

**BOARD OF OPTOMETRY
INITIAL STATEMENT OF REASONS**

Hearing Date: January 19, 2010

Subject Matter of Proposed Regulations: Infection Control Guidelines

Section Affected: Section 1520 in Division 15 of Title 16 of the California Code of Regulations (CCR).

Specific Purpose:

To amend CCR 1520 in order to establish infection prevention practices for proper hand hygiene, appropriate use of personal protective equipment, handling of sharp instruments, and appropriate cleaning of patient care equipment, instruments, devices and environmental care. This proposed regulation will require licensees to adhere to the most current guidelines and standards published by federal, state and local, and other regulatory and accrediting agencies.

Factual Basis/Necessity

Business and Profession Code (BPC) section 3010.1 requires that the protection of the public be the highest priority for the Board of Optometry (hereafter "Board") in exercising its licensing, regulatory, and disciplinary functions. BPC section 3025.5 authorizes the Board to adopt regulations prescribing minimum standards governing optometric services offered or performed, the equipment, or sanitary conditions in all offices for the practice of optometry in order to protect the health and safety of the public.

Furthermore, BPC section 3110 states that, except for good cause, the knowing failure of a licensee to follow infection control guidelines of the Board to minimize the risk of transmission of blood-borne infectious diseases from licensee to patient, from patient to patient, or from patient to licensee, is grounds for disciplinary action or denial of a license.

The proposed amendment to CCR 1520 would establish and define Infection Control Guidelines to implement and clarify BPC section 3025.5. The proposed Infection Control Guidelines are based on minimum standards that are industry-accepted and known to minimize the risk of transmission of infectious diseases or agents. The Infection Control Guidelines are intended to protect patients by ensuring that licensees and those in their offices do not transmit infectious diseases or agents to patients, from patient to patient, or from patient to practitioner, when providing optometric services. The proposed Infection Control Guidelines must be used in the care of all patients, regardless of suspected or confirmed infection status, and in all settings in wherein optometric services are provided.

The document entitled, *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings 2007*, issued by the Centers for Disease Control and Prevention (CDC), was the model used for this proposed regulation. Within this document are established Standard Precautions that combine the major features of Universal Precautions and Body Substance Isolation. Both are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. The Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed status, in any setting wherein healthcare is provided.

Because Senate Bil 1406 (Chapter 352, Statutes of 2008, Correa), expanded the scope of practice of optometry to allow optometrists to perform venipuncture on patients suspected of having diabetes, the Board has determined that it is important to clarify what is expected of California optometrists in regards to infection control. By adopting these Standard Precautions in CCR 1520. Infection Control Guidelines, the Board is not only publishing proven procedures that reduce, minimize, or eliminate the transmission of infectious agents, but specifically identifying additional grounds for potential disciplinary action for failure to follow industry-accepted standards designed to protect patients and licensees.

The proposed regulation sets forth Infection Control Guidelines in the following areas:

- (1) Proper Hand Hygiene – In addition to the original hand washing facility procedures in CCR 1520, the amended language expands on proper hand hygiene, an essential element of the standard precautions. Improved hand hygiene and practices have been associated with a sustained decrease in the incidence of infections.
- (2) Use of Personal Protective Equipment (PPE) – PPE is necessary to protect mucous membranes, airways, skin, and clothing from contact with infectious agents.
- (3) Handling of Sharp Instruments – Precautions must be taken in order to prevent injuries caused by needles, scalpels, and other sharp devices, especially during procedures such as venipuncture.
- (4) Instrument Disinfection - The proper containing and disposal of sharps, transporting, handling and cleaning of patient care equipment, instruments and devices in order to prevent patient-to-patient transmission of infectious agents. Also, routine and targeted cleaning of environmental services involved in patient care.

The proposed regulation also requires licensees, assistants in the office of an optometrist, and staff to adhere to local, state, and federal recommendations issued in response to an emergency health and safety situation.

As specified in BPC section 3110(w), and to ensure consistency in regulatory implementation, the Board reviewed infection control guidelines from the Medical Board, Dental Board, Board of Occupational Therapy, Board of Podiatric Medicine, Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians.

Underlying Data:

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings 2007 issued by the Centers for Disease Control and Prevention.

Business Impact

The Board has made an initial determination that the proposed regulatory action will not have any significant adverse economic impact on businesses. The proposed amendments to the regulation will only affect optometrists, assistants in the office of an optometrist, staff and their patients.

Specific Technologies or Equipment

The amendment of this regulation does not mandate the use of specific technologies or equipment.

Consideration of Alternatives

No reasonable alternative which was considered or that has otherwise been identified and brought to the attention of the Board would be either more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed regulation.