

TITLE 22 SUBCOMMITTEE REPORT

June 21, 2012

Annemarie Flood RN BSN CIC Subcommittee
Chair

Thank you to the Subcommittee

- Schyerle Beale-CACC
- Lee Cuen –CPDH
- Mary Mendelsohn- HAI AC
- Roberta Mickles- HAI AC
- Kay Neath – CPDH
- Jerry Pennington- CACC
- Kathy Wittman- HAI AC

	Health and Safety Code Language	Proposed Title 22 Language	Support
1255.8	<p>1255.8. (a) For purposes of this section, the following terms have the following meanings:</p> <p>(1) "Colonized" means that a pathogen is present on the patient's body, but is not causing any signs or symptoms of an infection.</p> <p>(2) "Committee" means the Healthcare Associated Infection Advisory Committee established pursuant to Section 1288.5.</p> <p>(3) "Health facility" means a facility as defined in subdivision (a) of Section 1250.</p> <p>(4) "Health-care-associated infection," "health-facility-acquired infection," or "HAI" means a health-care-associated infection as defined by the National Healthcare Safety Network of the federal Centers for Disease Control and Prevention, unless the department adopts a definition consistent with the recommendations of the committee or its successor.</p>	<p>The bolded terms will be placed into the definitions of the GACH regulations.</p>	

	Health and Safety Code Language	Proposed Title 22 Language	Support
<p>1255.8 Cont</p>	<p>(b) (1) Each patient who is admitted to a health facility shall be tested for MRSA in the following cases, within 24 hours of admission:</p> <p>(A) The patient is scheduled for inpatient surgery and has a documented medical condition making the patient susceptible to infection, based either upon federal Centers for Disease Control and Prevention findings or the recommendations of the committee or its successor.</p> <p>(B) It has been documented that the patient has been previously discharged from a general acute care hospital within 30 days prior to the current hospital</p> <p>(C) The patient will be admitted to an intensive care unit or burn unit of the hospital.</p> <p>(D) The patient receives inpatient dialysis treatment.</p> <p>(E) The patient is being transferred from a skilled nursing facility.</p> <p>(2) The department may interpret this subdivision to take into account the recommendations of the federal Centers for Disease Control and Prevention, or recommendations of the committee or its successor.</p> <p>(3) If a patient tests positive for MRSA, the attending physician shall inform the patient or the patient's representative immediately or as soon as practically possible.</p> <p>(4) A patient who tests positive for MRSA infection shall, prior to discharge, receive oral and written instruction regarding aftercare and precautions to prevent the spread of the infection to others.</p> <p>(c) Commencing January 1, 2011, a patient tested in accordance with subdivision (b) and who shows evidence of increased risk of invasive MRSA shall again be tested for MRSA immediately prior to discharge from the facility. This subdivision shall not apply to a patient who has tested positive for MRSA infection or colonization upon entering the facility.</p> <p>(d) A patient who is tested pursuant to subdivision (c) and who tests positive for MRSA infection shall receive oral and written instructions regarding aftercare and precautions to prevent the spread of the infection to others.</p>	<p>The Hospital shall have a written polices/procedures to test patients for MRSA when a patient meets (A) (B) (C) (D) or (E) criteria</p> <p>•Based upon the Hospital's risk assessment At risk surgical patients may be tested for MRSA prior to admission or within 24 hours of admission.</p> <p>•Patients who are known to the admitting facility to be positive for MRSA colonization or infection are not required to be tested.</p> <p>•In born neonates are not required to be tested upon admission to the neonatal ICU unless the Hospital Risk assessment indicates it is necessary.</p> <p>The Hospital shall have a policy/procedure for retesting patients on discharge who tested negative for MRSA screening on admission and who (based on the hospitals risk assessment) are at increased risk of invasive MRSA</p> <p>•Patients who are known to be MRSA colonized or infected are not required to be retested upon discharge.</p> <p>•If an inpatient tests positive for MRSA, the attending physician shall inform the patient or the patient's representative immediately or as soon as practical and the hospital shall provide oral and written instruction regarding aftercare and precautions to prevent the spread of the infection to others.</p> <p>•If the pre discharge testing performed is positive for MRSA, the patient shall be informed and educated as above. The hospital shall have a process for notifying physicians of patients that have been discharged prior to positive results being reported .</p>	<p>Surgical prophylaxis would be optimized of the patent MRSA status was known prior to surgery</p> <p>MRSA testing can cause distress in premature infants and newborn infants usually have low colonization with any bacteria in the first days of life. See HAI AC Minutes 8/30/10. Presentation by Dr John Bradley. Testing in this population should be driven by the hospital risk assessment</p> <p>Testing for MRSA on admission intents should be to identify those unknown carriers. Patient known to be MRSA positive should not require further screening.</p>

