

CDPH

Sub Committee – Title 22

70739 Infection Control Regulation Text & ISOR

Lee J. Cuen RN– Notes & Ongoing updates from, subcommittee meeting minutes.

09/01/2011

APA Guidelines

Government Code Section 11349(a)(b)(c)(d)(e)(f)

Important point to remember is that we cannot copy statute into regulation as is written within the code. We have to look at and see if the statute needs further explanation to avoid breaking the “nonduplication,” and the “consistency,” requirements.

I have enclosed a copy of the APA guidelines for more clarity on what some of the guidelines we are required to follow are.

SIX mandatory APA guidelines

Office of Administrative Law (OAL)
web site www.oal.com.

Government Code Section 11349.

(a) "**Necessity**" means the record of the rulemaking proceeding demonstrates by substantial evidence the need for a regulation to effectuate the purpose of the statute, court decision, or other provision of law that the regulation implements, interprets, or makes specific, taking into account the totality of the record. For purposes of this standard, evidence includes, but is not limited to, facts, studies, and expert opinion.

(b) "**Authority**" means the provision of law, which permits or obligates the agency to adopt, amend, or repeal a regulation.

(c) "**Clarity**" means written or displayed so that the meaning of regulations will be easily understood by those persons directly affected by them.

(d) "**Consistency**" means being in harmony with, and not in conflict with or contradictory to, existing statutes, court decisions, or

Some pointers & helpful information regarding regulation-writing steps required and expectations of what the final product should include and look like to share with sub-committee – ask Annemarie.

Initial Statement Of Reason- (ISOR)

(This is where the **Necessity** part from APA process comes into the equation)

The ISOR provides a justification and includes where the factual information came from and makes the necessity point within this document. Examples - professional publications, reputable person, or organization such as American Medical Association (AMA), (AORN) (CDC) and so forth.

Every “regulation” is subject to the rulemaking procedures of the APA unless expressly exempted by statute. (Government Code Section 11346.)

Generally, all "regulations" **issued by state agencies** are required to be adopted pursuant to the APA, unless *expressly* exempted by statute. (Government Code section 11346.)

"Regulation" means every rule, regulation, order, or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it, or to govern its procedure. (Government Code section 11342.600)

No state agency shall issue, utilize, enforce, or attempt to enforce any guideline, criterion, bulletin, manual, instruction, order, standard of general application, or other rule, which is a “regulation” under the APA unless it has been adopted as a regulation and filed with the Secretary of State pursuant to the APA. (Government Code section 11340.5(a))

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other provisions of law.

(e) **"Reference"** means the statute, court decision, or other provision of law which the agency implements, interprets, or makes specific by adopting, amending, or repealing a regulation.

(f) **"Nonduplication"** means that a regulation does **not serve the same purpose as a state or federal statute or another regulation.** This standard requires that an agency proposing to amend or adopt a regulation must identify any state or federal statute or regulation which is overlapped or duplicated by the proposed regulation and justify any overlap or duplication. This standard is not intended to prohibit state agencies from printing relevant portions of enabling legislation in regulations when the duplication is necessary to satisfy the clarity standard in paragraph (3) of subdivision (a) of Section 11349.1. This standard is intended to **prevent the indiscriminate incorporation of statutory language in a regulation.**

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1255.8

1255.8. (a) For purposes of this section, the following terms have the following meanings:

(1) "Colonized" means that a pathogen is present on the patient's body, but is not causing any signs or symptoms of an infection.

(2) "Committee" means the Healthcare Associated Infection Advisory Committee established pursuant to Section 1288.5.

(3) "Health facility" means a facility as defined in subdivision (a) of Section 1250.

(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.

(5) "MRSA" means Methicillin-resistant Staphylococcus aureus.

(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:

(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.

(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 admission.

The terms noted here 1255.8(a)(1) – (a)(5), will be included in the Initial Statement of Reason (ISOR) as references to these particular words.

[Discussed 1255.8 \(5\)\(b\)\(1\) – 1255.8 \(5\)\(d\) – MRSA testing guidelines during first subcommittee meeting held on September 00, 2011](#)
[Chair – Annemarie Flood.](#)

Inserting Annemarie's notes here.

(C) The patient will be admitted to an intensive care unit or burn unit of the hospital.

(D) The patient receives inpatient dialysis treatment.

(E) The patient is being transferred from a skilled nursing facility.

(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.

(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.

(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.

(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.

