State Regulations Pertaining to Infection Control

Note: This document is arranged alphabetically by State. To move easily from State to State, click the “Bookmark” tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

ALABAMA

420-5-10-.01 Definitions.

(1) Definitions - (a list of selected terms often used in connection with these rules):
(x) "Medication" - All substances having medicinal properties intended for external and/or internal use for the treatment, prevention, diagnosing or curing of any disease, illness, malady, etc., in humans. The term "medication" as defined in the Pharmacological Basis of Therapeutics and shall encompass all other synonymous terms such as drugs, biologicals, chemicals, potions, remedies, or poisons.

420-5-10-.02 Licensing and Administrative Procedures.

(1) Compliance with State and Local Laws.

(b) Compliance with Other Laws. The facility shall be in compliance with laws relating to fire and safety, sanitation, communicable and reportable diseases, Certificate of Need, and other relevant health and safety requirements.

(9) Inspections. Failure or refusal to submit to a survey will result in initiation of license revocation proceedings. Findings noted during a survey shall be corrected by execution of an acceptable plan of correction. The plan of correction shall be succinctly written to address identified problems in a timely manner and returned to Alabama Department of Public Health not later than 10 calendar days after receipt of Statement of Deficiencies.

Author: Rick Harris Statutory Authority: Code of Alabama, 1975, 22-21-20, et seq.


420-5-10-.04 Personnel.

(1) General. The administrator shall be responsible for implementation and maintenance of written personnel policies and procedures that support sound resident care and personnel practices. Personnel records shall be in effect current and available for each employee and contain sufficient information to support placement in the position to which assigned. Written policies for control of communicable disease shall be in effect to ensure that employees with symptoms or signs of communicable disease or infected skin lesions are not permitted to work, and that safe and sanitary environment for personnel exists. Incidents and accidents to personnel shall be reviewed to identify health and safety hazards.

(3) In addition to requirements at 420-5-10-.17, each facility shall:
(a) Establish vaccination requirements for employees that are consistent with current recommendations from the Center for Disease Control and Prevention (CDC) and the federal Occupational Safety and Health Administration (OSHA).
(b) Personnel absent from duty because of any communicable disease shall not return to duty until examined by a physician for freedom from any condition that might endanger the
health of residents or employees. Documentation of freedom from communicable disease shall be available in facility records.

420-5-10-.08 Quality of Life.

(1) Quality of Life.

(i) If a pet therapy program is implemented, the following guidelines must be met:
(I) Pets chosen shall be free of contagious disease or sickness (diarrhea, ringworm, etc.). This includes pets residing at the facility.
(II) Pets shall be inoculated or vaccinated, as required by law, with written verification of current inoculations for pets residing in facilities and must be on file at the facility.


420-5-10-.12 Dietary Services.

(8) Sanitary conditions. The facility must:
(a) Procure food from sources approved or considered satisfactory by Federal, State or local authorities;
(b) Store, prepare, distribute, and serve food under sanitary conditions; and
(c) Dispose of garbage and refuse properly.

(9) Feeding Assistant Program Requirements.

(f) Feeding Assistant Training Requirements.
1. Feeding assistant training programs must require enrolled individuals to successfully complete an approved training program, which includes the following federally-mandated topics, covered during nine (9) hours of classroom instruction and hands on training.

Author: Rick Harris Statutory Authority: Code of Alabama, 1975, 22-21-20, et seq.

420-5-10-.17 Infection Control.

(1) The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.
(a) Infection control program. The facility must establish an infection control program under which it:
1. Investigates, controls, and prevents infections in the facility;
2. Decides what procedures, such as isolation should be applied to an individual resident; and
3. Maintains a record of incidents and corrective actions related to infections.
(b) Preventing spread of infection.
1. When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
2. The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
3. The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.
(c) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

(2) Tuberculosis (TB) Screening.

(a) Resident Screening.
1. As part of the resident admission procedure, a two-step tuberculin (PPD-Mantoux) skin test shall be administered prior or upon admission to all new residents unless there is documentation of a previous positive reaction. The two-step method should detect the boosting phenomenon that might be misinterpreted as a skin test conversion. Testing administered prior to admission shall be within 30 days of admission date. Results shall be recorded in the permanent records of the facility.
2. History of Bacille Calmette Guerin (BCG) vaccination does not preclude an initial screening test, and a reaction of 10 mm or more induration shall be managed as a tuberculous infection.
3. At the time of admission any resident found to have a significant tuberculin skin test reaction (10 mm or greater) or with symptoms suggestive of TB shall be evaluated for active TB disease by clinical examination and chest roentgenogram. Sputum specimen, if obtainable, shall be collected and sent to the State Health Department Laboratory for smear and culture studies. Routine chest roentgenogram at admission remains an option at the discretion of the nursing facility. In the absence of clinical symptoms, annual chest roentgenograms are not recommended.
4. Sputum for acid-fast smear and mycobacterial culture shall be obtained promptly on any tuberculin reactor who develops a persistent cough or fever, or manifests an abnormal chest roentgenogram compatible with TB. Any resident, regardless of skin test results, with a persistent cough or fever or other symptoms suggestive of TB shall first have sputum collected and submitted immediately to the State Health Department Laboratory for smear and culture studies, followed by a clinical examination and chest roentgenogram.
5. Residents who have a documented history of a positive (greater than 10 mm induration) PPD tuberculin test, adequate treatment for disease, or adequate preventive therapy for infection shall be exempt from further screening unless they develop signs or symptoms suggestive of TB.
6. Routine annual TB skin testing of residents is not recommended for every nursing facility. The Infection Control Plan for each facility shall establish the need and frequency of repeat or annual TB skin testing based upon the risk of transmission of TB infection in that facility and the surrounding community.
7. All residents with a documented negative tuberculin test shall be retested within seven working days after notice of exposure to a suspected or diagnosed case, using the single-step Mantoux method. Contacts having a tuberculin skin test with a 5 mm or greater induration, and tuberculin converters should have follow-up examinations including a chest roentgenogram and clinical evaluation. Converters are defined as newly infected persons, without documented exposure information, whose tuberculin skin test increases as follows:
   - For persons under age 35 the skin test must increase by at least 10 mm from most recent test results.
   - For persons aged 35 and older the skin test must increase by at least 15 mm from most recent test results.

(b) Employee Screening.
1. As part of the pre-employment procedure, a two-step tuberculin (PPD-Mantoux) skin test shall be administered to all new employees as soon as employment begins unless there is
documentation of a previous positive reaction or documentation of a negative skin test within the past 12 months. A single-step skin test is sufficient for new employees with documented negative test within the previous 12 months. The two-step tuberculin skin testing should detect the boosting phenomenon that might be misinterpreted as a skin test conversion. Results shall be recorded in the permanent records of the facility.

2. A history of BCG vaccination does not preclude an initial screening test, and a reaction of 10 mm or more induration shall be managed as a TB infection.

3. Any health care worker (HCW), at the time of employment, found to have a significant tuberculin skin test reaction (10 mm or greater) or with symptoms suggestive of TB shall be evaluated by clinical examination and chest roentgenogram. Sputum specimen, if obtainable, shall be collected and sent to the State Health Department Laboratory for smear and culture.

4. HCWs who have a documented history of a positive PPD test, adequate treatment for disease, or adequate preventive therapy for infection shall be exempt from further screening unless they develop signs or symptoms suggestive of TB.

5. Routine annual TB skin testing of HCWs is not recommended for every nursing facility. PPD-negative HCWs shall undergo repeat PPD testing at regular intervals as determined by the nursing facility's risk assessment. The Infection Control Plan for each facility should establish the need and frequency of repeat or annual TB skin testing based upon the risk of transmission of TB in that facility and the surrounding community.

6. All HCWs with documented negative tuberculin test shall be retested using the single step Mantoux method within seven working days after notice of exposure to a suspected or diagnosed case of TB if appropriate precautions were not in place at the time of exposure. All HCWs with newly recognized positive PPD test results shall be evaluated promptly for active TB. Contacts having a tuberculin skin test with a 5 mm or greater induration, and tuberculin converters shall have follow-up examinations including a chest roentgenogram and clinical evaluation. Sputum specimen, if obtainable, should be sent to the State Health Department Laboratory for smear and culture. Converters are defined as newly infected persons, without documented exposure information, whose tuberculin test increases as follows:

For persons under age 35 the skin test must increase by at least 10 mm within the past two years for persons aged 35 and older the skin test must increase by at least 15 mm within the past two years.

7. Routine chest radiographs are not required for asymptomatic, PPD-negative HCWs. HCWs with positive PPD test results shall have chest radiographs as part of the initial evaluation of their PPD test; if negative, repeat chest radiographs are not needed unless symptoms develop that could be attributed to TB. However, more frequent monitoring for symptoms of TB may be considered for recent converters and other PPD-positive HCWs who are at increased risk for developing active TB (e.g., HIV-infected or otherwise severely immunocompromised HCWs).

(c) Treatment of Latent Infection.

1. Infected employees and residents with no current disease, who are 34 years of age and under, shall be offered preventive therapy (isoniazid) in accordance with the American Thoracic Society, Center for Disease Control, American College of Chest Physicians and the Alabama State TB Control Program Guidelines. Employees and residents aged 35 and over who have significant skin tests may be offered preventive therapy depending upon each individual's complete evaluation.
(d) Role of the Health Department.
1. Any employee or resident with suspected or diagnosed TB disease must be reported to the local health department immediately.
2. Epidemiologic investigation will be performed by trained health department staff on all employees and residents with diagnosed or suspected disease.
3. Further information regarding TB screening of employees and residents may be obtained by contacting the local county health department or the Division of Tuberculosis Control of the State Health Department.

(e) Two-Step Testing.
Nursing homes may choose to use either of the methods outlined below when administering the two-step (test-retest) tuberculin skin test. The Infection Control Plan for each facility shall designate which method is more appropriate for the facility and that method must be consistently utilized. The use of the two-step tuberculin skin test should detect the boosting phenomenon that might be misinterpreted as a skin test conversion. The process is particularly important when repeat testing is likely.

Method 1:
Apply first test Read result in 7 days If result is positive (greater than 10 mm of induration), follow recommendation for appropriate follow-up of positive skin test If result is negative (0-9 mm of induration), apply second test (same day) Read result of second test 48-72 hours later Use result of second test as baseline

Method 2:
Apply first test Read test in 48-72 hours If result is positive (greater than 10 mm of induration), follow recommendation for appropriate follow-up of positive skin test If result is negative (0-9 mm of induration), apply second test 1-3 weeks later Read result of second test 48-72 hours later Use result of second test as baseline

Author: Jimmy D. Prince

420-5-10-18 Physical Plant.
(4) General Requirements - The provisions of this section shall apply to all nursing facilities.

(h) All liquid and human waste, including floor wash water and liquid waste from refrigerators, is disposed of through trapped drains into a public sanitary sewer system in localities where such system is available. In localities where a public sanitary sewer system is not available, liquid and human waste shall be disposed of through trapped drains and in a manner approved by the Alabama Department of Public Health or its appropriate designated agency.

Plumbing is so sized, installed and maintained to carry adequate quantities of water to required locations throughout the facility, to prevent contamination of the water supply, and to properly convey sewage and liquid wastes from the establishment to the sewerage or sewage disposal system, in such a manner and so that it does not constitute a source of contamination or create an unsanitary condition or nuisance.

Solid, non-infectious wastes are kept in leak proof, non-absorbent containers which shall be kept covered with tight fitting lids, and are disposed of in a manner approved by the Alabama Department of Public Health or its appropriate designated agency.
(5) New Construction Requirements.

(d) Accommodations for Residents. The minimum accommodations for residents shall include the following:

Nursing facilities or additions to nursing facilities constructed after November 16, 1988, shall provide hand washing lavatory in each bedroom. It may be omitted from bedroom when a lavatory is provided in an adjoining toilet or bathroom.

(e) Isolation Room.

Isolation rooms shall be provided at the rate of not less than one private bedroom per 50 beds or major fraction thereof for the isolation of residents suffering from infectious diseases as defined by the Centers for Disease Control (CDC). The bedroom shall meet all of the requirements for bedrooms as previously stated in these regulations. Isolation bedrooms may be used to provide for the special care of residents who develop acute illnesses, have personality problems, or residents in terminal phases of illness. If central heating/cooling is provided, the air from the room shall be exhausted directly to the outside.

Isolation rooms in nursing facilities shall have a lavatory within the room or within a private toilet.

(g) Utility Rooms. In new nursing facilities and in additions to existing nursing facilities after December 26, 1988, a separate clean and soiled utility room shall be provided for each nursing unit.

1. The clean utility room shall contain as a minimum:

   (vi) Wall mounted or counter top hand washing lavatory, separate from the service sink.

   (viii) Clinical sink or equivalent flushing-rim fixture unless toilet with bedpan lug and bedpan washer are provided in adjoining toilets to all bedrooms in the nursing unit.

(k) Physical Therapy. Physical therapy areas, if provided, shall be in a specifically designated area and shall include equipment and areas as needed to meet specific resident requirements and shall also include storage space for linens, supplies, and equipment, a counter top or wall hung handwash lavatory and a service sink in a counter or freestanding.

(7) Dietary (applies to all facilities).

(b) The dietetic service area shall be of such size and dimensions as to permit orderly and sanitary handling and processing of food. Avoid overcrowding and congestion of operations.

(c) Hand washing facilities. Hand washing facilities shall be provided in all food production and serving areas. Sinks shall be equipped with a soap dispenser and adequate supply of soap, disposable towels, and hot and cold running water. The use of a common towel is prohibited. Hands must not be washed in sinks where food is prepared.


Author: Victor Hunt
CHAPTER 70. NURSING HOME ADMINISTRATORS.

Sec. 08.70.180. Definitions. In this chapter,

(4) “nursing home” means a facility which is operated in connection with a hospital or in which nursing care, intermediate care, and medical services are prescribed by or performed under the general direction of persons licensed to practice medicine or surgery within the state for the accommodation of convalescents or other persons who are not acutely ill but who do require skilled or intermediate nursing care and related medical services; the term “nursing home” is restricted to those facilities the purpose of which is to provide skilled or intermediate nursing care and related medical services for a period of not less than 24 hours a day to individuals admitted because of illness, disease or physical or mental infirmity;

12AAC 46.900. DEFINITIONS. In this chapter

(1) “department” means the Department of Commerce, Community, and Economic Development;

(2) “health care facility” means a place devoted primarily to the inpatient diagnosis, treatment, or care of two or more unrelated individuals suffering from illness, disease, injury, or physical or mental disability;

(3) “NAB” means the National Association of Boards of Examiners for Nursing Home Administrators, Inc.;

(4) “nursing home” has the meaning given in AS 08.70.180.

Authority: AS 08.70.050

ARTICLE 1. GENERAL

R9-10-101. Definitions

24. “Health care institution” means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in A.R.S. § 36-151 and hospice service agencies.

25. “Health-related services” means services, other than medical, pertaining to general supervision, protective, preventive and personal care services, supervisory care services or directed care services.

54. “Substantial compliance” means that the nature or number of violations revealed by any type of inspection or investigation of a licensed health care institution does not pose a direct risk to the life, health or safety of patients or residents.

59. “Treatment” means a procedure or method to cure, improve, or palliate an injury, an illness, or a disease.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).
R9-10-117. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-118. Reserved

R9-10-119. Reserved

R9-10-120. Reserved

R9-10-121. Repealed

Historical Note
Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-206. Personnel
An administrator shall require that:
3. Before the initial date of providing hospital services or volunteer service, a personnel member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis according to the requirements in R9-10-229(A)(4):
   a. A report of a negative Mantoux skin test;
   b. If the individual has had a positive Mantoux skin test for tuberculosis, a physician's written statement that the individual is free from infectious pulmonary tuberculosis; or
   c. A report of a negative chest x-ray;

Historical Note
New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1).

R9-10-207. Medical Staff
A. A governing authority shall require that:
B. An administrator shall require that:
1. By October 1, 2003, a medical staff member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis according to the requirements in R9-10-229(A)(4):
   a. A report of a negative Mantoux skin test;
   b. If the individual has had a positive Mantoux skin test for tuberculosis, a physician's written statement that the individual is free from infectious pulmonary tuberculosis; or
   c. A report of a negative chest x-ray;

Historical Note
R9-10-230. Environmental Services
An administrator shall require that:
1. An individual providing environmental services who has the potential to transmit pulmonary tuberculosis to patients as determined by the infection control risk assessment shall comply with the requirements in R9-10-206(3);
2. The hospital premises and equipment are:
   a. Cleaned according to policies and procedures designed to prevent or control illness or infection; and
   b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program is used to control insects and rodents;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to A.A.C. Title 18, Chapter 13, Article 14 and hospital policies and procedures;
6. Equipment used to provide hospital services is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or if there are no manufacturer's recommendations, as specified in hospital policies and procedures; and
   c. Used according to the manufacturer's recommendations;
7. Documentation of equipment testing, calibration, and repair is maintained on the hospital premises for one year from the date of the testing, calibration, or repair and provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.

**Historical Note**
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**ARTICLE 5. ADULT DAY HEALTH CARE FACILITIES**

**R9-10-501. Definitions**
In this Article, unless the context otherwise requires:
6. "Communicable disease" means the same as defined in A.R.S. § 36-661(4).
9. "Medication" means a drug, prescription or nonprescription, administered to or self-administered by a participant to maintain health or to prevent or treat an illness or disease.

**Historical Note**

**R9-10-503. Personnel**
3. Within the first week of employment, attend orientation that includes:
   a. Policies and procedures, including personnel procedures;
   b. Participant rights and facility rules;
   c. Protection of participant privacy and confidentiality;
   d. Basic infection control techniques, including hand washing and prevention of communicable diseases;

**Historical Note**

**R9-10-507. Enrollment**

**R9-10-507. Enrollment**
D. The administrator shall ensure that each participant enrolled in the facility shall have a signed written medical assessment completed by the participant’s medical provider within 60 days prior to enrollment. The assessment shall include:
3. Evidence of freedom from communicable diseases.

**Historical Note**
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4).

from the starting date of employment that includes:
7. Infection control;

B. A licensee shall ensure that each manager and caregiver completes a minimum of six hours of ongoing training every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.
1. The training shall include:
c. Infection control;

Historical Note

R9-10-715. Food Services
C. A licensee shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
7. Food is stored in covered containers, a minimum of six inches above the floor, and protected from splash and other contamination;
8. Frozen foods are stored at a temperature of 0° F or below;
9. Food service is not provided by an individual infected with a communicable disease that may be transmitted by food handling or in which there is a likelihood of the individual contaminating food or food-contact surfaces or transmitting disease to other individuals;
10. Before starting work, after smoking, using the toilet, and as often as necessary to remove soil and contamination, individuals providing food services wash their hands and exposed portions of their arms with soap and warm water; and
11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-718. Environmental Services
12. Pets or animals are:
a. Controlled to prevent endangering the residents and to maintain sanitation;
b. Licensed consistent with local ordinances;
c. Vaccinated as follows:
   i. A dog is vaccinated against rabies, leptospirosis, distemper, hepatitis, and parvo; and
   ii. A cat is vaccinated against rabies and feline leukemia;

**Historical Note**
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**ARTICLE 9. NURSING CARE INSTITUTIONS**

**R9-10-901. Definitions**

16. "Communicable disease" has the meaning in A.A.C. R9-6-101.

50. "Medical history" means a part of a resident’s medical records consisting of an account of the resident’s health, including past and present illnesses, diseases, or medical conditions.

**Historical Note**

**R9-10-904. Administration**

E. An administrator shall ensure that:
1. Nursing care institution policies and procedures are established, documented, and implemented that cover:
   o. Infection control; and

**Historical Note**
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

**R9-10-905. Staff and Volunteers**

A. An administrator shall ensure that:
7. Orientation for a staff member or a volunteer begins in the first week of employment or volunteer service and covers:
   c. Infection control including:
      i. Hand washing,
      ii. Linen handling, and
      iii. Prevention of communicable diseases, and
   a. Documentation of a negative Mantoux skin test or other test for tuberculosis recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within six months before the starting date of employment or volunteer service; or
   b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within six months before the starting date of employment or volunteer service, that the staff member or volunteer is free from infectious pulmonary tuberculosis;

9. Every 12 months after the date of testing or date of the written statement by a physician, physician assistant, or registered nurse practitioner, a staff member or volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
   a. Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within 30 days before the anniversary date of the most recent test or written statement; or
   b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within 30 days before the anniversary date of the last written statement, that the staff member or volunteer is free from infectious pulmonary tuberculosis;
10. A record for a staff member and volunteer is maintained that includes:
c. Documentation that the staff member or volunteer is free from infectious pulmonary
tuberculosis as required in subsection (A)(8); and

D. If the nursing care institution uses registry staff, the administrator shall ensure there is a
contractual agreement with the registry that ensures:
1. A registry staff member holds a current license or certificate to perform duties
within the scope of the individual’s license or certificate;
2. A registry staff member complies with the requirements in subsection (A)(8) for
providing evidence of freedom from infectious pulmonary tuberculosis;
3. A registry staff member complies with the fingerprinting requirements in A.R.S. §
36-411; and
4. A registry provides documentation of compliance with subsections (D)(1), (D)(2),
and (D)(3) within two hours of a request by the nursing care institution or the Department.

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new
Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).
Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3).

R9-10-908. Admission
An administrator shall ensure that:
6. On or before the time of admission, a resident submits one of the following as evidence of
freedom from infectious pulmonary tuberculosis:
a. Documentation of a negative Mantoux skin test or other test recommended by the U.S.
Centers for Disease Control and Prevention or the tuberculosis control officer that includes
the date and the type of test, administered within six months before the date of admission;
or
b. A statement written and dated by a physician, physician assistant, or registered nurse
practitioner within six months before admission, that the resident is free from infectious
pulmonary tuberculosis;
7. Every 12 months after the date of testing or date of the written statement by a physician,
physician assistant, or registered nurse practitioner, a resident submits one of the following
as evidence of freedom from infectious pulmonary tuberculosis:
a. Documentation of a negative Mantoux skin test or other test recommended by the U.S.
Centers for Disease Control and Prevention or the tuberculosis control officer that includes
the date and the type of test, administered within 30 days before the anniversary date of the
most recent test or written statement; or
b. A statement written and dated by a physician, physician assistant, or registered nurse
practitioner within 30 days before the anniversary date of the most recent written
statement, that the resident is free from infectious pulmonary tuberculosis;
8. A resident who transfers from a nursing care institution to another nursing care
institution is not required to be retested for tuberculosis or provide another written
statement by a physician, physician assistant, or registered nurse practitioner if:
a. Fewer than 12 months have passed since the resident was tested for tuberculosis or since
the date of the written statement; and
b. The documentation of freedom from infectious pulmonary tuberculosis required in
subsection (6) accompanies the resident at the time of transfer; and
9. Compliance with the requirements in subsection (4) is documented in the resident’s
medical records.

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new
Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).
R9-10-910. Medical Services
A. A governing authority shall appoint a medical director.
B. A medical director shall ensure that:
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
  a. The attending physician provides documentation that the vaccination is medically contraindicated;
  b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical records that the resident or the resident's representative has been informed of the risks and benefits of each vaccination refused; or
  c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-913. Medical Records
C. An administrator shall require that medical records for a resident contains:
12. Documentation of freedom from infectious pulmonary tuberculosis required in R9-10-908; and

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-915. Environmental and Equipment Standards
An administrator shall ensure that:
1. A nursing care institution's premises and equipment are:
  a. Cleaned according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-917. Infection Control
An administrator shall ensure that:
1. There are policies and procedures:
  a. To prevent or control, identify, report, and investigate infections and communicable diseases including:
     i. Maintaining and storing sterile equipment and supplies;
     ii. Disposing of biohazardous medical waste; and
     iii. Transporting and processing soiled linens and clothing;
  b. That establish work restriction guidelines for a staff member infected or ill with a communicable disease or infected skin lesions;
2. An infection control program is established to prevent the development and transmission of disease and infection including:
  a. Developing a facility-wide plan for preventing, tracking, and controlling communicable diseases and infection;
  b. Reviewing the types, causes, and spread of communicable diseases and infections; and
c. Developing corrective measures for improvement and prevention of additional cases;

3. Soiled linen and clothing are:
a. Collected in a manner to minimize or prevent contamination;
b. Bagged at the site of use; and
c. Maintained separate from clean linen and clothing;
   1. Linens are clean before use, without holes and stains, and are not in need of repair;
   2. A staff member and a volunteer washes hands or use a hand disinfection product after each resident contact and after handling soiled linen, soiled clothing or potentially infectious material; and Infection control processes, policies, and information are documented and maintained in the nursing care institution for two years and are provided to the Department for review within two hours of the Department's request.

**Historical Note** Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-919. Quality Rating
C. The quality rating is determined by the total number of points awarded based on the following criteria:

3. Administration:
   e. 1 point. The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each staff member, volunteer, and resident.

4. Environment and Infection Control:
   a. 5 points. The nursing care institution environment is free from a condition or situation within the nursing care institution’s control that may cause a resident injury.
   b. 1 point. The nursing care institution establishes and maintains a pest control program.
   c. 1 point. The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
   d. 1 point. The nursing care institution ensures orientation to the disaster plan for each staff member is completed within the first scheduled week of employment.
   e. 1 point. The nursing care institution maintains a clean and sanitary environment.
   f. 5 points. The nursing care institution is implementing a system to prevent and control infection.
   g. 1 point. An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.

**Historical Note** Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

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**ARKANSAS**
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**100 DEFINITIONS**
Disinfection shall mean the process employed to destroy harmful microorganisms, but ordinarily not viruses and bacterial spores.
Drug means
(a) articles recognized in the Official United States Pharmacopeia, Official Homeopathic
Pharmacopeia of the United States, or Official National Formulary, or any supplement to any
of them; and
(b) articles intended for use in the diagnosis, cure mitigation, treatment, or prevention of
disease in man or other animal; and
(c) articles (other than food) intended to affect the structure or any function of the body of
man or other animals; and (d) articles specified in clause (a), (b) or (c); but does not include
devices or their components, parts or accessories.
Sanitation is the process of promoting hygiene and preventing disease by maintaining
sanitary conditions.

302 GENERAL ADMINISTRATION
302.7 Any home caring for patient with contagious diseases shall comply with all current
rules and regulations as described in the licensing laws and standards for hospitals and
related institutions of Arkansas.

303 PERSONNEL ADMINISTRATION
303.4 No person with a communicable disease or infected skin lesion shall be permitted to
work in the nursing home.
303.5 All employees must have a skin test for tuberculosis prior to employment or service.
These personnel shall be re-examined annually. The results of these tests shall be on record
in the nursing home. No person with active tuberculosis or a communicable disease shall be
allowed to work in the facility.

306.2 INCIDENTS OR OCCURRENCES THAT REQUIRE INTERNAL REPORTING ONLY -
FACSIMILE REPORT OR FORM DMS-762 NOT REQUIRED.
The following incidents or occurrences shall require the nursing facility to prepare an
internal report only and does not require a facsimile report, or form DMS-762 to be made
to the Office of Long Term Care. The internal report shall include all content specified in
Section 306.3, as applicable. Nursing facilities must maintain these incident record files in a
manner that allows verification of compliance with this provision.

b. All cases of reportable disease, as required by the Arkansas Department of Health.

318 ADMISSION, TRANSFER, AND DISCHARGE POLICIES
318.2 All persons admitted to a nursing home shall have a history and physical examination
at the time of admission or within seventy-two (72) hours following admission unless such
examination was performed within fifteen (15) days prior to admission. A copy of the
hospital history, physical, and discharge summary (after completion) will satisfy the
requirement if the history and physical was completed within thirty (30) days. The
examination will be for medical evaluation purposes and to determine if the patient is free
from communicable diseases.

320 INFECTION CONTROL
Written policies and procedures shall be established for investigating, controlling and
preventing infections. Procedures shall be reviewed annually and revised as necessary for
effectiveness and improvement. The policies and procedures shall include as a minimum:
1. Aseptic and isolation techniques.
2. Proper disposal techniques for infected dressings, disposable syringes, needles, etc.
3. Prohibiting the use of the common towel, common bath and hand soap, and the
   common drinking cup or glass.
405 STANDARD PATIENT ROOMS, BATH, AND TOILET FACILITIES

405.1 Standard patient rooms shall not have more than five (5) beds.

405.2 Single standard patient rooms shall measure at least one-hundred (100) square feet. Multi-patient rooms shall provide a minimum of seventy-two (72) square feet per bed. Patient beds shall be located in rooms and placed at least three (3) feet apart in all directions and so located as to avoid contamination (respiratory droplets), drafts, excessive heat, or other discomfort to patients, to provide adequate room for nursing procedures and to minimize the transmission of disease.

428 INTENSIVE CARE ROOM DESIGN

Other than requirements set forth for existing structures, 406, an intensive care room shall be mechanically vented to the outside and provided with a standard private toilet and handwashing facility. The intensive care room may also serve as an isolation room.

452 LINENS AND BEDDING

452.7.7 Infected linens shall be tagged with a label marked "Infected" prior to being sent to the soiled linen storage room. In the laundry, infected linens shall be disinfected by soaking in a chemical solution before being laundered.

454 CARE AND CLEANING OF MEDICAL SUPPLIES AND EQUIPMENT

454.1 In homes where commercially packaged sterile disposable items, i.e., dressings, syringes, needles, gloves, catheters, etc., are not provided, a method shall be utilized to achieve sterility for these required items. Suitable methods for sterilization are:

- Steam autoclave
- Pressure cooker
- Liquid sterilizing solution
- Dry heat sterilizer

454.2 Thermometers shall be disinfected by methods approved by the OLTC. One suitable method is to clean the thermometer thoroughly with soap and water and place in solution of iodine one percent (1%) and isopropyl alcohol for at least ten (10) minutes, and then rinse thoroughly with cold water before use.

454.3 Methods approved by the OLTC shall be used to sanitize bedpans, urinals, and emesis basins.

514 PERSONNEL ASSIGNMENTS

514.2 No aide shall be permitted to combine the duties of housekeeping, laundry, or kitchen duties with nursing because of the danger of cross infection to the patient.

521 TUBERCULOSIS SURVEILLANCE

Upon admission to the nursing home, physician orders shall be obtained to administer a PPD (intermediate strength) tuberculosis skin test to the resident and to repeat in ten (10) to fourteen (14) days if necessary. If this initial test reacts positively, the physician should be notified and a chest X-ray obtained and read. The record of this X-ray should be placed on the resident's chart. If it is not possible to obtain a chest X-ray, a sputum sample should be taken and forwarded for culture. If treatment is indicated, orders are obtained from the attending physician.

If the result of the initial skin test is negative, the skin test should be repeated in ten (10) to fourteen (14) days. If the result of this test is positive, the physician should be notified and a chest X-ray or sputum culture obtained. If treatment is indicated as a result of these tests, orders are obtained from the attending physician.

Once a resident has shown a positive skin test (regardless of whether or not further testing indicated treatment), he/she must be re-evaluated yearly. Either a chest X-ray or sputum...
culture should be obtained. If neither of these is possible, the resident should be evaluated for any visible signs of the disease such as productive cough or weight loss. Alternatively, if a nurse familiar with the resident finds no fever, no weight loss and no significant cough, this can be recorded in the medical record and will suffice for annual surveillance; if any symptoms are present, then a chest film should be indicated on medical grounds, and should be noted in the medical record. There should be evidence in the medical record of this yearly re-evaluation. If, however, the second skin test after admission is also negative, there need be no further testing of this resident unless an active case of tuberculosis is identified in the facility.

The medical record of all residents who have shown a positive skin test should be flagged to note that this resident does need to be re-evaluated yearly and that a sputum culture should be obtained following any pulmonary infection.

Recordation of tuberculin information shall be maintained in each resident's medical record and shall be recorded on forms provided by the Arkansas Department of Health.

554 CYCLE-FILL, PHARMACY NOTIFICATION AND DISPOSITION OF UNUSED DRUGS

554.1 Only oral solid medications may be cycle-filled. Provided, however, that if an oral solid medication meets one of the categories below, then that oral solid medication may not be cycle-filled.

e. Anti-infectives

562 HYGIENE OF STAFF

All food service employees shall wear appropriate, light-colored clothing including hairnet and shall keep themselves and their clothing clean.

All persons working as food handlers in nursing homes shall have in their possession or on file in the home in which they are employed, a current, approved health card.

Persons having symptoms of communicable or infectious diseases or lesions shall not be allowed to work in the dietetic services. Food service employees shall not be assigned duties outside dietetic services.

568 PREPARATION AND STORAGE OF FOOD

568.1 An adequately-sized storage room shall be provided with adequate shelving.

Seamless containers with tight-fitting lids, clearly labeled, shall be provided for bulk storage of dry foods. (It is recommended that these containers be placed on dollies for easy moving.) The storage room shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust or water leakage, or any other contamination. The room shall be clean, orderly, well ventilated and without condensation of moisture on the walls. Food in any form shall not be stored on the floor. If the bottom shelf is open it shall be of sufficient height to clean underneath.

568.2 All food prepared in the nursing home shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption. All food stored in the refrigerators shall be stored in covered containers. Leftover foods shall be labeled and dated with the date of preparation. Foods stored in freezers shall be wrapped in air tight packages, labeled and dated.

568.3 Fresh fruits and vegetables shall be thoroughly washed in clean, safe water before use. Vegetables subject to dehydration during storage shall be wrapped or bagged in plastic.

569 SANITARY CONDITIONS

569.6 Dishes, knives, forks, spoons, and other utensils used in the preparation and serving of foods must be stored in such a manner as to be protected from rodents, flies or other
insects, dust, dirt, or other contamination. Silverware shall be stored in a clean container that can be thoroughly washed and sanitized.

604 RETENTION AND PRESERVATION OF RECORDS

604.1 Retention Requirements for Active Clinical Records

a. The maintenance schedule for records on resident charts are as follows:

14. TB Surveillance Record Permanent

805 STAFF TRAINING

a. In addition to any state or federal training requirements pertaining to long term care facilities, each CNA working in a HomeStyle home shall complete the following eighty (80) hours of training to include but not limited to:

Contamination

4005 Class A Violations
The following conduct, acts or omissions, when not resulting in death or serious physical harm, but which create a substantial probability that death or serious physical harm to a resident will result therefrom are conditions or occurrences relating to the operation of a long term care facility which are Class A violations.

E Nosocomial Infection
Two thousand five hundred (2,500) points shall be assigned when a facility does not follow or meet nosocomial infection control standards as outlined by regulations or as ordered by the physician.

4006 Class B Violations

a. The following conduct, acts or omissions, when not resulting in death or serious physical harm to a resident, or the substantial probability thereof, but creates a condition or occurrence relating to the operation and maintenance of a long term care facility which directly threatens the health, safety or welfare of a resident.

1. Nursing Techniques
One thousand (1,000) points shall be assigned when:

C. There is a failure to change or irrigate catheters as ordered by a physician or use irrigation sets and solutions which are outdated or not protected from contamination.
Medication. Medication means any chemical compound, remedy or noninfectious biological substance, the action of which is not solely mechanical, which may be administered to patients by any route as an aid in the diagnosis, treatment, or prevention of disease or other abnormal condition, for relief of pain or suffering, or to control or improve any psychological or pathological condition. Products which contain medications but which are primarily used for cosmetic or other nonmedication purposes are not medications as defined above.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

72321 – Nursing Service – Patient with Infectious Diseases

(k) Patients with infectious diseases shall not be admitted to or cared for in the facility unless the following requirements are met:

(1) A patient suspected of or diagnosed as having an infectious or reportable communicable disease or being in a carrier state who the attending officer determines is a potential danger, shall be accommodated in a room, vented to the outside, and provided with a separate toilet, hand-washing facility, soap dispenser and individuals towels.

(2) There shall be

(A) Separate provisions for handling contaminated linens.

(B) Separate provisions for handling contaminated dishes.

(l) The facility shall adopt, observe and implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as necessary.

(m) The following shall be available in each nurse's station:

a. The facility's infection control policies and procedures.

b. Name, address and telephone numbers of local health officers.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

72325. Nursing Service -Space.

(d) If a refrigerator is provided in a nursing station, the refrigerator shall meet the following standards:

(1) Be located in a clean area not subject to contamination by human waste.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

72343. Dietetic Service -Food Storage.

(b) All foods or food items not requiring refrigeration shall be stored above the floor, on shelves, racks, dollies or other surfaces which facilitate thorough cleaning, in a ventilated room, not subject to sewage or wastewater backflow or contamination by condensation, leakage, rodents or vermin. All packaged food, canned foods, or food items stored shall be kept clean and dry at all times.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

72351. Dietetic Service -Staff.

(e) Dietetic service personnel shall be trained in basic food sanitation techniques, wear clean clothing, and a cap or a hair net, and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.
s 72517. Staff Development.
(a) Each facility shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for all facility personnel. Each program shall include, but not be limited to:
(2) Prevention and control of infections.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276 and 1276.1, Health and Safety Code.

s 72523. Patient Care Policies and Procedures.
(c) Each facility shall establish and implement policies and procedures, including but not limited to:
(3) Infection control policies and procedures.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72525. Required Committees.
(a) Each facility shall have at least the following committees: patient care policy, infection control and pharmaceutical service.
(c) Committee composition and function shall be as follows:
(2) Infection control committee.
(A) An infection control committee shall be responsible for infection control in the facility.
(D) The functions of the infection control committee shall include, but not be limited to:
1. Establishing, reviewing, monitoring and approving policies and procedures for investigating, controlling and preventing infections in the facility.
2. Maintaining, reviewing and reporting statistics of the number, types, sources and locations of infections within the facility.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

HISTORY
Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).

s 72535. Employees’ Health Examination and Health Records.
(a) All employees working in the facility, including the licensee, shall have a health examination within 90 days prior to employment or within seven days after employment and at least annually thereafter by a person lawfully authorized to perform such a procedure. Each such examination shall include a medical history and physical evaluation. The report signed by the examiner shall indicate that the person is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for himself, fellow employees, or patients or visitors.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72537. Reporting of Communicable Diseases.
All cases of reportable communicable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.
s 72539. Reporting of Outbreaks.
Any outbreak or undue prevalence of infectious or parasitic disease or infestation shall be reported to the local health officer in accordance with Section 2502, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.
s 72619. Space and Equipment for Autoclaving, Sterilizing and Disinfecting.
(c) The facility shall provide for:
(1) Effective separation of soiled and contaminated supplies and equipment from the clean and sterilized supplies and equipment.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.
s 72625. Clean Linen.
(a) Clean linen shall be stored, handled and transported in a way that precludes cross-contamination.
(d) Clean linen from a commercial laundry shall be delivered to a designated clean area in a manner that prevents contamination.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.
s 72627. Soiled Linen.
(a) Soiled linen shall be handled, stored and processed in a manner that will prevent the spread of infection.
(b) Soiled linen shall be sorted in a separate room by methods affording protection from contamination.
(c) Soiled linen shall be stored and transported in a closed container which does not permit airborne contamination of corridors and areas occupied by patients and precludes cross contamination of clean linen.
(d) When laundry chutes are used to transport soiled linen, they shall be maintained in a clean, sanitary state.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.
s 72643. Storage and Disposal of Solid Wastes.
(a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.
s 72645. Solid Waste Containers.
(d) Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each movable bin shall be accessible and shall have a drainage device to allow complete cleaning at the storage area.
HISTORY
1. Repealer of subsection (e) filed 12-30-83 as an emergency; effective upon filing (Register 84, No. 3). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 4-29-84.
2. Certificate of Compliance transmitted to OAL 4-30-84 and withdrawn 5-30-84 (Register 84, No. 24).
3. Repealer of subsection (e) filed 5-30-84 as an emergency; effective upon filing (Register 84, No. 24). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 9-27-84.
4. Certificate of Compliance transmitted to OAL 9-26-84 and filed 10-16-84 (Register 84, No. 42).

Infectious waste, as defined in Health and Safety Code Section 25117.5, shall be handled and disposed of in accordance with the Hazardous Waste Control Law, Chapter 6.5, Division 20, Health and Safety Code (beginning with Section 25100) and the regulations adopted thereunder (beginning with Section 66100 of this Title).


HISTORY
1. Repealer and new section filed 12-30-83 as an emergency; effective upon filing (Register 84, No. 3). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 4-29-84.
2. Certificate of Compliance transmitted to OAL 4-30-84 and withdrawn 5-30-84 (Register 84, No. 24).
3. Repealer and new section filed 5-30-84 as an emergency; effective upon filing (Register 84, No. 24). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 9-27-84.
4. Certificate of Compliance transmitted to OAL 9-26-84 and filed 10-16-84 (Register 84, No. 42).

COLORADO
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Part 1. GOVERNING BODY
Definitions
Department – The Department of Public Health and Environment.
LONG-TERM CARE FACILITY. A long-term care facility is a health facility that holds itself out as a nursing home, nursing facility, nursing care facility or intermediate care facility or a health facility that is planned, organized, operated, and maintained to provide supportive, restorative, and preventive services to persons who, due to physical and/or mental disability, require continuous or regular inpatient care.
1.3 QUALITY ASSURANCE. The governing body shall assure that there is an effective quality assurance program to evaluate the availability, appropriateness, effectiveness, and efficiency of resident care, including without limitation, a continuous program of evaluating medical, nursing care, social services, activities, dietary, housekeeping, maintenance, infection control, and pharmacy services.
4.3.3 The facility shall provide annual inservice education for staff in at least the following areas: infection control, fire prevention and safety, accident prevention, confidentiality of resident information, rehabilitative nursing, resident rights, dietary, pharmacy, dental, behavior management, disaster preparedness, and, if it has developmentally disabled residents, developmental disabilities, residents with Alzheimer’s conditions, those conditions, or mentally ill residents, mental illness.

**Part 11. DIETARY SERVICES**

11.13 ISOLATION. Dishes and utensils with which food is served to residents in isolation because of infectious diseases shall be sanitized if they are contaminated with infectious material such as blood drainage or secretions or shall be disposable.

**11.001.5 Feeding Assistant Training Program**

(1) (a) The feeding assistant training program shall be administered by a training program provider approved in accordance with 11.001.6 and shall consist of not less than twelve (12) actual clock hours of classroom instruction. Class size shall be limited to twenty (20) enrollees. Classroom instruction shall be conducted in accordance with current standards of practice and shall conform to the "Feeding Assistant Curriculum Specifications and Program Requirements" available from the department. Curriculum subjects shall include, but need not be limited to, the following:

(VI) Infection control;

**Part 20. HOUSEKEEPING SERVICES**

20.1 ORGANIZATION. Each facility shall establish an organized housekeeping service that keeps the facility clean and orderly and free from odor resulting from poor housekeeping practices.

20.2 EQUIPMENT AND SUPPLIES. Suitable equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition.

20.3 DISINFECTANTS. Disinfectants shall be only those registered by the manufacturer with the United States Environmental Protection Agency and shall be stored in a manner approved by the Department.

20.4.1 Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.

20.4.2 Cleaning compounds and other hazardous substances (including products labeled “Keep out of reach of children” on their original containers) shall be clearly labeled to indicate contents and (except when a staff member is present) shall be stored in a location sufficiently secure to deny access to confused residents. Janitors’ rooms used for storing disinfectants and detergent concentrates, caustic bowl and tile cleaners, and insecticides shall be locked.

20.4.3 Paper towels, tissues, and other absorbent paper goods shall be stored in a manner that prevents their contamination prior to use.

20.5 CLEANING METHODS. Cleaning shall be performed in a manner to minimize the spread of pathogenic organisms. Floors shall be cleaned regularly.

20.7 HANDWASHING. All personnel shall wash their hands thoroughly after handling waste products.

**Part 21. LINEN AND LAUNDRY**

21.1 LAUNDRY FACILITIES. Laundry facilities and/or contract with commercial laundry shall be provided with the necessary washing, drying, and ironing equipment having sufficient capacity to process a continuous seven-day supply based on ten pounds of dry laundry per bed per day. Laundry equipment shall meet all safety and sanitary
requirements. The equipment shall be designed and installed to comply with all state and local laws. Laundry equipment, processing, and procedures shall render soiled linen and patient clothing clean and free from detergent, soap, and other chemical residues.

21.1.2 In facilities constructed after the effective date of these regulations, there shall be proper spacing and placing of the equipment to minimize material transportation and operation, to avoid all cross traffic between clean and soiled linen, to provide balance of operations, and to provide storage between operations. The general air movement shall be from the cleanest areas to the most contaminated areas. Soiled laundry shall be processed frequently enough to prevent excessive unsanitary accumulations.

21.6 INFECTIOUS DISEASE LINEN. All linens and blankets from residents with infectious disease shall be placed in special bags identified “contaminated” and transported in these closed bags. Special measures shall be taken to insure the disinfection of contaminated laundry and protection of persons doing laundry.

21.9 SOILED LINEN CARTS. Carts and hampers used to transport soiled linen shall be constructed of or lined with impervious materials, cleaned and disinfected after use, and used only for transporting soiled linen.

21.10 SOILED LINEN STORAGE. The facility shall provide a separate soiled linen storage and sorting area, mechanically ventilated to the outside atmosphere. No re-circulation of air from this area is permitted.

21.11 HANDWASHING EQUIPMENT. Handwashing facilities shall be provided in the laundry facility.

21.12 HANDWASHING. All personnel shall wash their hands thoroughly after handling any soiled linen.

21.14 CLEAN LINEN STORAGE. A clean linen folding/storage room shall be provided as part of the laundry area, located adjacent to the drying equipment. Positive pressure shall be maintained in this area. Storage for clean linen for current use shall be provided on each Resident Care Unit.

21.15 CLEAN LINEN HANDLING. Clean linen shall be transported in a manner that preserves its clean condition so that it is clean at the site of its use.

Part 22. INFECTION CONTROL

22.1 INFECTION CONTROL PROGRAM. The facility shall have an infection control program that provides in-service training on infection control and shall have current infection control policies and procedures available to all staff members.

22.2 POLICIES. The facility shall have and follow the following written policies approved by the governing body 1) a policy prohibiting admission of residents who have a communicable disease with a significant risk of transmission to other persons, as determined by the Department; 2) a policy for preventing transmission of disease in the facility that is applicable to any resident who is discovered to have a communicable disease; and 3) a policy of reporting diseases to the state or local health department, pursuant to regulations promulgated by the Board of Health pertaining to control of communicable diseases.

22.2.1 By itself the fact that a resident or employee has a communicable infection that is primarily transmitted either sexually or by blood products shall not prevent admission to or employment by the facility. Decisions concerning the admission or employment of such individuals should be made by the individual’s personal physician in conjunction with the professional staff of the facility. Upon order of a physician, residents with such infectious
diseases may be admitted to facilities. The facility shall observe the following precautions for residents with such conditions:

1. Staff shall wash hands before and after working with such residents.
2. Staff shall exercise caution when handling sharp objects such as needles around such residents. Needles shall not be recapped, broken off, or disposed of in other than puncture-proof containers.
3. Linen and clothing of such residents shall be washed in water of at least 140 degrees temperature.
4. Staff shall wear disposable gloves when handling items soiled with blood or body fluids, but gowns and masks are not necessary except where staff performs a procedure requiring extensive contact with blood or body fluids.
5. If resuscitation appears necessary, equipment shall be immediately at hand to minimize the need for mouth-to-mouth resuscitation.
6. Wearing disposable gloves, staff shall immediately clean up spills of blood or bodily fluid from such residents. Staff shall then disinfect the contaminated area using an appropriate concentration of a disinfectant certified by the manufacturer to be effective as used. Appropriate concentrations of phenol disinfectant or chlorine bleach may be used.
7. All disposable equipment containing infective waste shall be disposed of in the room where it is used in sturdy plastic bags and then rebagged outside the room. It shall either be autoclaved or incinerated prior to disposal in a sanitary landfill.
8. A private room is indicated if resident hygiene is poor (e.g., the resident does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated material with other residents). In general, residents infected with the same organism may share a room. The resident shall be permitted to eat with other residents and be encouraged to participate in activities inside and outside the facility.
9. Health care workers with colds or other communicable diseases shall not be assigned to care for such residents, since the residents are highly vulnerable to infection. Health care workers with HIV infection of other immunosuppressive disorders should not be required to work with residents with communicable diseases.

22.3 RESIDENT ISOLATION. Facilities shall provide for the isolation of residents with communicable diseases, as determined by the Department. Facilities shall provide well-ventilated single-bed rooms and separate toilet facilities for residents, when indicated.

22.4 SANITATION OF NURSING AND RESIDENT CARE EQUIPMENT. Nursing and resident care equipment shall be properly cleaned, sanitized, disinfected or sterilized, and stored. Nursing care equipment that is to be used internally shall be properly cleaned, sterilized and stored after each use; thermometers shall be properly disinfected.

22.5 DISPOSABLE EQUIPMENT AND SUPPLIES. Single service disposable nursing care equipment shall be used only once and shall be disposed of in an approved manner. Other disposable nursing care equipment shall be used only for the resident to which assigned. Disposable sterile equipment shall be certified by the distributor as sterile and be destroyed after initial use.

22.6 PRESSURIZED STEAM. When pressurized steam sterilizers or equivalents are used, they shall be of approved type and necessary capacity for adequate sterilization and all sterilization equipment shall be maintained in good operating condition. Bacteriological methods shall be used to evaluate the effectiveness of pressurized steam sterilization, by at least monthly testing with records maintained.
22.7 STERILE SOLUTIONS. Water used for sterile solutions shall be distilled and sterilized in flasks that are resistant to heat, chemical and electrical action and are properly sealed, labeled, and stored.

22.8 HANDWASHING. Personnel shall wash their hands after contact with a resident or with a contaminated object and observe the following techniques: 1) Remove watches and rings, and roll sleeves of clothing above elbows; 2) Wash hands and forearms with soap or detergent with friction, not a brush, and rinse under running water; 3) Repeat the washing procedure two or three times; 4) Dry hands with a disposable towel.

22.9 SANITATION OF AIR. Design, installation, and operation of heating/cooling/ventilation system shall insure adequate microbial control of the air. 22.10 PETS. If the facility allows pets, it shall be responsible for their proper care and feeding and shall have them vaccinated and licensed, as appropriate.

CONNECTICUT
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(g) Reportable event(s)
(1) Classification. All reportable events shall be classified as follows:
Class B: an event that indicates an outbreak of disease or foodborne outbreaks as defined in section 19a-36-A1 of the Regulations of Connecticut State Agencies; a complaint of patient abuse or an event that involves an abusive act to a patient by any person; for the purpose of this classification, abuse means a verbal, mental, sexual, or physical attack on a patient that may include the infliction of injury, unreasonable confinement, intimidation, or punishment;  
   i) Medical staff.
   (4) Requirements for active organized medical staff members.
(A) Members shall meet at least once every ninety (90) days. Minutes shall be maintained for all such meetings. The regular business of the medical staff meetings shall include, but not be limited to, the hearing and consideration of reports and other communications from physicians, the director of nurses and other health professionals on:
   (i) patient care topics, including all deaths, accidents, complications, infections;  
   m) Nursing staff:
(2) The number, qualifications, and experience of such personnel shall be sufficient to assure that each patient:
   (A) receives treatment, therapies, medications and nourishments as prescribed in the patient care plan developed pursuant to subsection (o) (2) (I) of these regulations;  
   (B) is kept clean, comfortable and well groomed;  
   (C) is protected from accident, incident, infection, or other unusual occurrence.  
   (n) Medical and professional services.
(1) A comprehensive medical history and medical examination shall be completed for each patient within forty-eight (48) hours of admission; however, if the physician who attended the patient in an acute or chronic care hospital is the same physician who will attend the individual in the facility, a copy of a hospital discharge summary completed within five (5) working days of admission and accompanying the patient may serve in lieu of this requirement. A patient assessment shall be completed within fourteen (14) days of admission and a patient care plan shall be developed within seven (7) days of completion of the assessment.
(A) The comprehensive history shall include, but not necessarily be limited to:
   (i) chief complaints;
   (ii) history of present illness;
   (iii) review of systems;
   (iv) past history pertinent to the total plan of care for the patient;
   (v) family medical history pertinent to the total plan of care for the patient; and
   (vi) personal and social history.
(B) The comprehensive examination shall include, but not necessarily be limited to:
   (i) blood pressure;
   (ii) pulse;
   (iii) weight;
   (iv) rectal examination with a test for occult blood in stool, unless done within one (1) year of admission;
   (v) functional assessment; and
   (vi) cognitive assessment, which for the purposes of these regulations shall mean an assessment of a patient’s mental and emotional status to include the patient’s ability to problem solve, decide, remember, and be aware of and respond to safety hazards.
(A) The patient assessment and patient care plan shall be developed in accordance with subparagraphs (H) and (I) of subsection (o) (2) of this section.
(2) Transferred Patients. When the responsibility for the care of a patient is being transferred from one health care institution to another, the patient must be accompanied by a medical information transfer document, which shall include the following information:
   (A) name, age, marital status, and address of patient, institution transferring the patient, professional responsible for care at that institution, person to contact in case of emergency, insurance or other third party payment information;
   (B) chief complaints, problems, or diagnoses;
   (C) other information, including physical or mental limitations, allergies, behavioral and management problems;
   (D) any special diet requirements;
   (E) any current medications or treatments, and
   (F) prognosis and rehabilitation potential.
(3) The attending physician shall record a summary of findings, problems and diagnoses based on the data available within seven (7) days after the patient’s admission, and shall describe the overall treatment plan, including dietary orders and rehabilitation potential and, if indicated, any further laboratory, radiologic or other testing, consultations, medications and other treatment, and limitations on activities.
(4) The following tests and procedures shall be performed and results recorded in the patient’s medical record within thirty (30) days after the patient’s admission:
   (A) unless performed within one (1) year prior to admission;
      (i) hematocrit, hemoglobin and red blood cell indices determination;
   (ii) urinalysis, including protein and glucose qualitative determination and microscopic examination;
   (iii) dental examination and evaluation;
   (iv) tuberculosis screening by skin test or chest X-ray;
   (v) blood sugar determination; and
   (B) unless performed within two (2) years prior to admission:
      (i) visual acuity, grossly tested, for near and distant vision; and
(ii) for women, breast and pelvis examinations, including Papanicolaou smear, except the Papanicolaou smear may be omitted if the patient is over sixty (60) years of age and has had documented repeated satisfactory smear results without important atypia performed during the patient's sixth decade of life, or who has had a total hysterectomy;

(C) unless performed within five (5) years prior to admission:

(i) tonometry on all sighted patients forty (40) years or older; and

(ii) screening and audiometry on patients who do not have a hearing aid; and

(D) unless performed within ten (10) years prior to admission:

(i) tetanus-diphtheria toxoid immunization for patients who have completed the initial series, or the initiation of the initial series for those who have not completed the initial series; and

(ii) screening for syphilis by a serological method.

(5) Physician Visits.

(A) Each patient in a chronic and convalescent nursing home shall be examined by his/her personal physician at least once every thirty (30) days for the first ninety (90) days following admission. After ninety (90) days, alternative schedules for visits may be set if the physician determines and so justifies in the patient’s medical record that the patient's condition does not necessitate visits at thirty (30) day intervals. At no time may the alternative schedule exceed sixty (60) days between visits.

(B) Each patient in a rest home with nursing supervision shall be examined by his/her personal physician at least once every sixty (60) days, unless the physician decides this frequency is unnecessary and justifies the reason for an alternate schedule in the patient’s medical record. At no time may the alternative schedule exceed one hundred and twenty (120) days between visits.

(1) No medication or treatments shall be given without the order of a physician or a health care practitioner with the statutory authority to prescribe medications or treatments. If orders are given verbally or by telephone, they shall be recorded by an on duty licensed nurse or on duty health care practitioner with the statutory authority to accept verbal or telephone orders with the physician’s name, and shall be signed by the physician on the next visit.

(2) Annually, each patient shall receive a comprehensive medical examination, at which time the attending physician shall update the diagnosis and revise the individual's overall treatment plan in accordance with such diagnosis. The comprehensive medical exam shall minimally include those services required in subdivision (1) (B) of this subsection.

(3) Professional services provided to each patient by the facility shall include, but not necessarily be limited to, the following:

(A) monthly:

(i) blood pressure, and

(ii) weight check;

(B) yearly:

(i) hematocrit, hemoglobin and red blood cell indices determination;

(ii) urinalysis, including determination of qualitative protein glucose and microscopic examination of urine sediment;

(iii) immunization against influenza in accordance with the recommendations of the Advisory Committee on Immunization Practices, established by the United States Secretary of Health and Human Services;

(iv) blood urea nitrogen or creatinine;
(v) dental examination and evaluation;
(vi) rectal examination, including a determination for occult blood in stool, on patients forty (40) years or over; and
(vii) breast examination on all women;
(C) every two (2) years, visual acuity, grossly tested, for near and distant vision for sighted patients;
(D) every five (5) years:
(i) screening audiometry for patients without a hearing aid; and
(ii) tonometry for sighted patients forty (40) years or over; and
(E) every ten (10) years, tetanus-diphtheria toxoid immunization following completion of initial series.
(F) Immunization against pneumococcal disease in accordance with the recommendations of the National Advisory Committee on Immunization Practices, established by the Secretary of Health and Human Services.

(9) The requirements in this subsection for tests, procedures and immunizations need not be repeated if previously done within the time period prescribed in this subsection and documentation of such is recorded in the patient's medical record. Tests and procedures shall be provided to the patient given the patient's consent provided no medical reason or contraindication exists, or the attending physician determines that the test or procedure is not medically necessary. Immunizations against influenza and pneumococcal disease shall be provided in accordance with the recommendations of the Advisory Committee on Immunization Practices, established by the United States Secretary of Health and Human Services unless medically contraindicated or the patient objects on religious grounds. Documentation of tests, procedures and immunizations provided or reasons for not providing said tests, procedures and immunization shall be so noted by the attending physician in the patient's medical record.

(t) Infection control.
(2) Each facility shall have an infection control committee which meets at least quarterly, and whose membership shall include representatives from the facility's administration, medical staff, nursing staff, pharmacy, dietary department, maintenance, and housekeeping. Minutes of all meetings shall be maintained.
(3) The committee shall be responsible for the development of:
(A) an infection prevention, surveillance, and control program which shall have as its purpose the protection of patients and personnel from institution-associated or community-associated infections, and
(B) policies and procedures for investigating, controlling and preventing infections in the facility and recommendations to implement such policy.
(3) The facility shall designate a registered nurse to be responsible for the day-to-day operation of a surveillance program under the direction of the infection control committee.

