Dental Board of California

New

Section 1005 Regulations

Minimum Standards of Infection Control for Dental Offices



§ 1005 | Regulatory Adoption Timeline

Most likely path following the 45-day public comment period

1

NOV 30, 2026

Public comments close

Board evaluates comments

2

DEC 2026–EARLY 2027

Finalize regulations

Possible 15-day comment period if revised

3

AFTER FINALIZATION

Submit to OAL

Generally 30 working days for review

4

IF APPROVED

File with Secretary of State

Effective date follows filing rules

POSSIBLE EFFECTIVE DATE: APRIL 1, 2027

Assumes timely finalization, OAL approval, and no substantial delay or additional Board action.

Note: Further Board approval may be needed if substantive changes are made; the final effective date is not yet established.

Procedural information:

- I'll read the text, explaining/highlighting the changes
- Raise your hand quickly if you have a question/comment
  - Would like to get thru it all since we are in the 45 day comment period . . . If not then will post this PPT on the CADAT website and you can review independently to make comments to the Board before the end of November
- "Why" questions will be addressed to Cara for clarification (she was on the rewrite committee)
- Would love discussion on bigger/significant issues

Dental Board of California

Definitions



§ 1005 – Standard Precautions

(1) “Standard precautions” are ~~a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status,~~ infection prevention protocols and procedures established for use in any setting in which dental healthcare is delivered. These include: hand hygiene protocols and hand care, ~~use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure,~~ use of personal protective equipment, procedures for patient care items, ~~and~~ safe handling of sharps, safe handling and disposal of contaminated medical waste, respiratory hygiene or cough etiquette, and use of disinfectant agents in accordance with this section. Standard precautions shall be used for care of all patients regardless of ~~their diagnoses or personal infectious status,~~ the procedure performed or the health history of the patient.

How will this change affect you, your teaching, or dental assisting practice?

§ 1005 – Critical Items

(2)(A) “Critical items” ~~confer a high risk for infection if they are contaminated with any microorganism~~. carry the highest risk of transmitting infection. These include all instruments, devices, and other items used to penetrate soft tissue or bone., such as surgical instruments, periodontal instruments, hygiene scalers, and burs.





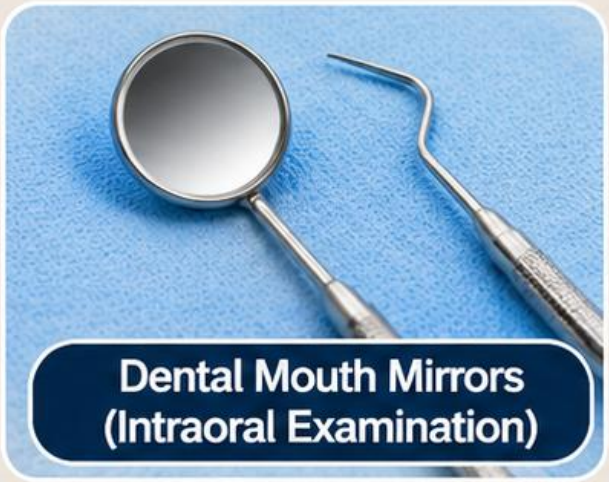




How will this change affect you, your teaching, or dental assisting practice?

§ 1005 – Semi-Critical Items

(3) (B) “Semi-critical items” are instruments, devices, and other items that ~~are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).~~ come into contact with oral tissue, blood, or OPIM without penetration, such as those items used for intraoral examination, and dental procedures including dental mouth mirrors, amalgam condensers, reusable dental impression trays, and orthodontic pliers with plastic parts.









How will this change affect you, your teaching, or dental assisting practice?

§ 1005 – Non-Critical Items

~~(4)~~ (C) "Non-critical items" are instruments, devices, equipment, and surfaces ("clinical contact surfaces") that come in contact with soil (e.g., organic and inorganic material), debris, blood, OPIM and intact skin, but not oral mucous membranes, and are utilized extraorally or are indirectly contaminated with debris, blood, or OPIM during clinical procedures, such as dental X-ray machines, assistant cart attachments, dental material delivery systems, patient safety eyewear, plastic dental syringes, and countertops.


Dental X-Ray Machine


Assistant Cart Attachments


Dental Material Delivery System


Patient Safety Eyewear


Plastic Dental Syringe

How will this change affect you, your teaching, or dental assisting practice?

§ 1005 – Disinfection Definitions

(5) “Disinfect” or “disinfection” means the use of a chemical solution to reduce or lower the number of microorganisms on inanimate objects using a Cal/EPA-registered product.

(6) “Disinfection classifications” are categories used to determine the effectiveness of a disinfectant agent to inactivate mycobacterium during surface disinfection procedures and are as follows:

How will this change affect you, your teaching, or dental assisting practice?

§ 1005 — Kill vs. Inactivate



Scientists generally say disinfectants kill bacteria but inactivate viruses because viruses are not independently living cells.



This wording change is primarily a matter of terminology (semantics). “Inactivate” is more scientifically precise when referring to viruses.

