



MOORE
FROM THE
HILL

State Representative Gary Moore
35 Legislative Plaza
Nashville, TN 37243
615-741-4317
rep.gary.moore@capitol.tn.gov

Hello to everyone, and I hope this finds you enjoying your summer. I have had several telephone calls regarding a recent headline in the Tennessean regarding the release of 3000 prisoners.

According to the Tennessee Department of Correction, the headline was misleading. Correction's response to me on this issue is in red below:

“There is NO plan for the early release of offenders. Releases will be based upon parole being granted or the expiration of an offender's sentence as they are now.

The joint plan presented by the department and the Board of Probation and Parole and approved by the legislature provides for lower cost alternatives to manage offenders over the next two years. The plan targets non-violent offenders. This includes 545 additional offenders being diverted on the "front-end" to Community Corrections programs and the diversion of 43 offenders into halfway house programs. These offenders will be under the supervision of the Board of Probation and Parole and would not be admitted to prisons or local jails.

The plan also addresses technical violators that are being admitted to prisons and local jails based upon such minor violations as hot drug screens or failure to report to their parole officer. Community treatment options have been funded through the budget for these violators in an effort to provide them with services that they need. The emphasis on this targeted treatment will significantly reduce recidivism rates.”

On another subject, MRSA staph infections continue to be a major concern. I am pasting a copy of an article on the subject which was written by Alicia Fire for the Police & Firemen's Insurance Association. I feel like the more people know about it, the more we can combat this menace. The article begins on the following page.

[What is Staphylococcus?](#)

Staphylococcus (staf-ə-lō-kākəs) Aureus is a very common organism. Often referred to simply as “staph,” this bacteria is commonly carried on the skin or in the nasal passages of approximately 25% to 30% of the population with no symptoms. If a person has staph on their skin or in their nose but are not affected, they are said to be “colonized” but not infected. Yet, staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as boils) and can be treated without antibiotics. However, staph bacteria also cause serious infections such as pneumonia, surgical wound infections, and bloodstream infections, which can lead to death.

In the last two years, health providers have noticed a gross increase in MRSA, Methicillin Resistant Staphylococcus Aureus. MRSA is also resistant to common antibiotics such as penicillin, amoxicillin, and oxacillin, which are similar to methicillin. Approximately one percent of healthy people are “colonized” with MRSA and have no ill effects, although, they can pass it to others. In the past, MRSA infections occurred most frequently among people in hospitals and healthcare facilities (such as nursing homes), who had weakened immune systems. In the 90s, a more aggressive strain of MRSA began spreading through the community. Today, that form of staph, known as community-associated MRSA, or CA-MRSA, usually manifests itself as skin infections in otherwise well people.

CA-MRSA can be particularly dangerous for young children. Kids often contract the bacteria through a cut or scrape. They may be more susceptible because their immune systems are not fully developed, or they expose their own families to MRSA.

[Save Yourself from Staph](#)

Staph infections, including MRSA, generally start as small red bumps that resemble pimples. They are sometimes mistaken for spider bites. These small bumps can quickly turn into deep, painful abscesses that require drainage by a doctor.

Sometimes the bacteria remain on the skin’s surface, but they can also burrow deep into the body. Internal staph infections can be potentially life-threatening when they spread into surgical wounds, bones, joints, the bloodstream, heart valves, and/or lungs.

[Prevent a Staph Infection](#)

The simple steps mom taught you are usually enough to keep you safe from a serious infection.

- Wash your hands regularly with soap or use an alcohol-based hand sanitizer.
- Keep any cuts, scrapes, or other open wounds clean and covered with a bandage until healed.
- Avoid contact with other people’s open wounds or discarded bandages.
- Avoid sharing personal items such as towels, razors, or cosmetics.
- Wipe down shared equipment after each use with a sanitizing solution.
- Wear lightweight clothing with long sleeves and pant legs to cover your skin during contact exercises.

[If You Have a Staph Infection](#)

Ask to have any suspect skin infections tested for MRSA before starting antibiotic therapy. If you are given an antibiotic, take all of the doses, even if the infection is getting better. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

Obviously, the drugs that treat ordinary staph infections are not effective against MRSA. Their use could lead to serious illness and even more resistant Staphylococcus bacteria. Vancomycin is one of the few antibiotics still effective against hospital strains of MRSA infection, although the drug is no longer effective in every case. Several drugs continue to work against community-associated MRSA, but CA-MRSA is rapidly evolving, and it will probably be only a matter of time before it, too, becomes resistant to most antibiotics. If you discover that you do have a staph or MRSA skin infection, take steps to prevent others from getting infected. These are basically the same steps listed for averting a staph infection in the first place.

- **Cover your wound.** Keep wounds that are draining covered with clean, dry bandages until healed. Pus from infected wounds can contain staph, including MRSA. Follow your healthcare provider's instructions for caring for the wound. Bandages and tape can be thrown in your regular trash.
- **Clean your hands.** You, and others in close contact with you, should wash their hands frequently with soap and water or apply an alcohol based hand sanitizer—especially after helping you change the bandages or clean the wound.
- **Do not share personal items.** Avoid sharing ANYTHING that may have had contact with the infected area or bandage. Wash sheets, towels, and clothes that become soiled with hot water and laundry detergent. Use a dryer afterward to completely dry everything.
- **Inform your doctors.** Tell any healthcare providers who treat you that you have, or had, a staph or MRSA skin infection. It is possible for a staph or MRSA infection to come back after it is cured. To prevent this from happening, follow your healthcare provider's directions during the course of the infection, and strictly follow all the prevention steps after it is gone.

Sources: MRSA infection, Mayo Clinic; Community-Associated MRSA, Centers for Disease Control and Prevention; and the Division of Healthcare Quality Promotion (DHQP) National Center for Preparedness, Detection, and Control of Infectious Diseases.

[From the Summer 2009 "PFIA Protector" , by Alicia Fire](#)

As always, let me know if I may assist you with any matter. My door is open and I welcome your calls and visits.



The information contained herein is not given as legal or professional advice, rather for informational purposes only.