PART II

Communicable Disease Control Regulations for Healthcare Organizations

PART II: REGULATIONS FOR HEALTHCARE ORGANIZATIONS

Introduction

The *California Health and Safety Code* Sections 101025, 101375, and 120175 provide local health officers with the authority and responsibility to control communicable diseases and to take whatever steps may be necessary to prevent the spread of communicable diseases or the occurrence of additional cases.

The following are the Communicable Disease Control regulations for healthcare organizations in the County of Los Angeles; they supersede all previously issued regulations. For additional information, see **Part II**, Section 6 for a list of resources on this subject.

SECTION 1: DISEASES IN HEALTHCARE FACILITIES REQUIRING SPECIAL RESTRICTIONS

These regulations cover suspected or diagnosed communicable diseases that may not be admitted to nor remain in general acute care hospitals or other healthcare facilities without notification and/or prior approval. This requirement is due to the extreme public health importance of these diseases. The Department of Health Services recognizes that most of these diseases can be managed capably by experienced personnel at major medical centers after consultation and approval; however, the Department must be notified and must concur with the placement.

A. RESTRICTED DISEASES: Patients with any of the following diagnosed or suspected diseases shall not be admitted to nor treated in any healthcare facility without notification of and prior approval from the Chief of ACDC or the Director of Disease Control Programs. If after hours, contact the County Operator to reach the Administrative Officer of the Day (AOD), (213) 974-1234.

- Cholera
- Diphtheria
- Measles
- Plague
- Rabies
- Relapsing Fever (louse-borne)
- Typhus (louse-borne)
- Viral hemorrhagic fever (e.g., Lassa, Ebola, Marburg, Crimean-Congo)

B. Patients with suspected or diagnosed smallpox, chickenpox (varicella) or disseminated herpes zoster (but *NOT* shingles) shall not be admitted to nor treated in any healthcare facility that lacks an appropriate atmospheric isolation room (negative pressure isolation room), sufficient staff to monitor isolation procedures, and ongoing surveillance and quality control of airflow in isolation rooms. These patients shall be kept in atmospheric isolation until medically determined to be noninfectious. Atmospheric isolation rooms shall meet the current regulations specified in the *California Code of Regulations*, Titles 8 and 24.

C. Patients with suspected or confirmed communicable tuberculosis shall not be admitted to any healthcare facility that lacks the ability to comply with the current regulations for tuberculosis in the *California Code of Regulations*, Title 8.

D. Facilities that do not meet these requirements should refer suspected or diagnosed cases in need of hospitalization to either LAC+USC Medical Center, Harbor-UCLA Medical Center, or Valleycare Olive View-UCLA Medical Center, using the Medical Alert Center (MAC). Also consider the Department of Health Services' Transfer Policy Guide, which is provided to all hospitals, or refer patients to the most convenient private hospital in compliance with these requirements. ACDC and the Tuberculosis (TB) Control Programs are available for consultation on isolation requirements.

E. Any patient with a suspected or confirmed reportable communicable disease other than those listed above may be admitted to and remain in a general acute care hospital, provided that requirements in the *California Code of Regulations,* Title 22, Division 5, Chapter 1, are met for adequate isolation.

F. BOTULISM: Testing for botulinum toxin by the Public Health Laboratory and release of botulinum antitoxin must be arranged with a physician in the ACDC Program, or, if after hours, the Administrative Officer of the Day.

SECTION 2: TRANSFER OR DISCHARGE OF PATIENTS WITH COMMUNICABLE DISEASES FROM HEALTHCARE FACILITIES

A. Patients who are culture-positive for Salmonella or Shigella species (including typhoid carriers) must not be discharged to a skilled nursing facility or intermediate care facility until and unless prior approval has been obtained from ACDC, (213) 240-7941.

B. Known or suspected cases of TB cannot be discharged, released or transferred from a healthcare facility until the Tuberculosis Controller has approved a written treatment plan. Correctional institutions must provide the TB Controller with a written treatment plan prior to or within 24 hours of release or inter-jurisdictional transfer. Healthcare facilities are required to obtain approval from the TB Controller of a written treatment plan prior to discharging a TB suspect or case; discharge cannot proceed without approval of the discharge plan. The Tuberculosis Control staff will review the discharge plan and notify the provider of plan approval within 24 hours or inform the provider of additional information or action that is required for approval prior to discharge. If a patient requires transfer to an acute care facility for a higher level of care, notification of the TB Controller via a written plan is required no more than 24 hours following the transfer; prior approval is not required (*Health and Safety Code,* Division 105, Chapter 1, Section 121361).

