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MDRO GUIDELINES (FEDS)

Multidrug-resistant organisms (MDROs), including methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE) and certain gram-negative bacilli have important infection control implications that either have not been addressed or received only limited consideration in previous isolation guidelines. Increasing experience with these organisms is improving understanding of the routes of transmission and effective preventive measures. Although transmission of MDROs is most frequently documented in acute care facilities, all healthcare settings are affected by the emergence and transmission of antimicrobial-resistant microbes. The severity and extent of disease caused by these pathogens varies by the population(s) affected and by the institution(s) in which they are found. Institutions, in turn, vary widely in physical and functional characteristics, ranging from long-term care facilities (LTCF) to specialty units (e.g., intensive care units [ICU], burn units, neonatal ICUs [NICUs]) in tertiary care facilities. Because of this, the approaches to prevention and control of these pathogens need to be tailored to the specific needs of each population and individual institution. The prevention and control of MDROs is a national priority - one that requires that all healthcare facilities and agencies assume responsibility. The following discussion and recommendations are provided to guide the implementation of strategies and practices to prevent the transmission of MRSA, VRE, and other MDROs. The administration of healthcare organizations and institutions should ensure that appropriate strategies are fully implemented, regularly evaluated for effectiveness, and adjusted such that there is a consistent decrease in the incidence of targeted MDROs. Successful prevention and control of MDROs requires administrative and scientific leadership and a financial and human resource commitment. Resources must be made available for infection prevention and control, including expert consultation, laboratory support, adherence monitoring, and data analysis. Infection prevention and control professionals have found that healthcare personnel (HCP) are more receptive and adherent to the recommended control measures when organizational leaders participate in efforts to reduce MDRO transmission.

<http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>

SENATE BILL 1785 (STATE)

Per CACC web site, SB 1785 was signed into law which exempts breast milk from needing tissue license.

SENATE BILL 739 (STATE)

SB 739 was signed by the Governor into law on September 28, 2006. This has been chaptered under Chapter 526 and now state law. This law establishes the Hospital Infectious Disease Control Program, which would require the department and general acute care hospitals to implement various measures relating to disease surveillance and the prevention of health care associated infection (HAI). By July 1, 2007, a Healthcare Associated Infection (HAI) Advisory Committee would be required to make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals. Another aspect to this law is the requirement for mandatory declination statements from staff members who opt out of receiving annual Flu Shots.

Refer to the text of the law:

http://www.leginfo.ca.gov/pub/bill/sen/sb_0701-0750/sb_739_bill_20060928_chaptered.html

CACC has created a Powerpoint presentation to assist the ICP in presenting SB 739 information to their Administrators and staff. Go to:

http://www.cacc.net/How%20to%20Comply%20with%20SB%20739_hp.pps

SENATE BILL 162 (STATE)

SB 162 was signed into law Sept 14, 2006 by the Governor. It enacts the California Public Health Act of 2006 to establish a state Department of Public Health (DPH) and rename the state Department of Health Services (DHS) the Department of Health Care Services (DHCS). Public health programs now operated by DHS will be transferred to the new DPH. The renamed DHCS will remain responsible for Medi-Cal and other health purchasing programs. The changes will become operative on July 1, 2007.

SENATE BILL 1780 (STATE)

Per APIC National, this is a current bill. SB 1780 requires that on and after January 1, 2008, each health facility transmit notification of a nosocomial infection to the OSHPD. This bill also requires that the office on or before January 1, 2009, and annually thereafter, compile this data and establish an aggregate nosocomial infection rate per health facility and transmit the aggregate nosocomial infection rate of each health facility to all applicable local health agencies.

To provide information for inclusion in the newsletter or ask questions, please contact:

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