(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.

(e) The infection control policy required pursuant to Section 70739 of Title 22 of the California **Code** of

Discussed on October 12, 2011 during HAI Subcommittee-Title 22 - 70739
Chair – Annemarie Flood.

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Regulations, at a minimum, shall include all of the following:

- (1) Procedures to reduce health care associated infections.
- (2) Regular disinfection of all restrooms, countertops, furniture, televisions, telephones, bedding, office equipment, and surfaces in patient rooms, nursing stations, and storage units.
- (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.
- (4) Regular cleaning and disinfection of all surfaces in common areas in the facility such as elevators, meeting rooms, and lounges.
- (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.
- (g) The department shall establish a health care acquired infection program pursuant to this section .

Team decided to come back to this section at a later date

Some of this statute is self-explanatory however; the language needs to be reviewed further to see what may need to include to specify some kind of regulatory processes and guidelines for facilities to demonstrate they have met. Including ways to assess during state survey process to implement standards & expectations that need to be met.
An assessment opportunity during survey to ensure practices are being followed with appropriate compliance to reach expected outcomes & maintain patient safety what kind of goals /criteria/ what & how is it checked are there specific logs, are there expectations and so forth. Do we currently check who, when and how public areas such as elevators, TV's., meeting rooms are all cleaned and what with/ how often & how can we be sure and or prove /survey that the standard is being maintained in order to keep legislator happy!!?

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	<p><u>1288.5.</u> (a)</p> <p>By July 1, 2007, the department shall appoint a Healthcare Associated Infection Advisory Committee (HAI-AC) that shall make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, and shall make recommendations on the use of national guidelines and the public reporting of process measures for preventing the spread of HAI that are reported to the department pursuant to subdivision (b) of Section 1288.8.</p>	<p>HAI-AC information</p>
	<p>(b) The advisory committee shall include persons with expertise in the surveillance, prevention, and control of hospital-acquired infections, including department staff, local health department officials, health care infection control professionals, hospital administration professionals, health care providers, health care consumers, physicians with expertise in infectious disease and hospital epidemiology, and integrated health care systems experts or representatives.</p> <p>(c) The advisory committee shall meet at least every quarter and shall serve without compensation, but shall be reimbursed for travel-related expenses that include transportation, lodging, and meals at the state per diem reimbursement rate.</p>	<p>HAI-AC directions</p>

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<p>(d) In addition to the responsibilities enumerated in subdivision</p> <p>(a), <u>the advisory committee shall do all of the following:</u></p>	
<p>(1) Review and evaluate federal and state legislation, regulations, and accreditation standards and communicate to the department how hospital infection prevention and control programs will be impacted.</p>	
<p>IP indication once again!</p> <p>(2) In accordance with subdivision (a) of Section 1288.6, recommend a method by which the number of <u>infection prevention professionals would be assessed in each hospital.</u></p>	<p>Annemarie here is the IP recommendation once again under the advisory committee to do this time –</p>
<p>(3) Recommend an educational curriculum by which health facility evaluator nurses and department consultants would be trained to survey for hospital infection surveillance, prevention, and control programs.</p>	
<p>(4) Recommend a method by which hospitals are audited to determine the validity and reliability of data submitted to the NHSN and the department.</p>	

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	(5) Recommend a standardized method by which an HAI occurring after hospital discharge would be identified.	
	(6) Recommend a method by which risk-adjusted HAI data would be reported to the public, the Legislature, and the Governor.	Covered in HAI – SSI section.
	(7) Recommend a standardized method by which department health facility evaluator nurses and consultants would evaluate health care workers for compliance with infection prevention procedures including, but not limited to, hand hygiene and environmental sanitation procedures.	
	(8) Recommend a method by which all hospital infection prevention professionals would be trained to use the NHSN-HAI surveillance reporting system.	
1288.55	<u>1288.55.</u> (a) (1) Each health facility, as defined in <u>paragraph (3)</u>	

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<p>of subdivision (a) of Section 1255.8, shall quarterly report all cases of health-care-associated MRSA bloodstream infection, health-care-associated clostridium difficile infection, and health-care-associated Vancomycin-resistant enterococcal bloodstream infection, and the number of inpatient days.</p>	
<p>(2) Each health facility shall report quarterly to the department <u>all central line associated bloodstream infections and the total central line days.</u></p>	
<p>(3) Each health facility shall report quarterly to the department all health-care-associated surgical site infections of deep or organ space surgical sites, health-care-associated infections of orthopedic surgical sites, cardiac surgical sites, and gastrointestinal surgical sites designated as clean and clean-contaminated, and the number of surgeries involving deep or organ space, and orthopedic, cardiac, and gastrointestinal surgeries designated clean and clean-contaminated.</p>	<p>Included in HAI –SSI section.</p>
<p>(b) The <u>department's licensing and certification program</u> shall do all of the following:</p>	

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(1) Commencing January 1, 2011, post on the department's Web site information regarding the incidence rate of health-care-acquired central line associated bloodstream infections acquired at each health facility in California, including information on the number of inpatient days.