SECTION 3: REGULATIONS REGARDING COMMUNICABLE DISEASES IN SKILLED NURSING FACILITIES

Patients with infectious diseases shall not be admitted to nor be cared for in a skilled nursing facility unless the following requirements are met:

A. Any patient diagnosed as having a communicable disease or being in a carrier state and whom the attending physician has determined is a potential danger to other patients or personnel shall be accommodated in a room vented to the outside and provided with a separate toilet, hand washing facility, soap dispenser, and individual towels (*California Code of Regulations,* Title 22, Section 72321).

B. The facility shall adopt, implement, and observe written infection control policies and procedures that are reviewed annually and revised as necessary. Such policies and procedures, along with the name, address and telephone number of the appropriate LAC DPH Area Medical Director, shall be made available in each nurse's station or other appropriate location. The procedures shall outline the technique to be used in the care of patients with a communicable disease (*California Code of Regulations,* Title 22, Section 72321).

Each facility shall establish an infection control committee, whose functions shall include, but not be limited to:

- Establishing, reviewing, monitoring and approving policies and procedures for investigating, controlling and preventing infections in the facility;
- Maintaining, reviewing and reporting statistics of the number, types, sources and locations of infections within the facility *(California Code of Regulations,* Title 22, Section 72525).

D. Patients whose feces and/or urine are positive for *Salmonella* or *Shigella* species (including typhoid carriers) are not to be admitted to nor remain in these facilities until and unless prior written approval has been obtained from the ACDC Program, (213) 240-7941.

PART II: REGULATIONS FOR HEALTHCARE ORGANIZATIONS

SECTION 4: REGULATIONS REGARDING COMMUNICABLE DISEASES IN INTERMEDIATE CARE FACILITIES (*California Code of Regulations,* Title 22, Section 73531)

A. Patients acquiring a communicable disease, or identified as being in a carrier state, while in an intermediate care facility, and who the attending physician determines is a potential danger to other patients or personnel, shall be transferred to an appropriate facility as soon as possible, unless approval to remain in the facility has been obtained from the appropriate chief of the LAC DPH Disease Control Program While awaiting transfer, the patient shall be accommodated in a room with a separate toilet, hand washing facility, soap dispenser, and individual towels.

B. The intermediate care facility shall adopt and observe written infection control policies and procedures approved by the LAC DPH Area Medical Directors or ACDC Program. Such procedures shall be posted at the nurses' station or other appropriate location. The procedures shall outline the technique to be used in the care of patients with a communicable disease and shall include:

- Hand washing upon entering and leaving the patient's room.
- Proper handling and disposal of contaminated materials.
- Procedures for medical and nursing personnel using proper isolation techniques.
- Health education provided to the patient.
- Proper handling of patient-care equipment.

SECTION 5: INFECTION CONTROL AND EMPLOYEE HEALTH POLICIES IN HEALTHCARE FACILITIES AND HOME HEALTH AGENCIES

A. Acute care and skilled nursing facilities shall have an Infection Control Committee that meets at least quarterly and is responsible for establishing the facility's infection control policies and procedures based on current guidelines (see resources below), approving all procedures, and enforcing their implementation. Policies and procedures should be reviewed annually and revised as necessary.

B. Personnel in healthcare facilities or home health agencies (salaried, voluntary and attending staff) who are TB skin test negative should receive a Mantoux TB skin test at least annually or more often if working in high-risk areas.

Employees with newly positive Mantoux skin test results require screening for active disease with a chest radiograph. If abnormal, active disease must be ruled out before returning to work. If no active disease is detected, preventive treatment should be recommended.

All positive Mantoux skin test reactors (non-converters with positive TB skin tests) should have an annual TB symptom assessment followed with a chest radiograph if symptoms of active disease are present. If there are high risk medical or social factors (e.g., immunocompromised, abnormal baseline chest radiograph), the employee should have an annual chest radiograph unless an adequate course of treatment or preventive therapy has been completed (adapted from *Screening DHS Health Care Facility Workers for Tuberculosis*, Policy No. 212.1, Tuberculosis Control Program Manual Appendix I, Los Angeles County Department of Public Health).

C. Healthcare organizations should have an employee health program that includes routine immunizations. Susceptible personnel (salaried, voluntary and attending staff) should have access to vaccines against the following diseases:

- Diphtheria
- Hepatitis B
- Influenza
- Measles
- Mumps
- Pertussis
- Polio
- Rubella
- Tetanus
- Varicella

All employees, both male and female, who are considered to be at risk of contact with patients with rubella or who are likely to have contact with pregnant patients should be immune to rubella. Rubella-susceptible individuals should not be employed or allowed to volunteer in high-risk areas until immunized.

