

**Active Surveillance Testing  
(AST) for Methicillin-  
Resistant *Staphylococcus  
aureus* (MRSA)**

**POLICY 4.6**  
Patient Care  
Active Surveillance Testing for  
MRSA  
Issued: 12/2008  
Last Approval: 12/24

---

Office of Origin: Hospital Epidemiology and Infection Prevention (HEIP)

### I. PURPOSE

- A. To delineate the patient populations eligible for active surveillance testing (AST) for methicillin-resistant *Staphylococcus aureus* (MRSA) in compliance with Sections 1255.8 and 1288.55 of the California Health and Safety Code as required by Senate Bill 1058, chaptered in September 2008.
- B. To outline the process for specimen collection, patient education and notification of positive test.

### II. REFERENCE

California Health and Safety Code as required by Senate Bill 1058:

[http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb\\_1051-1100/sb\\_1058\\_bill\\_20080925\\_chaptered.html](http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb_1051-1100/sb_1058_bill_20080925_chaptered.html)

### II. DEFINITIONS

- A. "MRSA" means methicillin-resistant *Staphylococcus aureus*.
- B. "AST" means active surveillance testing.

### III. POLICY

- A. UCSF Health shall comply with the requirements for MRSA AST according to California Health and Safety Code Sections 1255.8 and 1288.55.
- B. All patients meeting the following criteria and whose record reflects they have not been tested or have previously tested negative within the current hospitalization will undergo MRSA AST as described in Appendix I:
  1. Admitted patients who have been documented as discharged from an acute care facility within the last 30 days.
  2. Patients who will be admitted to critical care units except neonates born at UCSF.
  3. Admitted patients receiving inpatient dialysis treatment.
  4. Admitted patients transferred from a skilled nursing facility.
- C. California Health and Safety Code Sections 1255.8 and 1288.55 also states that a patient "scheduled for inpatient surgery and has a documented medical condition making the patient susceptible to infection, based either upon federal Centers for Disease Control and Prevention (CDC) findings or the recommendations of the committee or its successor" should be tested for MRSA. No CDC findings or recommendations from the CA Hospital Associated Infections Advisory Committee (HAI-AC) have been published, therefore no surgical patient populations at UCSF require testing until such time as peer-reviewed, accepted and measurable criteria are developed and published.
- D. The requirement also states, "Commencing January 1, 2011, a patient who shows evidence of increased risk of invasive MRSA shall again be tested for MRSA immediately prior to discharge from the facility. This subdivision shall not apply to a patient who has tested positive for MRSA infection or colonization upon entering the facility." No CDC or HAI-AC recommendations or definitions for people at "increased risk of invasive MRSA" have been published. Therefore, the policy of this institution is to hold implementing testing of patients at discharge until the target population is clarified by CDC or HAI-AC.

#### IV. PROCEDURES

- A. Patient identification: Screening to identify patients meeting testing criteria will occur upon admission to UCSF Health, upon transfer to critical care units and upon receiving inpatient dialysis.
- B. Patient testing
1. Nursing will obtain a nares swab for MRSA culture for testing and submit to microbiology.
  2. The Clinical Microbiology laboratory will perform testing and will process and report in the usual manner (refer to Laboratory policies).
  3. Nursing will provide patients with basic information about the MRSA AST at the time of specimen collection:
    - a. Adults:  
[https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/wysiwyg/MRSA\\_Infx\\_PtInfo\\_Adult.pdf](https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/wysiwyg/MRSA_Infx_PtInfo_Adult.pdf)
    - b. Pediatrics:  
<https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/wysiwyg/MRSAParentsGuide-English-Peds.pdf>
- C. Process of Patient notification
1. Patients whose screening tests yield a positive result will be mailed a letter notifying them of their first positive test result.
    - a. Patients will not receive notification of subsequent positive tests.
    - b. Hospital Epidemiology and Infection Prevention (HEIP) will mail a notification letter and the above noted educational materials.
    - c. Documentation of this notification will be maintained within HEIP.
  2. Although not part of MRSA AST, patients with MRSA infection (e.g. a positive clinical culture) are provided written instruction on aftercare and prevention of MRSA transmission, including contact information if they desire more information.
    - a. Patients are notified following their first instance of an MRSA infection.
    - b. Patients will not receive notification of subsequent cultures positive for MRSA.
    - c. Hospital Epidemiology and Infection Prevention (HEIP) staff will provide aftercare instructions and educational materials to patients as a follow-up to inpatient instruction.
    - d. See the HEIP website for educational materials:  
<https://infectioncontrol.ucsfmedicalcenter.org/resources>
  3. Notices are sent to patients after they have been discharged from the hospital.
    - a. Letters are not sent to patients whose discharge disposition is deceased or who were discharged to hospice care.
    - b. Letters regarding forensic patients will be sent to the correctional facility in care of the health Officer.