(2) Commencing January 1, 2012, post on the department's Web site information regarding the incidence rate of deep or organ space surgical site infections, orthopedic, cardiac, and gastrointestinal surgical procedures designated as clean and clean-contaminated, acquired at each health facility in California, including information on the number of inpatient days.

(3) No later than January 1, 2011, post on the department's Web site information regarding the incidence rate of health-care-associated MRSA bloodstream infection, health-care-associated clostridium difficile infection, and health-care-associated Vancomycin-resistant enterococcal bloodstream infection, at each health facility in California, including information on the number of inpatient days.

Covered in HAI – SSI section.

Not addressed within the SSI section.

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	<p>(c) Any information reported publicly as required under this section shall meet all of the following requirements:</p>
	<p>(1) The department shall follow a risk adjustment process that is consistent with the federal Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN), or its successor, risk adjustment, and use its definitions, unless the department adopts, by regulation, a fair and equitable risk adjustment process that is consistent with the recommendations of the Healthcare Associated Infection Advisory Committee (HAI-AC), established pursuant to Section 1288.5, or its successor.</p>
	<p>(2) For purposes of reporting, as required in subdivisions (a) and (b), an infection shall be reported using the NHSN definitions unless the department accepts the recommendation of the HAI-AC or its successor.</p>
	<p>(3) If the federal Centers for Disease Control and Prevention do not use a public reporting model for specific health-care-acquired infections, then the department shall base its public</p>

Covered in HAI – SSI section.

Covered in HAI – SSI section.

Covered in HAI – SSI section.

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	<p>reporting of incidence rate on the number of inpatient days for infection reporting, or the number of specified device days for relevant device-related infections, and the number of specified surgeries conducted for surgical site infection reporting, unless the department adopts a public reporting model that is consistent with recommendations of the HAI-AC or its successor.</p>	
	<p>(d) Health facilities that report data pursuant to the system shall report this data to the NHSN and the department, as appropriate.</p>	<p>Included in the HAI – SIS section.</p>
	<p>(c) All hospitals for which a license has been issued shall be inspected periodically by a representative or representatives appointed by the Department. Inspections shall be conducted as frequently as necessary, but not less than once every two years, to assure that quality care is being provided. During the inspection, the representative or representatives of the Department shall offer such advice and assistance to the hospital as is appropriate. For hospitals of 100 licensed bed capacity or more, the inspection team shall include at least a physician, registered nurse, and persons experienced in hospital administration and sanitary inspections.</p>	

(2) In accordance with subdivision (a) of Section 1288.6, recommend a method by which the number of **infection prevention professionals** would be assessed in each hospital.

(Copied from above as reminder of statute language)

(2) In accordance with subdivision (a) of Section 1288.6, recommend a method by which the number of

TEXT COPIED FROM 1288.6 subdivision (a) for reference

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.

(2) The report shall evaluate and include information on all of the following:

(B) The number of intensive care beds

(C) The number of emergency department visits to the hospital.

(D) The number of outpatient visits by departments.

(E) The number of licensed beds

(F) Employee health and occupational health measures implemented at the hospital.

G) Changing demographics of the community being served by the Hospital

(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.

(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.

(End of text from section 1288.6 subdivision (a))

Suggested text -

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infection prevention professionals would be assessed in each hospital.

(d) The Department may provide consulting services upon request to any hospital to assist in the identification or correction of deficiencies or the upgrading of the quality of care provided by the hospital.

(e) The Department shall notify the hospital of all deficiencies of compliance with these regulations and the hospital shall agree with the Department upon a plan of corrections, which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by repeat inspection, the hospital has failed to correct the deficiencies, the Director may take action to revoke or suspend the license.

