

DEPARTMENT OF HEALTH**NOTICE OF FINAL RULEMAKING**

The Director of the Department of Health, pursuant to the authority set forth in section 3(a) of the Preventive Health Services Amendments Act of 1985 ("Act"), effective February 21, 1986, D.C. Law 6-83, D.C. Official Code § 7-131(a) (2001) and Mayor's Order 98-141, dated August 20, 1998, section 5 of the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983 (the "Act") effective February 24, 1984 (D.C. Law 5-48, D.C. Official Code § 44-501 (b) and 44-504), and Mayor's Order 98-137, dated August 20, 1998, hereby gives notice of the adoption of the following amendments to Chapters 2, 20, and 32 of Title 22 of the District of Columbia Municipal Regulations (DCMR). The rules add reporting requirements and procedures for minimizing patient infection by methicillin-resistant staphylococcus aureus (MRSA). A notice of proposed rulemaking was previously published October 31, 2008, at 55 DCR 11324 which elicited one comment. The Director of the Department of Health chose to adopt most of the suggestions of the commenter, and the rules were republished for additional comment December 26, 2008, at 55 DCR 12953. The second proposed rule also elicited one comment, but the Director chose not to make any further changes based on the comment.

Title 22 DCMR (Public Health & Medicine) (August 1986) is amended as follows:**Chapter 2 is amended as follows:**

Amend the table of contents by adding the following after the description for section 206

207 MRSA Infection

Section 201.3 is amended as follows:

Amend paragraphs (g) and (h) to read as follows:

(g) Relapsing fever, louse borne;

(h) Salmonella infections, including typhoid fever and paratyphoids;

Add new paragraphs (i) and (j) to read as follows:

(i) VISA; and

(j) VRSA.

Add a new section 207 to read as follows:

207 MRSA Infection.

- 207.1 Each healthcare facility shall report the aggregate number of patients with MRSA bloodstream infections. The report shall be submitted annually.
- 207.2 Each healthcare facility shall report an outbreak of MRSA. For the purposes of this section, an outbreak is three (3) or more nosocomially-acquired cases that are epidemiologically linked by person, place or time, or a substantial increase in the number of cases in a facility with endemic MRSA.
- 207.3 Each healthcare facility shall conduct active surveillance testing and annually report the findings of that surveillance as the percentage of MRSA isolates in relation to all *Staphylococcus aureus* isolates for the patient population or for areas identified as at-risk for MRSA. Targeted high risk populations may vary by institution, but may include intensive care units, surgical patients, dialysis patients, patients with prolonged duration of stay, patients with a recent hospitalization or nursing home stay, patients with history of MRSA infection or colonization, and patients transferred from another facility.

Amend section 299.1 by adding the following new definitions to read as follows:

Methicillin-resistant staphylococcus aureus (MRSA)—a bacterium that is resistant to antibiotics known as beta-lactams. These antibiotics include methicillin, amoxicillin, oxacillin, and penicillin.

Vancomycin-intermediate staphylococcus aureus (VISA)—a bacterium that is intermediate to vancomycin as per current CDC guidelines.

Vancomycin-resistant staphylococcus aureus (VRSA)—a bacterium that is resistant to vancomycin as per current CDC guidelines.

Chapter 20 is amended as follows:

Amend the table of contents for Chapter 20 by adding the following after the heading for section 2037 Housekeeping and Maintenance:

2038 MRSA Infection Prevention

Add a new section 2038 to read as follows:

2038 MRSA Infection Prevention

2038.1 Each hospital shall have written infection prevention and control policies and procedures.

2038.2 Each hospital shall identify MRSA colonized patients in an intensive care unit or other at-risk unit.

- 2038.3 Each patient colonized or infected with MRSA shall be isolated in an appropriate manner consistent with guidelines for best practices. A patient in a long-term care facility who is infected or colonized shall be permitted to participate in group activities provided that any draining wounds are covered, bodily fluids are contained, and the patient is observed to have proper hygiene practices.
- 2038.4 Each hospital shall adhere to hand hygiene best practices to ensure, through education and monitoring, that healthcare personnel properly cleanse hands between patient care activities.
- 2038.5 Each hospital shall monitor trends in the incidence of MRSA in the hospital over time and enhance infection control interventions if rates do not decrease.
- 2038.6 Each hospital shall maintain a mechanism for identifying a MRSA patient who is readmitted to the hospital (i.e. flagging).
- 2038.7 Each hospital shall have a worker education requirement regarding modes of transmission, use of personal protective equipment, disinfection policies and procedures, and other preventive measures in accordance with current CDC guidelines on the use of “Standard Precautions” and “Transmission-Based Precautions”.
- 2038.99 When used in this section, the following terms shall have the meanings ascribed:

Colonized—having a bacterial organism present on or in the body that is not causing illness.

Long-term care facility—a component of a hospital intended for the treatment of patients who require extended stays in a hospital setting to complete their treatment.

Methicillin-resistant staphylococcus aureus (MRSA)—a bacterium that is resistant to antibiotics known as beta-lactams. These antibiotics include methicillin, amoxicillin, oxacillin, and penicillin.

Chapter 32 is amended as follows:

Amend the table of contents by adding after the heading for section 3266 the following:

3267 MRSA Infection Prevention

Add a new section 3267 to read as follows:

3267 MRSA Infection Prevention

- 3267.1 Each nursing facility shall have written infection prevention and control policies and procedures.
- 3267.2 Each nursing facility shall identify MRSA colonized patients in an intensive care unit or other at-risk unit.
- 3267.3 Each patient colonized or infected with MRSA shall be isolated in an appropriate manner consistent with guidelines for best practices. A patient who is infected or colonized shall be permitted to participate in group activities provided that any draining wounds are covered, bodily fluids are contained, and the patient is observed to have proper hygiene practices.
- 3267.4 Each nursing facility shall adhere to hand hygiene best practices to ensure, through education and monitoring, that healthcare personnel properly cleanse hands between patient care activities.
- 3267.5 Each nursing facility shall monitor trends in the incidence of MRSA in the nursing facility over time and enhance infection control interventions if rates do not decrease.
- 3267.6 Each nursing facility shall maintain a mechanism for identifying a MRSA patient who is readmitted to the nursing facility (i.e. flagging).
- 3267.7 Each nursing facility shall have a worker education requirement regarding modes of transmission, use of personal protective equipment, disinfection policies and procedures, and other preventive measures in accordance with current CDC guidelines on the use of “Standard Precautions” and “Transmission-Based Precautions”.

Amend section 3299.1 by adding the following terms with the meanings ascribed:

Colonized—having a bacterial organism present on or in the body that is not causing illness.

Methicillin-resistant staphylococcus aureus (MRSA)—a bacterium that is resistant to antibiotics known as beta-lactams. These antibiotics include methicillin, amoxicillin, oxacillin, and penicillin.