§ 1005 – Disinfection Definitions

(5) (A) “Low-level disinfection” is the least effective disinfection process. It ~~kills~~ inactivates some bacteria, ~~some~~ viruses, and fungi, but does not ~~kill~~ inactivate bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.



Inactivate – *Definition*



To make a microorganism noninfectious by rendering it unable to grow, reproduce, or cause infection (e.g., through a chemical, physical, or thermal process).

How will this change affect you, your teaching, or dental assisting practice?

§ 1005 – Intermediate-Level Disinfection

~~(6)~~ (B) "Intermediate-level disinfection" ~~kills~~inactivates mycobacterium tuberculosis var bovis indicating that many human pathogens are also ~~killed~~inactivated. This process does not necessarily ~~kill~~inactivate spores.



§ 1005 – High-Level Disinfection

~~(7)~~ (C) "High-level disinfection" ~~kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.~~ inactivates all vegetative bacteria, mycobacterium, viruses, fungi, and some bacterial spores.



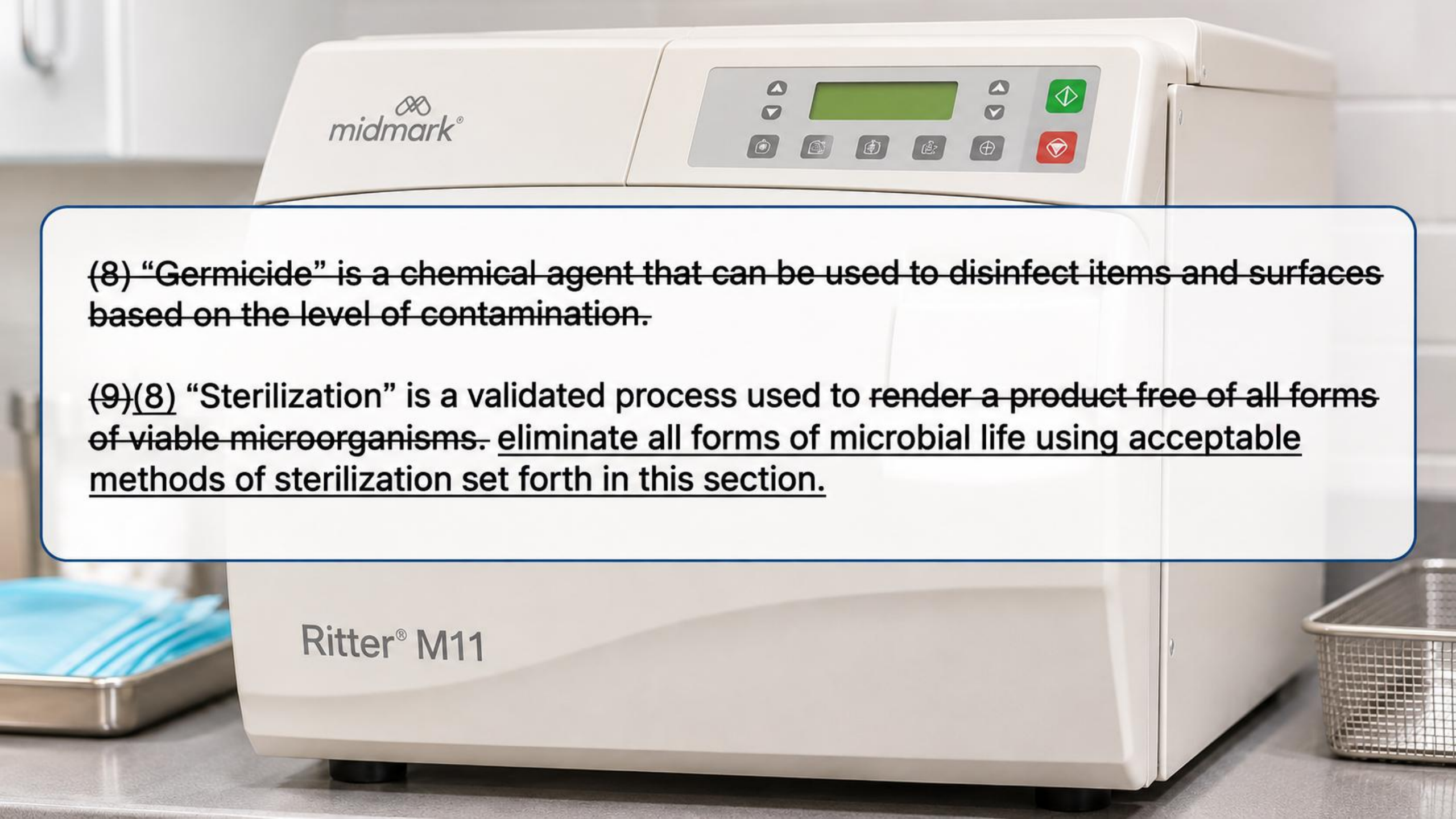
Cold Sterile – *Definition*

A chemical process that **inactivates** all microorganisms, including bacterial spores.