(v) Physical plant.
(15) Laundry.
(A) The facility shall handle and process laundry in a manner to insure infection control.
(B) No facility without public water and sanitary sewers may process laundry on site. Off site services shall be performed by a commercial laundering service.

19-13-D8u. Intravenous therapy programs in chronic and convalescent nursing homes and rest homes with nursing supervision
(vii) Surveillance, prevention and review of infections associated with IV therapy;
TITLE 16 HEALTH AND SOCIAL SERVICES WASH ADMINISTRATIVE CODE

5.0 Personnel/Administrative
5.5.2 Documentation of annual influenza vaccination or refusal.

6.0 Services To Residents

6.3.10 Disease diagnoses and health conditions
6.9.5 The facility's handling, storage, processing and transporting of linens shall comply with facility infection control policies and procedures.

6.9 Communicable Diseases
6.9.1 General Requirements
6.9.1.1 The facility shall follow Division of Public Health regulations for the Control of Communicable and Other Disease Conditions and Centers for Disease Control guidelines for communicable diseases.
6.9.1.2 The facility shall establish written policies and procedures implementing the Division of Public Health regulations and Centers for Disease Control guidelines for communicable diseases.
6.9.1.3 The nursing facility shall ensure that the necessary precautions stated in the policies and procedures are followed.
6.9.1.4 A resident, when suspected or diagnosed as having a communicable disease, shall be placed on the appropriate precautions as recommended for that disease by the Centers for Disease Control. Residents infected or colonized with the same organism may share a room based on current standard of practice.
6.9.1.5 The admission of a resident with or the occurrence of a disease or condition on the Division of Public Health List of Notifiable Diseases/Conditions within a nursing facility shall be reported to the resident's physician and the facility's medical director. The facility shall also report such an admission or occurrence to the Division of Public Health's Health Information and Epidemiology office.

6.9.2 Specific Requirements for Tuberculosis
6.9.2.1 A resident diagnosed with active tuberculosis in an infectious stage shall not continue to reside in a nursing facility unless that facility has a room with negative pressure ventilation and staff trained to care for residents requiring respiratory isolation.
6.9.2.2 A resident of any facility unable to provide care as described above who is diagnosed with active tuberculosis in an infectious stage shall be transferred to an acute care hospital, and the facility shall notify the Division of Public Health's Health Information and Epidemiology office immediately.
6.9.2.3 The facility shall have on file the results of tuberculin testing performed on all newly admitted residents.
6.9.2.4 Minimum requirements for pre-employment and annual tuberculosis (TB) testing are those currently recommended by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.
6.9.2.4.1 No person, including volunteers, found to have active tuberculosis in an infectious stage shall be permitted to give care or service to residents.
6.9.2.4.2 Any person having a positive skin test but a negative X-ray must complete a statement annually attesting that they have experienced no symptoms which may indicate active TB infection.
6.9.2.4.3 Persons with a prior BCG vaccination are required to be tested as set forth in 6.9.2.4.
6.9.3 Immunizations
6.9.3.1 All facilities shall have on file evidence of annual vaccination against influenza for all residents, as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless medically contraindicated.
6.9.3.2 All facilities shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65 and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control unless medically contraindicated.
6.9.3.3 A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record annually.

6.9.4 Employee Health
6.9.4.1 All employees shall receive education and training on standard precautions, use of personal protective equipment, the importance of hand hygiene, the facility's infection control policies and reporting of exposures to blood or other potentially infectious materials.
6.9.4.2 Personal protective equipment, as required by Centers for Disease Control guidelines, shall be made available by the facility for employee use.
6.9.4.3 If an accidental exposure to blood or other potentially infectious materials occurs (specifically to eye, mouth, other mucous membrane or non-intact skin), appropriate first aid treatment shall be given immediately and follow-up testing and counseling initiated. A copy of the exposure incident and follow-up treatment shall be maintained in the employee's personnel file.
6.9.4.4 Facilities shall establish procedures in accordance with Division of Public Health requirements and Centers for Disease Control guidelines for exclusion from work and authorization to return to work for staff with communicable diseases.

6.10 Infection Control
6.10.1 Infection Control Committee
6.10.1.1 The nursing facility shall establish an infection control committee (or a subcommittee of an overall quality control program) of professional staff whose responsibility shall be to manage the infection control program in the facility. One member of the committee shall be designated the infection control coordinator.
6.10.1.2 The infection control committee shall consist of members of the medical and nursing staffs, administration, dietetic department, pharmacy, housekeeping, maintenance, and therapy services.
6.10.1.3 The infection control committee shall establish written policies and procedures that describe the role and scope of each department/service in infection prevention and control activities.
6.10.1.4 The committee is responsible for the development and coordination of policies and procedures to accomplish the following:
6.10.1.4.1 Prevent the spread of infections and communicable diseases
6.10.1.4.2 Promote early detection of outbreaks of infection
6.10.1.4.3 Ensure a sanitary environment for residents, staff and visitors
6.10.1.4.4 Establish guidelines for the implementation of isolation/precautionary measures
6.10.1.4.5 Monitor the rate of nosocomial infection
6.10.1.5 The infection control coordinator shall maintain records of all nosocomial infections and corrective actions related to those infections to enable the committee to analyze clusters or significant increases in the rate of infection and to make recommendations for the prevention and control of additional cases.
6.10.1.6 The infection control committee shall establish the infection control training of staff and volunteers, and disseminate current information on health practices.

6.10.2 Infectious Waste

6.10.2.1 The facility shall establish and implement policies and procedures for the collection, storage, handling and disposition of all pathological and infectious wastes within the facility as well as for those to be removed from the facility including the following:

6.10.2.1.1 Needles, syringes and other solid, sharp, or rigid items shall be placed in a puncture resistant container prior to disposal by an infectious waste hauler approved by the Department of Natural Resources and Environmental Control (DNREC).

6.10.2.1.2 Non-rigid items, such as blood tubing and disposable equipment and supplies, shall be placed in double, heavy duty, impervious plastic bags prior to disposal by an infectious waste hauler approved by DNREC.

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7.0 Plant, Equipment and Physical Environment

7.4.2.2 The facility shall provide at least one room with private toilet and hand washing sink for residents who require isolation.

7.4.4.4 Equipment and materials for resident hair care and grooming shall comply with facility infection control policies and procedures.

7.6 Sanitation and Laundry

7.6.1 The facility shall provide for the safe storage of cleaning materials, pesticides and other potentially toxic materials.

DISTRICT OF COLUMBIA

3202. PERSONNEL POLICIES

3202.2 Each facility shall develop and maintain personnel policies which shall include methods used to document the presence or absence of communicable disease.

3207. PHYSICIAN SERVICES AND MEDICAL SUPERVISION OF RESIDENTS

3207.2 The Medical Director shall:

(h) Ensure that attending medical professionals who treat residents in the facility have current District of Columbia licenses, U.S. Drug Enforcement Agency and D.C. Controlled Substances registrations on file in the facility, along with initial and annual certifications of their freedom from communicable disease.

3207.7 A facility shall have available for each resident vaccines currently recommended by the U.S. Health Advisory Committee on Immunization Practices (ACIP) as appropriate for age, occupation, lifestyle, environmental situation, documented evidence of prior vaccine, if available, or immunity and current medical status. Each physician shall adhere to the written policies and regulations that govern the health services provided in the facility.

3211 NURSING PERSONNEL

3211.1

(d) Protection from accident, injury, and infection

3215 VENTILATOR CARE SERVICES

(3) Infection control measures to minimize the transfer of infection in the ventilator unit.
3217 INFECTION CONTROL
3217.1 The facility shall have an Infection Control Committee composed of the Administrator or designee and members of the medical, nursing, dietary, pharmacy, housekeeping, maintenance, and other services.
3217.2 The Chairperson of the Infection Control Committee shall be knowledgeable about or have experience in infection control.
3217.3 The Infection Control Committee shall establish written infection control policies and procedures for at least the following:
(a) Investigating, controlling, and preventing infections in the facility;
(b) Handling food;
(c) Processing laundry;
(d) Disposing of environmental and human wastes;
(e) Controlling pests and vermin;
(f) The prevention or spread of infection;
(g) Recording incidents and corrective actions related to infections; and
(h) Nondiscrimination in admission, retention, and treatment of persons who are infected with the HIV virus or who have a diagnosis of AIDS.
3217.4 The Infection Control Committee shall hold quarterly meetings, maintain minutes and submit written quarterly reports to the Administrator.
3217.5 The Infection Control Committee shall review infection control policies and procedures annually and revise them as needed.
3217.6 The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter.
3217.7 The Infection Control Committee shall ensure that in-service training on infection control policies and procedures is provided at least annually to each employee of each service represented on the Committee.
3217.8 Each occurrence of a communicable disease, as defined by District of Columbia law shall be reported immediately by the examining physician or chairperson of the Infection Control Committee to the Administrator, Director of Nursing Services, and the Department of Health.
3217.9 The Infection Control Committee shall use the latest edition of “Guidelines for Infection Control in Long Term Care Facilities” published by the Centers for Disease Control (CDC) or any additional guidelines published by the CDC for the purpose of developing policies and procedures.

3219. DIETARY SERVICES
3219.1 Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D.C. Municipal Regulations (DCMR), Chapters 24 through 40.
3219.4 The curriculum for regularly scheduled in-service education programs for food service employees may include, but not be limited to, the following:
(b) Infection control;
(e) Food handling;
(f) Personal hygiene;
3219.5 Each food service employee shall wear clean, washable garments while working, and shall keep his or her hands clean at all times.
3222. IMMUNIZATIONS

3222.1 As described further in this Section, each facility shall ensure that each resident and each employee has either received immunization against influenza virus or has refused such vaccination, and that each resident and each employee indicated in subsection 3222.6 has either received immunization against pneumococcal disease or has refused such vaccination. The facility shall be required to maintain written evidence of each such immunization or refusal.

3222.2 Influenza and pneumococcal immunizations shall be provided and updated in accordance with the latest recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention. To the extent that the ACIP recommendations may differ from the terms of this Section, the ACIP recommendations shall control.

3222.3 Except as provided in subsection 3222.9, each resident and each employee shall, no later than November 30th of each calendar year or six (6) weeks after the vaccination becomes readily available in the District of Columbia, whichever is later, undergo immunization for influenza virus as required pursuant to subsection 3222.2. The facility shall provide the immunization to each resident, except as described in subsection 3222.4, and shall document the immunization.

3222.4 Pursuant to subsection 3222.3, each resident or employee may obtain the required immunization from a medical provider of his or her choice. If the resident or employee obtains such immunization from a provider other than the facility, the resident or employee shall provide the facility, no later than November 30th or six (6) weeks after the vaccination becomes readily available in the District of Columbia, whichever is later, with documentation of the immunization. The facility shall record such documentation within twenty-four (24) hours of its receipt.

3222.5 The facility shall, for each resident admitted between December 1st and March 31st, and for each employee hired between December 1st and March 31st, determine, within seventy-two (72) hours of admission or the start of employment, whether the resident or employee has received immunization against influenza virus as required pursuant to subsections 3222.2, 3222.3, and 3222.4. If the facility determines that a resident has not received such immunization, the facility shall provide it within seventy-two (72) hours of the determination, except as provided in subsections 3222.4 and 3222.9. If the facility determines that an employee has not received such immunization, the facility shall instruct the employee to obtain the immunization and to provide documentation thereof, or of refusal, to the facility within seven (7) days of the determination.

3222.6 Except as provided in subsection 3222.9, each resident and each employee in the categories described below shall, no later than one hundred eighty (180) days after the effective date of this Section or thirty (30) days after admission to the facility or the start of employment, whichever is later, undergo immunization for pneumococcal disease as required pursuant to subsection 3222.2. The facility shall provide the immunization to each resident, except as described in subsection 3222.7, and shall document the immunization. The following persons shall undergo immunization for pneumococcal disease:

(a) Residents and employees sixty-five (65) years of age or older;
(b) residents and employees under the age of sixty-five (65) years with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, cerebrospinal fluid leaks, or functional or anatomic asplenia; and
(c) Residents and employees under the age of sixty-five (65) years who are immunocompromised, receiving immunosuppressive therapy, or who have received an organ or bone marrow transplant.

3222.7 Pursuant to subsection 3222.6, each affected resident or employee may obtain the required immunization from a medical provider of his or her choice. If the resident or employee obtains such immunization from a provider other than the facility, the resident or employee shall provide the facility, no later than one hundred eighty (180) days after the effective date of this Section or thirty (30) days after admission to the facility or the start of employment, whichever is later, with documentation of the immunization. The facility shall record such documentation within twenty-four (24) hours of its receipt.

3222.8 Each resident and each employee affected by subsection 3222.6 shall be revaccinated against pneumococcal disease according to the schedule below. The facility shall provide the revaccination or shall obtain documentation of the revaccination provided elsewhere, as required by subsections 3222.6 and 3222.7, and shall document the revaccination, according to the schedule below. The following persons shall be revaccinated as indicated:

(a) Residents and employees sixty-five (65) years of age and older: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination;

(b) Residents and employees under the age of sixty-five (65) years with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, or cerebrospinal fluid leaks: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination; and

(c) Residents and employees under the age of sixty-five (65) years with functional or anatomic asplenia, or who are immunocompromised, receiving immunosuppressive therapy, or have received an organ or bone marrow transplant: a single revaccination if five (5) or more years have elapsed since the previous vaccination.

3222.9 No resident or employee shall be required to receive either an influenza virus immunization or a pneumococcal disease immunization if such immunization is medically contraindicated for that individual, or if such immunization is against the resident or employee's religious beliefs, or if the resident, the resident's representative or legal guardian, or the employee knowingly refuses such immunization.

3231. MEDICAL RECORDS
3231.12 Each medical record shall include the following information:

(i) Vaccine history, if available, and other pertinent information about immune status in relation to vaccine preventable disease;

3246. RESIDENT BEDROOMS
3246.7 One (1) or more bedrooms shall be designated, when needed, as isolation facilities for any resident who has an infectious or contagious disease.

3254. LAUNDRY AREAS
3254.13 Each piece of laundry shall be handled, processed, stored, and transported in a manner designed to prevent transmission of infection.
3254.14 Soiled linen shall be stored in a separate well-ventilated area and shall not be permitted to accumulate in the facility.
3254.15 Contaminated laundry shall be placed in double, specially colored bags and processed separately.
To effectively disinfect soiled linens, hot water temperature shall be one hundred and fifty degrees (150 [degrees]) to one hundred sixty degrees Fahrenheit (160 [degrees] F) during the wash cycle.

**3258. GENERAL SAFETY AND INSPECTION**

3258.3 The Administrator or his or her designee shall regularly inspect each building and grounds to ensure they are free from hazards of any kind and that sanitary standards and infection control standards are met.

**3299. DEFINITIONS**

Communicable disease - any disease denominated a communicable disease under Title 22 of the District of Columbia Municipal Regulations, Section 201, including without limitation, any illness due to an infectious agent or its toxic product, which is transmitted directly or indirectly to a well person from an infected person, animal, or ectoparasite; or any illness due to an infectious agent or its toxic product which is transmitted through the agency of an intermediate host, vector or by exposure within the immediate environment. Communicable disease also shall mean any disease occurring as an outbreak of illness or toxic conditions, regardless of etiology in an institution or other identifiable group of people.

Medically contraindicated - should not be administered to an individual because of a condition that the individual has, such that administration of the treatment, service, medication, or immunization at issue will be detrimental to the individual’s health.

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**FLORIDA**

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**59A-4.106 Facility Policies**

(1) Admission, retention, transfer, and discharge policies:

(c) No resident who is suffering from a communicable disease shall be admitted or retained unless the medical director or attending physician certifies that adequate or appropriate isolation measures are available to control transmission of the disease.

(4) Each facility shall maintain policies and procedures in the following areas:

(l) Infection control;

(c) The staff education plan shall ensure that education is conducted annually for all facility employees, at a minimum, in the following areas:

1. Prevention and control of infection

*Specific Authority 400.141, 400.141(7), 400.23, 765.110 FS. Law Implemented 400.022, 400.0255, 400.102, 400.141, 400.141(7), 400.151, 400.23, 765.110 FS. History–New 4-1-82, Amended 4-1-84, Formerly 10d-29.106, Amended 4-18-94, 1-10-95, 2-6-97, 5-5-02.*

**59A-4.1288 Exception.** Nursing homes that participate in Title XVIII or XIX must follow certification rules and regulations found in 42 C.F.R. 483, Requirements for Long Term Care Facilities, September 26, 1991, which is incorporated by reference. Non-certified facilities must follow the contents of this rule and the standards contained in the Conditions of Participation found in 42 C.F.R. 483, Requirements for Long Term Care Facilities, September 26, 1991, which is incorporated by reference with respect to social services, dental services, infection control, dietary and the therapies.

*Specific Authority 400.23 FS. Law Implemented 400.102, 400.141, 400.23 FS. History–New 4-18-94.*
59A-4.1295 Additional Standards for Homes That Admit Children 0 Through 20 Years of Age.

(6) The facility shall provide the following:

(i) Each nursing home facility shall develop, implement, and maintain a written staff education plan which ensures a coordinated program for staff education for all facility employees who work with children. The plan shall:

3. Ensure that education is conducted annually for all facility employees who work with children, at a minimum, in the following areas:
   a. Childhood diseases to include prevention and control of infection;
   b. Childhood accident prevention and safety awareness programs;

Specific Authority 400.23(2), (4) FS. Law Implemented 400.23(4) FS. History–New 11-5-96, Amended 9-7-97.

59A-4.150 Geriatric Outpatient Nurse Clinic.

(7) Personnel Functions and Responsibilities.

(a) Registered Nurse (Sections 464.021(2)(a)1., 2., F.S.)

1. The nurse shall have the responsibility for eliciting and recording a health history, observation and assessment nursing diagnosis, counseling and health teaching of patients and the maintenance of health and prevention of illness. The nurse shall provide treatment for the medical aspects of care according to pre-established protocols or physician’s orders.

(10) Scope of Services of the Geriatric Outpatient Nurse Clinic.

(a) Observation of signs and symptoms.
(b) Assessment of health status/progress.
(c) Nursing diagnosis and plan of care.
(d) Nursing care of patients and counseling to maintain health and prevent disease, including diet counseling.
(e) Health instruction to control progression of disease and/or disability and self care measures.

12) Medications. The clinic shall have policies and procedures for the administration of medications by health care professionals acting within the scope of practice defined by laws and rules of the Department and the Department of Professional Regulation which shall include, for example, the following:

(f) A drug storage system which includes:

1. Prescribed medications for individual outpatients may be retained in the clinic. These medications shall be stored separately from those of the nursing home in-patients for preventive measures and treatment of minor illnesses.

Specific Authority 381.493-381.497, 400.141(3), 400.23(2) FS. Law Implemented 400.33, 400.141, 400.333 FS. History–New 4-27-78, Formerly 10D-29.71, 10D-29.071, 59A-4.071, Amended 2-6-97.

GEORGIA

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290-5-8-.10 Medical, Dental and Nursing Care.

(5) The home shall have a microbial and infection control program. Policies and procedures for infection control shall be written, assembled and available to all staff members. Procedures shall be specific for practice in the home and shall be included in the training of
every staff member. As a minimum, procedures shall include the following control measures:

(a) Prevention of spread of infection from personnel to patient: Any person whose duties include direct patient care, handling food, or handling clean linen, and who has an acute illness such as "strep" throat, or an open sore or boil, shall not be allowed to work until he is fully recovered;

(b) Prevention of spread of infection from visitors to patients;

(c) Prevention of spread of infection from patient to personnel or other patients: Isolation techniques to be observed according to the source of infection and the method of spread;

(d) Reporting of communicable diseases as required by the rules and regulations for notification of diseases which have been promulgated by the Department.


290-5-8-.14 Environmental Sanitation and Housekeeping.

(1) Equipment and supplies for proper sanitation will be maintained on the premises.

(2) Laundry shall be handled, stored, and processed so that spread of infection will be minimized. A sufficient clean linen supply shall be insured at all times. Soiled linen shall not be permitted to accumulate.

(3) The premises and all areas within the home shall be kept clean and free from debris. Ventilation openings, such as ports for exhaust fans, shall be equipped with covers that close automatically when the fan is not in operation. Doors and other openings shall be equipped and maintained to minimize ingress of flies, insects and rodents.

(4) Sanitary containers, sputum cups, and other satisfactory individual containers must be provided when needed.

(5) Each home shall have an infection control program which provides for policies, procedures and training programs. Great care should be exercised to prevent spread of infection by fomites or by infected person to person.


290-5-8-.15 Health of Employees.

Each home shall require that each employee receive a physical examination upon employment. The examination shall be in sufficient detail, with pertinent laboratory and X-ray data to insure that the employee is physically and mentally qualified to perform the job to which he is assigned. An annual physical examination thereafter is recommended. However, as a minimum, on an annual basis each employee will have a physical inspection to help insure freedom from communicable disease. As part of the annual examination or inspection a tuberculin skin test will be given to all previous negative reactors. If the skin test is positive, a chest X-ray will be required and the individual referred to his physician or appropriate health authority for possible prophylaxis treatment. Copies or certificates of physical examinations shall be kept in the employee’s personnel folder.


290-5-8-.25 Dining Assistants.
(6) The minimum requirements of the dining assistant training program shall include a minimum of 16 hours of training. The training shall include practical application of feeding and hydration skills and shall include at least the following components:

(f) Infection control;

§11-94-11 Dietetic services.
(f) Food services, planning and storage.
(3) Storing and handling of food.
(A) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.
(B) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or waste-water backflow, or contamination by condensation, leakages, rodents, or vermin.

§11-94-15 Governing body and management.
(c) Personnel policies.
(7) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a patient. Each health evaluation shall include a tuberculin skin test or a chest x-ray.
(8) Skin lesions, respiratory tract symptoms, and diarrhea shall be considered presumptive evidence of infectious disease. Any employee who develops evidence of an infection must be immediately excluded from any duties relating to food handling or direct patient contact until such time as a physician certifies it is safe for the employee to resume such duties.
(11) When a known negative tuberculin skin test on a particular employee or patient converts to a positive test, it shall be considered a new case of tuberculosis infection and shall be reported to the department as required in chapter 11-164, Administrative Rules. [Eff. May 3, 1985 ] (Auth: HRS §§321-9, 321-11) (Imp: HRS §§321-9, 321-11)

§11-94-16 Housekeeping.
(a) A plan shall be made for routine periodic cleaning of the entire building and §11-94-17 premises.
(b) After discharge of any patient the patient’s unit and equipment shall be thoroughly cleansed prior to re-use.
(c) Floors, lavatories, toilets, an showers in patient areas shall be cleaned at least once daily.
(d) The facility shall be kept free of unreasonable accumulation of personal possessions.
(e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair.
(f) All safety procedures shall be in accordance with the rules of the department of labor and industrial relations, State of Hawaii.
(g) All areas which have contained infectious patients and materials shall be thoroughly cleaned with appropriate sanitizing methods. [Eff. May 3, 1985 ] (Auth: HRS §§321-9, 321-11) (Imp: HRS §§321-9, 321-11)

§11-94-17 Infection control. (a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases.
(b) Provision shall be made for isolating patients with infectious diseases until appropriate transfer can be made.
(1) There shall be a written policy which outlines proper isolation and infection control techniques and practices.
(2) At least one single bedroom shall be designated for an isolation room as needed and shall have:
   (A) An adjoining toilet room with nurses' call system, a lavatory, and a toilet.
   (B) The lavatory shall be provided with controls not requiring direct contact of the hands for operation.
   (C) Appropriate methods for cleaning and disposing of contaminated materials and equipment.
   (c) Provisions shall be made in each isolation room for visual observation of the patient.
   (1) By means of the view window located in door or walls of the room; or
   (2) By an approved mechanical system, i.e., closed circuit television monitoring.


11-94-18 Inservice education. (a) There shall be a staff inservice education program that includes:
(3) Inservice training which shall include annually: prevention and control of infections, fire prevention and safety, accident prevention, patient's rights, and problems and needs of the aged, ill, and disabled. Provision shall be made for training appropriate personnel in cardiopulmonary resuscitation and appropriate first aid techniques.


§11-94-19 Laundry service.
(b) Provision shall be made for the handling, storage, and transportation of soiled and clean laundry and for satisfactory cleaning procedures.
(1) Provisions may be made for contract service outside the facility in a laundry approved by the department.
(2) Infectious laundry shall be handled in accordance with section 325-7, HRS, relating to potentially infectious laundry.
(3) Clean linen shall be stored in enclosed areas.

§11-94-21 Medical director. Skilled nursing facilities shall have a physician to serve full time or part time as a medical director whose responsibilities are as specified in 42 C.F.R. §405.1122. Intermediate care facilities shall have a physician designated to serve as a medical advisor as needed for infectious disease control. [Eff. May 3, 1985 ] (Auth: §§321-9, 321-11) (Imp: HRS §§321-9, 321-11)

§11-94-23 Nursing services.
(b) Nursing services shall include at least the following: documentation.
(5) Restorative and preventive nursing care including patient education as appropriate for each patient.
(7) Physical care to keep patients clean, comfortable, well-groomed, and protected from accidents and infections. As appropriate, patients shall be dressed in their own clothes appropriate to the activity in which they are engaged.
(8) Proper care to prevent or treat decubitis ulcers and deformities. 

100. ADMINISTRATION.

04. Admission Policies. The administrator shall establish written admission policies for all patient/resident admissions. The facility's admission policies shall be available to patients/residents, their relatives, and to the general public. (1-1-88) h. Nothing in these rules and minimum standards should be construed as to require any facility to compel any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose (other than for the purpose of discovering and preventing the spread of infection or other contagious disease or for the purpose of protecting environmental health), if such person objects (or, in case such person is a child, his parent(s) or guardian(s) objects), thereto on religious grounds. (1-1-88)

105. PERSONNEL.

08. Employee Health. Personnel policies relating to employee health shall include: (1-1-88) a. The facility shall establish, upon hiring a new employee, the current status of a tuberculin skin test. The determination may be based upon a report of the skin test taken prior to employment or within thirty (30) days after employment. If the skin test is positive, either by history or current test, a chest X-ray shall be taken, or a report of the results of a chest X-ray taken within three (3) months preceding employment shall be accepted. The TB Skin Test status shall be known and recorded and a chest X-ray alone is not a substitute. No subsequent chest X-ray or skin test is required for routine surveillance. (1-1-88) b. A repeat skin test is required if a patient/resident or other staff develop tuberculosis. (1-1-88) c. The facility shall require that all employees report immediately to their supervisor any signs or symptoms of personal illness. (1-1-88) d. Personnel who have a communicable disease, infectious wound or other transmittable condition and who provide care or services to patients/residents shall be required to implement protective infection control techniques approved by administration; or be required not to work until the infectious stage is corrected; or be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent; or seek other remedy to avoid spreading the employee's infection. (1-1-88)

11. Orientation and Continuing Education. The facility shall provide a formalized, ongoing educational program for all personnel which shall commence upon employment and shall include: (1-1-88) a. A structured orientation program written and designed to meet the training needs of new employees in relation to an employee’s responsibilities in the facility. The program shall include, but is not limited to: (1-1-88) i. All facility policies and procedures relevant to an employee’s responsibilities; (1-1-88) ii. Basic procedures relative to patient/resident care; (1-1-88) iii. Patient’s/resident’s rights and responsibilities; (1-1-88) iv. Confidentiality; (1-1-88) v. Ethics; (1-1-88) vi. Use of mechanical/electrical equipment utilized by the employee; (1-1-88) vii. Fire safety and emergency evacuation; (1-1-88) viii. Emergency procedures; (1-1-88) ix. Organizational structure; (1-1-88)
x. Measures to prevent cross infection, including aseptic and isolation techniques; (1-1-88)
xii. Restorative care. (1-1-88)
b. An ongoing, planned continuing educational program which maintains and upgrades the knowledge, skills and abilities of the staff in relation to services provided and employee responsibilities. (1-1-88)
c. Opportunity to attend outside educational programs. (1-1-88)
d. At least twenty-four (24) hours of continuing education annually for all nursing personnel. (1-1-88)

107. DIETARY SERVICE.
02. Dietary Personnel. There shall be a sufficient number of food service personnel employed, and their hours shall be scheduled to meet the dietary needs of the patients/residents. (1-1-88)
d. No person who has worked in any other area of the facility shall assist with the preparation or serving of food inside of the kitchen without first putting on a clean uniform or gown and a hairnet or cap. Hands must be thoroughly washed. (1-1-88)

08. Food Sanitation. The acquisition, preparation, storage, and serving of all food and drink in a facility shall comply with Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, “Food Safety and Sanitation Standards for Food Establishments.” (12-31-91)
a. Ice shall be manufactured from potable water in a sanitary manner, and shall be handled, stored and transported in such a manner as to prevent its contamination. (1-1-88)
b. A separate sink, granular or liquid soap and paper towels shall be provided in the food preparation area for handwashing. Kitchen sinks shall not be used for handwashing. (1-1-88)

108. ENVIRONMENTAL SANITATION.
05. Incineration or Disposal of Infectious or Potentially Hazardous Material. Adequate incineration facilities shall be provided to dispose of contaminated dressings and other potentially hazardous materials. Incinerators shall be properly maintained and shall comply with all applicable codes and ordinances. (1-1-88)
a. Where sanitary landfills are available and where such operations are in compliance with the Department rules and have been authorized and approved by that agency or its authorized representatives, such contaminated material may be disposed of with garbage provided that such material is properly packaged. (1-1-88)
b. Radioactive pharmaceutical wastes shall be disposed of in accordance with regulations governing radioactive materials. (1-1-88)

06. Linen-Laundry Facilities. (7-1-93)
a. The facility shall have available at all times a quantity of linen essential to the proper care and comfort of patients/residents. Linens shall be handled, processed and stored in a manner that prevents contamination and the transmission of infections. (1-1-88)
i. Adequate facilities and procedures shall be provided for the proper and sanitary washing of linen and other washable goods laundered in the facility. (1-1-88)
ii. The laundry shall be situated in an area separate and apart from any facility or room where food is stored, prepared, or served. (1-1-88)
iii. The laundry shall be well lighted and ventilated, adequate in size for the needs of the facility, maintained in a sanitary manner, and kept in good repair. (1-1-88)
iv. If other laundry facilities are utilized, they must meet the requirements set forth in these rules. (1-1-88)
b. Handling of Soiled Linen. (7-1-93)
   i. Soiled linen shall not be transported through patient/resident rooms, kitchens, food
      preparation or storage areas. Soiled linen shall not be sorted, processed, or stored in these
      areas. (1-1-88)
   ii. All soiled linen shall be collected and transported to the laundry in covered, washable
      containers in a sanitary manner. (1-1-88)
   iii. Soiled linen shall be handled and stored in such a manner as to prevent contamination of
      clean linen. (1-1-88)
   iv. Facilities used to collect, transport, and store soiled linen shall be stored in separate,
      ventilated areas and shall not be permitted to accumulate in the facility. Soiled linen and
      clothing shall be collected separately in suitable bags or containers. (1-1-88)

c. Handling of Clean Linen. (7-1-93)
   i. Clean linen to be stored, dried, ironed, or sorted shall be handled in a sanitary manner.
      Clean linen and clothing shall be stored in a clean, dry, dust-free area easily accessible to the
      residential living area. (1-1-88)
   ii. Clean linen shall be transported, stored, and distributed in a sanitary manner. (1-1-88)
   iii. Closets conveniently located shall be provided on each floor or wing for the storage of
      clean linen and shall not be used for any other purpose. (1-1-88)

d. Personal Laundry. Patients'/residents' and employees' laundry shall be collected,
   transported, sorted, washed, and dried in a sanitary manner and shall not be washed with
   bed linens. Patients'/residents' clothing shall be labeled to ensure proper return to the
   owner. (1-1-88)

07. Housekeeping Services and Equipment. Sufficient housekeeping and maintenance
personnel and equipment shall be provided to maintain the interior and exterior of the
facility in a safe, clean, orderly and attractive manner. (1-1-88)

a. Floors, walls, ceilings, and other interior surfaces, equipment and furnishing shall be kept
   clean, and shall be cleaned in a sanitary manner. (1-1-88)

b. Procedures for cleaning of surfaces and equipment shall be written, explained, and
   posted for all housekeeping personnel. (1-1-88)

i. Mopping, vacuuming, and dusting shall be done in a manner which is most likely to
   prevent the transmission of infection. (1-1-88)

ii. After discharge of a patient/resident, the room shall be thoroughly cleaned, including the
    bed, bedding, and furnishings. (1-1-88)

iii. Deodorizers shall not be used to cover odors caused by poor housekeeping or unsanitary
    conditions. (1-1-88)

iv. Storage areas, attics, basements, and grounds shall be kept free from refuse, litter,
    weeds, or other items detrimental to the health, safety or welfare of the patients/residents.
    (1-1-88)

v. All housekeeping equipment shall be in good repair and maintained in a clean and
    sanitary manner. (1-1-88)

08. General Care and Cleaning of Equipment. Bedpans, urinals, and commodes shall be
emptied promptly and thoroughly cleaned after each use and shall be kept covered at all
times when not in use. (1-1-88)

a. Following the discharge of any patient/resident, all equipment shall be thoroughly
   cleansed and disinfected. (1-1-88)

b. Utensils such as bedpans, urinals, washbasins, emesis basins, soap basins, etc., shall be
   sterilized or disinfected by one (1) of the following methods: (1-1-88)
i. Submersion of utensil in boiling water and boiling for twenty (20) minutes after it has been thoroughly cleansed; (1-1-88)
ii. Autoclaving at fifteen (15) pounds at two hundred fifty degrees Fahrenheit (250°F) for fifteen (15) to twenty (20) minutes in an approved autoclave; or (1-1-88)
iii. After thorough cleaning, the item of equipment shall be submerged in a solution containing an approved germicide, in such strength and for such time as recommended by the manufacturer. Quarternary ammonium compounds are not approved as germicides for this purpose. (1-1-88)
c. Thermometers shall be thoroughly cleansed with liquid soap or detergent and water. This procedure shall be repeated with clean washing solution. After thorough rinsing, the thermometer shall be placed in a solution of seventy percent (70%) alcohol for at least ten (10) minutes unless a barrier sheath was covering the thermometer during use. (1-1-88)

120.EXISTING BUILDINGS.
05. Patient/Resident Accommodations. Accommodations for the patients/residents of the facility shall include the following: (1-1-88)
i. Closet space in each sleeping room shall be twenty (20) inches by twenty-two (22) inches per patient/resident. Common closets utilized by two (2) or more patients/residents shall be provided with substantial dividers for separation of each patient's/resident's clothing for prevention of cross contamination. All closets shall be equipped with doors. Freestanding closets shall be deducted from the square footage in the sleeping room. (1-1-88)

07. Isolation Units (Temporary). Each health care facility shall have available a room with private toilet, lavatory and other accessory facilities for temporary isolation of a patient/resident with a communicable or infectious disease. (1-1-88)

121.NEW CONSTRUCTION STANDARDS.
05. Patient/Resident Care Unit. Each patient/resident care unit shall be in compliance with the following: (1-1-88)
c. At least one (1) room in each facility shall be available for single occupancy for isolation of disease or for privacy in personality conflict or disruptive patient/resident situations. Each isolation room shall meet the following requirements: (1-1-88)
i. All features of regular patient/resident rooms, as described in Subsection 121.05.d.; (12-31-91)
ii. Supply an entry area which is adequate for gowning; (1-1-88)
iii. Supply a handwashing lavatory in or directly adjacent to the patient/resident room entry; (1-1-88)
iv. Provide a private toilet; (1-1-88)
v. Have finishes easily cleanable; and (1-1-88)
vi. Not be carpeted; (1-1-88)

150.INFECTION Control
01. Policies and Procedures. Policies and procedures shall be written which govern the prevention, control and investigation of infections. They shall include at least: (1-1-88)
a. Methods of maintaining sanitary conditions in the facility such as: (1-1-88)
i. Handwashing techniques. (1-1-88)
ii. Care of equipment. (1-1-88)
iii. Housekeeping. (1-1-88)
iv. Sterile supply storage areas. (1-1-88)
v. Preparation and storage of food. (1-1-88)
vi. Vermin control. (1-1-88)
vii. Resident care practices, i.e., catheter care, dressings, decubitus care, isolation procedures. (1-1-88)
viii. Needle and syringe management. (1-1-88)
b. Employee infection surveillance and actions. (1-1-88)
c. Isolation procedures. (1-1-88)
d. Specifics for monitoring the course of infections which shall include at a minimum a prepared written quarterly report by the designated surveillance person describing the status of each infection. The report shall include: (1-1-88)
i. Diagnosis. (1-1-88)
ii. Description of the infection. (1-1-88)
iii. Causative organism, if identified. (1-1-88)
iv. Date of onset. (1-1-88)
v. Treatment and date initiated. (1-1-88)
vi. Patient's/resident's progress. (1-1-88)
vii. Control techniques utilized. (1-1-88)
viii. Diagnostic tests employed. (1-1-88)

02. Infection Control Committee. An Infection Control Committee shall be appointed by the administrator which shall: (1-1-88)
a. Include the facility medical director, administrator, pharmacist, dietary services supervisor, director of nursing services, housekeeping services representative, and maintenance services representative. (1-1-88)
b. Be responsible for development and implementation of infection control policies and procedures including the designation of a facility employee to monitor practices within the facility. (1-1-88)
c. Meet as a group no less often than quarterly with documented minutes of meetings maintained showing members present, business addressed and signed and dated by the chairperson. (1-1-88)
d. Review policies and procedures as needed but no less often than annually. (1-1-88)
e. Review the quarterly report of infections prepared by the designated surveillance officer. (1-1-88)

03. Patient/Resident Protection. There is evidence of infection control, prevention and surveillance in the outcome of care for all patients/residents as demonstrated by: (1-1-88)
a. Applied aseptic or isolation techniques by staff. (1-1-88)
b. Proper handling of dressings, linens and food, etc., by staff. (1-1-88)
c. Exhibited knowledge by staff in controlling transmission of disease. (1-1-88)

200. NURSING SERVICES.
01. Director of Nursing Services. A registered nurse currently licensed by the state of Idaho and qualified by training and experience shall be designated Director of Nursing Services in each SNF and ICF and shall be responsible and accountable for: (1-1-88)
k. Establishing procedures for general nursing care for the cleanliness, comfort, and welfare of the patients/residents; (1-1-88)
l. Instructing all personnel in the proper isolation techniques to prevent infection to themselves and the patients/residents; (1-1-88)
03. Patient/Resident Care

b. Patient/resident needs shall be recognized by nursing staff and nursing services shall be provided to assure that each patient/resident receives care necessary to meet his total needs. Care shall include, but is not limited to: (1-1-88)
  i. Good grooming and cleanliness of body, skin, nails, hair, eyes, ears, and face, including the removal or shaving of hair in accordance with patient/resident wishes or as necessitated to prevent infection; (1-1-88)
  ii. Good body alignment and adequate exercises and range of motion; (1-1-88)
  iii. Adequate fluid and nutritional intake, including provisions for self-help eating devices as needed; (1-1-88)
  iv. Delivery of medications, diet and treatments as ordered by the attending physician, dentist or nurse practitioner; (1-1-88)
  v. Prevention of decubitus ulcers or deformities or treatment thereof, if needed, including, but not limited to, changing position every two (2) hours when confined to bed or wheelchair and opportunity for exercise to promote circulation; (1-1-88)
  vi. Protection from accident or injury; (1-1-88)
  vii. Oral hygiene; (1-1-88)
  viii. Maintenance of a comfortable environment free from soiled linens, beds or clothing, inappropriate application of restraints and any other factors which interfere with the proper care of the patients/residents; (1-1-88)
  ix. Encouragement and assistance to participate in individual and group activities; (1-1-88)
  x. Treatment of patients/residents with kindness and respect; (1-1-88)
  xi. Bowel and bladder evacuation and bowel and bladder retraining programs as indicated; (1-1-88)
  xii. Rehabilitative nursing current with acceptable professional practices to assist the patient/resident in promoting or maintaining his physical functioning. (1-1-88)

05. Tuberculosis Control

In order to assure the control of tuberculosis in the facility, there shall be a planned, organized program of prevention through written and implemented procedures which are consistent with current accepted practices and shall include: (1-1-88)

a. The results of a T.B. skin test shall be established for each patient/resident upon admission. If the status is not known upon admission, a T.B. skin test shall be done as soon as possible, but no longer than thirty (30) days after admission. (1-1-88)

b. If the T.B. skin test is negative, the test does not have to be repeated. (1-1-88)

c. If the T.B. skin test is positive, if determined upon admission or following the test conducted after admission, the patient/resident shall have a chest x-ray. A chest x-ray conducted thirty (30) days prior to admission is acceptable. (1-1-88)

d. When a chest x-ray is indicated and the patient's/resident's condition presents a transportation problem to the x-ray machine, a Sputum culture for m.tuberculosis is acceptable instead of a chest x-ray until the patient's/resident's next visit for any purpose to a place where x-ray is available. (1-1-88)

e. Annual T.B. skin testing and/or chest x-rays are not required. (1-1-88)

f. If a case of T.B. is found in the facility, all patients/residents and employees shall be retested. (1-1-88)

202. PET THERAPY.

203. PATIENT/RESIDENT RECORDS. 01. Policies and Procedures. Policies and procedures shall be developed by the facility concerning the admission of pets through a visitation program or on a permanent basis. (1-1-88)
02. Type of Pet Allowed. Types of pets allowed shall be as follows: (1-1-88)
   a. Only domesticated household pets (dogs, cats, birds, fish, hamsters, etc.) are permitted. Exotic pets and wild animals, even though trained, shall not be permitted due to the high potential for spread of disease and injury to patients/residents or staff. These include, but are not limited to, iguanas, snakes and other reptiles, monkeys, racoons and skunks. Turtles are not permitted in the facility. (1-1-88)
   b. If animals that are prohibited as designated in Subsection 202.02.a. of these rules are brought in for visitation, they shall be kept on a leash and under the control of the trainer at all times. (1-1-88)

03. Examination of Pets. Pets shall receive an examination by a veterinarian prior to admission to the facility. Appropriate vaccinations shall be given. Birds subject to transmission of psittacosis are included. (1-1-88)

205. CHILD CARE CENTERS.

01. Policies and Procedures. Any facility that permits a child care center adjacent to or attached to the skilled nursing or intermediate care facility shall establish well-defined written and implemented policies and procedures pertaining to the relationship between the child care center and the SNF or ICF. These shall include, but are not limited to: (1-1-88)
   a. Safety measures. (1-1-88)
   b. Infection control and prevention of disease transmission. (1-1-88)
   c. Access by SNF or ICF patients/residents to the child care center and access by the child care center participants to the SNF or ICF. (1-1-88)
   d. Rights and limitations of both child care center participants and patients/residents of the SNF or ICF. (1-1-88)

02. Day Care Licensure. Any day care home or day care center for children, as defined under Basic Day Care License Act, Sections 39-1101 through 39-1117, Idaho Code, either attached as a distinct part or as a separate facility on the premises of the SNF or ICF facility shall be licensed separately by the appropriate state or local licensing agency. (1-1-88)

03. Day Care Compliance. Every child day care home or center shall comply with the Idaho Department of Health and Welfare Rules, IDAPA 16.02.10, “Idaho Reportable Diseases.” (1-1-88)

06. Sanitation. All individuals moving between the SNF or ICF and the child day care facility shall wash their hands thoroughly, using appropriate soap solution. (1-1-88)

ILLINOIS

Section 300.330 Definitions
The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:
Sanitization – the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Section 300.340 Incorporated and Referenced Materials
a) The following regulations and standards are incorporated in this Part:
2) Federal guidelines: The following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, which may be obtained from the National Technical
B) Guideline for Hand Hygiene in Health-Care Settings (October 2002)
D) Guideline for Prevention of Surgical Site Infection (1999)
E) Guideline for Prevention of Nosocomial Pneumonia (February 1994)
F) Guideline for Isolation Precautions in Hospitals (February 18, 1997)

3) Federal regulations:
c) The following statutes and State regulations are referenced in this Part: 1) Federal statutes:
WW) Assisted Living and Shared Housing Act [210 ILCS 9]
XX) Language Assistance Services Act [210 ILCS 87] 3) State of Illinois rules:
C) Department of Public Health:
i) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
ii) Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693)
iii) Food Service Sanitation Code (77 Ill. Adm. Code 750)
v) Private Sewage Disposal Code (77 Ill. Adm. Code 905)

Section 300.620 Admission, Retention and Discharge Policies
i) Persons with communicable, contagious, or infectious diseases may be admitted under the conditions and in accordance with the procedures specified in Section 300.1020.

Section 300.650 Personnel Policies
b) Employee Records
3) Individual personnel files for each employee shall also contain health records, including the initial health evaluation and the results of the tuberculin skin test required under Section 300.655, and any other pertinent health records.
f) Orientation and In-Service Training
1) All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety; and understanding and communicating with the type of residents being cared for in the facility. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility’s policies and procedures for resident care services before being assigned to provide direct care to residents. This orientation program shall include information on the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care.
2) All employees, except student interns shall attend in-service training programs pertaining to their assigned duties at least annually. These in-service training programs shall include the facility’s policies, skill training and ongoing education to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include information on the prevention and treatment of decubitus ulcers. In-service training concerning dietary services shall
include information on the effects of diet in treatment of various diseases or medical conditions and the importance of laboratory test results in determining therapeutic diets. Written records of program content for each session and of personnel attending each session shall be kept.

Section 300.655 Initial Health Evaluation for Employees
a) Each employee shall have an initial health evaluation which shall be used to insure that employees are not placed in positions which would pose undue risk of infection to themselves, other employees, residents, or visitors.
b) The initial health evaluation shall be conducted not more than 30 days prior to the employee beginning employment in the facility. The evaluation shall be completed not more than 30 days after the employee begins employment in the facility.
c) The initial health evaluation shall include a health inventory. This inventory shall be obtained from the employee and shall include the employee’s immunization status and any available history of conditions which would predispose the employee to acquiring or transmitting infectious diseases. This inventory shall include any history of exposure to, or treatment for, tuberculosis. The inventory shall also include any history of hepatitis, dermatologic conditions, or chronic draining infections or open wounds.
d) The initial health evaluation shall include a physical examination. The examination shall include at a minimum any procedures needed in order to:
   1) Detect any unusual susceptibility to infection and any conditions which would increase the likelihood of the transmission of disease to residents, other employees, or visitors.
   2) Determine that the employee appears to be physically able to perform the job functions which the facility intends to assign to the employee.
e) The initial health evaluation shall include a tuberculin skin test which is conducted in accordance with the requirements of Section 300.1025. The test must meet one of the following timeframes:
   1) The test must be completed no more than 90 days prior to the date of initial employment in the facility, or
   2) The test must be commenced no more than ten days after the date of initial employment in the facility.

(Source: Added at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.662 Resident Attendants
k) All training shall also include a unit in safety and resident rights that is at least five hours in length and that includes resident rights; fire safety, use of a fire extinguisher, evacuation procedures; emergency and disaster preparedness; infection control; and use of the call system.

Section 300.696 Infection Control
a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.
b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.
c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):
1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections
2) Guideline for Hand Hygiene in Health-Care Settings
3) Guidelines for Prevention of Intravascular Catheter-Related Infections
4) Guideline for Prevention of Surgical Site Infection
5) Guideline for Prevention of Nosocomial Pneumonia
6) Guideline for Isolation Precautions in Hospitals
7) Guidelines for Infection Control in Health Care Personnel (Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)

Section 300.1010 Medical Care Policies

g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following:
1) An evaluation of the resident’s condition, including height and weight, diagnoses, plan of treatment, recommendations, treatment orders, personal care needs, and permission for participation in activity programs as appropriate.
2) Documentation of the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 300.1025.

Section 300.1020 Communicable Disease Policies

a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.

c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations. (Source: Amended at 29 Ill. Reg. 12852, effective August 2, 2005)

Section 300.1025 Tuberculin Skin Test Procedures

Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).
(Source: Amended at 23 Ill. Reg. 8106, effective July 15, 1999)

Section 300.1060 Vaccinations

a) A facility shall annually administer a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before
November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act)

b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act)

c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident who is age 65 or over, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)

d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)

(Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)

Section 300.1210 General Requirements for Nursing and Personal Care

b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24 hour, seven day a week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

Section 300.1440 Volunteer Program

b) Volunteers shall complete a standard orientation program, in accordance with their facility responsibilities and with the facility's policies and procedures governing the volunteer program. The orientation shall include, but not be limited to:

6) Infection control;

Section 300.2210 Maintenance

b) Each facility shall: (B)

10) Protect the potable water supply from contamination by providing and properly installing adequate, backflow protection devices or providing adequate air gaps on all fixtures that may be subject to backflow or back siphonage.

(Source: Amended at 14 Ill. Reg. 14950, effective October 1, 1990)

Section 300.2230 Laundry Services

a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either through an in-house laundry or a contract with an outside service.

1) An adequate supply of clean linen shall be defined as the three sets of sheets, draw sheets, and pillow cases required to provide for the residents' needs. Additional changes of linen may be required in consideration of the time involved for laundering and transporting soiled linens.

2) If an in-house laundry service is provided then the following conditions shall exist:
A) The laundry area shall be maintained and operated in a clean, safe and sanitary manner.
No part of the laundry shall be used as a smoking or dining area.
B) Written operating procedures shall be developed, posted and implemented which provide for the handling, transport and storage of clean and soiled linens.
C) Laundry personnel must be in good health and practice good personal grooming. Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water before starting work, during work as often as necessary to keep them clean and after smoking, eating, drinking, using the toilet and handling soiled linens.
D) Clean linen shall be protected from contamination during handling, transport and storage.
E) Soiled linen shall be handled, transported and stored in a manner that protects facility residents and personnel.
F) If supplies and equipment not directly connected with the operation of the laundry are stored in the laundry or its accessory storage and handling areas, they shall be protected from contamination by the soiled linens and shall not contribute to contamination of the clean linens.
b) If an outside laundry service is used it shall comply with the requirements of in-house laundries and, in addition, shall provide for protection of clean linens during transport back to the facility.
c) If the facility provides laundry service for residents' personal clothing it must be handled, transported and stored in a manner that will not allow contamination of clean linen or allow contamination by soiled linen. The facility shall assure that the personal clothing of each resident is returned to that individual resident after laundering.

**Section 300.3220 Medical and Personal Care Program**
2) "Routine gynecological evaluations" shall include, as a minimum, the following:
B) Annual updates:
iv) Additional laboratory tests, such as screening for sexually transmitted disease, should be performed as warranted by the history, physical findings, and risk factors.

**Section 300.3710 Day Care in Long-Term Care Facilities**
a) For a licensed long-term care facility to be approved for a day care program, it is necessary that the facility meet all licensing requirements for its level of care.
b) In addition, the following criteria must also be met:
3) Records:
A) A statement by a physician who has evaluated the resident within the last 30 days stating the resident is free of communicable and infectious disease, and indicating any medication and treatments and diet needed by the resident during the period of time in the facility. Permission should also be granted in this statement for the resident to participate in activities with any contraindications or limitations.

**Section 300.6005 Quality Assessment and Improvement for Facilities Subject to Subpart T**
a) The licensee shall develop and implement a quality assessment and improvement program designed to meet at least the following goals:
1) Ongoing monitoring and evaluation of the quality and accessibility of care and services provided at the facility or under contract, including, but not limited to:
F) Infection control; and

**Section 300.6047 Medical Care Policies for Facilities Subject to Subpart T**
b) Each resident admitted shall have a physical examination within five days prior to admission or within 14 days after admission. The examination report shall include at a minimum each of the following:
2) Documentation of the presence or absence of communicable diseases, such as tuberculosis infection, in accordance with Sections 300.1020 and 300.1025 of this Part; and

**Section 300.7070 Quality Assessment and Improvement**
The unit shall have a written plan that is part of the facility's overall quality assurance plan to assess residents' quality of care, quality of life, and overall well-being.

a) The licensee shall develop and implement a quality assessment and improvement program designed to meet at least the following goals:

E) Infection control;

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**INDIANA**

**Rule 1. Definitions 410 IAC 16.2-1-0.5 Applicability (Repealed)**
410 IAC 16.2-1-7 "Communicable disease" defined (Repealed)
Sec. 7. (Repealed by Indiana State Department of Health; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1936, eff Mar 1, 2003)

**Rule 1.1. Definitions 410 IAC 16.2-1.1-1**
410 IAC 16.2-1.1-13 "Communicable disease" defined
Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28 Sec. 13. "Communicable disease" means communicable disease as defined in 410 IAC 1-2.3-11. (Indiana State Department of Health; 410 IAC 16.2-1.1-13; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-1.1-15 "Comprehensive nursing care" defined
Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28 Sec. 15. "Comprehensive nursing care" includes, but is not limited to, the following:

1. Intravenous feedings.
2. Enteral feeding.
3. Nasopharyngeal and tracheostomy aspiration.
4. Insertion and sterile irrigation and replacement of suprapubic catheters.
5. Application of dressings to wounds that:
   A) require use of sterile techniques, packing, or irrigation; or
   B) are infected or otherwise complicated.
6. Treatment of Stages 2, 3, and 4 pressure ulcers or other widespread skin disorders.
7. Heat treatments that have been specifically ordered by a physician as part of active treatment and require observation by nurses to adequately evaluate the process.
8. Initial phases of a regimen involving administration of medical gases.
(Indiana State Department of Health; 410 IAC 16.2-1.1-15; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1904, eff Mar 1, 2003; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-1.1-32 "Infectious" defined
Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28 Sec. 32. "Infectious" means capable of spreading infection. (Indiana State Department of Health; 410 IAC 16.2-1.1-32; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-13 Administration and management
Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 12-10-5.5; IC 16-28-5-1; IC 25-19-1-5
(1) To assure continuity of care of residents in cases of emergency, the facility must have
detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents and including situations that may require emergency relocation of residents. Facilities caring for children shall have a written plan outlining the staff procedures, including isolation and evacuation, in case of an outbreak of childhood diseases.

**410 IAC 16.2-3.1-14 Personnel**

*Authority: IC 16-28-1-7; IC 16-28-1-12*  
*Affected: IC 16-28-5-1; IC 16-28-13-3*

(c) Each nurse aide who is hired to work in a facility shall have successfully completed a nurse aide training program approved by the division or shall enroll in the first available approved training program scheduled to commence within sixty (60) days of the date of the nurse aide's employment. The program may be established by the facility, an organization, or an institution. The training program shall consist of at least the following:

1. Thirty (30) hours of classroom instruction within one hundred twenty (120) days of employment. At least sixteen (16) of those hours shall be in the following areas prior to any direct contact with a resident:
   - (B) Infection control.

(k) There shall be an organized ongoing inservice education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following:

2. Prevention and control of infection.

(t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work.

The facility must assure the following:

1. At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

2. All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

3. The facility shall maintain a health record of each employee that includes:
   - (A) a report of the preemployment physical examination; and
   - (B) reports of all employment-related health examinations.

4. An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out. (Indiana State Department of Health; 410 IAC 16.2-3.1-14; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1537, eff Apr 1, 1997; errata, 20 IR 1738; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; filed May 16, 2001, 2:09 p.m.: 24 IR 3024; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3993; filed Aug 11, 2004, 11:00 a.m.: 28 IR 189; readopted filed May 22,
Sec. 18. (a) The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.

(b) The facility must establish an infection control program under which it does the following:

(1) Investigates, controls, and prevents infections in the facility, including, but not limited to, a surveillance system to:
   (A) monitor, investigate, document, and analyze the occurrence of nosocomial infection; (B) recommend corrective action; and
   (C) review findings at least quarterly.

   The system shall enable the facility to analyze clusters and/or significant increases in the rate of infection.

(2) Decides what procedures (such as isolation) should be applied to an individual resident, including, but not limited to, written, current infection control program policies and procedures for an isolation/precautions system to prevent the spread of infection that isolates the infectious agent and includes full implementation of universal precautions.

(3) Maintains a record of incidents and corrective actions related to infections.

(4) Provides orientation and in-service education on infection prevention and control, including universal precautions.

(5) Provides a resident health program, including, but not limited to, appropriate personal hygiene and immunization.

(6) Provides an employee health program, including appropriate handling of an infected employee as well as employee exposure.

(7) Reports communicable disease to public health authorities.

(c) A diagnostic chest x-ray completed no more than six (6) months prior to admission shall be required.

(d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.

(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.

(f) The baseline tuberculin skin testing should employ the two-step method. For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.
(h) All skin testing for tuberculosis shall be done using the Mantoux method (5 TU PPD) administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording.

(i) Persons with a documented history of a positive tuberculin skin test, adequate treatment for disease, or preventive therapy for infection, shall be exempt from further skin testing. In lieu of a tuberculin skin test, these persons should have an annual risk assessment for the development of symptoms suggestive of tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss. If symptoms are present, the individual shall be evaluated immediately with a chest x-ray.

(j) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident only to the degree needed to isolate the infecting organism.

(k) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food if direct contact will transmit the disease. An employee with signs and symptoms of a communicable disease, including, but not limited to, an infected or draining skin lesion shall be handled according to a facility’s policy regarding direct contact with residents, their food, or resident care items until the condition is resolved. Persons with suspected or proven active tuberculosis will not be permitted to work until determined to be noninfectious and documentation is provided for the employee record.

(l) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(m) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a) is an offense;
(2) subsection (b)(1), (b)(2), (j), (k), or (l) is a deficiency; and
(3) subsection (b)(3), (c), (d), (e), (f), (g), (h), or (i) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-18; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1542, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-19 Environment and physical standards

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

(g) Personnel shall handle, store, process, and transport linen in a manner that prevents the spread of infection as follows:

(1) Soiled linens shall be securely contained at the source where it is generated and handled in a manner that protects workers and precludes contamination of clean linen.
(2) Clean linen from a commercial laundry shall be delivered to a designated clean area in a manner that prevents contamination.
(3) When laundry chutes are used to transport soiled linens, the chutes shall be maintained in a clean and sanitary state.
(4) Linens shall be maintained in good repair.
(5) The supply of clean linens, washcloths, and towels shall be sufficient to meet the needs of each resident. The use of common towels, washcloths, or toilet articles is prohibited

(Indiana State Department of Health; 410 IAC 16.2-3.1-18; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1542, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)
have periodic veterinary examinations and required immunizations in accordance with state and local health regulations.


