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TB RESPIRATOR FIT-TESTING (FEDS)

Congress has, once again, prohibited Fed-OSHA from spending federal funds to enforce annual fit-testing for TB, for the 3rd consecutive year. This was signed by President Bush on Feb 15th but has not yet been posted online in its final form (as of 3-8-07). This also does not impact any state regs/laws that may be more strict than Fed-OSHA...ie: California.

MRSA ERADICATION AND CONSUMERS UNION (FEDS)

Consumers Union is soliciting citizen participation and cooperation in the form of a campaign to get the citizenry to contact their Governors to help stop the spread of MRSA. This is important for you to know since APIC has recently released the MRSA Position Paper, which points out that legislation is not needed to mandate active surveillance. The position paper is on the APIC Web Site.

CHAPTER <797> (FEDS)

In August, APIC submitted comments to the United States Pharmacopeia (USP) regarding proposed revisions to USP General Chapter <797> Pharmaceutical Compounding Sterile Preparations. USP <797> sets practice standards to help ensure that compounded sterile preparations are of high quality and help to prevent harm to patients suffered as a result of contaminated preparations.

ACTION ALERT (FEDS)

Increase CDC and TB research funding.

<http://capwiz.com/apic/issues/alert/?alertid=9330891>

Each year about 1.7 million people around the world die from tuberculosis (TB). As of 2004, there were 14.6 million cases worldwide. TB is a persistent killer in the world and new strains are making their presence known in the U.S. in a fatal new form. Extensively Drug-resistant tuberculosis, also referred to as Extreme Drug Resistant TB or XDR-TB, has been identified in all regions of the world, including the United States. At this time, XDR-TB is essentially incurable. Therefore, the key to control is prevention. Without proper funding, the United States will be at risk from one of the world's most infectious diseases, tuberculosis.

Please contact your Member of Congress in support of proper funding to prevent the looming tuberculosis problem from becoming a public health crisis.

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

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agencies.

ACTION ALERT (FEDS)

Unique Device Identifiers

Letter written to the FDA in November: As organizations committed to improving the quality of care for our nation's hospitals and the patients they serve, we urgently call upon the Food and Drug Administration (FDA) to require a national unique device identification (UDI) system for medical devices.
<http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/OtherRegulatory/UDI-draftcoalitionletter-FINAL.pdf>

Complete List of both legally and not legally marketed devices:
http://www.apic.org/content/NavigationMenu/PracticeGuidance/FDA_Reprocessing_SUD_Lists.xls

CALIFORNIA MEASURES

1. AB 66 – Dymally: **Inmate HIV testing.**
2. AB 166 – Bass: **Public safety personnel; presumption: MRSA skin infections**
Existing law provides that an injury of an employee arising out of, and in the course of, employment is generally compensable through the workers' compensation system. Existing law provides that, in the case of certain state and local firefighting and law enforcement personnel, the term "injury" includes, among other conditions, hernia, pneumonia, heart trouble, tuberculosis, meningitis, and any blood-borne infectious disease that develops or manifests itself during a period while the member is in the service of the governmental entity, and establishes a disputable presumption in this regard. This bill would expand the scope of this provision to include any /MSRA skin infection.
3. AB 272 – Garcia: **HIV tests.**
4. AB 659 – Ma: **California AIDS Program: education: youth and elderly populations**
5. AB 682 – Berg: **HIV/AIDS testing.**
6. SB 356 - Negrete McLeod: **List of reportable diseases and conditions.**
Existing law requires the State Department of Health Services to establish a list of reportable diseases and conditions, including, but not limited to, diphtheria, listeria, and

salmonella. Existing law requires reporting by the local health officer of any disease or condition on the list. Effective July 1, 2007, these duties of the department will be transferred to the State Department of Public Health. Violation of these provisions is a crime.

This bill would require the list to include pathogens, and would include avian influenza, E. coli, Neisseria meningitidis, and malaria within the specified list of reportable diseases, conditions, and pathogens.

7. SB 772 – Wiggins: **Lyme disease.**

Existing law creates the Lyme Disease Advisory Committee within the State Department of Health Services, composed of, but not limited to, 5 members who are required to be appointed by, and serve at the pleasure of, the Director of Health Services.

Effective July 1, 2007, responsibility for the administration of the above-mentioned provisions will be transferred to the State Department of Public Health.

8. SB 1039 - **Committee on Health:** State Department of Public Health.

SB-739 CALIFORNIA CODE OF REGULATIONS, TITLE 22, §70739 (STATE)

The implementation dates for these new standards are:

By July 1st, 2007 hospitals must:

- Offer annual free onsite influenza vaccinations for all employees
- Adopt a seasonal influenza plan
- Institute respiratory hygiene and cough etiquette protocols
- Use procedures for the isolation of patients with influenza
- Revise an existing or develop a new disaster plan to include a pandemic influenza component, documenting any actual or recommended collaboration with local, regional, and state public health agencies or officials

By January 1st, 2008 hospitals must:

- Pursue evaluating the judicious use of antibiotics
- Report annually to the California Department of Health Services (CDHS), to become the Department of Public Health, on its implementation of specified infection surveillance and infection prevention process measures
- Submit data on implemented process measures to CDC's National Healthcare Safety Network or other valid national surveillance system recommended by CDC
- Utilize the CDC definitions and methodologies for surveillance of HAI
- For hospitals participating in the California Hospital Assessment and Reporting Task Force (CHART), publicly report HAI measures

By January 1st, 2009 hospitals must:

- Develop, implement, and periodically evaluate compliance with policies and procedures to prevent surgical site infections
- Develop policies and procedures to implement CDC and Institute for Healthcare Improvement standards and process measures designed to prevent ventilator associated pneumonia

Be subject to surveys by CDHS Licensing and Certification (L&C) on compliance with new infection control procedures and reporting measures implemented under SB739

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