



CHARTER

HEALTHCARE INFECTION CONTROL PRACTICES ADVISORY COMMITTEE

Purpose

The Secretary, the Assistant Secretary for Health, and by delegation the Director, Centers for Disease Control and Prevention, are authorized under Section 301 (42 U.S.C. 241) and Section 311 (42 U.S.C. 243) of the Public Health Service Act, as amended, to: (1) conduct, encourage, cooperate with, and assist other appropriate public authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments; (2) assist States and their political subdivisions in the prevention of infectious diseases and other preventable conditions, and in promoting health and well-being; and (3) train State and local personnel in health work.

Authority

Section 222 of the Public Health Service Act (42 U.S.C. § 217a), as amended. The committee is governed by the provisions of Public Law 92-463, as amended (5 U.S.C. App. 2), which sets forth standards for the formation and use of advisory committees.

Function

The Healthcare Infection Control Practices Advisory Committee shall provide advice and guidance to the Secretary, Department of Health and Human Services; the Director, Centers for Disease Control and Prevention (CDC); the Director, National Center for Preparedness, Detection, and Control of Infectious Diseases, (NCPDCID), CDC; and the Director, Division of Healthcare Quality Promotion, NCPDCID, CDC, regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections (e.g., nosocomial infections) antimicrobial resistance and related events in settings where healthcare is provided, including hospitals, ambulatory and long-term care facilities, and home health agencies.

The Committee shall advise the Centers for Disease Control and Prevention on periodic updating of existing guidelines, development of new guidelines, guideline evaluation; and other policy statements regarding the prevention of healthcare-associated infections and healthcare-related conditions.

Structure

The Committee shall consist of 14 public members, including the Chair. Members shall be selected by the Secretary, or designee, from authorities knowledgeable in the fields of infectious diseases, healthcare-associated infections and healthcare-related events, epidemiology, health policy, health services research, public health, and related fields. Members shall be deemed Special Government Employees. The Committee shall also consist of nonvoting Federal representatives from the Agency for Healthcare Research and Quality, the Food and Drug Administration, the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, and the National Institutes of Health. There shall also be nonvoting liaison representatives from the Association of Professionals in Infection Control and Epidemiology, Inc.; the Society for Healthcare Epidemiology of America; the Association of periOperative Registered Nurses; the American Hospital Association; the American Health Care Association; the American College of Occupational and Environmental Medicine; the Joint Commission on Accreditation of Healthcare Organizations; the Advisory Council for the Elimination of Tuberculosis; the Health Care Acquired Infections Centre for Communicable Diseases and Infection Control Public Health Agency of Canada; and such other nonvoting liaison representatives as the Secretary deems necessary to effectively carry out the functions of the committee. Liaisons shall be deemed representatives.

Members shall be invited to serve for overlapping terms of up to four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. Terms of more than two years are contingent upon the renewal of the committee by appropriate action prior to its termination. A member may serve 180 days after the expiration of that member's term if a successor has not taken office.

Subcommittees may be established from time to time with the approval of the Secretary, HHS, or designee. The Department Committee Management Officer will be notified upon establishment of each subcommittee, and will be provided information on its name, membership, function, and estimated frequency of meetings.

Management and support services shall be provided by the Division of Healthcare Quality Promotion, National Center for Preparedness, Detection, and Control of Infectious Diseases, CDC.

Meetings

Meetings shall be held approximately three times a year at the call of the Designated Federal Officer, in consultation with the Chair. The Designated Federal Officer shall also approve the agenda and shall be present at all meetings.

Meetings shall be open to the public except as determined otherwise by the Secretary, HHS, or other official to whom the authority has been delegated, in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and Section 10(d) of the Federal Advisory Committee Act; notice of all meetings shall be given to the public.

Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and Departmental regulations.

Compensation

Members who are not full-time Federal employees shall be paid at the rate of \$250 per day, or at the rate of \$31.25 per hour, as determined by the agency, but not to exceed \$250 per day; plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

Annual Cost Estimate

Estimated annual cost for operating the Committee, including compensation and travel expenses for members, but excluding staff support, is \$180,406. Estimate of annual person-years of staff support required is 0.60, at an estimated annual cost of \$132,098.

Reports


In the event a portion of a meeting is closed to the public, as determined by the Secretary, HHS, in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and Section 10(d) of the Federal Advisory Committee Act, a report shall be prepared, which shall contain, as a minimum, a list of members and their business addresses, the board's function, and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

Termination Date

Unless renewed by appropriate action prior to its expiration, the Healthcare Infection Control Practices Advisory Committee will terminate on January 19, 2011.

Approved:

12/22/2008
Date



Director
Management Analysis and Services Office