Added Definition — Cal/EPA-Registered

(7) "Cal/EPA-registered" means a product registered by the U.S. Environmental Protection Agency (EPA) and the California Department of Pesticide Regulation for sale and use in California as a pesticide.

CalEPA
California Environmental Protection Agency



~~(8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.~~

~~(9)~~(8) "Sterilization" is a validated process used to ~~render a product free of all forms of viable microorganisms.~~ eliminate all forms of microbial life using acceptable methods of sterilization set forth in this section.

§ 1005 – Cleaning Definition

~~(10)~~(9) "Cleaning" is the removal of visible soil ~~(e.g., organic and inorganic material),~~ debris, blood, and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products~~.~~ prior to the use of a sterilization device or disinfectant for surface disinfection, using one of the following applicable methods:



§ 1005 – Cleaning Clinical Contact Surfaces

ALL NEW TEXT

(A) Cleaning of clinical contact surfaces and non-critical items means scrubbing using water and a detergent, or a surface disinfectant, either of which is registered with Cal/EPA as a disinfectant to clean surfaces or items according to manufacturer's instructions.



Source: DBC proposed amendments to 16 CCR § 1005, subsection (a)(9)(A)

§ 1005 — Cleaning Critical & Semi-Critical Items

ALL NEW TEXT

(B) Cleaning of semi-critical or critical items means scrubbing with a long-handled brush or using an FDA-approved mechanical device to remove visible soil from contaminated items using detergents or enzymatic products. Acceptable mechanical cleaning devices shall include ultrasonic cleaners using enzymatic products or detergents that require manual drying, or devices manufactured specifically for washing and mechanical drying of dental instruments, cassettes, and devices prior to preparing for sterilization. All mechanical cleaning devices shall be used in accordance with the manufacturer's instructions for the device or item type and quantity being cleaned.

Long-handled brush

FDA-approved mechanical cleaner

Contaminated Medical Waste

ALL NEW TEXT

(11) “Contaminated medical waste” shall include “medical waste” as defined in Section 117690 of the Health and Safety Code occurring in the dental healthcare setting and shall not include those applicable items set forth in Section 117700 of the Health and Safety Code.



HSC § 117690 | What IS Medical Waste?

California Medical Waste Management Act • Dental-focused summary

Biohazardous waste

Fluid blood or blood-soaked materials that release liquid blood when compressed. A 2 × 2 gauze with a few absorbed drops generally is NOT regulated medical waste.

Sharps waste

Used needles, scalpel blades, root canal files, and other discarded items capable of cutting or piercing.

Pathology & pharmaceutical waste

Qualifying tissues and specimens; certain discarded pharmaceuticals. Teeth are excluded from the pathology-waste definition.

Other specified categories

Trace chemotherapy waste and certain infectious research, laboratory, and trauma-scene waste.

Key point: Classification depends on the statutory definition—not simply whether an item was used during dental care.

Source: California Health & Safety Code § 117690 | Summary; consult statute for full conditions.

HSC § 117700 | What is NOT Medical Waste?

Statutory exclusions • Dental-focused examples

Saliva and other secretions

Saliva, sputum, nasal secretions, sweat, tears, vomitus, urine, and feces—unless containing visible or recognizable fluid blood.

Nonbiohazardous solid waste

Paper towels, paper products, items with nonfluid blood, and other nonbiohazardous medical solid waste.

Other separately regulated waste

Hazardous waste, radioactive waste, and household waste are excluded from this medical-waste definition; other rules may apply.

Other exclusions in § 117700

Certain noninfectious food-processing or biotechnology waste, and specified farm/ranch waste.

Key point: Not every item used in patient care is regulated medical waste. Sharps remain a separate concern.

Source: California Health & Safety Code § 117700 | Summary; consult statute for full exclusions.

Dental Board of California

Standard Precautions

Written Infection Control Plan

(2) A written ~~protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The~~ protocol shall be made available to all DHCP at the dental office, infection control plan detailing the protocols and procedures that shall be developed, maintained, and periodically updated for all standard precautions in accordance with the requirements of this section. The written infection control plan shall be made readily available to all DHCP at the treatment facility and reviewed and updated at least annually by the DHCP employer or employer-designated representative responsible for infection control compliance, and as needed to maintain compliance with this section.



Written Infection Control Plan

(3) A copy of this regulation shall be conspicuously posted in each ~~dental office.~~ treatment facility and included in the written infection control plan described in paragraph (2).



Dental Board of California

Standard Precautions

Personal Protective Equipment (PPE)

§ 1005 — Personal Protective Equipment (PPE)

(4)(A) All DHCP shall wear single-use, disposable surgical facemasks in combination with either chin length plastic face shields or protective eyewear during patient treatment or whenever there is potential for aerosol spray, splashing, or spattering of the following: droplet nuclei, blood, chemical or disinfectant agents, or OPIM.

For purposes of this section, "protective eyewear" includes safety glasses with side shields bearing evidence of compliance with American National Standard for Occupational and Educational Personal Eye and Face Protection Devices ANSI/ISEA Z87.1-2020 (the "Z87" marking).