**Active Surveillance Testing  
(AST) for Methicillin-  
Resistant *Staphylococcus  
aureus* (MRSA)**

**POLICY 4.6**  
Patient Care  
Active Surveillance Testing for  
MRSA  
Issued: 12/2008  
Last Approval: 12/24

---

**RESPONSIBILITY**

- A. Patient identification, testing, and basic MRSA education: clinical staff.
- B. Patient notification post discharge: HEIP

**V. HISTORY OF POLICY**

- A. This policy was issued 2008 and was developed and approved by the Legislative Mandates Task Force.
- B. Reviewed, revised 2011, 2013, 2016, 2018, 2020, 2024

*This guideline is intended for use by UCSF Medical Center staff and personnel and no representations or warranties are made for outside use. Not for outside production or publication without permission. Direct inquiries to the Office of Origin or Medical Center Administration at (415) 353-2733.*

**Appendix I**

**Sections 1255.8 and 1288.55 of the California Health and Safety Code  
(SB 1058, chaptered 9/08, pages 5-7)**

**B. Legislation (Senate bill 1058, Alquist) chaptered September 2008**

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

- (a) (1) The protection of patients in California health facilities is of paramount importance to the citizens of this state.
- (2) During the past two decades health-care-associated infections, especially those that are resistant to commonly used antibiotics, have increased dramatically.
- (3) The State Department of Public Health needs to develop a better, more efficient system to monitor and report the incidence of antibiotic-resistant and other organisms causing infection that are acquired by patients in health facilities.
- (4) The department needs to establish and maintain a comprehensive inspection and reporting system for health facilities that will ensure that those facilities comply with state laws and regulations designed to reduce the incidence of health-care-associated infections.
- (b) It is, therefore, the intent of the Legislature to enact legislation that will do all of the following:
- (1) Ensure that California's standards for protecting patients from exposure to pathogens in health facilities, including Methicillin-resistant *Staphylococcus aureus* (MRSA), are adequate to reduce the incidence of antibiotic-resistant organisms causing infection acquired by patients in these facilities.
- (2) Ensure that the department develops and implements an Internet-based public reporting system that provides updated information regarding the incidence of infections, including associated pathogens acquired in health facilities, as well as the number of infection control personnel relative to the number of licensed beds.
- (3) Ensure that health facilities implement improved procedures intended to maintain sanitary standards in these facilities, reduce transmission of pathogens that cause infection, and provide adequate training to health care professionals regarding the prevention and treatment of health-care-associated MRSA and other health-care-associated infections in these facilities.

SECTION 2. This act shall be known, and may be cited, as the Medical Facility Infection Control and Prevention Act or Nile's Law.

SECTION 3. Section 1255.8 is added to the Health and Safety Code, to read:  
1255.8.

- (a) For purposes of this section, the following terms have the following meanings:
- (1) "Colonized" means that a pathogen is present on the patient's body, but is not causing any signs or symptoms of an infection.
- (2) "Committee" means the Healthcare Associated Infection Advisory Committee established pursuant to Section 1288.5.
- (3) "Health facility" means a facility as defined in subdivision (a) of Section 1250.
- (4) "Health-care-associated infection," "health-facility-acquired infection," or "HAI" means a health-care-associated infection as defined by the National Healthcare Safety Network of the