410 IAC 16.2-3.1-53 Dining assistants
Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1; IC 16-28-13-3; IC 25-23-1-1

(c) The facility shall do the following:
(3) A dining assistant shall assist only residents who do not have complicated eating problems, which include, but are not limited to, the following:
(F) Infection control.

410 IAC 16.2-5.1.4 Personnel
Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1; IC 16-28-13-3

(e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents’ rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:
(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.
(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.
(3) Inservice records shall be maintained and shall indicate the following:
(A) The time, date, and location.
(B) The name of the instructor.
(C) The title of the instructor.
(D) The names of the participants.
(E) The program content of inservice. The employee will acknowledge attendance by written signature.
(f) A health screen shall be required for each employee of a facility prior to resident contact.
The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:
(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be
performed one (1) to three (3) weeks after the first step. The frequency of repeat testing
will depend on the risk of infection with tuberculosis.
(2) All employees who have a positive reaction to the skin test shall be required to have a
chest x-ray and other physical and laboratory examinations in order to complete a
diagnosis.
(3) The facility shall maintain a health record of each employee that includes reports of all
employment-related health screenings.
(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active
tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall
not be permitted to work until tuberculosis is ruled out.
(g) The facility must prohibit employees with communicable disease or infected skin lesions
from direct contact with residents or their food if direct contact will transmit the disease.
An employee with signs and symptoms of communicable disease, including, but not limited
to, an infected or draining skin lesion, shall be handled according to a facility's policy
regarding direct contact with residents, their food, or resident care items until the condition
is resolved. Persons with suspected or proven active tuberculosis will not be permitted to
work until determined to be noninfectious and documentation is provided for the employee
record.
(Indiana State Department of Health; 410 IAC 16.2-5-1.4; filed Jan 10, 1997, 4:00 p.m.: 20 IR
1567, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; readopted filed Jul
11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1921, eff Mar 1, 2003;
filed Jul 22, 2004, 10:05 a.m.: 27 IR 4003; filed Aug 11, 2004, 11:00 a.m.: 28 IR 193;
readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-5-1.5 Sanitation and safety standards
Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1
Sec. 1.5. (a) The facility shall be clean, orderly, and in a state of good repair, both inside and
out, and shall provide reasonable comfort for all residents.
(b) The facility shall maintain equipment and supplies in a safe and operational condition
and in sufficient quantity to meet the needs of the residents.
(c) The facility shall not have more residents than the number for which it is licensed,
except in the case of emergency when temporary permission may be granted by the
director.
(d) The facility shall comply with fire and safety standards, including the applicable rules of
the state fire prevention and building safety commission (675 IAC) where applicable to
health facilities.
(e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in
good repair, and free of hazards that may adversely affect the health and welfare of the
residents or the public as follows:
(1) Each facility shall establish and implement a written program for maintenance to
ensure the continued upkeep of the facility.
(2) The electrical system, including appliances, cords, switches, alternate power sources,
fire alarm and detection systems, shall be maintained to guarantee safe functioning and
compliance with state electrical codes.
(3) All plumbing shall function properly and comply with state plumbing codes.
(4) At least yearly, heating and ventilating systems shall be inspected.
(f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-
24.
(g) Each facility shall have a policy concerning pets.
(h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations.

(i) The facility shall handle, store, process, and transport clean and soiled linen in a safe and sanitary manner that will prevent the spread of infection.

(j) The facility shall observe safety precautions when oxygen is stored or administered in the facility. Residents on oxygen shall be instructed in safety measures concerning storage and administration of oxygen.

(k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.

(l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items.

(m) The facility’s food supplies shall meet the standards of 410 IAC 7-24.

(n) The facility shall develop, adopt, and implement written policies and procedures on cleaning, disinfecting, and sterilizing equipment used by more than one (1) person in a common area.

(o) For purposes of IC 16-28-5-1, a breach of:
1) subsection (a), (b), (d), (e), (f), (j), (k), (l), (m), or (n) is a deficiency;
2) subsection (g) or (h) is a noncompliance; and
3) subsection (c) is a nonconformance. (Indiana State Department of Health; 410 IAC 16.2-5-1.5; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1569, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1923, eff Mar 1, 2003; errata filed Jan 21, 2005, 10:32 a.m.: 28 IR 1695; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-5-1.6 Physical plant standards
Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-2; IC 16-28-5-1

(q) The facility shall have laundry services either in-house or with a commercial laundry by contract as follows:
1) If a facility operates its own laundry, the laundry shall be designed and operated to promote a flow of laundry from the soiled utility area toward the clean utility area to prevent contamination. (Indiana State Department of Health; 410 IAC 16.2-5-1.6; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1571, eff Apr 1, 1997; errata filed Jan 10, 1997, 4:00 p.m.: 20 IR 1593; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1925, eff Mar 1, 2003; errata filed Jan 21, 2005, 10:32 a.m.: 28 IR 1695; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-5-12 Infection control
Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 4-21.5; IC 16-28-5-1

Sec. 12. (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.

(b) The facility must establish an infection control program that includes the following:
1) A system that enables the facility to analyze patterns of known infectious symptoms.
2) Provides orientation and in-service education on infection prevention and control, including universal precautions.
3) Offering health information to residents, including, but not limited to, infection transmission and immunizations.
(4) Reporting communicable disease to public health authorities.
(c) Each resident shall have a diagnostic chest x-ray completed no more than six (6) months prior to admission.
(d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.
(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.
(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.
(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.
(h) All skin testing for tuberculosis shall be done using the Mantoux method (5TU, PPD) administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording.
(i) Persons with a documented history of a positive tuberculin skin test, adequate treatment for disease, or preventive therapy for infection shall be exempt from further skin testing. In lieu of a tuberculin skin test, these persons should have an annual risk assessment for the development of symptoms suggestive of tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss. If symptoms are present, the individual shall be evaluated immediately with a chest x-ray.
(j) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident only to the degree needed to isolate the infecting organism.
(k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.
(l) For purposes of IC 16-28-5-1, a breach of:
(1) subsection (a) is an offense;
(2) subsection (j) or (k) is a deficiency; and
(3) subsection (b), (c), (d), (e), (f), (g), (h), or (i) is a noncompliance. (Indiana State Department of Health; 410 IAC 16.2-5-12; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1935, eff Mar 1, 2003; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-5-13 Dining assistants
Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1; IC 16-28-13-3; IC 25-23-1-1 Sec. 13.
(e) The dining assistant training program shall consist of, but is not limited to, the following:
(1) Eight (8) hours of classroom instruction prior to any direct contact with a resident that includes the following:
(F) Infection control.

410 IAC 16.2-6-2 Medical and dental services
Sec. 2. (a) A complete physical, including an acceptable skin test for tuberculosis, a dental examination, and an evaluation of the child’s medical and physical capabilities, shall be completed on the day of admission or not earlier than thirty (30) days prior to admission.
(b) Upon admission, written evidence shall indicate completion of an immunization series for diphtheria, tetanus, rubella, whooping cough, measles, and polio. The age of the child or the written order by the attending physician, contraindicating a new immunization, may alter the series. A planned program for booster immunization shall be maintained for each resident.
(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a noncompliance.

410 IAC 16.2-6-5 Personnel
(c) Each employee’s health record shall contain evidence of current immunization against polio, diphtheria, rubella, and tetanus unless contraindicated by a physician who must state that the employee is free of such conditions and qualifies for employment.

410 IAC 16.2-6-6 Physical plant standards
Sec. 6. (a) Housing space shall be provided as follows:
(b) Play or exercise area shall be provided as follows:
(3) Washable toys and other developmental and training equipment meeting sanitary and safe design standards shall be provided for both indoor and outdoor play or exercise areas.
(d) At least one (1) room shall be available for isolation of a child suspected or diagnosed as having a communicable disease.

481—58.1 (135C) Definitions. For the purpose of these rules, the following terms shall have the meaning indicated in this chapter. The definitions set out in Iowa Code section 135C.1 shall be considered to be incorporated verbatim in the rules. The use of the words “shall” and “must” indicates those standards are mandatory. The use of the words “should” and “could” indicates those standards are recommended.
“Communicable disease” means a disease caused by the presence of viruses or microbial agents within a person’s body, which agents may be transmitted either directly or indirectly to other persons.
“Potentially hazardous food” means a food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, the growth and toxin production of
potentially hazardous food includes an animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; and garlic and oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth of bacteria.

481—58.10(135C) General policies.
58.10(8) Infection control program. Each facility shall have a written and implemented infection control and exposure control program with policies and procedures based on the guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (I, II, III) CDC guidelines are available at http://www.cdc.gov/ncidod/dhqp/index.html.
58.10(9) Infection control committee. Each facility shall establish an infection control committee of representative professional staff responsible for overall infection control in the facility. (III)
a. The committee shall annually review and revise the infection control policies and procedures to monitor effectiveness and suggest improvement. (III)
b. The committee shall meet at least quarterly, submit reports to the administrator, and maintain minutes in sufficient detail to document its proceedings and actions. (III)
c. The committee shall monitor the health aspect and the environment of the facility. (III)
58.10(10) There shall be written policies for resident care programs and services as outlined in these rules. (III)
58.10(11) Prior to the removal of a deceased resident/patient from a facility, the funeral director or person responsible for transporting the body shall be notified by the facility staff of any special precautions that were followed by the facility having to do with the mode of transmission of a known or suspected communicable disease. (III)

481—58.11(135C) Personnel. 58.11(1) General qualifications.
c. No person shall be allowed to provide services in a facility if the person has a disease:
   (1) Which is transmissible through required workplace contact, (I, II, III)
   (2) Which presents a significant risk of infecting others, (I, II, III)
   (3) Which presents a substantial possibility of harming others, and (I, II, III)
   (4) For which no reasonable accommodation can eliminate the risk. (I, II, III)
Refer to Guidelines for Infection Control in Hospital Personnel, Centers for Disease Control, U.S. Department of Health and Human Services, PB85-923402 to determine (1), (2), (3) & (4).
d. Reserved.
e. Individuals with either physical or mental disabilities may be employed for specific duties, but only if that disability is unrelated to that individual's ability to perform the duties of the job. (III)
f. Persons employed in all departments, except the nursing department of a nursing facility shall be qualified through formal training or through prior experience to perform the type of work for which they have been employed. Prior experience means at least 240 hours of full-time employment in a field related to their duties. Persons may be hired in laundry, housekeeping, activities and dietary without experience or training if the facility institutes a formal in-service training program to fit the job description in question and documents such as having taken place within 30 days after the initial hiring of such untrained employees. (III)
g. Rescinded, effective 7/14/82.
h. The health services supervisor shall be a qualified nurse as defined in these regulations. 

481—58.24 (135C) Dietary.

58.24(5) Food preparation and service.

a. Methods used to prepare foods shall be those which conserve nutritive value and flavor and meet the taste preferences of the residents. (III)
b. Foods shall be attractively served. (III)
c. Foods shall be cut up, chopped, ground or blended to meet individual needs. (II, III)
d. Self-help devices shall be provided as needed. (II, III)
e. Table service shall be attractive. (III)
f. Plastic ware, china and glassware that are unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze shall be discarded. (III)
g. All food that is transported through public corridors shall be covered. (III)
h. All potentially hazardous food or beverages capable of supporting rapid and progressive growth of microorganisms that can cause food infections or food intoxication shall be maintained at temperatures of 41°F or below or at 140°F or above at all times, except during necessary periods of preparation. Frozen food shall be maintained frozen. (I, II, III)

58.24(7) Sanitation in food preparation area.

a. Unless otherwise indicated in this chapter or 481—Chapter 61, the sanitary provisions as indicated in Chapters 3, 4 and 7 of the 1999 Food Code, U.S. Public Health Service, Food and Drug Administration, Washington, DC 20204, shall apply.

b. All food service areas shall be kept clean, free from litter and rubbish, and protected from rodents, animals, roaches, flies and other insects. (II, III)
c. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair, and shall be free from breaks, corrosion, cracks and chipped areas. (II, III)
d. There shall be effective written procedures established for cleaning all work and serving areas. (III)
e. A schedule of cleaning duties to be performed daily shall be posted. (III)
f. An exhaust system and hood shall be clean, operational and maintained in good repair. (III)
g. Spillage and breakage shall be cleaned up immediately and disposed of in a sanitary manner. (III)
h. Wastes from the food service that are not disposed of by mechanical means shall be kept in leak proof, nonabsorbent, tightly closed containers when not in immediate use and shall be disposed of frequently. (III)
i. The food service area shall be located so it will not be used as a passageway by residents, guests or non-food service staff. (III)
j. The walls, ceilings and floors of all rooms in which food is prepared and served shall be in good repair; smooth, washable, and shall be kept clean. Walls and floors in wet areas should be moisture-resistant. (III)
k. Ice shall be stored and handled in such a manner as to prevent contamination. Ice scoops should be sanitized daily and kept in a clean container. (III)
l. There shall be no animals or birds in the food preparation area. (III)
m. All utensils used for eating, drinking, and preparing and serving food and drink shall be cleaned and disinfected or discarded after each use. (III)
n. If utensils are washed and rinsed in an automatic dish machine, one of the following methods shall be used:
When a conventional dish machine is utilized, the utensils shall be washed in a minimum of 140°F using soap or detergent and sanitized in a hot water rinse of not less than 170°F. (II, III)
(2) When a chemical dish machine is utilized, the utensils shall be washed in a minimum of 120°F using soap or detergent and sanitized using a chemical sanitizer that is automatically dispensed by the machine and is in a concentration equivalent to 50 parts per million (ppm) available chloride. (II, III)

q. If utensils are washed and rinsed in a three-compartment sink, the utensils shall be thoroughly washed in hot water at a minimum temperature of 110°F using soap or detergent, rinsed in hot water to remove soap or detergent, and sanitized by one of the following methods:
(1) Immersion for at least 30 seconds in clean water at 180°F; (II, III)
(2) Immersion in water containing bactericidal chemical at a minimum concentration as recommended by the manufacturer. (II, III)

r. After sanitation, the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used. (III)
s. Procedures for washing and handling dishes shall be followed in order to protect the welfare of the residents and employees. Persons handling dirty dishes shall not handle clean dishes without first washing their hands. (III)
t. Amopandmoppailshallbeprovidedforexclusiveuseinkitchenandfoodstorageareas. (III)

58.24(8) Hygiene of food service personnel.
a. Personnel, if involved in dietetic services, shall be trained in basic food sanitation techniques, shall be clean and wear clean clothing, including a cap or a hair net sufficient to contain, cover and restrain hair. Beards, mustaches and sideburns that are not closely cropped and neatly trimmed shall be covered. (III) IAC Ch 58, p.5
b. Personnel shall be excluded from duty when affected by skin infections or communicable diseases in accordance with the facility’s infection control policies. (II, III)
c. Employee street clothing stored in the food service area shall be in a closed area. (III)
d. Food preparation sinks shall not be used for hand washing. Separate hand-washing facilities with soap, hot and cold running water, and single-use towels shall be used properly. (II, III)

58.24(9) Paid nutritional assistants. A paid nutritional assistant means an individual who meets the requirements of this sub rule and who is an employee of the facility or an employee of a temporary employment agency employed by the facility. A facility may use an individual working in the facility as a paid nutritional assistant only if that individual has successfully completed a state-approved training program for paid nutritional assistants. (I, II, III)
a. Training program requirements.
(1) A state-approved training program for paid nutritional assistants must include, at a minimum, eight hours of training in the following areas:
6. Infection control.

481—58.33(135C) Laundry. 58.33(1) All soiled linens shall be collected in and transported to the laundry room in closed, leak proof laundry bags or covered, impermeable containers. (III)
58.33(2) Except for related activities, the laundry rooms shall not be used for other purposes. (III)
58.33(3) Procedures shall be written for the proper handling of wet, soiled, and contaminated linens. (III)
Residents’ personal laundry shall be marked with an identification. (III)

Bed linens, towels, and washcloths shall be clean and stain-free. (III)

Garbage and waste disposal.

All garbage shall be gathered, stored, and disposed of in a manner that will not permit transmission of disease, create a nuisance, or provide a breeding or feeding place for vermin or insects. (III)

All containers for refuse shall be watertight, rodent-proof, and have tight-fitting covers. (III)

All containers shall be thoroughly cleaned each time the containers are emptied. (III)

All wastes shall be properly disposed of in compliance with local ordinances and state codes. (III)

Special provision shall be made for the disposal of soiled dressings and similar items in a safe, sanitary manner. (III)

Special unit or facility dedicated to the care of persons with chronic confusion or a dementing illness (CCDI unit or facility).

Separate written policies and procedures shall be implemented in each CCDI unit or facility. There shall be:

f. Quality assurance policies and procedures which list the process and criteria which will be used to monitor and to respond to risks specific to the residents. This shall include, but not be limited to, drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

All staff working in a CCDI unit or facility shall have training appropriate to the needs of the residents. (II, III)

a. Upon assignment to the unit or facility, every one working in the unit or facility shall be oriented to the needs of people with chronic confusion or dementing illnesses. They shall have special training appropriate to their job description within 30 days of assignment to the unit or facility. (II, III) The orientation shall be at least six hours. The following topics shall be covered:

1. Explanation of the disease or disorder; (II, III)
2. Symptoms and behaviors of memory-impaired people; (II, III)
3. Progression of the disease; (II, III)
4. Communication with CCDI residents; (II, III)

Sanitization means effective bactericidal treatment by a process that reduces the bacterial count, including pathogens, to a safe level on utensils and equipment.

Adoptions by reference: general.

The following material shall apply to all adult care homes except nursing facilities for mental health, intermediate care facilities for the mentally retarded, and boarding care homes:

Each nursing facility shall establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment for residents and to prevent the development and transmission of disease and infection.

(a) Each facility shall establish an infection control program under which the facility meets the following requirements:

1) Prevents, controls, and investigates infections in the facility;
2) develops and implements policies and procedures that require all employees to adhere to universal precautions to prevent the spread of blood-borne infectious diseases based on "universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other blood borne pathogens in health-care settings," as published in the morbidity and mortality weekly report, June 24, 1988, vol. 37 no. 24 and "CDC guidelines for "handwashing and hospital environmental control," as published in November 1985, are hereby adopted by reference;
3) develops and implements policies and procedures related to isolation of residents with suspected or diagnosed communicable diseases based on the centers for disease control "guideline for isolation precautions in hospitals," as published in January, 1996, which is hereby adopted by reference;
4) develops policies and procedures related to employee health based on the centers for disease control "guideline for infection control in hospital personnel," as published in August, 1983, which is hereby adopted by reference;
5) assures that at least one private room that is well ventilated and contains a separate toilet facility is designated for isolation of a resident with an infectious disease requiring a private room. The facility shall develop a policy for transfer of any resident occupying the designated private room to allow placement of a resident with an infectious disease requiring isolation in the private room designated as an isolation room;
6) includes in the orientation of new employees and periodic employees in-service information on exposure control and infection control in a health care setting; and
7) maintains a record of incidents and corrective actions related to infection that is reviewed and acted upon by the quality assessment and assurance committee.

(b) Preventing the spread of infection.

1) When a physician or licensed nurse determines that a resident requires isolation to prevent the spread of infection, the facility shall isolate the resident according to the policies and procedures developed.
2) The facility shall prohibit employees with a communicable disease or infected skin lesions from coming in direct contact with residents, any resident’s food, or resident care equipment until the condition is resolved.
3) Tuberculosis skin testing shall be administered to each new resident and employee as soon as residency or employment begins, unless the resident or employee has documentation of a previous significant reaction. Each facility shall follow the centers for disease control recommendations for “prevention and control of tuberculosis in facilities providing long-term care to the elderly,” as published in morbidity and mortality weekly report, July 13, 1990.
4) Staff shall wash their hands after each direct resident contact for which handwashing is indicated by the centers for disease control guideline for “handwashing and hospital environmental control,” as published in November 1985, which is hereby adopted by reference.
(c) Linens and resident clothing.

(1) The facility shall handle soiled linen and soiled resident clothing as little as possible and with minimum agitation to prevent gross microbial contamination of air and of persons handling the items.

(2) The facility shall place all soiled linen and resident clothing in bags or in carts immediately at the location where they were used. The facility shall not sort and pre-rinse linen and resident clothing in resident-care areas.

(3) The facility shall deposit and transport linen and resident clothing soiled with blood or body fluids in bags that prevent leakage.

(4) The facility shall wash linen with detergent in water of at least 160° F. The facility shall follow the manufacturers’ operating directions for washing equipment.

(5) The facility may choose to wash linens and soiled resident clothing in water at less than 160° F if the following conditions are met:

A. Temperature sensors and gauges capable of monitoring water temperatures to ensure that the wash water does not fall below 72° F are installed on each washing machine.

B. The chemicals used for low temperature washing emulsify in 70°F water.

C. The supplier of the chemical specifies low-temperature wash formulas in writing for the machines used in the facility.

D. Charts providing specific information concerning the formulas to be used for each machine are posted in an area accessible to staff.

E. The facility ensures that laundry staff receives in-service training by the chemical supplier on a routine basis, regarding chemical usage and monitoring of wash operations.

F. Maintenance staff monitors chemical usage and wash water temperatures at least daily to ensure conformance with the chemical supplier’s instructions.

(6) The facility shall use methods for transport and storing of clean linen that will ensure the cleanliness of the linens.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended October 8, 1999.)

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902 KAR 20:026. Operations and Services; Skilled Nursing Facilities Section 3. Administration and Operation.

(9) Personnel.

(b) Employee records. Current employee records shall be maintained and shall include a resume of each employee’s training and experience, evidence of current licensure or registration where required by law, health records, evaluation of performance, records of in-service training and ongoing education, along with employee’s name, address and social security number.

(c) Health requirements. No employee contracting an infectious disease shall appear at work until the infectious disease can no longer be transmitted.

Section 4. Provision of Services.

(5) Pharmaceutical services.
5. Infection control and communicable diseases.

a. There shall be written infection control policies, which are consistent with the Centers for Disease Control guidelines including:
   (i) Policies which address the prevention of disease transmission to and from patients, visitors and employees, including:
      i. Universal blood and body fluid precautions;
      ii. Precautions for infections which can be transmitted by the airborne route; and
      iii. Work restrictions for employees with infectious diseases.
   (ii) Policies which address the cleaning, disinfection, and sterilization methods used for equipment and the environment.

b. The facility shall provide in-service education programs on the cause, effect, transmission, prevention and elimination of infections for all personnel responsible for direct patient care.

c. Sharp wastes.
   (i) Sharp wastes, including needles, scalpels, razors, or other sharp instruments used for patient care procedures, shall be segregated from other wastes and placed in puncture resistant containers immediately after use.
   (ii) Needles shall not be recapped by hand, purposely bent or broken, or otherwise manipulated by hand.
   (iii) The containers of sharp wastes shall either be incinerated on or off site, or be rendered nonhazardous by a technology of equal or superior efficacy, which is approved by both the Cabinet for Health Services and the Natural Resources and Environmental Protection Cabinet.

d. Disposable waste.
   (i) All disposable waste shall be placed in suitable bags or closed containers so as to prevent leakage or spillage, and shall be handled, stored, and disposed of in such a way as to minimize direct exposure of personnel to waste materials.
   (ii) The facility shall establish specific written policies regarding handling and disposal of all wastes.
   (iii) The following wastes shall be disposed of by incineration, autoclaved before disposal, or carefully poured down a drain connected to a sanitary sewer: blood, blood specimens, used blood tubes, or blood products.
   (iv) Any wastes conveyed to a sanitary sewer shall comply with applicable federal, state, and local pretreatment regulations.

e. Patients infected with the following diseases shall not be admitted to the facility: anthrax, campylobacteriosis, cholera, diphtheria, hepatitis A, measles, pertussis, plague, poliomyelitis, rabies (human), rubella, salmonellosis, shigellosis, typhoid fever, yersiniosis, brucellosis, giardiasis, leprosy, psittacosis, Q fever, tularemia, and typhus.

f. A facility may admit a noninfectious tuberculosis patient under continuing medical supervision for his tuberculosis disease.

g. Patients with active tuberculosis may be admitted to the facility whose isolation facilities and procedures have been specifically approved by the cabinet.

h. If, after admission, a patient is suspected of having a communicable disease that would endanger the health and welfare of other patients the administrator shall assure that a physician is contacted and that appropriate measures are taken on behalf of the patient with the communicable disease and the other patients.
(10) Residential services.

(b) Housekeeping and maintenance services.
1. The facility shall maintain a clean and safe facility free of unpleasant odors. Odors shall be eliminated at their source by prompt and thorough cleaning of commodes, urinals, bedpans and other obvious sources.
2. An adequate supply of clean linen shall be on hand at all times. Soiled clothing and linens shall receive immediate attention and shall not be allowed to accumulate. Clothing or bedding used by one (1) patient shall not be used by another until it has been laundered or dry cleaned.
3. Soiled linen shall be placed in washable or disposable containers, transported in a sanitary manner and stored in separate, well-ventilated areas in a manner to prevent contamination and odors. Equipment or areas used to transport or store soiled linen shall not be used for handling or storing of clean linen.
4. Soiled linen shall be sorted and laundered in the soiled linen room in the laundry area. Hand-washing facilities with hot and cold water, soap dispenser and paper towels shall be provided in the laundry area.
5. Clean linen shall be sorted, dried, ironed, folded, transported, stored and distributed in a sanitary manner.
6. Clean linen shall be stored in clean linen closets on each floor, close to the nurses' station.
7. Personal laundry of patients or staff shall be collected, transported, sorted, washed and dried in a sanitary manner, separate from bed linens.

902 KAR 20:048. Operation and Services; Nursing Homes
Section 3. Administration and Operation.
(10) Personnel.
(c) Staffing requirements.

10. Dietary. Each facility shall have a full-time person designated by the administrator, responsible for the total food service operation of the facility and on duty a minimum of thirty-five (35) hours each week.

(d) Health requirements. No employee contracting an infectious disease shall appear at work until the infectious disease can no longer be transmitted.

Section 4. Provision of Services.
(5) Pharmaceutical services.
6. Infection control and communicable diseases.
a. There shall be written infection control policies, which are consistent with the Centers for Disease Control guidelines including:
   (i) Policies which address the prevention of disease transmission to and from patients, visitors and employees, including:
       i. Universal blood and body fluid precautions;
       ii. Precautions for infections which can be transmitted by the airborne route; and
       iii. Work restrictions for employees with infectious diseases.
   (ii) Policies which address the cleaning, disinfection, and sterilization methods used for equipment and the environment.
b. The facility shall provide in-service education programs on the cause, effect, transmission, prevention and elimination of infections for all personnel responsible for direct patient care.
c. Sharp wastes.
(i) Sharp wastes, including needles, scalpels, razors, or other sharp instruments used for patient care procedures, shall be segregated from other wastes and placed in puncture resistant containers immediately after use.

(ii) Needles shall not be recapped by hand, purposely bent or broken, or otherwise manipulated by hand.

(iii) The containers of sharp wastes shall either be incinerated on or off site, or be rendered nonhazardous by a technology of equal or superior efficacy, which is approved by both the Cabinet for Health Services and the Natural Resources and Environmental Protection Cabinet.

d. Disposable waste.

(i) All disposable waste shall be placed in suitable bags or closed containers so as to prevent leakage or spillage, and shall be handled, stored, and disposed of in such a way as to minimize direct exposure of personnel to waste materials.

(ii) The facility shall establish specific written policies regarding handling and disposal of all wastes.

(iii) The following wastes shall be disposed of by incineration, autoclaved before disposal, or carefully poured down a drain connected to a sanitary sewer: blood, blood specimens, used blood tubes, or blood products.

(iv) Any wastes conveyed to a sanitary sewer shall comply with applicable federal, state, and local pretreatment regulations.

e. Patients infected with the following diseases shall not be admitted to the facility: anthrax, campylobacteriosis, cholera, diphtheria, hepatitis A, measles, pertussis, plague, poliomyelitis, rabies (human), rubella, salmonellosis, shigellosis, typhoid fever, yersiniosis, brucellosis, giardiasis, leprosy, psittacosis, Q fever, tularemia, and typhus.

f. A facility may admit a (noninfectious) tuberculosis patient under continuing medical supervision for his tuberculosis disease.

g. Patients with active tuberculosis may be admitted to the facility whose isolation facilities and procedures have been specifically approved by the cabinet.

h. If, after admission, a patient is suspected of having a communicable disease that would endanger the health and welfare of other patients, the administrator shall assure that a physician is contacted and that appropriate measures are taken on behalf of the patient with the communicable disease and the other patients.

(11) Residential services.

(b) Housekeeping and maintenance services.

1. The facility shall maintain a clean and safe facility free of unpleasant odors. Odors shall be eliminated at their source by prompt and thorough cleaning of commodes, urinals, bedpans and other obvious sources.

2. An adequate supply of clean linen shall be on hand at all times. Soiled clothing and linens shall receive immediate attention and shall not be allowed to accumulate. Clothing or bedding used by one (1) patient shall not be used by another until it has been laundered or dry cleaned.

3. Soiled linen shall be placed in washable or disposable containers, transported in a sanitary manner and stored in separate, well-ventilated areas in a manner to prevent contamination and odors. Equipment or areas used to transport or store soiled linen shall not be used for handling or storing of clean linen.

4. Soiled linen shall be sorted and laundered in the soiled linen room in the laundry area. Hand-washing facilities with hot and cold water, soap dispenser and paper towels shall be provided in the laundry area.
5. Clean linen shall be sorted, dried, ironed, folded, transported, stored and distributed in a sanitary manner.
6. Clean linen shall be stored in clean linen closets on each floor, close to the nurses' station.
7. Personal laundry of patients or staff shall be collected, transported, sorted, washed and dried in a sanitary manner, separate from bed linens.

902 KAR 20:300. Operation and Services; Nursing Facilities.

Section 6. Quality of Life. A facility shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident’s quality of life.

(7) Environment.

(b) Infection control and communicable diseases.
1. The facility shall establish policies which are consistent with the Center for Disease Control guidelines, and address the prevention of disease transmission to and from patients, visitors and employees, including:
   a. Universal blood and body fluid precautions;
   b. Precautions for infections which can be transmitted by the airborne route; and
   c. Work restrictions for employees with infectious diseases.
   d. The cleaning, disinfection, and sterilization methods used for equipment and the environment.
2. The facility shall establish an infection control program which:
   a. Investigates, controls and prevents infections in the facility;
   b. Decides what procedures, such as isolation, should be applied to an individual resident; and
   c. Maintains a record of incidents and corrective actions related to infections.
   d. Addresses the prevention of the spread of infection.
   (i) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility shall isolate the resident.
   (ii) The facility shall prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
   (iii) The facility shall require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice.
3. The facility shall provide in-service education programs on the cause, effect, transmission, prevention and elimination of infections for all personnel responsible for direct patient care.
4. Sharp wastes.
   a. Sharp wastes, including needles, scalpels, razors, or other sharp instruments used for patient care procedures, shall be segregated from other wastes and placed in puncture resistant containers immediately after use.
   b. Needles shall not be recapped by hand, purposely bent or broken, or otherwise manipulated by hand.
   c. The containers of sharp wastes shall either be incinerated on or off site, or be rendered nonhazardous by a technology of equal or superior efficacy, which is approved by both the Cabinet for Human Resources and the Natural Resources and Environmental Protection Cabinet.
5. Disposable waste.
   a. All disposable waste shall be placed in suitable bags or closed containers so as to prevent leakage or spillage, and shall be handled, stored, and disposed of in such a way as to minimize direct exposure of personnel to waste materials.
b. The facility shall establish specific written policies regarding handling and disposal of all wastes.

c. The following wastes shall be disposed of by incineration, autoclaved before disposal, or carefully poured down a drain connected to a sanitary sewer: blood, blood specimens, used blood tubes, or blood products.

d. Any wastes conveyed to a sanitary sewer shall comply with applicable federal, state, and local pretreatment regulations pursuant to 40 CFR 403 and 401 KAR 5:055, Section 9.

6. Patients infected with the following diseases shall not be admitted to the facility: anthrax, campylobacteriosis, cholera, diphtheria, hepatitis A, measles, pertussis, plague, poliomyelitis, rabies (human), rubella, salmonellosis, shigellosis, typhoid fever, yersiniosis, brucellosis, giardiasis, leprosy, psittacosis, Q fever, tularemia, and typhus.

7. A facility may admit a (noninfectious) tuberculosis patient under continuing medical supervision for his tuberculosis disease.

8. Patients with active tuberculosis may be admitted to the facility whose isolation facilities and procedures have been specifically approved by the cabinet.

9. If, after admission, a patient is suspected of having a communicable disease that would endanger the health and welfare of other patients, the administrator shall assure that a physician is contacted and that appropriate measures are taken on behalf of the patient with the communicable disease and the other patients.

Part I. General Administration


§9701. Definitions

**Biological**— a preparation used in the treatment or prevention of disease that is derived from living organisms or their by-product.

**Nursing Home**— any private home, institution, building, residence, or other place, serving two or more persons who are not related by blood or marriage to the operator, whether operated for profit or not, and including those places operated by a political subdivision of the state of Louisiana which undertakes, through its ownership or management, to provide maintenance, personal care, or nursing for persons who, by reason of illness or physical infirmity or age, are unable to properly care for themselves. The term does not include the following:

1. a hospital, sanitarium, or other institution whose principal activity or business is the care and treatment of persons suffering from tuberculosis or from mental diseases;

§9727. Staff Orientation, Training and Education

D. The in-service training shall include at least problems and needs common to the age of those being served; prevention and control of infections; fire prevention and safety; emergency preparedness; accident prevention; confidentiality of resident information; and preservation of resident dignity and respect, including protection of privacy and personal and property rights.

Subchapter C. Resident Rights

§9733. Statement of Rights and Responsibilities

A. In accordance with R.S. 40:2010.8 et seq., all nursing homes shall adopt and make public a statement of the rights and responsibilities of the residents residing therein and shall treat such residents in accordance with the provisions of the statement. The statement shall
assure each resident the following:
10. the right to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized by the attending physician for a specified and limited period of time or those necessitated by an emergency:
d. the facility must ensure that the transfer or discharge is effectuated in a safe and orderly manner. The resident and his legal representative or interested family member, if known and available, shall be consulted in choosing another facility if facility placement is required;
1. the right to select a personal physician; to obtain pharmaceutical supplies and services from a pharmacy of the resident’s choice, at the resident’s own expense; and to obtain information about, and to participate in, community-based activities and programs, unless medically contraindicated, as documented by the attending physician in the resident’s medical record, and such participation would violate infection control laws or regulations; the right to retain and use personal clothing

§9915. Linen and Laundry
E. Linen from residents with a communicable disease shall be bagged, in readily identifiable containers distinguishable from other laundry, at the location where it was used.
F. Linen soiled with blood or body fluids shall be placed and transported in bags that prevent leakage.
G. If hot water is used, linen shall be washed with detergent in water at least 160°F for 25 minutes. If low-temperature (less than or equal to 158°F) laundry cycles are used, chemicals suitable for low-temperature washing, at proper use concentration, shall be used.
H. Provisions shall be made for laundering personal clothing of residents.
I. Clean linen shall be transported and stored in a manner to prevent its contamination.
J. Nursing homes providing in-house laundry services shall have a laundry system designed to eliminate crossing of soiled and clean linen.
K. There shall be hand washing facilities for employees in the laundry. AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2116.4.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:64 (January 1998).
Subchapter B. Infection Control and Sanitation §9921. Organization
A nursing home shall establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.
§9923. Infection Control Program
A. An infection control committee shall be established consisting of the medical director and representatives from at least administration, nursing, dietary, and housekeeping personnel.
B. The committee shall establish policies and procedures for investigating, controlling, and preventing infections in the nursing home, and monitor staff performance to ensure proper execution of policies and procedures.
C. The committee shall approve and implement written policies and procedures for the collection, storage, handling, and disposal of medical waste.
D. The committee shall meet at least quarterly, documenting the content of its meetings. E. Reportable diseases as expressed in the State Sanitary Code shall be reported to the local parish health unit of the Office of Public Health.
§9925. Employee Health Policies and Procedures
A. Nursing home employees with a communicable disease or infected skin lesions shall be prohibited from direct contact with residents or their food, if direct contact will transmit
the disease.

B. The nursing home shall require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. An antimicrobial gel or waterless cleaner may be used between resident contact, when appropriate. The nursing home shall follow the Centers for Disease Control's Guideline for Hand Washing and Hospital Environmental Control, 1985 for hand washing.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:65 (January 1998).

§9927. Isolation
When the infection control program determines that a resident needs isolation to prevent the spread of infection, the nursing home shall isolate the resident.

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Chapter 1
Definitions
The following terms shall have the meanings as specified:

“Infection Control Program” means a program that is designed to provide a safe, sanitary, and comfortable environment for the residents and to help prevent the development and transmission of disease and infection.

“Potentially Hazardous Foods” means any food or ingredient, natural or synthetic, capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms.

Chapter 4 Administration 4.H.3.
Components and Functions of the Committee
a. Infection Control
1. Assure policies and procedures are based upon current standards and Centers for Disease Control guidelines for:
a. Prevention of infection;
b. Universal precautions;
c. Employee and resident infections;
d. Linen handling;
2. Food handling;
b. Accident Prevention
Monitor and analyze incident reports and recommend policies and procedures for accident prevention.

Chapter 5 Facility Policies
5.B. Written Policies
5.B.2. Policies shall address all areas of services provided and facility practices regarding:
s. Infection control and waste management;
Chapter 8
Personnel

8.C.4. **Employees with Contagious or Infectious Diseases**
No licensed facility shall knowingly employ or otherwise permit any person to serve therein in any capacity if such person has a communicable or infectious disease or condition which would make him/her dangerous to the health and welfare of residents therein.

Chapter 18 Dietary Services

18.A. **Policies and Procedures**
18.A.1. Dietetic services shall be described in the facility’s policy and procedure manual with at least the following:
  k. Safety, sanitation, and infection control;

18.B. **Health and Hygiene**
  a. No person, while infected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or any acute gastrointestinal disease or other infection deemed to be transmissible through food, shall work in dietetic services in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms, or transmitting disease to other individuals.
  b. Staff shall maintain a high degree of personal cleanliness and shall practice hygienic food-handling techniques.
  c. All staff shall thoroughly wash their hands and wrist areas with soap and warm water before starting work and after any absence from the work station, and shall wash hands during work hours as often as may be necessary to remove soil and contamination. Fingernails shall be kept clean and trimmed.
  d. Staff shall wear clean outer clothing and aprons. Hair shall effectively be restrained through the use of nets or other clean hair covering.

18.G. **Food Storage and Protection**
18.G.1. Food shall be stored, prepared, served, transported, and distributed with protection at all times from potential contamination including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage, leakage and condensation.
18.G.2. Food, whether raw or prepared, if removed from the container or package in which it was obtained, shall be stored in a clean and sanitized container and be labeled and dated.
18.G.3. Only containers specifically made for food storage shall be used. They shall be in good condition and maintain the safety and integrity of the contents.
18.G.4. Containers of food shall be stored at least six inches above the floor, on clean racks, dollies or other clean surfaces, in such a manner as to be protected from splash and other contamination.
18.G.5. Poisonous and toxic materials shall be labeled and stored in a secured area separate from food, food preparation areas, and clean equipment and utensil storage.
18.G.6. Food not subject to further washing or cooking before serving shall be protected against contamination from food requiring washing or cooking.

18.J. **Food Preparation**
18.J.1. Hands shall be washed prior to any food preparation, whether or not disposable gloves are used. Hands shall be washed every time they become contaminated and after gloves are removed.

18.J.6. Food shall be prepared on surfaces that have been cleaned and sanitized to prevent cross-contamination.

18.J.7. All raw fruits and vegetables shall be thoroughly washed to remove soil and other contaminants before being cut, combined with other ingredients, cooked or served.

18.K. **Food Service**

18.K.1. Equipment shall be provided and procedures established to maintain food at safe temperatures during tray assembly. Hot foods shall leave the kitchen above 140 degrees Fahrenheit and cold food below 41 degrees Fahrenheit. Hot foods shall be hot and cold foods cold when they reach the resident.

18.K.2. During transportation, including transportation to another location for service, food and food utensils shall be protected from contamination.

18.L.4. **Equipment and Utensil Handling and Storage**

a. Cleaned and sanitized equipment and utensils shall be handled in a way that protects them from contamination. Tableware shall be handled without contact with inside surface or surfaces that contact the user’s mouth.

b. Cleaned and sanitized utensils and equipment shall be stored at least six inches above the floor in an enclosed, clean, dry location and protected from contamination by splash, dust, and other means. Equipment and utensils shall not be placed under exposed or unprotected sewer lines or water lines, except for automatic fire protection sprinkler heads that may be required by law.

18.N.3. **Storage**

b. Kitchenware, Tableware, and Utensils

Space that is protected from potential contamination shall be provided for the storage of kitchenware, tableware and utensils.

Chaper 20 Physical Plant

20.C.2. **Maintenance Plan**

Every licensed facility shall:

20.C.2.c. Keep all plumbing fixtures in good repair, properly functioning and satisfactorily provided with protection to prevent contamination from entering the water supply piping.

20.G. **Provision for Isolation**

Provision shall be made for isolating infectious residents in well-ventilated bedrooms having separate toilet and bathing fixtures.

20.N.3. **Procedures**

a. **Soiled Linen and Personal Clothing**

Personnel must handle, store, process and transport linens and personal clothing so as to prevent the spread of infection.

1. Personal laundry shall not be washed with other laundry.

2. All soiled linen and personal clothing shall be placed in a bag or laundry cart, covered and stored in a manner to prevent contamination and odors.

3. All soiled linen and personal laundry shall be collected and transported to the laundry in the washable containers in which it was collected.

4. All laundry personnel shall wear a protective apron and gloves and shall wash their hands thoroughly after handling soiled linen and personal clothing.
5. Soiled linen and personal clothing shall be handled and stored in such a manner as to prevent contamination of clean linen and personal clothing.
6. Facilities used to collect, transport, and store soiled linen and personal clothing shall not be used for the handling of clean linen and personal clothing.
b. Clean Linen and Personal Clothing
1. Clean linen and personal clothing shall be sorted, dried, ironed and folded in a sanitary manner in a specified area.
2. Clean linen and personal clothing shall be transported, stored and distributed in a sanitary manner.

20.0.3. Infection Control
The facility shall provide a hygienic environment for residents and staff by having procedures for:
  a. Orientation of all staff
  b. The use, cleaning and care of equipment;
  c. The maintenance of cleaning schedules;
  d. On-going evaluation of cleaning effectiveness;
  e. Maintaining liaison with the Quality Assurance Committee as necessary;
  f. Education and training.

Chapter 21 Infection Control and Biomedical Waste
21.A. Infection Control
The facility must establish an active program for the prevention, control, and investigation of infection according to current standards and Center for Disease Control (CDC) guidelines, which includes:
21.A.1. A protocol for early identification, reporting, and monitoring of infections (nosocomial and those present on admission) that will:
  a. Identify residents at risk;
  b. Maintain a separate record on infections that identifies the resident’s name, date of infection, causative agent, origin or site of infection, and cautionary measures taken; Eff. 2/1/01
  c. Prevent infections common to nursing facility residents (e.g., vaccination for influenza and pneumococcal pneumonia as appropriate);
  d. Analyze the clusters and/or significant increases in the rate of infection;
  e. Report to appropriate agencies those infections for which reporting is mandated.
21.A.2. A protocol for prevention of the spread of infection:
  a. The facility must isolate the resident when the infection control program determines that a resident needs isolation to prevent the spread of infection.
  b. The facility must monitor staff infections and prohibit employees with a communicable disease or infected skin lesions from direct contact with residents food. Eff. 2/1/01
  c. The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice (per CDC guidelines).
21.A.3. An active training program that provides staff and residents, as appropriate, adequate information to prevent the spread of infection.
21.B. Biomedical Waste Management
21.B.1. Each facility shall have policies and procedures for containment and disposal of biomedical waste.

a. Identification of Biomedical Waste

1. "Biomedical Waste" means a waste that may contain human pathogens of sufficient virulence and in sufficient concentrations that exposure to it by a susceptible host could result in disease.

2. "Body Fluids", as defined by the CDC, means waste which, at the time of generation, is soaked or dripping with human blood, blood products or body fluids.

3. "Sharps" means items which may cause puncture wounds or cuts including, but not limited to, hypodermic needles, syringes, scalpel blades, capillary tubes and lancets, disposable razors, Pasteur pipettes, broken glassware, I.V. tubing with needles attached and dialysis bags with needles attached.

b. Disposal

1. Biomedical waste shall be incinerated (or interred) per contract with a licensed biomedical waste contractor.

2. Biomedical waste (other than Sharps) shall be packaged in bags which are impervious to moisture and of sufficient strength to resist tearing or bursting.

   a. All bags containing biomedical waste shall be red in color and be labeled with the symbol for biomedical waste.

   b. Bags shall be sealed by forming a secure closure which results in a leak resistant seal.

   c. Red bags may not be enclosed in a bag of another color.

3. Discarded sharps shall be placed directly into leak resistant, rigid, puncture resistant containers, without clipping or breaking.

   a. Containers shall be taped closed or tightly lidded to preclude loss or leakage of contents.

Chapter 23 Alzheimer’s/Dementia Care Units

23.C. Standards for Alzheimer’s/Dementia Care Units

23.C.2. Staffing and Staff Training

Every effort must be made to provide residents with familiar and consistent staff members in order to minimize resident confusion. All direct care staff assigned to the Alzheimer’s/Dementia Care Unit shall be specially trained to work with residents with Alzheimer’s Disease and other dementias.

b. Training

1. Pre-Service Training

The goals of training and education for staff of Alzheimer’s/Dementia Care Units are to enhance staff understanding and sensitivity toward the unit residents, to allow staff to master care techniques, to ensure better performance of duties and responsibilities and to prevent staff burnout. The trainer(s) shall be qualified individuals with experience and knowledge in the care of individuals with Alzheimer’s disease and other dementias. The facilities shall provide a minimum of eight (8) hours of classroom orientation and eight (8) hours of clinical orientation to all new employees assigned to the unit. In addition to the usual facility orientation, which would include such topics as basic resident rights, confidentiality, emergency procedures, infection control, facility philosophy related to Alzheimer’s dementia care, wandering/egress control, the eight (8) hours of classroom orientation should also include the following topics:

   a. A general overview of Alzheimer’s disease and related dementias;

   b. Communication basics;

   c. Creating a therapeutic environment;
.01 Definitions.
B. Terms Defined.
(5-2) "Communicable disease" means an acute illness or a chronic disease state of any of the agents causing these diseases:
(a) Acquired immunodeficiency syndrome;
(b) Amebiasis;
(c) Cholera;
(d) Conjunctivitis;
(e) Diphtheria;
(f) Hepatitis, viral (A, B, C, non-A, non-B, delta);
(g) Human immunodeficiency virus (HIV) infection;
(h) Salmonellosis;
(i) Shigellosis;
(j) Tuberculosis;
(k) Typhoid fever; or
(l) Evidence of any other condition as requested by the Secretary.
(6) "Comprehensive care facility" means a facility which admits patients suffering from disease or disabilities or advanced age, requiring medical service and nursing service rendered by or under the supervision of a registered nurse. (6-1) "Concurrent review" means daily rounds by a licensed nurse which include:
(18) "Mantoux tuberculin skin test" means a test to diagnose tuberculosis infection utilizing 5TU (tuberculin units) of purified protein derivative (PPD) that is injected intradermally and read within 48—72 hours with results recorded in millimeters of induration.
(38) "Podiatrist" means any person licensed by the State Board of Podiatry Medical Examiners. (38-1) "Positive tuberculin skin test" means the presence of palpable induration of:
(a) 5 millimeters or more in diameter for individuals:
(i) Known to have or suspected of having HIV infection,
(ii) Who are close contacts of an individual with infectious tuberculosis disease,
(iii) With X-ray or clinical evidence of active tuberculosis disease,
(iv) Who have a chest radiograph suggestive of previous disease, or
(v) Who have a history of injecting illicit drugs if HIV status is unknown; or
(b) 10 millimeters or more in diameter for:
(i) All individuals not included in §B(38-1)(a) of this regulation,
(ii) Risk groups that are defined in Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994, Table S2-1, pages 62—63, which is incorporated by reference in Regulation .01-1 of this chapter, and
(iii) Health care workers.
(53) Tuberculosis in a Communicable Form.
(a) "Tuberculosis in a communicable form" means that an individual is presumed to have
active pulmonary or laryngeal tuberculosis as evidenced by positive X-ray findings with or without positive acid-fast bacilli (AFB) sputum smear or positive AFB sputum culture and that the individual has been receiving chemotherapy for less than 14 days.

(b) “Tuberculosis in a communicable form” does not include:
(i) When the individual with presumed or confirmed active disease has had three negative AFB smears at least 24 hours apart, shows clinical improvement, and has received chemotherapy for at least 14 days; or
(ii) The individual with inactive scars, calcification, or a normal chest X-ray.

(54) "Tuberculosis suspect" means an individual who has a cough lasting more than 3 weeks and at least one other symptom that is compatible with active tuberculosis including bloody sputum, night sweats, weight loss, or fever.
(55) "Two-step tuberculin skin testing" means the administration of a second tuberculin skin test 1 to 3 weeks after the initial PPD is negative, to distinguish a boosted reaction from a reaction that is due to new infection.

01-1 Incorporation by Reference.
A. In this chapter, the following documents are incorporated by reference.

B. Documents Incorporated.
(1) Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994 (MMWR 1994; 43 No. RR-13; U.S. Centers for Disease Control and Prevention (CDC); Atlanta, Georgia).
(2) Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC); (MMWR 1997; 46 No. RR-18; U.S. Centers for Disease Control and Prevention (CDC Atlanta, Georgia).
(4) Guideline for Isolation Precautions in Hospitals; Julia S. Garner and the Hospital Infection Control Practices Advisory Committee; (American Journal of Infection Control 1996; 24: (1); 37pp.)

07 Administration and Resident Care.
G. Educational Program. An ongoing educational program shall be planned and conducted for the development and improvement of skills of all the facility's personnel, including training related to problems and needs of the aged, ill, and disabled. Records shall be maintained reflecting attendance, by name and title, and training content. In-service training shall include at least:
(1) Prevention and control of infections;
(2) Fire prevention programs and patient related safety procedures in emergency situations or conditions;
(3) Accident prevention;

08 Admission and Discharge.
G. Admissions Procedures for Patients With Communicable Diseases. The following procedures are to be used when admitting an individual with a communicable disease into a nursing facility:
A facility may not deny admissions to, or involuntarily discharge, an individual solely because the individual has a communicable disease;

(2) Any facility that intends to accept an individual with a communicable disease shall notify the Department before admitting the individual; and

(3) The Secretary or a designee of the Secretary may prohibit a facility from accepting an individual with a communicable disease if it is determined that admitting the individual with a communicable disease could pose a risk to the health, safety, or welfare of any other resident or individual associated with the facility.

.09 Resident Care Policies.

A. Written Policies. Comprehensive care facilities and extended care facilities shall develop written policies, consistent with these regulations, to govern the nursing care and related medical or other services they provide covering the following:

(15) Infection control.

(16) Tuberculosis Surveillance. All comprehensive care facilities and extended care facilities shall have written policies and procedures, acceptable to the Department, for tuberculosis surveillance of all residents. See Regulation .21G of this chapter for tuberculosis surveillance requirements.

F. Employee Health Oversight. The facility, in consultation with the medical director and other physicians, if necessary, shall establish and maintain surveillance of the health status of employees, including:

(1) Advising on the development and execution of an employee health program, which shall include provisions for determining that employees are free of communicable diseases according to current acceptable standards of practice; and

(2) Ensuring that the facility plans and implements required immunization programs.

G. Other Related Duties. The medical director shall perform other essential duties related to clinical care and physician practices, including:

(1) Advising the administrator and the director of nursing on clinical issues, including the criteria for residents to be admitted, transferred, or discharged from the nursing facility;

(2) Working with the nursing facility to establish appropriate relationships with area hospitals and other pertinent institutions to improve care of the residents;

(3) Advising and consulting with the nursing facility staff regarding communicable diseases, infection control, and isolation procedures, and serving as a liaison with local health officials and public health agencies that have policies and programs that may affect the nursing facility's care and services to residents;

(4) Providing or arranging for temporary physician services as needed to ensure that each resident has continuous physician coverage;

(5) Participating as appropriate in facility committee projects and meetings concerning clinical care and quality improvement that require physician input; and

(6) Educating or overseeing the education of, and informing, all attending physicians about their roles, responsibilities, and applicable rules and regulations.

.12 Nursing Services.

G. Responsibilities of the Director of Nursing. The responsibilities of the director of nursing shall include:

(5) Participation in the coordination of patient services through appropriate staff committee meetings (pharmacy, infection control, patient care policies, and utilization review) and departmental meetings;

O. Nursing Care—24 Hours a Day. There shall be sufficient licensed and supportive nursing
service personnel on duty 24 hours a day to provide appropriate bedside care to assure that each patient:
(1) Receives treatments, medications, and diet as prescribed;
(2) Receives rehabilitative nursing care as needed;
(3) Receives proper care to prevent decubitus ulcers and deformities;
(4) Is kept comfortable, clean, and well-groomed;
(5) Is protected from accident, injury, and infection;
(6) Is encouraged, assisted, and trained in self-care and group activities.

.14-1 Special Care Units — General.
C. The facility shall obtain Departmental approval of the following pertaining to the special care unit:
(6) Policies and procedures, including:
(a) The transfer or referral of residents who require services that are not provided by the special care unit;
(b) The administration of medicines unique to the needs of the special care residents;
(c) Infection control measures to minimize the transfer of infection in the special care unit;
(d) Pertinent safety practices, including the control of fire and mechanical hazards; and
(e) Preventive maintenance for equipment in the special care unit;

.21 Infection Control Program.
A. Infection Control Program. The facility shall establish, maintain, and implement an effective infection control program that:
(1) Investigates, controls, and prevents infections in a timely manner through a system that enables the facility to:
(a) Analyze patterns of infected individuals;
(b) Analyze changes in prevalent organisms;
(c) Analyze increases in the rate of infection; and
(d) Obtain surveillance data for the prevention and control of additional cases;
(2) Determines the procedures, such as appropriate precautions, that are to be applied to an individual resident;
(3) Maintains a record of infections in the facility, and the corrective actions that were taken related to infections; and
(4) Monitors and evaluates the:
(a) Effectiveness of the infection control program by surveying rates of infection, especially of those residents who have an especially high risk of infection; and
(b) Effective implementation of the policies and procedures that are outlined in §F(1) of this regulation.
B. The facility shall assign at least one individual with education and training in infection surveillance, prevention, and control to be responsible for approving actions to prevent and control infections.
C. Effective January 1, 2005, the facility's infection control coordinator shall attend a basic infection control training course that is approved by the Office of Health Care Quality and the Office of Epidemiology and Disease Control Program for the Department.
D. The facility shall have mechanisms for communicating the results of infection control activities to employees, and the individual or individuals who are responsible for improving the facility's performance.
E. The facility's communication mechanism shall ensure that the administrator, director of nursing, and the medical director receive and address reports of infection control findings.
and recommendations in a timely manner.

F. Infection Control Policies and Procedures.
(1) The infection control program shall establish written policies and procedures to investigate, control, and prevent infections in the facility including policies and procedures to:
   (a) Identify facility-associated infections and communicable diseases in accordance with COMAR 10.06.01;
   (b) Report occurrences of certain communicable diseases and outbreaks of communicable diseases to the local health department in accordance with COMAR 10.06.01 and Health-General Article, §18-202, Annotated Code of Maryland;
   (c) Institute appropriate infection control steps when an infection is suspected or identified in order to control infection and prevent spread to other residents;
   (d) Perform surveillance of residents and employees at appropriate intervals to monitor and investigate causes of infection, facility-associated and community acquired, and the manner in which it was spread;
   (e) Train employees about infection control and hygiene including:
      (i) Hand hygiene;
      (ii) Respiratory protection;
      (iii) Soiled laundry and linen processing;
      (iv) Needles, sharps, or both;
      (v) Special medical waste handling and disposal; and
      (vi) Appropriate use of antiseptics and disinfectants.
   (f) Train and monitor employee application of infection control and aseptic techniques; and
   (g) Review the infection control program at least annually and revise as necessary.
(2) The facility shall provide information concerning the communicable disease status of any resident being transferred or discharged to any other facility, including a funeral home.
(3) The facility shall obtain information concerning the communicable disease status of any resident being transferred or discharged to the facility.

G. Preventing Spread of Infection.
(1) The facility shall assess any residents with signs and symptoms of an infectious illness for the possibility of transmission to another resident or employee.
(2) The facility shall take appropriate infection control steps to prevent the transmission of a communicable disease to residents, employees, and visitors as outlined in the following guidelines:
   (a) Guideline for Isolation Precautions in Hospitals; and
   (b) Guideline for Infection Control in Health Care Personnel.
(3) The facility shall prohibit employees with a communicable disease or with infected skin lesions from direct contact with residents or their food if direct contact could transmit the disease.
(4) The facility shall require employees to perform hand hygiene after each direct resident contact for which hand hygiene is indicated by accepted professional practice.
(5) The facility shall handle, store, process, and transport linens so as to prevent the spread of infection.

.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.

.21-4 Infection Control—Standard Precautions.
A. Standard Precautions. All employees shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or the body fluids of any resident is anticipated as outlined in:
   (1) Guideline for Isolation Precautions in Hospitals; and
   (2) COMAR 09.12.31.
B. The infection control program shall include the handling of medical waste as defined in
.22 Reports and Action Required in Unusual Circumstances.
Agency Note: Supervision should be adequate to prevent patients from intruding into the rooms of other patients.

D. Unusual Occurrences. Any occurrence such as the occurrence of suspected mental disturbance, communicable disease, or symptomatic condition of importance to public health, poisoning, or other serious occurrence which threatens the welfare, safety, or health of any patient shall be reported immediately to the local health department. The administrator of the facility shall be responsible for seeing that appropriate procedures and reporting are carried out. An occurrence of a communicable or suspected communicable disease shall be reported and acted upon in accordance with medical asepsis as described in COMAR 10.06.01 Communicable Diseases and COMAR 10.15.03 Food Service Facilities.