Approved Eye and Face Protection



Safety Glasses with Side Shields (ANSI/ISEA Z87.1-2020)



Protective Eyewear (ANSI/ISEA 287.1-2020)



Single-Use, Disposable Surgical Facemask

+



Chin Length Plastic Face Shield

OR

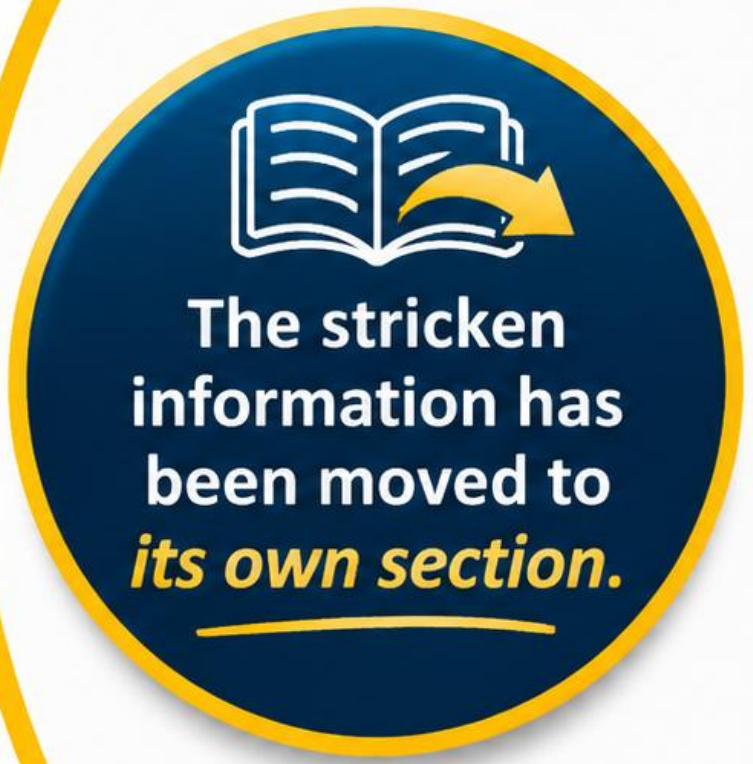


Protective Eyewear (ANSI/ISEA 287.1-2020)

Source: DBC proposed amendments to 16 CCR § 1005, subsection (4)(A)

§ 1005 – Surgical Facemasks

(B) A new, single-use, disposable surgical facemask shall be used for each patient at the beginning of their treatment session. Surgical facemask replacement shall occur at any point during a procedure where the mask becomes moist or soiled. ~~Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals~~. After each patient treatment, surgical facemasks shall be changed and disposed when leaving laboratories or areas of patient care activities.



Source: DBC proposed amendments to 16 CCR § 1005, subsection (B)

§ 1005 – Face Shields and Face Visors



(C) Chin-length face shields and face visors are acceptable replacements for protective eyewear when worn in combination with a surgical facemask. Face shields and face visors shall not be used as a replacement for a surgical facemask. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed when leaving laboratories or areas of patient care activities.

Source: DBC proposed amendments to 16 CCR § 1005, subsection (C)

§ 1005 — Chemical-Resistant Utility Gloves

(D) Chemical and puncture-resistant utility gloves and chemical-resistant PPE shall be worn when handling hazardous chemicals and shall be worn in accordance with paragraph (6).