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	<p>(f) Reports on the results of each inspection of a hospital shall be prepared by the inspector or inspection team and shall be kept on file in the Department along with the plan of correction and hospital comments. The inspection report may include a recommendation for reinspection. All inspection reports, lists of deficiencies and plans of correction shall be open to public inspection without regard to which body performs the inspection.</p> <p>(g) The Department shall have the authority to contract for outside personnel to perform inspections of hospitals as the need arises. The Department, when feasible, shall contract with nonprofit, professional organizations, which have demonstrated the ability to carry out the provisions of this section. Such organizations shall include, but not be limited to, the California Medical Association Committee on Medical Staff Surveys and participants in the Consolidated Hospital Survey Program.</p>	
	1) Review and evaluate federal and state	

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	legislation, regulations, and accreditation standards and communicate to the department how hospital infection prevention and control programs will be impacted.	
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.	
	(2) The report shall evaluate and include information on all of the following:	
	(A) The risk and cost of the number of invasive patient procedures performed at the hospital.	
	(B) The number of intensive care beds	
	(C) The number of emergency department visits to the hospital.	

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(D) The number of outpatient visits by departments.	
(E) The number of licensed beds.	
(F) Employee health and occupational health measures implemented at the hospital. G) Changing demographics of the community being served by the hospital.	
(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.	
(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.	
(b) Each general acute care hospital that uses central venous	

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<p>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>1288.7</p>	<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>

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	(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.	
	(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.	
1288.8	1288.8(a) By January 1, 2008, the department shall take all of the following actions to protect against HAI in general acute care hospitals statewide:	
	(1) Implement an HAI surveillance and prevention program designed to assess the department's resource needs, educate health facility evaluator nurses in HAI, and educate department staff on methods of implementing recommendations for disease prevention.	

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<p>(2) Revise existing and adopt new administrative regulations, as necessary, to incorporate current federal Centers for Disease Control and Prevention (CDC) guidelines and standards for HAI prevention.</p>	
<p>(3) Require that general acute care hospitals develop a process for evaluating the judicious use of antibiotics, the results of which shall be monitored jointly by appropriate representatives and committees involved in quality improvement activities.</p>	
<p>(b) On and after January 1, 2008, each general acute care hospital shall implement and annually report to the department on its implementation of infection surveillance and infection prevention process measures that have been recommended by the federal Centers for Disease Control and Prevention Healthcare Infection Control Practices Advisory Committee, as suitable for a mandatory public reporting program. Initially, these process measures shall include the CDC guidelines for central line insertion practices, surgical antimicrobial prophylaxis, and influenza vaccination of patients and healthcare personnel. In consultation with the</p>	

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<p>advisory committee, the department shall make this information public no later than six months after receiving the data.</p>	
<p>(c) The advisory committee shall make recommendations for phasing in the implementation and public reporting of additional process measures and outcome measures by January 1, 2008, and, in doing so, shall consider the measures recommended by the CDC.</p>	
<p>(d) Each general acute care hospital shall also submit data on implemented process measures to the National Healthcare Safety Network of the CDC, or to any other scientifically valid national HAI reporting system based upon the recommendation of the federal Centers for Disease Control and Prevention Healthcare Infection Control Practices Advisory Committee or to another scientifically valid reporting database, as determined by the department based on the recommendations of the HAI-AC. Hospitals shall utilize the federal Centers for Disease Control and Prevention definitions and methodology for surveillance of HAI. Hospitals participating in the California Hospital Assessment and Reporting</p>	

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<p>Task Force (CHART) shall publicly report those HAI measures as agreed to by all CHART hospitals.</p>	
<p>(e) In addition to the requirements in subdivision (a), the department shall establish an infection surveillance, prevention, and control program to do all of the following:</p>	
<p>(1) Designate infection prevention professionals to serve as consultants to the licensing and certification program.</p>	
<p>2) Congregate living health facilities shall provide one of the following services:</p>	
<p>(A) Services for persons who are mentally alert, persons with physical disabilities, who may be ventilator dependent.</p>	
<p>(B) Services for persons who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both. Terminal illness means the individual has a life expectancy of six months or less as stated in writing by his or her attending physician and surgeon. A "life-threatening illness" means the individual has an illness that can lead to a possibility of a termination of life within five years</p>	