.27 Nursing Care Unit.
B. Service Areas Required in New Construction or for New Facilities.
(1) Nurses’ Station. The nurses’ station shall be centrally located in relation to beds served and shall provide easy view of corridors outside of rooms. The Department may specify the location and size of a nurses’ station which serves a nursing care unit exceeding 40 beds. A nursing care unit also shall include:
   (a) A toilet, within the care unit, for the use of personnel, a handwashing sink equipped with 4 inch wrist blades, gooseneck spout, and separate soap dispensers and towel dispensers.
   (b) Medicine storage cabinet with locks. Schedule II drugs shall be kept in separately locked, securely fixed boxes or drawers in a cabinet, under two locks, keyed differently; medicine storage and preparation area with illumination of 100 footcandles at the work counter; preparation area shall include a small sink set into the counter or with drain boards; biological refrigerator. Spaces housing medicine storage cabinet, medicine preparation area, and biological refrigerator shall be under the direct visual control of the nursing or pharmacy staff.
   (c) Nurses’ call system.
   (d) Charting desk and supplies.
   (e) Storage space for miscellaneous medical supplies which shall be protected from contamination.

.28 Resident Bedroom and Toilet Facilities.
B. Bedroom Accommodations. The following requirements shall be met:
   (9) Each facility shall maintain, at all times, the capability to physically isolate any patient who may contract a communicable disease from the remaining patient population. This shall include access to bathing and toilet facilities not used by the rest of the patient population.

.28 Resident Bedroom and Toilet Facilities.
D. Furnishings. The following shall be provided;
   (13) Bedpans, Urinals, and Basins----New and Existing Facilities.
   (a) Each floor of the facility shall be equipped with equipment, approved by the Department, to clean and sanitize bedpans, urinals, and basins.
   (b) Common-use pans and urinals shall be cleaned and sanitized after each patient use (sanitization by heat, chemicals, gas, or other means approved by the Department).
   (c) Disposable pans and urinals shall be cleaned and sanitized when needed or at least weekly; they shall be discarded when damaged or no longer in cleanable condition. Disposable pans, even though sanitized, may not be transferred from one patient to another.
(d) Pans and urinals used in isolation cases shall be sterilized by approved methods.

E. Body Holding Room----New and Existing Facilities. In a new facility, if a body holding room is provided, it shall be located to facilitate quiet and unobtrusive ingress and egress of bodies, convenient to the elevator and with an isolated exit. If a body holding room is not provided, a holding area shall be designated which approximates the above conditions.

.32 Dietetic Service Area.

H. Equipment for Food Preparation and Distribution. The following requirements shall be met:
(1) Adequate equipment for preparation, serving, and distribution of food shall be provided;
(2) A dumbwaiter, elevator, or ramp shall be provided in a facility of more than one story where more than eight patients, above or below the kitchen level, receive bedside tray service;
(3) Equipment to protect food from dust or contamination and to maintain food at proper temperature shall be provided for transportation of food to the patients.

.39 Geriatric Nursing Assistant Program.

B. Course Structure.

(11) A training program shall provide at least 16 hours of training prior to a trainee’s direct assignment to resident care. This instruction shall include the following topics:
(a) Infection control;

.40 Curriculum for the Geriatric Nursing Assistant Program.

C. Patient Environment.

(1) Safety:
(a) Protective devices/restraints,
(b) Fire and disaster;
(2) Infection control:
(a) Handwashing;
(b) Signs and symptoms of common communicable disease;
(c) Basics in isolation techniques;
(3) Maintaining the patient room:
(a) General environmental cleanliness;

.40 Curriculum for the Geriatric Nursing Assistant Program.

G. Principles of Body Systems. Objectives of this unit will be to present a basic overview of each system as it relates to patient limitation/condition/disease.

.41 Paid Feeding Assistants.

E. State-Approved Training. A State-approved training course for paid feeding assistants shall consist of at least 8 hours of training that includes:
(6) Infection control;
diseases as classified by the Centers for Disease Control (CDC). These services must be provided as part of a culturally sensitive and multidisciplinary program directed toward assisting residents to maintain their optimal level of physical, cognitive and behavioral functioning and toward maximizing availability and utilization of all treatment options. Where appropriate an AIDSSNF shall also provide a comfortable, secure and supportive environment for the terminally ill patient.

Admissions to Acquired Immune Deficiency Syndrome Skilled Nursing Facilities (AIDSSNFs).

(1) A resident admitted to an AIDSSNF shall meet the following criteria for admission to the facility/unit:

(a) Has been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or any of the HIV-related diseases as classified by the Centers for Disease Control (CDC).

(b) Meets at least one of the following:

1. Requires nursing care on a recurring or continuous basis, that averages at least three hours a day;

2. Has a neurological impairment, and is dependent in at least three of the following activities of daily living: bathing, feeding, dressing, toileting and mobility and therefore requires skilled management.

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.

(7) No individual shall be employed, or employee permitted to work, if infected with a contagious disease in a communicable form that might endanger the health of patients, residents or other employees.

(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.
(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)(c).
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.
(G) The administrator shall be responsible for ensuring that all required records, reports and other materials are complete, accurate, current and available within the facility.
(1) All incidents seriously affecting the health or safety of patients or residents shall be recorded and reported accurately to the Department within a week. Such reports shall include:
   (a) Date, time and circumstances.
   (b) Name of the physician or physician-physician assistant team or physician-nurse practitioner team called.
   (c) Physician's or physician-physician assistant team's or physician-nurse practitioner team's report, including physical findings and treatment.
   (d) Prognosis.
   (e) Action taken.
   (f) Name of the nurse or responsible person on duty at the time and names of witnesses, if any.
(2) The occurrence of epidemic disease, including food poisoning, shall be reported immediately by telephone to the Department and to local health authorities. On weekends or holidays, calls should be directed to the State House Capitol Police for relay to personnel on call. The verbal report shall be confirmed in writing within 48 hours.
(3) All fires and all deaths resulting from incidents in a facility shall be reported immediately by telephone to the Department. On weekends or holidays, calls should be directed to the State House Capitol Police for relay to personnel on call. The verbal reports shall be confirmed in writing within 48 hours with specific information on injuries to patients, residents or staff, disruption of services and extent of damages. Injury to patients or residents as the result of fire shall be considered an incident under 105 CMR 150.002(G)(1) and shall be reported as indicated therein.
(4) Upon change of ownership, the medications, funds and personal belongings of all patients or residents shall be checked and identified by the licensee and the new owner. A complete count of controlled substances under the federal Comprehensive Drug Abuse Prevention and Control Act shall be made, recorded in the Narcotic and Sedative Book and signed by the licensee and the new owner.
(5) Patient or resident survey reports, annual reports and such other reports and information as may be required shall be submitted to the Department in the manner and within the time period prescribed.

150.005: Physician Services

(F) Every patient or resident shall have a complete admission physical exam and medical evaluation. Based on this information, the attending physician or physician-physician assistant team or physician-nurse practitioner team shall develop a medical care plan that shall include such information as the following:
(1) Primary diagnosis
   Other diagnoses or associated conditions
   Pertinent findings of physical exam (including vital signs and weight, if ambulatory).
   Weight shall be included for non-ambulatory patients in a SNCFC.
   Significant past history
   Significant special conditions, disabilities or limitations
   Prognosis
   Assessment of physical capability (ambulation, feeding assistance bowel and bladder control)
   Assessment of mental capacity
   Treatment plan including:
Medications
Special treatments or procedures
Restorative services
Dietary needs
Order of ambulation and activities
Special requirements necessary for the individual's health or safety
Preventive or maintenance measures
Short and long term goals
Estimated length of stay.

A medical care plan for patients in a SNCFC shall be part of the Individual Service Plan (ISP) and shall include in addition to the above, a developmental history, including evaluation of the patient's physical, emotional and social growth and development, immunization status, and assessments of hearing, speech and vision. Each patients' medical care plan shall include a schedule of appropriate immunizations as recommended by the American Academy of Pediatrics.

(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).

(D) Nursing Care.
(1) Nursing care shall be an integral part of total health care and shall emphasize the promotion of health, the prevention and treatment of disease and disability, and the teaching counseling and emotional support of patients.

Assignment of nursing staff within a SNCFC shall be made so that each patient is cared for by at least some nursing personnel who are assigned to care for him on a continuing basis.

150.009: Dietary Service
(A) All facilities shall provide adequate dietary services to meet the daily dietary needs of patients and residents in accordance with written dietary policies and procedures.
(2) Facilities that provide Level I, II or III care shall provide a fulltime food service supervisor. He may be the cook or the chef, but he shall spend a portion of his time in management functions. Facilities that provide Level IV care shall provide a cook as needed to meet residents' dietary needs.
(a) The food service supervisor shall be responsible for supervising food service personnel, the preparation and serving of food and the maintenance of proper records.
(b) There shall be proper supervision of the dietary service during all hours of operation. When the food service supervisor is absent during hours when other food service personnel are on duty, a responsible person shall be assigned to assume his job functions.
(3) All facilities shall employ a sufficient number of food service personnel and their working hours shall be scheduled to meet the dietary needs of the patients.
(a) Food service employees shall be on duty over a period of 12 or more hours.
(b) Food service employees shall be trained to perform assigned duties.
(c) In facilities that provide Level I or II care, food service employees shall not regularly be assigned to duties outside the dietary department.
(d) Work assignments and duty schedule shall be posted and kept current.
(e) All dietary personnel (including tray servers) shall be 16 years of age or older.
All food service personnel shall be in good health, shall practice hygienic food handling techniques and shall conform to 105 CMR 590.000: State Sanitary Code Article X - Minimum Sanitation Standards for Food Service Establishments.

(a) All food service personnel shall wear clean, washable garments, shoes, hairnets or clean caps, and keep their hands and fingernails clean at all times.
(b) Personnel having symptoms of communicable disease, including acute respiratory infections, open infected wounds, or known to be infected with any disease in a communicable form or in a carrier state, shall not be permitted to work.
(c) Employees shall not use tobacco in any form while engaged in food preparation or service, or while in equipment washing, food preparation or food storage areas.
(G) Preparation and Serving of Food.
(9) Trays.
(e) Trays set up in advance of meal time shall be adequately covered to prevent contamination and shall not contain perishable food.
(H) Single service disposable dishes, cups or cutlery shall not be used except as follows:
(2) On a temporary basis: for an individual with an infectious illness, or when kitchen areas are being remodelled, providing that prior approval for use over a specified period of time has been received from the Department.
(I) Dietary and Food Sanitation.
(7) Dry or staple food items shall be stored off the floor in a ventilated room not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin.

150.015: Patient Comfort, Safety, Accommodations and Equipment
(C) Safety and Personal Protection.
(7) All accidents, epidemic disease, fires and other mishaps shall be reported as stipulated in 105 CMR 150.002(G).

150.016: Environmental Health and Housekeeping
(C) Waste Disposal and Garbage Disposal.
(1) Suitable sanitary procedures and equipment shall be provided for the collection, storage and disposal of all wastes and garbage.
(2) All accumulated soiled dressings, that do not meet the definition of infectious or physically dangerous medical or biological waste as set forth in 105 CMR 180.000: State Sanitary Code, Chapter VIII, and other wastes, and all garbage not disposed of by mechanical means shall be stored, both indoors and out-of-doors, in sanitary, rodent-proof, leak-proof, fire-proof, non-absorbent, watertight containers with tight-fitting covers.
(3) Wastes and garbage shall be stored and disposed of at proper intervals in a manner to prevent fire hazard, contamination, transmission of disease, a nuisance, a breeding place for flies and insects, or feeding place for rodents.
(4) Garbage and wastes shall be stored in areas separate from those used for the preparation, storage and service of food.
(5) Equipment for proper cleaning and disinfection of these containers each time they are emptied during all seasons shall be provided.
(6) Requirements governing the disposal of infectious or physically dangerous medical or biological waste as set forth in 105 CMR 480.000: State Sanitary Code, Chapter VIII are incorporated herein by reference.
(D) Laundry and Linen Sanitation.
(1) All facilities shall provide appropriate procedures, staff and equipment to assure sufficient clean linen supplies (105 CMR 150.015(F)(4)(d)) and the proper sanitary washing and handling of linen.

(2) Handling of Soiled Linen.
(a) Soiled linen shall be placed in washable or disposable containers, transported in a sanitary manner and stored in separate, well-ventilated areas in a manner to prevent contamination and odors.
(b) Soiled linen shall not be permitted to accumulate excessively in any area of the facility.
(c) Soiled linen shall be handled and stored in such a manner as to prevent contamination of clean linen. Equipment or areas used to transport or store soiled linen shall not be used for the handling or storing of clean linen.
(d) Soiled linen shall not be sorted, laundered, rinsed or stored in bathrooms, patient's or resident's rooms, kitchens or food storage areas.
(e) Hand washing facilities with hot and cold running water, soap dispenser and paper towels shall be available in the laundry area where soiled linen is handled or sorted.
(f) Personal laundry of patients, residents or staff shall also be collected, transported, sorted, washed and dried in a sanitary manner, separate from bed linens.

MICHIGAN

R 325.20402 Health of employees and others providing care.
Rule 402. (1) An employee on duty in the home shall be in good health and free from communicable disease. Files shall be maintained by the home containing evidence of adequate health supervision, such as results of preemployment and periodic physical examinations, including intradermal skin tests for tuberculosis and chest x-rays, and records of illness and accidents occurring on duty.
(2) An employee shall have an intradermal test for tuberculosis at the beginning of employment and annually thereafter. If at any time the skin test is positive, the local health department shall be notified and the employee shall have a chest x-ray to determine the presence of disease. The facility shall develop and implement a policy prescribing the frequency of subsequent chest x-rays. This policy shall be based upon the employee’s risk of developing active disease and exposing others. A report of the results of such tests and any treatment received shall be included in the individual employee’s personnel file.
(3) Volunteers, students, and other persons who have direct physical contact with patients or food while providing care or services in the facility shall only be permitted to participate when free of signs of infection. The facility shall adopt and implement an educational program to ensure that these care providers are aware of and practicing acceptable infection control measures.
History: 1981 AACS.
R 325.20404 Illnesses; accidents; and incidents.
Rule 404. (1) In case of an accident or incident involving a life-threatening change in a patient’s condition, the administrator or his or her designated representative shall immediately notify the attending physician and the legal guardian, if any. In the absence of a legal guardian, or if unable to contact the guardian, the home shall notify the next of kin, the person responsible for placing the patient in the home, or the patient’s designated
representative. A record of the notification, including the names and the time notified, shall be recorded in the patient's clinical record.

(2) Immediate investigation of the cause of an accident or incident involving a patient, employee, or visitor shall be initiated by the administrator or his or her designated representative, and an appropriate accident record or incident report shall be completed.

(3) The suspected occurrence of any reportable disease or condition shall be reported to the department and to the local health department in accordance with published regulations.

(4) The administrator or his or her designated representative shall furnish all available pertinent information related to such disease or poisoning to the department and the local health department and shall cooperate with the department, local health department, or others designated by the department as appropriate to the resolution of the problem.

History: 1981 AACS; 1983 AACS.

R 325.20502 Policies and procedures for care.
Rule 502.

(5) The policy shall govern, at a minimum, all of the following:

(r) Care of patients in an emergency, during a communicable disease episode, when critically ill, or when mentally disturbed.

History: 1981 AACS; 1983 AACS.

R 325.20506 Tuberculosis testing.
Rule 506. (1) The facility shall develop and implement policies governing the periodic intradermal tuberculin testing of patients in addition to the requirement for a chest x-ray on admission.

(2) If a patient has a positive skin test or an x-ray abnormality, the local health department shall be notified and the patient shall be evaluated to determine the presence of disease. The facility shall then develop and implement a policy regarding the subsequent periodic monitoring of these patients, based upon their risk of developing active tuberculosis or exposing others.

History: 1981 AACS.

R 325.20507 Infection control. Rule 507. A written policy shall govern the control of communicable disease and infections in the nursing home and shall require the establishment and operation of an infection control committee, which shall include at least the director of nursing and representatives of administration, dietary, housekeeping, and maintenance services. The infection control committee, at a minimum, shall conduct all of the following activities and shall submit periodic reports and recommendations for change to the governing body, owner, or operator:

(a) Provide surveillance to detect the presence of communicable disease or infections.

(b) Provide for the immediate control of disease, when identified, through the formulation of policies and procedures.

(c) Develop and monitor the implementation of procedures for aseptic and isolation techniques.

(d) Periodically review, and revise as needed, all policies and procedures relating to infection control.

(e) Establish effective communication with the local health department in order to obtain available assistance and to provide for the interchange of information necessary for the control of disease in the nursing home and prevent the potential spread of disease to the community.

History: 1981 AACS.

R 325.21306 Interior construction
(6) Each area of the home shall be provided with a type and amount of ventilation commensurate with its use to minimize the occurrence of transmissible disease, control odors, and contribute to comfort.

R 325.21311 Patient room requirements; requirements for new construction, addition, major changes, or conversions.
Rule 1311. In a new construction, addition, major change, or conversion after August 22, 1969, all of the following shall be required:
(c) An isolation room shall be a single patient room with attached lavatory, water closet, and bathing facility reserved for the use of the occupants of the isolation room only.
R 325.21312 Isolation rooms.
Rule 1312. (1) A room shall be available for the isolation of patients with, or suspected of having, transmissible infections.
(2) An isolation room shall be a single patient room with attached lavatory and water closet reserved for use of the occupants of the isolation room only.
R 325.21319 Solid wastes.
Rule 1319. (1) The collection, storage, and disposal of solid wastes, including garbage, refuse, and dressings, shall be accomplished in a manner which will minimize the danger of disease transmission and avoid creating a public nuisance or a breeding place for insects and rodents.
(2) Suitable containers for garbage, refuse, dressings, and other solid wastes shall be provided, emptied at frequent intervals, and maintained in a clean and sanitary condition.
(3) Dressings, bandages, and similar materials shall be disposed of in an incinerator provided with auxiliary fuel or in some other manner approved by the department.
History: 1981 AACS.
R 325.21321 Laundry and linens.
Rule 1321. (1) The collection, storage, and transfer of clean and soiled linen shall be accomplished in a manner which will minimize the danger of disease transmission.
(2) A home that processes its own linen shall provide a well-ventilated laundry of sufficient size which shall include all of the following:
(a) Commercial laundry equipment with the capacity to meet the needs of the home.
(b) A separate soiled linen room.
(c) A separate laundry processing room.
(d) A separate clean linen storage area.
(e) A lavatory for hand washing in the laundry processing area.
(3) A home that uses a commercial or other outside laundry facility shall have a soiled linen storage room and a separate clean linen storage room.
History: 1981 AACS.
R 325.21322 Kitchen and dietary area.
Rule 1322. (1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of patients. It shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, dish and utensil cleaning, and refuse storage and removal.
(2) The kitchen and dietary area shall be equipped with a lavatory for hand washing. A lavatory shall have a gooseneck inlet and wrist, knee, or foot control. Soap and single service towels shall be available for use at each lavatory.
(3) The kitchen and dietary area shall be restricted to kitchen and dietary activities.
(4) Separate personnel dining space shall be provided.
(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or
transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
(7) Perishable food shall be stored at temperatures which will protect against spoilage.
(8) A reliable thermometer shall be provided for each refrigerator and freezer.
(9) An individual portion of food which is served and not eaten shall be destroyed.
(10) A separate storage area for poisonous material shall be provided away from food service and food storage areas. Poisonous material shall be identified as such and shall be used only in a manner and under such conditions that it will not contaminate food or constitute a hazard to patients, personnel, or visitors.
(11) Food service equipment and multi-use utensils shall be of such design and material as to be smooth, easily cleanable, and durable.
(12) Food service equipment and work surfaces shall be installed in such a manner as to facilitate cleaning and shall be maintained in a clean and sanitary condition and in good repair.
(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
(14) A single service eating or drinking article shall be stored, handled, and dispensed in a sanitary manner and shall be used only once.
(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.
(16) A storage area for housekeeping items and a janitor's closet shall be provided with convenient access to the kitchen and dietary area.

History: 1981 AACS.

R 325.21323 Kitchen and dietary area ventilation.
Rule 1323. In a new construction, addition, major change, or conversion after August 22, 1969, the design and operation of the filtered makeup air and exhaust air systems in the kitchen and dietary area shall be adequate for the comfort of employees and control of odors and shall minimize the danger of disease transmission.
History: 1981 AACS; 1983 AACS.

R 325.21403 Physician services. Rule 1403.
(8) An intradermal tuberculin skin test shall be included in a patient's initial examination and shall be repeated at least annually. If at anytime this test is positive, the patient shall be studied to determine whether or not disease is present and shall be given appropriate treatment if indicated. Annual repetition of the skin test shall not be made if the skin test is positive, but the patient shall have appropriate follow up as ordered by the attending physician consistent with written patient care policies.
(11) A patient who has been immunized for diphtheria, tetanus, pertussis, measles, rubella, mumps, and poliomyelitis shall receive booster inoculations as ordered by the physician.
(12) A patient who has not been immunized for diphtheria, tetanus, pertussis, measles, rubella, mumps, and poliomyelitis shall be immunized as ordered by the physician, unless it is against the religious convictions of the patient as stated in writing by the parent or
guardian.
History: 1981 AACS.
R 325.21807 Record requirements.
Rule 1807. A tuberculosis nursing facility shall submit such forms as may be required by the department to provide information on the status of patients entering and leaving the facility.
History: 1981 AACS.
PART 20. EDUCATION AND TRAINING OF UNLICENSED NURSING PERSONNEL
R 325.22001 Minimum criteria for education and training of unlicensed nursing personnel.
Rule 22001.
(2) The following content shall be presented, except as noted in subrule
(1) of this rule:
(c) Environment, including what constitutes a safe and comfortable environment for giving care; safety and fire prevention; emergency procedures, including cardiopulmonary resuscitation, the Heimlich maneuver, and fire and disaster procedures; bed-making and when bed linen should be changed; restraint procedures, including protecting the safety and dignity of the patient; prevention and control of infections; and information necessary to assist the new patient to become aware of the facility's routines and available services.
History: 1981 AACS.
333.20104 Definitions; C to F.
Sec. 20104.
(2) "Clinical laboratory" means a facility patronized by, or at the direction of, a physician, health officer, or other person authorized by law to obtain information for the diagnosis, prevention, or treatment of disease or the assessment of a medical condition by the microbiological, serological, histological, hematological, immunohematological, biophysical, cytological, pathological, or biochemical examination of materials derived from the human body, except as provided in section 20507.
(3) "Consumer" means a person who is not a provider of health care as defined in section 1531(3) of title 15 of the public health service act, 42 U.S.C. 300n.
Popular name: Act 368
333.20169 HIV infected test subject; compliance with reporting requirements; definitions. Sec. 20169. (1) A health facility or agency licensed under this article that obtains from a test subject a test result that indicates that the test subject is HIV infected shall comply with the reporting requirements of section 5114.
(2) As used in this section:
(a) “HIV” means human immunodeficiency virus.
Popular name: Act 368
333.20191 Emergency patient; test for presence of infectious agent; positive test results; duties of health facility; notice; request for testing; confidentiality; rules; disclosure as misdemeanor; liability; definitions. Sec. 20191.
(1) If a police officer, fire fighter, individual licensed under section 20950 or 20952, or another individual assists an emergency patient who is subsequently transported to a health facility or transports an emergency patient to a health facility, and if the emergency patient, as part of the treatment rendered by the health facility or pursuant to a request
made under subsection (2), is tested for the presence in the emergency patient of an infectious agent and the test results are positive, or is tested pursuant to a request made under subsection (2) for the presence in the emergency patient of the infectious agent of HIV or HBV and the test results are positive or negative, the health facility shall do all of the following:

(a) Subject to subsection (4) and subdivision (b), if the test results are positive for an infectious agent and the individual meets 1 of the following requirements, notify the individual on a form provided by the department that he or she may have been exposed to an infectious agent and, if the test results of a test conducted pursuant to subsection (2) are negative for the infectious agent of HIV or HBV, notify the individual of that fact:

(i) The individual is a police officer, fire fighter, or individual licensed under section 20950 or 20952.

(ii) The individual demonstrates in writing to the health facility that he or she was exposed to the blood, body fluids, or airborne agents of the emergency patient or participated in providing assistance to the emergency patient or transportation of the emergency patient to the health facility. An individual who makes a request under subsection (2) is exempt from the requirements of this subparagraph.

(b) Subject to subsection (4), if the test results indicate that the emergency patient is HIV infected, the health facility shall not reveal that the infectious agent is HIV unless the health facility has received a written request for notification from an individual described in subdivision (a)(i) or (ii). This subdivision does not apply if the test results indicate that the emergency patient is not HIV infected.

(c) Subject to subsection (4), on a form provided by the department, notify the individual described in subdivision (a), at a minimum, of the appropriate infection control precautions to be taken and the approximate date of the potential exposure. If the emergency patient is tested pursuant to a request made under subsection (2) for the presence in the emergency patient of the infectious agent of HIV or HBV, or both, and if the test results are positive or negative, the health facility also shall notify the individual described in subdivision (a) on the form provided by the department that he or she should be tested for HIV infection or HBV infection, or both, and counseled regarding both infectious agents.

(2) A police officer, fire fighter, individual licensed under section 20950 or 20952, or other individual who assists an emergency patient who is subsequently transported to a health facility or who transports an emergency patient to a health facility and who sustains a percutaneous, mucous membrane, or open wound exposure to the blood or body fluids of the emergency patient may request that the emergency patient be tested for HIV infection or HBV infection, or both, pursuant to this subsection. The police officer, fire fighter, individual licensed under section 20950 or 20952, or other individual shall make a request to a health facility under this subsection in writing on a form provided by the department and before the emergency patient is discharged from the health facility. The request form shall be dated and shall contain at a minimum the name and address of the individual making the request and a description of the individual’s exposure to the emergency patient’s blood or other body fluids. The request form shall contain a space for the information required under subsection (3) and a statement that the requester is subject to the confidentiality requirements of subsection (5) and section 5131. The request form shall not contain information that would identify the emergency patient by name. A health facility that receives a request under this subsection shall accept as fact the requester’s description of his or her exposure to the emergency patient’s blood or other body fluids, unless the
health facility has reasonable cause to believe otherwise. The health facility shall make a
determination as to whether or not the exposure described in the request was a
percutaneous, mucous membrane, or open wound exposure pursuant to R 325.70001 to R
325.70018 of the Michigan administrative code. If the health facility determines that the
exposure described in the request was a percutaneous, mucous membrane, or open wound
exposure, the health facility shall test the emergency patient for HIV infection or HBV
infection, or both, as indicated in the request. A health facility that performs a test under
this subsection may charge the individual requesting the test for the reasonable and
customary charges of the test. The individual requesting the test is responsible for the
payment of the charges if the charges are not payable by the individual's employer,
pursuant to an agreement between the individual and the employer, or by the individual's
health care payment or benefits plan. A health facility is not required to provide HIV
counseling pursuant to section 5133(1) to an individual who requests that an emergency
patient be tested for HIV under this subsection, unless the health facility tests the
requesting individual for HIV.

(3) A health facility shall comply with this subsection if the health facility receives a request
under subsection (2) and determines either that there is reasonable cause to disbelieve the
requester's description of his or her exposure or that the exposure was not a percutaneous,
mucous membrane, or open wound exposure and as a result of the determination the health
facility is not required to test the emergency patient for HIV infection or HBV infection, or
both. A health facility shall also comply with this subsection if the health facility receives a
request under subsection (2) and determines that the exposure was a percutaneous,
mucous membrane, or open wound exposure, but is unable to test the emergency patient
for HIV infection or HBV infection, or both. The health facility shall state in writing on the
request form the reasons for disbelieving the requester's description of his or her exposure,
the health facility's exposure determination, or the inability to test the emergency patient,
as applicable. The health facility shall transmit a copy of the completed request form to the
requesting individual within 2 days after the date the determination is made that the health
facility has reasonable cause to disbelieve the requester's description of his or her exposure
or that the exposure was not a percutaneous, mucous membrane, or open wound exposure
or within 2 days after the date the health facility determines that it is unable to test the
emergency patient for HIV infection or HBV infection, or both.

(4) The notification required under subsection (1) shall occur within 2 days after the test
results are obtained by the health facility or after receipt of a written request under
subsection (1)(b). The notification shall be transmitted to the potentially exposed individual
or, upon request of the individual, to the individual's primary care physician or other health
professional designated by the individual, as follows:
(a) If the potentially exposed individual provides his or her name and address or the name
and address of the individual's primary care physician or other health professional
designated by the individual to the health facility or if the health facility has a procedure
that allows the health facility in the ordinary course of its business to determine the
individual's name and address or the name and address of the individual's primary care
physician or other health professional designated by the individual, the health facility shall
notify the individual or the individual's primary care physician or other health professional
designated by the individual directly at that address.
(b) If the potentially exposed individual is a police officer, fire fighter, or individual licensed
under section 20950 or 20952, and if the health facility does not have the name of the
potentially exposed individual or the individual’s primary care physician or other health professional designated by the individual, the health facility shall notify the appropriate police department, fire department, or life support agency that employs or dispatches the individual. If the health facility is unable to determine the employer of an individual described in this subdivision, the health facility shall notify the medical control authority or chief elected official of the governmental unit that has jurisdiction over the transporting vehicle.

(c) A medical control authority or chief elected official described in subdivision (b) shall notify the potentially exposed individual or the individual's primary care physician or other health professional designated by the individual or, if unable to notify the potentially exposed individual or the individual’s primary care physician or other health professional designated by the individual, shall document in writing the notification efforts and reasons for being unable to make the notification.

(5) The notice required under subsection (1) shall not contain information that would identify the emergency patient who tested positive for an infectious agent or who tested positive or negative for the presence in the emergency patient of the infectious agent of HIV or HBV. The information contained in the notice is confidential and is subject to this section, the rules promulgated under section 5111(2), and section 5131. A person who receives confidential information under this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.

(6) The department shall promulgate rules to administer this section. The department shall develop and distribute the forms required under subsections (1)(a) and (c) and (2).

(7) Except as otherwise provided in this subsection, a person who discloses information regarding an infectious agent in violation of subsection (5) is guilty of a misdemeanor. This subsection does not apply to the disclosure of information regarding a serious communicable disease or infection, if the disclosure is subject to rules promulgated under section 5111(2) or to section 5131.

(8) A person or governmental entity that makes a good faith effort to comply with subsection (1), (2), (3), or (4) is immune from any civil liability or criminal penalty based on compliance or the failure to comply.

(9) As used in this section:
(a) “Emergency patient” means an individual who is transported to an organized emergency department located in and operated by a hospital licensed under this article or a facility other than a hospital that is routinely available for the general care of medical patients.
(b) “HBV” means hepatitis B virus.
(c) “HBV infected” or “HBV infection” means the status of an individual who is tested as HBsAg-positive.
(d) “Health facility” means a health facility or agency as defined in section 20106.
(e) “HIV” means human immunodeficiency virus.
(f) “HIV infected” means that term as defined in section 5101.
(g) “Infectious agent” means that term as defined in R 325.9031 of the Michigan administrative code.
(h) “Life support agency” means that term as defined in section 20906.
(i) “Serious communicable disease or infection” means that term as defined in section 5101.


Popular name: Act 368
333.20902 Definitions; A to D.
(8) “Disaster” means an occurrence of imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, including but not limited to, fire, flood, snow, ice, windstorm, wave action, oil spill, water contamination requiring emergency action to avert danger or damage, utility failure, hazardous peacetime radiological incident, major transportation accident, hazardous materials accident, epidemic, air contamination, drought, infestation, or explosion. Disaster does not include a riot or other civil disorder unless it directly results from and is an aggravating element of the disaster.


Popular name: Act 368

333.21332 Home for the aged; influenza vaccination.
Sec. 21332. A home for the aged shall offer each resident, or shall provide each resident with information and assistance in obtaining, an annual vaccination against influenza in accordance with the most recent recommendations of the advisory committee on immunization practices of the federal centers for disease control and prevention, as approved by the department of community health.


Popular name: Act 368

333.21413 Duties of owner, operator, and governing body of hospice or hospice residence.
(3) In addition to the requirements of subsections (1) and (2) and section 21415, the owner, operator, and governing body of a hospice residence that is licensed under this article and that provides care only at the home care level shall do all of the following:
(a) Provide 24-hour nursing services for each patient in accordance with the patient’s hospice care plan as required under 42 C.F.R. part 418.
(b) Have an approved plan for infection control that includes making provisions for isolating each patient with an infectious disease.

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333.21521 Minimum standards and rules; practices.
Sec. 21521. A hospital shall meet the minimum standards and rules authorized by this article and shall endeavor to carry out practices that will further protect the public health and safety, prevent the spread of disease, alleviate pain and disability, and prevent premature death.


Popular name: Act 368

333.21716 Nursing home; influenza vaccination
Section 21716. A nursing home shall offer each resident, or shall provide each resident with information and assistance in obtaining, an annual vaccination against influenza in accordance with the most recent recommendations of the advisory committee on immunization practices of the federal centers for disease control and prevention, as determined by the department of community health.


Popular Name, Act 368.

333.21717 Individuals excluded from nursing home; exception; approval of area and
Sec. 21717. An individual shall not be admitted or retained for care in a nursing home who requires special medical or surgical treatment, or treatment for acute mental illness, mental retardation, communicable tuberculosis, or a communicable disease, unless the home is able to provide an area and a program for the care. The department shall approve both the area and the program, except for the programs providing treatment for mental illness and mental retardation which shall be approved by the department of mental health.


Popular name: Act 368

4658.0070 QUALITY ASSESSMENT AND ASSURANCE COMMITTEE.
A nursing home must maintain a quality assessment and assurance committee consisting of the administrator, the director of nursing services, the medical director or other physician designated by the medical director, and at least three other members of the nursing home's staff, representing disciplines directly involved in resident care. The quality assessment and assurance committee must identify issues with respect to which quality assurance activities are necessary and develop and implement appropriate plans of action to correct identified quality deficiencies. The committee must address, at a minimum, incident and accident reporting, infection control, and medications and pharmacy services.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303
Current as of 01/19/05

4658.0430 HEALTH INFORMATION MANAGEMENT SERVICE.
Subpart 1. Health information management. A nursing home must maintain health information management services, including clinical records, in accordance with accepted professional standards and practices, federal regulations, and state statutes pertaining to the content of the clinical record, health care data, computerization, confidentiality, retention, and retrieval. For purposes of this part, "health information management" means the collection, analysis, and dissemination of data to support decisions related to: disease prevention and resident care; effectiveness of care; reimbursement and payment; planning, research, and policy analysis; and regulations.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303
Current as of 01/19/05

4658.0610 DIETARY STAFF REQUIREMENTS.
Subp. 2. Health. The dietary staff must be free from symptoms of communicable disease and from open, infected wounds.

Subp. 3. Grooming. Dietary staff must wear clean outer garments. Hairnets or other hair restraints must be worn to prevent the contamination of food, utensils, and equipment. Hair spray is not an acceptable hair restraint.

Subp. 4. Hygiene. Dietary staff must thoroughly wash their hands and the exposed portions of their arms with soap and warm water in a handwashing facility before starting work, during work as often as is necessary to keep them clean, and after smoking, eating,
drinking, using the toilet, or handling soiled equipment or utensils. Dietary staff must keep their fingernails clean and trimmed.

Subp. 6. **Eating.** All employees must consume food only in areas designated for employee dining. An employee dining area must not be designated if consuming food in that location could cause contamination of other food, equipment, or utensils. This subpart does not apply to cooks or other persons designated by the cook who test the food for flavor and palatability.

Subp. 7. **Sanitary conditions.** Sanitary procedures and conditions must be maintained in the operation of the dietary department at all times.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 19 SR 1803
Current as of 01/19/05

**4658.0615 FOOD TEMPERATURES.**

Potentially hazardous food must be maintained at 40 degrees Fahrenheit (four degrees centigrade) or below, or 150 degrees Fahrenheit (66 degrees centigrade) or above. "Potentially hazardous food" means any food subject to continuous time and temperature controls in order to prevent the rapid and progressive growth of infectious or toxigenic microorganisms.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 19 SR 1803; 21 SR 196
Current as of 01/19/05

**4658.0670 DISHWASHING.**

Subp. 2. **Sanitization; storage.** All utensils and equipment must be thoroughly cleaned, and food-contact surfaces of utensils and equipment must be given sanitization treatment and must be stored in such a manner as to be protected from contamination. Cleaned and sanitized equipment and utensils must be handled in a way that protects them from contamination.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 19 SR 1803
Current as of 01/19/05

**4658.0800 INFECTION CONTROL.**

Subpart 1. Infection control program. A nursing home must establish and maintain an infection control program designed to provide a safe and sanitary environment.

Subp. 2. Direction of program. A nursing home must assign one person, either a registered nurse or a physician, the responsibility of directing infection control activities in the nursing home.

Subp. 3. Staff assistance with infection control.

Personnel must be assigned to assist with the infection control program, based on the needs of the residents and nursing home, to implement the policies and procedures of the infection control program.

Subp. 4. Policies and procedures. The infection control program must include policies and procedures which provide for the following:

A. surveillance based on systematic data collection to identify nosocomial infections in residents;

B. a system for detection, investigation, and control of outbreaks of infectious diseases;

C. isolation and precautions systems to reduce risk of transmission of infectious agents;

D. in-service education in infection prevention and control;
E. a resident health program including an immunization program, a tuberculosis program as defined in part 4658.0810, and policies and procedures of resident care practices to assist in the prevention and treatment of infections;
F. the development and implementation of employee health policies and infection control practices, including a tuberculosis program as defined in part 4658.0815;
G. a system for reviewing antibiotic use;
H. a system for review and evaluation of products which affect infection control, such as disinfectants, antiseptics, gloves, and incontinence products; and
I. methods for maintaining awareness of current standards of practice in infection control.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303 Current as of 01/19/05

4658.0805 PERSONS PROVIDING SERVICES.
All persons providing services, including volunteers, with a communicable disease as listed in part 4605.7040 or with infected skin lesions must not be permitted to work in the nursing home unless it is determined that the person's condition will permit the person to work without endangering the health and safety of residents and other staff. The employee health policies required in part 4658.0800, subpart 4, item F, must address grounds for excluding persons from work and for reinstating persons to work due to a communicable disease or infected skin lesions.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303
Current as of 01/19/05

4658.0810 RESIDENT TUBERCULOSIS PROGRAM.
Subpart 1. **Tuberculosis test at admission.** A resident’s clinical record must contain a report of a tuberculin test within the three months prior to admission or within 72 hours after admission, administered in conformance with the general guidelines for surveillance and diagnosis as found in Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports, July 13, 1990, Vol. 39, No. RR-10; "Prevention and Control of Tuberculosis in Facilities Providing Long-Term Care to the Elderly; Recommendations of the Advisory Committee for Elimination of Tuberculosis," as issued by the Centers for Disease Control and Prevention. This guideline is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change.

Subp. 2. **Identification; evaluation; treatment.** A nursing home must develop and implement policies and procedures addressing the identification, evaluation, and initiation of treatment for residents who may have active tuberculosis in accordance with Morbidity and Morality Weekly Report (MMWR), October 28, 1994, Vol. 43, No. RR-13; section II.C. of the "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994," issued by the Centers for Disease Control and Prevention, October 28, 1994. This guideline is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303
Current as of 01/19/05

4658.0815 EMPLOYEE TUBERCULOSIS PROGRAM.
Subpart 1. **Responsibility of nursing home.** A nursing home must ensure that all employees, prior to employment and as otherwise indicated in this part, show freedom from active tuberculosis according to this part. A nursing home must establish a
tuberculosis counseling, screening, and prevention program for all employees, in accordance with Morbidity and Mortality Weekly Report (MMWR), October 28, 1994, Vol. 43, No. RR-13; section II.J. of the "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994," issued by the Centers for Disease Control and Prevention. This guideline is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change.

Subp. 2. **Tuberculin test.** All employees, unless certified in writing by a physician to have had a positive reaction or other medical contraindication to a standard intradermal tuberculin test, must have an intradermal tuberculin test with purified protein derivative (Mantoux) within three months prior to employment.

Subp. 3. **Written documentation of compliance.** Reports or copies of reports of the tuberculin test or chest X-ray must be maintained by the nursing home.

Subp. 4. **Evaluation of symptoms.** All employees exhibiting symptoms consistent with tuberculosis must be evaluated within 72 hours.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303

4658.0820 FOOD POISONING AND DISEASE REPORTING.

Any occurrence of food poisoning or reportable disease as listed in part 4605.7040 must be reported immediately to the Minnesota Department of Health, Acute Disease Epidemiology Division, 717 Delaware Street SE, Minneapolis, Minnesota 55414 (612-623-5414).

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303

4658.0850 PENALTIES FOR INFECTION CONTROL RULE VIOLATIONS.

Penalty assessments will be assessed on a daily basis for violations of parts 4658.0800 to 4658.0820 and are as follows:

A. part 4658.0800, $300;
B. part 4658.0805, $300;
C. part 4658.0810, $200;
D. part 4658.0815, subparts 1 and 2, $200;
E. part 4658.0815, subpart 3, $50;
F. part 4658.0815, subpart 4, $300; and
G. part 4658.0820, $100.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303

4658.1410 LINEN.

Nursing home staff must handle, store, process, and transport linens so as to prevent the spread of infection according to the infection control program and policies as required by part 4658.0800. These laundering policies must comply with the manufacturer's instructions for the laundering equipment and products and include a wash formula addressing the time, temperature, water hardness, bleach, and final pH.

STAT AUTH: MS s 144A.04; 144A.08
HIST: 21 SR 196

Current as of 01/19/05
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 live 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. **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.

131.04 Food Storage. A food-storage room with cross ventilation shall be provided. Adequate shelving, bins, and heavy plastic or galvanized cans shall be provided. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water leakage, or any other source of contamination. The food-storage room should be adjacent to the kitchen and convenient to the receiving area. The minimum area for a food-storage room shall equal two and one-half (2 1/2) square feet per bed and the width of the aisle shall be a minimum of three (3) feet.

133 REGULATED MEDICAL WASTE

133.03 Medical Waste Management Plan. All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

1. Storage and Containment of Infectious Medical Waste and Medical Waste:
   a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.
   b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.
   c. Unless approved by the licensing agency or treated and rendered noninfectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of six (6) degrees Celsius (equivalent to thirty-eight [38] degrees Fahrenheit). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of zero (0) degrees Celsius (equivalent to thirty-two [32] degrees Fahrenheit) for a period of not more than ninety (90) days without specific approval of the licensing agency.
   d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the licensing agency and legible during daylight hours.
   e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wasted during storage, handling, or transport.
   f. All bags used for containment and disposal of infectious medical waste shall be of a distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.
   g. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered noninfectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.
   h. Infectious medical waste and medical waste contained in disposable containers as prescribed above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak-
proof, have tight fitting covers and be kept clean and in good repair:
i. Reusable containers for infectious medical waste and medical waste shall be thoroughly
washed and decontaminated each time they are emptied by a method specified by the
licensing agency, unless the surfaces of the containers have been protected from
contamination by disposable liners, bags, or other devices removed with the waste, as
outlined in I.E. Approved methods of decontamination include, but are not limited to,
agitation to remove visible soil combined with one or more of the following procedures:
i. Exposure to hot water at least one-hundred eighty (180) degrees Fahrenheit for a
minimum of fifteen (15) seconds.
ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for
a minimum of three (3) minutes:
i. Hypochlorite solution (500 ppm available chlorine).
ii. Phenolic solution (500 ppm active agent).
iii. Iodoform solution (100 ppm available iodine).
iv. Quaternary ammonium solution (400 ppm active agent).
iii. Reusable pails, drums, or bins used for containment of infectious waste shall not be used
for containment of waste to be disposed of as noninfectious waste or for other purposes
except after being decontaminated by procedures as described in 133.03 (i) of this section.
j. Trash chutes shall not be used to transfer infectious medical waste.
k. Once treated and rendered non-infectious, previously defined infectious medical waste
will be classified as medical waste and may be land-filled in an approved landfill.
2. Treatment or disposal of infectious medical waste shall be by one of the following
methods:
a. By incineration in an approved incinerator which provides combustion of the waste to
carbonized or mineralized ash.
b. By sterilization by heating in a steam sterilizer, so as to render it noninfectious. Infectious
medical waste so rendered non-infectious shall be disposable as medical waste. Operating
procedures for steam sterilizers shall include, but not be limited to, the following:
i. Adoption of standard written operating procedures for each steam sterilizer
including time, temperature, pressure, type of waste, type of container(s), closure on
container(s), pattern of loading, water content, and maximum load quantity.
ii. Check or recording and/or indicating thermometers during each complete cycle to
ensure the attainment of a temperature of one-hundred twenty-one (121) degrees Celsius
(equivalent to two-hundred fifty [250] degrees Fahrenheit) for one-half (1/2) hour or
longer, depending on quantity and density of the load, in order to achieve sterilization of the
entire load. Thermometers shall be checked for calibration at least annually.
iii. Use of heat sensitive tape or other device for each container that is processed to indicate
the attainment of adequate sterilization conditions.
iv. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load
processed under standard operating conditions at least monthly to confirm the attainment
of adequate sterilization conditions.
v. Maintenance of records of procedures specified in (i), (ii, (iii) and
(iv) above for period of not less than a year.
3. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except
as prohibited by the Mississippi Department of Health or other regulatory agency.
4. Recognizable human anatomical remains shall be disposed of by incineration or
internment, unless burial at an approved landfill is specifically authorized by the Mississippi
Department of Health.
5. Chemical sterilization shall use only those chemical sterilants recognized by the U. S. Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

Treatment and disposal of medical waste which is not infectious shall be by one of the following methods:

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility.

130 -- Physical Facilities 130.01 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.

130.07 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.

129.08 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.

MISSOURI

Chapter 82—General Licensure Requirements 19 CSR 30-82

(6) A licensed facility shall comply with the provisions of Title VI of the Civil Rights Act 1964, as amended; Section 504 of the Rehabilitation Act of 1973; Title IX of the Education Amendment of 1972; the Age Discrimination Act of 1975; the Omnibus Budget and Reconciliation Act of 1982; the Americans with Disabilities Act of 1990; and the Keyes Amendment to the Social Security Act. No person shall be denied admission to, be denied benefits of, or be subjected to discrimination under any program, activity or service provided by the facility based on his/her race, color, national origin, sex, religion, age or disability, including Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS). Every licensed facility shall complete and sign form MO 580-2622 (9-05), Assurance of Compliance, incorporated by reference in this rule and available through the department’s web-site at www.dhss.mo.gov or by telephone at (573) 526-8505 and file the form with the application for licensure or relicensure. This rule does not incorporate any subsequent amendments or additions.

Chapter 83—Definition of Terms 19 CSR 30-83

19 CSR 30-83.010 Definition of Terms
Communicable disease—Any illness, disease or condition reportable to the Missouri Department of Health and Senior Services as required by 19 CSR 20.010 and 19 CSR 20.020 is considered, for the context of these rules, a communicable disease.

Chapter 84—Training Program for Nursing Assistants 19 CSR 30-84

19 CSR 30-84.010 Nurse Assistant Training Program

(5) Curriculum content of the program shall include procedures and instructions on basic nursing skills in the following areas: basic hygiene techniques; bedmaking; personal care of residents; food service; charting; safety measures (including fire/safety and disaster preparedness, and infection control); basic preventative and restorative care and procedures; basic observation procedures, such as weighing and measuring; communication skills; methods of handling and caring for mentally confused residents; residents’ rights; ethical and legal responsibilities; death and dying; and mental health and social needs.

(B) An orientation module consisting of certain topics identified as such in the approved course curriculum shall be the first material covered in the course unless the course is taught in its entirety before nursing assistants have resident contact. All students must complete the nurse assistant orientation module prior to providing direct care to any resident. For those students already employed by an intermediate care or skilled nursing facility, the orientation module shall be taught at the beginning of the course and before the nursing assistant is allowed to provide direct care to residents independently.

1. The orientation module shall include, as a minimum, the following topics: handwashing, gloving and infection control; emergency procedures and Heimlich Maneuver; residents’ rights; abuse and neglect reporting; safety (fire and accident); lifting; moving and ambulation; answering signal lights; bedpan, urinal, commode and toilet; preparing residents for and serving meals; feeding the helpless; bathing; dressing and grooming; mouth care; bedmaking (occupied and unoccupied); promoting residents’ independence; communication and interpersonal skills.

Chapter 84—Training Program for Nursing Assistants 19 CSR 30-84

19 CSR 30-84.020 Certified Medication Technician Training Program

(4) The objective of the CMT Training Program shall be to ensure that the medication technician will be able to do the following:

(D) The curriculum content shall include procedures and instructions in the following areas:

1. Basic review of body systems and medication effects on each;
   — Medical terminology;
   — Infection control;
   — Medication classifications;
   — 5. Medication dosages, measurements, and forms;
2. Acquisition, storage, and security;

Chapter 85—Intermediate Care and Skilled Nursing Facility 19 CSR 30-85

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Regulation and Licensure Chapter 85—Intermediate Care and Skilled Nursing Facility 19 CSR 30-85.012 Construction Standards for New Intermediate Care and Skilled Nursing Facilities and Additions to and Major Remodeling of Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes construction standards for new intermediate care and skilled nursing facilities and additions to and remodeling of intermediate care and skilled nursing
facilities.

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency’s headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

PUBLISHER’S NOTE: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(39) To provide for the isolation of a resident(s) with a communicable disease(s), each unit shall have at least two (2) private resident rooms provided with a separate room equipped with a toilet and handwashing sink to serve the isolation room only. III

Chapter 85—Intermediate Care and Skilled Nursing Facility 19 CSR 30-85

19 CSR 30-85.032 Physical Plant Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes the requirements necessary in new and existing intermediate care and skilled nursing facilities.

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(11) The facility shall make provisions for a room(s) which can be used for isolation of a resident(s) with communicable diseases. Facilities licensed after July 1, 1965 and prior to June 11, 1981 shall have at least two (2) private rooms with a toilet room equipped with toilet and handwashing sink. Rooms designated as isolation rooms may be occupied by residents provided there is a written agreement on file indicating the resident’s willingness to relocate without prior notice if the room is needed for isolation purposes. III

Chapter 85—Intermediate Care and Skilled Nursing Facility 19 CSR 30-85

19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes standards for administration and resident care in an intermediate care or skilled nursing facility.

Editor’s Note: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(13) The facility shall develop policies and procedures applicable to its operation to insure the residents’ health and safety and to meet the residents’ needs. At a minimum, there shall be policies covering personnel practices, admission, discharge, payment, medical
emergency treatment procedures, nursing practices, pharmaceutical services, social services, activities, dietary, housekeeping, infection control, disaster and accident prevention, residents’ rights and handling residents’ property. II/III

(20) The facility shall develop and offer an in-service orientation and continuing educational program for the development and improvement of skills of all the facility’s personnel, appropriate for their job function. Facilities shall begin providing orientation on the first day of employment for all personnel including licensed nurses and other professionals. At a minimum, this shall cover prevention and control of infection, facility policies and procedures including emergency protocol, job responsibilities and lines of authority, confidentiality of resident information and preservation of resident dignity including protection of the resident’s privacy and instruction regarding the property rights of residents. Nursing assistants who have not successfully completed the classroom portion of the state-approved training program prior to employment shall not provide direct resident care until they have completed the sixteen (16)-hour, orientation module and at least twelve (12) hours of supervised practical orientation. This shall include, in addition to the topics covered in the general orientation for all personnel, special focus on facility protocols as well as practical instruction on the care of the elderly and disabled. This orientation shall be supervised by a licensed nurse who is on duty in the facility at the time orientation is provided. II/III

(21) Nursing assistants who have not successfully completed the state-approved training program shall complete a comprehensive orientation program within sixty (60) days of employment. This may be part of a nursing assistant training program taught by an approved instructor in the facility. It shall include, at a minimum, information on communicable disease, handwashing and infection control procedures, resident rights, emergency protocols, job responsibilities and lines of authority. II/III

(22) The facility must ensure there is a system of in-service training for nursing personnel which identifies training needs related to problems, needs, care of residents and infection control and is sufficient to ensure staff’s continuing competency. II/III

(27) The facility must develop and implement policies and procedures which ensure employees are screened to identify communicable diseases and ensure that employees diagnosed with communicable diseases do not expose residents to such diseases. The facility’s policies and procedures must comply with the Missouri Department of Health’s regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100, as amended. II

(41) Nursing personnel in facilities with twenty (20) residents or less shall perform non-nursing duties only if acceptable infection control measures are maintained. II/III

(59) All non-unit doses and all controlled substances which have been discontinued must be destroyed on the premises within thirty (30) days. Outdated, contaminated or deteriorated medications and non-unit dose

(78) Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II

(84) Facilities shall keep all utensils and equipment in good condition, effectively sanitized, sterilized, or both, and stored to prevent contamination. II/III

Chapter 86—Residential Care Facilities and Assisted Living Facilities 19 CSR 30-86
19 CSR 30-86.042 Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities

PURPOSE: This rule establishes standards for administration, personnel and resident care in residential care facilities I and II.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) Definitions. For the purpose of this rule, the following definitions shall apply:
(A) Department—Department of Health and Senior Services;
(B) Outbreak—an occurrence in a community or region of an illness(es) similar in nature, clearly in excess of normal expectancy and derived from a common or a propagated source; and

(16) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician's designee which indicates any limitations. II

(17) The administrator/manager shall be responsible for preventing an employee known to be diagnosed with communicable disease from exposing residents to such disease. The facility's policies and procedures must comply with the department’s regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100. II/III

(18) The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II

(19) Prior to or on the first day that a new employee works in the facility he or she shall receive orientation of at least one (1) hour appropriate to his or her job function. This shall include at least the following:
(A) Job responsibilities;
(B) Emergency response procedures;
(C) Infection control and handwashing procedures and requirements;
(D) Confidentiality of resident information;

(38) The facility shall follow appropriate infection control procedures. The administrator or his or her designee shall make a report to the local health authority or the department of the presence or suspected presence of any diseases or findings listed in 19 CSR 2020.020, sections (1)–(3) according to the specified time frames as follows:
(A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication; I/II
(B) Category II diseases or findings shall be reported to the local health authority or the department within three (3) days of first knowledge or suspicion; I/II
(C) Category III. The occurrence of an Outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local authority or to the department by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion. I/II

(53) Influenza and pneumococcal polysaccharide immunizations may be administered per physician-approved facility policy after assessment for contraindications.
(A) The facility shall develop a policy that provides recommendations and assessment
parameters for the administration of such immunizations. The policy shall be approved by
the facility medical director for facilities having a medical director, or by each resident’s
attending physician for facilities that do not have a medical director, and shall include the
requirements to:
1. Provide education regarding the potential benefits and side effects of the
immunization to each resident or the resident’s designee or legally authorized repre-
sentative; II/III
2. Offer the immunization to the resident or obtain permission from the resident’s
designee or legally authorized representative when it is medically indicated, unless the res-
ident has already been immunized as recommended by the policy; II/III
1. Provide the opportunity to refuse the immunization; and II/III
2. Perform an assessment for contraindications. II/III
(B) The assessment for contraindications and documentation of the education and
opportunity to refuse the immunization shall be dated and signed by the nurse performing
the assessment and placed in the medical record. II/III
(C) The facility shall with the approval of each resident’s physician, access screening and
immunization through outside sources, such as county or city health departments, and the
facility shall document in the medical record that the requirements in subsection (53)(B)
were performed by outside sources. II/III
(56) Documentation of the wasting of controlled substances at the time of administration
shall include the reason for the waste and the signature of another medication staff member
or the administrator who witnesses the waste. If no medication staff member or the
administrator is available at the time of administration, the controlled substance shall be
properly labeled, clearly identified as unusable, stored in a locked area, and destroyed as
soon as a medication staff member or the administrator is available to witness the waste.
When no medication staff member or the administrator is available and the controlled
substance is contaminated by patient body fluids, the controlled substance shall be
destroyed immediately and the circumstances documented. II/III
(60) Medications that are not in current use shall be disposed of as follows:
(A) Single doses of contaminated, refused, or otherwise unusable non-controlled substance
medications may be destroyed by any authorized medication staff member at the time of
administration. Single doses of unusable controlled substance medications shall be
destroyed according to section (56) of this rule;

19 CSR 30-86.043 Administrative, Personnel and Resident Care Requirements for
Facilities Licensed as a Residential Care Facility II on August 27, 2006 that Will
Comply with Residential Care Facility II Standards

PURPOSE: This rule establishes requirements for administration, personnel and resident care
requirements for facilities licensed pursuant to section 198.005, RSMo that continue to comply
with residential care facilities (RCF) II standards in effect on August 27, 2006.

Editor’s Note: All rules relating to long-term care facilities licensed by the department are
followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of
standard as designated in section 198.085.1, RSMo.

(14) All persons who have or may have contact with residents shall at all times when on
duty or delivering services wear an identification badge. The badge shall give their name,
title and, if applicable, the status of their license or certification as any kind of health care
professional. This rule shall apply to all personnel who provide services to any resident
directly or indirectly. III
(15) All personnel shall be able physically and emotionally to work in a long-term care facility. I/II
(16) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician’s designee which indicates any limitations. II
(17) The administrator shall be responsible for monitoring the health of the employees. II/III
(18) Prior to or on the first day that a new employee works in the facility s/he shall receive orientation of at least one (1) hour appropriate to his/her job function. This shall include, at a minimum, job responsibilities, how to handle emergency situations, the importance of infection control and hand-washing, confidentiality of resident information, preservation of resident dignity, how to report abuse/neglect to the department (1800-392-0210), information regarding the Employee Disqualification List and instruction regarding the rights of residents and protection of property. II/III
(33) If at any time a resident or prospective resident is diagnosed with a communicable disease, the department shall be notified within seven (7) days and if the facility can meet the resident’s needs, the resident may be admitted or does not need to be transferred. Appropriate infection control procedures shall be followed if the resident remains in or is accepted by the facility. I/II

19 CSR 30-86.047 Administrative, Personnel and Resident Care Requirements for Assisted Living Facilities

(16) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable, the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III
(17) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician’s designee, which indicates any limitations. II
(18) The administrator shall be responsible to prevent an employee known to be diagnosed with communicable disease from exposing residents to such disease. The facility’s policies and procedures must comply with the department’s regulations pertaining to communicable diseases, specifically 19 CSR 2020.010 through 19 CSR 20-20.100. II /III
(19) The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II
(34) The facility shall follow appropriate infection control procedures. The administrator or his or her designee shall make a report to the local health authority or the department of the presence or suspected presence of any diseases or findings listed in 19 CSR 2020.020, sections (1)–(3) according to the specified time frames as follows:
(A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication;
(B) Category II diseases or findings shall be reported to the local health authority or the department within three (3) days of first knowledge or suspicion;
(C) Category III—The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats such as
clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local authority or to the department by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion. I/II

(47) Medication Orders.

