CHAPTER 6950
HEALTH LICENSING BOARDS
INFECTION CONTROL

6950.1000 STATEMENT OF PURPOSE.

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

Statutory Authority: *MS s 214.24*

History: *21 SR 1668*

6950.1010 DEFINITIONS.

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

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

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

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

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

Subp. 6. **High–level disinfection.** "High–level disinfection" means the elimination of viability of all microorganisms except bacterial spores.

Subp. 7. **Infection control requirements.** "Infection control requirements" means the requirements of parts 6950.1000 to 6950.1080 and Minnesota Statutes, sections 214.17 to 214.25.

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

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

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

Subp. 11. **Potentially infectious materials.** "Potentially infectious materials" means:

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

B. semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that

is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

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

D. HIV–containing cell, tissue, or organ cultures, HIV– or HBV–containing culture media or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

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

Statutory Authority: *MS s 214.24*

History: *21 SR 1668*

6950.1020 COMPLIANCE WITH INFECTION CONTROL REQUIREMENTS.

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

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

Statutory Authority: *MS s 214.24*

History: *21 SR 1668*

6950.1030 COMPLIANCE WITH RECOMMENDATIONS OF CENTERS FOR DISEASE CONTROL.

Subpart 1. **Scope of responsibility.** A regulated person must comply with the recommendations of the Centers for Disease Control to the extent that the recommendations are consistent with the requirements of parts 6950.1000 to 6950.1080. The recommendations are contained in the following Centers for Disease Control documents:

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

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

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

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

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

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

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

Subp. 2. **Inconsistencies.** To the extent there are inconsistencies between the requirements of parts 6950.1000 to 6950.1080 and the recommendations of the Centers for Disease Control and Prevention, the requirements of parts 6950.1000 to 6950.1080 supersede the recommendations of the Centers for Disease Control and Prevention. If there are inconsistencies in the recommendations of the Centers for Disease Control and Prevention, the most recent recommendations supersede earlier recommendations.

Statutory Authority: *MS s 214.24*

History: *21 SR 1668*

6950.1040 EXPOSURE INCIDENTS.

A regulated person with personal knowledge of an exposure incident must ensure that the exposed patient, and with the patient's permission, the patient's primary health care pro-

vider, are informed of the exposure incident and that the patient is offered assistance in securing follow–up care immediately or as soon as possible after the patient is subjected to an exposure incident. If the exposure incident occurs in a health care setting that has written procedures regarding exposure incidents and the procedures require patient notification of the exposure incident and the offer of assistance to the patient in securing follow–up care, the regulated person meets the requirements of this part by notifying the official designated in the written procedures charged with the responsibility for carrying out the procedures. A regulated person must not disclose to a patient who is subjected to an exposure incident the identity of the source unless the source has explicitly given authorization for release of identity.

Statutory Authority: *MS s 214.24*

History: *21 SR 1668*

6950.1050 COMPLIANCE WITH POLICIES AND PROCEDURES ON INFECTIOUS DISEASES.

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

Statutory Authority: *MS s 214.24*

History: *21 SR 1668*

6950.1060 GENERAL CONTROLS.

Subpart 1. **General requirements.** A regulated person:

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

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

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

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

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

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

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

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

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

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

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

Subp. 4. **Contaminated equipment, instruments, and devices.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statutory Authority: *MS s 214.24*

History: *21 SR 1668*

6950.1070 PERSONAL PROTECTIVE EQUIPMENT.

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

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

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

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

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

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

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

Subp. 2. **Gloves.** A regulated person:

A. must wear gloves when:

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

(2) vascular access procedures are performed; or

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

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

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

D. must discard gloves which have become worn or punctured, or after their ability to function as a barrier is otherwise compromised;

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

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

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

A. must wear either:

(1) a mask and eye protection equipment; or

(2) a chin–length plastic face shield in situations where it is reasonably anticipated that potentially infectious materials may be splashed, spattered, or otherwise generated;

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

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

Statutory Authority: *MS s 214.24*

History: *21 SR 1668*

6950.1080 SPILLS AND LAUNDRY.

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

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

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

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

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

Statutory Authority: *MS s 214.24*

History: *21 SR 1668*