

**BOARD OF OPTOMETRY
MODIFIED TEXT**

Changes to the originally proposed language are shown by double underline for new text and underline with strikeout for deleted text.

Amend section 1520 in Division 15 of Title 16 of the California Code of Regulations to read as follows:

§ 1520. ~~Hand Washing Facility.~~ Infection Control Guidelines.

(a) Optometrists and staff, which also includes, assistants in the office of an optometrist, and staff must comply with all the applicable Standard Precautions.

(b) Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucus membranes may contain transmissible infectious agents. All contact with these substances is treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis, and other transmissible infectious agents. Standard Precautions are also intended to protect patients by ensuring that optometric staff do not carry infectious agents to patients on their hands or via equipment used when providing optometric services. Standard Precautions must be used in the care of all patients, regardless of suspected or confirmed infection status, and in all settings wherein optometric services are provided. Standard Precautions include:

(1) Proper Hand Hygiene

(A)(a) Each office shall be provided with have a hand washing facility which shall be that is entirely within the confines of the premises or space occupied by such office and not elsewhere, and which shall be for the exclusive use of the optometrist or optometrists practicing in such office and his/her or their assistants and patients and shall not be used by other persons.

(B)(b) For the purpose of this section, a hand washing facility is a facility affording, at minimum, the following:

1.(1) —A wash basin or sink with hot and cold running water which complies with Title 24, California Administrative Code, Part 5 (commencing with Section P100).

2.(2) —Liquid or powdered hand washing detergent in a dispensing device.

3.(3) Single service sanitary towels in a dispensing device or a sanitary hot-air blower hand drying apparatus.

(C)(c) Hand washing facilities shall be maintained in a condition of cleanliness and good repair.

(D)(d) The optometrists and staff shall maintain at all times a high standard of cleanliness and personal hygiene in order to ensure proper patient care.

(E) The optometrists and staff shall Avoid unnecessary touching of face, nose, and surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental

surfaces and transmission of pathogens from contaminated hands to surfaces, when providing optometric services.

(F) When hands are visibly soiled, hands shall be washed with soap and water for a 20-second scrub and 10-second rinse or an antimicrobial hand wash. If hands are not visibly soiled, an acceptable alternative of hand decontamination is with an alcohol-based hand rub (except in cases of spores, as described below).

(G) Hands shall be washed or decontaminated as follows:

1. (i) Before having direct contact with any patient, immediately after a procedure (such as eye examinations or other procedures involving contact with tears), and in between patients.

2. (ii) After removing gloves, ensure that hands will not carry potential infectious material that might have penetrated through unrecognized cuts, tears or lacerations in the gloves, or that could contaminate the hands during glove removal.

3. (iii) Artificial fingernails or extenders shall not be worn if duties include direct contact with patients at high risk for infection and associated adverse outcomes.

(H) After each patient session ends, hands must be washed with soap and water or an antimicrobial hand wash if contact with spores (including but not limited to *C. difficile* or *Bacillus anthracis*) is likely to have occurred. The physical action of washing and rinsing hands in such circumstances is required because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.

(I) If the an optometrist or staff member has have exudative lesions or weeping dermatitis of the hand, direct patient care and the handling of patient care equipment by the person with the condition must stop until the condition resolves.

(2) Use of Personal Protective Equipment

(A) Gloves: The optometrists and staff All health care workers must routinely use appropriate barrier precautions gloves to prevent skin and mucous membrane exposure when anticipating direct contact with blood or body fluids, mucous membranes, nonintact skin, and other potentially infectious material or surfaces soiled with such fluids.

(B) The optometrists and staff shall Ddiscard gloves after contact with each patient to prevent transmission of infectious material.

(C) The optometrists and staff shall If necessary change gloves if patient interaction involves touching portable computer keyboards or other mobile equipment that is transported from room to room.

(D) The optometrists and staff shall not reuse Ggloves must not be reused.

(E) The optometrists and staff must wear gowns, masks, gloves and protective eye wear must be worn in situations where blood, respiratory secretions, or contaminated fluids may be sprayed or splashed into the eyes of the an optometrist or their staff member.