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<p>1255.8 Cont.</p>	<p>(e) The infection control policy required pursuant to Section 70739 of Title 22 of the California Code of Regulations, at a minimum, shall include all of the following:</p> <p>(1) Procedures to reduce health care associated infections.</p> <p>(2) Regular disinfection of all restrooms, countertops, furniture, televisions, telephones, bedding, office equipment, and surfaces in patient rooms, nursing stations, and storage units.</p> <p>(3) Regular removal of accumulations of bodily fluids and intravenous substances, and cleaning and disinfection of all movable medical equipment, including point-of-care testing devices such as glucometers, and transportable medical devices.</p> <p>(4) Regular cleaning and disinfection of all surfaces in common areas in the facility such as elevators, meeting rooms, and lounges.</p> <p>(f) Each facility shall designate an infection control officer who, in conjunction with the hospital infection control committee, shall ensure implementation of the testing and reporting provisions of this section and other hospital infection control efforts. The reports shall be presented to the appropriate committee within the facility for review. The name of the infection control officer shall be made publicly available, upon request.</p> <p>(g) The department shall establish a health care acquired infection program pursuant to this section.</p>	<p>The Hospital shall have a written policies/procedures on cleaning/disinfecting the environment and medical devices.</p> <p>The hospital shall designate an Infection control officer and that person is available upon request.</p> <p>Infection control committee minutes shall reflect reports for the efforts to reduce healthcare associated infections.</p>	<p>Guidelines for Environmental Infection Control in Health-Care Facilities 2003</p>

	H&S Code IC Definitions	Language	Support
<p>1288.45</p>	<p>1288.45. For purposes of this article, the following definitions shall apply:</p> <p>(a) "Advisory committee" or "HAI-AC" means the Healthcare Associated Infection Advisory Committee established pursuant to Section 1288.5.</p> <p>(b) "Health-care-associated infection," "health facility acquired infection," or "HAI" means an infection defined by the National Health and Safety Network of the federal Centers for Disease Control and Prevention, unless the department adopts a definition consistent with the recommendations of the advisory committee or its successor.</p> <p>(c) "Hospital" means a general acute care hospital as defined pursuant to subdivision(a) of Section 1250.</p> <p>(d) "Infection prevention professional" means a registered nurse, medical technologist, or other salaried employee or consultant who, within two years of appointment, will meet the education and experience requirements for certification established by the national Certification Board for Infection Control and Epidemiology (CBIC), but does not include a physician who is appointed or receives a stipend as the infection prevention and control committee chairperson or hospital epidemiologist.</p> <p>(e) "MRSA" means methicillin-resistant Staphylococcus aureus.</p> <p>(f) "National Healthcare Safety Network" or "NHSN" means a secure, Internet-based system developed and managed by the federal Centers for Disease Control and Prevention (CDC) to collect, analyze, and report risk-adjusted HAI data related to the incidence of HAI and the process measures implemented to prevent these infections.</p> <p>(g) "Program" means the health care infection surveillance, prevention, and control program within the department.</p>	<p>HAI is defined by published NHSN surveillance definitions.</p> <p>The hospital shall have a written IP job description and the individual in that role shall meet the minimum requirements outlined by that description.</p> <p>(Salaried per OAL is anyone who receives a paycheck. It does not imply exempt or hourly status)</p>	<p>Competency in infection prevention: A conceptual approach to guide current and future practice</p> <p>Denise M. Murphy RN, MPH, CIC a,*, Marilyn Hanchett MA, CIC b, Russell N. Olmsted MPH, CIC c, Michelle R. Farber RN, CIC d, Terri B. Lee MSN, CIC e, Janet P. Haas DNSc, CIC f, Stephen A. Streed MS, CIC g</p>

	H&S Code IC Definitions	Language	Support
1288.6	<p>1288.6. (a) (1) Each general acute care hospital, in collaboration with infection prevention and control professionals, and with the participation of senior health care facility leadership shall, as a component of its strategic plan, at least once every three years, prepare a written report that examines the hospital's existing resources and evaluates the quality and effectiveness of the hospital's infection surveillance and prevention program.</p> <p>(2) The report shall evaluate and include information on all of the following:</p> <p>(A) The risk and cost of the number of invasive patient procedures performed at the hospital.</p> <p>(B) The number of intensive care beds.</p> <p>(C) The number of emergency department visits to the hospital.</p> <p>(D) The number of outpatient visits by departments.</p> <p>(E) The number of licensed beds.</p> <p>(F) Employee health and occupational health measures implemented at the hospital.</p> <p>(G) Changing demographics of the community being served by the hospital.</p> <p>(H) An estimate of the need and recommendations for additional resources for infection prevention and control programs necessary to address the findings of the plan.</p> <p>(3) The report shall be updated annually, and shall be revised at regular intervals, if necessary, to accommodate technological advances and new information and findings contained in the triennial strategic plan with respect to improving disease surveillance and the prevention of HAI.</p> <p>(</p>	<p>(a)1</p> <p>1. Verify the presence of an annual infection control program evaluation that addresses the effectiveness of the previous plan.</p> <p>2. Verify the presence of an infection control program plan that addresses current activities, resources and resource needs for identified goals.</p> <p>3. Verify that the plan was reviewed by senior leadership at least once every three years.</p> <p>(a)2.</p> <p>1. Ensure the evaluation includes: items A-H .</p> <p>(a) 3</p> <p>1. Verify that the plan is updated at least annually and as needed.</p> <p>2. Verify that the plan is evaluated for its effectiveness annually.</p>	1288.6

