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AN ACT relating to public health; requiring certain medical facilities to provide to patients and to post certain information relating to facility-acquired infections; requiring providers of health care to provide certain information to a patient who has an infection or a person authorized by the patient to receive such information; revising requirements for patient safety plans adopted by certain medical facilities; requiring certain medical facilities to designate an infection control officer and establish an infection control program; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Section 2 of this bill requires certain medical facilities to provide to their patients certain information relating to facility-acquired infections and to post in public areas of the facilities information on reporting facility-acquired infections.

Section 2.5 of this bill requires a provider of health care or the designee of a provider of health care to inform a patient at a medical facility or the legal guardian or other person authorized by the patient to receive such information of a diagnosis that the patient has an infection as soon as practicable but not later than 5 days after the diagnosis is confirmed, except that such notice may be delayed in certain limited circumstances. **Section 2.5** further requires the medical facility to ensure that providers of health care of the medical facility establish protocols for providing such information and for informing a patient or the legal guardian or other person authorized by the patient to receive such information whether the infection was acquired at the medical facility and of the apparent source of the infection. **Section 2.5** further provides for immunity from liability for providing certain information to a patient relating to the source of an infection.

Section 3 of this bill requires certain medical facilities to designate an infection control officer to carry out certain duties relating to the prevention and control of infections. **Section 3** also establishes requirements for the qualification and training of infection control officers and requires that at least one employee per 100 occupied beds have certain training in infection control.

Existing law requires certain medical facilities to prepare a patient safety plan and to submit a copy of the plan to the Health Division of the Department of Health and Human Services on or before March 1 of each year. (NRS 439.843, 439.865)

Section 6 of this bill requires the patient safety plan which is prepared by each medical facility to include an infection control program to prevent and control infections within the medical facility. In addition, **section 6** requires that the patient safety plan be reviewed and updated annually. **Section 5** of this bill requires the Department to post each patient safety plan on an Internet website maintained by the Department.



THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 439 of NRS is hereby amended by adding thereto the provisions set forth as sections 2, 2.5 and 3 of this act.

Sec. 2. 1. *A medical facility shall:*

(a) Provide to each patient of the medical facility, upon admission of the patient, the general and facility-specific information relating to facility-acquired infections required by subsection 2.

(b) Post in publicly accessible areas of the medical facility information on reporting facility-acquired infections, including, without limitation, the contact information for making reports to the Health Division. Such information may be added to other required notices concerning the making of reports to the Health Division.

2. The information provided to each patient pursuant to paragraph (a) of subsection 1 must include, without limitation:

(a) The measures used by the medical facility for preventing infections, including facility-acquired infections;

(b) Information on determining whether a patient had an infection upon admission to the medical facility, risk factors for acquiring infections and determining whether an infection has been acquired;

(c) Information on preventing facility-acquired infections;

(d) Instructions for reporting facility-acquired infections, including, without limitation, the contact information for making reports to the Health Division; and

(e) Any other information that the medical facility deems necessary.

Sec. 2.5. 1. *Except as otherwise provided in subsection 2, when a provider of health care confirms that a patient at the medical facility has an infection, the provider of health care or the designee of the provider of health care shall, as soon as practicable but not later than 5 days after the diagnosis is confirmed, inform the patient or the legal guardian or other person authorized by the patient to receive such information that the patient has an infection.*

2. The provider of health care or the designee of the provider of health care may delay providing information about an infection



if the patient does not have a legal guardian, has not authorized any other person to receive such information and:

- (a) Is not capable of understanding the information;*
- (b) Is not conscious; or*
- (c) In the judgment of the provider of health care, is likely to harm himself or herself if informed about the infection.*

3. If the provider of health care or the designee of the provider of health care delays providing information about an infection pursuant to subsection 2, such information must be provided as soon as practicable after:

- (a) The patient is capable of understanding the information;*
- (b) The patient regains consciousness;*
- (c) In the judgment of the provider of health care, the patient is not likely to harm himself or herself if informed about the infection; or*
- (d) A legal guardian or other person authorized to receive such information is available.*

