



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

SB1943

Introduced 2/7/2008, by Sen. Gary Forby

SYNOPSIS AS INTRODUCED:

New Act

Creates the MRSA Screening, Prevention, and Reporting Act for State Residential Facilities. Requires State residential facilities to establish an MRSA control program. Defines "State residential facility" to mean: (i) Department of Human Services operated residential facilities, including State mental health hospitals and other facilities; (ii) Department of Veterans' Affairs operated veterans homes; (iii) Department of Corrections operated correctional centers, work camps or boot camps, and adult transition centers; and (iv) Department of Juvenile Justice operated juvenile centers and boot camps. Sets forth required features of the MRSA control program, including screening and surveillance, reporting, prevention, infection control, and treatment. Includes requirements for training of employees and others. Effective immediately.

LRB095 17713 DRJ 43788 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the MRSA
5 Screening, Prevention, and Reporting Act for State Residential
6 Facilities.

7 Section 5. Definition. In this Act, "State residential
8 facility" or "facility" means: any Department of Human Services
9 operated residential facility, including any State mental
10 health hospital, State developmental center, or State
11 residential school for the deaf and visually impaired; any
12 Department of Veterans' Affairs operated veterans home; any
13 Department of Corrections operated correctional center, work
14 camp or boot camp, or adult transition center; and any
15 Department of Juvenile Justice operated juvenile center or boot
16 camp.

17 Section 10. MRSA control program. In order to improve the
18 prevention of infections due to methicillin-resistant
19 Staphylococcus aureus ("MRSA"), every State residential
20 facility shall establish an MRSA control program that includes
21 the following features:

22 (1) Screening and surveillance.

1 (A) All residents, patients, students, or inmates
2 of the facility undergoing intake medical screening
3 and physical examinations shall be carefully evaluated
4 for skin infections. This screening shall include
5 culturing of skin abscesses, boils, "spider bites", or
6 other suspicious skin conditions.

7 (B) Recently hospitalized residents, patients,
8 students, or inmates of the facility shall be screened
9 for infections immediately upon return to the facility
10 and shall be instructed to report any new onset skin
11 infection or fever.

12 (C) Residents, patients, students, or inmates of
13 the facility with risk factors such as diabetes,
14 immunocompromised conditions, open wounds, recent
15 surgery, indwelling catheters, implantable devices,
16 chronic skin conditions, or paraplegia with decubiti
17 shall be evaluated for skin infections during routine
18 medical evaluations.

19 (D) All residents, patients, students, or inmates
20 of the facility with skin infections shall be referred
21 to health services for evaluation.

22 (E) Facility health care providers shall consider
23 MRSA infection in the differential diagnosis for all
24 residents, patients, students, or inmates presenting
25 with a skin or soft tissue infection or any other
26 clinical presentation consistent with a staphylococcal

1 infection.

2 (F) Appropriate bacterial cultures shall be
3 obtained in all cases of suspected MRSA infection.

4 (G) No resident, patient, student, or inmate of the
5 facility with a skin or soft tissue infection shall be
6 transferred to another facility until fully evaluated
7 and appropriately treated except when required for
8 reasons of appropriate security or care. Residents,
9 patients, students, or inmates with MRSA infections
10 requiring transfer shall have draining wounds dressed
11 the day of transfer to contain the draining. Escort
12 personnel shall be notified of the resident, patient,
13 student, or inmate's condition and educated on
14 infection control measures. The clinical director of
15 the sending facility or his or her designee shall
16 notify the receiving institution's clinical director
17 or health services administrator of pending transfers
18 of individuals with MRSA.

19 (2) Reporting.

20 (A) All confirmed MRSA infections shall be
21 documented in the resident, patient, student, or
22 inmate's medical record.

23 (B) All confirmed MRSA infections shall be
24 reported to the director of the department operating
25 the facility and to the Department of Public Health.
26 The report shall indicate whether the MRSA infection

1 was present on intake or contracted at the facility, if
2 known.

3 (3) Prevention.

4 (A) Education. Employees, residents, patients,
5 students, and inmates of the facility shall be provided
6 with information on the transmission, prevention,
7 treatment, and containment of MRSA infections.

