101.11 Infectious Medical Waste. The term "infectious medical waste" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this regulation, the following wastes shall be considered to be infectious medical wastes:

1. Wastes resulting from the care of residents and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi Department of Health;

2. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biological, discarded lie and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;

3. Blood and blood products such as serum, plasma, and other blood components.

4. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;

5. Other wastes determined infectious by the generator or so classified by the Mississippi Department of Health.

101.18 Mantoux Test. A method of skin testing that is performed by injecting one-tenth (0.1) milliliter of purified protein derivative-tuberculin containing five (5) tuberculin units into the dermis (i.e., the second layer of skin) of the forearm with a needle and syringe. The area is examined between forty-eight (48) and seventy-two (72) hours after the injection. A reaction is measured according to the size of the induration. The classification of a reaction as positive or negative depends on the patient’s medical history and various risk factors (see definition for “significant tuberculin skin test”). This test is used to evaluate the likelihood that a person is infected with M. tuberculosis. It is the most reliable and standardized technique for tuberculin testing. It should be administered only by persons certified in the intradermal technique.

101.34 Significant Tuberculin Skin Test. An induration of five (5) millimeters or greater is significant (or positive) in the following:

1. Persons known to have or suspected of having human immunodeficiency virus (HIV).

2. Close contacts of a person with infectious tuberculosis.

3. Persons who have a chest radiograph suggestive of previous tuberculosis.

4. Persons who inject drugs (if HIV status is unknown).

An induration of ten (10) millimeters or greater is significant (or positive) in all other persons tested in Mississippi. A tuberculin skin test is recorded in millimeters of induration. For accurate results, measure the widest diameter of the palpable induration transverse (across) the arm.

101.35 Two-step Testing. A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of
mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

102.11 Infectious Medical Waste. The term "infectious medical waste" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this regulation, the following wastes shall be considered to be infectious medical wastes:

a. Wastes resulting from the care of residents and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi State Department of Health;

b. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biological, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;

c. Blood and blood products such as serum, plasma, and other blood components.

d. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;

e. Other wastes determined infectious by the generator or so classified by the Mississippi State Department of Health.

101.18 Mantoux Test. A method of skin testing that is performed by injecting one-tenth (0.1) milliliter of purified protein derivative-tuberculin containing five (5) tuberculin units into the dermis (i.e., the second layer of skin) of the forearm with a needle and syringe. The area is examined between forty-eight (48) and seventy-two (72) hours after the injection. A reaction is measured according to the size of the induration. The classification of a reaction as positive or negative depends on the patient’s medical history and various risk factors (see definition for “significant tuberculin skin test”). This test is used to evaluate the likelihood that a person is infected with M. tuberculosis. It is the most reliable and standardized technique for tuberculin testing. It should be administered only by persons certified in the intradermal technique.

115.05 Testing for Tuberculosis. The tuberculin test status of all staff shall be documented in the individual's record. The first step of a two-step Mantoux tuberculin skin test shall be performed (administered and read) on all new employees thirty (30) days prior to hire or immediately upon hire. Each Mantoux tuberculin skin test shall be administered and read by personnel trained and certified in the procedure and the results shall be recorded in millimeters of induration. An employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to the reading and documentation of the first step of a two-step Mantoux tuberculin skin test and completing a signs and symptom assessment. Anyone found to have a positive signs and symptoms assessment (e.g., cough, sputum production, chest pain, anorexia, weight loss, fever, night sweats, especially if symptoms last three weeks or longer), regardless of the size of the skin test, or anyone found to have a positive skin test shall also have a chest x-ray and be evaluated for active tuberculosis by a physician within 72 hours. This evaluation must be prior to any contact with residents or being allowed to work in areas of the facility to which residents have routine access.
The results of the first step of the two-step Mantoux tuberculosis testing shall be documented in the individual's record within seven (7) days of employment. Exceptions to this requirement may be made if:

1. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the State Tuberculosis Program for tuberculosis infection, or

2. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the State Tuberculosis Program for active tuberculosis disease, or

3. The individual has a documented previous significant tuberculin skin test reaction. Individuals with significant Mantoux tuberculin skin tests should be reminded periodically about the symptoms of tuberculosis and the need for prompt evaluation of any pulmonary symptoms of tuberculosis. A tuberculosis symptom assessment shall be documented as part of the annual health screening. No additional follow-up is indicated unless symptoms suggestive of active tuberculosis develop. Specifically, annual chest x-rays are not indicated.

Employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employee’s personnel record within fourteen (14) days of employment. The two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past twelve (12) months. If the employer has documentation the employee has had a negative TB skin test within the past twelve months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment, and documenting the results.

All staff who do not have a significant Mantoux tuberculin skin test reaction shall be retested annually within thirty (30) days of the anniversary of their last Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for latent tuberculosis infection treatment.

115.07 Reporting of Tuberculosis Testing. The facility shall report and comply with the annual MDH TB Program surveillance procedures.

119.02 Admission Requirements to rule out active tuberculosis (TB)

1. The following are to be performed and documented within 30 days prior to the resident’s admission to the nursing home:
   a. A TB signs and symptoms assessment by a licensed physician or nurse practitioner and
   b. A chest x-ray taken and have a written interpretation.

2. Admission to the facility shall be based on the results of the required tests as follows:
   a. Residents with an abnormal chest x-ray and/or signs and symptoms assessment shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel within 30 days prior to the patient’s admission to the nursing home. Evaluation for active TB shall at the recommendation of the MDH and shall be prior to admission. If TB is ruled out and the first step of
the TST is negative the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading shall be done by certified personnel.

b. Residents with a normal chest x-ray and no signs or symptoms of TB shall have a baseline TST performed with the initial step of a two-step Mantoux TST placed on or within 30 days prior to, the day of admission. The second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel.

i. Residents with a significant TST upon baseline testing or prior significant TST shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these develop shall have an evaluation for TB per the recommendations of the MDH within 72 hours. (See Section 119.02 (2a))

ii. Residents with a non significant TST upon baseline testing shall have an annual Mantoux TST within thirty (30) days of the anniversary of their last TST.

iii. Residents with a new significant TST on annual testing shall be evaluated for active TB by a nurse practitioner or physician.

c. Active or suspected Active TB Admission. If a resident has or is suspected to have active TB, prior written approval for admission to the facility is required from the MDH TB State Medical Consultant.

d. Exceptions to TST requirement may be made if:

i. Resident has prior documentation of a significant TST.

ii. Resident has received or is receiving an MSDH approved treatment regimen for latent TB infection or active disease.

iii. Resident is excluded by a licensed physician or nurse practitioner due to medical contraindications.

119.03 Transfer to another long term facility or return of a resident to respite care shall be based on the above tests (Section 119.02 (2)) if done within the past 12 months and the patient has no signs and symptoms of TB.

119.04 Transfer to a Hospital or Visit to a Physician Office. If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the licensed facility shall notify the MSDH, the hospital, transporting staff and the physician’s office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MSDH TB State Consultant.

SECTION D -- Physical Facilities

704.1 Floors. Floors in food service areas shall be of such construction so as to be easily cleaned, sound, smooth, non-absorbent, and without cracks or crevices. Also, floors shall be kept in good repair.

704.7 Handwashing Facilities. Handwashing facilities with hot and cold water, soap dispenser and a supply of soap, and disposable towels shall be provided in all kitchens. The use of a common towel is prohibited. Hands shall not be washed in sinks where food is prepared or where utensils are cleaned.
In facilities with more than one hundred (100) beds proportionate space approved by the licensing agency shall be provided. Also, the kitchen shall be of such size and dimensions in order to:

8. Lavatories, handwashing; conveniently located throughout the department.

703.8 Serving of Meals.

d. All trays, tables, utensils and supplies such as china, glassware, flatware, linens and paper placemats, or tray covers used for meal service shall be appropriate, sufficient in quantity and in compliance with the applicable sanitation standard.

502.3 Transfer to another long term facility or return of a resident to respite care shall be based on the above tests (Section B 502.2) if done within the past 12 months and the patient has no signs and symptoms of TB.

Transfer to a Hospital or Visit to a Physician Office. If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the licensed facility shall notify the MSDH, the hospital, transporting staff and the physician’s office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MSDH TB State Consultant.