(F) The optometrists and staff must wear gowns, masks, gloves and protective eye wear must be worn if the optometrist, staff or patient is known or suspected to have a pathogen, which can be transmitted by airborne, contact or droplet routes, means, or If the an optometrist or staff

member is infected with a pulmonary or other disease that is transmitted by airborne, contact or droplet routes, means, then that optometrist or staff member must wear a mask, gloves and protective eyewear to protect the patient.

(G) ~~Face shields and~~ Protective eyewear must be washed and disinfected between each patient or when visibly soiled.

(3) Handling of Sharp Instruments

(A) Precautions must be taken in order to prevent injuries caused by needles, scalpels, and other sharp instruments or devices when:

1. ~~(i)~~ Performing procedures, including but not limited to venipuncture;
2. ~~(ii)~~ Cleaning used instruments;
3. ~~(iii)~~ Disposing of used needles; and
4. ~~(iv)~~ Handling sharp instruments after procedures.

(B) To prevent needle stick injuries, ~~optometrists, assistants in the office of an~~ the optometrist, and staff ~~shall~~ should be instructed in the proper handling of needles, including but not limited to when needles ~~must~~ should not be recapped, or purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.

(C) ~~Optometrists, assistants in the office of an optometrist,~~ and staff must be instructed to place disposable syringes and needles, scalpel blades and other sharp items in puncture resistant containers following their use. Puncture resistant containers ~~shall~~ should be provided and ~~shall~~ should be located as close as practical to the area where needles and syringes are in use.

(D) Pursuant to Cal/OSHA's Bloodborne Pathogens Standard, Title 8, Cal. Code Regs., Section 5193, employers governed by this rule must establish, maintain, review and update at least annually and whenever necessary their Exposure Control Plan to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, and establish and maintain a Sharps Injury Log. This rule applies to all employers with employees who have occupational exposure to blood or other potentially infectious materials.

(E) ~~The~~ Optometrists, assistants, and staff shall adhere to all federal and state requirements for handling of sharp instruments (including but not limited to the Medical Waste Management Act, California Health and Safety Code sections 117600-118360).

(4) ~~Instrument~~ Disinfection Requirements

(A) Germicides and/or disinfectants must be used in order to eliminate most of all pathogenic microorganisms from inanimate objects, such as medical devices or equipment. If there are questions on how to disinfect a particular medical device, the office ~~may~~ should contact the manufacturer of the product.

(B) Contact lenses and carrying cases used in trial and follow-up fittings ~~shall~~ should be handled in the following manner:

1. ~~(i)~~ Discarding the trial contact lenses is recommended. This procedure however is inapplicable to rigid gas permeable and non-disposable hydrogel trial contact lenses.

2. ~~(ii)~~ Disinfecting between each fitting by one of the following regimens:

- a. ~~(4)~~ U.S. Food and Drug Administration (FDA) approved chemical disinfection system appropriate for the contact lens type.

b. (2) Heat disinfection.

(C) When using eye drops, optometrist and assistants shall not permit the bottle tip ~~should not~~ to come into direct contact with the patient's tears or conjunctiva. If the tip touches the patient, the bottle ~~shall~~ ~~should~~ be discarded.

(D) ~~The o~~Optometrists, ~~assistants~~ and staff shall follow employer-established policies and procedures for routine and targeted cleaning of environmental surfaces as indicated by the service-delivery setting, the level of patient contact, and degree of soiling.

(E) ~~The o~~Optometrists, ~~assistants~~, and staff shall clean and disinfect surfaces that are likely to be contaminated with pathogens, especially those in close proximity to the patient and frequently touched surfaces in the patient care environment.

(c) ~~The o~~Optometrists and staff ~~Practitioners~~ shall comply with all minimum standards for infection control practices ~~issued by and comply with~~ local, state, ~~or~~ ~~and~~ federal governmental agencies ~~recommendations~~, issued in response to an emergency health and safety situations.

Note: Authority cited: Sections 3010.1, 3025, 3025.5, and 3110, Business and Professions Code. Reference: Sections 2544, 2564.5, 3025.5, 3025.6, and 3110, Business and Professions Code.

DATED: _____

Mona Maggio, Executive Officer
Board of Optometry