Healthcare Quality Reporting Program

NURSING HOME SUBCOMMITTEE

3-4:30pm, 4/3/12
RIHCA, 57 Kilvert Street, Warwick, RI

Goals/Objectives
▪ To advise the Department on nursing home reporting and implement agreed-upon policies

Invitees		
✓ Rosa Baier, MPH	☐ Joan Hupf, RN	☐ Adele Renzulli
✓ Lonnie Bisbano	☐ Bill Keough	☐ Janet Robinson, RN, MEd, CIC
✓ John Gage, MBA, CNHA, CAS, FACHCA	✓ Jim Nyberg, MPA	☐ Raymond Rusin
☐ Diane Gallagher	✓ Gail Patry, RN, CPEHR (Chair)	☐ Lynda Sprague
✓ Stefan Gravenstein, MD, MPH	☐ Mariana Peterson, BSN	✓ Samara Viner-Brown, MS
☐ Hugh Hall, MA	☐ Arthur Pullano	☐ Sylvia Weber, MSN, PCNS

Time	Topic/Notes
3:00pm	**Welcome** *Rosa Baier, MPH*

- Rosa reviewed today's objectives and provided a FY 2012 Program update, congratulating the Subcommittee on being the first to reconvene and letting participants know that the program has received a 50% budget cut going forward. That will affect prioritization efforts at the Steering Committee level, and we will continue to keep the Subcommittee members updated.
- Rosa then reviewed the previous action items, dating all the way back to the Subcommittee's last meeting on 6/21/11:
  - **Share nursing home satisfaction environmental scan** (Rachel) – Incomplete

    Because of the funding hiatus, this was not completed. Rosa suggested that the group revisit the need for an environmental scan or any additional research during the discussion of the 2011 results and planning for 2012.
  - **Explore use of CDC funding for nursing home HAI tasks** (Sam/Rosa) – Complete

    Through July 2012, there is some limited funding available for HAI tasks, such as the employee influenza vaccination reporting.
  - **Provide Continuity of Care Form comments to Madeline or Gail** (Subcommittee) – Complete

    Gail provided an update on the Continuity of Care Form revisions, which began

nearly two years ago and are nearing completion with a pilot phase. The joint workgroup (Healthcentric Advisors and HEALTH) met at the end of March.

- **Contact Rosa to participate in the best practice development** (Subcommittee) – Complete

  Rosa and Gail shared information back in June 2011 about Healthcentric Advisors' development of nursing home care transitions best practices; those best practices are now final. Contact Lynne Chase for a copy.

- **Share APIC learnings about nursing home HAI reporting** (Janet) – Complete

  Rosa recalled Janet touching base after the June 2011 meeting; Janet can share these learnings with the group at a future meeting (if still relevant).

3:20pm **2011 Family and Resident Satisfaction Reports**
Rosa Baier, MPH
Gail Patry, RN, CPEHR

- Gail and Rosa presented the draft diamond report and related audit, which shows an analysis of the "expected" numbers of surveys sent in 2011 (see handouts).
- The group discussed the following questions sent with the agenda:
  - What are your thoughts about the report and analysis?
  - What follow-up should the Program take with MIV or others?
  - How did the 2011 process go?
  - What is the feedback about working with MIV?
  - How can we begin planning for 2012?
- Overall discussion themes were as follows:
  - Data quality assurance

    The group identified several numbers that were surprising, given knowledge of those facilities and their residents. Rosa will do another spot-check of the data before we move forward with publishing the report or taking action on the audit.

  - Audit findings

    As with past years, the Program will refer the audit findings to Facilities Regulations for follow-up with facilities that failed to meet one or both thresholds (family or resident). For those facilities with zero surveys mailed to families or residents, the Program will request state citations.

  - Publication

    After the final data check, Rosa will update the diamond report to include stronger language for the missing values, and then share the diamond report with RIHCA and LeadingAge. She expects that the report will be published on HEALTH's website in the next 1-2 weeks.

3:50pm **Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers**
Rosa Baier, MPH
Samara Viner-Brown, MS

- Rosa shared the draft *Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers* (handout), which HEALTH is currently finalizing for incorporation into regulations this Fall. She also shared the HAI

Subcommittee's advisory letter (handout).

- The group discussed the following questions sent with the agenda:
  - Do you want to submit a Nursing Home Subcommittee advisory letter?
  - If so, what are your thoughts about the draft *Rules and Regulations?*
  - What nursing home considerations would you like HEALTH to consider?
  - What changes do you applaud?
  - What would you like to see changed?
- Overall discussion themes were as follows:
  - Advisory letter

    Overall, the Subcommittee members felt that writing an advisory letter would not add value to the existing communication efforts underway by AHCA and LeadingAge, as well as individual facilities. They opted not to write a letter.
  - Mandatory flu vaccination

    Some Subcommittee members expressed concern about requiring workers to get vaccines, perhaps despite their wishes, and the precedent that sets for autonomy. Others discussed the reasons to mandate vaccination, such as the protection that it gives to immune-compromised residents.
  - Access to vaccine

    Subcommittee members asked about access to vaccines, like Tdap and HEALTH coverage of the cost, similar to what is done with the flu vaccine. Even the flu vaccine, which is provided directly to facilities at no cost, is not always provided in sufficient quantities and at the right time to meet demand.