**Active Surveillance Testing  
(AST) for Methicillin-  
Resistant *Staphylococcus  
aureus* (MRSA)**

**POLICY 4.6**  
Patient Care  
Active Surveillance Testing for  
MRSA  
Issued: 12/2008  
Last Approval: 12/24

- federal Centers for Disease Control and Prevention, unless the department adopts a definition consistent with the recommendations of the committee or its successor.
- (5) "MRSA" means Methicillin-resistant *Staphylococcus aureus*.
- (b)** (1) Each patient who is admitted to a health facility shall be tested for MRSA in the following
- (A) The patient is scheduled for inpatient surgery and has a documented medical condition making the patient susceptible to infection, based either upon federal Centers for Disease Control and Prevention findings or the recommendations of the committee or its successor.
  - (B) It has been documented that the patient has been previously discharged from a general acute care hospital within 30 days prior to the current hospital admission.
  - (C) The patient will be admitted to an intensive care unit or burn unit of the hospital.
  - (D) The patient receives inpatient dialysis treatment.
  - (E) The patient is being transferred from a skilled nursing facility.
- (2) The department may interpret this subdivision to take into account the recommendations of the federal Centers for Disease Control and Prevention, or recommendations of the committee or its successor.
- (3) If a patient tests positive for MRSA, the attending physician shall inform the patient or the patient's representative immediately or as soon as practically possible.
- (4) A patient who tests positive for MRSA infection shall, prior to discharge, receive oral and written instruction regarding aftercare and precautions to prevent the spread of the infection to others.
- (c)** Commencing January 1, 2011, a patient tested in accordance with subdivision (b) and who shows evidence of increased risk of invasive MRSA shall again be tested for MRSA immediately prior to discharge from the facility. This subdivision shall not apply to a patient who has tested positive for MRSA infection or colonization upon entering the facility.
- (d)** A patient who is tested pursuant to subdivision (c) and who tests positive for MRSA infection shall receive oral and written instructions regarding aftercare and precautions to prevent the spread of the infection to others.
- (e)** The infection control policy required pursuant to Section 70739 of Title 22 of the California Code of Regulations, at a minimum, shall include all of the following:
- (1) Procedures to reduce health care associated infections.
  - (2) Regular disinfection of all restrooms, countertops, furniture, televisions, telephones, bedding, office equipment, and surfaces in patient rooms, nursing stations, and storage units.
  - (3) Regular removal of accumulations of bodily fluids and intravenous substances, and cleaning and disinfection of all movable medical equipment, including point-of-care testing devices such as glucometers, and transportable medical devices.
  - (4) Regular cleaning and disinfection of all surfaces in common areas in the facility such as elevators, meeting rooms, and lounges.
- (f)** Each facility shall designate an infection control officer who, in conjunction with the hospital infection control committee, shall ensure implementation of the testing and reporting provisions of this section and other hospital infection control efforts. The reports shall be presented to the appropriate committee within the facility for review. The name of the infection control officer shall be made publicly available, upon request.
- (g)** The department shall establish a health care acquired infection program pursuant to this section.

SECTION. 4. Section 1288.55 is added to the Health and Safety Code, to read:  
1288.55.

- (a)**
- (1) Each health facility, as defined in paragraph (3) of subdivision (a) of Section 1255.8, shall quarterly report all cases of health-care-associated MRSA bloodstream infection, health-care-associated clostridium difficile infection, and health-care-associated Vancomycin-resistant enterococcal bloodstream infection, and the number of inpatient days.
  - (2) Each health facility shall report quarterly to the department all central line associated bloodstream infections and the total central line days.
  - (3) Each health facility shall report quarterly to the department all health-care-associated surgical site infections of deep or organ space surgical sites, health-care-associated infections of orthopedic surgical sites, cardiac surgical sites, and gastrointestinal surgical sites designated as clean and clean-contaminated, and the number of surgeries involving deep or organ space, and orthopedic, cardiac, and gastrointestinal surgeries designated clean and clean-contaminated.
- (b)** The department's licensing and certification program shall do all of the following:
- (1) Commencing January 1, 2011, post on the department's Web site information regarding the incidence rate of health-care-acquired central line associated bloodstream infections acquired at each health facility in California, including information on the number of inpatient days.
  - (2) Commencing January 1, 2012, post on the department's Web site information regarding the incidence rate of deep or organ space surgical site infections, orthopedic, cardiac, and gastrointestinal surgical procedures designated as clean and clean-contaminated, acquired at each health facility in California, including information on the number of inpatient days.
  - (3) No later than January 1, 2011, post on the department's Web site information regarding the incidence rate of health-care-associated MRSA bloodstream infection, health-care-associated clostridium difficile infection, and health-care-associated Vancomycin-resistant enterococcal bloodstream infection, at each health facility in California, including information on the number of inpatient days.
- (c)** Any information reported publicly as required under this section shall meet all of the following requirements:
- (1) The department shall follow a risk adjustment process that is consistent with the federal Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN), or its successor, risk adjustment, and use its definitions, unless the department adopts, by regulation, a fair and equitable risk adjustment process that is consistent with the recommendations of the Healthcare Associated Infection Advisory Committee (HAI-AC), established pursuant to Section 1288.5, or its successor.
  - (2) For purposes of reporting, as required in subdivisions (a) and (b), an infection shall be reported using the NHSN definitions unless the department accepts the recommendation of the HAI-AC or its successor.
  - (3) If the federal Centers for Disease Control and Prevention do not use a public reporting model for specific health-care-acquired infections, then the department shall base its public reporting of incidence rate on the number of inpatient days for infection reporting, or the number of specified device days for relevant device-related infections, and the number of specified surgeries conducted for surgical site infection reporting, unless the department adopts a public reporting model that is consistent with recommendations of the HAI-AC or its successor.

**Active Surveillance Testing  
(AST) for Methicillin-  
Resistant *Staphylococcus  
aureus* (MRSA)**

**POLICY 4.6**  
Patient Care  
Active Surveillance Testing for  
MRSA  
Issued: 12/2008  
Last Approval: 12/24

---

**(d)** Health facilities that report data pursuant to the system shall report this data to the NHSN and the department, as appropriate.

SECTION 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.