D. Personnel who have regular or potential contact with patients' blood, tissue, or blood-contaminated body fluids but who are not known to have been previously infected with or to be immune to hepatitis B should be immunized with hepatitis B vaccine.

E. All healthcare workers should be familiar with the Centers for Disease Control and Prevention's Standard Precautions for prevention of transmission of infectious organisms. The organization should have a written protocol for managing exposures to human immunodeficiency virus (HIV) that includes a mechanism for implementation of the U.S. Public Health Service's recommendations for chemoprophylaxis after occupational exposure to HIV.

F. Food handlers working in hospital settings should receive education stressing proper food handling techniques and personal hygiene; pre-employment or periodic examinations to detect asymptomatic carriers of enteric pathogens are unnecessary. Removal of employees from work when ill with gastrointestinal symptoms, however, should be strictly enforced.

G. Personnel with cutaneous lesions, such as herpetic whitlow, or other overt infections should not be allowed to care for patients, especially those in nurseries, on the burn unit, or in areas where there are patients with decreased host resistance, nor should such personnel be allowed to prepare or serve food.

H. Home health agencies should develop and implement written policies and procedures designed to prevent, identify, and control infections. These policies and procedures shall be reviewed and revised as necessary and shall be made available upon request to patients or their representatives and to Public Health representatives.

SECTION 6: RESOURCES

1. Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Guideline for Hand Hygiene in Health-care Settings. *MMWR* 2002: 51 (RR16); 1-44.

2. Association for Professionals in Infection Control. APIC Guidelines for Selection and Use of Disinfectants. *Am J Infect Control* 1996;24:313-42.

3. Abrutyn, E, Goldmann, DA, Scheckler WE (eds). *Sanders Infection Control Reference Service*. Philadelphia: WB Saunders, 2001.

4. Chin, J (ed.). Control of Communicable Disease in Man. American Public Health Association.

5. California Building Code and California Mechanical & Plumbing Code. *California Code of Regulations*, Title 24, Parts 2, 4, 5.

6. California General Acute-Care Hospital Regulations. *California Code of Regulations*, Title 22, Division 5, Chapter 1.

7. California *Health and Safety Code*, Title 17, Sections 121361, 121362 (commonly referred to as the Gotch Bill, 1993).

8. California Intermediate-Care Facility Regulations. *California Code of Regulations*, Title 22, Division 5, Chapter 4.

9. California Medical Waste Management Act.

10. California Skilled Nursing Facility Regulations. *California Code of Regulations*, Title 22, Division 5, Chapter 3.

11. Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 1994. MMWR 1994;43(RR-13):1-132.

12. Centers for Disease Control and Prevention. Recommendations for preventing the transmission of HIV and HBV to patients during exposure-prone invasive procedures. *MMWR* 1991;40(RR-8):1-9.

13. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines. *MMWR* 2010;59(RR-12).

14. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. *MMWR* 2001;50(RR-11):1-42.

15. Centers for Disease Control and Prevention. Protection against viral hepatitis: recommendations of the immunization practices advisory committee (ACIP). *MMWR* 1990;39:522.

16. Control of Hazardous Substances. *California Code of Regulations*, Title 8, Division 1, Chapter 4.

17. Los Angeles County, Acute Communicable Disease Control. Summary of Recommended Infection Control Guidelines and Control of Multidrug-Resistant Organisms in Long-Term Medical Care Facilities. February 2008.

18. Siegel, JD, Rhinehart E, Jackson, M, Chiarello, L, and the Healthcare Infection Control Practices Advisory Committee. *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.*

19. Hospital Infection Control Practices Advisory Committee. Recommendations for preventing the spread of vancomycin resistance. *Infection Control Hospital Epidemiology* 1995;16:105-113.

20. Los Angeles County, Department of Public Health, Acute Communicable Disease Control Program. Scabies Prevention and Control Guidelines in Acute and Sub-acute Care Facilities; 2009.

21. Occupational Exposure to HBV and HIV. U.S. Department of Labor, OSHA Instruction CPL 2-2.44B.

22. Occupational Safety & Health Standards, Personal Protective Equipment, Respiratory Protection. OSHA 29 Code of Federal Regulations, Section 1910.

23. Red Book: Report of the Committee on Infectious Diseases. American Academy of Pediatrics Press.

24. Society for Healthcare Epidemiology of America and Infectious Diseases Society of America Joint Committee on the Prevention of Antimicrobial Resistance. Guidelines for the prevention of antimicrobial resistance in hospitals. *Clinical Infectious Diseases* 1997;18:275-91.