	H&S Code IC Definitions	Language	Support
1288.6	<p>b) Each general acute care hospital that uses central venous catheters (CVCs) shall implement policies and procedures to prevent occurrences of health care associated infection, as recommended by the Centers for Disease Control and Prevention intravascular bloodstream infection guidelines or other evidence-based national guidelines, as recommended by the advisory committee. A general acute care hospital that uses CVCs shall internally report CVC associated blood stream infection rates in intensive care units, utilizing device days to calculate the rate for each type of intensive care unit, to the appropriate medical staff committee of the hospital on a regular basis.</p>	<p>1. The Hospital shall have a written polices/procedures that address CLBSI prevention in accordance with standard evidence based practice.</p> <p>2. The Hospital shall collect ICU CLABSI rates utilizing device days and report these rates to the hospital's Infection Control Committee.</p>	<p>2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections</p>

	H&S Code IC Definitions	Language	Support
1288.7	<p>1288.7. By July 1, 2007, the department shall require that each general acute care hospital, in accordance with the Centers for Disease Control guidelines, take all of the following actions:</p> <p>(a) Annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee. Each general acute care hospital shall require its employees to be vaccinated, or if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.</p> <p>(b) Institute respiratory hygiene and cough etiquette protocols, develop and implement procedures for the isolation of patients with influenza, and adopt a seasonal influenza plan.</p> <p>(c) Revise an existing or develop a new disaster plan that includes a pandemic influenza component. The plan shall also document any actual or recommended collaboration with local, regional, and state public health agencies or officials in the event of an influenza pandemic.</p>	<p>a)</p> <ol style="list-style-type: none"> 1. The Hospital shall have a written influenza vaccination program for hospital employees that includes: free vaccinations, vaccinations options to optimize access, and documented declinations. 2. Vaccination rates submitted to the state should correspond with records onsite. <p>(b)</p> <ol style="list-style-type: none"> 1. The Hospital shall have a respiratory hygiene program through the presence of a policy and compliance with that policy. 2. Verify the presence of an isolation policy and compliance with that policy in relation to patients with influenza. The policy should be in accordance with published evidenced based guidelines. 3. Verify the presence of a seasonal influenza plan that addresses: respiratory hygiene, isolation, and vaccinations. <p>(c)</p> <ol style="list-style-type: none"> 1. Verify the presence of a pandemic influenza plan which includes: integration with the organizations disaster plan and collaboration with local , regional and state public health agencies. 	<p>CAL OSHA ATD standard</p> <p><i>CDC 2007 Guidelines for Isolation Precautions</i></p>

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1288.9	<p>1288.9. By January 1, 2009, the department shall do all of the following:</p> <p>(a) Require each general acute care hospital to develop, implement, and periodically evaluate compliance with policies and procedures to prevent secondary surgical site infections (SSI). The results of this evaluation shall be monitored by the infection prevention committee and reported to the surgical committee of the hospital.</p>	<p>The hospital shall in accordance with application of standard practices shall have polices/procedures on the following:</p> <p>Hand/forearm antisepsis for surgical team members</p> <p>Management of personnel with signs and symptoms of transmissible infectious disease. e.g. work restrictions</p> <p>Surgical antimicrobial prophylaxis.</p> <p>Cleaning and disinfection of environmental surfaces.</p> <p>Cleaning and sterilization of surgical instruments including immediate use steam sterilization</p> <p>Appropriate surgical suite attire and prepping and draping of surgical patients.</p> <p>The Hospital shall take steps to ensure the Physical Plant meets OSHPOD requirements and has ongoing maintenance and assessment of the effectiveness of the physical plant.</p> <p>Infection Control committee minutes shall reflect review of SSI data and quality metrics based on published evidence based guidelines.</p> <p>The Surgical committee minutes shall reflect review of SSI data and quality metrics based on published evidence based guidelines</p>	<p>GUIDELINE FOR PREVENTION OF SURGICAL SITE INFECTION, 1999</p> <p>AORN Standards</p>

	H&S Code IC Definitions	Language	Support
1288.9	<p>b) Require each general acute care hospital to develop policies and procedures to implement the current Centers for Disease Control and Prevention guidelines and Institute for Healthcare Improvement (IHI) process measures designed to prevent ventilator associated pneumonia.</p> <p>(c) During surveys, evaluate the facility's compliance with existing policies and procedures to prevent HAI, including any externally or internally reported HAI process and outcome measures.</p>	<p>Verify that there is a written evidence based hospital policy on prevention of ventilator associated pneumonia</p> <p>The Hospital shall report process and outcome measure as directed by CPDH via the National Healthcare Safety Network or its successor.</p>	<p>IHI VAP Bundle.</p> <p>Guidelines for Preventing Health-Care--Associated Pneumonia, 2003</p>