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Deering's California Codes Annotated  
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HEALTH AND SAFETY CODE  
Division 2. Licensing Provisions  
Chapter 2. Health Facilities  
Article 3. Regulations

**GO TO CALIFORNIA CODES ARCHIVE DIRECTORY**

*Cal Health & Saf Code § 1279.7 (2012)*

**§ 1279.7. Hand hygiene program; Prohibition regarding connections**

(a) A health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, shall implement a facility-wide hand hygiene program.

(b) Commencing 36 months after the publication of a new design standard for connections for epidural applications by the International Organization for Standardization, or January 1, 2014, whichever occurs first, a health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, is prohibited from using an epidural connection that would fit into a connection port other than the type it was intended for, unless an emergency or urgent situation exists and the prohibition would impair the ability to provide health care.

(c) Commencing 24 months after the publication of a new design standard for connections for intravenous or enteral applications by the International Organization for Standardization, or January 1, 2013, whichever occurs first, a health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, is prohibited from using an intravenous connection or an enteral feeding connection that would fit into a connection port other than the type it was intended for, unless an emergency or urgent situation exists and the prohibition would impair the ability to provide health care.

(d) The Advanced Medical Technology Association shall, on January 1 of each year until the standards are developed, provide the Legislature with a report on the progress of the International Organization for Standardization in developing new design standards for connections for intravenous, epidural, or enteral applications.

(e) A health facility that is required to develop a patient safety plan pursuant to Section 1279.6 shall include in the patient safety plan measures to prevent adverse events associated with misconnecting intravenous, enteral feeding, and epidural lines. This subdivision shall become inoperative as to epidural connections upon the operative date of subdivision (b) and as to intravenous and enteral connections upon the operative date of subdivision (c).

**HISTORY:**

Added Stats 2008 ch 294 § 3 (SB 158), effective January 1, 2009. Amended Stats 2009 ch 476 § 1 (AB 818), effective January 1, 2010.

**NOTES:****Amendments:****2009 Amendment:**

(1) Amended subd (b) by substituting (a) "Commencing 36 months after the publication of a new design standard for connections for epidural applications by the International Organization for Standardization, or January 1, 2014, whichever occurs first" for "Beginning January 1, 2011"; (b) "epidural connection" for "intravenous connection epidural connection, or enteral feeding connection"; and (c) "would impair" for "impairs"; and (2) added subds (c)-(e).

**Note**

Stats 2008 ch 294 provides:

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

(1) During the past two decades, health-care-associated infections (HAI), especially those that are resistant to commonly used antibiotics, have increased dramatically in California.

(2) There is currently no system within the State Department of Public Health to determine the incidence or prevalence of HAI or to determine if current infection prevention and control measures are effective in reducing HAI.

(3) A significant percentage of HAI can be prevented with intense programs for surveillance and the development, implementation, and constant evaluation and monitoring of prevention strategies.

(4) There is currently inadequate regulatory oversight of hospital surveillance, prevention, and control programs by the department.

(5) The protection of patients in a general acute care hospital is of paramount importance to the citizens of California.

(6) Existing state law requires the department to establish and maintain an inspection and reporting system to ensure that general acute care hospitals are in compliance with state statutes and regulations. Existing law also requires general acute care hospitals receiving funding from the federal Centers for Medicare and Medicaid Services to be in compliance with the federal regulations known as the "conditions of participation."

(b) It is the intent of the Legislature to enact legislation to ensure the occurrence of all of the following:

(1) Establishment of an infection surveillance, prevention, and control program within the State Department of Public Health.

(2) Dissemination of current evidence-based standards of hospital infection surveillance, prevention, and control practices.

(3) Improvement of regulatory oversight.

(4) Reports of the incidence rate of designated HAI are made to the department, and as applicable, to the National Healthcare Safety Network (NHSN) of the federal Centers for Disease Control and Prevention.

(5) Development and implementation of an Internet-based public reporting system on HAI.

(6) Maintenance of a sanitary environment and patient hygiene to avoid transmission of pathogens that cause HAI.

**Hierarchy Notes:**

Health & Saf Code Note

Div. 2 Note

Div. 2, Ch. 2 Note

Div. 2, Ch. 2, Art. 3 Note

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Medical Facility Licensing