.

29 E. Work surfaces must be decontaminated immediately
30 or as soon as feasible after the surfaces become contaminated
31 and prior to treatment of a subsequent patient.

32 Subp. 5. **Transfers.** A regulated person must not transfer
33 contaminated disposable sharps or potentially infectious
34 materials from one container to another container.

35 Subp. 6. **Disposable contaminated sharps.** A regulated
36 person:

1 A. must, immediately or as soon as feasible after use
2 and until the sharps are disposed of, store disposable
3 contaminated sharps in containers that are puncture resistant,
4 leakproof on the sides and bottom, closable, and labeled with a
5 biohazard symbol;

6 B. must not store or dispose of disposable
7 contaminated sharps in a manner that allows a person to reach by
8 hand into the containers where the sharps are placed;

9 C. must place containers for disposable contaminated
10 sharps where the containers are easily accessible to health care
11 workers and as close as is feasible to the immediate area where
12 sharps are used or can reasonably be expected to be found;

13 D. must place containers for disposable contaminated
14 sharps where the contents do not impose undue risk of an
15 exposure incident at a clinical practice location;

16 E. must maintain containers for disposable
17 contaminated sharps upright throughout use; and

18 F. must replace containers for disposable
19 contaminated sharps before they become full.

20 **Subp. 7. Reusable contaminated sharps. A regulated person:**

21 A. must, immediately or as soon as feasible after use
22 and until the sharps are decontaminated, store reusable
23 contaminated sharps in containers that are puncture resistant,
24 leakproof on the sides and bottom, and labeled with a biohazard
25 symbol;

26 B. must place containers for reusable contaminated
27 sharps where the containers are easily accessible to health care
28 workers and as close as is feasible to the immediate area where
29 sharps are used or can reasonably be expected to be found;

30 C. must place containers for reusable contaminated
31 sharps where the contents do not impose undue risk of an
32 exposure incident at a clinical practice location;

33 D. must maintain containers for reusable contaminated
34 sharps upright throughout use; and

35 E. must replace containers for reusable contaminated
36 sharps before they become full.

1 6950.1070 PERSONAL PROTECTIVE EQUIPMENT.

2 Subpart 1. General requirements. The general requirements
3 for personal protective equipment are as described in this
4 subpart.

5 A. A regulated person must wear appropriate personal
6 protective equipment in situations where it is reasonably
7 anticipated that the person may have skin, eye, mucous membrane,
8 or parenteral contact with potentially infectious materials at a
9 clinical practice location.

10 B. Appropriate personal protective equipment must be
11 worn in situations where potentially infectious materials may be
12 splashed, sprayed, spattered, or otherwise generated.

13 C. Contaminated disposable personal protective
14 equipment must not be used in the care of more than one patient.

15 D. Personal protective equipment must be replaced as
16 necessary to protect oneself and patients from transmission of
17 HBV or HIV.

18 E. Personal protective equipment must be discarded
19 after its ability to function as a barrier is compromised.

20 F. After contaminated personal protective equipment
21 is removed, it must be stored so as not to pose undue risk of an
22 exposure incident.

23 Subp. 2. Gloves. A regulated person:

24 A. must wear gloves when:

25 (1) it can be reasonably anticipated that contact
26 with potentially infectious materials, mucous membranes, or
27 nonintact skin may occur;

28 (2) vascular access procedures are performed; or

29 (3) contaminated items or surfaces are handled or
30 touched;

31 B. must wear sterile gloves in preparation for and
32 during surgery requiring sterile technique;

33 C. must replace gloves before caring for a subsequent
34 patient;

35 D. must discard gloves which have become worn or

1 punctured, or after their ability to function as a barrier is
2 otherwise compromised;

3 E. must not use disposable examination gloves on more
4 than one patient; and

5 F. must discard reusable utility gloves used for
6 decontamination procedures or housekeeping tasks if the gloves
7 are cracked, peeling, torn, punctured, exhibit other signs of
8 deterioration, or if their ability to function as a barrier is
9 otherwise compromised.

10 Subp. 3. **Masks, face shields, and eye protection**
11 **equipment.** A regulated person:

12 A. must wear either:

13 (1) a mask and eye protection equipment; or

14 (2) a chin-length plastic face shield in

15 situations where it is reasonably anticipated that potentially
16 infectious materials may be splashed, spattered, or otherwise
17 generated;

18 B. must replace a disposable mask before caring for a
19 subsequent patient if the mask becomes contaminated; and

20 C. must decontaminate a reusable mask, face shield,
21 safety glasses, or eye protection equipment before caring for a
22 subsequent patient if the item becomes contaminated.

23 6950.1080 SPILLS AND LAUNDRY.

24 Subpart 1. **Spills.** Surfaces must be decontaminated
25 immediately or as soon as feasible after potentially infectious
26 materials are spilled.

27 Subp. 2. **Laundry.** Contaminated linen:

28 A. must be handled as little as possible and with
29 minimum agitation;

30 B. must be placed in bags that prevent leakage at the
31 location where it is used; and

32 C. must not be sorted or rinsed in patient-care areas.

33 6950.1090 UNCONFINED LESIONS. [Withdrawn at 21 SR 1311]