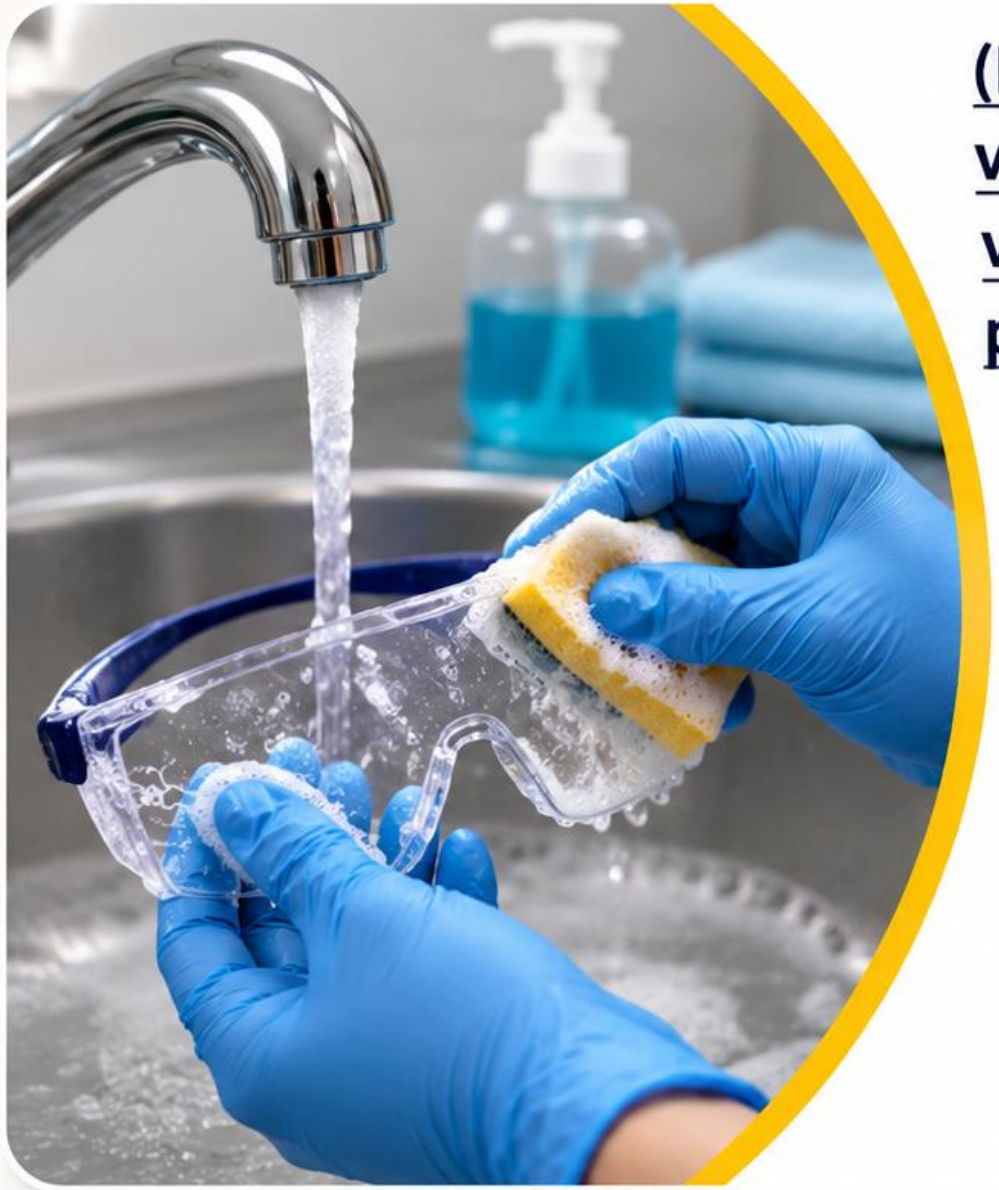
Heavy-duty orange nitrile utility gloves



Reusable chemical-resistant utility gloves

Select gloves according to chemical and manufacturer instructions.

§ 1005 – Reusable Protective Eyewear



(E) Reusable protective eyewear, face shields, and visors shall be washed with soap and water, or if visibly soiled, cleaned and disinfected between patients.



Wash

with soap and water



Disinfect

with an approved disinfectant



Reuse

for the next patient

§ 1005 – Protective Attire



(5)(F) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of ~~germicides~~ disinfectants or when handling contaminated items. All DHCP shall wear reusable or disposable protective attire during patient treatment, or whenever there is a potential for aerosol spray, splashing, or spattering of blood, OPIM, or chemicals and ~~germicidal~~ disinfectant agents. Protective attire ~~must~~shall be changed daily or between patients. Protective attire shall be changed immediately if ~~they~~ ~~attire should~~ the attire becomes ~~moist or visibly~~ soiled with blood or OPIM.
All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).



Hand Hygiene Protocols and Hand Care

§ 1005 – Hand Hygiene Protocols and Hand Care



~~(6)~~(A) All DHCP shall thoroughly wash their hands with soap and water (covering all surfaces of hands and fingers) for no less than 20 seconds at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated, an alcohol-based hand rub, with an alcohol concentration between 60-95%, may be used as an alternative to soap and water. An alcohol-based hand rub shall be used according to the manufacturer's instructions. Hands shall be ~~thoroughly dried~~ completely dry before donning gloves in order to prevent promotion of ~~bacterial~~ microbial growth and washed again immediately after glove removal.



Gloves

§ 1005 – Gloves



(8)(A) Medical examination gloves shall be worn by DHCP whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, c inical, post-clinical, and laboratory procedures. Medical examination gloves are disposable, synthetic single-use only items. Gloves shall be replaced when torn or punctured, upon completion of dental treatment, and before leaving laboratories or areas of patient care activities.

§ 1005 – Gloves (Utility Gloves)



(B) Chemical and puncture-resistant utility gloves shall be available at the point of use and worn by DHCP for cleaning, sterilization, and disinfectant procedures. Chemical and puncture-resistant utility gloves shall be cleaned and disinfected or sterilized in, accordance with the manufacturer's instructions. Disposable utility gloves shall be disposed of after each use.

Clean & Disinfect (Reusable)

Dispose After Each Use (Disposable)

Chemical & Puncture-Resistant

§ 1005 – Gloves (Cont.)

(C) When processing contaminated sharp instruments, needles, and devices, DHCP shall wear chemical and puncture-resistant utility gloves. Utility gloves shall be cleaned and sterilized in accordance with the manufacturer's instructions after each use.





§ 1005 – Gloves (Cont.)

(D) Gloves ~~must~~ shall be discarded under any of the following circumstances;



(i) when torn or punctured;



(ii) upon completion of dental treatment when using medical examination gloves; and,



(iii) before leaving laboratories or areas of patient care activities when using medical examination gloves.