(F) Influenza and pneumococcal polysaccharide immunizations may be administered per physician-approved facility policy after assessment for contraindications—

1. The facility shall develop a policy that provides recommendations and assessment parameters for the administration of such immunizations. The policy shall be approved by the facility medical director for facilities having a medical director, or by each resident’s attending physician for facilities that do not have a medical director, and shall include the requirements to:

A. Provide education to each resident or the resident’s designee or legally authorized representative regarding the potential benefits and side effects of the immunization; II/III

B. Offer the immunization to the resident or obtain permission from the resident’s designee or legally authorized representative when the immunization is medically indicated unless the resident has already been immunized as recommended by the policy; II/III

C. Provide the opportunity to refuse the immunization; and II/III

D. Perform an assessment for contraindications; II/III

1. The assessment for contraindications and documentation of the education and opportunity to refuse the immunization shall be dated and signed by the nurse performing the assessment and placed in the medical record; or

2. The facility shall with the approval of each resident’s physician, access screening and immunization through outside sources such as county or city health departments. II/III

(52) Documentation of waste of controlled substances at the time of administration shall include the reason for the waste and the signature of another facility medication staff member who witnesses the waste. If a second medication staff member is not available at the time of administration, the controlled substance shall be properly labeled, clearly identified as unusable, stored in a locked area, and destroyed as soon as a medication staff member is available to witness the waste. When a second medication staff member is not available and the controlled substance is contaminated by patient body fluids, the controlled substance shall be destroyed immediately and the circumstances documented. II/III

(56) Medications that are not in current use shall be disposed of as follows:

(A) Single doses of contaminated, refused, or otherwise unusable non-controlled substance medications may be destroyed by any authorized medication staff member at the time of administration. Single doses of unusable controlled substance medications may be destroyed according to section (52) of this rule;

(62) Prior to or on the first day that a new employee works in the facility he or she shall receive orientation of at least two (2) hours appropriate to his or her job function. This shall include at least the following:

(C) Infection control and handwashing procedures and requirements;
(1) Adulterated means the condition of a food if it bears or contains any poisonous or deleterious substance in a quantity which may render it injurious to health; if it bears or contains any added poisonous or deleterious substance for which no safe tolerance has been established by rules, or in excess of tolerance if one has been established; if it consists in whole or in part of any filthy, putrid or decomposed substance, or if it is otherwise unfit for human consumption; if it has been processed, prepared, packed or held under unsanitary conditions, where it may have been rendered injurious to health; if it is in whole or in part the product of a diseased animal or an animal which has died other than by slaughter; or if its container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health.

(15) Potentially hazardous food means any food that consists in whole or part of milk or milk products; eggs, meat, poultry, fish, shellfish, edible crustacea or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms. The term does not include clean, whole, uncracked, odor-free shell eggs or foods which have a pH level of four and six-tenths (4.6) or below or a water activity (a_w) value of eighty-five hundredths (0.85) or less.

(18) Sanitization means effective bactericidal treatment by a process that provides enough accumulative heat or concentration of chemicals for sufficient time to reduce the bacterial count, including pathogens, to a safe level on utensils and equipment.

19 CSR 30-87.020 General Sanitation Requirements for New and Existing Long-Term Care Facilities

PURPOSE: This rule establishes standards related to general sanitation and housekeeping in a long-term care facility to protect the health and safety of the residents.

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency’s headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

Editor’s Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

7) Poisonous or toxic materials shall not be used in a way that contaminates food, equipment or utensils, nor in a way that constitutes a hazard to residents, employees or other persons, nor in a way other than in full compliance with the manufacturer’s labeling. II

(9) Intake and exhaust air ducts shall be maintained to prevent the entrance of dust, dirt and other contaminating materials. III

(47) Laundry facilities shall be so designed and procedures instituted to prevent cross-contamination of clean and dirty linen. II

(55) Clean clothes and linens shall be stored in a clean place and protected from contamination until used. III

19 CSR 30-87.030 Sanitation Requirements for Food Service

PURPOSE: This rule establishes standards related to food supplies, food protection and
storage, food preparation and handling, food service, food equipment and utensils, dishwashing methods and other general requirements related to the food preparation and service area. These rules have been adapted from the 1976 recommended ordinance governing food service establishments and established by the United States Food and Drug Administration. PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) Employees shall maintain a high degree of personal cleanliness and shall conform to good hygienic practices during all working periods. II/III

(2) Employees shall thoroughly wash their hands and the exposed portions of their arms with soap and warm water before starting work, during work as often as is necessary to keep them clean and after smoking, eating, drinking or using the toilet. Employees shall keep their fingernails clean and trimmed. II/III

(3) The outer clothing of all employees shall be clean and employees shall use effective hair restraints to prevent the contamination of food or food-contact surfaces. III

(4) Employees shall consume food only in designated dining areas. An employee dining area shall not be so designated if consuming food there may result in contamination of other food, equipment, utensils or other items needing protection. Nothing in this section shall prohibit staff from dining with residents when the facility utilizes the social model for mealtime. III

(5) Employees shall not use tobacco in any form while engaged in food preparation or service, nor while in areas used for equipment or utensil washing or for food preparation. Employees shall use tobacco only in designated areas. An employee tobacco-use area shall not be designated for that purpose if the use of tobacco there may result in contamination of food, equipment, utensils or other items needing protection. III

(6) The traffic of unnecessary persons through the food-preparation and utensil-washing areas is prohibited. III

(8) Maintenance and cleaning tools such as brooms, mops, vacuum cleaners and similar equipment shall be maintained and stored in a way that does not contaminate food, utensils, equipment or linens and shall be stored in an orderly manner. III

(11) Food shall be in sound condition, free from spoilage, filth or other contamination and shall be safe for human consumption. Food shall be obtained from sources that comply with all laws relating to food and food labeling. The use of food in hermetically sealed containers that was not prepared in a food processing establishment is prohibited. Nothing in this section shall prohibit facilities from using fresh vegetables or fruits purchased from farmers’ markets or obtained from the facility garden or residents’ family gardens. I/II

(13) At all times, including while being stored, prepared, displayed, served or transported to or from the facility, food shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous food shall be forty-five degrees Fahrenheit (45°F)
or below or one hundred forty degrees Fahrenheit (140°F) or above at all times, except as otherwise provided in this section. In the event of a fire, flood, power outage or similar event that might result in the contamination of food, or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the Department of Health and Senior Services (the department). Upon receiving notice of this occurrence, the department shall take whatever action that it deems necessary to protect the residents. II/III

(15) Containers of food shall be stored above the floor in a manner that protects the food from splash and other contamination and that permits easy cleaning of the storage area, except that metal pressurized beverage containers, and cased food packaged in cans, glass or other waterproof containers need not be elevated when the food container is not exposed to floor moisture; and containers may be stored on dollies, racks or pallets, provided the equipment is easily movable. III

(16) Food and containers of food shall be stored in a manner which protect it from contamination. The storage of food in toilet rooms or vestibules is prohibited. II/III

(40) Ice shall be dispensed only with scoops, tongs or other ice-dispensing utensils or through automatic self-service, ice-dispensing equipment. Ice-dispensing utensils shall be stored on a clean surface or in the ice with the dispensing utensil’s handle extended out of the ice. Between uses, ice transfer receptacles shall be stored in a way that protects them from contamination. Ice storage bins shall be drained through an air gap. III

(41) To avoid unnecessary manual contact with food, suitable preparation and dispensing utensils shall be used by employees or provided to consumers who serve themselves. Between uses, during service, dispensing utensils shall be stored in a manner which would prevent contamination. III

(42) Once served to a resident, portions of leftover food shall not be served again except that packaged food, other than potentially hazardous food, that is still packaged and is still in sound condition may be re-served. III

(43) Food on display shall be protected from resident contamination by the use of packaging or by the use of easily cleanable counter, serving line or salad bar protector devices, display cases or by other effective means. Enough hot or cold food facilities shall be available to maintain the required temperature of potentially hazardous foods on display. III

(44) Equipment and utensils shall be constructed and repaired with safe materials including finishing materials; shall be corrosion-resistant and nonabsorbent; and shall be smooth, easily cleanable and durable under conditions of normal use. Single-service articles shall be made from clean, sanitary, safe materials. Equipment utensils and single-service articles shall not impart odors, color or taste nor contribute to the contamination of food. III

(60) Aisles and working spaces between units of equipment and walls shall be unobstructed and of sufficient width to permit employees to perform their duties readily without contamination of food or food-contact surfaces by clothing or personal contact. All easily movable storage equipment such as pallets, racks and dollies shall be positioned to provide accessibility to working areas. III

(62) Kitchenware and food-contact surfaces of equipment shall be washed, rinsed and sanitized after each use and following any interruption of operations during which time contamination may have occurred. Water pitchers which are for individual resident use shall be sanitized daily. II/III

(85) Cleaned and sanitized equipment and utensils shall be handled in a way that protects
them from contamination. Spoons, knives and forks shall be touched only by their handles. Cups, glasses, bowls, plates and similar items shall be handled without contact with inside surfaces or surfaces that contact the user's mouth. III

(86) Cleaned and sanitized utensils and equipment shall be stored above the floor in a clean, dry location in a way that protects them from contamination by splash, dust and other means. The food-contact surfaces of fixed equipment shall also be protected from contamination. III

(87) Glasses and cups shall be stored inverted. Other stored utensils shall be covered or inverted, wherever practical. Facilities for the storage of knives, forks and spoons shall be designed and used to present the handle to the employee or consumer. Unless tableware is prewrapped, holders for knives, forks and spoons at self-service locations shall protect these articles from contamination and present the handle of the utensil to the consumer. III

(88) Single-service articles shall be stored above the floor in closed cartons or containers which protect them from contamination. III

(89) Single-service articles shall be handled and dispensed in a manner that prevents contamination of surfaces which may come in contact with food or with the mouth of the user. III

(90) Single-service knives, forks and spoons packaged in bulk shall be inserted into holders or be wrapped by a person who has washed his/her hands immediately prior to sorting or wrapping utensils. Unless single-service knives, forks and spoons are prewrapped or prepackaged, holders shall be provided to protect these items from contamination. III

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37.40.305 NURSING FACILITY SERVICES: REIMBURSABLE SERVICES

(1) Nursing facility services include but are not limited to the following or any similar items:

(e) items routinely provided to residents including but not limited to:

(xvi) linens for bed and bathing;
(xxvi) supplies necessary to maintain infection control, including those required for isolation-type services;

(f) items used by individual residents which are reusable and expected to be available, including but not limited to:

(xv) isolation cart;

(G) skin care and hygiene items, including but not limited to bath soap, moisturizing lotion, and disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection;

37.40.306 PROVIDER PARTICIPATION AND TERMINATION REQUIREMENTS (1) Nursing facility service providers, as a condition of participation in the Montana Medicaid program must meet the following requirements:

(h) maintain admission policies which do not discriminate on the basis of diagnosis or handicap, and which meet the requirements of all federal and state laws prohibiting discrimination against the handicapped, including persons infected with acquired immunodeficiency syndrome/human immunodeficiency virus (AIDS/HIV);

50-5-105. Discrimination prohibited.

(2) (a) A health care facility may not refuse to admit a person to the facility solely because the person has an HIV-related condition.
(b) For the purposes of this subsection (2), the following definitions apply:
(i) "HIV" means the human immunodeficiency virus identified as the causative agent of acquired immunodeficiency syndrome (AIDS) and includes all HIV and HIV-related viruses that damage the cellular branch of the human immune or neurological system and leave the infected person immunodeficient or neurologically impaired.
(ii) "HIV-related condition" means any medical condition resulting from an HIV infection, including but not limited to seropositivity for HIV.

37.40.330 SEPARATELY BILLABLE ITEMS
(6) All prescribed medication, including flu shots and tine tests, may be billed separately by the pharmacy providing the medication, subject to department rules applicable to outpatient drugs. The nursing facility will bill medicare directly for 100% reimbursement of influenza vaccines and their administration when they are provided to an eligible medicare Part B recipient. Medicaid reimbursement is not available for influenza vaccines and related administration costs for residents that are eligible for medicare Part B.

37.106.301 DEFINITIONS The following definitions apply in this subchapter:
(3) "Communicable disease" means an illness due or suspected to be due to a specific infectious agent or its toxic products, which results from transmission of that agent or its products to a susceptible host directly or indirectly, and includes a dangerous communicable disease.

37.106.313 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: COMMUNICABLE DISEASE CONTROL
(1) All health care facilities shall develop and implement an infection prevention and control program. At minimum the facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control which must include, but not be limited to, procedures to identify high risk individuals and what methods are used to protect, contain or minimize the risk to patients, residents, staff and visitors.

37.106.321 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: ENVIRONMENTAL CONTROL
(1) A health care facility must be constructed and maintained so as to prevent entrance and harborage of rats, mice, insects, flies, or other vermin.
(2) Hand cleansing soap or detergent and individual towels must be available at each lavatory in the facility. A waste receptacle must be located near each lavatory.
(3) A health care facility shall develop and follow a written infection control surveillance program describing the procedures that must be utilized by the entire facility staff in the identification, investigation, and mitigation of infections acquired in the facility.
(4) Cleaners used in cleaning bathtubs, showers, lavatories, urinals, toilet bowls, toilet seats, and floors must contain fungicides or germicides with current EPA registration for that purpose.
(5) Cleaning devices used for lavatories, toilet bowls, showers, or bathtubs may not be used for other purposes. Those utensils used to clean toilets or urinals must not be allowed to contact other cleaning devices.

(6) Dry dust mops and dry dust cloths may not be used for dusting or other cleaning purposes. Treated mops, wet mops, treated cloths, moist cloths or other means approved by the department which will not spread soil from one place to another must be used for dusting and cleaning and must be stored separately from the cleaning devices described in (5) above.

(7) A minimum of 10 foot-candles of light must be available in all rooms and hallways, with the following exceptions: (a) all reading lamps must have a capacity to provide a minimum of 30 foot-candles of light; (b) all toilet and bathing areas must be provided with a minimum of 30 foot-candles of light; (c) general lighting in food preparation areas must be a minimum of 50 foot-candles of light; (d) hallways must be illuminated at all times by at least a minimum of five foot-candles of light at the floor. (History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185.)

37.106.331 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: LAUNDRY AND BEDDING

(1) If a health care facility processes its laundry on the facility site, it must:
(a) set aside and utilize a room solely for laundry purposes;
(b) equip the laundry room with a mechanical washer and dryer (or additional machines if necessary to handle the laundry load), handwashing facilities, mechanical ventilation to the outside, a fresh air supply, and a hot water supply system which supplies the washer with water of at least 160°F (71°C) during each use;
(c) sort and store soiled laundry in an area separate from that used to sort and store clean laundry;
(d) provide well maintained carts or other containers impervious to moisture to transport laundry, keeping those used for soiled laundry separate from those used for clean laundry;
(e) dry all bed linen, towels, and washcloths in the dryer, or, in the case of bed linen, by use of a flatwork ironer;
(f) protect clean laundry from contamination;
(g) ensure that facility staff handling laundry cover their clothes while working with soiled laundry, use separate clean covering for their clothes while handling clean laundry, and wash their hands both after working with soiled laundry and before they handle clean laundry.

(2) If laundry is cleaned off site, the health care facility must utilize a commercial laundry (not self-service) which satisfies the requirements stated in (1)(a) through (g) above.

(3) A health care facility with beds must:
(a) keep each resident bed dressed in clean bed linen in good condition;
(b) keep a supply of clean bed linen on hand sufficient to change beds often enough to keep them clean, dry, and free from odors;
(c) supply each resident at all times with clean towels and washcloths;
(d) provide each resident bed with a moisture-proof mattress or a moisture-proof mattress cover and mattress pad;
(e) provide each resident with enough blankets to maintain warmth while sleeping.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185.)
37.106.2512 RETIREMENT HOMES: WATER SUPPLY SYSTEM

(6) Ice must be:
(a) obtained from a licensed supplier if it is not made from the retirement home's water supply;
(b) manufactured, stored, handled, transported and served in a manner which is approved by the department or local health authority as preventing contamination of the ice.

(7) Where open bin ice storage is provided, an ice scoop must be readily available for use by residents or the management and stored either inside the bin or in a closed container protected from contamination.

(8) Ice storage bins may not be connected directly to any trap, drain, receptacle sink or sewer which discharges waste or to any other source of contamination. A minimum of a four inches air gap is required between the ice storage bin drain and any waste discharge.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-214, MCA; NEW, 1996 MAR p. 1867, Eff. 7/4/96; TRANS, from DHES, 2002 MAR p. 185.)

37.106.2521 RETIREMENT HOMES: HOUSEKEEPING AND MAINTENANCE

(1) A retirement home must provide maintenance services. With respect to the provision of maintenance services, and housekeeping services, where a retirement home elects to provide those services to individual residents within their rooms, the retirement home must ensure that:

(d) the transporting, handling and storage of clean bedding, where provided by the retirement home, is performed in such a manner as to preclude contamination by soiled bedding or from other sources;

(m) glasses, pitchers, ice buckets, and other utensils used for food or drink and provided in units for use by residents are not washed or sanitized in any lavatory or janitor sink. Approved facilities for washing, rinsing, and sanitizing glasses, pitchers, ice buckets, and other utensils must be provided by the retirement home. In the absence of approved washing facilities, single service utensils must be used; and

(n) all utensils used for food or drink and provided in units for use by residents are stored, handled, and dispensed in a manner which precludes contamination of the utensil prior to use by a resident. (History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-214, MCA; NEW, 1996 MAR p. 1867, Eff. 7/4/96; TRANS, from DHES, 2002 MAR p. 185.)

37.106.2522 RETIREMENT HOMES: FOOD SERVICE REQUIREMENTS

(1) The department hereby adopts and incorporates by reference ARM Title 37, chapter 110, subchapter 2 which sets sanitation and food handling standards for food service establishments. A copy of ARM Title 37, chapter 110, subchapter 2 may be obtained from the Department of Public and Human Services, Health Policy Services Division, Communicable Disease Control and Prevention Bureau, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(2) Where a food service is operated as an integral part of a retirement home, compliance with ARM Title 37, chapter 110, subchapter 2, is required.

(3) If the food service is available only to residents and staff of the retirement home, licensure as a food service establishment is not required, but compliance with ARM Title 37, chapter 110, subchapter 2, is required. (History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-214, MCA; NEW, 1996 MAR p. 1867, Eff. 7/4/96; TRANS, from DHES, 2002 MAR p. 185.) Rules 23 through 29 reserved

37.106.2804 APPLICATION OF OTHER RULES
(31) "Treatment" means a therapy, modality, product, device or other intervention used to maintain well being or to diagnose, assess, alleviate or prevent a disability, injury, illness, disease or other similar condition. (History: Sec. 50-5-103, 50-5-226 and 50-5-227, MCA; IMP, Sec. 50-5-225, 50-5-226 and 50-5-227, MCA; NEW, 2003 MAR p. 17, Eff. 12/27/02; AMD, 2004 MAR p. 1146, Eff. 5/7/04.) Rules 06 through 08 reserved

37.106.2843 PERSONAL CARE SERVICES

(2) Evidence that the facility is meeting each resident's needs for personal care services include the following outcomes for residents:
(a) physical well being of the resident means the resident:
   (i) has clean and groomed hair, skin, teeth and nails;
   (ii) is nourished and hydrated;
   (iii) is free of pressure sores, skin breaks or tears, chaps and chaffing;
   (iv) is appropriately dressed for the season in clean clothes;
   (v) risk of accident, injury and infection has been minimized; and
   (vi) receives prompt emergency care for illnesses, injuries and life threatening situations;

4) A resident shall receive skin care that meets the following standards:
   (a) the facility shall practice preventive measures to identify those at risk and maintain a resident's skin integrity. Risk factors include:
      (i) skin redness lasting more than 30 minutes after pressure is relieved from a bony prominence, such as hips, heels, elbows or coccyx; and
      (ii) malnutrition/dehydration, whether secondary to poor appetite or another disease process; and
   (b) an area of broken or damaged skin must be reported within 24 hours to the resident's practitioner. Treatment must be provided as ordered by the resident's practitioner.
(5) A person with a stage 3 or 4 pressure ulcer may not be admitted or permitted to remain in a category A facility.
(6) The facility shall ensure records of observations, treatments and progress notes are entered in the resident's record and that services are in accordance with the resident health care plan.
(7) Direct care staff shall receive training related to maintenance of skin integrity and the prevention of pressure sores by:
   (a) keeping residents clean and dry;
   (b) providing residents with clean and dry bed linens;
   (c) keeping residents well hydrated;
   (d) maintaining or restoring healthy nutrition; and
   (e) keeping the residents physically active and avoiding the overuse of wheelchairs, sitting no longer than one hour or remaining in one position for longer than two hours at one time, and other sources of skin breakdown in ADLs. (History: Sec. 50-5-103, 50-5-226 and 50-5-227, MCA; IMP, Sec. 50-5-225, 50-5-226 and 50-5-227, MCA; NEW, 2002 MAR p. 3638, Eff. 12/27/02; AMD, 2004 MAR p. 1146, Eff. 5/7/04.) Rules 44 and 45 reserved

37.106.2855 INFECTION CONTROL

(1) The assisted living facility must establish and maintain infection control policies and procedures sufficient to provide a safe environment and to prevent the transmission of disease. Such policies and procedures must include, at a minimum, the following requirements:
   (a) any employee contracting a communicable disease that is transmissible to residents through food handling or direct care must not appear at work until the infectious diseases
can no longer be transmitted. The decision to return to work must be made by the administrator or designee, in accordance with the policies and procedures instituted by the facility;
(b) if, after admission to the facility, a resident is suspected of having a communicable disease that would endanger the health and welfare of other residents, the administrator or designee, must contact the resident’s practitioner and assure that appropriate safety measures are taken on behalf of that resident and the other residents; and
(c) all staff shall use proper hand washing technique after providing direct care to a resident.
(2) The facility, where applicable, shall comply with applicable statutes and rules regarding the handling and disposal of hazardous waste. (History: Sec. 50-5-103, 50-5-226 and 50-5-227, MCA; IMP, Sec. 50-5-225, 50-5-226 and 50-5-227, MCA; NEW, 2002 MAR p. 3638, Eff. 12/27/02; AMD, 2004 MAR p. 1146, Eff. 5/7/04.) Rules 56 through 58 reserved
37.106.2859 PETS
(1) Unless the facility disallows it, residents in an assisted living facility may keep household pets, as permitted by local ordinance, subject to the following provisions:
(a) pets must be clean and disease-free;
(b) the immediate environment of pets must be kept clean;
(c) birds must be kept in appropriate enclosures, unless the bird is a companion breed maintained and supervised by the owner; and
(d) pets that are kept at the facility shall have documentation of current vaccinations, including rabies, as appropriate.
(2) The administrator or designee shall determine which pets may be brought into the facility. Upon approval, family members may bring pets to visit, if the pets are clean, disease-free and vaccinated as appropriate.
(3) Facilities that allow birds shall have procedures that protect residents, staff and visitors from psittacosis, ensure minimum handling of droppings and require droppings to be placed in a plastic bag for disposal.
(4) Prior to admission of companion birds, documentation of the import, out-of-state veterinarian health certificate and import permit number provided by the pet store or breeder will be provided and maintained in the owners records. If the health certificate and import permit number is not available, or if the bird was bred in-state, a certificate from a veterinarian stating that the bird is disease free is required prior to residency. If the veterinarian certificate cannot be obtained by the move-in date the resident may keep the bird enclosed in a private single occupancy room, using good hand washing after handling the bird and bird droppings until the veterinarian examination is obtained.
(5) Pets may not be permitted in food preparation, storage or dining areas during meal preparation time or during meal service or in any area where their presence would create a significant health or safety risk to others. (History: Sec. 50-5-103, 50-5-226 and 50-5-227, MCA; IMP, Sec. 50-5-225, 50-5-226 and 50-5-227, MCA; NEW, 2002 MAR p. 3638, Eff. 12/27/02; AMD, 2004 MAR p. 1146, Eff. 5/7/04.)
37.106.2860 FOOD SERVICE
(1) The facility must establish and maintain standards relative to food sources, refrigeration, refuse handling, pest control, storage, preparation, procuring, serving and handling food and dish washing procedures that are sufficient to prevent food spoilage and the transmission of infectious disease. These standards must include the following:
(a) food must be obtained from sources that comply with all laws relating to food and food labeling;
(b) the use of home-canned foods is prohibited;
(c) food subject to spoilage removed from its original container, must be kept sealed, labeled, and dated.
(b) if the cook or other kitchen staff must assist a resident with direct care outside the food service area, they must properly wash their hands before returning to food service; and
(c) food service shall comply with the Montana administrative rule requirements for compliance with ARM Title 37, chapter 110, subchapter 2, food service establishments administered by the food and consumer safety section of the department of public health and human services.

(8) Potentially hazardous food, such as meat and milk products, must be stored at 41°F or below. Hot food must be kept at 140°F or above during preparation and serving.
(9) Freezers must be kept at a temperature of 0°F or below and refrigerators must be kept at a temperature of 41°F or below. Thermometers must be placed in the warmest area of the refrigerator and freezer to assure proper temperature. Temperatures shall be monitored and recorded at least once a month in a log maintained at the facility for one year.
(10) Employees shall maintain a high degree of personal cleanliness and shall conform to good hygienic practice during all working periods in food service.
(11) A food service employee, while infected with a disease in a communicable form that can be transmitted by foods may not work in the food service area.
(12) Tobacco products may not be used in the food preparation and kitchen areas. (History: Sec. 50-5-103, 50-5-226 and 50-5-227, MCA; IMP, Sec. 50-5-225, 50-5-226 and 50-5-227, MCA; NEW, 2002 MAR p. 3638, Eff. 12/27/02.)

37.110.203 DEFINITIONS For the purpose of this subchapter: (1) "Adulterated" means a food:
(a) that bears or contains any poisonous or deleterious substance in a quantity which may render it injurious to health;
(b) that bears or contains any added poisonous or deleterious substance for which no safe tolerance has been established by laws or rules or in excess of such tolerance if one has been established;
(c) that consists in whole or in part of any filthy, putrid, or decomposed substance, or if it is otherwise unfit for human consumption;
(d) that has been processed, prepared, packed or held under Unsanitary conditions, whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health;
(e) that is in whole or in part a product of a diseased animal, or an animal which has died otherwise than by slaughter;
(f) whose container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health;
or (g) as otherwise determined to be "adulterated" under the Montana Food, Drug and Cosmetic Act, 50-31-202, MCA.
(11) "Critical item" means a provision of this subchapter that, if violated, is more likely than other violations to contribute to food contamination, illness, or environmental degradation.
22) "Food borne disease outbreak" means illness experienced by two or more persons after ingestion of a common food which an epidemiological analysis implicates as the source of the illness, a single case of illness from botulism, or chemical poisoning.
(31) "Highly susceptible population" means a group of persons who are more likely than other populations to experience food borne disease because they have weak immune systems; such as patients and residents in a health care facility as provided in Title 50, chapter 5, MCA; older adults being served by such programs as meals on wheels, senior citizen
centers, or similar programs; and children of preschool age in a day care center as provided in ARM Title 37, chapter 95.

(32) “Injected meat” means meat that has been manipulated, such as through tenderizing or inserting juices, that allows infectious or toxigenic microorganisms to be introduced from the meat's surface to its interior.

(48) "Personal care items" means items or substances that may be poisonous, toxic, or a source of contamination that are used to maintain or enhance a person's health, hygiene, or appearance, including medicines, first aid supplies, cosmetics, and toiletries such as toothpaste and mouthwash.

(51) "Potentially hazardous food" means:
(a) a food that is a natural or synthetic and is in a form capable of supporting: (i) the rapid and progressive growth of infectious or toxigenic micro-organisms; (ii) the growth and toxin production of Clostridium botulism; or (iii) in raw shell eggs, the growth of Salmonella enteritidis;
(b) a food of animal origin that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts, cut melons; and garlic and oil mixtures;
(c) potentially hazardous food, which does not include: (i) an air-cooled, hard-boiled egg with intact shell; (ii) a food with a water activity (aw) value of 0.85 or less; (iii) a food with a hydrogen ion concentration (pH) level of 4.6 or below when measured at 75°F, (24°C); (iv) a food, in an unopened hermetically sealed container, that is commercially processed to achieve and maintain commercial sterility under conditions of nonrefrigerated storage and distribution; or
(v) a food for which a variance granted by the department is based upon laboratory evidence demonstrating that rapid and progressive growth of infectious and toxigenic microorganisms or the slower growth of Clostridium botulinum cannot occur.

(63) "Sanitization" means the application of accumulative heat or concentration of chemicals on cleaned food contact surfaces that, when evaluated for efficacy; yield a reduction of 5 logarithms, which is equal to 99.999% reduction of representative food borne disease microorganisms.

37.110.204 FOOD SUPPLIES (1) Food must be free from adulteration or other contamination and must be safe for human consumption. Food must be obtained from sources that comply with all laws relating to food and food labeling which include, but are not limited to, laws of the federal food and drug administration (FDA); environmental protection agency (EPA), United States department of agriculture (USDA), Montana department of livestock; Montana department of agriculture; and the Montana Food, Drug and Cosmetic Act, Title 50, chapter 31, MCA. The use of food in hermetically sealed containers that was not prepared in a licensed food manufacturing establishment is prohibited. Food prepared in a private home may not be used or offered for human consumption in a licensed food service establishment.

(History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; AMD, 1985 MAR p. 928, Eff. 7/12/85; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)

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37.110.206 FOOD STORAGE AND PROTECTION (1) Food must be stored as follows to prevent potential contamination:
(a) Food must be stored in a clean, dry location where it is not exposed to contamination and is at least 6 inches (15 centimeters) above the floor.
(b) Food in packages and working containers may be stored less than 6 inches (15
centimeters) above the floor if it is stored on case lot handling equipment, such as dollies, racks, or pallets. (c) Pressurized beverage containers; food in waterproof containers, such as bottles or cans in cases; and milk containers in plastic crates may be stored on a floor that is clean and not exposed to floor moisture.

(d) Food may not be stored in toilet rooms; dressing rooms; garbage rooms; mechanical rooms; under sewer lines that are not shielded to intercept potential drips; under leaking water lines, including leaking automatic fire sprinkler heads; under lines on which water has condensed; under open stairwells; or under other sources of contamination.

(e) Food packages must be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants.

(f) Working containers holding food or food ingredients that are removed from their original packages, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar, must be identified with the common name of the food. The labeling must be on the container or on a nondetachable lid. Those containers holding food that can be readily and unmistakably recognized, such as dry pasta, need not be identified.

(g) Packaged food may not be stored in direct contact with water or undrained ice if the food is subject to the entry of water because of the nature of its packaging, wrapping, or container or its positioning in the water or ice.

(h) Whole raw fruits or vegetables, cut raw vegetables such as celery or carrot sticks, cut potatoes, and tofu may be immersed in ice or water that is at a safe temperature.

(i) Raw chicken and raw fish that are received immersed in ice in shipping containers may remain in that condition while in storage awaiting preparation, display, service, or sale.

(2) Packaged and unpackaged food must be protected from cross-contamination by:

(a) cleaning and sanitizing equipment and utensils as specified under ARM 37.110.215;

(b) storing food removed from its original container or package in a clean and sanitized covered container. Covers must be impervious and nonabsorbent, except that clean laundered linens or napkins may be used for lining or covering containers of bread or rolls. Quarters or sides of meat or whole and uncut processed meats may be hung uncovered on clean sanitized hooks if no food product is stored beneath the meat;

(c) cleaning hermetically sealed containers of food of visible soil before opening;

(d) storing damaged, spoiled, or recalled products being held for credit, redemption, or return in designated areas that are separated from food, equipment, utensils, linens, and single-service and single-use articles;

(e) separating fruits and vegetables, before they are washed as specified under ARM 37.110.207(3) from ready-to-eat food;

(f) separating raw animal foods during storage, preparation, holding, and display from raw ready-to-eat food, including other raw animal food such as fish for sushi or molluscan shellfish; other raw ready-to-eat food, such as vegetables; and cooked ready-to-eat food;

(g) separating types of raw animal foods from each other, such as beef, fish, lamb, pork, and poultry, during storage, preparation, holding, and display by any of the following methods:

(i) using separate equipment for each type;

(ii) arranging raw animal products by cooking temperature, with those products requiring lower cooking temperatures at the top and those products requiring higher cooking temperatures at the bottom;

(iii) arranging each type of food in equipment so that cross-contamination of one type with another is prevented; or

(iv) preparing each type of food at different times or in separate areas.
(3) Enough conveniently located refrigeration facilities or effectively insulated facilities must be provided to assure the maintenance of potentially hazardous food at 41°F (5°C) during storage except as specified in ARM 37.110.203(61). Each refrigerated facility storing potentially hazardous food must be provided with a numerically scaled indicating temperature measuring device, accurate to ±3°F (1.5°C), located to measure the air temperature in the warmest part of the facility and located to be easily readable. Recording temperature measuring devices, accurate to ±3°F (1.5°C) may be used in lieu of indicating temperature measuring devices.

(4) Frozen food must be kept frozen.

(5) Enough conveniently located hot food storage facilities must be provided to assure the maintenance of food at the required temperature during storage. Each hot food facility storing potentially hazardous food must be provided with a numerically scaled indicating temperature measuring device, accurate to ±3°F (1.5°C) located to measure the air temperature in the coolest part of the facility and located to be easily readable. Recording temperature measuring devices, accurate to ±3°F (1.5°C) may be used in lieu of indicating thermometers. Where it is impractical to install temperature measuring devices on equipment such as bainmaries, steam tables, steam kettles, heat lamps, cal-rod units, or insulated food transport carriers, a product temperature measuring device must be available and used to check internal food temperature.

(6) The internal temperature throughout potentially hazardous foods requiring hot storage must be 135°F (57.2°C) or above except during necessary periods of preparation. Potentially hazardous food to be transported must be held at a temperature of 135°F (57.2°C) or above unless maintained in accordance with (3) and (4) of this rule.

(7) In the event of a fire, flood, power outage, or similar event that might result in the contamination of food or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the regulatory authority. Upon receiving notice of this occurrence, the regulatory authority shall take whatever action that it deems necessary within its statutory authority to protect the public health. (History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; AMD, 1985 MAR p. 928, Eff. 7/12/85; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)

37.110.207 FOOD PREPARATION

(1) Sinks used for the preparation of foods:
   (a) must be cleaned and sanitized as required by ARM 37.110.215 immediately before beginning the preparation of the food; and
   (b) may not be used for hand washing or waste water disposal.

(7) The cooling of potentially hazardous food must be accomplished in the following manner:
   (e) When placed in cooling or cold holding equipment, food containers in which food is being cooled must be arranged in the equipment to provide maximum heat transfer through the container walls and must be loosely covered. However, food may be uncovered if it is protected from overhead contamination during the cooling period to facilitate heat transfer from the surface of the food.

(12) Food must be protected from:
   (a) contamination that may result from the addition of:
      (i) unsafe or unapproved food or color additives; and
      (ii) unsafe or unapproved levels of approved food and color additives;
(b) application of sulfiting agents to fresh fruits and vegetables intended for raw consumption or to a food considered to be a good source of vitamin B-1; or (c) service or selling of food specified in (11)(b) of this rule that is treated with sulfiting agents before receipt by the food service establishment, except that grapes need not meet this subsection.

(History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; AMD, 1986 MAR p. 1076, Eff. 6/27/86; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)

37.110.208 FOOD DISPLAY AND SERVICE

(1) Cold potentially hazardous food must be kept at an internal temperature of 41°F (5°C), or as specified in ARM 37.110.203(61), or below, and hot potentially hazardous food must be kept at an internal temperature of 135°F (57.2°C) or above during display and service, except that rare roast beef shall be held for service at a temperature of at least 130°F (55°C).

(2) Ice for consumer use must be dispensed only by food employees with scoops, tongs, or other ice-self-dispensing utensils or through automatic self service ice-dispensing equipment. Ice-dispensing utensils must be stored on a clean surface or in the ice with the dispensing utensil’s handle extended out of the ice. Between uses, ice transfer receptacles must be stored in a way that protects them from contamination. Ice storage bins shall be drained through an air gap. Liquid water drain lines may not pass through an ice machine or ice storage bin unless the tubes are properly shielded or separated from the potable ice.

(3) Food must be protected from contamination by equipment, utensils, and wiping cloths by:

(a) preventing contact with wiping cloths that do not meet the requirements in ARM 37.110.215(6) through (8);

(b) preventing contact with surfaces of utensils and equipment that are not cleaned and sanitized;

(c) ensuring utensils are stored properly during pauses in food preparation or dispensing, as follows:

(i) except as specified in (3)(b), in the food with their handles above the top of the food and the container;

(ii) in food that is not potentially hazardous with their handles above the top of the food in containers or equipment that can be closed, such as bins of sugar, flour, or cinnamon;

(iii) in running water of sufficient velocity to flush particulates to the drain, if the utensils are used with moist food such as ice cream or mashed potatoes;

(iv) in a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not potentially hazardous; or

(v) cleaning, sanitizing, and air drying between uses.

(4) In equipment that dispenses or vends liquid food or ice in unpackaged form:

(a) The delivery tube, chute, orifice, and splash surfaces directly above the container receiving the food must be designed in a manner, such as with barriers, baffles, or drip aprons, so that drips from condensation and splash are diverted from the opening of the container receiving the food.

(b) The delivery tube, chute, and orifice must be protected from manual contact and be designed so that the delivery tube or chute and orifice are protected from dust, insects, rodents, and other contamination by a self-closing door if the equipment is:

(i) located in an outside area that does not afford the protection of an enclosure against rain, windblown debris, insects, rodents, and other contaminants; and

(ii) available for self-service during hours when it is not under the full-time supervision of a
food employee.

(c) The dispensing equipment actuating lever or mechanism and filling device of consumer self-service beverage dispensing equipment must be designed to prevent contact with the lip contact surface of glasses or cups that are refillable.

(5) Molluscan shellfish life-support system display tanks that are used to store and display shellfish that are offered for human consumption must be operated and maintained to ensure that: (a) water used with fish other than molluscan shellfish does not flow into the molluscan tanks; (b) the safety and quality of the shellfish as they were received are not compromised by use of the tank; and (c) the identity of the source of the shell stock is retained as specified in ARM 37.110.204(3).

(6) Date marking and disposition of ready-to-eat potentially hazardous food must be handled in the following manner:

(a) Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours in a food establishment must be clearly marked at the time of preparation to indicate the "sell by" date, "best if used by" date, or the date by which the food must be consumed which is, including the day of preparation:

(i) 7 calendar days or less from the day that the food is prepared, if the food is maintained at 41°F (5°C) or less; or

(ii) 4 calendar days or less from the day the food is prepared, if the food is maintained between 42°F and 45°F (5.5°C and 7°C).

(b) A container of refrigerated, ready-to-eat, potentially hazardous food prepared and packaged by a food manufacturing establishment must be clearly marked to indicate the date by which the food must be consumed:

(i) 7 calendar days or less after the original container is opened, if the food is maintained at 41°F (5°C); or

(ii) 4 calendar days or less from the day the original container is opened, if the food is maintained between 42°F and 45°F (5.5°C and 7°C).

(c) Refrigerated, ready-to-eat, potentially hazardous food prepared in a food establishment and dispensed through a vending machine with an automatic shut-off control that is activated at a temperature of:

(i) 41°F (5°C) or below must be discarded if not sold within 7 days; or

(ii) between 42°F and 45°F (5.5°C and 7°C) must be discarded if not sold within 4 days.

(d) The requirements in (6)(a) and (b) of this rule do not apply to individual meal portions served or repackaged for sale from a bulk container upon a consumer's request.

(e) Subsection (6)(b) of this rule does not apply to whole, unsliced portions of a cured and processed food product with original casing maintained on the remaining portion, such as bologna, salami, or other sausage in a cellulose casing.

(7) Time is allowable as a public health control. (a) Time only, rather than time in conjunction with temperature, maybe used as the public health control for a working supply of potentially hazardous food before cooking or for ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption, if the following requirements are met:

(i) the food is marked or otherwise identified with the time within which it must be cooked, served, or discarded;

(ii) the food is served or discarded within 4 hours from the time when the food is removed from temperature control;

(iii) food in unmarked containers or packages, or for which the time expires, is discarded;
and
(iv) written procedures are maintained in the food establishment and made available to the
regulatory authority upon request to ensure compliance with (7)(a)(i) through (iii) of this
rule and ARM 37.110.206 for food that is prepared, cooked, and refrigerated before time is
used as a public health control. (b) Once time is implemented as a control measure for
potentially hazardous food, no other measures may be substituted.
(b) Food on display for self-service by the consumer must be protected from contamination
by:
(a) use of packaging; counter, service line, or salad bar food guards; display cases; or
similarly effective means;
(b) providing suitable utensils or effective dispensing methods for self-service operations
for ready-to-eat foods;
(c) protecting condiments by using:
(i) dispensers that are designed to provide protection;
(ii) food display units provided with proper dispensing utensils;
(iii) original containers designed for dispensing; or
(iv) individual packages or portions; and
(d) not allowing food that has been served or sold and in the possession of a consumer and
that is unused or returned by the consumer to be offered again as food for human
consumption. However, food that is not potentially hazardous, such as crackers and
condiments, in an unopened original package and maintained in sound condition may be
reserved or resold to that population that is not classified as highly susceptible;
(e) not allowing self-service consumers to use soiled tableware, including single-service
articles, to obtain additional food from display and serving equipment. However, cups and
glasses may be reused if refilling is a contamination free process. A sign similar to the one
shown must be posted to inform the consumer of this requirement: "CONSUMER: Please
obtain clean tableware before obtaining additional food." (History: Sec. 50-50-103, MCA;
IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; TRANS & AMD, 2000 MAR
p. 3201, Eff. 11/23/00.)
37.110.209 FOOD TRANSPORTATION
(1) During transportation, food and food utensils must be kept in covered containers or
completely wrapped or packaged so as to be protected from contamination. Foods in
original individual packages do not need to be over wrapped or covered if the original
package has not been torn or broken. During transportation, including transportation to
another location for service or catering operations, food must meet the requirements of this
subchapter relating to food protection and food storage. (History: 50-50-103,
MCA;IMP,Sec.50-50-103,MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; TRANS & AMD, 2000
MAR p. 3201, Eff. 11/23/00.)
37.110.210 FOOD EMPLOYEES
(1) No person, while infected with a disease in a communicable form that can be
transmitted by foods or who is a carrier of organisms that cause such a disease or while
afflicted with a boil, an infected wound, diarrhea illness or acute gastrointestinal illness or
an acute respiratory infection, shall work in a food service establishment in any capacity in
which there is likelihood of such person contaminating food or food contact surfaces with
pathogenic organisms or transmitting disease to other persons. Food employees
experiencing persistent sneezing, coughing or runny nose that causes discharges from the
eyes, nose or mouth may not work with exposed food; clean equipment, utensils, and linens; or unwrapped single-service or single-use articles.

(2) Food employees and other authorized persons shall maintain a high degree of personal cleanliness and shall conform to good hygienic practices during all working periods in the food service establishment.

(3) Food employees shall clean their hands in a hand washing facility that conforms to the requirements in ARM 37.110.221.

(4) Food employees shall thoroughly wash their hands and the exposed portions of their arms with soap and warm running water after any of the following activities:
   (a) immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils and unwrapped single-service and single-use articles;
   (b) during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks;
   (c) when switching between working with raw foods and working with ready-to-eat foods;
   (d) after handling soiled equipment or utensils;
   (e) after coughing, sneezing, using a handkerchief or disposable tissue;
   (f) after using the toilet room;
   (g) after eating, drinking or using tobacco;
   (h) after touching bare human body parts other than clean hands and clean, exposed portions of arms;
   (i) after caring for or handling support animals; or
   (j) after engaging in other activities that contaminate the hands.

(5) If used, chemical hand sanitizers must:
   (a) have active antimicrobial ingredients that are listed as safe and effective for application to human skin as an antiseptic handwash pursuant to the U.S. food and drug administration's regulations for over-the-counter health-care antiseptic drug products; and
   (b) have only components that are:
      (i) regulated for the intended use as food additives as specified in 21 CFR 178; or
      (ii) generally recognized as safe for the intended use in contact with food within the meaning of the federal Food, Drug, and Cosmetic Act, section 201(s); and
   (c) be applied only to hands and arms that are cleaned with a cleaning compound in a hand washing facility by thoroughly rubbing together the surfaces of their lathered hands and arms and thoroughly rinsing with clean water;
   (d) if a hand sanitizer or a chemical hand sanitizing solution used as a hand dip does not meet the criteria specified in (5)(a) through (c) of this rule, use must be:
      (i) followed by thorough hand rinsing in clean water before hand contact with food or by the use of gloves; or
      (ii) limited to situations that involve no direct contact with food by the bare hands;
   e) a chemical hand sanitizing solution used as a hand dip shall be maintained clean and at a strength equivalent to at least 100mg/L chlorine.

(6) Food employees in a food establishment shall adhere to the following requirements to prevent contamination of food:
   (a) minimize contact with exposed ready-to-eat food with bare hands by using utensils such as deli tissue, spatula, tongs, single-use gloves or dispensing equipment;
   (b) minimize contact of bare hands and arms with exposed food that is not in a ready-to-eat form;
(c) use single-use gloves for only one task, such as working with ready-to-eat food or with raw animal food; use them for no other purpose; and discard them when they are damaged or soiled or when interruptions occur in the food operation;
(d) use clean slash-resistant gloves with ready-to-eat foods that will not be subsequently cooked if the slash-resistant gloves have a smooth, durable, and nonabsorbent outer surface or are covered with a smooth, durable, nonabsorbent glove, or single-use glove; (e) use a utensil only once to taste food that is to be sold or served.
(7) Food employee practices must conform to the following requirements:
(a) Food employees shall keep their fingernails trimmed, filed, and maintained so the edges and surfaces are cleanable and not rough.
(b) Unless wearing intact gloves in good repair, a food employee may not wear fingernail polish or artificial fingernails when working with exposed food.
(c) While preparing food, food employees may not wear jewelry on their arms and hands except a simple wedding band.
(d) Food employees shall wear clean outer clothing. If uniforms are not provided, clean outer coverings must be worn over clothing or the employee shall change to clean clothing if their clothing is soiled.
(e) Food employees may eat, drink, or use any form of tobacco only in designated areas where the contamination of exposed food; clean equipment, utensils and linens; unwrapped single-service and single-use articles; or other items needing protection cannot occur. However, a food employee may drink from a closed beverage container if the container is handled to prevent contamination of the food employee’s hands, the container; exposed food; clean equipment, utensils and linens; and unwrapped single-service and single-use articles.
(f) Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair. The hair restraints must be designed and worn to effectively keep hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.
(i) Subsection (7)(f) does not apply to food employees such as counter staff who only serve beverages and wrapped or packaged foods, hostesses, and wait staff if they present a minimal risk of contaminating exposed food, clean equipment, utensils, linens, and unwrapped single-service and single-use articles.
(8) Persons unnecessary to the food establishment operation may not be allowed in the food preparation, food storage, or warewashing areas, except as allowed by the person in charge if steps are taken to ensure that exposed food, clean equipment, utensils and linens; and unwrapped single-service and single-use articles are protected from contamination.

37.110.214 EQUIPMENT INSTALLATION AND LOCATION
(1) General equipment, including ice makers and ice storage equipment, may not be located under exposed or unprotected sewer lines or water lines, open stairwells, or other sources of contamination. This requirement does not apply to automatic fire protection sprinkler heads.
(2) Equipment that is placed on tables or counters, unless easily movable, must be sealed to the table or counter or elevated on legs to provide at least a 4-inch clearance between the table or counter and equipment and shall be installed to facilitate the cleaning of the equipment and adjacent areas.
Aisles and working spaces between units of equipment and walls must be unobstructed and of sufficient width to permit food employees and other authorized persons to perform their duties readily without contamination of food or food contact surfaces by clothing or personal contact. All easily movable storage equipment such as pallets, racks, and dollies must be positioned to provide accessibility to working areas. (History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; AMD, 1985 MAR p. 928, Eff. 7/12/85; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)

37.110.215 EQUIPMENT AND UTENSIL CLEANING AND SANITATION

(1) Tableware must be washed, rinsed, and sanitized after each use.

(2) To prevent cross contamination, kitchenware and food contact surfaces of equipment must be washed, rinsed, and sanitized after each use and following any interruption of operations during which time contamination may have occurred.

(3) Cleaned and sanitized utensils and equipment must be stored at least 6 inches above the floor in a clean, dry location in away that protects them from contamination by splash, dust, and other contaminants. The food contact surfaces of fixed equipment must also be protected from contamination. Equipment and utensils may not be placed under exposed sewer lines or water lines, except for automatic fire protection sprinkler heads that maybe required by law.

(4) Glasses and cups must be stored inverted. Other stored utensils must be covered or inverted, wherever practical. Facilities for the storage of knives, forks, and spoons must be designed and used to present the handle to the food employee or consumer. Unless tableware is pre-wrapped, holders for knives, forks, and spoons at self-service locations must protect these articles from contamination and present the handle of the utensil to the consumer.

(5) Single-service articles must be stored at least 6 inches above the floor in closed cartons or containers which protect them from contamination and may not be placed under exposed sewer lines or water lines, except for automatic fire protection sprinkler heads.

(6) Single-service articles must be handled and dispensed in a manner that prevents contamination of surfaces which may come in contact with food or with the mouth of the user.

(7) Single-service knives, forks, and spoons packaged in bulk must be inserted into holders or be wrapped by an employee who has washed his hands immediately prior to sorting or wrapping the utensils. Unless single-service knives, forks and spoons are pre-wrapped or prepackaged, holders must be provided to protect these items from contamination and present the handle of the utensil to the consumer.

(8) The storage of food equipment, utensils or single-service articles in toilet rooms or vestibules is prohibited. (History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)

37.110.216 EQUIPMENT AND UTENSIL STORAGE

(2) Cleaned and sanitized utensils and equipment must be stored at least 6 inches above the floor in a clean, dry location in away that protects them from contamination by splash, dust, and other contaminants. The food contact surfaces of fixed equipment must also be protected from contamination. Equipment and utensils may not be placed under exposed sewer lines or water lines, except for automatic fire protection sprinkler heads that maybe required by law.

(4) Glasses and cups must be stored inverted. Other stored utensils must be covered or inverted, wherever practical. Facilities for the storage of knives, forks, and spoons must be designed and used to present the handle to the food employee or consumer. Unless tableware is pre-wrapped, holders for knives, forks, and spoons at self-service locations must protect these articles from contamination and present the handle of the utensil to the consumer.

(5) Single-service articles must be stored at least 6 inches above the floor in closed cartons or containers which protect them from contamination and may not be placed under exposed sewer lines or water lines, except for automatic fire protection sprinkler heads.

(6) Single-service articles must be handled and dispensed in a manner that prevents contamination of surfaces which may come in contact with food or with the mouth of the user.

(7) Single-service knives, forks, and spoons packaged in bulk must be inserted into holders or be wrapped by an employee who has washed his hands immediately prior to sorting or wrapping the utensils. Unless single-service knives, forks and spoons are pre-wrapped or prepackaged, holders must be provided to protect these items from contamination and present the handle of the utensil to the consumer.

(8) The storage of food equipment, utensils or single-service articles in toilet rooms or vestibules is prohibited. (History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)

37.110.217 WATER SUPPLY

(1) Enough potable water for the needs of the food service establishment must be provided from a source constructed and operated in accordance with Title 75, chapter 6, MCA, and ARM Title 17, chapter 38, subchapters 1 and 2, applicable to public water and wastewater systems.

(2) All potable water not provided directly by pipe to the food service establishment from
the source must be transported in a bulk water transport system in accordance with ARM
Title 17, chapter 38, subchapter 5, Water Hauled for Cisterns.
(3) Bottled and packaged potable water must be obtained from a source that complies with
(1) above and must be handled and stored in a way that protects it from contamination.
Bottled and packaged potable water must be dispensed from the original container.
(4) Water under pressure at the required temperatures must be provided to all fixtures and
equipment that use water.
(5) Steam used in contact with food or food contact surfaces must be free from any unsafe
materials or additives.
(6) A reservoir that is used to supply water to a device such as a produce mister must be:
(a) maintained in accordance with manufacturer's specifications; and
(b) cleaned in accordance with manufacturer's specifications or according to the following
procedures, whichever is more stringent:
(i) cleaning at least once a week by:
(A) draining and complete disassembly of the water and aerosol contact parts;
(B) brush-cleaning the reservoir, aerosol tubing, and discharge nozzles with a suitable
detergent solution;
(C) flushing the complete system with water to remove the detergent solution and
particulate accumulation; and
(D) rinsing by immersing, spraying, or swabbing the reservoir, aerosol tubing, and
discharge nozzles with at least 50 mg/L hypochlorite solution.
(7) The department hereby adopts and incorporates by reference ARM Title 17, chapter 38,
subchapters 1, 2 and 5, which are Montana department of environmental quality rules
setting forth, respectively, maximum contaminant levels allowed in public drinking water
supplies, requirements for the equipment and operation of systems for hauling water for
cisterns, and plan review requirements for public water and wastewater systems. Copies of
ARM Title 17, chapter 38, subchapters 1, 2 and 5 may be obtained from the Department of
Public Health and Human Services, Health Policy and Services Division, Food and Consumer
Safety Section, P.O. Box 202951, Helena, MT 59620-2951.
(8) Food service establishments with existing water systems that will not be changed or
modified in their uses may not be subject to some or all of the provisions of Title 75, chapter
6, MCA, and ARM Title 17, chapter 38. These water systems must comply with the
applicable laws and approval conditions that were in place at the time of the systems’
approval. Also, these systems must comply with current monitoring, reporting, and drinking
water quality requirements. Information on any of the requirements of this rule may be
obtained from the Montana Department of Environmental Quality, P.O. Box 200901, Helena,
MT 59620-0901. (History: Sec. 50-50-103, MCA;IMP,Sec.50-50-103,MCA;NEW, 1979 MAR p.
677, Eff. 7/13/79; AMD, 1985 MAR p. 928, Eff. 7/12/85; TRANS & AMD, 2000 MAR p. 3201,
Eff. 11/23/00.)
37.110.219 PLUMBING
(1) Plumbing must be installed and maintained in a manner which prevents cross-
connections between the potable water supply and any non-potable or questionable water
supply nor any source of pollution through which the potable water supply might become
contaminated.
(2) A non-potable water system is permitted only for purposes such as air conditioning and
fire protection and only if the system is installed according to law and the non-potable
water does not contact, directly or indirectly, food, potable water, equipment that contacts
food, or utensils. The piping of any non-potable water system must be durably identified so that it is readily distinguishable from piping that carries potable water.

(3) The potable water system must be installed to preclude the possibility of backflow. Devices must be installed to protect against backflow and back siphonage at all fixtures and equipment where an air gap at least twice the diameter of the water supply inlet is not provided between the water supply inlet and the fixture's flood level rim. A hose may not be attached to a faucet unless a backflow prevention device is installed.

(4) If used, grease traps must be located to be easily accessible for cleaning.

(5) If used, garbage disposals must be installed to preclude potential cross-connections between sewer and potable water systems. Garbage disposals must be maintained in a clean and sanitary manner at all times.

(6) There may not be a direct connection between the sewerage system and any drains originating from equipment in which food, portable equipment, or utensils are placed.

(37.110.221 HAND WASHING FACILITIES
(1) Hand washing facilities must be constructed, installed, and maintained to facilitate cleaning.

(2) Customers are prohibited from entering the food preparation, food service, food storage or utensil washing areas to use hand washing facilities.

(3) Hand washing facilities for food employees must be located within the area or areas where food is prepared or served and in utensil washing areas.

(a) The number and location of hand washing facilities in the areas will be determined by the convenience of the hand washing facility to the food employees.

(4) Hand washing facilities located outside and immediately adjacent to toilet rooms may also serve the food preparation, food service or utensil washing areas if convenient.

(5) Service sinks and utensil washing sinks may be used as handwashing facilities if properly located, equipped, maintained, and continuously available for hand washing.

(6) Sinks used for food preparation or curbed cleaning sinks used for mop water disposal may not be used for hand washing.

(7) Each hand washing facility must be provided with warm running water by means of a mixing valve or combination faucet. Any self-dispensing, slow-closing, or metering faucet used must be designed to provide a flow of water for at least 15 seconds without the need to reactivate the faucet. Steam mixing valves are prohibited.

(8) A supply of hand-cleansing soap or detergent must be available at each hand washing facility.

(9) A supply of disposable towels in a wall-hung or protected container, a continuous towel system that supplies the user with a clean towel, or a hand drying device providing heated air must be conveniently located near each hand washing facility. Common towels are prohibited. When disposable towels are used, easily cleanable waste receptacles must be conveniently located near the hand washing facility.

(10) Hand washing facilities, soap dispensers, hand drying devices and all related fixtures must be kept clean and in good repair.
37.110.222 GARBAGE AND REFUSE

(1) Garbage and refuse must be kept in durable, easily cleanable, insect proof and rodent proof containers that do not leak and do not absorb liquids. Plastic bags and wet-strength paper bags may be used to line these containers, and they may be used for storage inside the food service establishment.

(2) Containers used in food preparation and utensil washing areas must be kept covered after they are filled or when not in active use.

(3) Containers stored outside the establishment, and dumpsters, compactors and compactor systems must be easily cleanable, must be provided with tight-fitting lids, doors or covers, and shall be kept covered when not in actual use. In containers designed with drains, drain plugs must be in place at all times, except during cleaning.

(4) There must be a sufficient number of containers to hold all the garbage and refuse that accumulates.

(5) Soiled containers must be cleaned at a frequency to prevent insect and rodent attraction. Each container shall be thoroughly cleaned on the inside and outside in a way that does not contaminate food, equipment, utensils, or food preparation areas. Suitable facilities, including hot water and detergent or steam, must be provided and used for washing containers. Liquid waste from compacting or cleaning operations must be disposed of as sewage.