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<p>or less as stated in writing by his or her attending physician and surgeon.</p>	
<p>(C) Services for persons who are catastrophically and severely disabled. A person who is catastrophically and severely disabled means a person whose origin of disability was acquired through trauma or nondegenerative neurologic illness, for whom it has been determined that active rehabilitation would be beneficial and to whom these services are being provided. Services offered by a congregate living health facility to a person who is catastrophically disabled shall include, but not be limited to, speech, physical, and occupational therapy.</p>	
<p>(3) A congregate living health facility license shall specify which of the types of persons described in paragraph (2) to whom a facility is licensed to provide services.</p>	
<p>(4) (A) A facility operated by a city and county for the purposes of delivering services under this section may have a capacity of 59 beds.</p>	
<p>(B) A congregate living health facility not</p>	

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<p>operated by a city and county servicing persons who are terminally ill, persons who have been diagnosed with a life-threatening illness, or both, that is located in a county with a population of 500,000 or more persons may have not more than 25 beds for the purpose of serving persons who are terminally ill.</p>	
<p>(C) A congregate living health facility not operated by a city and county serving persons who are catastrophically and severely disabled, as defined in subparagraph (C) of paragraph (2) that is located in a county of 500,000 or more persons may have not more than 12 beds for the purpose of serving persons who are catastrophically and severely disabled.</p>	
<p>(5) A congregate living health facility shall have a noninstitutional, homelike environment.</p>	
<p>(2) Provide education and training to department health facility evaluator nurses and consultants to effectively survey hospitals for compliance with infection surveillance, prevention, and control recommendations, as well as state and federal statutes and regulations.</p>	
<p>(3) By January 1, 2011, in consultation with the HAI-AC, develop a</p>	

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<p>scientifically valid statewide electronic reporting system or utilize an existing scientifically valid database system capable of receiving electronically transmitted reports from hospitals related to HAI.</p>	
<p>(4) Provide current infection prevention and control information to the public on the Internet.</p>	
<p>(5) Beginning January 1, 2011, provide to the Governor, the Legislature, and the Chairs of the Senate Committee on Health and Assembly Committee on Health, and post on the department's Web site, an annual report of publicly reported HAI infection information received and reported pursuant to this article.</p>	
<p>1288.9 1288.9. By January 1, 2009, the department shall do all of the following: (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>	

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(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.

Title 22 Infection Control

	Section	
	<u>INFECTION CONTROL PROGRAM</u>	<u>Revision and Additions to Title 22 Regulations</u>
70739	(a) A written hospital infection control program for the surveillance, prevention and control of infections shall be adopted and implemented. The program shall include policies and procedures that:	
	<p>(1) Define and require methods to handle all patients, all blood and body fluids and all materials that are soiled with blood and/or body fluids from all patients. The methods prescribed shall be designed to reduce the risk of transmission of potentially infectious etiologic agents from patient to patient and between patient and healthcare worker. The methods shall include hand washing, the use of gloves, use of other barriers, the handling of needles/sharps, and the disposal of materials that are soiled with or contain blood and/or body fluids.</p> <p style="text-align: center;">Title 22 Infection Control Section</p>	
	(2) Define practices to reduce the risk of transmission of airborne infectious etiologic	

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	agents including tuberculosis and addressing the assignment of rooms and/or roommates.	
	(3) Provide for and document the education of all personnel.	
	(A) Each new employee shall receive training appropriate to his/her job classification and work activities to acquaint him/her with infection control policies and procedures of the healthcare facility.	
	(B) Training material shall be kept current and conform to new information pertaining to the prevention and control of infectious diseases. Revised training material shall be presented to all healthcare workers.	
	(4) Provide a plan for the surveillance and control of nosocomial infections including procedures for the investigation and management of outbreaks.	This is where the HAI – SSI details will bring this section up to date.
	(5) Define the equipment, instruments, utensils and disposable materials that are to be identified as biohazardous.	
	(b) The oversight of the infection surveillance, prevention and control program shall be vested in a multi-disciplinary committee which shall include representatives from the medical staff, administration, nursing	

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	<p>department and infection control personnel. This committee shall provide advice on all proposed construction and shall be responsible for the provision of current, updated information on infection control policy and procedures for the facility.</p>	
	<p>(c) Hospitals having a licensed bed capacity of 200 or more shall have a full-time infection control employee who shall coordinate the activities of the program.</p>	<p>Current I.C. bed capacity to IP standard.</p>
	<p>(d) Hospitals having a licensed bed capacity of 199 or less shall have a designated part-time infection control employee who shall coordinate activities of the program.</p>	<p>Current Infection Control employee requirements.</p>