150.001 Definitions
Infection Control Practitioner shall mean a licensed nurse with a background in chronic or long term care nursing, who is a member of the Association for Practitioners in Infection Control (APIC), and who has at least one year of experience working in infection control.

150.002: Administration
(D) The licensee shall be responsible for procurement of competent personnel, and the licensee and the administrator shall be jointly and severally responsible for the direction of such personnel and for establishing and maintaining current written personnel policies, and personnel practices and procedures that encourage good patient or resident care.

(8) Requirement that Personnel be Vaccinated Against Influenza Virus.
(a) Definitions.
1. For purposes of 105 CMR 250.002(D)(8), personnel means an individual or individuals employed by or affiliated with the facility, whether directly, by contract with another entity, or as an independent contractor, paid or unpaid, including but not limited to employees, members of the medical staff, contract employees or staff, students, and volunteers who either work at or come to the licensed facility site, whether or not such individual(s) provide direct patient care.
2. For purposes of 105 CMR 150.002(D)(8), the requirement for influenza vaccine or vaccination means immunization by either influenza vaccine, inactivated or live; attenuated influenza vaccine including seasonal influenza vaccine pursuant to 105 CMR 150.002(D)(8)(b); and/or other influenza vaccine pursuant to 105 CMR 150.002(D)(8)(c).
(b) Each facility shall ensure that all personnel are vaccinated annually with seasonal influenza vaccine unless an individual declines vaccination in accordance with 105 CMR 150.002(D)(8)(f). When feasible, and consistent with any guidelines of the Commissioner of Public Health and his/her designee, each facility shall ensure that all personnel are vaccinated with seasonal influenza vaccine no later than December 15, 2009 and annually thereafter.

12/11/09 105 CMR - 754
105 CMR: DEPARTMENT OF PUBLIC HEALTH
150.002: continued
(c) Each facility also shall ensure that all personnel are vaccinated against other pandemic or novel influenza virus(es) as specified in guidelines of the Commissioner or his/her designee, unless an individual declines vaccination in accordance with 105 CMR 150.002(D)(8)(1). Such guidelines may specify:
1. The categories of personnel that shall be vaccinated and the order of priority of vaccination of personnel, with priority for personnel with responsibility for direct patient care;
2. The influenza vaccine(s) to be administered;
3. The dates by which personnel must be vaccinated; and
4. Any required reporting and data collection relating to the personnel vaccination requirement of 105 CMR 150.002(D)(8)(c).
(d) Each facility shall provide all personnel with information about the risks and benefits of influenza vaccine.
(e) Each facility shall notify all personnel of the influenza vaccination requirements of 105 CMR 150.002(D)(8) and shall, at no cost to any personnel, provide or arrange for vaccination of all personnel who cannot provide proof of current immunization against influenza unless an individual declines vaccination in accordance with 105 CMR 150.002(D)(8)(f).
(f) Exceptions.
1. A facility shall not require an individual to receive an influenza vaccine pursuant to 105 CMR 150.000(D)(8)(b) or (c) if:
   a. the vaccine is medically contraindicated, which means that administration of influenza vaccine to that individual would likely be detrimental to the individual's health.
   b. vaccination is against the individual's religious beliefs; or
   c. the individual declines the vaccine.
2. An individual who declines vaccination for any reason shall sign a statement certifying that he or she received information about the risks and benefits of influenza vaccine.

(g) Unavailability of Vaccine. A facility shall not be required to provide or arrange for influenza vaccination during such times that the vaccine is unavailable for purchase, shipment, or administration by a third party or when complying with an order of the Commissioner of Public Health which restricts the use of the vaccine. A facility shall obtain and administer influenza vaccine in accordance with 105 CMR 150.002(D)(8) as soon as vaccine becomes available.

(h) Documentation.
1. A facility shall require and maintain for each individual proof of current vaccination against influenza virus pursuant to 105 CMR 150.008(D)(8)(b) and (c), or the individual's declination statement pursuant to 105 CMR 150.002(D)(8).
2. Each facility shall maintain a central system to track the vaccination status of all personnel.
3. If a facility is unable to provide or arrange for influenza vaccination for any individual, it shall document the reasons such vaccination could not be provided or arranged for.

(i) Reporting and Data Collection. Each facility shall report information to the Department documenting the facility's compliance with the personnel vaccination requirements of 105 CMR 150.002(D)(8), in accordance with reporting and data collection guidelines of the Commissioner or his/her designee.

150.006: Other Professional Services and Diagnostic Services

(H) At a minimum an AIDSSNF shall employ a .2 FTE (8 hours per week) Infection Control Practitioner (ICP) as defined in 105 CMR 150.001: Infection Control Practitioner.

(I) In an AIDSSNF, regular staff training and support groups shall be held which address both educational and emotional needs related to the care of patients with Acquired Immune Deficiency Syndrome (AIDS) or any of the HIV-related diseases as classified by the Centers for Disease Control (CDC).

151.330: Special Care Room -- Nursing Care Unit

(A) In each unit, one single bedroom shall be provided for occupancy by a patient requiring isolation or intensive care. This room shall be located in close proximity to the nurse's station and shall not have direct access with any other patient room. The room shall be included in the quota and may be generally used until such time as it is used for isolation or intensive care.

151.430: Special Care Room -- Resident Care Units

(A) In each unit, one single bedroom shall be available for occupancy by a patient requiring isolation. This room shall be located in close proximity to the attendant's station and shall not have direct access with any other patient room. The room shall be included in the quota and may be generally used until such time as it is used for isolation.

(B) This room shall be provided with a separate toilet, lavatory and bathing fixture.

155.003: Definitions
Isolation technique: any method of physically segregating a patient or resident from other persons or restricting a patient or resident’s opportunities to interact or communicate with other persons. Emergency or short-term monitored separation from others will not be considered an isolation technique if used for a limited period of time as a therapeutic intervention to reduce agitation until the behavior requiring the intervention is resolved.