



## 96TH GENERAL ASSEMBLY

### State of Illinois

2009 and 2010

HB0185

Introduced 1/14/2009, by Rep. Patricia R. Bellock

#### 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 Corrections operated correctional centers, work camps or boot camps, and adult transition centers; and (iii) 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.

LRB096 03355 DRJ 14443 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 Corrections operated correctional center, work  
13 camp or boot camp, or adult transition center; and any  
14 Department of Juvenile Justice operated juvenile center or boot  
15 camp.

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

21 (1) Screening and surveillance. Upon admission or  
22 incarceration, all individuals shall be screened for MRSA

1 infection and colonization.

2 (2) Reporting.

3 (A) All confirmed MRSA and other  
4 antibiotic-resistant infections shall be documented in  
5 the resident, patient, student, or inmate's medical  
6 record.

7 (B) All confirmed MRSA and other  
8 antibiotic-resistant infections shall be reported to  
9 the director of the department operating the facility  
10 and to the Department of Public Health. The report  
11 shall indicate whether the MRSA infection was present  
12 on intake or contracted at the facility, if known.

13 (3) Prevention.

14 (A) Education. Employees, residents, patients,  
15 students, and inmates of the facility shall be provided  
16 with information on the transmission, prevention,  
17 treatment, and containment of MRSA infections.

18 (B) Hand Hygiene procedures: Each facility shall  
19 develop and implement hand hygiene procedures for  
20 employees, residents, patients, students, and inmates  
21 of the facility that includes adequate hand-washing  
22 equipment and supplies and regular training on  
23 effective hand hygiene techniques and education on the  
24 importance of hand hygiene. These trainings must be  
25 conducted at least twice each year and may be conducted  
26 in conjunction with other trainings.

1 (C) Sanitation. Each facility shall develop and  
2 implement sanitation procedures for cleaning and  
3 disinfecting the environment that includes the  
4 following:

5 (i) Use of an Environmental Protection Agency  
6 (EPA)-registered disinfectant according to the  
7 manufacturer's instructions.

8 (ii) Regularly cleaning or disinfecting  
9 washable surfaces in residents', patients', and  
10 students' rooms, in inmates' cells, and in shared  
11 areas such as showers, fitness areas, and food  
12 services areas.

13 (iii) Cleaning or disinfecting restraining  
14 devices after every use.

15 (iv) Treating all linen (towels, sheets, and  
16 similar items) as potentially infectious and  
17 following recommendations of the Centers for  
18 Disease Control and Prevention for laundering.

19 (D) Personal protective equipment. Employees of  
20 the facility shall be provided with personal  
21 protective equipment (gloves, eye protection, and  
22 gowns) for use when contact with blood, body fluids, or  
23 wound drainage is likely.

24 (E) Isolation of residents, patients, students, or  
25 inmates with MRSA. Each State residential facility  
26 shall develop guidelines for isolating or cohorting

1 MRSA-diagnosed residents, patients, students, or  
2 inmates from others when a clinician determines the  
3 individual to be a high risk for spreading the  
4 contagion. Residents, patients, students, or inmates  
5 diagnosed with MRSA shall be examined by a clinician to  
6 determine their risk of contagion to others. The  
7 determination about whether to isolate residents,  
8 patients, students, or inmates with MRSA infections  
9 shall include consideration of the degree to which  
10 wound drainage can be contained and the ability or  
11 willingness of a resident, patient, student, or inmate  
12 to comply with infection control instructions.

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

17 (A) The individual diagnosed with MRSA shall be  
18 interviewed to identify potential sources of  
19 infections and close contacts. The interview should  
20 seek to determine the date of onset and activity  
21 immediately before and following onset, including  
22 recent hospitalizations, housing, work assignments,  
23 sharing of personal hygiene items, sexual contact,  
24 participation in close-contact sports, or exposure to  
25 other residents, patients, students, or inmates with  
26 draining wounds or skin infections.

1           (B) Employees, residents, patients, students, or  
2 inmates of the facility identified as having contact  
3 with the infected individual should be examined for  
4 signs and symptoms of infection and screened for  
5 colonization.

6           (C) State residential facility management shall  
7 inform all employees of the facility that an occurrence  
8 of MRSA infection has been identified. The  
9 notification must protect the identity and  
10 confidential information of the infected individual.  
11 Management shall immediately conduct training on MRSA  
12 and hand hygiene, in addition to the training required  
13 under subdivision (3) (B) of this Section, unless there  
14 has been a confirmed case of MRSA at the facility  
15 within the previous 6 months and a training was  
16 conducted at that time.

17           (D) State residential facility management shall  
18 inform all health care providers evaluating residents  
19 or inmates of the facility of the MRSA infection  
20 occurrence so they may be on the alert for inmates with  
21 skin or soft tissue infections or other evidence of  
22 MRSA infections.

23           (E) No resident, patient, student, or inmate with a  
24 skin or soft tissue infection shall be transferred to  
25 another facility until fully evaluated and  
26 appropriately treated as described in this

1           subparagraph (E), except when required for security  
2           reasons, medical care, or other special circumstances.  
3           Residents, patients, students, or inmates with MRSA  
4           infections requiring transfer shall have draining  
5           wounds dressed the day of transfer to contain the  
6           draining. Escort personnel shall be notified of the  
7           resident, patient, student, or inmate's condition and  
8           educated on infection control measures. The clinical  
9           director of the sending facility or his or her designee  
10          shall notify the receiving institution's clinical  
11          director or health services administrator of pending  
12          transfers of individuals with MRSA. This subparagraph  
13          (E) does not apply to discharges and is not intended to  
14          limit the individual's right to leave an institutional  
15          setting.

16          (5) Treatment. The Department of Public Health shall  
17          develop a MRSA treatment protocol for each department  
18          operating a State residential facility. Upon issuance of  
19          the protocol by the Department of Public Health, each  
20          department operating a State residential facility shall  
21          educate all clinical staff at the facility and healthcare  
22          vendors for the facility on that protocol.

23          Section 99. Effective date. This Act takes effect upon  
24          becoming law.