4:20pm **Open Forum & Next Steps**
Rosa Baier, MPH

- Parking lot/upcoming topics:
  - Rosa reviewed the aggregate employee influenza vaccination data (2010-2011 flu season), which will form the basis for the pilot reports:

Vaccination Status	n	%
Vaccinated	4,733	56.7
Declined Vaccination	2,025	24.3
Unknown	1,588	19.0
Total	8,346	100.0

    The team is working on creating individual reports to mail to each nursing home, showing each facility its own score and the state average. We expect these to be mailed in the next 1-2 weeks.
- Action items:
  - Finalize nursing home satisfaction reports (Rosa/Blake)
  - Send LeadingAge public relations point of contact to Rosa (Jim)
  - Outreach to AHCA and LeadingAge public relations representatives (Rosa)
  - Publish the nursing home satisfaction reports (Rosa/Ann)
  - Send the nursing home flu vaccination pilot reports (Rosa/Margaret)
  - Share data on nursing home flu vaccination with Subcommittee (Rosa)
- Next meeting: 6/19/12

Department of Health

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www.health.ri.gov

Notice of Community Review Meeting

Proposed amendments to

***Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers* [*R23-17-HCW*]**

The Rhode Island Department of Health will hold a community review meeting to receive input regarding these proposed regulations on **Tuesday, 27 March 2012** at **1:00 PM** in the Auditorium of the Cannon Building (on the lower level). Any person who wishes to offer comments on this matter is welcome to attend.

If you have any questions about these proposed regulations, or wish to submit written comments in advance of the meeting, please direct them to Patricia Raymond, RN, MPH., Chief, Office of Immunization: e-mail to Patricia.Raymond@health.ri.gov or by calling 401-222-5921.

Copies of the proposed amendments are available for public inspection in the Cannon Building, Room #201, Rhode Island Department of Health, 3 Capitol Hill, Providence, Rhode Island, by calling 401-222-7767 or e-mail to Bill.Dundulis@health.ri.gov.

Please feel free to circulate additional copies of this document, as needed, to any interested person.

The Department of Health is accessible to the handicapped. If communication assistance (readers/interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call 401-222-7767 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

RULES AND REGULATIONS PERTAINING TO IMMUNIZATION, TESTING, AND HEALTH SCREENING FOR HEALTH CARE WORKERS

[R23-17-HCW]

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

JULY 2002

AS AMENDED:

January 2007 (re-filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)

January 2007

January 2012 (re-filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)

March 2012 (Proposed)

COMPILER'S NOTES:
Proposed Additions: Double-Underlined
Proposed Deletions: ~~Strikeouts~~

INTRODUCTION

These amended *Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers* [*R23-17-HCW*] are promulgated ~~under~~ pursuant to the authority ~~of~~ conferred under Chapters 23-17 and 23-17.7.1 of the General Laws of Rhode Island, as amended, and are established in accordance with the most current recommendations of the Centers for Disease Control and Prevention for the purpose of adopting prevailing standards for immunization and communicable disease screening and testing for health care workers prior to employment in Rhode Island-licensed health care facilities. In addition, the provisions of ~~section 6.0 herein~~ §3.5 of these Regulations, as it pertains to seasonal influenza and pertussis vaccination, shall apply to all health care workers employed in health care facilities licensed under the provisions of Chapter 23-17 of the Rhode Island General Laws, as amended, on and after the effective date of these Regulations.

Pursuant to the provisions of ~~section 42-35-3(c)~~ §§42-35-3(a)(3) and (a)(4) of the General Laws of Rhode Island, as amended, consideration was given to: (1) alternative approaches to the regulations; ~~and~~ (2) duplication or overlap with other state regulations; and (3) significant economic impact on small business. Based on the available information, no known alternative approach, overlap or duplication was identified. ~~consequently the regulations are adopted in the best interest of the health, safety and welfare of the public.~~

Upon promulgation of these amendments, these amended regulations shall supersede all previous ~~pre-employment health screening and immunization requirements contained in the~~ *Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers* ~~(R23-17-HCW)~~ promulgated by the Department of Health and filed with the Secretary of State.

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Section 1.0 ***Definitions***

Wherever used in these ~~rules and~~ Regulations, the following terms shall be construed as follows:

1.1 ***Advisory Committee on Immunization Practices (ACIP) recommendations***", as used ~~herein~~ in these Regulations, means official federal recommendations for the use of vaccines in the United States and as published by the Centers for Disease Control and Prevention. ACIP recommendations represent the standard of care for immunization practice in the United States.

1.2 ***"Certified registered nurse practitioner (RNP)"*** means a registered nurse who practices in an advanced role utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges, and collaboration with other licensed health care professionals, including, but not limited to, physicians, pharmacists, podiatrists, dentists and nurses.

1.3 ***"Department"*** means the Rhode Island Department of Health.

1.4 "***Direct patient contact",*** as used ~~herein~~ in these Regulations, means any routinely anticipated face-to-face interaction with patients in a health care facility.

1.5 ***"Director"*** means the Director of the Rhode Island Department of Health.

