

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 procedures. In order to improve  
18 the prevention of infections due to methicillin-resistant  
19 Staphylococcus aureus ("MRSA"), every State residential  
20 facility shall establish MRSA control procedures that include  
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 through a visual inspection. This  
5 screening shall include culturing of skin abscesses,  
6 boils, "spider bites", or other suspicious skin  
7 conditions when revealed by the visual inspection.

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

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

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

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

1 clinical presentation consistent with a staphylococcal  
2 infection.

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

5 (G) No resident, patient, student, or inmate of the  
6 facility with a skin or soft tissue infection shall be  
7 transferred to another facility until fully evaluated  
8 and appropriately treated as described in this  
9 subparagraph (G), except when required for reasons of  
10 appropriate security or care. Residents, patients,  
11 students, or inmates with MRSA infections requiring  
12 transfer shall have draining wounds dressed the day of  
13 transfer to contain the draining. Escort personnel  
14 shall be 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. This subparagraph (G) does not  
21 apply to discharges and is not intended to limit an  
22 individual's right to leave an institutional setting.

23 (2) Reporting.

24 (A) All confirmed MRSA and other  
25 antibiotic-resistant infections shall be documented in  
26 the resident, patient, student, or inmate's medical

1 record.

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

8 (3) Prevention.

9 (A) Education. Employees, residents, patients,  
10 students, and inmates of the facility shall be provided  
11 with information on the transmission, prevention,  
12 treatment, and containment of MRSA infections.

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

22 (C) Sanitation. Each facility shall develop and  
23 implement sanitation procedures for cleaning and  
24 disinfecting the environment that includes the  
25 following:

26 (i) Use of an Environmental Protection Agency

1 (EPA)-registered disinfectant according to the  
2 manufacturer's instructions.

3 (ii) Regularly cleaning or disinfecting  
4 washable surfaces in residents', patients', and  
5 students' rooms, in inmates' cells, and in shared  
6 areas such as showers, fitness areas, and food  
7 services areas.

8 (iii) Cleaning or disinfecting restraining  
9 devices after every use.

10 (iv) Treating all linen (towels, sheets, and  
11 similar items) as potentially infectious and  
12 following recommendations of the Centers for  
13 Disease Control and Prevention for laundering.

14 (D) Personal protective equipment. Employees of  
15 the facility shall be provided with personal  
16 protective equipment (gloves, eye protection, and  
17 gowns) for use when contact with blood, body fluids, or  
18 wound drainage is likely.

19 (E) Isolation of residents, patients, students, or  
20 inmates with MRSA. Each State residential facility  
21 shall develop guidelines for isolating MRSA-diagnosed  
22 residents, patients, students, or inmates from others  
23 when a clinician determines the individual to be a high  
24 risk for spreading the contagion. Residents, patients,  
25 students, or inmates diagnosed with MRSA shall be  
26 examined by a clinician to determine their risk of

1 contagion to others. The determination about whether  
2 to isolate residents, patients, students, or inmates  
3 with MRSA infections shall include consideration of  
4 the degree to which wound drainage can be contained and  
5 the ability or willingness of a resident, patient,  
6 student, or inmate to comply with infection control  
7 instructions.

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

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

22 (B) An individual shall not be required to make a  
23 copayment for the testing or treatment of a MRSA  
24 infection.

25 (C) Employees, residents, patients, students, or  
26 inmates of the facility identified as having contact

1 with the infected individual should be examined for  
2 signs and symptoms of infection.

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

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

20 (F) No resident, patient, student, or inmate with a  
21 skin or soft tissue infection shall be transferred to  
22 another facility until fully evaluated and  
23 appropriately treated as described in this  
24 subparagraph (F), except when required for security  
25 reasons, medical care, or other special circumstances.  
26 Residents, patients, students, or inmates with MRSA

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

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

20 Section 15. No authority to make or promulgate rules.  
21 Notwithstanding any other rulemaking authority that may exist,  
22 neither the Governor nor any agency or agency head under the  
23 jurisdiction of the Governor has any authority to make or  
24 promulgate rules to implement or enforce the provisions of this  
25 Act. If, however, the Governor believes that rules are

1 necessary to implement or enforce the provisions of this Act,  
2 the Governor may suggest rules to the General Assembly by  
3 filing them with the Clerk of the House and Secretary of the  
4 Senate and by requesting that the General Assembly authorize  
5 such rulemaking by law, enact those suggested rules into law,  
6 or take any other appropriate action in the General Assembly's  
7 discretion. Nothing contained in this Act shall be interpreted  
8 to grant rulemaking authority under any other Illinois statute  
9 where such authority is not otherwise explicitly given. For the  
10 purposes of this Act, "rules" is given the meaning contained in  
11 Section 1-70 of the Illinois Administrative Procedure Act, and  
12 "agency" and "agency head" are given the meanings contained in  
13 Sections 1-20 and 1-25 of the Illinois Administrative Procedure  
14 Act to the extent that such definitions apply to agencies or  
15 agency heads under the jurisdiction of the Governor.

16 Section 99. Effective date. This Act takes effect upon  
17 becoming law.