§ 1005 – Gloves (Cont.)



(E) All DHCP shall perform hand hygiene protocols and hand care procedures specified in paragraph (5) before donning gloves and after removing and discarding medical examination gloves. Medical Examination Gloves shall not be washed before or after use, or reused.



Perform Hand Hygiene (Before Gloves)



Use Gloves for Patient Care



Remove & Discard After Use



Do Not Wash or Reuse Gloves



§ 1005 Subsection:

Sterilization and Disinfection







§ 1005 | Order of Disinfection and Sterilization

PROPOSED REGULATORY LANGUAGE

~~(11)~~(B) Standard precautions for disinfection and sterilization shall be performed in the following order:

(i) first, use appropriate hand hygiene protocols and hand care in accordance with paragraph (5);

(ii) second, ~~C~~cleaning ~~must precede~~ items or surfaces prior to any disinfection or sterilization process; and,

(iii) third, use the disinfection or sterilization standards required by this section. ~~Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions~~ Disinfection procedures shall include use of a Cal/EPA-registered product with an applicable disinfection classification in accordance with paragraph (6) of subsection (a) to disinfect items.

THE REQUIRED SEQUENCE

1 — HAND HYGIENE

Use appropriate hand hygiene

↓

2 — CLEAN FIRST

Remove soil before processing

↓

3 — DISINFECT OR STERILIZE

Apply required standards

Source: Dental Board of California • Proposed amendments to 16 CCR § 1005

§ 1005 — Critical and Semi-Critical Instruments

CRITICAL ITEMS

~~(12)~~(C) Critical instruments, items, and devices shall be ~~discarded or~~ pre-cleaned, packaged or wrapped, and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices~~,~~ shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

SEMI-CRITICAL ITEMS

~~(13)~~(D) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped, and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

(14)(E) Non-Critical Surfaces & Patient Care Items

(14)(E) Non-critical surfaces and patient care items shall be cleaned and disinfected after every use with a ~~California Environmental Protection Agency (Cal/EPA)~~-registered hospital disinfectant (low-level disinfectant) spray or wipe ~~labeled effective against HBV and HIV.~~ When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.



(15)(F) Dental Handpieces & Unit Attachments

(15)(F) All high-speed dental hand pieces, low-speed hand pieces, rotary components, including the motor, and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.



(17)(H) Sterilization Cycle Verification

(~~17~~)(H) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test) with results confirmed by either authorized DHCP or an independent laboratory. Test results shall be documented and maintained for 12 months.



Section 1005 – Infection Control



(I)(i)–(ii) Chemical Indicators

All New Text

(I)(i) A chemical indicator shall be used inside every sterilization package to verify that the sterilizing agent has penetrated the package and reached the instruments inside. If the internal chemical indicator is not visible from the outside of the package, an external chemical indicator shall also be used.

(ii) The chemical indicator shall be inspected immediately when removing packages from the sterilizer; if the chemical indicator did not register that the sterilizing agent has penetrated the package, the instruments shall be repackaged and sterilized again.

(18) Irrigation



(18)(A) Sterile coolant irrigation agents shall be used for surgical procedures involving soft tissue or bone.

New

(B) When performing procedures on exposed dental pulp, water or other irrigation solutions shall be sterile or contain disinfecting or antibacterial properties.

Already in statute: BPC § 1601.6(a)

(C) Sterile coolant irrigation mucosal be delivered using a sterile delivery system.



Treatment Facilities

§ 1005 – Surface Barriers for Non-Critical Items



(19)(A) If non-critical items or clinical contact surfaces likely to be contaminated or manufactured in a manner preventing cleaning and disinfection, they shall be physically covered with disposable impervious barriers approved by the FDA and designed by the manufacturer for that purpose. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

When to Use a Surface Barrier



Use a disposable barrier only when an item or surface cannot be adequately cleaned and disinfected (e.g., due to cracks, seams, hinges, or other hard-to-clean areas).

Change Barriers: When visibly soiled or damaged and between patients.