~~1.6 ***"Health care facility"*** means any institutional health service provider, facility or institution, place, building, agency, or portion thereof, whether a partnership or corporation, whether public or private, whether organized for profit or not, used, operated, or engaged in providing health care services, including but not limited to hospitals; nursing facilities; home nursing care provider (which shall include skilled nursing services and may also include activities allowed as a home care provider, or as a nursing service agency); home care provider (which may include services such as personal care or homemaker services or as a nursing service agency); rehabilitation centers; kidney disease treatment centers; health maintenance organizations; free-standing emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization (surgi-centers); hospice care, physician ambulatory surgical centers and podiatry ambulatory surgery centers providing surgical treatment and nursing service agencies licensed under the provisions of Chapter 23-17.7.1 of the Rhode Island General Laws, as amended. The term "health care facility" also includes organized ambulatory care facilities which are not part of a hospital but which are organized and operated to provide health care services to outpatients such as central services facilities serving more than one health care facility or health care provider, treatment centers, diagnostic centers, outpatient clinics, infirmaries and health centers, school-based health centers and neighborhood health centers; providing, however, that the term "health care facility" shall not apply to organized ambulatory care facilities owned and operated by professional service corporations as defined in chapter 5.1 of title 7, as amended (the "Professional Service Corporation Law"), or to a private practitioner's (physician, dentist, or other health care provider) office or group of the practitioners' offices (whether owned and/or operated by an individual practitioner, alone or as a member of a partnership, professional service corporation, organization, or association). Individual categories of health care facilities shall be defined in rules and regulations promulgated by the licensing~~

~~agency with the advice of the Health Services Council. Rules and regulations concerning hospice care shall be promulgated with regard to the "Standards of a Hospice Program of Care", promulgated by national hospice organization. Any provider of hospice care who provides such hospice care without charge shall be exempt from the licensing provisions of Chapter 23-17 of the Rhode Island General Laws, as amended, but shall meet the "Standards of a Hospice Program of Care." Facilities licensed by the Department of Mental Health, Retardation and Hospitals, and the Department of Human Services, and clinical laboratories licensed in accordance with chapter 16.2 of Title 23, as well as Christian Science institutions (also known as Christian Science Nursing Facilities) listed and certified by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. shall not be considered health care facilities for purposes of Chapter 23-17 of the Rhode Island General Laws, as amended.~~

~~1.7~~ 1.6 ***"Health care worker"*** means any person paid or unpaid who has or may have direct contact with a patient in a health care facility. This may include, but not be limited to, a physician, nurse, nursing assistant, therapist, technician, emergency medical service personnel, dental personnel, pharmacist, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from a health care worker and a patient. ~~dentist, nurse, optometrist, podiatrist, physical therapist, social worker, pharmacist, psychologist, student, on-site faculty, receptionist, dietary staff, housekeeping staff, security personnel, and any officer, employee or agent of that provider acting in the course and scope of his or her employment or agency related to or supportive of health services~~.

~~For the purposes of these Regulations, as they apply to hospitals, "health care worker" shall also mean those non-employee staff, such as volunteers, who are involved in direct patient contact.~~

~~Transient employees not involved in direct patient contact or outside contractors not involved in direct patient contact are exempt from the requirements stated herein.~~

~~1.8~~ 1.9 ***"Nurse"*** means an individual licensed in this state to practice nursing pursuant to the provisions of RIGL Chapter 5-34 ~~of the General Laws of Rhode Island, as amended~~.

~~1.9~~ 1.10 ***"Physician"***, as used ~~herein~~ in these Regulations, means an individual licensed under the provisions of RIGL Chapter 5-37 ~~of the General Laws of Rhode Island, as amended~~, or an individual licensed to practice allopathic or osteopathic medicine under the laws of another state or territory of the United States, provided those laws are deemed to be substantially equivalent to RIGL Chapter 5-37 ~~of the Rhode Island General Laws, as amended~~.

~~1.10~~ 1.11 ***"Physician assistant"*** means an individual licensed in this state to practice with physician supervision pursuant to the provisions of RIGL Chapter 5-54 ~~a person, who is qualified by academic and practical training to provide those certain patient services under the supervision, control, responsibility and direction of a licensed physician~~.

~~1.11~~ 1.12 ***Practitioner",*** as used ~~herein~~ in these Regulations, means a physician, certified registered nurse practitioner, registered nurse, licensed practical nurse, or a physician assistant.

~~1.12~~ 1.13 "***Pre-employment health screening"*** means the review of health records, pertinent laboratory results, and other documentation of a health care worker performed by a licensed practitioner in order to determine that the health care worker is free of the communicable diseases cited in these Regulations, and is also appropriately immunized, tested, and counseled prior to employment.

1.14 ***"RIGL"*** means the General Laws of Rhode Island, as amended.

1.15 ***"These Regulations"*** mean all parts of Rhode Island *Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers* [*R23-17-HCW*].