4. A medical facility shall ensure that the providers of health care of the medical facility establish protocols in accordance with this section that provide the manner in which a provider of health care or his or her designee must:

- (a) Inform a patient or the legal guardian or other person authorized by a patient to receive such information that the patient has an infection; and*
- (b) If known or determined while a patient remains at the medical facility, inform the patient or the legal guardian or other person authorized by the patient to receive such information whether the infection was acquired at the medical facility and of the apparent source of the infection.*

5. A person or governmental entity who, with reasonable care, informs a patient or the legal guardian or other person authorized by the patient to receive such information that an infection was not acquired at the medical facility and of the apparent source of the infection pursuant to subsection 4 is immune from any criminal or civil liability for providing that information.

Sec. 3. 1. *A medical facility shall designate an officer or employee of the facility to serve as the infection control officer of the medical facility.*

2. *The person who is designated as the infection control officer of a medical facility:*

- (a) Shall serve on the patient safety committee.*



(b) Shall monitor the occurrences of infections at the medical facility to determine the number and severity of infections.

(c) Shall report to the patient safety committee concerning the number and severity of infections at the medical facility.

(d) Shall take such action as he or she determines is necessary to prevent and control infections alleged to have occurred at the medical facility.

(e) Shall carry out the provisions of the infection control program adopted pursuant to NRS 439.865 and ensure compliance with the program.

3. If a medical facility has 175 or more beds, the person who is designated as the infection control officer of the medical facility must be certified as an infection preventionist by the Certification Board of Infection Control and Epidemiology, Inc., or a successor organization. A person may serve as the certified infection preventionist for more than one medical facility if the facilities have common ownership.

4. A medical facility that designates an infection control officer who is not a certified infection preventionist must ensure that the person has successfully completed a nationally recognized basic training program in infection control, which may include, without limitation, the program offered by the Association for Professionals in Infection Control and Epidemiology, Inc., or a successor organization. A medical facility shall ensure that an infection control officer completes at least 4 hours of continuing education each year on topics relating to current practices in infection control and prevention.

5. A medical facility shall ensure that it maintains a ratio of at least one employee who has the training described in subsection 4 for every 100 occupied beds. The number of beds must be determined based upon the most recent annual calendar-year average reported by the medical facility to the Director pursuant to NRS 449.490 and the regulations adopted pursuant thereto.

6. A medical facility shall maintain records concerning the certification and training required by this section.

7. The Health Division shall provide education and technical assistance relating to infection control and prevention in medical facilities.

Sec. 4. NRS 439.800 is hereby amended to read as follows:

439.800 As used in NRS 439.800 to 439.890, inclusive, *and sections 2, 2.5 and 3 of this act*, unless the context otherwise requires, the words and terms defined in NRS 439.802 to 439.830, inclusive, have the meanings ascribed to them in those sections.



Sec. 4.5. (Deleted by amendment.)

Sec. 5. NRS 439.843 is hereby amended to read as follows:

439.843 1. On or before March 1 of each year, each medical facility shall provide to the Health Division, in the form prescribed by the State Board of Health, a summary of the reports submitted by the medical facility pursuant to NRS 439.835 during the immediately preceding calendar year. The summary must include, without limitation:

(a) The total number and types of sentinel events reported by the medical facility, if any;

(b) A copy of the *most current* patient safety plan established pursuant to NRS 439.865;

(c) A summary of the membership and activities of the patient safety committee established pursuant to NRS 439.875; and

(d) Any other information required by the State Board of Health concerning the reports submitted by the medical facility pursuant to NRS 439.835.

2. On or before June 1 of each year, the Health Division shall submit to the State Board of Health an annual summary of the reports and information received by the Health Division pursuant to this section. The annual summary must include, without limitation, a compilation of the information submitted pursuant to subsection 1 and any other pertinent information deemed necessary by the State Board of Health concerning the reports submitted by the medical facility pursuant to NRS 439.835. The Health Division shall maintain the confidentiality of the reports submitted pursuant to NRS 439.835 and any other information requested by the State Board of Health concerning those reports when preparing the annual summary pursuant to this section.

