7 AAC 12.260. Medical director
A medical director who is employed by or is a consultant to the nursing facility shall
(3) supervise the infection control and employee health programs.
7 AAC 12.650. Employee health program
(a) Each facility must have an employee health program that
(1) requires each employee to be evaluated within the first two weeks of employment and, except
as provided otherwise in this paragraph, annually after that, to detect active cases of pulmonary
tuberculosis, as follows:
(A) an employee who has never had a positive tuberculin skin test result shall obtain a tuberculin
Mantoux skin test; if the tuberculin skin test result is negative, the employee does not need to
have further annual tuberculosis evaluation under this paragraph if the employee's duties never
require him or her to be in a room where patients or residents might enter, and if the employee
does not handle clinical specimens or other material from patients or from their rooms; an
example of such an employee is an administrative person or research worker whose place of
work is remote from patient or residential care areas and who does not come in contact with
clinical specimens;
(B) an employee who has previously had a positive tuberculin skin test result, or an employee
whose tuberculin skin test obtained under (A) of this paragraph has a positive result
(i) shall have a health evaluation by a health care provider to identify symptoms suggesting that
tuberculosis disease is present; the health evaluation must also include evaluation for the
presence of any of the following risk factors: evidence of inadequately treated past tuberculosis
disease, history of close exposure to a case of communicable pulmonary tuberculosis within the
previous two years, history of a negative tuberculin test within the previous two years, diabetes
mellitus (severe or poorly controlled), diseases associated with severe immunologic deficiencies,
immunosuppressive therapy, silicosis, gastrectomy, excessive alcohol intake, or human
immunodeficiency virus infection; if symptoms suggesting tuberculosis disease are present, or if
any of the risk factors is present, a chest x-ray shall be obtained as part of the health evaluation
and the health care provider shall report the case to the section of epidemiology, division of
public health; and
(ii) if the employee has previously received appropriate antituberculosis chemotherapy and has
no symptoms suggesting that tuberculosis is present, the employee need not have further annual
tuberculosis evaluation under this paragraph;
(2) requires evidence of immunization against rubella by
(A) a valid immunization certificate signed by a physician listing the date of rubella vaccination;
(B) a copy of a record from a clinic or health center showing the date of vaccination; or (C) the
result of a serologic test approved by the department showing the employee is immune; and
(3) requires evidence of immunization against hepatitis B by
(A) a valid immunization certificate signed by a physician listing the date of vaccination; or
(B) a copy of a record from a clinic or health center showing the date of vaccination.
(b) The requirements of this section do not apply to hospice agencies that do not provide
inpatient care on agency premises. The requirements of (a)(2) of this section do not apply to
home health agencies, nursing homes, or ambulatory surgical facilities, and, for employees of
other facilities, may be waived if a physician signs a certificate that there are medical reasons
that dictate that an employee should not be vaccinated against rubella.
History: Eff. 11/19/83, Register 88; am 7/17/87, Register 103; am 5/24/2007,
7 AAC 12.760 INFECTION CONTROL. (a) Each facility, with the exception of home health agencies, must have an infection control committee.
(b) The administrator or medical staff shall appoint an infection control committee composed of representatives of the medical staff, administration, nursing, and other services, that is responsible for maintenance and supervision of an infection control program.
(c) The infection control committee shall establish and maintain, as part of the infection control program,
   (1) specific procedures for diagnosing, reporting, investigating, reviewing, and maintaining records of infection of residents and personnel, such as the procedures set out in the federal Centers for Disease Control guidelines;
   (2) written procedures for all departments incorporating principles or practices that reduce the risk of infection in all patient care services and areas;
   (3) a system for reporting communicable diseases in accordance with 7 AAC 27.005 - 7 AAC 27.010; and
   (4) written isolation and body substance isolation techniques for known or suspected communicable diseases or infections.
(d) The infection control committee shall meet not less than quarterly, and shall retain written minutes of all meetings for at least three years.
(e) Infectious wastes must be disposed of in an incinerator which provides complete combustion.
(f) The infection control committee shall approve proposed disinfectant-detergent formulations and policies and procedures for their use.
History - Eff. 11/19/83, Register 88; am 5/28/92, Register 122 Authority AS 18.05.040 AS 18.20.010 AS 18.20.060 Editor's Notes -A copy of the federal Centers for Disease Control guidelines may be obtained from Centers for Disease Control, 1600 Clifton Road, NE, Atlanta, Georgia 30333.