Section 2.0 ***General Requirements***

2.1 Health care facilities shall adopt, at a minimum, the standards of immunization and communicable disease testing and standards for health screening contained in ~~sections~~ §3.0 ~~and 6.0~~ of these Regulations. For the purpose of these Regulations:

(a) Health care facility means any institutional health service provider, facility or institution, place, building, agency, or portion thereof, whether a partnership or corporation, whether public or private, whether organized for profit or not, used, operated, or engaged in providing health care services, including but not limited to hospitals; nursing facilities; home nursing care provider (which shall include skilled nursing services and may also include activities allowed as a home care provider, or as a nursing service agency); home care provider (which may include services such as personal care or homemaker services or as a nursing service agency); rehabilitation centers; kidney disease treatment centers; health maintenance organizations; free-standing emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization (surgi-centers); hospice care, physician ambulatory surgical centers and podiatry ambulatory surgery centers providing surgical treatment and nursing service agencies licensed under the provisions of RIGL Chapter 23-17.7.1.

(b) Health care facility also includes organized ambulatory care facilities which are not part of a hospital but which are organized and operated to provide health care services to outpatients such as central services facilities serving more than one health care facility or health care provider, treatment centers, diagnostic centers, outpatient clinics, infirmaries and health centers, school-based health centers and neighborhood health centers.

(c) The term "health care facility" shall not apply to organized ambulatory care facilities owned and operated by professional service corporations as defined in RIGL Chapter 7-5.1, as amended (the "Professional Service Corporation Law"), or to a private practitioner's (physician, dentist, or other health care provider) office or group of the practitioners' offices (whether owned and/or operated by an individual practitioner, alone or as a member of a partnership, professional service corporation, organization, or association).

(d) Any provider of hospice care who provides such hospice care without charge shall be exempt from the licensing provisions of RIGL Chapter 23-17, but shall meet the "Standards of a Hospice Program of Care."

(e) Facilities licensed by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals and clinical laboratories licensed in accordance with RIGL Chapter 23-16.2, as well as Christian Science institutions (also known as Christian Science Nursing Facilities) listed and certified by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. shall not be considered health care facilities for purposes of RIGL Chapter 23-17.

2.2 It shall be the responsibility of the administrative head, or his/her designee, of any health care facility to secure compliance with these ~~rules and~~ Regulations.

2.3 Each health care facility shall develop policies, procedures, and/or protocols for compliance with the requirements described ~~herein~~ in these Regulations.

2.4 In hospitals, ~~active~~ all medical staff members, including ~~all~~ credentialed staff, may satisfy the requirements stated ~~herein~~ in these Regulations through documentation with hospital authorities at the time of initial credentialing ~~and subsequent reappointments~~, or more frequently, if recommended by the policies of the hospital. Provided, however, the provisions of section 6.0 §3.0 related to the ~~offering of~~ requirement for annual seasonal influenza ~~vaccine to~~ vaccination of all ~~active~~ medical staff members who have direct patient contact shall apply.

2.5 Transient employees not involved in direct patient contact or outside contractors not involved in direct patient contact are exempt from the requirements stated ~~herein~~ in these Regulations.

2.6 [REMOVED] ~~In licensed health care facilities, other than hospitals, non-employee staff, such as volunteers, who are involved in direct patient contact shall be exempt from the requirements stated herein~~.

2.7 Health care facilities and health care workers shall comply with additional immunization and screening requirements that the Director may prescribe from time to time in order to control communicable diseases.

2.8 Persons discovering communicable diseases (e.g., physicians, physician assistants, registered nurse practitioners), in the process of screening health care workers shall comply with the reporting requirements contained in the most current version of the *Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases* ~~of~~ (Reference 3). ~~herein and the most current version of the *Guidelines for Prevention and Control of Communicable Diseases* issued by the Division of Community Health and Equity at the Department.~~

2.9 In accordance with ACIP recommendations, for all vaccines discussed ~~herein~~ in these Regulations, vaccine doses administered less than or equal to four (4) days before the minimum interval or age shall be counted as valid. Doses administered five (5) or more

days earlier than the minimum interval or age shall not be counted as valid doses and shall be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval as provided in ACIP recommendations. (See References 1 & 2 ~~herein~~).

2.10 Health care workers who receive the first dose of a multi-dose vaccine series may begin to work after this first dose is received.

Section 3.0 ***Minimum Standards for Immunization and Communicable Disease Testing for Health Care Workers***

3.1 A pre-employment health screening shall be required for each health care worker involved in direct patient contact. Acceptable evidence shall be provided by the health care worker that testing and/or immunization for the communicable diseases listed ~~herein~~ in these Regulations for pre-employment health screening have been completed.

3.2 The health care facility shall document, in written or electronic form, that said acceptable evidence has been provided by the health care worker and validated by the practitioner as being acceptable in accordance with ~~section~~ §4.0 ~~herein~~ of these Regulations. Copies of said acceptable evidence shall be maintained in the health care worker's file.

3.3 A practitioner shall have responsibility for performance of the pre-employment health screening. Such a practitioner may be an employee of the facility where employment is sought or may be an independent non-employee, contracted practitioner.

3.4 A health care worker who is not in compliance with these requirements shall be excluded from attending patients in a health care facility until the requirements are met.