§ 1005 – Disinfection of Clinical Contact Surfaces

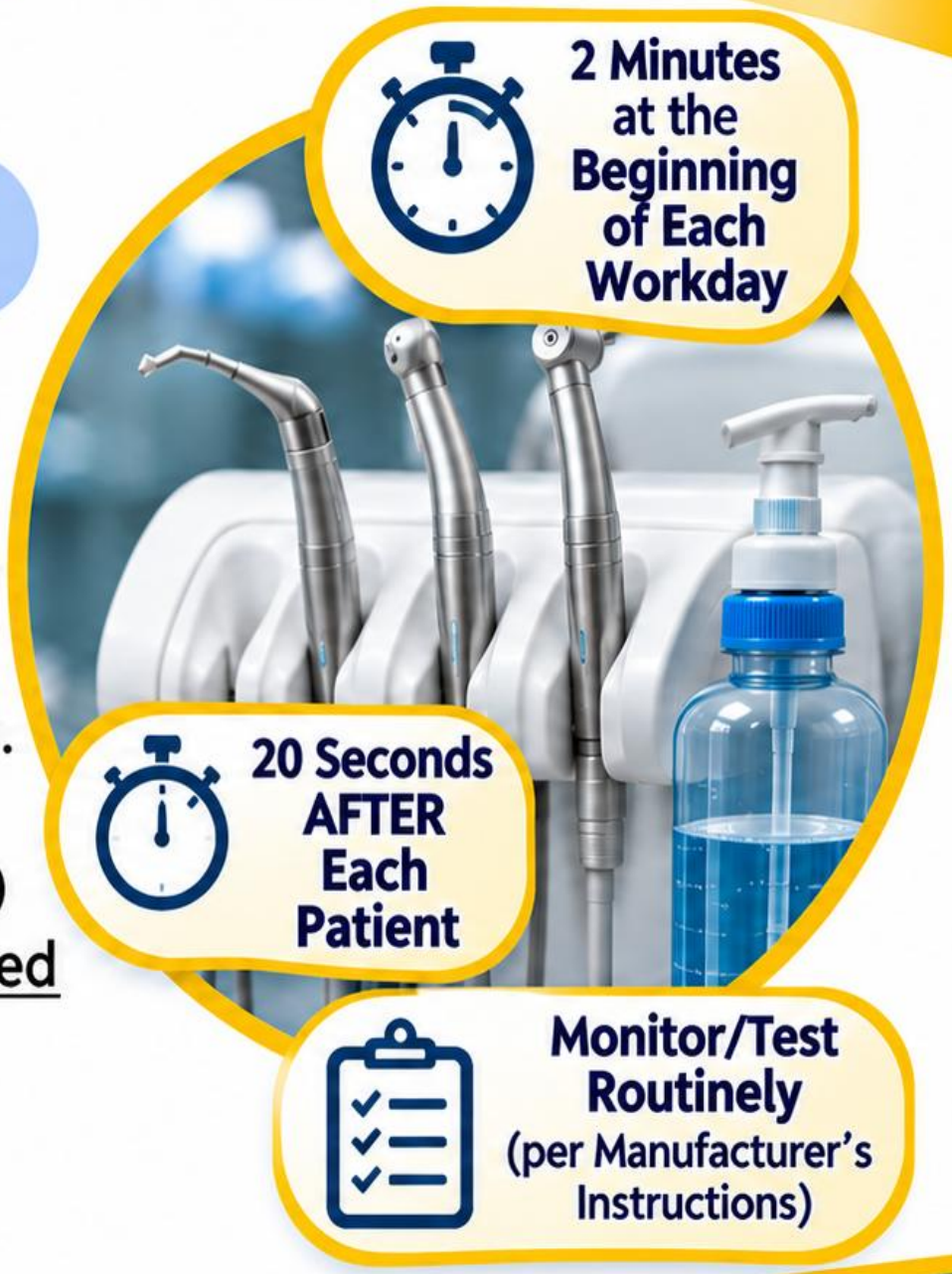


(20)(B) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a Cal/EPA-registered, hospital grade low- to intermediate-level disinfectant after each patient.

- The low-level disinfectants used shall be labeled effective against HBV and HIV.
- Use an intermediate-level disinfectant if visibly contaminated with blood.
- Use disinfectants in accordance with the manufacturer's instructions.

(21)(D) Dental Unit Water Lines

(21)(D) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall ~~be purged with air or~~ flushed with water for water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed ~~between~~ after each patient for a minimum of twenty (20) seconds. Dental unit water lines shall be monitored or tested routinely in accordance with manufacturer's instructions.





Lab Areas

(B) Laboratory equipment, including handpieces, polishing (rag) wheels, grinding wheels, and laboratory burs, used to polish, trim, or adjust contaminated appliances and ~~intraoral~~ prosthetic devices shall be cleaned, disinfected ~~or sterilized~~, properly packaged or wrapped, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item as specified in subparagraph (D) of paragraph (8), or if a single-use item, disposed of in accordance with subparagraph (G) of paragraph (8).



(C) Laboratory Equipment

(C) Laboratory equipment shall be stored in a manner consistent with the same storage practices as a semi-critical item as specified in subparagraph (D) of paragraph (8).

All New Text

(24)(D) Intraoral Items

(24)(D) All intraoral items such as impressions, bite registrations, and prosthetic and orthodontic appliances shall be cleaned and disinfected with ~~an~~ Cal/EPA-registered intermediate-level disinfectant before and after manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.



Respiratory Hygiene/ Cough Etiquette

All New Section









(12) Respiratory Hygiene/Cough Etiquette



(12) Respiratory Hygiene/Cough Etiquette: Measures shall be implemented to contain respiratory secretions and to prevent droplet and fomites transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory infections such as influenza, RSV, adenovirus, parainfluenza virus, or SARS-CoV-2 (COVID-19) virus, as follows.

(A) Respiratory Hygiene Signage

(A) Prominently posting at least one sign at every point of entrance and reception or registration desk of the treatment facility, accessible to public view, in which case the signs shall be in at least 12-point type font. The signs shall contain instructions to patients who cough or sneeze at the treatment facility to do at least all of the following:

i. Cover their mouths or noses when coughing or sneezing;

ii. Use and dispose of tissues in waste receptacles; and,

iii. Wash hands with soap and water or use alcohol-based hand rub after coughing or sneezing.



