.21-1 Employee Health Program.

A. The facility's infection control program shall monitor the relevant health status of all employees, as it relates to infection control. The following guidelines shall aid the facility in implementing its employee health program:

1. Guideline for Infection Control in Health Care Personnel;

2. Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC); and

3. COMAR 09.12.31.

B. Tuberculosis Control.

1. The infection control program shall include a risk assessment program, including monitoring for tuberculosis infection for employees that is in accordance with the following guidelines:

   a. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities; and

   b. Guideline for Infection Control in Health Care Personnel.

2. The facility shall ensure that all employees who may provide services that require direct access to residents may not provide such services without documented evidence that the employee is free from tuberculosis in a communicable form.

3. The facility shall monitor the purified protein derivative (PPD) status of employees at any time that symptoms suggestive of tuberculosis develop, and periodically, consistent with the tuberculosis control plan. All employees shall be assessed for risk of tuberculosis following guidelines referenced in §B of this regulation.

4. The facility shall maintain written documentation of the following:

   a. Results of tuberculin skin tests, recorded in millimeters of induration with dates of administration, dates of reading, results of test, and the manufacturer and lot number of the purified protein derivative (PPD) solution used;

   b. Results of chest x-rays required in this regulation; and

   c. Documentation of any tuberculin skin tests, chest x-ray, chemotherapy, and chemoprophylaxis, which are the basis for the certification that the individual is free from tuberculosis in a communicable form.

5. The facility shall screen all new employees for immunity to common childhood infections such as mumps, rubella, measles, and chicken pox (varicella), through the use of pre-employment questionnaires and, if appropriate, serologic testing for presence of antibodies of these diseases, to prevent adult exposure of new employees to residents with communicable forms of such disease organisms.

6. The facility shall request that all new employees receive immunization for Hepatitis B. The employee may refuse to be immunized if medically contraindicated, against the employee's religious beliefs, or after being fully informed of the health risks of not being immunized. If the employee refuses to be immunized, the facility shall document the refusal and the reason for the refusal.

7. The facility shall request that each employee receive immunization from influenza virus in accordance with Health-General Article, §18-404, Annotated Code of Maryland. The facility shall make information available to all employees concerning other conditions in which pneumococcal vaccine may be of benefit for certain other underlying medical conditions. The facility shall document refusals and shall conduct surveillance of nonimmune employees during the recognized influenza season.

8. The facility shall inquire about a history of varicella for each new employee. If the employee's history is unclear, then the facility shall request a serology for varicella. If the serology for varicella is nonreactive, the facility shall request that the employee receive immunization for varicella. If the employee refuses to be immunized, the facility shall document the refusal and the reason for the refusal.
.21-2 Resident Health Program.

A. The facility's infection control program shall include monitoring of the health status of all residents to determine if the residents are free from tuberculosis in a communicable form.

B. Tuberculosis Assessment.

(1) The facility shall assess residents for tuberculosis according to the following guidelines:

(a) Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities; and

(b) Guideline for Infection Control in Health Care Personnel.

(2) All residents shall receive a tuberculin skin test within 10 days of initial admission unless the resident has had a documented negative skin test within the previous month, a previous positive test, history of preventive therapy, or treatment of tuberculosis.

(3) The tuberculin skin test for new admissions may be a two-step skin test that is performed by the facility according to the established infection control policy of the facility. Approved employees shall read the skin test and manage the results of the skin test in accordance with Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities.

(4) The facility shall continue to monitor residents for signs and symptoms of tuberculosis by performing a yearly symptom review. When a resident has signs and symptoms of tuberculosis, a physician shall within 48 hours:

(a) Evaluate the resident for tuberculosis in a communicable form;

(b) Notify the health officer within 24 hours if the physician suspects tuberculosis; and

(c) Coordinate management of the resident and the resident's contacts with the health officer.

(5) The facility shall assess and manage a resident with a history of previous positive tuberculin skin test, previous history of active tuberculosis, or positive skin test conversion in accordance with Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities.
.21-3 Volunteer Health Program.

A. The facility shall urge that volunteers, defined as individuals who spend an average of 8 hours per week or more in the institution patient care areas and who receive no pay or benefits, accept annual influenza vaccination and tuberculin testing as considered necessary by the facility. The facility shall give appropriate health care information to such volunteers to provide maximum protection to residents.

B. The facility shall maintain documentation of the discussion between the facility and the volunteer concerning influenza vaccine and tuberculin testing.