(6) Garbage and refuse on the premises must be stored in a manner to make them inaccessible to insects and rodents. Outside storage of unprotected plastic bags or wet-strength paper bags or baled units containing garbage or refuse is prohibited. Cardboard or other packaging material not containing garbage or food wastes need not be stored in covered containers.

(7) Garbage or refuse storage rooms, if used, must be constructed of easily cleanable, nonabsorbent, washable materials; be kept clean; be insect-proof and rodent-proof; and be large enough to store the garbage and refuse containers that accumulate.

(8) Outside storage areas or enclosures must be large enough to store the garbage and refuse containers that accumulate and must be kept clean. Garbage and refuse containers, dumpsters and compactor systems located outside must be stored on or above a smooth surface of nonabsorbent materials such as concrete or machine-laid asphalt that is kept clean and maintained in good repair. (9) Garbage and refuse must be disposed of often enough to prevent the development of odor and the attraction of insects and rodents. (10) Where garbage or refuse is burned on the premises, it must be done by controlled incineration that prevents the escape of particulate matter in accordance with the Montana Clean Air Act, 75-2-101, et seq., MCA and associated administrative rules. Areas around incineration facilities must be clean and orderly. (History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)

37.110.227 CLEANING PHYSICAL FACILITIES

(1) Cleaning of floors and walls, except emergency cleaning of floors, must be done during periods when the least amount of food is exposed, such as after closing or between meals. Floors, mats, duckboards, walls, ceilings, and attached equipment and decorative materials
must be kept clean. Floors and walls must be cleaned by dustless methods, such as vacuum
cleaning, wet cleaning, or the use of dust arresting sweeping compounds with brooms.
(2) In new or extensively remodeled establishments at least one utility sink or curbed
cleaning facility with a floor drain must be provided and used for the cleaning of mops or
similar wet floor cleaning tools and for the disposal of mop water or similar liquid wastes.
The use of hand washing facilities, utensil washing or equipment washing, or food
preparation sinks for this purpose is prohibited.
3) When service sinks are used as a hand washing facility, such sinks must be located to
prevent potential contamination of food or food contact surfaces of equipment and utensils.
(History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR
3201, Eff. 11/23/00.)
37.110.229 VENTILATION
(2) Intake and exhaust air ducts must be maintained to prevent the entrance of dust, dirt,
and other contaminating materials.
(History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff.
7/13/79; AMD, 1985 MAR p. 928, Eff. 7/12/85; AMD, 1986 MAR p. 1076, Eff. 6/27/86;
TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)
37.110.231 TOXIC MATERIALS
(1) There shall be present in foodservice establishments only those poisonous or toxic
materials necessary for maintaining the establishment, cleaning and sanitizing equipment
and utensils, and controlling insects and rodents. This rule does not apply to packaged
poisonous or toxic materials that are for retail sale.
(2) Containers of poisonous or toxic materials and personal care items must bear a legible
manufacturer's label.
(3) Working containers used for storing poisonous or toxic materials such as cleaners and
sanitizers taken from bulk supplies must be clearly and individually identified with the
common name of the material.
(4) Poisonous or toxic materials consist of the following categories:
(a) pesticides;
(b) detergents, sanitizers, related cleaning or drying agents, caustics, acids, polishes, and
other chemicals;
(c) substances necessary for the operation and maintenance of the establishment such as
nonfood-grade lubricants and personal care items that may be deleterious to health; and
(d) substances that are not necessary for the operation and maintenance of the
establishment and are on the premises for retail sale, such as petroleum products and
paints.
(5) All poisonous or toxic materials must be stored in cabinets or in a similar physically
separate place used for no other purpose. To preclude contamination, poisonous or toxic
materials may not be stored above food, food equipment, utensils or single-service articles,
except that this requirement does not prohibit the convenient availability of detergents or
sanitizers at utensil or dishwashing stations as long as storage requirements are followed as
outlined on the manufacturer's label or a material safety data sheet, and containers are
properly labeled.
(6) Sanitizers, cleaning compounds or other compounds intended for use on food contact
surfaces may not be used in a way that leaves a toxic residue on such surfaces or that
constitutes a hazard to food employees or other persons.
(7) Poisonous or toxic materials may not be used in a way that contaminates food, equipment, or utensils; in a way that constitutes a hazard to food employees or other persons; or in a way that is contrary to the manufacturers’ labeling. A container previously used to store poisonous or toxic materials may not be used to store, transport, or dispense food. Drying agents used in conjunction with sanitization must contain only components that are approved by the EPA.

(8) Only those medicines necessary for the health of food employees and other authorized persons are allowed in a food establishment. Medicines for food employees and other authorized person’s use must be labeled as specified in ARM 37.110.231(2) and located to prevent the contamination of food, equipment, utensils, linens, and single-service articles. This rule does not apply to medicines that are stored or displayed for retail sale.

(9) First-aid supplies must be stored in a way that prevents them from contaminating food and food contact surfaces. (History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; AMD, 1986 MAR p. 1076, Eff. 6/27/86; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)

37.110.232 PREMISES

(1) Food service establishments and all parts of property used in connection with their operations must be kept free of litter.

(2) The walking and driving surfaces of all exterior areas of food service establishments must be surfaced with concrete or asphalt, or with gravel or similar material effectively treated to facilitate maintenance and minimize dust. These surfaces must be graded to prevent pooling and must be kept free of litter.

(3) Only articles necessary for the operation and maintenance of the food service establishment must be stored on the premises.

(4) The traffic of unnecessary persons through the food preparation and utensil washing areas is prohibited.

(5) Any operation of a food service establishment may not be conducted in any room used as living quarters, sleeping quarters or other non-food operations. Food service operations must be separated from any living or sleeping quarters by complete partitioning and with solid self-closing doors.

(6) Laundry facilities in a food service establishment must be restricted to the washing and drying of linens, cloths, uniforms and aprons necessary to the operation. If such items are laundered on the premises, an electric or gas dryer must be provided and used.

(a) Separate rooms must be provided for laundry facilities except that such operations may be conducted in storage rooms containing only packaged foods or packaged single-service articles.

(b) A mechanical washer and dryer is not required if on-premise laundering is limited to wiping cloths. The wiping cloths may be laundered in a warewashing or service sink that is cleaned before and after use. If air-dried, the cloths must be dried in a location that prevents the contamination of food, equipment, utensils and linens.

(7) Clean clothes and linens must be stored in a clean place and protected from contamination until used.

(8) Soiled clothes and linens must be stored in non-absorbent containers or washable laundry bags until removed for laundering.

(9) Maintenance and cleaning tools such as brooms, mops, vacuum cleaners and similar equipment must be maintained and stored in a way that does not contaminate food,
utensils, equipment, or linens and must be stored in an orderly manner for the cleaning of
that storage location.
(10) Except as specified in (11), live animals are prohibited from the premises of a food
establishment.
(11) Live animals may be allowed in the following situations if contamination of food; clean
equipment, utensils, and linens; and unwrapped single-service and single-use articles will
not occur:
(d) live or dead fish bait that is stored so that contamination of food, clean equipment,
utesils and linens, and unwrapped single-service and single-use articles will not occur; and
(e) pets in the common dining areas of group residences at times other than during meals if:
(i) a partition of self-closing doors separate the common dining areas from food storage or
food preparation areas;
(ii) condiments, equipment and utensils are stored in enclosed cabinets or removed from
the common dining areas when pets are present; and
(iii) dining areas including tables, countertops and similar surfaces are effectively cleaned
before the next meal service.
History: Sec. 50-50-103, MCA;IMP,Sec.50-50-103,MCA;NEW,1979 MAR p. 677, Eff. 7/13/79;
AMD, 1985 MAR p. 928, Eff. 7/12/85; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)
37.110.236 TEMPORARY FOOD SERVICE ESTABLISHMENTS
(1) A temporary food service establishment must comply with the requirements of this
subchapter, except as otherwise provided in this rule. The regulatory authority may impose
additional requirements to protect against health hazards related to the conduct of the
temporary food service establishment, may prohibit the sale of some or all potentially
hazardous foods, and when no health hazard will result, may waive or modify requirements
of this subchapter.
(2) Subsections (3) through (14) of this rule are applicable whenever a temporary food
service establishment is permitted, under the provisions of (1) of this rule, to operate
without complying with all the requirements of this subchapter.
(3) Only those potentially hazardous foods requiring limited preparation, such as
hamburgers and frankfurters that only require seasoning and cooking, must be prepared
or served. The preparation or service of other potentially hazardous foods, including
pastry filled with cream or synthetic cream, custards, and similar products, and salads or
sandwiches containing meat, poultry, eggs or fish is prohibited. This prohibition does not
apply to any potentially hazardous food that has been prepared and packaged under
conditions meeting the requirements of this subchapter, is obtained in individual servings,
is stored at a temperature of 41°F (5°C) or below, or as specified in ARM 37.110.203(61), or
at a temperature of 135°F (57.2°C) or above in facilities meeting the requirements of this
subchapter, and is served directly in the unopened container in which it was packaged.
(4) Ice that is consumed or that contacts food must be made under conditions meeting the
requirements of this subchapter. The ice must be obtained only in chipped, crushed, or
cubed form and in single-use safe plastic or wet-strength paper bags filled and sealed at the
point of manufacture. The ice must be held in these bags until it is dispensed in a way that
protects it from contamination.
(5) Equipment must be located and installed in a way that prevents food contamination and
that also facilitates cleaning the establishment.
(6) Food contact surfaces of equipment must be protected from contamination by
consumers and other contaminating agents. Effective shields for such equipment must be
provided, as necessary, to prevent contamination.

(7) All temporary food service establishments without effective facilities for cleaning and sanitizing tableware must provide only single-service articles for use by the consumer.

(8) Enough potable water that complies with ARM 37.110.217(3) must be available in the establishment for food preparation, for cleaning and sanitizing utensils and equipment, and for hand washing. A heating facility capable of producing enough hot water for these purposes shall be provided on the premises.

(9) Storage of packaged food in contact with water or undrained ice is prohibited. Wrapped sandwiches may not be stored in direct contact with ice.

(10) All sewage, including liquid waste, must be disposed of by a lawfully constructed and operated public sewage disposal system, by approved portable toilet units with acceptable final waste disposal, or by properly constructed pit privies.

(11) A convenient hand washing facility must be available for food employee hand washing. This facility must consist of, at least, warm running water, soap, and individual paper towels.

(12) Floors shall be constructed of concrete, asphalt, tight wood, or other similar cleanable material kept in good repair. Dirt or gravel, when graded to drain, may be used as subflooring when covered with clean, removable platforms or duckboards, or covered with wood chips, shavings or other suitable materials effectively treated to control dust.

(13) Ceilings must be made of wood, canvas, or other material that protects the interior of the establishment from the weather. Walls and ceilings of food preparation areas must be constructed in a way that prevents the entrance of insects. Doors to food preparation areas must be solid or screened and must be self-closing. Screening material used for walls, doors, or windows must be at least 16 mesh to the inch.

(14) Counter service openings must not be larger than necessary for the particular operation conducted. These openings must be provided with tight-fitting solid or screened doors or windows or must be provided with fans installed and operated to restrict the entrance of flying insects. Counter service openings must be kept closed, except when in actual use. (History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; AMD, 1985 MAR p. 928, Eff. 7/12/85; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.) Rule 37 reserved

37.110.242 SUSPECTED DISEASE TRANSMISSION: PROCEDURE

(1) When the regulatory authority has reasonable cause to suspect possible disease transmission by a food employee of a food service establishment, it may secure a morbidity history of the suspected food employee or make any other investigation as indicated and shall take appropriate action in accordance with ARM 16.28.301. The department may require any or all of the following measures:
(a) the immediate exclusion of the food employee from employment in food service establishments;
(b) restriction of the food employee’s services to some area of the establishment where there would be no danger of transmitting disease;
(c) adequate medical and laboratory examination of the food employee and of other authorized persons and of his and their body discharges.

(History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, 50-50-105, MCA; NEW, 1979 MAR p. 677, Eff. 7/13/79; TRANS & AMD, 2000 MAR p. 3201, Eff. 11/23/00.)

37.110.254 SUBMISSION OF A HAZARD ANALYSIS AND CRITICAL CONTROL POINT (HACCP) PLAN
For reduced-oxygen packaging that contains no barrier to Clostridium botulinum, the food service establishment shall follow an approved HACCP plan that contains the information specified under ARM 37.110.255 and that does the following:
(f) includes operational procedures that do the following:
(i) prohibits contacting food with bare hands;
(iii) identifies a method of minimizing cross-contamination of raw foods with ready-to-eat foods;
(v) delineates cleaning and sanitization procedures for food-contact surfaces;

MOBILE FOOD SERVICE

Mobile food services requiring a water system must have a potable water system under pressure and must be of sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning and sanitizing, and hand washing, in accordance with ARM 37.110.217. Additionally:
(a) The water inlet must be located so that it will not be contaminated by waste discharge, road dust, oil, or grease; be kept capped unless being filled; and be provided with a transition connection of a size or type that will prevent its use for any other service;
(b) All water distribution pipes or tubing must be constructed and installed in accordance with ARM 37.110.219.
(4) If liquid waste results from the operation of a mobile food service, the waste must be stored in a retention tank that is of at least 15% larger capacity than the water supply tank. Additionally:
(c) The waste connection must be located lower than the water inlet connection to preclude contamination of the potable water system;
(e) All liquid waste must be discharged to a sanitary sewage disposal system in accordance with ARM Title 17, chapter 38, subchapter 1.
(5) A mobile food service must report as needed to a servicing area for supplies, cleaning and maintenance, unless otherwise allowed by the local health authority.
(7) A mobile food service need not comply with the requirements in ARM 37.110.215 regarding cleaning and sanitizing equipment and utensils, if the mobile food service reports daily to an approved servicing area, and serves:
(b) beverages that are not potentially hazardous and are dispensed from covered urns or other protected equipment.
(8) The local health authority may:
(a) impose additional requirements to protect against health hazards related to the conduct of the mobile food service;
(c) when no health hazard will result, waive or modify requirements of this subchapter.
(History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 2000 MAR p. 3201, Eff. 11/23/00.)

PUSHCARTS

Additionally, pushcarts must have a servicing area which must include at least an overhead protection for any supplying, cleaning, or servicing operation. Within the servicing area, there must be a location provided for the flushing and drainage of liquid wastes separate from the location provided for potable water servicing and for the loading and unloading of food and related supplies. A servicing area is not required when only packaged food is placed on the pushcart.
(3) The servicing area must be constructed and equipped as follows:
(a) The floor surface of the servicing area must be constructed of a smooth nonabsorbent
material, such as concrete or machine-laid asphalt and must be maintained in good repair, kept clean, and be graded to drain;
(c) Potable water servicing equipment must be installed according to ARM 37.110.217 and 37.110.219 and must be stored and handled in a way that protects the water and equipment from contamination;
(d) The liquid waste retention tank, where used, must be thoroughly flushed and drained during the servicing operation, and all liquid waste must be discharged to a sanitary sewerage disposal system in accordance with ARM Title 17, chapter 38, subchapter 1.

(History: Sec. 50-50-103, MCA; IMP, Sec. 50-50-103, MCA; NEW, 2000 MAR p. 3201, Eff. 11/23/00.)

**Biological** means any virus, therapeutic serum, toxin, antitoxin, or analogous product applicable to the prevention, treatment, or cure of disease or injuries of humans. **Medication** means any prescription or nonprescription drug intended for treatment or prevention of disease or to affect body function in humans. **Treatment** means a therapy, modality, product, device, or other intervention used to maintain well being or to diagnose, assess, alleviate, or prevent a disability, injury, illness, disease, or other similar condition.

**12-006.04A2 Health Status:** The facility must establish and implement policies and procedures related to the health status of staff to prevent the transmission of disease to residents.

**12-006.09D6 Special Needs:** The facility must identify and implement standards of care and treatment to prevent complications, infections, discomfort, and skin excoriations to residents receiving the following special services:
1. Gastric tubes;
2. Colostomy, ureterostomy, or ileostomy care;
3. Parenteral and enteral fluids;
4. Injections;
5. Tracheostomy care;
6. Tracheal suctioning;
7. Respiratory care;
8. Foot care; and

**12-006.17 Infection Control:** The facility must maintain facility practices to provide a sanitary environment and to avoid sources and transmission of infections and communicable diseases. This includes the establishment and maintenance of an infection control program for the prevention, control, and investigation of infections and communicable disease.

**12-006.17A Infection Control Program Requirements:** The facility must ensure the infection control program has provisions for and implementation of practices for:
1. Identifying, reporting, investigating, and controlling infections and communicable diseases of residents and staff;
2. Early detection of infection that identifies trends so any outbreaks may be contained to prevent further spread of infection;
3. Monitoring treatment of infection for appropriateness and for alteration of treatment when necessary;
4. Decisions on what procedures, such as isolation, must be applied to an individual resident with suspected infections; and
5. Maintenance of a record to include observation of unsafe and unsanitary practices, incidents, and corrective action related to infections or transmission of infections. The record must include a system of surveillance of infections for uniform facility use and identification.

12-006.17B Prevention of Cross-Contamination: The facility must prevent cross-contamination between residents in provision of care, sanitation of equipment and supplies, and cleaning of resident’s rooms.

12-006.17C Disease Transmission: The facility must prohibit employees known to be infected with any disease in communicable form to work in any area of the facility in a capacity in which there is a likelihood of the employee transmitting disease to residents or to other facility personnel, food, or food contact surfaces with pathogenic organisms.

12-006.17D Handwashing Requirement: The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by acceptable professional practice.

12-006.18A Housekeeping and Maintenance: The facility must provide the necessary housekeeping and maintenance services to protect the health and safety of residents, including:

1. The facility must keep its buildings and grounds, and resident living and common areas, clean, safe and in good repair.
2. The facility must dispose of all garbage and rubbish in a manner to prevent the attraction of rodents, flies, and all other insects and vermin and to minimize odor and the transmission of infectious diseases.
3. The facility must provide and maintain in all areas adequate lighting, environmental temperatures, and sound levels that are conducive to the care and treatment provided.
4. The facility must maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin.

12-006.18D Pets: The facility must assure that a facility-owned pet does not negatively affect the residents residing in the facility. The facility must establish and implement policies and procedures regarding pets that include:

1. An annual examination by a licensed veterinarian;
2. Current vaccinations as recommended by the licensed veterinarian which must include rabies for dogs, cats, and ferrets;
3. Provision of pet care necessary to prevent the acquisition and spread of fleas, ticks, and other parasites; and
4. Responsibility for care and supervision of the pet by facility staff.

12-006.18F Disaster Preparedness and Management: The facility must establish and implement disaster preparedness plans and procedures to ensure that residents’ care and treatment, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) and other disasters, disease outbreaks, or other similar situations. Such plans and procedures must address and delineate:

1. How the facility will maintain the proper identification of each resident to ensure that care and treatment coincide with the resident’s needs;
2. How the facility will move residents to points of safety or provide other means of
protection when all or part of the building is damaged or uninhabitable due to natural or other disaster;
3. How the facility will protect residents during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials;
4. How the facility will provide food, water, medicine, medical supplies, and other necessary items for care and treatment in the event of a natural or other disaster; and
5. How the facility will provide for the comfort, safety, and well-being of residents in the event of 24 or more consecutive hours of:
   a. Electrical or gas outage;
   b. Heating, cooling, or sewer system failure; or
c. Loss or contamination of water supply.
12-007.01C Waste Processing: The facility must provide areas to collect, contain, process, and dispose of medical and general waste produced within the facility in such a manner as to prevent the attraction of rodents, flies, and all other insects and vermin, and to minimize the transmission of infectious diseases.
12-007.03J Isolation Rooms: The number and type of isolation rooms in the facility must be based upon infection control risk assessment of the facility.
12-007.03J1 The facility must make provisions for isolating residents with infectious diseases.
12-007.03J2 In new construction, if the facility provides a designated isolation room, the isolation room must be equipped with handwashing and gown changing facilities at the entrance of the room.
12-007.03S Finishes: The facility must provide washable room finishes in isolation rooms, clean workrooms, and food preparation areas with smooth non-absorptive surfaces that are not physically affected by routine housekeeping cleaning solutions and methods. Acoustic lay-in ceilings, if used, must not interfere with infection control. Perforated, tegular, serrated cut, or highly textured tiles are not acceptable.
12-007.04A3 The water distribution system must have an anti-siphon device and air-gaps to prevent potable water system and equipment contamination.
12-007.04A3 The water distribution system must have an anti-siphon device and air-gaps to prevent potable water system and equipment contamination.
12-007.04C4 Airflow must move from clean to soiled locations. In new construction, air movement must be designed to reduce the potential of contamination of clean areas.
12-007.04C5 Openings to the heating and cooling system must not be located where subject to wet cleaning methods or body fluids.
12-007.04D Ventilation System: The facility must provide ventilation that prevents the concentrations of contaminants that impair health or cause discomfort to residents and employees.
12-007.04D1 New construction must provide a mechanical exhaust ventilation system for windowless toilets, baths, laundry rooms, housekeeping rooms, kitchens, and similar rooms at ten air changes per hour (ACH); for care and treatment areas at five ACH; and for procedure and respiratory isolation areas at 15 ACH.

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NAC 449.74463 Finances of patient: Authorization to withhold money. (NRS 449.037)
1. A facility for skilled nursing shall not withhold from money held by the facility on behalf of a patient any amount for:
(b) Supplies and services for routine personal hygiene that are required by the patient, including, without limitation:
   (1) Shampoo, a comb and a brush;
   (2) Bath soap, disinfecting soap or specialized cleansing agents required to treat the medical condition of the patient or to treat infection;

NAC 449.74473 Program for control of infections. (NRS 449.037)
1. A facility for skilled nursing shall establish and maintain a program for the control of infections within the facility.
2. The program must:
   (a) Be designed to provide a safe, sanitary and comfortable environment and to prevent the development and transmission of disease and infection.
   (b) Include procedures for the investigation, control and prevention of infections in the facility.
   (c) Establish the procedures that will be followed if a patient becomes infectious, including, without limitation, the circumstances under which a patient may be isolated. A facility shall isolate any patient if required to prevent the spread of infection.
   (d) Provide for the maintenance of records of infections and the corrective actions taken when infections occurred.
3. A facility shall ensure that:
   (a) An employee with a communicable disease or an infected skin lesion does not come into direct contact with patients in the facility or their food if such contact may result in the transmission of the disease.
   (b) Employees wash their hands after any direct contact with a patient if required by accepted professional practices.
4. Linens must be handled, stored, processed and transported in a manner which prevents the spread of infection.
5. The medical records of each patient in the facility must include documentation that the patient has been tested for tuberculosis in accordance with the provisions of NAC 441A.380.
   (Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74511 Personnel policies; personnel records. (NRS 449.037)
3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation:
   (b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and

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He-P 803.03 Definitions.
(ac) “Infectious waste” means those items specified by Env-Sw 103.28.

He-P 803.14 Duties and Responsibilities of All Licensees.
(k) The licensee shall not exceed the number of occupants authorized by NFPA 101, as adopted by the commissioner of the department of safety under Saf-C 6000, and identified on the licensing certificate.
If the licensee accepts a resident who is known to have a disease reportable under He-P 301 or an infectious disease, which is any disease caused by the growth of microorganisms in the body which might or might not be contagious, the licensee shall follow the required procedures for the care of the residents, as specified by the United States Centers for Disease Control and Prevention “2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings” (June 2007).

The licensee shall report all positive tuberculosis test results for employees to the office of disease control in accordance with RSA 141-C:7, He-P 301.02 and He-P 301.03. He-P 803.15 Required Services.

The health examination referenced in (g) above shall include:

1. Diagnoses, if any;
2. Medical history;
3. Medical findings, including the presence or absence of communicable disease;

He-P 803.16 Medication Services.

Topical liquids, ointments, patches, creams, or powder forms of products shall be stored in such a manner that cross contamination with oral, optic, ophthalmic and parenteral products shall not occur.

If controlled substances, as defined by RSA 318-B, are stored in a central storage area in the nursing home, they shall be kept in a separately locked compartment within the locked medication storage area accessible only to authorized personnel.

The licensee shall develop and implement written policies and procedures regarding a system for maintaining counts of controlled drugs.

All contaminated, expired or discontinued medication shall be destroyed within 90 days of the expiration date, the end date of a licensed practitioner’s orders or the date the medication becomes contaminated, whichever occurs first.

He-P 803.18 Personnel.

All employees shall:

4. Receive an orientation within the first 3 days of work or prior to the assumption of duties that includes:
   a. The nursing home’s infection control program;
   b. Complete a mandatory annual in-service education, which includes a review of the nursing home’s:
      a. Policies and procedures on patient rights and responsibilities and abuse or neglect;
      b. Infection control; and
      c. Education program on fire and emergency procedures.
   (i) Prior to having contact with residents, employees shall:
      1. Submit to the licensee the results of a physical examination or a health screening performed by a licensed nurse or a licensed practitioner and the results of a 2-step tuberculosis (TB) test, Mantoux method or other method approved by the Centers for Disease Control, conducted not more than 12 months prior to employment;
      2. Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and
      3. Comply with the requirements of the Centers for Disease Control “Guidelines for Preventing the Transmission of Tuberculosis in Health Facilities Settings” (2005 edition) if the person has either a positive TB test, or has had direct contact or potential for
occupational exposure to Mycobacterium tuberculosis through shared air space with persons with infectious tuberculosis.

(j) All licensees using the services of independent contractors as direct care personnel shall ensure and document that the independent clinical contractors have:

1. Been oriented in accordance with (h)(4) above;
2. Documented results of tuberculosis testing, either Mantoux method or blood assay, as required by (i)(1) above;
3. Licenses that are current and valid; and
4. A written agreement that describes the services that will be provided.

(l) The employee file shall include the following:
6. Documentation that the required physical examination, or health screening, and TB test results or radiology reports of chest x-rays, if required, have been completed by the appropriate health professionals;

He-P 803.20 Food Services.

(m) All food and drink provided to the residents shall be:
1. Safe for human consumption and free of spoilage or other contamination;
2. Stored, prepared and served in a manner consistent with safe food handling practices for the prevention of food borne illnesses, including those set forth in He-P 2300;
5. Stored so as to protect it from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.

(p) All work surfaces shall be cleaned and sanitized after each use.

(q) All dishes, utensils and glassware shall be in good repair, cleaned and sanitized after each use and properly stored.

(r) All food service equipment shall be kept clean and maintained according to manufacturer’s guidelines.

(s) If soiled linen is transported through food service areas, the linen shall be in an impervious container.

(t) Garbage or trash in the kitchen area shall be placed in lined containers with covers.

(u) All nursing home personnel involved in the preparing and serving of food shall wash their hands and exposed portions of their arms with liquid soap and running water before handling or serving food.

(v) Regularly scheduled training programs including sanitation and safety shall be made available to personnel. Information as to the content and length of this training shall be documented and kept in employee records.

Source. #9856-A, eff 1-26-11

He-P 803.22 Resident Transfer or Discharge. Transfers and discharges shall be done in accordance with RSA 151:26.

Source. #9856-A, eff 1-26-11
He-P 803.23 Infection Control.

(a) The licensee shall develop and implement an infection control program that educates and provides procedures for the prevention, control and investigation of infectious and communicable diseases.

(b) The infection control program shall include documented procedures for:
1. Proper hand washing techniques;
2. The utilization of standard precautions, as specified by the United States Centers for Disease Control and Prevention “2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings” (June 2007);
The management of residents with infectious or contagious diseases or illnesses;
The handling, transport and disposal of those items identified as infectious waste in Env-Sw 103.28;
Reporting of infectious and communicable diseases as required by He-P 301; and
Maintenance of a sanitary physical environment.

(c) The infection control education program shall:
(1) Be completed by all new and current employees of the facility on an annual basis; and
(2) Address the:
   a. Cause of infections;
   b. Effect of infections;
   c. Transmission of infections; and
   d. Prevention and containment of infections.

(d) Direct care personnel or employees infected with a disease or illness transmissible through food, saliva, fomites or droplets, shall not work in food service or provide direct care without personal protection equipment to prevent disease transmission until they are no longer contagious.
(e) Direct care personnel or employees infected with scabies or lice shall not provide direct care to residents or work in food services until such time as they are no longer infected.
(f) Pursuant to RSA 141-C:1, employees with a newly positive Mantoux tuberculosis skin test or a diagnosis of suspected active pulmonary or laryngeal tuberculosis shall be excluded from the workplace until a diagnosis of tuberculosis is excluded or until the employee is receiving tuberculosis treatment and has been determined to be noninfectious by a licensed practitioner.
(g) Employees with an open wound who work in food service or provide direct care in any capacity shall cover the wound at all times by an impermeable, durable bandage.
(h) The licensee shall immunize all consenting residents for influenza and pneumococcal disease and all consenting personnel for influenza in accordance with RSA 151:9-b and report immunization data to the department’s immunization program.

Source. #9856-A, eff 1-26-11

He-P 803.25 Sanitation.

(a) The licensee shall maintain a clean, safe and sanitary environment throughout the licensed nursing home premises.
(b) The furniture, floors, ceilings, walls, and fixtures shall be clean, sanitary and in good repair.
(c) A supply of potable water shall be available for human consumption and food preparation.
(d) A supply of hot and cold running water shall be available at all times and precautions such as temperature regulation shall be taken to prevent a scalding injury to the residents.
(e) Hot water shall be of a high enough temperature to ensure sanitation and food safety when used for laundry and food preparations, as required in the AIA “Guidelines for Design and Construction of Health Care Facilities,” Nursing Facilities chapter, 2006 edition, and summarized as follows:
(1) 105-120 degrees Fahrenheit for clinical areas, representing the minimum and maximum allowable temperatures;
(2) 120 degrees Fahrenheit for dietary areas, except that provisions shall be made to provide 180 degrees Fahrenheit rinse water at the warewasher, which may be by separate booster, unless a chemical rinse is provided; and
(3) 160 degrees Fahrenheit for laundry by steam jet or separate booster heater, unless a process which allows cleaning and disinfection of linen with decreased water temperatures is used which meets the designed water temperatures as specified by the manufacturer.

(f) All resident bathing and toileting facilities shall be cleaned and disinfected to prevent illness or contamination.

(g) Cleaning solutions, compounds and substances considered hazardous or toxic materials, as defined in RSA 147-A:2, VII, shall be distinctly labeled and legibly marked so as to identify the contents and stored in a place separate from food, medications and program supplies.

(h) Toxic materials shall not be used in a way that contaminates food, equipment or utensils or in any way other than in full compliance with the manufacturer’s labeling.

(i) Only individuals authorized under RSA 430:33 may apply pesticides, as defined by RSA 430:29, XXVI, for rodent or cockroach control in food storage, food preparation or dining areas.

(j) Solid waste, garbage and trash shall be stored in a manner to make it inaccessible to insects, rodents, outdoor animals and nursing home pets.

(k) In-house trash and garbage receptacles shall be emptied in a timely manner and lined, or cleaned and disinfected after emptying.

(l) Trash receptacles in food service area shall be covered at all times.

(m) The following requirements shall be met for laundry services:

1. Dirty laundry shall not be permitted to contaminate kitchen and dining areas;
2. Clean linen shall be stored in a clean area and separated from soiled linens at all times;
3. Soiled materials, linens and clothing shall be transported in a laundry bag, sack or container and washed in a sanitizing solution used in accordance with the manufacturer’s recommendations; and
4. Soiled linens and clothing that are contaminated with infectious waste under Env-Sw 103.28 shall be handled as infectious waste.

(n) Laundry rooms and bathrooms shall have non-porous floors.

(o) Cleaning supplies shall be stored in dust-free and moisture-free storage areas.

(p) Any nursing home that has its own water supply and whose water has been tested and has failed to meet the acceptable levels identified in this section, or as required by the department of environmental services, shall notify the department upon receipt of notice of a failed water test.

Source. #9856-A, eff 1-26-11

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SUBCHAPTER 1. GENERAL PROVISIONS
8:39-1.2 Definitions
"Cleaning" means the removal by scrubbing and washing, as with hot water, soap or detergent, or vacuuming, of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.
"Communicable disease" means an illness due to a specific infectious agent or its toxic products, which occurs through transmission of that agent or its products from a reservoir to a susceptible host. "Conspicuously posted" means placed at a location within the facility accessible to and seen by residents and the public.
"Contamination" means the presence of an infectious or toxic agent in the air, on a body surface, or on or in clothes, bedding, instruments, dressings, or other inanimate articles or substances, including water, milk, and food. 

"Disinfection" means the killing of infectious agents outside the body, or organisms transmitting such agents, by chemical and/or physical means, directly applied. 

"Epidemic" means the occurrence or outbreak in a facility of one or more cases of an illness in excess of normal expectancy for that illness, derived from a common or propagated source.

**SUBCHAPTER 2. LICENSURE PROCEDURE**

**8:39-2.10 Peritoneal dialysis**

(a) If a long-term care facility offers peritoneal renal dialysis services to its own residents only, the following conditions shall be met:

(5) Infection prevention and control, including bag disposal;

**SUBCHAPTER 3. COMPLIANCE WITH MANDATORY RULES AND ADVISORY STANDARDS**

**8:39-3.3 Reporting compliance with advisory standards**

(b) If a facility applies for a certificate of need, compliance with six or more of the following advisory subchapters at the time of the most recent survey of the facility shall be taken into consideration: access to care (N.J.A.C. 8:39-6), resident assessment and care plans (N.J.A.C. 8:39-12), pharmacy (N.J.A.C.8:39-30), infection control and sanitation (N.J.A.C. 8:39-20), resident activities (N.J.A.C. 8:39-8), dietary services (N.J.A.C. 8:39-18), medical services (N.J.A.C. 8:39-24), nurse staffing (N.J.A.C. 8:39-26), physical environment (N.J.A.C. 8:39-32), and quality assessment and/or quality improvement (N.J.A.C.8:39-34).

**8:39-13.4 Mandatory staff education and training for communication**

3. The orientation program for all staff shall include orientation to the facility and the service in which the individual will be employed, at least a partial tour of the facility, a review of policies and procedures, identification of individuals to be contacted under specified circumstances, and procedures to be followed in case of emergency.

(b) Each service shall provide education or training for all employees in the service at least four times per year and in response to resident care problems, implementation of new procedures, technological developments, changes in regulatory standards, and staff member suggestions. All staff members shall receive training at least two times per year about the facility's infection control procedures, including handwashing and personal hygiene requirements.

**SUBCHAPTER 19. MANDATORY INFECTION CONTROL AND SANITATION**

**8:39-19.1 Mandatory organization for infection control and sanitation**

(a) The facility shall have an infection prevention and control program conducted by an infection control committee which shall include representatives from at least administrative, nursing, medical, dietary, housekeeping or environmental services, and pharmacy staffs. The infection control committee shall review all infection control policies and procedures, periodically review infection control surveillance data, and formulate recommendations to the administrator regarding infection control activities.

(b) Responsibility for the infection prevention and control program shall be assigned to an employee who is designated as the infection control coordinator, with education, training, completed course work, or experience in infection control or epidemiology; or services shall be provided by contract. If the services are provided by contract, the facility shall designate
an on-site employee to implement, coordinate, and ensure compliance with infection control policies and procedures.

8:39-19.2 Mandatory employee health policies and procedures for infection control and sanitation
(a) Employees who have signs or symptoms of a communicable disease shall not be permitted to perform functions that expose residents to risk of transmission of the disease.
(b) If a communicable disease prevents the employee from working, a physician's or advanced practice nurse's statement approving the employee's return shall be required. Prior to the employee's return to work, the physician's or advanced practice nurse's statement shall be reviewed by the administrator or the administrator's designee. However, when an employee has been absent for no longer than three days, the employee's return to work may be approved by either the facility's director of nursing or the infection control committee, following assessment by a registered professional nurse.
(c) The facility shall develop and implement procedures for the care of employees who become ill while at work or who have a work-related accident.

8:39-19.3 Mandatory waste removal policies and procedures
(a) Regulated medical waste shall be collected, stored, handled, and disposed of in accordance with applicable Federal laws and regulations, and the facility shall comply with the provisions of N.J.S.A. 13:1E-48.1 et seq., the Comprehensive Regulated Medical Waste Management Act, and all rules promulgated pursuant to the aforementioned Act including, but not limited to, N.J.A.C. 7:26-3A.
(b) The infection control committee shall develop and implement written policies and procedures for collection, storage, handling, and disposal of all solid waste that is not regulated medical waste.
(c) All solid waste that is not regulated medical waste shall be disposed of in a sanitary landfill or other manner approved by the Department of Environmental Protection. Disposal shall be as frequent as necessary to avoid creating a nuisance.

8:39-19.4 Mandatory general policies and procedures for infection control and sanitation
(a) The facility shall develop, implement, comply with, and review, at least annually, written policies and procedures regarding infection prevention and control which are consistent with the most up-to-date Centers for Disease Control and Prevention publications, incorporated herein by reference, including, but not limited to, the following:
1. Guidelines for Handwashing and Hospital Environmental Control;
2. Guidelines for Isolation Precautions in Hospitals;
3. Prevention and Control of Tuberculosis in Facilities Providing Long-term Care to the Elderly;
4. Prevention of Nosocomial Pneumonia;
5. Prevention of Catheter Associated Urinary Tract Infections; and
(b) Centers for Disease Control and Prevention publications can be obtained from:
National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, VA 22161
or
(c) The facility shall comply with applicable current Occupational Safety and Health Administration (OSHA) requirements.

(d) The infection control coordinator shall provide continuous collection and analysis of data, including determination of nosocomial infections, epidemics, clusters of infections, infections due to unusual pathogens or multiple antibiotic resistant bacteria, and any occurrence of nosocomial infection that exceeds the usual baseline levels.

(e) The infection control coordinator shall make recommendations for corrective actions based on surveillance and data analysis.

(f) The facility shall have a system for investigating, evaluating, and reporting the occurrence of all reportable infections and diseases as specified in Chapter II of the State Sanitary Code (N.J.A.C. 8:57-1).

(g) The facility shall maintain listings of all residents and personnel who have reportable infections, diseases, or conditions.

(h) The facility shall document evidence of annual vaccination against influenza for each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of vaccination, unless such vaccination is medically contraindicated or the resident has refused the vaccine, in accordance with N.J.A.C. 8:39-4.1(a)4. Influenza vaccination for all residents accepting the vaccine shall be completed by November 30 of each year. Residents admitted after this date, during the flu season and up to February 1, shall, as medically appropriate, receive influenza vaccination prior to or on admission, unless refused by the resident.

(i) The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of vaccination, unless such vaccination is medically contraindicated or the resident has refused offer of the vaccine in accordance with N.J.A.C. 8:39-4.1(a)4. The facility shall provide pneumococcal vaccination to residents who have not received this immunization, prior to or on admission unless the resident refuses offer of the vaccine.

(j) The facility shall implement a policy for tuberculosis screening of all residents which begins prior to admission and concludes within 30 days following admission. If the admission screening is conducted through chest X-ray within three months prior to admission, the resident shall receive a two-step Mantoux skin test within three months after admission.

(k) If used, all reusable respiratory therapy equipment and instruments that touch mucous membranes shall be disinfected or sterilized in accordance with the Centers for Disease Control and Prevention publication "Guidelines for Handwashing and Hospital Environmental Control," incorporated herein by reference, and with manufacturer's recommendations.

(l) Disinfection procedures for items that come in contact with bed pans, sinks, and toilets shall conform with established protocols for cleaning and disinfection, in accordance with the Centers for Disease Control publication "Guidelines for Handwashing and Hospital Environmental Control," and with manufacturer's recommendations. All resident care items shall be cleaned, disinfected, or sterilized, according to the use of the item.
All residents shall be provided with an opportunity to wash their hands before each meal and shall be encouraged to do so. Staff shall wash their hands before each meal and before assisting residents in eating. Handwashing practices shall be monitored at least monthly by the infection control coordinator.

Personnel shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective hand sanitation techniques immediately prior to contact with residents.

8:39-19.5 Mandatory staff qualifications; health history and examinations
(a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician’s or advanced practice nurse’s examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees.
(b) Each new employee, including members of the medical staff employed by the facility, upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows:
1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.
2. If the Mantoux test is significant (10 millimeters or more of induration), a chest x-ray shall be performed and, if necessary, followed by chemoprophylaxis or therapy.
3. Any employee with positive results shall be referred to the employee’s personal physician or advanced practice nurse and if active tuberculosis is suspected or diagnosed shall be excluded from work until the physician or advanced practice nurse provides written approval to return.
(c) The facility shall have written policies and procedures requiring annual Mantoux tuberculin skin tests for all employees, except those exempted under (b) above.
(d) The facility shall assure that all current employees who have not received the two-step Mantoux test upon employment, except those exempted by (b) above, shall receive a test. The facility shall act on the results of tests of current employees in the same manner as prescribed in (b) above.

8:39-19.6 Mandatory space and environment for water supply
(a) The water supply used for drinking or culinary purposes shall be adequate in quantity, of a safe sanitary quality, and from a water system which shall be constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq., N.J.A.C. 7:10 and local laws, ordinances, and regulations. Copies of
the Safe Drinking Water Act can be obtained from the Department of Environmental Protection, Bureau of Safe Drinking Water, P.O. Box 426, Trenton, New Jersey 08625-0426.

(b) There shall be no cross connections between city and well water supplies. When the facility uses well water for potable water every day, a double check valve shall be permitted if the facility has approval for such use from the water company and the New Jersey State Department of Environmental Protection.

(c) The facility shall post water quality test results in at least one conspicuous location in the facility, in accordance with N.J.S.A. 26:2H-12.14.

(d) Equipment requiring water drainage, such as ice machines and water fountains, shall be properly drained to a sanitary connection.

8:39-19.7 Mandatory space and environment for sanitation and waste management

(a) Solid waste shall be stored in clean, solidly constructed containers with tight-fitting lids for the storage of solid wastes.

(b) Storage areas for solid waste containers shall be kept clean. Waste shall be collected from all storage areas regularly to prevent nuisances such as odors, flies, or rodents.

(c) There shall be no back siphonage conditions present.

(d) All food service facilities shall be maintained in conformance with Chapter XII of the New Jersey State Sanitary Code, N.J.A.C. 8:24.

(e) If the facility has an incinerator, it shall operate with the necessary permits from the New Jersey Department of Environmental Protection and shall not create a nuisance to the facility or the community.

(f) Solid waste that is not regulated medical waste shall be stored within the containers provided for it outside the facility or in a separate room that is maintained in a clean and sanitary condition. Waste shall be collected from the storage room regularly to prevent nuisances such as odors, flies, or rodents, and so that the waste shall not overflow or accumulate beyond the capacity of the storage containers.

(g) Garbage compactors shall be located on an impervious pad that is graded to a drain. For new construction, the drain shall be connected to the sanitary sewage disposal system.

(h) Plastic bags shall be used for solid waste removal from resident care units and supporting departments. Bags shall be of sufficient strength to safely contain waste from point of origin to point of disposal and shall be effectively closed prior to disposal.

8:39-19.8 Mandatory supplies and equipment for infection control and sanitation

(a) The sewage disposal system shall be maintained in good repair and operated in compliance with State and local laws, ordinances, and regulations.

(b) Water piping carrying non-potable water shall be clearly labeled.

(c) Commercial sterile supplies shall be used in accordance with manufacturers’ recommendations, and before expiration dates, and packages shall be inspected to ensure integrity.

(d) Bed pan washers shall be in good working order and properly maintained.

(e) Toilet tissue and proper waste receptacles shall be provided.

(f) Suitable hand cleanser and sanitary towels or approved hand-drying machines shall be provided.

(g) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers’ specifications.

SUBCHAPTER 20. ADVISORY INFECTION CONTROL AND SANITATION

8:39-20.1 Advisory policies and procedures for infection control
(a) The facility routinely offers Hepatitis B vaccine to all employees, regardless of risk status or duties, without charge.
(b) Employees undergo periodic or annual health screening.
(c) The facility maintains records documenting contagious diseases contracted by employees during employment.

8:39-20.2 Advisory staff qualifications
(a) The infection control coordinator is certified in Infection Control (CIC) by the National Board of Infection Control, P.O. Box 14661, Lenexa, KS 66286-4661.
(b) The infection control coordinator is an active member of the National Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), 1275 K Street, NW, Suite 1000, Washington, DC 20005-4006.
(c) The infection control coordinator has completed an APIC Basic Training Course or has received at least 25 hours of training in infection control, and receives an additional six hours of training annually.

8:39-20.3 Advisory staff education and training for infection control
At least four education or training programs on infection control are held every year so that all staff members are fully informed about infection control requirements that apply to them.

8:39-21.1 Mandatory laundry policies and procedures
(a) Soiled laundry shall be stored in a ventilated area, separate from other supplies, and shall be stored, sorted, rinsed, and laundered only in areas specifically designated for those purposes.
(b) All soiled laundry from resident rooms and other service units shall be stored, transported, collected, and delivered in a covered laundry bag or cart. Laundry carts shall be in good repair, kept clean, and identified for use with either clean or soiled laundry.
(c) Soiled laundry contaminated with blood and/or body fluids shall be collected in an effectively closed leak proof bag of sufficient strength to safely contain such laundry from point of origin to point of processing.
(d) Clean laundry shall be protected from contamination during processing, storage, and transportation within the facility.
(e) Soiled and clean laundry shall be kept separate.
(f) An established protocol, reviewed by the infection control committee, shall be followed to reduce the number of bacteria in the fabrics.
(g) Equipment surfaces that come into contact with laundry shall be sanitized.
(h) The facility shall develop and implement policies and procedures, reviewed by the infection control committee, to protect staff from contamination when handling soiled laundry.
(i) Sour testing to ensure neutralization of alkaline residues from built detergents shall be conducted, and fabric pH shall be maintained at 7.0 or below after souring.
(j) The facility shall develop and implement policies and procedures to ensure that residents’ personal clothing is collected, processed and returned to the resident in a sanitary manner and in good condition.

SUBCHAPTER 23. MANDATORY MEDICAL SERVICES
8:39-23.1 Mandatory structural organization for medical services
4. The medical director shall be an active participant on the facility's infection control committee, pharmacy and therapeutics committee, and a committee that is responsible for developing policies and procedures for resident care.

**SUBCHAPTER 25. MANDATORY NURSE STAFFING**

**8:39-25.2 Mandatory nurse staffing amounts and availability**

(c) The following definitions shall be used for nursing services set forth in (b)2 above:

1. Wound care includes, but is not limited to, ulcers, burns, pressure sores, open surgical sites, fistulas, tube sites and tumor erosion sites. In this category are Stage II pressure sores encompassing two or more distinct lesions on separate anatomical sites, and Stage III and Stage IV pressure sores.

   i. Tube site and surrounding skin related to ostomy feeding is not to be counted as wound care unless there are complicating factors, such as: exudative, suppurative or ulcerative inflammation which require specific physician or advanced practice nurse prescribed intervention provided by the licensed nurse beyond routine cleansing and dressing.

   ii. Stage III and Stage IV are defined as follows:

   (1) Stage III. The wound extends through the epidermis and dermis into the subcutaneous fat and is a full thickness wound. There may be inflammation, necrotic tissue, infection and drainage and undermining sinus tract formation. The drainage can be serosanguinous or purulent. The area is painful.

   (2) Stage IV. The pressure wound extends through the epidermis, dermis, and subcutaneous fat into fascia, muscle and/or bone. Eschar, undermining odor and profuse drainage may exist.

   (3) Other wounds which may be categorized under wound care as defined in (c)1 above include:

   (A) Open wounds which are draining purulent or colored exudate or which have a foul odor present and/or for which the individual is receiving antibiotic therapy;

   (B) Wounds with a drain or T-tube;

   (C) Wounds which require irrigation or instillation of a sterile cleansing or medicated solution and/or packing with sterile gauze;

   (D) Recently debrided ulcers;

   (E) Wounds with exposed internal vessels or a mass that may have a proclivity for hemorrhage when dressing is changed (for example, post radical neck surgery, cancer of the vulva);

   (F) Open wounds, widespread skin disease or complications following radiation therapy, or which result from immune deficiencies or vascular insufficiencies;

   (G) Complicated post-operative wounds that exhibit signs of infection, allergic reactions or an underlying medical condition that affects healing.

4. Tracheostomy includes new tracheostomy sites and complicated cases involving symptomatic infections and unstable respiratory functioning.

5. Intravenous therapy includes clinically indicated therapies ordered by the physician, such as central venous lines, Hickman/Broviac catheters, heparin locks, total parenteral nutrition, clysis, hyperalimentation and peritoneal dialysis. When clinically indicated, intravenous medications should be appropriately and safely administered within prevailing medical protocols. If intravenous therapy is for the purpose of hydration, the clinical record shall document any preventive measures and attempts to improve hydration orally, and the individual's inadequate response.
8:39-27.4 Mandatory post-mortem policies and procedures
(e) The body of a deceased resident who, at the time of death, had a communicable disease, as defined in N.J.A.C. 8:57-1.2 shall be tagged accordingly before being released from the facility.

SUBCHAPTER 31. MANDATORY PHYSICAL ENVIRONMENT
8:39-31.2 Mandatory general maintenance
a) Personnel engaged in general maintenance activities shall receive orientation upon employment and, at least once a year, education or training in principles of asepsis, cross-infection control, and safe practices.

SUBCHAPTER 33. MANDATORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT
8:39-33.2 Mandatory quality assessment and/or quality improvement policies and procedures
(c) The quality assessment and/or quality improvement program shall monitor trends in the following:
7. Infection rates in all residents;

APPENDIX A
GUIDELINES AND CONSIDERATIONS FOR PET FACILITATED THERAPY IN NEW JERSEY INSTITUTIONS
I. All Pets
D. Sanitary constraints:
1. Pets should be prohibited from the following areas:
a. Food preparation, storage, and serving areas, with the exception of participating resident’s bedroom;
b. Areas used for the cleaning or storage of human food utensils and dishes;
c. Vehicles used for the transportation of prepared food;
d. Nursing stations, drug preparation areas, sterile and clean supply rooms;
e. Linen storage areas; and
f. Areas where soiled or contaminated materials are stored.
2. Food handlers should not be involved in the cleanup of animal waste.
3. The administrator is responsible for acceptable pet husbandry practices and may delegate specific duties to any other staff members except food handlers. The areas of responsibility include:
   feeding and watering, food cleanup/cage cleaning, exercising, and grooming.
4. Spilling or scattering of food and water should not lessen the standard of housekeeping or contribute to an increase in vermin or objectionable odor.
5. Dogs and cats must be effectively housebroken and provisions made for suitably disposing of their body wastes.
6. Animal waste should be disposed of in a manner which prevents the material from becoming a community health or nuisance problem and in accordance with applicable sanitation rules and ordinances. Accepted methods include disposal in sealed plastic bags (utilizing municipally approved trash removal systems) or via the sewage system for feces.
7. Proper and frequent handwashing shall be a consideration of all persons handling animals.

E. Animals found to be infested with external parasites (ticks, fleas, or lice) or which show signs of illness (for example, vomiting or diarrhea) should be immediately removed from the premises and taken to the facility's veterinarian.

F. The parent or guardian of a child bitten by a dog, cat, or other animal, when no physician attends such child, shall, within 12 hours after first having knowledge that the child was so bitten, report to the person designated by law or by the local board, under authority of law, to receive reports of reportable communicable diseases in the municipality in which the child so bitten may be the name, age, sex, color, and precise location of the child (N.J.S.A. 26:4-80).

If an adult is bitten by a dog, cat, or other animal and no physician attends him, the adult, or, if he is incapacitated, the person caring for him, shall report to the person designated by law or by the local board of health to receive reports of communicable diseases in the municipality in which the adult so bitten may be the name, age, sex, color, and the precise location of the adult. The report shall be made within 12 hours after the adult was so bitten, or if he is incapacitated, the report shall be made within 12 hours after the person caring for him shall first have knowledge that the adult was so bitten (N.J.S.A. 26:4-81).

G. The local health department must be promptly notified by telephone of any pet that dies on the premises.

1. If the deceased is a bird, the body should be immediately taken to the facility's veterinarian. If the veterinarian is not available, the deceased bird should be securely wrapped in impermeable wrapping material and frozen until veterinary consultation is available. Payment for a laboratory examination should be the responsibility of the institution, or the pet's owner.

2. If the deceased is another type of animal, the body should not be disposed until it is determined by the local department of health that rabies testing is not necessary.

H. The rights of residents who do not wish to participate in the pet program must be considered first. Patients not wishing to be exposed to animals should have available a pet free area within the participating facility.

II. Visiting Pets

A. Visiting pets are defined as any animal brought into the facility on a periodic basis for pet therapy purposes. The owner should accompany the animal and be responsible for its behavior and activities while it is visiting at the facility.

B. Visiting dogs should:

1. Be restricted to the areas designated by the facility administrator;

2. Maintain current vaccination against canine diseases of distemper, hepatitis, leptospirosis, parainfluenza, parvovirus, coronavirus, bordetella (kennel cough), and rabies. Proof of vaccination shall be included on a health certificate that is signed by a licensed veterinarian and kept on file at the facility;

3. Be determined not to be in estrus ("heat") at the time of the visit;

4. Be licensed and wear an identification tag on the collar, choker chain, or harness, stating the dog's name, the owner's name, address, and telephone number; and

5. Be housebroken if more than four months of age. Younger dogs may be admitted subject to the approval of the administrator.

C. Visiting cats should:
1. Maintain current vaccination against feline pneumonitis, panleukopenia, rhinotracheitis, calcivirus, chlamydia, and rabies. Proof of vaccination should be included on a health certificate that is signed by a licensed veterinarian and kept on file at the facility; and
2. Determined not be in estrus ("heat") at the time of the visit.
D. Visiting hamsters, gerbils, guinea pigs, domestic rabbits, laboratory mice, or rats:
   1. The owner should be liable and responsible for the animal’s activities and behavior.
E. No visiting birds should be allowed to participate in the program.

III. Residential Pets:
   A. Residential pets are defined as any animal that resides at a facility in excess of four hours during any calendar day and is owned by a staff member, patient, the facility, or a facility approved party. The financial responsibility for the residential animal’s maintenance is the animal owner’s responsibility.
   B. All documentation of compliance will be maintained by the facility administrator in a file for review and inspection. The official health records should include the rabies vaccination certificate and a current health certificate.
   C. Residential animals should have a confinement area separate from the patients where they can be restricted when indicated. An area should be available for each participating unit and should be approved by the administrator.
   D. A licensed veterinarian should be designated as the facility’s veterinarian and should be responsible for establishing and maintaining a disease control program for residential pets.
   E. Specific Species:
      1. Residential dogs should:
         a. Maintain current vaccination against canine diseases of distemper, hepatitis, leptospirosis, parainfluenza, parvovirus and rabies. In addition, the animal’s file should include a currently valid Rabies Vaccination Certificate, NASPHV # 51. A three-year type rabies vaccine should be utilized;
         b. Have an annual heartworm test commencing at one year of age and should be maintained on heartworm preventive medication;
         c. Have a fecal examination for internal parasites twice yearly. Test results should be negative before the dog’s initial visit to the facility;
         d. Follow the recommended procedures of the facility’s veterinarian for controlling external parasites;
         e. Be neutered;
         f. Be licensed with the municipality and wear an identification tag on the collar, choker chain, or harness, stating the dog’s name, the owner’s name, address, and telephone number;
         g. Have a health certificate completed by a licensed veterinarian within one week before the animal’s initial visit to the facility. The certificate should be updated annually thereafter;
         h. Be immediately removed from the premises and taken to the facility’s veterinarian if infested with internal or external parasites, vomit, or have diarrhea, or show signs of a behavioral change or infectious disease. Medical records of the veterinarian’s diagnosis and treatment should be maintained in the animal’s file. The animal should not have patient contact until authorized by the facility’s veterinarian;
         i. Be housebroken if more than four months of age. Younger dogs may be admitted subject to the requirements of the administrator;
j. Be fed in accordance with the interval and quantity recommended by the facility’s veterinarian. Feeding and watering bowls should be washed daily and stored separately from dishes and utensils used for human consumption;
k. Be provided fresh water daily and have 24-hour access to the water dish;
l. Be provided a suitable bedding area. Bedding should be cleaned or changed as needed. Dirty bedding should be processed or disposed of as necessary;
m. Be permitted outside the facility only if under the supervision of a staff member, a responsible person or within a fenced area; and
n. Be regularly groomed and receive a bath whenever indicated.

2. Residential birds:
a. Should be treated by a licensed veterinarian with an approved chlortetracycline treatment regimen prior to being housed at the institution to ensure the absence of psittacosis. The period of treatment varies between 30 to 45 days and is species-dependent. A signed statement from the veterinarian indicating such treatment should be kept in the bird’s file; and
b. That die, or are suspected of having psittacosis, should be immediately taken to the facility’s veterinarian. In the event the bird dies and the veterinarian is not available, the bird’s body should be securely wrapped in impermeable wrapping material and frozen until veterinary consultation is available.

3. Residential hamsters, gerbils, guinea pigs, domestic rabbits, laboratory mice or rats should be examined yearly by a licensed veterinarian for health status. A health certificate should be completed for each animal or group of animals. Any animal that becomes sick or dies should be promptly taken to the facility’s veterinarian.

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7.9.2.27 EMPLOYEES: In this section, “employee” means anyone directly employed by the facility on other than a consulting or contractual basis.
B. PHYSICAL HEALTH CERTIFICATIONS: New Employees: Every employee shall be certified in writing by a physician as having been screened for tuberculosis Infection and provide a statement of medical evidence that he/she is currently free from communicable disease prior to beginning work.
C. DISEASE SURVEILLANCE AND CONTROL: Facilities shall develop and implement written policies for control of communicable diseases which ensure that employees and volunteers with systems or signs of communicable disease or infected skin lesions are not permitted to work unless authorized to do so by a physician or physician extender.

7.9.2.35 OTHER LIMITATIONS ON ADMISSION:
A. PERSONS REQUIRING UNAVAILABLE SERVICES: Persons who require services which the facility does not provide or make available shall not be admitted or retained.
B. COMMUNICABLE DISEASES:
(1) Restriction: No person suspected of having a disease in a communicable state shall be admitted or retained unless the facility has the means to manage the condition.
(2) Isolation techniques: Persons suspected of having a disease in a communicable state shall be managed according to Isolation Techniques for use in Hospitals, published by the U.S. Department of Health and Human Services, Public Health Services, Center for Disease Control, or with comparable methods as developed by facility policies.
Reportable diseases: Suspected diseases reportable by law shall be reported to the local public health agency and the Division of Health, Bureau of Community Health and Prevention within time frames specified by these agencies.

