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**DOH** STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Chief of Staff*

April 25, 2008  
DPACS: 08 - 02

Dear Chief Executive Officer:

Recent events in both New York State and Nevada have highlighted the importance of meticulous infection control practices in all healthcare settings. Preventable exposures to hepatitis B, hepatitis C, and HIV must not occur while patients are receiving care at New York State's hospitals, clinics, and doctor's offices. Epidemiologic investigations by the New York State Department of Health have found that reuse of syringes (with or without changing needles) and the viral contamination of vials of medication used on multiple patients were the likely methods of transmission of bloodborne pathogens.

Attached, please find the January 18, 2008 letter from our Commissioner of Health, Dr. Richard Daines. This letter urges physicians in all healthcare settings to review their infection control practices and the practices of all staff under their supervision to ensure compliance with accepted standards of medical practice. Please encourage all healthcare staff at your institution to comply with the Commissioner's infection control recommendations.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Martin J. Conroy  
Director  
Division of Primary and Acute Care Services

Attachment



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Chief of Staff*

January 18, 2008

Dear Colleague:

I am writing to all physicians in New York State to stress the utmost importance of strict adherence to proper infection control techniques while delivering care to your patients. **I am urging all physicians to carefully review their infection control practices and the practices of all staff under their supervision.**

Several investigations conducted by the New York State Department of Health (NYSDOH) and the local departments of health have identified patient-to-patient transmission of hepatitis B and C associated with unsafe injection practices. These outbreaks are believed to be caused by the reuse of syringes and/or needles and the contamination of multidose vials.

These lapses in infection control techniques have had very serious consequences – most importantly for the affected patients, but also for the physician and his/her practice. Infection control lapses have resulted in:

- transmission of hepatitis B and/or hepatitis C to patients;
- broad notification of patients to inform them that they may have been exposed to bloodborne pathogens and should be tested for hepatitis B, hepatitis C and HIV;
- referral to the NYSDOH's Office of Professional Medical Conduct; and
- malpractice suits filed by patients.

**Based on these recent events, I am urging all physicians to carefully review their infection control practices and the practices of all staff under their supervision.** I am enclosing an overview of the key infection control practices that should be followed at all times by all healthcare providers. I cannot stress enough the gravity of this issue; as physicians, we must assure the public that the safe delivery of healthcare is our top priority.

If you have any questions or would like additional information, please contact the NYSDOH Bureau of Communicable Disease Control at (518) 473-4439. Thank you for your immediate attention to this urgent matter.

Sincerely,

Richard F. Daines, M.D.  
Commissioner of Health

cc: Local Health Department Commissioners and Public Health Directors

Enclosure

**KEY INFECTION CONTROL PRACTICES IN INPATIENT AND  
OUTPATIENT MEDICAL CARE SETTINGS**

**1. Establish and maintain infection control policies and procedures**

- Implement written policies and procedures according to published guidelines.
- Ensure staff members are familiar with policies and procedures and review regularly.
- Update written policies and procedures regularly.

**2. Properly use and handle needles, cannulae and syringes**

- Whenever possible, use sharps with engineered sharps injury protections (i.e., nonneedle sharp or needle devices with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident). Do not disable or circumvent the safety feature on devices.
- Needles, cannulae and syringes are:
  - Sterile, single-use items; any use will result in these items being contaminated.
  - Contaminated once used to enter or connect to any component of a patient's intravenous infusion set.
- Medication from a syringe must not be administered to multiple patients even if the needle on the syringe is changed.
- Dispose of all needles and syringes immediately into a leakproof, puncture-resistant, closable container.
- Develop policies and procedures to prevent sharps injuries among staff and review regularly.

**3. Properly handle medications and solutions**

- Designate separate areas for preparation and disposing medications.
- Minimize use of multidose vials; use single-dose vials for parenteral medications whenever possible.
- If multidose vials must be used:
  - Always use aseptic technique.
  - A new needle/cannula and a new syringe must be used to access the multidose vial.
  - Do not keep the vials in the immediate patient treatment area.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later.
- Do not use bags or bottles of intravenous solution as a common source of medication or fluid for multiple patients.
- Use infusion sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use.

**4. Strictly adhere to aseptic technique**

- Ensure all staff members perform proper hand hygiene before and after gloving, between patients, and whenever hands are soiled.
- Avoid cross contamination with soiled gloves.
- Provide adequate soap/water, disposable paper towels, and waterless alcohol-based hand rubs throughout the facility.

**5. Properly reprocess medical equipment**

- Follow manufacturer's recommendations for proper cleaning, disinfection, and sterilization of all reusable equipment.
- Designate staff responsible for maintaining proper reprocessing procedures.
- Ensure designated staff members are properly trained in reprocessing each piece of equipment.
- Never reprocess equipment designated for single use.
- Maintain a log of all equipment reprocessing.

**6. Fulfill all federal and state requirements for infection control training**

- All healthcare personnel must complete bloodborne pathogen control training regularly.
- All licensed healthcare professionals in New York State (physicians, physician assistants, special assistants, registered professional nurses, licensed practical nurses, podiatrists, optometrists, dentists, and dental hygienists) are required to receive training on infection control and barrier precautions every four years through a NYS-approved provider.
- Documentation of appropriate training must be maintained both by the course provider and course participant.

**BIBLIOGRAPHY: INFECTION CONTROL**

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Department of Labor, Occupational Safety and Health Administration. (29 CFR, Part 1920.1030) Occupational exposure to bloodborne pathogens. Final Rule. *Federal Register.* December 6, 1991, Volume 56-64004264182. (Available at: [www.osha.gov](http://www.osha.gov))

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**BIBLIOGRAPHY: HEALTHCARE-ACQUIRED HEPATITIS**

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Williams IT, Perz JF, Bell BP. Viral hepatitis transmission in ambulatory settings. *Clin Infect Dis* 2004; 38:1592-1598.

### WEBSITES

The following websites will assist you in developing or updating your infection control policies and procedures:

#### **Association for the Advancement of Medical Instrumentation (AAMI):**

- AAMI Standards  
[www.aami.org/](http://www.aami.org/)

#### **Centers for Disease Control and Prevention (CDC):**

- Infection Control in Healthcare Settings  
[www.cdc.gov/ncidod/dhqp/index.html](http://www.cdc.gov/ncidod/dhqp/index.html)
- National Institute for Occupational Safety and Health (NIOSH)  
Bloodborne Infectious Diseases HIV/AIDS, Hepatitis B Virus, and Hepatitis C Virus  
[www.cdc.gov/niosh/topics/bbp/](http://www.cdc.gov/niosh/topics/bbp/)
- Sterilization & Disinfection in Healthcare Settings  
[www.cdc.gov/ncidod/dhqp/sterile.html](http://www.cdc.gov/ncidod/dhqp/sterile.html)
- Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program  
[www.cdc.gov/sharpssafety/index.html](http://www.cdc.gov/sharpssafety/index.html)

#### **Occupational Safety and Health Administration (OSHA):**

- Bloodborne Pathogens and Needlestick Prevention  
[www.osha.gov/SLTC/bloodbornepathogens/index.html](http://www.osha.gov/SLTC/bloodbornepathogens/index.html)
- Occupational Exposure to Bloodborne Pathogens Standard  
[http://www.osha.gov/SLTC/bloodbornepathogens/bloodborne\\_faq.html](http://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_faq.html)  
[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

#### **New York State Department of Health:**

- Health Care Professionals & Patient Safety  
[www.health.state.ny.us/professionals/](http://www.health.state.ny.us/professionals/)