Immunization and Testing Requirements

3.5 In accordance with the guidelines set forth by the Advisory Committee on Immunization Practices (ACIP), evidence of immunity is required for all health care workers (with the exception of health care workers who receive a medical exemption) against:

3.5.1 ***Measles, Mumps and Rubella***

(a) Two (2) dose of MMR (measles-mumps-rubella) vaccine. Alternatively, two (2) doses of a live measles-containing vaccine (preferably MMR vaccine), two (2) doses of a live mumps-containing vaccine (preferably MMR vaccine), and one (1) dose of a rubella vaccine. The first dose of vaccine must have been administered on or after the first birthday. The second dose of a measles or mumps containing vaccine must be administered at least four (4) weeks after the first dose. ***OR***

(b) Laboratory evidence of immunity or laboratory confirmation of disease (i.e., laboratory report of positive IgG titers for measles, and mumps and rubella). An equivocal laboratory result for measles, mumps and/or rubella are considered negative and vaccination is required.

3.5.2 ***Varicella (Chickenpox)***

(a) Two (2) doses of varicella vaccine. The second dose of varicella vaccine must be administered at least four (4) weeks after the first dose; ***OR***

(b) Laboratory evidence of immunity or laboratory confirmation of disease; ***OR***

(c) A healthcare provider diagnosis of varicella or healthcare provider verification of history of varicella disease; ***OR***

(d) History of herpes zoster based on healthcare provider diagnosis.

3.5.3 ***Tetanus, Diphtheria and Pertussis (Whooping Cough)*:**

(a) One (1) single dose of Tdap (tetanus-diphtheria-pertussis) vaccine is required for all health care workers who have not previously received a dose of Tdap vaccine.

(b) This requirement shall apply to current employees, as well as new employees.

3.5.4 ***Annual Seasonal Influenza***

(a) Annual influenza vaccination is required for all health care workers. The Director may suspend this requirement when there is insufficient vaccine supply as determined by the Department.

(b) Each health care facility shall offer annual influenza vaccination (at no cost) to all health care workers not just those with direct patient contact.

(c) Each health care facility shall maintain an active surveillance program to track and record influenza vaccination levels among health care workers, including vaccinations obtained outside of the formal health care facility program.

(d) Each health care facility shall be responsible for reporting to the Department:

(1) The number of health care workers who are eligible for vaccination;

(2) The number of health care workers who received vaccination; and

(3) The number of health care workers with a medical exemption.

(4) Such reporting shall occur according to procedures and format required by the Department.

3.5.5 ***Tuberculosis (TB)***

(a) Evidence that the health care worker is free of active tuberculosis based upon the results of a negative two-step tuberculin skin test shall be required.

(1) If documented evidence is provided by the health care worker that a two-step tuberculin skin test, performed within the most recent twelve (12) months prior to hire, was negative, the requirements of this section shall be met.

(i) For health care workers who can present documentation of serial tuberculin testing with negative results in the prior two (2) years (or

more), a single baseline negative tuberculin test result is sufficient evidence of absence of TB infection.

(2) A negative FDA-approved blood assay for Mycobacterium tuberculosis (BAMT) may be used instead of a two-step tuberculin skin test. If the baseline BAMT is positive, screening should proceed as indicated below for positive PPD.

(3) Documentation shall include date and result of the tuberculin skin test (PPD), and reaction size in millimeters or an actual copy of the laboratory test result from a BAMT.

(4) If the PPD test or BAMT is positive, consistent with the most current Centers for Disease Control and Prevention{CDC} guidance, or a previous one is known to have been positive, a physician's or other licensed practitioner's (acting within his/her scope of practice) certification that the health care worker is free of active disease shall be required. Such certification shall be based on documentation of adequate chemotherapy for TB disease or chemo-prophylaxis for latent TB infection in the past, and a current history of freedom from signs and symptoms of TB. In the absence of documentation of chemotherapy or chemo-prophylaxis, a negative chest X-ray shall be required for certification. The chest x-ray shall have been performed at any time after the most recent positive PPD test result.

(5) A physician, certified registered nurse practitioner, or a physician assistant may certify that the health care worker is currently free of TB based on his/her clinical judgment for complex cases or unusual circumstances that do not fit the above criteria.

3.5.6 ***Hepatitis B Vaccination and Testing*:** Health care facilities shall abide by the OSHA Blood Borne Pathogens Standard (29 CFR 1910-1030), including the offering of hepatitis B vaccination along with all recommendations for infection control training and provision of protective equipment to those health care workers at risk. An exposure control plan shall be in place in all health care facilities licensed by the Department, pursuant to the provisions of RIGL Chapter 23-17. Employees at risk of exposure to blood-borne pathogens shall be offered hepatitis B vaccine within ten (10) days of employment. The hepatitis B vaccination series consists of three (3) doses of vaccine given as two (2) doses four (4) weeks apart followed by a third dose five (5) months after the second dose. It is recommended that a titer be performed one (1) to two (2) months after the last dose. Persons failing to develop a titer shall be offered a repeat three (3) dose series with follow up titers. Employees have the option of signing a standard OSHA declination form if they choose not to be vaccinated and should be counseled regarding risk.