8 (B) Hand Hygiene program: Each facility shall
9 develop and implement a hand hygiene program for
10 employees, residents, patients, students, and inmates
11 of the facility that includes adequate hand-washing
12 equipment and supplies and regular training on
13 effective hand hygiene techniques and education on the
14 importance of hand hygiene. These trainings must be
15 conducted at least twice each year and may be conducted
16 in conjunction with other trainings.

17 (C) Sanitation. Each facility shall develop and
18 implement a sanitation program for cleaning and
19 disinfecting the environment that includes the
20 following:

21 (i) Use of an Environmental Protection Agency
22 (EPA)-registered disinfectant according to the
23 manufacturer's instructions.

24 (ii) Regularly cleaning or disinfecting
25 washable surfaces in residents', patients', and
26 students' rooms, in inmates' cells, and in shared

1 areas such as showers, fitness areas, and food
2 services areas.

3 (iii) Cleaning or disinfecting restraining
4 devices after every use.

5 (iv) Treating all linen (towels, sheets, and
6 similar items) as potentially infectious and
7 following recommendations of the Centers for
8 Disease Control and Prevention for laundering.

9 (D) Personal protective equipment. Employees of
10 the facility shall be provided with personal
11 protective equipment (gloves, eye protection, and
12 gowns) for use when contact with blood, body fluids, or
13 wound drainage is likely.

14 (E) Isolation of residents, patients, students, or
15 inmates with MRSA. Each State residential facility
16 shall develop a plan for isolating MRSA-diagnosed
17 residents, patients, students, or inmates from others
18 when a clinician determines the individual to be a high
19 risk for spreading the contagion. Residents, patients,
20 students, or inmates diagnosed with MRSA shall be
21 examined by a clinician to determine their risk of
22 contagion to others. The determination about whether
23 to isolate residents, patients, students, or inmates
24 with MRSA infections shall include consideration of
25 the degree to which wound drainage can be contained and
26 the ability or willingness of a resident, patient,

1 student, or inmate to comply with infection control
2 instructions.

3 (4) Infection control. Upon the diagnosis of a single
4 MRSA case at a State residential facility, that facility
5 shall implement surveillance measures to detect additional
6 MRSA cases through the following procedures:

7 (A) The individual diagnosed with MRSA shall be
8 interviewed to identify potential sources of
9 infections and close contacts. The interview should
10 seek to determine the date of onset and activity
11 immediately before and following onset, including
12 recent hospitalizations, housing, work assignments,
13 sharing of personal hygiene items, sexual contact,
14 participation in close-contact sports, or exposure to
15 other residents, patients, students, or inmates with
16 draining wounds or skin infections.

17 (B) Employees, residents, patients, students, or
18 inmates of the facility identified as having contact
19 with the infected individual should be examined for
20 signs and symptoms of infection.

21 (C) State residential facility management shall
22 inform all employees of the facility of the MRSA case
23 and immediately conduct a training program on MRSA and
24 hand hygiene, in addition to the training program
25 required under subdivision (3)(B) of this Section.

26 (D) State residential facility management shall

1 inform all health care providers evaluating residents
2 or inmates of the facility of the MRSA case so they may
3 be on the alert for inmates with skin or soft tissue
4 infections or other evidence of MRSA infections.

5 (E) No resident, patient, student, or inmate with a
6 skin or soft tissue infection shall be transferred to
7 another facility until fully evaluated and
8 appropriately treated except when required for
9 security reasons, medical care, or other special
10 circumstances. Residents, patients, students, or
11 inmates with MRSA infections requiring transfer shall
12 have draining wounds dressed the day of transfer to
13 contain the draining. Escort personnel shall be
14 notified of the resident, patient, student, or
15 inmate's condition and educated on infection control
16 measures. The clinical director of the sending
17 facility or his or her designee shall notify the
18 receiving institution's clinical director or health
19 services administrator of pending transfers of
20 individuals with MRSA.

21 (5) Treatment. Each department operating a State
22 residential facility shall develop an MRSA treatment
23 protocol and submit it to the Department of Public Health
24 for review. Upon approval of the protocol by the Department
25 of Health, each department operating a State residential
26 facility shall educate all clinical staff at the facility

1 and healthcare vendors for the facility on that protocol.

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.