Respiratory Hygiene/Cough Etiquette *(Continued)*

(B) **Provide tissues and no-touch receptacles** (e.g., foot-pedal operated lid or open plastic-lined waste basket) for disposal of tissues.





(C) **Have soap, warm running water, and paper towels, or alcohol-based hand rub available for use in or immediately adjacent to waiting areas.**







(D) **Offer masks to coughing or sneezing patients or other persons when they enter the treatment facility.**





(E) **Provide distance between patients who cough or sneeze in common waiting areas. If available, facilities shall place these patients in a separate area while waiting for care.**





LAST TOPIC . . .

Section 1005 – Infection Control

Training Program

ALL NEW TEXT



Section 1005 – Infection Control

(c) Training Program



(c) DHCP who are employers of other DHCP shall provide those personnel with a training program on the minimum standards required by this section and the infection control plan specified in paragraph (2) of subsection (b). Such training program shall be provided at no cost to the personnel and during working hours in accordance with all of the following.



During Working Hours

No Cost to Personnel

(1) Training Program

(1) The training program shall be provided as follows:

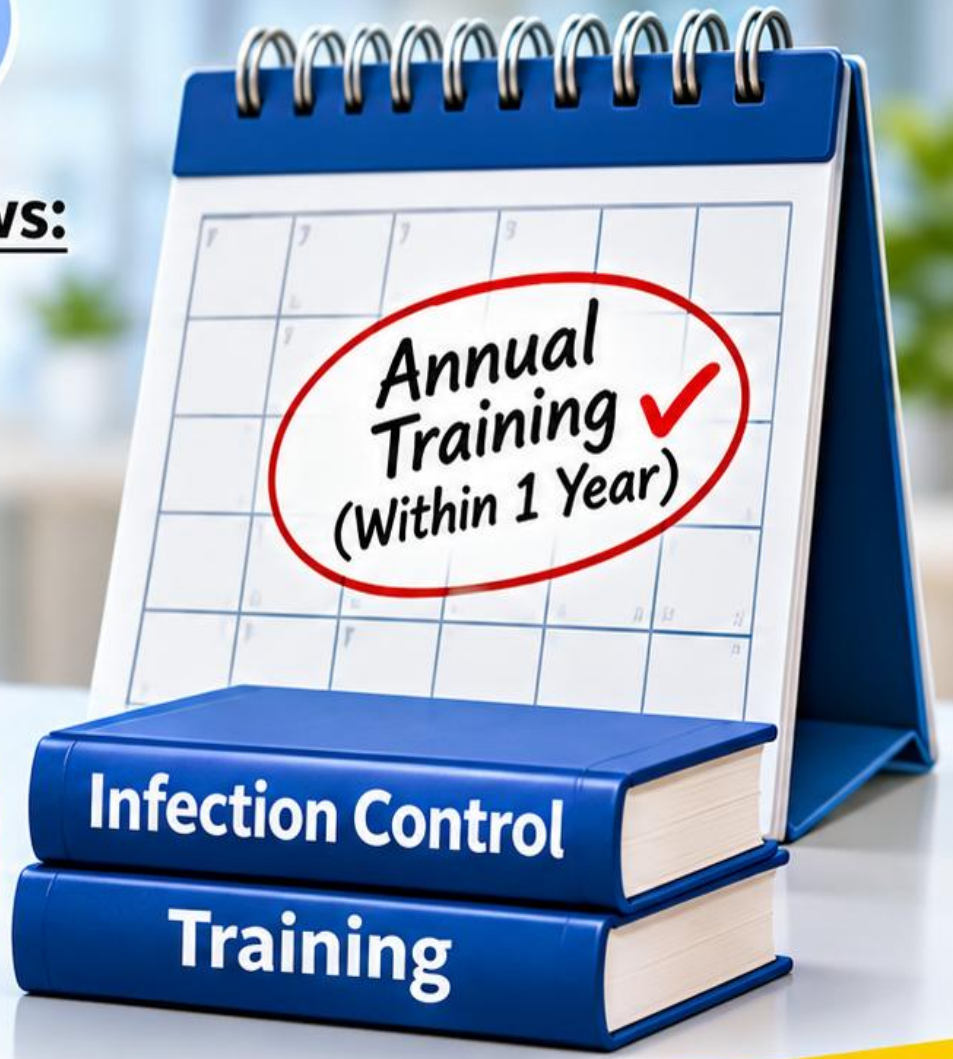
(A) Prior to assignment to tasks where OPIM exposure may take place; and

(B) Within one year of the date of the DHCP's previous training thereafter.









(2) Additional Training

(2) DHCP employers shall provide additional training prior to or by the effective date of any change to the minimum standards in this section or to the written infection control plan specified in paragraph (2) of subsection (b). The additional training may be limited to addressing the changes in the standards required by this section or the written infection control plan.