3. The Department shall post on the Internet website maintained pursuant to NRS 439A.270 or any other website maintained by the Department a copy of the most current patient safety plan submitted by each medical facility pursuant to subsection 1.

Sec. 6. NRS 439.865 is hereby amended to read as follows:

439.865 1. Each medical facility that is located within this state shall develop, in consultation with the providers of health care who provide treatment to patients at the medical facility, an internal patient safety plan to improve the health and safety of patients who are treated at that medical facility.

2. The patient safety plan must include an infection control program to prevent and control infections within the medical



facility. To carry out the program, the medical facility shall adopt an infection control policy. The policy must consist of:

(a) The current guidelines appropriate for the facility's scope of service developed by a nationally recognized infection control organization as approved by the State Board of Health which may include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization and the Society for Healthcare Epidemiology of America; and

(b) Facility-specific infection control developed under the supervision of a certified infection preventionist.

3. The program to prevent and control infections within the medical facility must provide for the designation of a person who is responsible for infection control when the infection control officer is absent to ensure that someone is responsible for infection control at all times.

4. A medical facility shall submit its patient safety plan to the governing board of the medical facility for approval in accordance with the requirements of this section.

~~3-1~~ 5. After a medical facility's patient safety plan is approved, the medical facility shall notify all providers of health care who provide treatment to patients at the medical facility of the existence of the plan and of the requirements of the plan. A medical facility shall require compliance with its patient safety plan.

6. The patient safety plan must be reviewed and updated annually in accordance with the requirements for approval set forth in this section.

Sec. 7. NRS 439.875 is hereby amended to read as follows:

439.875 1. A medical facility shall establish a patient safety committee.

2. Except as otherwise provided in subsection 3:

(a) A patient safety committee established pursuant to subsection 1 must be composed of:

(1) *The infection control officer of the medical facility.*

(2) *The patient safety officer of the medical facility ~~1-1~~, if he or she is not designated as the infection control officer of the medical facility.*

~~1-2~~ (3) At least three providers of health care who treat patients at the medical facility, including, without limitation, at least one member of the medical, nursing and pharmaceutical staff of the medical facility.



~~[(3)]~~ (4) One member of the executive or governing body of the medical facility.

(b) A patient safety committee shall meet at least once each month.

3. The Administrator shall adopt regulations prescribing the composition and frequency of meetings of patient safety committees at medical facilities having fewer than 25 employees and contractors.

4. A patient safety committee shall:

(a) Receive reports from the patient safety officer pursuant to NRS 439.870.

(b) Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at the medical facility.

(c) Review and evaluate the quality of measures carried out by the medical facility to improve the safety of patients who receive treatment at the medical facility.

(d) *Review and evaluate the quality of measures carried out by the medical facility to prevent and control infections at the medical facility.*

(e) Make recommendations to the executive or governing body of the medical facility to reduce the number and severity of sentinel events *and infections* that occur at the medical facility.

~~[(e)]~~ (f) At least once each calendar quarter, report to the executive or governing body of the medical facility regarding:

(1) The number of sentinel events that occurred at the medical facility during the preceding calendar quarter; ~~[and]~~

(2) *The number and severity of infections that occurred at the medical facility during the preceding calendar quarter; and*

(3) Any recommendations to reduce the number and severity of sentinel events *and infections* that occur at the medical facility.

5. The proceedings and records of a patient safety committee are subject to the same privilege and protection from discovery as the proceedings and records described in NRS 49.265.

Sec. 8. This act becomes effective upon passage and approval for the purposes of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out this act, and for all other purposes:

1. Sections 1 and 2.5 of this act become effective on October 1, 2011.

2. Sections 2 and 4 to 7, inclusive, of this act become effective on January 1, 2012.



3. Section 3 of this act becomes effective on January 1, 2012, except that, for the purpose of the continuing education required by that section for infection control officers, it becomes effective on January 1, 2013.

