Questions for Stakeholder Meeting – GACH Infection Control and Physical Plant

CHCQ has begun the process of revising the regulations governing General Acute Care Hospitals under California Code of Regulations (CCR), Title 22 and is seeking input from interested stakeholders to ensure that the proposed regulatory updates are consistent with other laws and regulations, modern hospital practices, and other relevant standards.

PHYSICAL PLANT

Alterations to Existing Buildings or New Construction

1. Does your organization consult the Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Hospitals and Outpatient Facilities when making alterations to existing buildings or new construction? If another standard is used, please identify the standard.

Patient Rooms

2. Current regulations require the following clearances in patient rooms:
   - For single rooms: 10.2 square meters (110 square feet) of floor area, except for private rooms in pediatric units which shall have at least 9.3 square meters (100 square feet)
   - For multi-patient rooms: 7.4 square meters (80 square feet) of floor area per bed with one meter (three feet) between beds, except in specialized units

Given how healthcare practices have evolved in the last several years, are there other operational minimum clearances (e.g. spaces for working with/around patients and beds or other equipment) that your organization would like to see established? Are there any specific guidelines that your organization feels would be optimal in establishing these minimum clearances?

Laundry Service

3. What standard(s) does your organization recommend or use to ensure linen is properly cleaned to a sanitary condition?

4. Are there any scenarios faced by laundry personnel (for example, personnel receiving punctures from hypodermic needles when performing laundry-related duties) that you feel need to be specifically addressed by the California Department of Public Health (CDPH) in the regulations?

Housekeeping

5. What guidelines does your organization typically consult when making decisions about housekeeping at your facility or facilities?
Does your organization follow the recommendations in:

1) The Centers for Disease Control and Prevention (CDC)’s Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee?
2) The CDC’s Environmental Checklist for Monitoring Terminal Cleaning?
3) The CDC’s Environmental Evaluation Workgroup, Options for Evaluating Environmental Cleaning, Level II Program?

If your organization uses other guidelines, please identify the guidelines.

**Emergency Lighting and Power System**

6. Existing provisions require hospitals to comply with the standards in CCR, Title 24, Part 3 for establishing, maintaining, and running emergency lighting and power systems. Is this still a realistic or useful standard? Are there other standards your organization would like to see referenced in CDPH's regulations?


**Electrically Sensitive Areas**

8. What standards does your organization rely on when developing policies and procedures for electrically sensitive patient areas? Does your organization consult the NFPA 99: Health Care Facilities Code?

**Water Supply and Plumbing**

9. Current regulations reference specific temperatures for use in, and procedures for maintaining, a hospital’s water supply, and plumbing system. Are the requirements found in CCR section 70863 still relevant given advances in the field since the regulations were first promulgated? Are there any specific issues, (for example, the spread of legionella) that your organization would like to see addressed as part of CDPH’s efforts to update this section?

10. What standards does your organization typically rely upon when addressing water and plumbing related issues in hospital buildings? Does your organization consult guidelines such as the CDC’s Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings: A Practical Guide to Implementing Industry Standards, or related CDC guidelines for such issues? Are there other standards used? If so, please identify the standards.
INFECTION CONTROL

1. What are the major issues or industry concerns that CDPH should be aware of in revising CCR section 70739: Infection Control Program?

2. What standards does your organization rely on when establishing infection control policies and procedures within a facility? Does your organization consult the Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: Recommendations from the Healthcare Infection Control Practices Advisory Committee? If other standards are used, please identify the standards.

3. Are there any instances of healthcare associated infections (HAIs) that your organization feels should have particular emphasis in CDPH’s regulations (for example, infections due to multidrug-resistant (MDR) organisms, such as carbapenem-resistant Enterobacteriaceae (CRE) and MDR Acinetobacter)?

4. Does your organization consult the guidelines published by the Society for Healthcare Epidemiology of America (SHEA) when establishing HAI prevention strategies? If other standards are used, please identify the standard.

5. What issues should CDPH be aware of in establishing requirements and protocols for the use of airborne infectious patient isolation rooms?

6. What guidelines or standards does your organization rely on when establishing policies and procedures for medical equipment cleaning, disinfection and sterilization? Does your organization consult the CDC’s Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008? If other guidelines are used, please identify the guidelines.

7. Are there other issues or topics you would like to see addressed or revised in an update to the regulations addressing physical plant requirements or infection control practices in hospitals? If so, please provide any comments or recommendations you have.