~~(a) ***Measles, Mumps and Rubella*:***~~

~~***Evidence of Immunity:***~~

~~(1) Health care workers born on or before December 31, 1956 are required to have documented record of immunization of one (1) dose of a measles-containing vaccine, one (1) dose of mumps, and one (1) dose of rubella and thus are exempt from the two (2) dose requirement of a measles and mumps-containing vaccine described in subsection 2) below; ***OR*** #3 below.~~

~~(2) Health care workers born on or after January 1, 1957, are required to have documented record of immunization (as described in section 4.0 below) of two (2) doses of a measles-containing vaccine (preferably MMR vaccine), two (2) doses of a mumps-containing vaccine (preferably MMR vaccine), and one (1) dose of a rubella vaccine. The first dose of vaccine must have been administered on or after the first birthday. The second dose of a measles or mumps-containing vaccine must be administered at least four (4) weeks after the first dose. OR~~

~~(3) Serologic evidence of acquired immunity (i.e., laboratory report of positive IgG titers for measles, and mumps and rubella).~~

~~***Varicella (Chickenpox)*:**~~

~~(b) Evidence of immunity shall consist of:~~

~~(1) Two (2) doses of varicella vaccine. The second dose of varicella vaccine must be administered at least four (4) weeks after the first dose; or~~

~~(2) Laboratory evidence of immunity or laboratory confirmation of disease; or~~

~~(3) A healthcare provider diagnosis of varicella or healthcare provider verification of history of varicella disease; or~~

~~(4) History of herpes zoster based on healthcare provider diagnosis.~~

~~***Tetanus, Diphtheria, and Pertussis (Tdap):***~~

~~(c) Health care workers less than 65 years of age are required to have documentation of having received a single dose of Tdap vaccine if it has been two (2) years or more since the last dose of Td vaccine. Health care workers who are 65 years of age or older shall be exempt from this requirement until such time as there is a pertussis containing vaccine licensed for use in this age group.~~

~~***Tuberculosis (TB):***~~

~~(d) Evidence that the health care worker is free of active tuberculosis based upon the results of a negative two-step tuberculin skin test shall be required.~~

~~(1) If documented evidence is provided by the health care worker that a two-step tuberculin skin test, performed within the most recent twelve (12) months prior to hire, was negative, the requirements of this section shall be met.~~

~~(i) For health care workers who can present documentation of serial tuberculin testing with negative results in the prior two (2) years (or more), a single baseline negative tuberculin test result is sufficient evidence of absence of TB infection.~~

~~(2) A negative FDA-approved blood assay for Mycobacterium tuberculosis (BAMT) may be used instead of a two-step tuberculin skin test. If the baseline BAMT is positive, screening should proceed as indicated below for positive PPD.~~

~~(3) Documentation shall include date and result of the tuberculin skin test (PPD), and reaction size in millimeters or an actual copy of the laboratory test result from a BAMT.~~

~~(4) If the PPD test or BAMT is positive, consistent with the most current Centers for Disease Control and Prevention{CDC} guidance, or a previous one is known to have been positive, a physician's or other licensed practitioner's (acting within his/her scope of practice) certification that the health care worker is free of active disease shall be required. Such certification shall be based on documentation of adequate chemotherapy for TB disease or chemo-prophylaxis for latent TB infection in the past, and a current history of freedom from signs and symptoms of TB. In the absence of documentation of chemotherapy or chemo-prophylaxis, a negative chest X-ray shall be required for certification. The chest x-ray shall have been performed at any time after the most recent positive PPD test result.~~

~~(5) A physician, certified registered nurse practitioner, or a physician assistant may certify that the health care worker is currently free of TB based on his/her clinical judgment for complex cases or unusual circumstances that do not fit the above criteria.~~

~~***Hepatitis B vaccination and testing:***~~

~~(e) Health care facilities shall abide by the OSHA Blood Borne Pathogens Standard (29 CFR 1910-1030), including the offering of hepatitis B vaccination along with all recommendations for infection control training and provision of protective equipment to those health care workers at risk. An exposure control plan shall be in place in all health care facilities licensed by the Department of Health, pursuant to the provisions of Chapter 23-17 of the General Laws, as amended. Employees at risk of exposure to blood-borne pathogens shall be offered hepatitis B vaccine within ten (10) days of employment. The hepatitis B vaccination series consists of three (3) doses of vaccine given as two (2) doses four (4) weeks apart followed by a third dose five (5) months after the second dose. It is recommended that a titer be performed one (1) to two (2) months after the last dose. Persons failing to develop a titer shall be offered a repeat three (3) dose series with follow up titers. Employees have the option of signing a standard OSHA declination form if they choose not to be vaccinated and should be counseled regarding risk.~~

Section 4.0 ***Documentation of Immunity and Testing (Immunization Records)***

4.1 Acceptable documentation of completion of immunizations shall include the day, month, year and type/name of each dose of vaccine administered. The record of such evidence shall be signed by a practitioner (the signature of the health care worker is not acceptable).

4.1.1 Acceptable documentation of completion of immunization consists of:

(a) An official immunization record card, school immunization record, medical passport, World Health Organization immunization record, a copy of a medical record indicating administration of vaccine; or other official immunization records acceptable to the Director; ***OR***

(b) An electronically stored and/or transmitted documentary record (facsimile transmission, computerized record, including, but not limited to, a record on magnetic media or similar record) as may be utilized by a school; ***OR***

(c) Presentation of laboratory evidence of immunity is made in the case of measles, mumps, rubella, varicella, or hepatitis B.