7.9.2.37 PROCEDURES FOR ADMISSION OF RESIDENTS:
A. "APPLICABILITY": The procedures in this section apply to all persons admitted to facilities except persons admitted for short-term care.

B. "PHYSICIANS ORDERS": No person may be admitted as a resident except upon:
   (1) Order of a physician.
   (2) Receipt of information from a physician, before or on the day of admission, about the person's current medical condition and diagnosis, and receipt of a physician's initial plan of care and orders from a physician for immediate care of the resident; and
   (3) Receipt of certification in writing from a physician that the person is free of active tuberculosis and clinically apparent communicable disease the person may be found to have.

C. "MEDICAL EXAMINATION AND EVALUATION":
   (1) Examination: Each resident shall have a physical examination by a physician or physician extender within forty-eight (48) hours following admission unless an examination was performed within fifteen (15) days before admission.
   (2) Evaluation: Within forty-eight (48) hours after admission the physician or physician extender shall complete the resident's medical history and physical examination record. If copies of previous evaluations are used, the physician must authenticate such findings within forty-eight (48) hours of admission.

7.9.2.42 INDIVIDUAL CARE: Each resident shall receive care based upon individual needs.

D. TUBERCULOSIS RETESTING: Resident's shall be retested for tuberculosis infection based on the prevalence of tuberculosis in the community and the likelihood of exposure to tuberculosis in the facility.

7.9.2.52 DIETARY SERVICE: The facility shall provide a dietary service or contract for a dietary service which meets the requirements of this section.

E. MEAL SERVICE: All diets shall be prescribed by the attending physician.
   (7) Drinking water: When a resident is confined to bed, a covered pitcher of drinking water and a glass shall be provided on a beside stand. The water shall be changed frequently during the day, and pitchers and glasses shall be sanitized daily. Single-service disposable pitchers and glasses may be used. Common drinking utensils shall not be used.
   (8) Food transportation: Food transported into public areas other than the dining room shall be protected from environmental contamination.

7.9.2.54 SANITATION:
B. STORAGE AND HANDLING OF FOOD:
   (1) Food shall be stored, prepared, distributed, and served under sanitary conditions which prevent contamination.
   (2) All readily perishable food and drink, except when being prepared or served, shall be kept in a refrigerator which shall have a temperature maintained at or below forty (40) degrees Fahrenheit.

7.9.2.59 BLOOD AND BLOOD PRODUCTS: Any blood-handling and storage facilities shall be safe, adequate, and properly supervised. If the facility provides for maintaining and transferring blood and blood products, it shall meet the appropriate requirements for licensed hospitals. If the facility only provides transfusion services, it shall meet the
requirements of applicable regulations. [5-2-89; 7.9.2.59 NMAC - Rn, 7 NMAC 9.2.59, 8-31-00]

7.9.2.70 HOUSEKEEPING SERVICES:

(1) General: The facility shall be kept clean and free from offensive odors, accumulations of dirt, rubbish, dust, and safety hazards.

(2) Floors: Floors and carpeting shall be kept clean. Polishes on floors shall provide a non-slip finish. Carpeting or any other material covering the floors that is worn, damaged, contaminated or badly soiled shall be replaced, repaired or cleaned.

(3) Other surfaces: Ceiling and walls shall be kept clean and in good repair at all times. The interior and exterior of the buildings shall be painted or stained as needed to protect the surfaces. Loose, cracked, or peeling wallpaper or paint shall be replaced or repaired.

(4) Furnishings: All furniture and other furnishings shall be kept clean and in good repair at all times.

(5) Combustibles in storage areas: Attics, cellars and other storage areas shall be kept safe and free from dangerous accumulations of combustible materials. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.

(6) Grounds: The grounds shall be kept free from refuse, litter, and wastewater. Areas around buildings, sidewalks, gardens, and patios shall be kept clear of dense undergrowth.

E. LINEN AND TOWELS: Linens shall be handled, stored, processed, and transported in such a manner as to prevent the spread of infection. Soiled linen shall not be sorted, rinsed, or stored in bathrooms, residents’ rooms, kitchens, food storage areas, nursing units, common hallways.

F. PEST CONTROL:

(1) Requirement: The facility shall be maintained reasonably free from insects and rodents, with harborage and entrances of insects and rodents eliminated.

(2) Provision of service: Pest control shall be provided when required for the control of insects and rodents.

(3) Screening of windows and doors: All windows and doors used for ventilation purposes shall be provided with wire screening of not less than number sixteen (16) mesh or its equivalent, and shall be properly installed and maintained to prevent entry of insects. Hinged screen days when in use.

(4) With other inhalation equipment such as intermittent positive pressure breathing equipment, the entire resident breathing circuit, including nebulizers and humidifiers, shall be changed at least every seven (7) days.

L. MECHANICAL SYSTEMS:

(1) Water supply:

(a) A portable water supply shall be available at all times. If a public water supply is available, it shall be used. If a public water supply is not available, the well or wells shall comply with applicable regulations.

(b) An adequate supply of hot water shall be available at all times. The temperature of hot water at plumbing fixtures used by residents may not exceed 110 degrees Fahrenheit (43 degrees C.) and shall be automatically regulated by control valves or by another approved device.

(2) Sewage disposal: All sewage shall be discharged into a municipal sewage system if available. Otherwise, the sewage shall be collected, treated, and disposed of by means of an independent sewage system approved under applicable state law and local authority.
(3) Plumbing: The plumbing for potable water and drainage for the disposal of excreta, infectious discharge, and wastes shall comply with applicable state plumbing standards.

7.9.2.77 FOOD SERVICE - GENERAL:

A. The facility shall have a kitchen or dietary area which shall be adequate to meet food service needs and shall be arranged and equipped for the refrigeration, storage and preparation, and serving of food, as well as for dish and utensil cleaning and refuse storage and removal.

B. Dietary areas shall comply with the local health or food handling codes. Food preparation space shall be arranged for the separation of functions and shall be located to permit efficient services to residents and shall not be used for non-dietary functions.

(1) Kitchen and dietary: Kitchen and dietary facilities shall be provided to meet food service needs and arranged and equipped for proper refrigeration, heating, storage, preparation, and serving of food. Adequate space shall be provided for proper refuse handling and washing of waste receptacles, and for storage of cleaning components.

(2) Traffic: Only traffic incidental to the receiving, preparation and serving of food and drink shall be permitted.

(3) Toilets: No toilet facilities may open directly into the kitchen.

(4) Food storage: Food day-storage space shall be provided adjacent to the kitchen and shall be ventilated to the outside.

(5) Handwashing: A separate handwashing sink with soap dispenser, single service towel dispenser, or other approved hand drying facility shall be located in the kitchen.

(6) Dishwashing: A separate dishwashing area, preferably a separate room, with mechanical ventilation shall be provided.

(7) Sink: At least a three-compartment sink shall be provided for washing, rinsing and sanitizing utensils, with adequate drainboards, at each end. In addition, a single-compartment sink located adjacent to the soiled utensil drainboard shall be available for prewashing. The additional sink may also be used for liquid waste disposal. The size of each sink compartment shall be adequate to permit immersion of at least fifty (50) percent of the largest utensil used. In lieu of the additional sink for prewashing, a well type garbage disposal with overhead spray wash may be provided.

(8) Mechanical dishwashers: Mechanical dishwashers and utensil washers, where provided, shall meet the requirements of the current approved list from the national sanitation foundation or equivalent with approval of the Department.

(9) Temperature: Temperature gauges shall be located in the wash compartment of all mechanical dishwashers and in the rinse water line at the machine of a spray-type mechanical dishwasher or in the rinse water tank of an immersion-type dishwasher. The temperature gauges shall be readily visible, fast-acting and accurate to plus or minus two (2) degrees Fahrenheit or one (1) degree (C.).

(10) Fire extinguishers: Approved automatic fire extinguishing equipment shall be provided in hoods and attached ducts above all food cooking equipment.

(11) Walls: The walls shall be of plaster or equivalent material with smooth, light-colored, nonabsorbent, and washable surface.

(12) Ceiling: The ceiling shall be of plaster or equivalent material with smooth, light-colored, nonabsorbent, washable, and seamless surface.

(13) Floors: The floors of all rooms, except the eating areas of dining rooms, in which food or drink is stored, prepared, or served, or in which utensils are washed, shall be of such construction as to be non-absorbent and easily cleaned.
(14) Screens: All room openings to the out-of-doors shall be effectively screened. Screen doors shall be self-closing.

(15) Lighting: All rooms in which food or drink is stored or prepared or in which utensils are washed shall be well lighted.

(16) Sewage contamination: Rooms subject to sewage or wastewater backflow or to condensation or leakage from overhead water or wastelines shall not be used for storage of food preparation unless provided with acceptable protection from such contamination. [7-1-60, 7-1-64, 5-2-89; 7.9.2.77 NMAC - Rn, 7 NMAC 9.2.77, 8-31-00]

7.9.2.80 EMPLOYEE FACILITIES: The following shall be provided for employees, and shall not be located in food preparation, food storage, utensil washing area or in resident’s rooms:

B. Handwashing lavatories with soap dispenser, single service towel dispenser, or other approved hand drying equipment.

7.9.2.83 ISOLATION: For every one hundred (100) beds or fraction thereof, facilities shall have available one separate room, equipped with separate toilet, handwashing, and bathing facilities, for the temporary isolation of a resident. The isolation room bed shall be considered part of the licensed bed capacity of the facility. [7-1-60, 5-2-89; 7.9.2.83 NMAC – Rn, 7 NMAC 9.2.83, 8-31-00]

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415.12 Quality of care. Each resident shall receive and the facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care subject to the resident’s right of self-determination.

(f) Mental and psychosocial functioning. Based on the comprehensive assessment of a resident, the facility shall ensure that:

(7) The facility shall develop and follow policies and procedures for nasogastric tube feedings which are written in accordance with prevailing standards of professional practice and in consultation with the medical, nursing, dietary and pharmacy services of the facility. Medical practitioners shall be informed of such policies and procedures governing the use of nasogastric tubes for resident feeding. The policies and procedures shall address as a minimum:

(v) infection control policies related to tube feedings.

415.13 Nursing services. The facility shall have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility shall assure that each resident receives treatments, medications, diets and other health services in accordance with individual care plans.

(a) the nurse aide trainee may assume specific duties involving direct resident care and services as training and successful demonstration of competencies in the specific duties/skills are completed, but not before completing at least sixteen (16) hours of classroom instructions in the following areas:

(1) communication and interpersonal skills; (2) infection control;

415.19 Infection control. The facility shall establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment in which
residents reside and to help prevent the development and transmission of disease and infection.

(a) Infection control program. The facility shall establish an infection control program with written policies and procedures under which it:
(1) Investigates, controls and takes action to prevent infections in the facility;
(2) Determines what procedures such as isolation and universal precautions should be utilized for an individual resident and implements the appropriate procedures; and
(3) Maintains a record of incidence and corrective actions related to infections.

(b) Preventing spread of infection. (1) When the infection control program determines that isolation is needed to prevent the spread of infection, the facility shall isolate the resident.
(2) The facility shall assure that all equipment and supplies are cleaned and properly sterilized where necessary and are stored in a manner that will not violate the integrity of the sterilization.
(3) The facility shall prohibit persons, including but not limited to, staff, volunteers, and visitors known to have a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(4) The facility shall require physicians and staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice.
(c) Linens. Personnel shall handle, store, process, and transport linens so as to prevent the spread of infection.

(d) Reporting. The facility shall report increased incidence of infections, including nosocomial infections as defined in Section 2.2 of this Title, to the appropriate area office of the Office of Health Systems Management and shall report, immediately, the presence of any communicable disease as defined in section 2.1 of Part 2 of this Title to the city, county or district health officer.

(e) Notice to Funeral Director. If, at the time of death, a resident was diagnosed as having a specific communicable disease designated in Part 2 of this Title or an infectious disease, a written report of such disease shall accompany the body when it is released to the funeral director or his or her agent, except that no HIV-related information shall be disclosed to the funeral director unless the funeral director has access in the ordinary course of business to HIV-related information on the death certificate of the deceased individual.

415.26 Organization and administration.

(a) Administration.
(1) With regard to personnel management, the facility shall:
(iii) assure that each part-time, full-time or private duty employee, consultant, volunteer, or other person serving in any other capacity in the nursing home shall:
(a) receive an orientation which shall include but not be limited to the following:
(3) an orientation to the physical plant, infection control, quality assessment and assurance and the environmental aspects of the facility;
(v) develop and implement policies and procedures which require:
(a) the provision for a physical examination and recorded medical history for personnel including all employees and members of the medical and dental staff. The examination shall be of sufficient scope to ensure that, consistent with federal and state statutes prohibiting discrimination on the basis of disability or handicap, no person shall assume his/her duties unless he/she is free from a health impairment that would present a risk to the resident which cannot be reasonably accommodated, or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants,
narcotics, alcohol or other drugs or substances which may alter the individual's behavior. The nursing home is required to provide such examination without cost for all employees. The nursing home shall also conduct a health status assessment of all volunteers whose activities are such that a health impairment would pose a risk to residents or personnel, in order to determine that the health and well being of residents and personnel are not jeopardized by the condition of such volunteers. The nursing home shall require the following of all personnel as a condition of employment or affiliation:

(1) either tuberculin skin test or Food and Drug Administration (FDA) approved blood assay for the detection of latent tuberculosis infection, prior to employment or affiliation and no less than every year thereafter for negative findings. Positive findings shall require appropriate clinical follow-up but no repeat tuberculin skin test or blood assay. The medical staff shall develop and implement policies regarding positive outcomes; and

(2) a certificate of immunization against rubella which means:
   (i) a document prepared by a physician, physician’s assistant, specialist’s assistant, nurse practitioner, licensed midwife or a laboratory possessing a laboratory permit issued pursuant to Part 58 of this Title, demonstrating serologic evidence of rubella antibodies; or
   (ii) a document indicating one dose of live virus rubella vaccine was administered on or after the age of twelve months, showing the product administered and the date of administration, and prepared by the health practitioner who administered the immunization, or
   (iii) a copy of a document described in (i) or (ii) of this subclause, which comes from a previous employer or the school which the employee attended as a student; and

(3) a certificate of immunization against measles, for all personnel born on or after January 1, 1957, which means:
   (i) a document prepared by a physician, physician’s assistant, specialist’s assistant, nurse practitioner, licensed midwife or a laboratory possessing a laboratory permit issued pursuant to Part 58 of this Title, demonstrating serologic evidence of measles antibodies; or
   (ii) a document indicating two doses of live virus measles vaccine were administered with the first dose administered on or after the age of 12 months and the second dose administered more than 30 days after the first dose but after 15 months of age showing the product administered and the date of administration, and prepared by the health practitioner who administered the immunization; or
   (iii) a document, indicating a diagnosis of the employee as having had measles disease, prepared by the physician, physician’s assistant/specialist’s assistant, licensed midwife or nurse practitioner who diagnosed the employee’s measles; or
   (iv) a copy of a document described in (i), (ii) or (iii) of this subclause which comes from a previous employer or the school which the employee attended as a student;

(4) if any licensed physician, physician’s assistant/specialist’s assistant, licensed midwife or nurse practitioner certifies that immunization with measles and/or rubella vaccine may be detrimental to the employee’s health, the requirements of subclause (2) and/or (3) of this clause relating to measles and/or rubella immunization shall be inapplicable until such immunization is found no longer to be detrimental to such employee’s health. The nature and duration of the medical exemption must be stated in the employee’s employment medical record and must be in accordance with generally accepted medical standards, (see, for example, the recommendations of the American Academy of Pediatrics and the Immunization Practices Advisory Committee of the U.S. Department of Health and Human
The nurse aide training program shall include classroom and clinical training which enhances both skills and knowledge and, when combined, shall be of at least 100 hours’ duration. The clinical training shall as a minimum include at least 30 hours of supervised practical experience in a nursing home. The nurse aide training program shall include stated goals, objectives, and measurable performance criteria specific to the curriculum subject material, the resident population and the purpose of the facility, and shall be consistent with the curriculum outlined below. This curriculum shall be taught at a fourth (4th) to sixth (6th) grade English literacy level. Facilities with special populations shall supplement the curriculum to address the needs of such populations accordingly. The curriculum shall otherwise include but not be limited to the following:

1. Infection control:
   (1) medical asepsis;
   (2) handwashing; and
   (3) care of residents in isolation.

   (1) The nursing home shall:
     (viii) apply the following restrictions to the admission and retention of residents:
     (d) a resident suffering from a communicable disease shall not be admitted or retained unless a physician certifies in writing that transmissibility is negligible, and poses no danger to other residents, or the facility is staffed and equipped to manage such cases without endangering the health of other residents;

3. The state-approved feeding assistant training program shall include, but not be limited to, training in the following content areas:
   (ii) Infection control;

4. Physical environment. The nursing home shall be designed, constructed, equipped and maintained to provide a safe, healthy, functional, sanitary and comfortable environment for residents, personnel and the public.

5. Water supplies. Water supplies of nursing homes shall be operated in conformance with the following requirements:
   (4) the water system shall not be operated with physical connections to other piping systems or connections to fixtures that may permit contamination of the water supply;

6. Ventilating, heating, and air conditioning systems. Such systems shall:
   (1) be maintained in good repair and shall be operated in a manner which will not allow for the spread of infection and provide for resident health and comfort; and
   (2) be maintained and operated in such manner that air shall not be circulated from resident isolation rooms, laboratories in which work is done in pathology, virology or bacteriology, autopsy rooms, kitchen and dishwashing areas, toilet and bath rooms, janitors’ closets and soiled utility rooms or soiled linen rooms, to other parts of the facility.

7. Grounds and building. Grounds and buildings shall be maintained:
   (1) in a clean condition free of safety hazards;
   (2) in such manner as will prevent standing water, flooding or leakage; and
   (3) free of excessive noise, odors, pollens, dusts or other environmental pollutants and such nuisances as may adversely affect the health or welfare of residents.

8. Housekeeping.
   (6) Waste:
   (i) solid wastes, including garbage, rubbish and other refuse, biological wastes and
infectious materials, shall be collected, stored and disposed of in a manner that will prevent the transmission of disease and not create a nuisance or fire hazard, nor provide a breeding place for insects or rodents; and

(k) Linen and laundry. The nursing home shall:
(1) provide a sufficient quantity of clean linen to meet the requirements of residents; nursing homes shall maintain a linen inventory equal to at least three times the average daily census, and of this one-third shall be in use, one-third in laundry and one-third in reserve;
(4) handle, store and process laundry in a manner that will prevent the spread of infection and assure the maintenance of clean linen;
(5) wash all linen, including blankets, between resident use;
(7) separately bag or enclose used linens from residents with a communicable disease in readily identifiable containers distinguishable from other laundry;
(10) launder in a manner designed to prevent contamination of clean linen and to prevent infection; and
(11) transport clean linen in clean covered containers used exclusively for the purpose, and store clean linen in clean storage areas in a manner to prevent its contamination.

(l) Animals.

(2) A nursing home may board animals as part of an animal-assisted therapy program, provided that:
(i) the health, safety, welfare and rights of all residents on the unit are assured;
(ii) a staff member has been designated to be responsible for the care and management of the animal or animals and has had appropriate training for such responsibilities;
(iii) the animal or animals are free from disease and have received all immunizations as recommended by a licensed veterinarian;

415.37 Services for residents with Acquired Immune Deficiency Syndrome (AIDS).
(a) Applicability. (1) This section applies to a nursing home approved by the commissioner pursuant to Part 710 of this Title as a provider of specialized services for residents with AIDS. Such facility shall provide comprehensive and coordinated health services and programs in accordance with the requirements set forth in this section and this Part, unless a contrary requirement is contained in this section.

(b) General requirements. The nursing home shall ensure that:
(1) the facility is staffed and equipped to manage the care and treatment of residents with AIDS requiring nursing home care;
(2) reserved;
(3) a written transfer agreement exists with a designated AIDS center or other hospital for the transfer of residents in need of emergency or acute inpatient care services;
(4) special services are provided to residents in need thereof. Such special services shall include, as a minimum, substance abuse services, case management, HIV education, risk reduction, mental health services and pastoral counseling. These special services may be provided directly by the facility or through a formal arrangement;
(5) a written, comprehensive care plan is developed and implemented for each resident by an interdisciplinary team of health-care professionals in coordination with the case manager and in consultation with the resident or the resident’s legal representative. The interdisciplinary team shall include health-care professionals as appropriate to the needs of the AIDS resident, but as a minimum shall include the attending physician, a registered
professional nurse and a social worker. The resident care plan is reviewed at least every month by the interdisciplinary team and modified as necessary; (6) in-service and continuing education programs, which address the medical, psychological, social problems and care needs specific to persons with AIDS, are conducted for all nursing home personnel on a regular basis but not less than every three months. A record of the programs attended shall be maintained for each employee; (7) staff counseling and supportive services are made available to personnel to address problems related to the care of persons with AIDS; and (8) as part of the facility's infection control program, infection control policies and procedures specific to AIDS are developed and implemented.

(c) Staffing requirements. The nursing home shall ensure that: (1) specialty oversight of the AIDS program, including the development of policies and procedures, is provided by a physician who has experience in the care and clinical management of persons with AIDS; (2) the health care of each resident is under the continuing supervision of an attending physician who sees and evaluates the resident whenever necessary; (i) physician visits for residents who are assessed as requiring a skilled level of nursing care shall not be less frequent than once per week; and (ii) physician visits for residents who are assessed as requiring an intermediate level of nursing care based on their ambulant status and other relevant medical factors, shall not be less frequent than once per month; (3) the facility makes provision for onsite physician coverage sufficient to meet the medical needs of residents seven days a week. This coverage may be part of the routine physician visits or in addition to such visits; (4) nursing services for the AIDS program are under the supervision of a registered professional nurse with experience in the care and management of persons with AIDS; and (5) each resident is evaluated by rehabilitation therapy staff to include, as a minimum, physical therapy and occupational therapy staff. Based on the evaluation, a plan of care is developed which establishes restoration or maintenance rehabilitation goals.

415.38 Long-term ventilator dependent residents. Facilities which admit and care for residents who require nursing home care and continuous or intermittent use of a ventilator shall comply with the following additional requirements pertinent to the care of those residents. (a) General. The facility shall develop and implement admission, resident care management, transfer and discharge policies and procedures that promote delivery of medical, nursing and respiratory care services consistent with generally accepted standards of professional practice. (5) The facility shall have an effective program of preventive and periodic maintenance of ventilator equipment which meets or exceeds the manufacturer's requirements for the equipment and prevents the spread of infections and communicable disease.

713-1.4 Isolation rooms.
A nursing home shall have at least one single bed isolation room that is ventilated to the outside and includes a private toilet and handwashing facilities, equipped with other than hand controls.

713-1.9 Mechanical requirements.
(h) Nursing homes shall include an incinerator to treat infectious wastes or other department approved methods of infectious waste disposal. Incinerators and refuse chutes
shall comply with NFPA 82, Standard on Incinerators and Waste and Linen Handling Systems and Equipment, as referenced in section 711.2(a) of this Title, and shall meet the requirements for approval of the Department of Environmental Conservation.

(i) All handwashing fixtures used by medical and nursing staff and food handlers shall be trimmed with valves that can be operated without the use of hands. Hand operated faucets may be fitted on lavatories in residents' rooms and residents' toilets.

713-1.11 Requirements for long term ventilator programs.

(b) One isolation room shall be provided on each nursing unit where ventilator dependent residents are housed.

713-2.17 Waste processing facilities and services.

(a) Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal or by a combination of these techniques.

(b) A gas, electric or oil-fired incinerator shall be provided on site or by off-site shared services for the complete destruction of infectious waste. Infectious waste shall include, but shall not be limited to, dressings from open wounds, laboratory specimens, and all waste material from isolation rooms. If an incinerator is on site, it shall be located in a separate room or outdoors and shall meet the following requirements:

713-2.23 Physical environment standards for long-term ventilator programs.

(b) At least one isolation room shall be provided on each nursing unit where ventilator dependent residents are housed.

713-3.4 Nursing units.

(a) The layout and location of each nursing unit shall comply with the following:

(5) The need for and the number of required airborne infection isolation room(s) in a nursing facility shall be determined by an infection control risk assessment.

713-3.5 Physical environment standards for long-term care programs for ventilator dependent residents.

(a) Each bedroom occupied by a resident receiving long term ventilator care shall comply with applicable criteria in section 713-3.4(b) of this Subpart and shall provide adequate space for a mechanical ventilator and for equipment to be used in the administration of oxygen and suction to each resident. The facility shall have a sufficient number of single rooms to accommodate one-fifth of the facility's total capacity of ventilator dependent residents. If the facility has less than five beds, there must be at least one single room for the treatment of ventilator dependency. At least one single-bedded ventilator care room shall be designed and equipped for use as an infection control room with an additional lavatory conveniently located for staff handwashing, but not within the resident toilet room (a bathing facility may be omitted).

713-4.5 Physical environment standards for long-term care programs for ventilator dependent residents.

(a) Each resident room for ventilator care shall provide adequate space for a mechanical ventilator and for equipment to be used in the administration of oxygen and suction, which must be available from a central location and piped to each bed, to each resident. A facility shall have a sufficient number of single rooms to accommodate one-fifth of the facility's total capacity of ventilator dependent residents. If the facility has less than five beds certified for ventilator care, there must be at least one single room for the treatment
of ventilator dependency. At least one single-bedded ventilator care room shall be designed and equipped for use as an infection control room with an additional lavatory conveniently located for staff handwashing, but not within the resident toilet room (a bathing facility may be omitted). If the facilities risk assessment indicates the facility is at high or intermediate risk for airborne infections, the infection control room shall be in compliance with the requirements for airborne infection isolation room(s) in Section 2.12.4.2, "Airborne Infection Isolation (AII) Room", of Part 2, "Hospitals", of Guidelines for Design and Construction of Health Care Facilities, 2010 edition, as described in more detail in section 711.2(b)(7) of this Title.

**10A NCAC 13D.2001 DEFINITIONS**

17) "Drug" means substances:
(a) recognized in the official United States Pharmacopoeia, official National Formulary, or any supplement to any of them;
(b) intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;
(22) "HIV Unit" means designated areas dedicated to patients or residents known to have Human Immunodeficiency Virus disease.

**10A NCAC 13D.2202 ADMISSIONS**

(a) No patient shall be admitted except by a physician or other persons legally authorized to admit patients. Admission shall be in accordance with facility policies and procedures.
(b) The administrator shall ensure patients receive communicable disease screening, including tuberculosis, in accordance with Rule .2209 of this Section.

**10a NCAC 13D .2209 INFECTION CONTROL**

(a) The facility shall establish and maintain an infection control program for the purpose of providing a safe, clean and comfortable environment and preventing the transmission of diseases and infection.
(b) Under the infection control program, the facility shall decide what procedures, such as isolation techniques, are needed for individual patients, investigate episodes of infection and attempt to control and prevent infections in the facility.
(c) The facility shall maintain records of infections and of the corrective actions taken.
(d) The facility shall ensure communicable disease screening, including tuberculosis, prior to admission of all patients being admitted from settings other than hospitals, nursing facilities or combination facilities; prior to or upon admission for all patients admitted from hospitals, nursing facilities and combination facilities; and within seven days upon the hiring of all staff. The facility shall ensure tuberculosis screening annually thereafter for patients and staff as required by 10A NCAC 41A, "Communicable Disease Control" which is incorporated by reference, including subsequent amendments. Copies of these Rules may be obtained at no charge by contacting the N.C. Department of Health and Human Services, Division of Public Health, Tuberculosis Control Branch, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. Identification of a communicable disease does not, in all cases, in and of itself, preclude admission to the facility.
(e) All cases of reportable disease as defined by 10A NCAC 41A "Communicable Disease Control" and epidemic outbreaks, and poisonings shall be reported immediately to the local health department.

(f) The facility shall isolate any patient deemed appropriate by the infection control program.

(g) The facility shall prohibit any employee with a communicable disease or infected skin lesion from direct contact with patients or their food, if direct contact is the mode of transmission of the disease.

(h) The facility shall require all staff to use good hand washing technique as indicated in the Centers for Disease Control and Prevention "Guidelines for Hand Washing in Hospital Environmental Control," as published by the U.S. Department of Health and Human Services, Public Health Service which is incorporated by reference, including subsequent amendments. Copies may be purchased from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia, 22161 for fifteen dollars and 95 cents ($15.95).

(i) All linen shall be handled, store, processed and transported so as to prevent the spread of infection.

10A NCAC 13D .3011 HIV DESIGNATED UNIT POLICIES AND PROCEDURES

(a) In units dedicated to the treatment of patients with Human Immunodeficiency Virus disease, policies and procedures specific to the specialized needs of the patients served shall be developed. At a minimum they shall include staff training and education, and the availability of consultation by a physician with specialized education or knowledge in the management of Human Immunodeficiency Virus disease.

(b) Policies and procedures for infection control shall be in conformance with 29 CFR 1910 (Occupational Safety and Health Standards) which is incorporated by reference including subsequent amendments. Emphasis shall be placed on compliance with 29 CFR 1910-1030 (Bloodborne Pathogens). Copies of Title 29 Part 1910 may be purchased from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15202-7954 for thirty eight dollars ($38.00) or may be purchased with a credit card by telephoning the Government Printing Office at (202) 512-1800. Infection control shall also be in compliance with the Center of Disease Control Guidelines as published by the U.S. Department of Health and Human Services, Public Health Service, which is incorporated by reference, including subsequent amendments. Copies may be purchased from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161 for fifteen dollars and ninety five cents ($15.95).

10A NCAC 13D .3012 PHYSICIAN SERVICES IN AN HIV DESIGNATED UNIT

In a facility with a Human Immunodeficiency Virus designated unit, the facility shall ensure that attending physicians have documented, prearranged access in person or by telephone to a physician with specialized education or knowledge in the management of Human Immunodeficiency Virus disease.


10A NCAC 13D .3013 SPECIAL NURSING REQUIREMENTS FOR AN HIV DESIGNATED UNIT

(a) A facility with a Human Immunodeficiency Virus designated unit shall have a registered nurse with specialized education or knowledge in the care of Human Immunodeficiency Virus disease.
(b) Nursing personnel assigned to the Human Immunodeficiency Virus unit shall be regularly assigned to the unit. Periodic rotations are acceptable.


10A NCAC 13D .3014 SPECIALIZED STAFF EDUCATION FOR HIV DESIGNATED UNITS
A facility with a Human Immunodeficiency Virus designated unit shall provide an organized, documented program of education specific to the care of patients infected with the Human Immunodeficiency Virus, including at a minimum:
(1) Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome disease processes;
(2) transmission modes, causes, and prevention of Human Immunodeficiency Virus;
(3) treatment of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome;
(4) psycho-socio-economic needs of the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome patients;
(5) universal precautions and infection control; and
(6) policies and procedures specific to the Human Immunodeficiency Virus designated unit.

History Note: Authority G.S. 131E-104; Eff. January 1, 1996.

10A NCAC 13D .3015 USE OF INVESTIGATIONAL DRUGS FOR HIV DESIGNATED UNITS
(a) The supervision and monitoring for the administration of investigational drugs is the responsibility of the pharmacist and a registered nurse, acting pursuant to the orders of a physician authorized to prescribe or dispense such drugs. Responsibilities shall include, but not be limited to, the following:
(1) insuring the provision of written guidelines for any investigational drug or study; and
(2) training and determination of staff’s abilities regarding administration of drugs, policies, procedures and regulations.
(b) The pharmacist or physician dispensing the investigational drug is to provide the facility with information regarding at least the following:
(1) a copy of the protocol, including drug information;
(2) a copy of the patient's informed consent;
(3) drug storage;
(4) handling;
(5) any specific preparation and administration instructions;
(6) specific details for drug accountability, resupply and return of unused drug; and
(7) a copy of the signed consent to participate in the study.
(c) Labeling of investigational drugs shall be in accordance with written guidelines of protocol and State and federal requirements regarding such drugs. Prescription labels for investigational drugs are to be distinguishable from other labels by an appropriate legend, "Investigational Drug" or "For Investigational Use Only."


10A NCAC 13D .3016 ADDITIONAL SOCIAL WORK REQUIREMENTS FOR HIV DESIGNATED UNITS
In addition to the social work services specified in Rule .2802 of this Subchapter, in a facility with a Human Immunodeficiency Virus disease designated unit, the social worker shall provide or arrange for the provision of spiritual, pastoral and grief counseling and
bereavement services for patients and staff where appropriate. Support services shall be provided to the patients' families and significant others. Where necessary, coordination with treatment services for substance abuse, legal services and other community resources shall be identified.


10A NCAC 13D .3401 HEATING AND AIR CONDITIONING
Heating and cooling systems shall meet the American Society of Heating, Refrigerating, and Air Conditioning Engineers Inc. Guide [which is incorporated by reference, including all subsequent amendments; copies of this document may be obtained from the American Society of Heating, Refrigerating & Air Conditioning Engineers Inc. at 1791 Tullie Circle NE, Atlanta, GA 30329 at a cost of one hundred nineteen dollars ($119.00.)]; and the National Fire Protection Association Code 90A, [current addition with all subsequent amendments which is adopted by reference; copies of this code may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy,MA 02269-9101 at a cost of nineteen dollars and fifty cents ($19.50)] with the following modifications:
(1) Drug rooms must have positive pressure with relationship to adjacent areas.
(2) Environmental temperature control systems shall be capable of maintaining temperatures in the facility at 72 degrees F. minimum in the heating season and a maximum of 81 degrees F. during the non-heating season.
(3) Rooms designated for isolation shall have negative or positive pressure with relationship to adjacent areas depending upon the type of patient to be isolated. Exhaust for isolation rooms shall be ducted to the outdoors with exhaust fans located at the discharge end of the duct.

History Note: Authority G.S. 131E-104; Eff. January 1, 1996.

10A NCAC 13D .3404 OTHER
(g) The Administrator shall assure that isolation facilities are available and used for any patient admitted or retained with a communicable disease.

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33-07-03.2-10. Quality improvement program.
1. Written documentation of quality improvement activities, including infection control, must be prepared and reported to the governing body.

History: Effective July 1, 1996. General Authority: NDCC 23-01-03, 28-32-02 Law Implemented: NDCC 23-16-06

33-07-03.2-11. Infection control program. The facility shall develop and implement a facility wide program, approved by the governing body, for surveillance, prevention, and control of infections. This program must be consistent with the centers for disease control and prevention standards specific to disease control.
The responsibilities of the program include:
1. Establishment of an infection control plan that includes the use of techniques and precautions in accordance with the standards of practice for each department or service.
2. Establishment of policies and procedures for reporting, logging, surveillance, monitoring, and documentation of infections, and the development and implementation of systems to collect and analyze data and activities to prevent and control infections.
3. Development and implementation of policies and procedures including:
a. The criteria to determine admission eligibility of an individual with a contagious or
   infectious disease; and
b. The immediate isolation of all residents in whom the condition jeopardizes the safety of
   the resident or other residents.
4. Assignment of the responsibility for management of infection surveillance, prevention,
   and control to a qualified person or persons.
5. Maintenance of proper facilities and appropriate procedures used for disposal of all
   infectious and other wastes.
6. Development and implementation of a process for inspection and reporting of any
   employee with an infection who may be in contact with residents, their food, or laundry.

History: Effective July 1, 1996. General Authority: NDCC 23-01-03 Law Implemented: NDCC
23-01-03, 23-16-01

33-07-03.2-12. Education programs.
The facility shall design, implement, and document educational programs to orient new
employees and keep all staff current on new and expanding programs, techniques,
equipment, and concepts of quality care. The following topics must be covered with all staff
annually:
1. Safety and emergency procedures, including procedures for fire and other disasters.
2. Prevention and control of infections, including universal precautions.
3. Resident rights.
4. Advanced directives.
5. Care of the emotionally disturbed and confused resident.

History: Effective July 1, 1996. General Authority: NDCC 23-01-03, 28-32-02 Law
Implemented: NDCC 23-16-01, 28-32-02

33-07-03.2-13. Medical services.
4. The medical director or a member of the medical staff shall participate in the quality
   improvement and infection control program meetings.

History: Effective July 1, 1996. General Authority: NDCC 23-01-03, 28-32-02 Law
Implemented: NDCC 23-16-01, 28-32-02

33-07-03.2-16.1. Paid feeding assistants.
Any individual employed by a facility, or under contract, to feed or assist with the feeding of
nursing facility residents must either have successfully completed a department-approved
paid feeding assistant training course or be a certified nurse aide.
1. Instructors of a department-approved paid feeding assistant course must meet the
   following requirements:
a. The primary instructor of the program must be a licensed health care professional with
   experience in the feeding of nursing facility residents.
b. Certified nurse aides and paid feeding assistants may not be used as instructors in a
   department-approved paid feeding assistant course.
1. A department-approved paid feeding assistant course must have a curriculum
   which contains, at a minimum, eight hours of training.
2. The course must, at a minimum, include the following:
f. Infection control.

23-16-01

33-07-03.2-24. Housekeeping, maintenance, and laundry services.
The facility shall provide housekeeping and maintenance services necessary to maintain a sanitary and comfortable environment and laundry services, including personal laundry services, to meet the needs of the residents.

1. The facility shall employ sufficient housekeeping and maintenance personnel to maintain the interior and exterior of the facility in a safe, clean, orderly, and attractive manner. The facility shall establish, implement, and update policies and procedures consistent with current standards of practice including procedures to ensure:

3. The facility shall have available at all times a sufficient supply of linen in good condition for the care and comfort of residents and ensure there is sufficient trained staff and facilities available to provide these services in a manner that controls the spread of infection.

a. Clean linen and clothing must be stored in clean, dry, dust-free, and easily accessible areas.

b. Soiled linen must be sorted and stored in well-ventilated areas, separate from clean laundry spaces, and must not be permitted to accumulate.

(1) Soiled linen and clothing must be stored separately in suitable bags or containers.

(2) Potentially infectious soiled linen must be handled with particular attention to avoid contamination of clean linen.

(3) Soiled linen may not be sorted, laundered, rinsed, or stored in bathrooms, resident rooms, kitchens, or food storage areas.


33-07-03.2-25. Adult day care services.

3. A facility accepting persons for adult day care shall develop policies and procedures covering all aspects of adult day care including:

b. Individuals having a communicable disease shall not participate in the adult day care program.


3701-17-07 Qualifications and health of personnel.

(B) No person with a disease which may be transmitted in the performance of the person’s job responsibilities shall work in a nursing home during the stage of communicability unless the person is given duties which minimize the likelihood of transmission.

(D) Except as provided in paragraph (D)(3) of this rule, no individual shall work in a nursing home in any capacity for ten or more hours in any thirty-day period unless the individual:

(1) Has been tested for tuberculosis in accordance with this paragraph. The required tuberculosis test shall include a two-step Mantoux skin test using five tuberculin units of purified protein derivative or, if the individual has a documented history of a significant Mantoux skin test, a chest x-ray.

(a) The individual shall not have any resident contact until after the results of the first skin test have been obtained and recorded in millimeters of induration. If the first step is nonsignificant, a second step shall be performed at least seven but not more than twenty-one days after the first step was performed. Only a single Mantoux is required if the
individual has documentation of either a single step Mantoux test or a two-step Mantoux test within one year of commencing work;
(b) If the Mantoux testing performed pursuant to paragraph (D)(1)(a) of this rule is nonsignificant, a single Mantoux test shall be repeated annually within thirty days of the anniversary date of the most recent testing.
(c) If either step of the Mantoux test is significant, the individual shall have a chest x-ray and shall not enter the home until after the results of the chest x-ray have been obtained and the individual is determined to not have active pulmonary tuberculosis. Whenever a chest x-ray is required by paragraph (D) of this rule, a new chest x-ray need not be performed if the individual has had a chest x-ray no more than thirty days before the date of the significant Mantoux test. Additional Mantoux testing is not required after one medically documented significant test. A subsequent chest x-ray is not required unless the individual develops symptoms consistent with active tuberculosis.
(d) If the chest x-ray does not indicate active pulmonary tuberculosis, but there is evidence of a significant Mantoux test, the nursing home shall require that the individual be evaluated and considered for preventive therapy. Thereafter, the nursing home shall require the individual to report promptly any symptoms suggesting tuberculosis. The nursing home shall maintain a listing of individuals with evidence or a history of conversion and annually document the presence or absence of symptoms in such an individual and maintain this documentation on file; and
(e) If the chest x-ray reveals active pulmonary tuberculosis, the nursing home shall not permit the individual to enter the home until the appropriate local public health authority determines the individual is no longer infectious.
(2) Has been examined within thirty days before commencing work, or on the first day of work, by a physician or other licensed health professional acting within their applicable scope of practice and certified as medically capable of performing his or her prescribed duties. This paragraph does not apply to volunteers.
(3) The nursing home may allow volunteers to work in the home for less than ten days within one thirty day period without being tested for tuberculosis pursuant to paragraph (D)(1) of this rule, if the nursing home:
(a) Assesses the volunteer for signs and symptoms of tuberculosis; and
(b) Ensures that a volunteer assessed as having signs and symptoms is not permitted to enter the home until the volunteer meets the requirements of paragraph (D)(1) of this rule. The nursing home shall require a volunteer who continues to work in the home for ten or more days within one thirty day period or for more than ten hours during any subsequent thirty day period to meet the tuberculosis testing requirements of paragraph (D)(1) of this rule.
(4) Operators shall retain documentation evidencing compliance with this paragraph and shall furnish such documentation to the director upon request.
(E) Employees of temporary employment services or, to the extent applicable, paid consultants working in a nursing home, shall have medical examinations and tuberculosis tests in accordance with paragraph (D) of this rule, except that a new tuberculosis test and medical certification are not required for each new assignment. Each nursing home in which such an individual works shall obtain verification of the medical certification and the Mantoux test result, as applicable, from the employment agency or consultant before the individual begins work and shall maintain this documentation on file.
(F) Individuals used by an adult day care program provided by and on the same site as the nursing home shall have medical examinations and tuberculosis tests in accordance with paragraph (D) of this rule if the adult day care program is located or shares space within the same building as the nursing home or if there is a sharing of staff between the nursing home and adult day care program. R.C. 119.032 review dates: 05/19/2006 and 05/01/2011

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Prior Effective Dates: 3/1/1971, 12/21/92, 9/5/97, 10/20/2001

3701-17-07.1 Required training and competency evaluation for nurse aides working in long-term care facilities.

(B) No long-term care facility shall use an individual as a nurse aide for more than four months unless the individual is competent to provide the services he or she is to provide; the facility has received from the nurse aide registry, established under section 3721.32 of the Revised Code, the information concerning the individual provided through the registry; and one of the following is the case:

(6) The individual is enrolled in a prelicensure program of nursing education approved by the board of nursing or by an agency of another state that regulates nursing education, has provided the long-term care facility with a certificate from the program indicating that the individual has successfully completed the courses that teach basic nursing skills including infection control, safety and emergency procedures and personal care, and has successfully completed the competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code and the applicable rules of Chapter 3701-18 of the Administrative Code;

3701-17-07.2 Dining assistants.

(E) The training course for dining assistants shall provide a combined total of at least ten hours of instruction, including a one hour clinical portion. The clinical portion shall be provided for no more than eight participants at one time. The training course shall follow the curriculum specified in the appendix attached to this rule and address the following topics:

(6) Infection control;

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3701-17-10 Resident assessments; tuberculosis testing.

(A) Each nursing home, in accordance with this rule, shall require written initial and periodic assessments of all residents. The different components of the assessment may be performed by different licensed health care professionals, consistent with the type of information required and the professional’s scope of practice, as defined by applicable law,
and shall be based on personal observation and judgment. This paragraph does not prohibit the licensed health professional from including in the assessment resident information obtained by or from unlicensed staff provided the evaluation of such information is performed by that licensed health professional in accordance with the applicable scope of practice.

(B) Prior to admission, the nursing home shall obtain from the prospective resident's physician, other appropriate licensed health professionals acting within their applicable scope of practice, or the transferring entity, the current medical history and physical of the prospective resident, including the discharge diagnosis, admission orders for immediate care, the physical and mental functional status of the prospective resident, and sufficient additional information to assure care needs of and preparation for the prospective resident can be met. This information shall have been updated no more than five days prior to admission.

(C) Upon admission, the nursing home shall assess each resident in the following areas:
(1) Cardiovascular, pulmonary, neurological status including auscultation of heart and lung sounds, pulses and vital signs; and
(2) Hydration and nutritional status; and
(3) Presenting physical, psycho-social and mental status. The nursing home shall also review each resident's admission orders to determine if the orders are consistent with the resident's status upon admission as assessed by the nursing home and shall reconfirm, as applicable, the orders with the attending physician or other licensed health care professional acting within the applicable scope of practice. The nursing home shall obtain any special equipment, furniture or staffing that is needed to address the presenting needs of the resident. The nursing home shall provide services to meet the specific needs of each resident identified through this admission assessment until such time as the care plan required by rule 3701-17-14 of the Administrative Code is developed and implemented.

(D) The nursing home shall perform a comprehensive assessment meeting the requirements of paragraph (E) of this rule on each resident as follows:
(1) For an individual beginning residence in the nursing home after the effective date of this rule, the comprehensive assessment shall be performed within fourteen days after the individual begins to reside in the facility.
(2) For a resident living in the nursing home on the effective date of this rule, a comprehensive assessment shall be performed within ninety days of the effective date of this rule. If the resident had a comprehensive assessment meeting the requirements of paragraph (E) of this rule no more than three months before the effective date of this rule, the nursing home is not required to perform another comprehensive assessment;
(3) Subsequent to the initial comprehensive assessment, a comprehensive assessment shall be performed at least annually thereafter. The annual comprehensive assessment shall be performed within thirty days of the anniversary date of the completion of the resident's last comprehensive assessment.

(E) The comprehensive assessment shall include documentation of the following:
(1) Medical diagnoses;
(2) Psychological, and mental retardation and developmental diagnoses and history, if applicable;
(3) Health history and physical, including cognitive functioning, and sensory and physical impairments;
(4) Psycho-social history and the preferences of the resident including hobbies, usual activities, food preferences, bathing preferences, sleeping patterns, and socialization and religious preferences;
(5) Prescription and over-the-counter medications;
(6) Nutritional requirements and need for assistance and supervision of meals;
(7) Height and weight;
(8) A functional assessment which evaluates the resident’s ability to perform activities of daily living;
(9) Vision, dental and hearing function; and
(10) Any other alternative remedies and treatments the resident is taking or receiving. The documentation required by this paragraph shall include the name and signature of the individual performing the assessment, or component of the assessment, and the date the assessment was completed.

(F) Subsequent to the initial comprehensive assessment, the nursing home shall periodically reassess each resident, at minimum, every three months, unless a change in the resident’s physical or mental health or cognitive abilities requires an assessment sooner. The nursing home shall update and revise the assessment to reflect the resident’s current status. This periodic assessment shall include documentation of at least the following:
(1) Changes in medical diagnoses;
(2) Updated nutritional requirements and needs for assistance and supervision of meals;
(3) Height and weight;
(4) Prescription and over-the-counter medications;
(5) A functional assessment as described in paragraph (E)(8) of this rule;
(6) Any changes in the resident’s psycho-social status or preferences as described in paragraph (E)(4) of this rule; and
(7) Any changes in cognitive, communicative or hearing abilities or mood and behavior patterns.

(G) In addition to the requirements of this rule, except as permitted under paragraph (H) of this rule, prior to or within forty-eight hours after admission, residents who have not had previous known significant Mantoux tests and who do not have a record of two-step or single step Mantoux testing within the twelve months preceding admission, shall have a two-step Mantoux test using five tuberculin units of purified protein derivative. If the first step in nonsignificant, the second step shall be performed no less than seven or more than twenty-one days from the date of the first step. Only a single Mantoux is required if the resident has documentation of either a single Mantoux test or a two-step Mantoux test within one year of admission. Each resident shall have a single Mantoux test repeated annually within thirty days of the anniversary date of the most recent testing.

(1) The nursing home shall assure that residents with significant Mantoux tests are reviewed for history and symptoms by a physician, or other appropriate licensed health care professionals acting within their applicable scope of practice, and that they have had a chest x-ray within thirty days before, or within forty-eight hours after notification of significant test results. If appropriate, the physician or applicable health care professional shall order a repeat x-ray. Additional Mantoux testing is not required after one medically documented significant test. The nursing home shall assure that a resident who exhibits signs and symptoms of tuberculosis is reassessed. A subsequent chest x-ray is not required unless the individual develops symptoms consistent with active tuberculosis.
(2) Residents with nonsignificant Mantoux tests shall receive a single Mantoux test if they are exposed to a known case of tuberculosis and another single Mantoux test performed ninety days after break of exposure. If the test reveals evidence of conversion, the resident shall have a chest x-ray unless the resident has had a chest x-ray no more than thirty days before the date of conversion and the physician or other appropriate licensed health professional determines another x-ray is not needed.

(a) If the chest x-ray does not reveal active pulmonary tuberculosis, the nursing home shall document that the resident has been evaluated and considered for preventive treatment. The nursing home shall assess the resident for signs and symptoms suggesting tuberculosis and shall annually document the presence or absence of symptoms in the resident's record.

(b) If the chest x-ray reveals active pulmonary tuberculosis, the nursing home shall manage the resident in accordance with the tuberculosis plan, required by paragraph (D) of rule 3701-17-11 of the Administrative Code, until the appropriate local public health authority determines the resident is no longer infectious.

(3) The nursing home shall require participants of an adult day care program provided by and on the same site as the nursing home to comply with the requirements of paragraph (G) of this rule if the program is located or shares space within the same building as the nursing home, day care participants and residents of the home intermingle, or if there is a sharing of staff between the program and the home. If an adult day care participant is assessed as having active pulmonary tuberculosis, the nursing home shall not permit the participant to enter the nursing home until the appropriate local public health authority determines the participant is no longer infectious.

(H) Residents admitted to the nursing home for stays of less than ten days are exempted from the testing required by paragraph (G) of this rule if the nursing home:

(1) Assesses the resident upon admission for signs and symptoms of tuberculosis; and

(2) Ensures that a resident assessed as having signs and symptoms of tuberculosis has the chest x-ray and follow-up required by paragraph (G) of this rule.

(I) Nursing homes that conduct resident assessments in accordance with 42 C.F.R. 483.20, using the resident assessment instrument specified by rule 5101:3-3-40 of the Administrative Code, shall be considered in compliance with paragraphs (D), (E) and (F) of this rule.

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3701-17-11 Infection control.

(A) Each nursing home shall establish and implement appropriate written policies and procedures to assure a safe, sanitary and comfortable environment for residents and to control the development and transmission of infections and diseases. Each nursing home shall establish an infection control program to monitor compliance with the home's infection control policies and procedures, to investigate, control and prevent infections in the home, and to institute appropriate interventions. The home shall designate an
appropriate licensed health professional with competency in infection control to serve as the infection control coordinator.

(B) If any resident, or individual used by the nursing home, exhibits signs and symptoms of a disease listed in rule 3701-3-02 of the Administrative Code, the nursing home shall ensure that appropriate interventions and follow-up are implemented and shall make reports to the appropriate local public health authority as required by law.

(C) Each nursing home shall use appropriate infection control precautions in caring for all residents. At minimum, individuals working in a nursing home shall:

1. (a) Wash their hands vigorously with soap and water for at least ten to fifteen seconds or, if hand-washing facilities are not readily available, with a water-less alcohol-based product used according to manufacturer’s directions or other alternative methods accepted by the centers for disease control and prevention, or another recognized infectious disease organization, as being an effective alternative:
   (a) After using the toilet;
   (b) Before direct contact with a resident, dispensing medication, or handling food;
   (c) Immediately after touching body substances;
   (d) After handling potentially contaminated objects;
   (e) Between direct contact with different residents; and
   (f) After removing gloves.

2. (2) Place disposable articles contaminated with body substances (other than sharp items) in a container impervious to moisture and manage them in a fashion consistent with Chapter 3734. of the revised code. Reusable items contaminated with body substances shall be contained until cleaning and decontamination occurs using products that are approved by the United States food and drug administration;

3. (3) Wear disposable gloves for contact with any resident’s body substances, non-intact skin or mucous membranes. The gloves shall be changed before and after contact with another resident and disposed of in accordance with state law;

4. (4) Wear an impervious cover gown or other appropriate protective clothing if soiling of clothing with body substances is likely to occur;

5. (5) Wear a mask and protective goggles or a face shield if splashing of body substances is likely or if a procedure that may create an aerosol is being performed;

6. (6) Dispose of all hypodermic needles, syringes, scalpel blades and similar sharp wastes by placing them in rigid, tightly closed puncture-resistant containers before they are transported off the premises of the home, in a manner consistent with Chapter 3734. of the Revised Code. The nursing home shall provide instructions to all individuals who use sharps in the home on the proper techniques for disposal; and

7. (7) Disposable equipment and supplies shall not be re-used.

For the purposes of paragraph (C) of this rule, "body substance" means blood, semen, saliva, vaginal secretions, feces, urine, wound drainage, emesis and any other secretion or excretion of the human body except tears and perspiration.

(D) In addition to following the standard precautions required by paragraph (C) of this rule, nursing homes shall follow the current guidelines for isolation requirements issued by the centers for disease control and prevention when caring for a resident known or suspected to be infected with a disease listed in paragraph (A) of rule 3701-3-02 of the Administrative Code. The nursing home shall develop and follow a tuberculosis control plan, based on a facility assessment, which is consistent with current guidelines issued by the centers for disease control and prevention.
(E) The nursing home shall keep clean and soiled laundry separate. Soiled laundry shall be handled as little as possible. Laundry that is wet or soiled with body substances, as defined in paragraph (C) of this rule, shall be placed in impervious bags which are secured to prevent spillage. Individuals performing laundry services shall wear impervious gloves and an impervious gown. Individuals handling soiled or wet laundry on the unit shall wear gloves and, if appropriate, other personal protective equipment. The home shall use laundry cycles according to the washer and detergent manufacturers’ recommendations. Protective clothing shall be removed before handling clean laundry.

(F) If the nursing home provides an adult day care program which is located, or shares space, within the same building as the nursing home, shares staff between the program and the home, or where the day care participants at any time intermingle with residents of the home, the requirements of this rule are also applicable to participants of the adult day care program.

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3701-17-12 Notification and reporting of changes in health status, illness, injury and death of a resident.

(D) Report the diseases required to be reported under Chapter 3701-3 of the Administrative Code in the manner specified by that chapter.

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3701-17-18 Food and nutrition.

(C) A nursing home may provide home-style meal or buffet service if the residents agree to participate in the meal service and the home:

(1) Uses precautions to prevent contamination of food being served;

(J) The nursing home shall store, prepare, distribute and serve food under sanitary conditions and in a manner that protects it against contamination and spoilage in accordance with food service requirements of Chapter 3717-1 of the Administrative Code.

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3701-17-21 Dining and recreation rooms; utility rooms; toilet rooms.

(D) Every nursing home shall employ methods and have adequate facilities and supplies for clean and soiled laundry in accordance with prevailing infection control practices.

(E) Where toilet rooms are not available in connection with each room occupied for sleeping purposes, there shall be not less than one toilet room readily accessible from public spaces in each occupied story.

(F) Where there are more than four persons of one sex to be accommodated in one toilet room on a floor, a toilet room shall be provided on that floor for that sex.

(G) Except as provided in paragraphs (E) and (F) of this rule, toilet rooms shall conform to the Ohio building code.

(H) Toilet rooms and all the facilities therein shall, at all times, be kept in good repair, in a clean and sanitary condition, free from filth and accumulation of waste, and shall be provided with a supply of toilet tissue. Each hand washing basin shall be provided with a soap dispenser. Toilet rooms shall be designed or equipped to assure full visual privacy for each resident.

(I) Grab rails and other safety devices such as non-slip surfaces shall be provided and maintained in good repair.

(J) In every building or addition to a building constructed or converted to use as a nursing home after the effective date of this rule, there shall be one toilet room directly accessible from and exclusively for each resident sleeping room except the hand washing basin may be located in either the toilet room or the sleeping room.

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310:675-5-4. Service areas
The following shall be located in or readily available to each nursing unit:

(1) Nurses’ station with space for nurse’s charting, doctor’s charting, storage for administrative supplies, and handwashing facilities. (This handwashing facility could serve the drug distribution station, if conveniently located.)

(3) Room for examination and treatment of residents may be omitted if all resident rooms are single-bed rooms. This room shall have a minimum floor area of 120 sq. ft. (11.15 sq. m.), excluding space for vestibule, toilet, closets and work counters (whether fixed or moveable). The minimum room dimension shall be 10’0” (3.05 m.) and shall contain a lavatory or sink equipped for handwashing, a work counter, storage facilities, and a desk, counter, or shelf space for writing.

(4) Clean workroom/clean holding room.

(A) The clean workroom shall contain a work counter, handwashing, and storage facilities.
(B) The clean holding room shall be part of a system for storage and distribution of clean and sterile supply materials and shall be similar to the clean workroom except that the work counter and handwashing facilities may be omitted.

(5) Soiled workroom/soiled holding room.

(A) The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, sink equipped for handwashing, work counter, waste receptacle, and linen receptacle.

310:675-5-6. Physical therapy facilities

The following elements shall be provided in skilled nursing facilities:

(1) Treatment areas shall have space and equipment for all modalities to be utilized. Provision shall be made for cubicle curtains around each individual treatment area, handwashing facility(ies) (One lavatory or sink may serve more than one cubicle), and facilities for the collection of soiled linen and other material.

310:675-5-9. Dietary facilities

(4) Handwashing facility(ies) in the food preparation Area.

(12) Toilets for dietary staff with handwashing facility immediately available.

310:675-5-12. Linen services

(a) If linen is to be processed on the site, the following shall be provided:

(1) Laundry processing room with commercial type equipment which can process seven (7) days' needs within a regularly scheduled work week. Handwashing facilities shall be provided.

310:675-5-18. Design and construction

The requirements in applicable portions of NFPA 101, 1981, shall supersede all other standards and codes unless indicated herein to the contrary. A high degree of safety for the occupants shall be provided to minimize the incidence of accidents with special consideration for residents who will be ambulatory to assist them in self care. Hazards such as sharp corners shall be avoided.

(2) New construction projects including additions and alterations. Details and finishes shall comply with the following:

(M) Location and arrangement of handwashing facilities shall permit their proper use and operation.

