



**C H A R T E R**  
**of the**  
**HEALTHCARE INFECTION CONTROL PRACTICES ADVISORY COMMITTEE**

**Authority**

The Healthcare Infection Control Practices Advisory Committee was established under Section 222 of the Public Health Service Act [42 U.S.C. § 217a], as amended. The committee is governed by the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. App., which sets forth standards for the formation and use of advisory committees.

**Objective and Scope of Activities**

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.

**Description of Duties**

The Healthcare Infection Control Practices Advisory Committee shall provide advice and guidance to the Secretary, Department of Health and Human Services (HHS); the Director, Centers for Disease Control and Prevention (CDC); the Deputy Director, Office of Infectious Diseases (OID), CDC; and the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), 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.

### **Agency or Official to Whom the Committee Reports**

The committee reports to the Secretary, HHS; the Director, CDC; the Deputy Director, OIG, CDC; and the Director, NCEZID, CDC.

### **Support**

Management and support services shall be provided by the OIG, CDC.

### **Estimated Annual Operating Costs and Staff Years**

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.

### **Designated Federal Officer**

CDC will select a fulltime or permanent part-time Federal employee to serve as the Designated Federal Officer (DFO) to attend each committee meeting and ensure that all procedures are within applicable statutory, regulatory, and HHS General Administration manual directives. The DFO will approve and prepare all meeting policies and agendas, call all of the committee and subcommittee meetings, adjourn any meeting when the DFO deems adjournment to be in the public interest, and chair meetings when directed to do so by the official to whom the committee reports. The DFO or his/her designee shall be present at all meetings of the full committee and subcommittees.

### **Estimated Number and Frequency of Meetings**

Meetings shall be held approximately three times a year at the call of the DFO, in consultation with the Chair.

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.

### **Duration**

Continuing

### **Termination Date**

Unless renewed by appropriate action prior to its expiration, the Healthcare Infection Control Practices Advisory Committee will terminate two years from the date this charter is filed.

### **Membership and Designation**

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; the National Institutes of Health; and the Department of Veterans Affairs.

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; 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; the Society of Hospital Medicine; the Society of Critical Care Medicine; the Infectious Diseases Society of America; the Consumers Union; 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**

Subcommittees composed of members and nonmembers of the parent committee may be established with the approval of the Secretary, HHS, or his/her designee. The subcommittees must report back to the parent committee and do not provide advice or work products directly to the agency. 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.

### **Recordkeeping**

The records of the board, established subcommittees, or other subgroups of the board, shall be managed in accordance with General Records Schedule 26, Item 2, or other approved agency records disposition schedule. These records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. §552.

### **Filing Date**

January 19, 2011

Approved:

1/17/11  
Date



Director

Management Analysis and Services Office