Section 5.0 ***Exemptions***

5.1 A health care worker may be exempt from the immunization requirements described ~~herein~~ in these Regulations provided that a physician, physician assistant, or certified registered nurse practitioner signs a medical exemption stating that the health care worker is exempt from a specific vaccine because of medical reasons, in accordance with Advisory Committee on Immunization Practices (ACIP) guidelines, and determined as acceptable by the facility. (References 1 & 2). ~~or in accordance with contraindications identified by the vaccine manufacturer~~.

Section 6.0 **[RESERVED]** ~~***Requirements for All Health Care Workers: Seasonal Influenza Vaccine***~~

~~6.1 Each health care facility shall offer annual vaccination against seasonal influenza to all health care workers involved in direct patient contact.~~

~~6.2 On and after July 1, 2007, Each health care facility shall be responsible for providing, on an annual basis, to those health care workers having direct patient contact, education and training on the severity of influenza, particularly in high-risk patients, and the safety and efficacy of vaccination. The health care facility shall include an active declination policy and related record-keeping in this process. Provided, however, the Director may suspend this requirement when there is insufficient vaccine supply, as determined by the Department.~~

~~6.3 The health care facility shall develop an active surveillance program to track and record influenza vaccination levels among health care workers, including vaccinations obtained outside of the formal health care facility program. Each health care facility shall be responsible for documenting and reporting to the Center for Epidemiology at the Department annually (by July 1st of each year commencing on July 1, 2008): 1) the number of health care workers who are eligible for said vaccination; 2) the number of health care workers who accept said vaccination; and 3) for those who declined, the reason(s) for such declination. Such reporting shall occur according to procedures and format outlined by the Center for Epidemiology.~~

Section 7.0 ***Severability***

7.1 If any provision of these ~~rules and~~ Regulations or the application thereof to any person or circumstances shall be held invalid, such invalidity shall not affect the provisions or

application of these ~~rules and~~ Regulations which can be given effect, and to this end the provisions of these ~~rules and~~ Regulations are declared to be severable.

REFERENCES

1. CDC. *General Recommendations on Immunizations: Recommendations of the Advisory Committee on Immunization Practices* (*ACIP*). MMWR, 2011; 60(No. RR-2): 1-61. Available online: http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf

   ~~CDC. *General Recommendations on Immunizations: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*. MMWR, December 1, 2006; 55 (RR-15); 1--48. Available online at: http://www.cdc.gov/mmwR/PDF/rr/rr5515.pdf and~~

   ~~Recommendations on Measles, Mumps, and Rubella--Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps (dated May 22, 1998). and,~~

   ~~Notice to Readers: Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps http://www.cdc.gov/mmwr/preview/mmwrhtml/mm55e601a1.htm (June 1, 2006) and~~

   ~~Prevention of Varicella: provisional updated ACIP recommendations for varicella vaccine use (June, 2005) http://www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs.pdf, and~~

   ~~ACIP recommendations for combined tetanus, diphtheria, and pertussis vaccination for adults (March 2, 2006) http://www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf~~

2. CDC. *Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices* (*ACIP*). MMWR, 2011; 60(No. RR-7): 1-46. Available online: www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

   ~~"Department of Health", Chapter 23-1 of the Rhode Island General Laws, as amended. Available online: http://www.rilin.state.ri.us/Statutes/TITLE23/23-1/INDEX.HTM~~

3. *Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases* [*R23-5-6, 10, 11, 23-24.6-CD/ERD and R23-24.5 ASB*], Rhode Island Department of Health, ~~February 2006~~ July 2008. ~~http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/DOH_3844.pdf~~

4. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report, *Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection*, June 9, 2000. Available online: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm

5. "Blood Borne Pathogens", Occupational Safety and Health Administration (OSHA), 29 *Code of Federal Regulations* ~~Part 1910-1000 to end~~, Section 1910.1030, ~~pp. 316-326, July 1, 1994~~. Available online: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

6. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR December 30, 2005; 54(RR17);1-141 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm

7. ~~*Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)*, U.S. Public Health Service, Centers for Disease Control, *Morbidity & Mortality Weekly Report*, December 26, 1997 / 46(RR-18);1-42.~~

~~Available online at: **www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm**~~

~~8. *Policy and Procedures for Tuberculosis Screening of Health Care Workers*. Francis J. Curry National Tuberculosis Center, 3180 18th Street, Suite 101, San Francisco, CA 94110-2028 (telephone: 415-502-4600 facsimile: 415-502-4620) available online at: **www.nationaltbcenter.edu**~~

~~9.~~ "Licensing of Health Care Facilities", Chapter 23-17 of the Rhode Island General Laws, as amended. Available online: http://www.rilin.state.ri.us/Statutes/TITLE23/23-17/INDEX.HTM

The revision dates of all regulations cited above were current when these amended regulations were filed with the Secretary of State. Current copies of all regulations issued by the RI Department of Health may be downloaded at no charge from the RI Secretary of State's Final Rules and Regulations Database website: http://www.sos.ri.gov/rules/

HealthCareWorker_CommunityReviewDraft_7March2012.doc
Wednesday, 07 March 2012

Rhode Island Healthcare Quality Reporting Program
Hospital-Acquired Infections Subcommittee

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March 26, 2012

Patricia Raymond, RN, MPH
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Dear Ms. Raymond:

On behalf of the Hospital-Acquired Infections (HAI) Subcommittee, which I co-chair, I am writing to provide our committee's comments on the proposed amendments to the *Rules and Regulations Pertaining to Immunizations, Testing and Health Screening for Health Care Workers*. These regulations are of utmost importance to address the growing threat from vaccine preventable-diseases.

