

# Title 22 Subcommittee Update

## November 17, 2011

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# Process

- 4 meetings to date( last one 11/16/11)
- Looking a section or two of the regulations per meeting.
- Brainstorming during meeting for language suggestions and references to support language.
- Learned we did not have to rewrite Health and Safety code into Title 22 if prescriptive/descriptive language existed in H&S Code.

# Topics covered to date

- MRSA testing
- Definition of what is Infection Preventionist
- Found that it has been described in 1288.45
  - Need to consider whether to reference or rewrite i
- Staffing ratios ( ongoing)

# Importance of the Risk Assessment

- Many of the statutes rely on a strong , living risk assessment
- Language regarding risk assessment will need to stress the requirement to use evidence based references when identifying needs and resource allocation for the IC program

# Reference :IP Definition

- California Health and Safety Code 1288.45 (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).

# Reference :MRSA

- MRSA screening will be performed when 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 patient will be admitted to an intensive care unit or burn unit of the hospital. The patient receives inpatient dialysis treatment. The patient is being transferred from a skilled nursing facility.
- ***Based upon the 1288.6 risk assessment,(exact language to be copied and inserted here when this section is addressed)***
- ***At risk surgical patients shall be tested with 7 calendar days prior to their inpatient admission or with 24 hours after admission.***
- ***Patients who are known to the admitting facility to be positive for MRSA colonization or infection are not required to be tested.***
- ***In born neonates are not required to be tested upon admission the neonatal ICU.***
- Patients who tested negative for MRSA screening on admission and who (based on the hospitals risk assessment) are at increased risk of invasive MRSA shall be retested prior to discharge.
- Patients who are known to be MRSA colonized or infected are not required to be retested upon discharge.
- If an inpatient tests positive for MRSA, the attending physician shall inform the patient or the patient's representative immediately or as soon as practically possible and the hospital shall provide oral and written instruction regarding aftercare and precautions to prevent the spread of the infection to others.
- If the pre discharge testing performed is positive for MRSA, the patient shall be informed and educated above. If the patient has already been discharged, ***the hospital shall attempt to contact the primary care MD or physician of record with the test results.***