The HAI Subcommittee advises the Director of Health on the implementation of the Rhode Island Department of Health's legislatively-mandated public reporting of HAIs. Our committee is specified by statute to include:

> *"…representatives from public and private hospitals, infection control professionals, direct care nursing staff, physicians, epidemiologists with expertise in hospital-acquired infections, academic researchers, consumer organizations, health insurers, health maintenance organizations, organized labor, and purchasers of health insurance, such as employers. The advisory committee shall have a majority of members representing the infection control community."[Rhode Island General Law Chapter 23-17.17-6]*

This composition ensures that we have the knowledge and expertise to inform your proposed amendments. To date, we have directed the Department of Health's publication of numerous HAI reports, including hand hygiene, employee influenza vaccination and Methicillin-resistant *Staphylococcus aureus* central-line associated bloodstream infections (MRSA CLABSI).

Our hand hygiene reports are calculated based on the data submitted by hospitals to the Department of Health each year, so we are intimately familiar with these data and how hospitals operationalize and collect them. We support mandatory influenza vaccination for all health care workers, including the proposed deletion of health care worker objections or exemptions that were previously permitted (e.g., religious reasons; Section 5.1) and the proposed deletion of exclusions for health care workers who are not hospital employees (Section 2.6). We further encourage you to consider how the Department of Health and Licensure, specifically, can capture influenza vaccination rates for physicians who may have hospital admitting privileges, but are not hospital employees. We also ask you to define the repercussions for workers fail to comply with requirements.

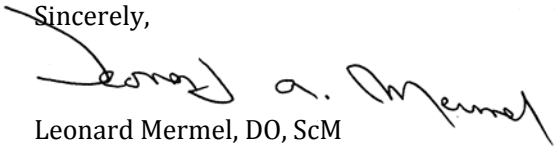
We have also heard significant confusion about the definition of "health care workers," because it specifies direct patient contact, but also lists professionals that hospitals do not traditionally consider in this category. We encourage the Department to clearly communicate to hospitals to ensure that all hospitals are operationalizing this consistently.

After discussion at our March 19, 2012 meeting, we also provide the following recommendations:

Section	Recommendation	Rationale
2.4	Enable credentialing to capture annual requirements, such as influenza vaccination.	As currently stated, initial credentialing can serve as documentation, but reappointments were deleted and influenza vaccination specifically exempt. However, the ability to capture annual requirements, such as influenza vaccination, in initial credentialing and reappointments would be highly beneficial to minimize the data collection burden and ensure data accuracy. This would be most beneficial if physicians, who are re-licensed every two years, could update their licensure information annually.
3.1	Specify the requirements for existing health care workers, in addition to pre-employment screening for new hires.	Existing health care workers can be a source of vaccine-preventable infection within hospitals and should be explicitly included in the amendments. Most of the Section 3.5 does not reference current employees; the exception is 3.5.3, which says that the requirement "shall apply to current employees, as well as new employees."
3.5.4	Revise (b) to specify offering influenza vaccination to "all workers, not just health care workers."	As currently written, this says to "all health care workers, not just those with direct patient contact"; but the definition for health care workers (1.6) already includes patient contact, so these workers are included in (a). We believe that the intent of (b) is to expand vaccine access beyond the required group.
3.5.5	Require counseling and referral to treatment for any workers who test positive for tuberculosis (TB).	Healthcare workers are required to have testing to determine if they have latent tuberculosis; however, the *Rules and Regulations* fail to address management of latent tuberculosis in health care workers who have positive TB testing. We recommend such workers be required to have counseling by a TB expert (e.g., in the TB clinic) regarding therapy for latent TB.
3.5.5	Include annual tuberculosis testing for every worker with direct patient contact.	We believe that hospital nursing staff are required to have annual testing for TB, but physicians who provide care in hospital settings are only required to do so every two years, when their licenses are renewed. We recommend that there be parity so that physicians and nurses have testing for TB at the same frequency based on CDC risk-stratified recommendations for TB testing (e.g., yearly testing at high-risk hospitals).
3.5.5	Specify the need to employ different testing frequencies for workers in different risk categories.	We recommend that the CDC risk-stratified recommendations for TB testing be incorporated into the *Rules and Regulations*.
5.1	Specify whether or not documentation of exemption is needed every year.	Currently, there is no specified time frame or frequency for exemptions.
5.1	Clarify the meaning of "determined as necessary by the facility."	As written, it is unclear whether the facility's policies can supersede the Advisory Committee on Immunization Practices' guidelines if they do not meet or exceed these guidelines.

We thank you for your consideration of these comments and encourage you to email me at lmermel@lifespan.org with questions or for clarification from the HAI Subcommittee.

Sincerely,



Leonard Mermel, DO, ScM
Co-Chair, Hospital-Acquired Infections Subcommittee

CC: *Michael Fine, MD, Director of Health*
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