(N) Lavatories and handwashing facilities shall be securely anchored to withstand an applied vertical load of not less than 250 lbs. (113.4 kg.) on the front of the fixture.

(O) Mirrors shall be arranged for convenient use by residents in wheelchairs as well as by residents in a standing position. Mirrors shall not be installed at handwashing fixtures in food preparation areas.

(P) Provisions for hand drying shall be included at all handwashing facilities. These shall be single-use separate, individual paper or cloth units enclosed in such a way as to provide protection against the dust or soil and ensure single unit dispensing. Hot air dryers are permitted provided that installation is such to preclude possible contamination by recirculation of air.

310:675-7-5.1. Reports to state and federal agencies

(d) Reporting communicable diseases. The facility shall report communicable diseases [63 O.S. §1-1939(I)(1)(a)] and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting).
310:675-7-9.1. Written administrative policies and procedures

(k) The facility shall adopt a nursing policy and procedure manual, which shall detail all nursing procedures performed within the facility. All procedures shall be in accordance with accepted nursing practice standards, and shall include, but not be limited to, the following:

(9) Isolation procedures.

(l) Each nursing station shall have a copy of the nursing policy and procedure manual, isolation techniques, and emergency procedures for fire and natural disasters.

(n) The facility shall adopt a policy that any person working in the facility who shows signs or symptoms of a communicable disease, shall be excluded from work, and shall be permitted to return to work only after approval of the director of nursing or charge nurse.

310:675-7-15.1. Housekeeping laundry, and general storage

(a) Housekeeping. Each facility shall have housekeeping services that are planned, operated, and maintained to provide a pleasant, safe and sanitary environment.

(b) Laundry. Each facility shall have laundry services that are planned, operated, and maintained to provide sufficient, safe and sanitary laundering of linen, supplies, and clothing.

(2) Housekeeping personnel, using accepted practices and procedures, shall keep the facility free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards.

(4) Suitable equipment and supplies shall be provided for all cleaning activities and shall be maintained in a safe, sanitary condition.

(5) Cleaning shall be performed in a manner that minimizes the spread of pathogenic organisms.

(A) Floors shall be cleaned regularly.

(7) Resident rooms, furniture, bedding and equipment shall be thoroughly cleaned and sanitized before use by another resident.

(8) All garbage and rubbish not disposable as sewage shall be collected in impervious containers in such a manner as not to become a nuisance or a health hazard and shall be removed to an approved storage area at least once a day.

(A) The refuse and garbage storage area shall be kept clean and orderly.

(9) The containers used to transport refuse within the building shall be constructed of impervious materials, be lid or door enclosed, used solely for refuse, and maintained in a clean manner. All kitchen waste, contaminated refuse, and patient room trash shall be securely bagged before placed in these containers.

(10) Bathtubs, showers or lavatories shall not be used for laundering, cleaning of bedside utensils, mops, nursing utensils or equipment, nor for the dumping of waste water, nor for storage.

(11) Draperies and furniture shall be kept clean and in good repair.
(b) **Laundry.** Each facility shall have laundry services that are planned, operated, and maintained to provide sufficient, safe and sanitary laundering of linen, supplies, and clothing.

(4) Laundry processing and procedures shall render soiled linens and resident clothing clean, dry, soft and free of detergent, lint and soap.

(5) Soiled laundry shall be processed frequently to prevent the accumulations of soiled linens and resident’s clothing.

(6) The facility’s linen supply shall include at least two complete changes of linen for each resident bed. All linen shall be clean, sorted, and in good repair. When linen is not in use all shall be properly stored.

(7) Soiled linen, including blankets, shall be placed in bags or impervious linen hampers/carts with lids tightly closed and shall be removed to the laundry area from the resident care unit at least every eight hours.

(9) All soiled linen shall be enclosed in bags before placing them in the laundry chute. Laundry chutes shall be cleaned as scheduled in the facility’s policy and procedure manual.

(10) Carts and hampers used to transport soiled linen shall be constructed of, or lined with, impervious materials, which can be cleaned and disinfected after each use, and used only for transporting soiled linen. Tight fitting lids or covers shall be used.

(12) All personnel shall wash their hands or use alcohol gel thoroughly after handling soiled linen.

(13) There shall be at least one storage area for clean linen.

(c) **General storage.** The facility shall provide general storage as follows:

(4) Paper towels, tissues, and other supplies shall be stored in a manner to prevent their contamination prior to use.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-17.1. Infection control

(a) The facility shall have an infection control policy and procedures to provide a safe and sanitary environment. The policy shall address the prevention and transmission of disease and infection. The facility, and its personnel, shall practice the universal precautions identified by the centers for Disease Control. All personnel shall demonstrate their knowledge of universal precautions through performance of duties.

(b) The facility shall maintain a sanitary environment and prevent the development and transmission of infection in the following areas.

(1) Food handling practices.

(2) Laundry practices including linen handling.

(3) Disposal of environmental and resident wastes.

(4) Pest control measures.

(5) Traffic control for high-risk areas.

(6) Visiting rules for high-risk residents.

(7) Sources of air-borne infections.

(8) Health status of all employees and residents.

(9) Isolation area for residents with communicable diseases.

(c) Infection control policies to break the transmission of infection shall include the following:

(1) Excluding personnel and visitors with communicable infections.

(2) Limiting traffic in dietary and medication rooms.
(3) Using aseptic and isolation techniques including hand washing techniques.
(4) Bagging each resident’s trash and refuse.
(5) Issuing daily damp wipe cloths, treated dust cloths and clean wet mops, as needed.
(6) Laundering the used wet mops and cleaning cloths every day.
(7) Cleaning the equipment for resident use daily, and the storage and housekeeping closets as needed.
(8) Providing properly identifiable plastic bags for the proper disposal of infected materials.
(d) When scheduled to be cleaned, the toilet areas, utility rooms, and work closets, shall be cleaned with a disinfectant solution and fresh air shall be introduced to deodorize.

admitted to the facility after the adoption of this rule shall receive a two-step tuberculin skin test in conformance with the "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).

(1) Tuberculin skin tests shall be administered by a licensed nurse or physician.
(2) Where a skin test is contra-indicated, a chest radiograph, interpreted by a medical consultant in collaboration with the city, county or state health department, is acceptable.
(3) Residents claiming a prior positive tuberculin skin test shall have documentation in their medical record, obtained from a licensed health care professional, of their test results and interpretation; otherwise, a two-step tuberculin skin test shall be done.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-07; Amended at 25 Ok Reg 2482, eff 7-11-08]

EDITOR’S NOTE: See Editor’s Note at beginning of this Chapter.

310:675-7-18.1. Personnel records

Each facility shall maintain a personnel record for each current employee containing:

(4) Health examination on hire. Record of health examination conducted within thirty days of employment which shall include, but not be limited to, a complete medical history, physical examination by body system and, a two-step tuberculin skin test in conformance with the "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).

(A) Tuberculin skin tests shall be administered by a licensed nurse or physician.
(B) Where a skin test is contra-indicated, a chest radiograph, interpreted by a medical consultant in collaboration with the city, county or state health department, is acceptable.
(C) Employees claiming a prior positive tuberculin skin test shall have documentation in their file, obtained from a licensed health care professional, of their test results and interpretation, otherwise, a two-step tuberculin skin test shall be done.

(5) Tuberculin skin test. Results of subsequent tuberculin skin test performed based on facility TB risk classification established in OAC 310:675-7-17(c)(9) (relating to annual facility tuberculosis risk assessment) or results of a physician’s examination for signs and symptoms of tuberculosis for those employees who react significantly to a tuberculin skin test. All tests and examinations shall be in conformance with the "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).
Residential and visiting pets

(a) Each facility that allows residential or visiting animals shall adopt and comply with policies that meet or exceed 310:675-7-19(a) and 310:675-7-19(b). The facility's policies shall describe the schedule of animal care and zoonotic infection control for the respective facility. The facility shall not allow any animal to reside in the facility until all of the following requirements are met:

(1) The animal is a dog, cat, fish, bird, rabbit, or guinea pig. If a facility desires to include other types of animals in their program, the facility shall submit a supplemental request accompanied by its policies, procedures, and guidelines to the Department and receive written approval from the Department prior to implementation.

(2) For residential pets, excluding fish, the number of animals in a facility shall be limited to no more than one dog per 50 residents; 1 cat, rabbit, or guinea pig per 30 residents; or 1 bird per 20 residents, unless the facility has received the Department’s prior approval of a greater number of pets through a supplemental request pursuant to 310:675-7-19(a)(1).

(3) The facility adopts policies ensuring non-disruption of the facility.

(4) All pets are housed and controlled in a manner that ensures that neither the pet nor the residents are in danger. A pet cage or container must not obstruct an exit or encroach on the required corridor width.

(5) The following veterinary medical services are obtained for each pet, when applicable to species, and a record of service is maintained on file at the facility:

(A) A health certificate from a veterinarian licensed to practice in Oklahoma stating the animal is healthy on physical exam and of acceptable temperament to be placed in the facility;

(B) Proof of evaluation by a veterinarian licensed to practice in Oklahoma for presence of internal parasites on a semi-annual basis and for the presence of external parasites as needed;

(C) Proof of current rabies immunization for dogs and cats, and leptospirosis immunization for dogs administered by a licensed veterinarian;

(D) Proof of spaying/neutering for dogs and cats over six months of age; and

(E) Statement from a licensed veterinarian certifying that each bird tested negative for *Chlamydia psittaci* infection (psittacosis) within 30 days prior to placement in the facility. Birds equal in size to or larger than a parakeet shall receive a serologic test. Culture from fresh droppings or cloacal swab will be acceptable test in smaller birds, such as canaries and finches.

(6) The pet’s skin appears normal, and its coat or feathers are free of ectoparasites, matted hair, feces, and other debris.

(7) Residential pets shall be the responsibility of the administrator, who shall designate at least one attendant to supervise the care and maintenance of resident animals. The administrator and the designated attendants shall at least annually review the facility’s policy on residential and visiting pets, and shall document that they have read and understood the policy.

(8) The facility provides for the cleaning and disinfecting of any areas contaminated by urine or excrement, and for the regular cleaning of aviaries, aquariums, and animal cages.
Water in aquariums and fish bowls shall be appropriately maintained to prevent bacterial growth in the water.

(9) Residential dogs and cats shall not be allowed to remain in the resident areas after visiting hours. No animal shall be allowed in an area used for food storage or preparation, dining, medication preparation or administration, or clean or sterile supply storage.

(10) If there is more than one resident per room, permission shall be obtained from each resident in the room before allowing animal visitation.

(b) The facility may allow other animals to visit the facility. Visiting animals shall be under the control of the person bringing the pet into the facility. The attendant of visiting animals shall adhere to the facility’s policies and procedures for residential pets. Proof of current rabies immunization must be provided to the administrator before any dog, cat or ferret can be allowed as a visiting pet in the facility.

(c) The Department shall publish and distribute to facilities recommended husbandry and veterinary care guidelines for residential pets. The guidelines shall include but not be limited to recommendations for housing, cleaning needs, exercise, diet, fecal examinations, grooming, attendant training on animal care and nutrition, and preventive health care. The guidelines shall be used for the information and education of facilities.

(d) Section 310:675-7-19 does not supersede any local or state rules that regulate animals.

[Source: Added at 18 Ok Reg 2533, eff 6-25-01]

310:675-9-1.1. Nursing and personal care services

(2) Personal care shall include, but not be limited to:

(B) Keeping bed linens clean and dry.

310:675-7.1. Physician services

Each resident shall be under the care of a licensed physician, who shall be responsible for the resident’s overall medical care. The physician’s duties shall include but not be limited to:

(1) Completing an admission history and physical that includes chief complaints, course of present illness, past medical history, and examination findings by body systems and diagnosis within two weeks of admission unless a physical was conducted within the previous sixty days.

310:675-13-7. Food service staff

(b) Food service staff.

(2) The food service staff shall complete a basic orientation program before working in the food service area. This orientation shall include, but not be limited to: fire and safety precautions, infection control, and basic dietary guidelines.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-07; Amended at 25 Ok Reg 2482, eff 7-11-08]

EDITOR’S NOTE: See Editor’s Note at beginning of this Chapter.

310:675-9-31. Influenza and pneumococcal vaccinations

(a) Each facility shall document evidence of the offering of annual vaccination against influenza for each resident and for each employee, in accordance with the Recommendations of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention most recent to the time of vaccination.

(b) Each facility shall document evidence of the offering of vaccination against pneumococcal disease for each resident, in accordance with the Recommendations of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention most recent to the time of vaccination.
(c) The immunizations provided for in this section may be waived because of medical contraindication or may be refused. Documentation of the vaccination, medical contraindication or refusal shall be recorded in the resident's medical or care record. If the resident is not vaccinated, the documentation in the resident record shall include a statement signed by the resident, the resident's representative, or the resident's physician as appropriate.

(d) Attending physicians may establish standing orders for the administration of influenza and pneumococcal immunizations in accordance with the Recommendations of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention most recent to the time of vaccination.

[Source: Added at 16 Ok Reg 3493, eff 7-30-99 (emergency); Added at 17 Ok Reg 2072, eff 6-12-00; Amended at 18 Ok Reg 2533, eff 6-25-01]

310:675-13-7. Food service staff

(b) Food service staff.
(2) The food service staff shall complete a basic orientation program before working in the food service area. This orientation shall include, but not be limited to: fire and safety precautions, infection control, and sanitary food handling practices.

(3) Each food service staff member shall successfully complete a food service training program offered or approved by the Department within ninety (90) days of beginning employment. Food service training shall be renewed as required by the authorized training program.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-07; Amended at 25 Ok Reg 2482, eff 7-11-08]

EDITOR’S NOTE: *See Editor’s Note at beginning of this Chapter.

310:675-13-8. Activities personnel

(c) Department approval of activities director course. Any person or entity seeking to conduct an approved activities director-qualifying course pursuant to 310:675-13-8(b)(3) (pertaining to successful completion of a department approved course) shall make application to the Department.

(8) Course content. The course shall address the following content:
(I) Infection Control.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 26 Ok Reg 2059, eff 6-25-09]

OREGON

411-070-0085

Bundled Rate
(2) SERVICES AND SUPPLIES.
(e) The following services and supplies are NOT included in the bundled rate:
(E) Biologicals (e.g., immunization vaccines);
Stat. Auth.: ORS 414.065 & 410.070 Stats. Implemented: ORS 410.070 & 414.065 Hist.: PWC 847(Temp), f. & ef. 7-1-77; PWC 859, f. 10-31-77, ef. 11-1-77; PWC 866(Temp), f. 12-30-77, ef. 1-1-78; AFS 191978, f. & ef. 5-1-78; Renumbered from 461-017-0140, AFS 69-1981, f. 9-
411-085-0210 Facility Policies

(1) POLICIES REQUIRED. A Quality Assessment and Assurance Committee must develop and adopt facility policies. The policies must be followed by the facility staff and evaluated annually by the Quality Assessment and Assurance Committee and rewritten as needed. Policies must be adopted regarding:

- (I) Infection control;
- (p) Housekeeping services and preventive maintenance;


411-085-0220 Quality Assurance

(1) QUALITY ASSESSMENT AND ASSURANCE COMMITTEE. Each facility must have a Quality Assessment and Assurance Committee. The committee must include the administrator, medical director, Director of Nursing Services (DNS), consulting pharmacist and at least one other facility staff person. The committee must:

- (d) Ensure that an infection control program as identified in OAR 411-086-0330 is conducted; and

(2) QUALITY ASSURANCE. The Quality Assessment and Assurance Committee must conduct an annual review of care practices to ensure quality. The review must include:

- (a) Evaluation of resident audits (biannual physical examination of a representative sample of facility residents). The sample must include a minimum of 20 percent of the residents or ten residents, whichever is greater;
- (b) Clinical records, including medication administration and treatments;
- (c) Resident nutritional status, including weights, intake, and output;
- (d) Care plans to ensure that care needs have been identified and addressed;
- (e) The services and functions required by the policies listed in OAR 411-085-0210; and
- (f) Actions taken to resolve identified problems and to prevent their recurrence.

(3) DOCUMENTATION. All meetings of the Quality Assessment and Assurance Committee must be documented. Documentation must include a listing of those in attendance, length of the meeting, issues discussed, findings, actions, recommendations made and assessment of previous actions and recommendations.


Residents’ Rights: Pharmaceutical Services, Charges for Drugs

(1) CHOICE OF SUPPLIERS:

- (d) The resident must have a choice from among suppliers of nonprescriptive sickroom supplies so long as any items supplied can be maintained in a clean manner with equipment available at the facility;

- (e) For purposes of subsections (1)(b) and (c) of this rule, "supplier" includes an authorized representative of the resident who purchases nonprescriptive medication or nonprescriptive sickroom supplies at retail.

Stat. Auth.: ORS 410.070 & 441.055 Stats. Implemented: ORS 441.055, 441.083, 441.084 &
Director of Nursing Services (DNS)

(3) RESPONSIBILITY.
(a) The DNS shall have written administrative authority, responsibility, and accountability for assuring functions and activities of the nursing services department. The DNS shall participate in the development of any facility policies that affect the nursing services department (OAR 411-085-0210). The DNS shall organize and direct the nursing service department to include as a minimum:
(G) Participate with the facility administrator and other department directors in development and maintenance of practices and procedures that promote infection control, fire safety, and hazard reduction;

411-086-0330 Infection Control and Universal Precautions (Effective 10/01/1990)

411-086-0140 Nursing Services: Problem Resolution and Preventive Care

(1) Problem Resolution and Prevention:
(a) Conditions to be Prevented. The licensee shall take all reasonable measures consistent with resident choice to resolve and to prevent undesirable conditions such as:
(E) Infections;
(b) Reasonable Measures. Reasonable measures which are required to be taken include, but are not limited to:
(A) Assessment of residents who are at risk;
(B) Implementation of preventive measures; and
(C) Reassessment and modification of treatment program when the program implemented is not effective.
(2) Safe Environment. The licensee shall ensure the provision of a safe environment to protect residents from injury. Actions taken by the facility staff shall be consistent with each resident’s right to fully participate in his or her own care planning and shall not limit any resident’s ability to care for herself/himself:
(a) Dangerous Conditions. The licensee shall take all reasonable precautions to protect a resident from possible injury from dangerous conditions;
(b) Falling, Wandering, Negligence. The licensee shall take all reasonable precautions to protect a resident from possible injury from falling, wandering, other resident(s), staff and staff negligence;
(c) Reasonable Precautions. Reasonable precautions include, but are not limited to, provision and documentation of an assessment and evaluation of resident's condition, medications, and treatments, and completion of a care plan, consistent with OAR 411-086-0060; and, when appropriate:
(A) Physician notification;
(B) Provision of additional inservice training; and/or
(C) Evaluation/adjustment of staffing patterns and supervision.
(d) The licensee shall take all reasonable precautions to protect a resident from dangerous conditions relating to remodeling or construction.
(3) Restraints. The licensee shall ensure that, except when required in an emergency, physical and chemical restraints are only applied in accordance with the resident’s care plan. Restraints may be used only to ensure the physical safety of the resident or other residents:
(a) Freedom of Choice. When restraints are considered in the interdisciplinary care planning conference to reduce the risk of injury related to falls, the resident or his/her legal guardian or person acting under the resident's power of attorney for health care must be informed of the potential risks of falling and the risks associated with restraints;
(b) Physician Orders Required. Except as provided in subsection (3)(c) of this rule, physical and chemical restraints may be applied only when a physician orders restraints. An order for restraints must clearly identify the reason for the restraints and the duration and circumstances under which they are to be applied;
(c) Emergencies. In an emergency situation, a registered nurse may use physical restraints without physician orders if necessary to prevent injury to the resident or to other residents and when alternative measures do not work. If restraints are used in an emergency situation, the registered nurse shall document in the resident's clinical record the use of restraints and what alternative measures did not work. A licensed nurse shall contact the physician for restraint orders within 12 hours of application;
(d) Re-evaluation. Whenever restraints are used, circumstances requiring the restraints and the need must be continually re-evaluated and documented in the clinical record;
(e) Staff Convenience/Discipline. Restraints shall not be used for discipline or staff convenience;
(f) Periodic Release. Residents who are physically restrained must have the restraints released at least every two hours for a minimum of ten minutes and be repositioned, exercised or provided range of motion during this period;
(g) Toileting. Toileting and incontinence care shall be provided when necessary;
(h) Quick Release. All physical restraints must allow for quick release. Locked restraints may not be used;
(i) Fixed Objects. Residents shall not be physically restrained to a fixed object.

411-086-0250 Dietary Services
(1) DIETARY SERVICES DEPARTMENT. The facility shall have a dietary services department which complies with the Food Sanitation Rules, OAR chapter 333, division 150.
(a) Admittance to the kitchen shall be restricted to those who must enter to perform their duties, to government inspectors, or for peer review.
(b) Written procedures for cleaning equipment and work areas shall be prepared and enforced.
(c) Foods shall be protected from contamination during transportation.
(2) DIETARY SERVICES DIRECTOR.
(b) Responsibilities. The dietary services director has responsibility, with guidance from the consultant if the director is not a registered dietician, for:
(A) Orientation, work assignments, supervision of work, and food handling technique for dietary service staff. The director shall assure that employees who have or exhibit signs of a communicable disease do not remain on duty;
(7) DINING ASSISTANT. Facilities may use dining assistants to assist residents with feeding and hydration. "Dining Assistant" means a person 16 years of age or older who has
successfully completed a Department-approved Dining Assistant training course and
competency evaluation. Dining assistants include volunteers participating in facility
volunteer programs who feed residents.

(b) Scope of Duties:

(A) Permitted Duties:

(v) Provide assistance in preparing residents for meals including, but not limited to,
placement of eye glasses, washing hands and face and placement of clothing protector;

(vi) Assist with insertion of dentures for residents that can self direct care;

(c) Training. A Department-approved facility Dining Assistant training course must include,
at a minimum, 16 hours of training and evaluation in the following topics and subject
matters as and as identified in Exhibit 86-2, which is attached to and made a part of these rules

(A) Training Topics:

(viii) Infection control.

[ED. NOTE: Exhibit referenced are available from the agency.]

Hist.: SSD 19-1990, f. 8-29-90, cert. ef. 10-1-90; SPD 23-2004, f. 7-30-04, cert, ef, 8-1-04

Clinical Records

(5) Content of Clinical Record. A clinical record shall be maintained for each resident. Each
record shall contain supporting data, written in sequence of events to justify the diagnosis
and warrant the treatment and results. All entries shall be kept current, accurate, dated and
signed. All clinical records shall be either typewritten or recorded legibly in ink and shall
include but not be limited to the following information:

(c) Clinical reports, current, dated, and signed. Such reports include, but are not limited to,
laboratory, x-ray, and results of tests/exams including those for communicable diseases;

411-086-0310 Employee Orientation and In-Service Training

(2) Inservice. The Administrator or his/her designee shall coordinate all inservice training.
Inservice training shall be designed to meet the needs of all facility staff in accordance with
facility policy (OAR 411-085-0210). Each certified nursing assistant shall receive a
minimum of three hours of inservice training each calendar quarter. Each calendar year the
inservice training agenda shall include at least the following:

(d) Measures to prevent cross-contamination, including universal precautions;

Hist.: SSD 19-1990, f. 8-29-90, cert. ef. 10-1-90

411-086-0330

Infection Control and Universal Precautions

(1) Infection Control:

(a) The Quality Assurance and Assessment Committee shall establish, maintain and enforce
an infection control program, including universal precautions and isolation procedures,
which assures protection of residents and staff from infections;

(b) The committee shall meet quarterly and as needed to review facility policies,
procedures, and monitor staff performance relative to infection control. These meetings and
the results thereof shall be documented;

(c) In reviewing and developing facility infection control policies and procedures, the
committee shall consider all guidelines relative to infection control issued by the Division
and by the Center for Disease Control, Atlanta, GA.


(2) Simultaneous Duties. Personnel shall not be simultaneously responsible for duties
which are incompatible with sanitation. This includes prohibiting personnel from being assigned to both resident care and work in the kitchen, laundry, or housekeeping. This also prohibits personnel from having responsibility for work in the kitchen combined with laundry, housekeeping or other such conflicting tasks.

(3) Communicable Disease. Each nursing facility shall maintain compliance with the Health Division rules for communicable disease, including rules relating to tuberculosis examinations for facility personnel and residents.

(4) Soiled Laundry. Soiled linen, toweling, clothing, and sickroom equipment shall not be sorted, laundered, rinsed, or stored in bathroom, kitchen, resident rooms or clean utility areas. Soiled linen, toweling and clothing shall be stored in a separate, ventilated room. Soiled clothing shall be washed separately from soiled linen. Soiled laundry must be transported and stored in a covered container impervious to moisture.

(5) Waste Disposal. All garbage, refuse, soiled surgical dressings and other similar wastes shall be disposed of in a manner that will not create a nuisance or a public health hazard and which is consistent with the State Health Division’s rules for infectious waste (OAR 333, division 056). When community garbage collections and disposal service are not available, garbage and refuse shall be disposed of by some other equally effective and sanitary manner approved by the local health officer.

(6) Clean Linen Storage. All clean linen shall be stored in clean storage rooms or cupboards easily accessible to nursing personnel. Laundry carts used for storing clean linen shall be kept covered when not in use.

Pets

(1) Pets Allowed. Household pets (dogs, cats, birds, fish, hamsters, etc.) are permitted in the nursing facility under the following conditions:
   (a) Pets must be clean and disease-free;
   (b) Immediate environment of pets must be kept clean;
   (e) Pets that are kept at the facility (or are frequent visitors) shall have current vaccinations as recommended by a designated licensed veterinarian (including, but not limited to, rabies).

(2) Areas Pets Prohibited. Pets are not permitted in food preparation or storage areas. Pets shall not be permitted in any area where their presence would create a significant risk or annoyance to residents.

(3) Administrative Control. The administrator or his/her designee shall determine which pets may be brought into the facility. Family members may bring resident’s pets to visit provided they have approval from the administrator and offer reasonable assurance that the pets are clean, disease-free, and vaccinated as appropriate.

Resident Care Unit

Each resident care unit shall provide the following:

(2) Isolation Room. Each facility shall have at least one resident room capable of being designated as an isolation room which is equipped with a private toilet and handwash sink (see Table 2).

[ED. NOTE: Tables referenced are available from the agency.]
Dietary Services
(1) Food Sanitation Rules. Construction, equipment, and installation shall comply with OAR 333, division 150.
(2) Food Preparation Areas. The dietary services area shall include:
(d) Handwash sink; and
(e) Design shall provide for flow of clean items/food and soiled items/food in a manner which avoids potential for contamination.

Laundry Services
(1) On-Site Processing. If linen is to be processed on-site, the following shall be provided:
(b) A laundry processing room with equipment which can process even days' needs within a regularly scheduled work week. The laundry services area shall include a handwash sink and soiled linen receiving, holding and sorting areas;
(e) Clean linen inspection, mending and folding room or area;
(g) The design shall provide for flow of clean and soiled laundry and supplies in a manner which avoids potential for contamination.

Water Supply, Sewage Disposal, and Other Piping Systems
(2) Water Supply. Hot and cold water, safe, sanitary and suitable for domestic use, shall be distributed at 20 pounds per square inch pressure or greater to conveniently located taps throughout the building. When the water supply is not obtained from the community water supply system and an independent supply is used, such water supply shall be in compliance with the Health Division Administrative Rules.
(3) Sewage and Wastewater:
(a) All sewage and liquid wastes shall be disposed of in a municipal sewer system if such facilities are available. When a municipal sewer system is not available, sewage and liquid wastes shall be collected, treated, and disposed of in an independent sewer system which conforms to the applicable minimum standards of the Department of Environmental Quality;
(b) All drainage and other arrangements for the disposal of excreta, infectious discharges, institutional and kitchen wastes shall conform to the State Plumbing Code, municipal or county ordinances, and to the rules of the State Health Division and the Department of Environmental Quality.

Civil Penalties
(1) CONSIDERATIONS. In determining the amount of a civil penalty the Division shall consider:
(c) The gravity of the violation including the actual and potential threat to health, safety, and well-being of residents, the duration of the threat or number or times the threat occurred, and the number of residents threatened;
(d) The severity of the actual or potential harm caused by the violation including whether
the actual or potential harm included loss of life or serious physical or emotional injury;
(e) The facility's history of correcting violations and preventing recurrence of violations;
and
(2) SINGLE VIOLATION CIVIL PENALTIES. Violations of any requirement within any part of
the following statutes, rules, or sections of the following rules are a violation that may result
in a civil penalty after a single occurrence.
(a) Violations involving direct resident care, feeding, or sanitation involving direct resident
care including any violation of:
(K) OAR 411-086-0310 to 411-086-0360 (Employee Orientation and Training, Disaster
Preparation, Infection Control, Smoking, Furnishings, and Equipment);
(L) OAR 411-087-0100(1)(a) and (c) (Repair and Cleanliness); or
411-089-0050
Restriction of Admissions
(1) Purpose. The purpose of this rule is to protect nursing facility residents and prospective
residents from threats to their health, safety and welfare, and to help ensure that the
attention of facilities with serious deficiencies is directed toward correcting those
deficiencies.
(2) Basis for Admission Restriction. When the Division finds an immediate threat to
resident health and safety, the Division may order an immediate restriction of admissions,
or may immediately restrict the number or type of admissions at the facility. An Admission
Restriction Order shall be in writing and may be issued without prior notice to the licensee
and without an opportunity for a contested case hearing:
(a) In determining whether to order a restriction of admission under this rule, the Division
shall consider:
(A) The needs of the residents and prospective residents;
(B) The severity of the threat to current and prospective residents; and
(C) The history of the care provided by the licensee.
(b) For the purposes of this rule, an immediate threat to resident health and safety may
exist when a facility lacks adequate alarm systems including, but not limited to, call bells,
fire, door alarm and/or any other means to protect against a threat to resident health and
safety;
(c) For the purposes of this rule, an immediate threat to resident health and safety exists
when:
(A) The Division finds a pattern of:
(i) Failure to assess or take action to prevent or treat decubitus ulcers, weight loss,
infeciton, dehydration or other changes in the physical condition of residents; or
678.362 Circulating nurses; duties. (1) As used in this section:
(b) “Type I ambulatory surgical center” means a licensed health care facility for the
performance of outpatient surgical procedures including, but not limited to,
cholesystectomies, tonsillectomies or urological procedures, involving general anesthesia or
a relatively high infection control consideration.
Note: 678.362 was added to and made a part of 678.010 to 678.445 by legislative action
but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for
further explanation.
(Registered Nurse First Assistants)
678.375 Nurse practitioners; certificates; prohibitions; authority to sign death
certificates; drug prescriptions.
(5) A licensed pharmacist may fill and a licensed pharmacist or an employee of the licensed pharmacist may dispense medications prescribed by a nurse practitioner in accordance with the terms of the prescription. The filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy.

As used in this section:

Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in human beings

§ 201.3. Definitions.

Drug or medication—A substance meeting one of the following qualifications:

(ii) Is intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals.

Practice of pharmacy—The practice of the profession concerned with the art and science of the evaluation of prescription orders and the preparing, compounding and dispensing of drugs and devices, whether dispensed on the prescription of a medical practitioner or legally dispensed or provided to a consumer. The term includes the proper and safe storage and distribution of drugs, the maintenance of proper records, the participation in drug selection and drug utilization reviews and the responsibility of relating information as required concerning the drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease. The term does not include the operations of a manufacturer or distributor as defined in The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101—780-144).

Resident—A person who is admitted to a licensed long-term care nursing facility for observation, treatment, or care for illness, disease, injury or other disability.

Authority

The provisions of this § 201.3 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source


§ 201.20. Staff development.

(c) There shall be at least annual in service training which includes at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse.
Notes of Decisions
Where a survey team found that a nursing care facility had not conducted in-service programs on infection control and on psychosocial needs of patients, this was regarded as a deficiency. [Court cited to former § 201.205(c).] Department of Health v. Brownsville Golden Age Nursing Home, Inc., 516 A.2d 87 (Pa. Cmwlth. 1986).

§ 201.21. Use of outside resources.
(d) Outside resources supplying temporary employees to a facility shall provide the facility with documentation of an employee's health status as required under § 201.22(c)—(j) and (l)—(m) (relating to prevention, control and surveillance of tuberculosis (TB)).

Authority The provisions of this § 201.21 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

§ 201.22. Prevention, control and surveillance of tuberculosis (TB).
(a) The facility shall have a written TB infection control plan with established protocols which address risk assessment and management, screening and surveillance methods, identification, evaluation, and treatment of residents and employees who have a possible TB infection or active TB.
(b) Recommendations of the Centers for Disease Control (CDC), United States Department of Health and Human Services (HHS) shall be followed in treating and managing persons with confirmed or suspected TB.
(c) A baseline TB status shall be obtained on all residents and employees in the facility.
(d) The intradermal tuberculin skin test is to be used whenever skin testing is done. This consists of an intradermal injection of 0.1 ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) using a disposable tuberculin syringe.
(e) The 2-step intradermal tuberculin skin test shall be the method used for initial testing of residents and employees. If the first test is positive, the person tested shall be considered to be infected. If the first test is negative, a second test should be administered in 1—3 weeks. If the second test is positive, the person tested shall be considered to be previously infected. If the second test result is negative, the person is to be classified as uninfected.
(f) Persons with reactions of >10 mm or persons with symptoms suggestive of TB regardless of the size of the test reaction, shall be referred for further diagnostic studies in accordance with CDC recommendations.
(g) A written report of test results shall be maintained in the facility for each individual, irrespective of where the test is performed. Reactions shall be recorded in millimeters of induration, even those classified as negative. If no induration is found, “0 mm” is to be recorded.
(h) Skin test “negative” employees having regular contact of 10 or more hours per week with residents shall have repeat tuberculin skin tests at intervals determined by the risk of transmission in the facility. The CDC protocol for conducting a TB risk assessment in a health care facility shall be used to establish the risk of transmission.

(i) Repeat skin tests shall be required for tuberculin-negative employees and residents after any suspected exposure to a documented case of active TB.

(j) New employees shall have the 2-step intradermal skin test before beginning employment unless there is documentation of a previous positive skin reaction. Test results shall be made available prior to assumption of job responsibilities. CDC guidelines shall be followed with regard to repeat periodic testing of all employees.

(k) The intradermal tuberculin skin test shall be administered to new residents upon admission, unless there is documentation of a previous positive test.

(l) New tuberculin positive reactors (converters) and persons with documentation of a previous positive reaction, shall be referred for further diagnostic testing and treatment in accordance with current standards of practice.

(m) If an employee’s chest X-ray is compatible with active TB, the individual shall be excluded from the workplace until a diagnosis of active TB is ruled out or a diagnosis of active TB is established and a determination made that the individual is considered to be noninfectious. A statement from a physician stating the individual is noninfectious shall be required.

(n) A resident with a diagnosis of TB may be admitted to the facility if:

1. Three consecutive daily sputum smears have been negative for acid-fast bacilli.
2. The individual has received appropriate treatment for at least 2—3 weeks.
3. Clinical response to therapy, as documented by a physician, has been favorable.

Authority: The provisions of this § 201.24 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).
§ 205.21. Special care room.

(a) Provisions shall be made for isolating a resident as necessary in a single room which is ventilated to the outside as set forth in § 205.66 (relating to special ventilation requirements for new construction). For new construction, there shall be an adjoining private bathroom which contains a toilet, lavatory and either a standard size tub or a shower.

(b) Provisions shall be available to identify this room with appropriate precautionary signs.

Authority The provisions of this § 205.21 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).


(a) A laundry room shall be provided in a facility where commercial laundry service is not used for the washing of soiled linens.

(b) The entrance and exit to the laundry room shall be located to prevent the transportation of soiled or clean linens through food preparation, food storage or food serving areas.

(c) The facility shall have a separate room for central storage of soiled linens. The room shall be well ventilated, constructed of materials impervious to odors and moisture and easily cleaned. Soiled linens may not be transported through areas where clean linen is stored.

(d) A facility shall provide a separate room or area for central storage of clean linens and linen carts.

(e) Equipment shall be made available and accessible for residents desiring to do their personal laundry.

§ 205.66. Special ventilation requirements for new construction.

(a) Ventilation for new construction shall conform to the following:

<table>
<thead>
<tr>
<th>Area Designation</th>
<th>Areas</th>
<th>Per Hour</th>
<th>Per Hour</th>
<th>Room Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Care Room/Isolation Negative</td>
<td>2</td>
<td>6</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

§ 207.4. Ice containers and storage.

Ice storage containers shall be kept clean, and ice shall be handled in a sanitary manner to prevent contamination.
Authority The provisions of this § 207.4 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).


§ 211.1. Reportable diseases.
(a) When a resident develops a reportable disease, the administrator shall report the information to the appropriate health agencies and appropriate Division of Nursing Care Facilities field office. Reportable diseases, infections and conditions are listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities).
(b) Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office.
(c) Significant nosocomial outbreaks, as determined by the facility's medical director, Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterocci (VRE) and Vancomycin-Resistant Staphylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.

Authority: The provisions of this § 211.1 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)); amended under the Disease Prevention and Control Law of 1955 (35 P. S. §§ 521.1—521.21).


§ 211.6. Dietary services.
(f) Dietary personnel shall practice hygienic food handling techniques. An employee shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices while on duty. Employees shall wash their hands thoroughly with soap and water before starting work, after visiting the toilet room and as often as necessary to remove soil and contamination.

Authority The provisions of this § 211.6 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).


Notes of Decisions Although hygienic food handling and general dietary supervision are required by Health Care Facilities Act regulations, alleged wrong doing of skilled nursing facility that led to resident's death by salmonella poisoning did not involve “furnishing of medical services” as
contemplated by the Act’s definition of “professional liability” and therefore, was outside coverage by the Medical Professional Liability Catastrophe Loss Fund. *Stenton Hall v. Medical Liability Loss Fund*, 829 A.2d 377, 384 (Pa. Cmwlth. 2003); appeal denied 857 A.2d 681 (Pa. 2004).

§ 211.10. Resident care policies.
(d) The policies shall be designed and implemented to ensure that the resident receives proper care to prevent pressure sores and deformities; that the resident is kept comfortable, clean and well-groomed; that the resident is protected from accident, injury and infection; and that the resident is encouraged, assisted and trained in self-care and group activities.

Authority The provisions of this § 211.10 amended under section 803 of Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).


Notes of Decisions
Transfer
The transfer of a nursing home patient from an immediate care facility to a domiciliary care facility was proper as the decision to transfer was based on documentation in the clinical record which included the attending physician’s statement and consideration was given to the patient's mental and psychological well being as well. *Grkman v. Department of Public Welfare*, 637 A.2d 761 (Pa. Cmwlth. 1994).

§ 211.12. Nursing services.
(d) The director of nursing services shall be responsible for:
(5) General supervision, guidance and assistance for a resident in implementing the resident’s personal health program to assure that preventive measures, treatments, medications, diet and other health services prescribed are properly carried out and recorded.

Authority The provisions of this § 211.12 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).


CHAPTER 39. STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

§ 39.7. Subject matter for examinations.
(b) The following shall be considered as guidelines with respect to the subjects for the written examinations:
(1) Applicable standards of environmental health and safety which includes the following:
   (i) Hygiene and sanitation.
   (ii) Communicable diseases.
   (iii) Management of isolation.
(6) Principles of medical care which shall include the following:
(i) Anatomy and physiology.
(ii) Psychology.
(iii) Disease recognition.
(iv) Disease processes.

**Source**
The provisions of this § 39.7 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended April 23, 1976, effective April 24, 1976, 6 Pa.B. 2241; amended March 5, 1976, effective March 6, 1976, 6 Pa.B. 418. Immediately preceding text appears at serial pages (26524) and (26525).

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**PART II Organization and Management**

**Section 10.0 Governing Body or Other Legal Authority**

10.1 Each facility shall have an organized governing body or other legal authority, responsible for:

b) the conformity of the facility with all federal, state and local rules and regulations relating to fire, safety, sanitation, communicable and reportable diseases, resident quality of care and quality of life, and other relevant health and safety requirements and with all rules and regulations herein.

**Duties and Responsibilities of the Medical Director**

13.2 Responsibilities of the medical director shall include, but not be limited to:

a) coordination of medical care in the facility,

b) ensuring completion of employee health screening and immunization requirements contained in sections 14.11 and 14.12 herein.

c) the implementation of facility policies and procedures related to the medical care delivered in the facility;

d) physician and advanced practice practitioner credentialing;

e) practitioner performance reviews;

f) employee health including infection control measures;

g) evaluation of health care delivery, including oversight of medical records and participation in quality improvement;

h) provision of staff education on medical issues;

i) participation in state survey process, including the resolution of deficiencies, as needed.

**Health Screening**

14.10 Upon hire and prior to delivering services, a pre-employment health screening shall be required for each individual who has or may have direct contact with a resident in the nursing facility. Such health screening shall be conducted in accordance with the *Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers (R23-17HCW)* promulgated by the Department of Health.
14.11 **Influenza: Long term care employee immunization:** Except as provided in subsection v (below), every facility in this state shall request that employees receive yearly immunization for influenza virus in accordance with Chapter 23-17.19 of the Rhode Island General Laws, as amended.

**Employee Immunization**

i. **Notice to employees:** Every facility shall notify every employee of the immunization requirements of the provisions of Chapter 23-17.19 of the Rhode Island General Laws, as amended, and request that the employee agree to be immunized against influenza virus.

ii. **Records and immunizations:** The facility shall require documentation of annual immunization against influenza virus for each employee, which includes written evidence from a health care provider indicating the date and location the vaccine was administered. Upon finding that an employee is lacking such immunization or the facility or individual is unable to provide documentation that the individual has received the appropriate immunization, the facility shall make available the immunization.

iii. **Other immunizations:** An individual who is newly employed as an employee shall have his status for influenza determined by the facility, and, if found to be deficient, the facility shall make available the necessary immunization.

iv. **Exceptions:** No employee shall be required to receive the influenza vaccine if any of the following apply:

1) The vaccine is contraindicated; 2) It is against his/her religious beliefs; or 3) The person refuses the vaccine after being fully informed of the health risks of that action.

**Personnel Records**

14.12 Personnel records shall be maintained for each employee, shall be available at all times for inspection and shall include no less than the following: a) current and background information covering qualifications for employment; b) records of completion of required training and educational programs; c) records of all required health examinations which shall be kept confidential and in accordance with reference 17; d) evidence of current registration, certification or licensure of personnel subject to statutory regulation; e) annual work performance evaluation records; and f) evidence of authorization to administer drugs for selected non-licensed personnel in accordance with section 25.9 herein.

**In-Service Education**

14.13 An in-service educational program shall be conducted on an ongoing basis, which shall include an orientation program for new personnel and a program for the development and improvement of skills of all personnel. The in-service program shall be geared to the needs of the aged and shall include annual programs on prevention and control of infection, food services and sanitation, fire prevention and safety, confidentiality of resident information, rights of residents and any other area related to resident care.

14.13.1 Provision shall be made for written documentation of programs, including attendance. Flexible program schedules shall be formulated at least two (2) months in advance.

**Records**

17.2 Entries in the medical record relating to treatment, medication, diagnostic tests and other similar services rendered shall be made by the responsible persons at the time of administration. Only physicians shall enter or authenticate medical opinions or judgment.
17.3 Each medical record shall contain sufficient information to identify the resident and to justify diagnosis, treatment, care and documented results and shall include as deemed appropriate: a) identification data; b) pre-admission screening including mental status (or PASARR (Pre-Admission Screening and Annual Resident Review), where appropriate); c) medical history; d) plan of care and services provided; e) physical examination reports; f) admitting diagnosis; g) diagnostic and therapeutic orders; h) consent forms; i) physicians’ progress notes and observations; j) nursing notes; k) medication and treatment records, including any immunizations; l) laboratory reports, X-ray reports, or other clinical findings; m) consultation reports; n) documentation of all care and services rendered (e.g., dental reports, physical and occupational therapy reports, social service summaries, podiatry reports, inhalation therapy reports, etc.); o) resident referral forms; p) diagnosis at time of discharge; and q) disposition and final summary notes.

Section 22.0 Infection Control

22.1 The facility shall be responsible for no less than the following:
   a) establishing and maintaining a facility-wide infection surveillance program;
   b) developing and implementing written policies and procedures for the surveillance, prevention, and control of infections in all resident care departments/services;
   c) establishing policies governing the admission and isolation of residents with known or suspected infectious diseases;
   d) developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of facility operation and services;
   e) developing and implementing a system for evaluating and recording the occurrences of all infections relevant to employment (e.g., skin rash) among personnel and infections among residents; such records shall be made available to the licensing agency upon request;
   f) implementing a TB infection control program requiring risk assessment and development of a TB infection control plan; early identification, treatment and isolation of strongly suspected or confirmed infectious TB residents; effective engineering controls; an appropriate respiratory protection program; health care worker TB training, education, counseling and screening; and evaluation of the program’s effectiveness, per guidelines in reference 30.
   i) The TB infection control plan shall include, at a minimum, a provision that residents shall be screened for TB, within fourteen (14) days of admission, and found to be free of active tuberculosis based upon the results of a negative two-step tuberculin skin test. If documented evidence is provided that the resident has had a two-step tuberculin skin test, performed within the most recent twelve (12) months prior to admission, that was negative, the requirements of this section shall be met.
   g) developing and implementing an institution-specific strategic plan for the prevention and control of vancomycin resistance, with a special focus on vancomycin-resistant enterococci, per guidelines in reference 32. (See also reference 31 herein for additional information on this issue).
   h) developing and implementing protocols for: 1) discharge planning to home that include full instruction to the family or caregivers regarding necessary infection control measures; and 2) hospital transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile.
i) assuring that all resident care staff are available in order to assist in the prevention and control of infectious diseases and are provided with adequate direction, training, staffing and facilities to perform all required infection surveillance, prevention and control functions.

22.2 Infection control provisions shall be established for the mutual protection of residents, employees, and the public.

22.3 A continuing education program on infection control shall be conducted periodically for all staff.

22.4 Reporting of Communicable Diseases

a) Each facility shall report promptly to the Rhode Island Department of Health, Division of Disease Prevention & Control, cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the facility in accordance with reference 11.

b) When infectious diseases present a potential hazard to residents or personnel, these shall be reported to the Rhode Island Department of Health, Division of Disease Prevention & Control even if not designated as "reportable diseases."

c) When outbreaks of food-borne illness are suspected, such occurrences shall be reported immediately to the Rhode Island Department of Health, Division of Disease Prevention & Control or to the Office of Food Protection and Sanitation.

d) Facilities must comply with the provisions of section 23-28.36-3, which requires notification of fire fighters, police officers and emergency medical technicians after exposure to infectious diseases.

Resident Immunization Policies/Practices

22.5 Long term care resident immunization: Except as provided in subsection 22.5 (e) below, every facility in this state shall request that residents be immunized for influenza virus and pneumococcal disease in accordance with Chapter 23-17.19 of the Rhode Island General Laws, as amended. Influenza, pneumococcal, and other adult vaccination policies and protocols (such as physician's standing orders) for facility residents shall be developed and implemented by the facility and shall contain no less than the following provisions:

a) Notice to resident: In accordance with the provisions of section 23-17.19-4 of the Rhode Island General Laws, as amended, upon admission, the facility shall notify the resident and legal guardian of the immunization requirements of Chapter 23-17.19 of the Rhode Island General Laws, as amended, and request that the resident agree to be immunized against influenza virus and pneumococcal disease.

b) Records and immunizations: Every facility shall document the annual immunization against influenza virus and immunization against pneumococcal disease for each resident which includes written evidence from a health care provider indicating the date and location the vaccine was administered. Upon finding that a resident is lacking such immunization or the facility or individual is unable to provide documentation that the individual has received the appropriate immunization, the facility shall make available the immunization.

c) Other immunizations: An individual who becomes a resident shall have his status for influenza and pneumococcal immunization determined by the facility, and, if found to be deficient, the facility shall make available the necessary immunizations.

d) Vaccinations must be provided in accordance with the most current ACIP (Advisory Council on Immunization Practices) guidelines for these vaccinations.

e) Exceptions: No resident or employee shall be required to receive either the influenza or pneumococcal vaccine if any of the following apply:
1) the vaccine is contraindicated;
2) it is against his religious beliefs; or
3) the resident or the resident’s legal guardian refuses the vaccine after being fully informed of the health risks of such action.
f) Reports of vaccination rates shall be submitted annually (by July 1st of each year) to the Department. Such reports shall include, at a minimum:
i) number of all eligible residents 65 years and older residing in or admitted to the facility from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;
ii) number of all eligible residents 64 years and younger residing in or admitted to the facility from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;
iii) percentage of current residents 65 years and older vaccinated with pneumococcal vaccine;
iv) the number of residents who are exempted from influenza and/or pneumococcal vaccination for medical reasons;
v) the number of outbreaks in the facility each year due to influenza virus and pneumococcal disease, if known;
vi) the number of hospitalizations of facility residents each year due to influenza virus, pneumococcal disease and complications thereof; if known; and
vii) other reports as may be required by the Director.
Section 23.0 **Physician Service**
23.5 Standing orders shall not be permitted. All orders shall be recorded in the resident’s medical record and shall be properly signed. However, a physician’s order for an individual resident may refer to treatments described in a written protocol adopted by the facility. An exception to the requirements of this section shall be made for the administration of influenza and pneumococcal immunizations as provided in section 22.5 herein.

**PART IV Environmental and Maintenance Services**

**Section 35.0 Housekeeping**
35.1 A full-time employee of the facility shall be designated responsible for housekeeping services, supervision and training of housekeeping personnel.
35.2 Sufficient housekeeping and maintenance personnel shall be employed to maintain a comfortable, safe, clean, sanitary and orderly environment in the facility.
a) Housekeeping personnel may assist in food distribution but not food preparation. Careful hand washing should be done prior to assisting in food distribution.
35.3 Written housekeeping policies and procedures shall be established in accordance with section 22.1 herein on Infection Control, for the operation of housekeeping services throughout the facility. Copies shall be available for all housekeeping personnel.
35.4 All parts of the home and its premises shall be kept clean, neat and free of litter and rubbish and offensive odors.
35.5 Equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition and shall be properly stored.
35.6 Hazardous cleaning solutions, compounds, and substances shall be labeled, stored in a safe place, and kept in an enclosed section separate from other cleaning materials.
35.7 Cleaning shall be performed in a manner which will minimize the development and spread of pathogenic organisms in the home environment.
35.8 Exhaust ducts from kitchens and other cooking areas shall be equipped with proper filters and cleaned at regular intervals. The ducts shall be cleaned as often as necessary and
inspected by the facility no less than twice a year.
35.9 Facilities contracting with outside resources for housekeeping services shall require conformity with existing regulations.
35.10 Each facility shall be maintained free from insects and rodents through the operation of a pest control program.

Section 36.0 Laundry Services
36.1 Each facility shall make provisions for the cleaning of all linens and other washable goods.
36.2 Facilities providing laundry service shall have adequate space and equipment for the safe and effective operation of laundry service and, in unsewered areas, shall obtain approval of the sewage system by the licensing agency to ensure its adequacy.
36.3 Written policies and procedures for the operation of the laundry service including special procedures for the handling and processing of contaminated linens, shall be established in accordance with section 22.0 herein on Infection Control.
36.4 There shall be distinct areas for the separate storage and handling of clean and soiled linens.
   a) The soiled linen area and the washing area shall be negatively pressurized or otherwise protected to prevent introduction of airborne contaminants.
   b) The clean linen area and the drying area shall be physically divorced from the soiled linen area and the washing area.
36.5 All soiled linen shall be placed in closed containers prior to transportation.
36.6 To safeguard clean linens from cross-contamination they shall be transported in containers used exclusively for clean linens which shall be kept covered at all times while in transit and stored in areas designated exclusively for this purpose.
36.7 A quantity of linen equivalent to three times the number of beds including the set of linen which is actually in use shall be available and in good repair at all times.
36.8 Facilities contracting for services with an outside resource in accordance with section 18.3 herein shall require conformity with these regulations.

Section 37.0 Disaster Preparedness
37.8 Each nursing facility shall agree to enter into a memorandum of agreement with the licensing agency and the local municipality in which the nursing facility is geographically located to participate in a statewide distribution plan for medications and/or vaccines in the event of a public health emergency or disease outbreak.

Section 45.0 Special Care Unit
45.1 A resident room shall be designated for isolation purposes. Such room shall be properly identified with precautionary signs, shall have outside ventilation, private toilet and hand washing facilities, and shall conform to other requirements established for the control of infection in accordance with section 22.0 herein.

48.2 Other Waste: Wastes which are not classified as infectious waste, hazardous wastes or which are not otherwise regulated by law or rule may be disposed in dumpsters or load packers provided the following precautions are maintained:
   a) Dumpsters shall be tightly covered, leak proof, inaccessible to rodents and animals, and placed on concrete slabs preferably graded to a drain. Water supply shall be available within easy accessibility for washing down of the area. In addition, the pick-up schedule shall be maintained with more frequent pick-ups when required. The dumping site of waste materials must be in sanitary landfills approved by the Department of Environmental Management.
SECTION 100 - DEFINITIONS AND REFERENCES

101. Definitions

G. Airborne Infection Isolation (AII). A room designed to maintain Airborne Infection Isolation, formerly called a negative pressure isolation room. An Airborne Infection Isolation room is a single-occupancy resident-care room used to isolate persons with suspected or confirmed infectious tuberculosis (TB) disease. Environmental factors are controlled in Airborne Infection Isolation rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. Airborne Infection Isolation rooms may provide negative pressure in the room (so that air flows under the door gap into the room), an air flow rate of six to twelve (6–12) air changes per hour (ACH), and direct exhaust of air from the room to the outside of the building or recirculation of air through a high efficiency particulate air (HEPA) filter.

K. Blood Assay for *Mycobacterium tuberculosis* (BAMT). A general term to refer to in vitro diagnostic tests that assess for the presence of tuberculosis (TB) infection with *M. tuberculosis*. This term includes, but is not limited to, IFN-γ release assays (IGRA).

P. Contact Investigation. Procedures that occur when a case of infectious TB is identified, including finding persons (contacts) exposed to the case, testing and evaluation of contacts to identify Latent TB Infection (LTBI) or TB disease, and treatment of these persons, as indicated.

PP. Isolation. The separation of individuals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with a contagious disease to prevent them from transmitting disease to others.

QQ. Latent TB Infection (LTBI). Infection with *M. tuberculosis*. Persons with Latent TB Infection carry the organism that causes TB but do not have TB disease, are asymptomatic, and are noninfectious. Such persons usually have a positive reaction to the tuberculin skin test.

BBBB. Risk Assessment. A periodic comprehensive process of gathering, organizing, and analyzing tuberculosis data by a qualified individual or group of individuals, e.g., epidemiologists, infectious disease specialists, pulmonary disease specialists, infection-control practitioners, health-care administrators, occupational health personnel, or local public health personnel, to establish the probability of adverse health impacts and to determine the current risk for transmission of tuberculosis in all areas of the facility.

JJJJ. Tuberculin Skin Test (TST). A diagnostic aid for detecting *M. tuberculosis* infection. A small dose (0.1 mil) of purified protein derivative (PPD) tuberculin is injected just beneath the surface of the skin (by the Mantoux method), and the area is examined for induration (hard, dense, raised area at the site of TST administration) by palpation forty-eight to seventy-two (48-72) hours after the injection (but positive reactions can still be measurable up to a week after TST administration). The size of the indurated area is measured with a millimeter ruler after identifying the margins transverse (perpendicular) to the long axis of the forearm. The reading is recorded in millimeters, including zero (0) mm to represent no induration. Redness/erythema is insignificant and is not measured or recorded.

KKKK. Two-Step Testing. Procedure used for the baseline skin testing of persons who may
periodically receive TST to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial TST result is interpreted as negative, a second test is repeated one to three (1-3) weeks after the initial test. If the initial TST result is interpreted as positive, then the reaction shall be documented and followed up as positive; this reaction will serve as the baseline and no further skin testing is indicated. If the second test is given and its result is interpreted as positive, then the reaction shall be documented and followed up as positive; this reaction will serve as the baseline reading and no further skin testing is indicated. In general, the result of the second TST of the two-step procedure shall be used as the baseline reading.

102. References
A. The following Departmental standards and/or publications are referenced in these regulations:
   Regulation 61-20, Communicable Diseases
   Regulation 61-105, Infectious Waste Management
   10. South Carolina Guidelines for Prevention and Control of Antibiotic Resistant Organisms.
B. Non-Departmental standards, publications, or organizations:
   1. Alzheimer's Special Care Disclosure Act;
   2. American Association of Blood Banks (AABB) (Blood Products Advisory Committee, March 14, 2002);
   3. American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE);
      — American Society for Testing and Materials (ASTM);
      — Bill of Rights for Residents of Long-Term Care Facilities;
   7. Centers for Disease Control and Prevention (CDC) (CDC Personnel Health Guideline, June, 1998);
      — Centers for Medicare and Medicaid Services (CMS);
      — Civil Rights Act of 1964;
      — Compressed Gas Association (CGA);
   11. Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences;
   12. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005;
      — National Sanitation Foundation (NSF International);
      — Occupational Safety and Health Act of 1970 (OSHA);
      — Omnibus Adult Protection Act;
      — South Carolina State Fire Marshal Regulations.

SECTION 500 - POLICIES AND PROCEDURES
501. General (II)
A. There shall be written policies and procedures addressing the manner in which the requirements of this regulation shall be met. The written policies and procedures shall accurately reflect actual facility practice regarding care, treatment, procedures, services, record keeping and reporting, admission and transfer, physician services, nursing services,
social services, resident rights and assurances, medication management, pharmaceutical services, meal service operations, emergency procedures, fire prevention, maintenance, housekeeping and infection control, the operation of the facility, and other special care and procedures as identified in this section. The policies and procedures shall address the provision of any special care offered by the facility that would include how the facility shall meet the specialized needs of the affected residents such as Alzheimer’s disease and/or related dementia, physically or developmentally disabled, in accordance with any laws that pertain to that service offered, e.g., Alzheimer’s Special Care Disclosure Act.

B. Specifically, there shall be written policies and procedures to:

1. Assure that residents do not develop pressure-related wounds unless the resident’s clinical condition demonstrates that they were unavoidable and to address treatment of existing pressure-related wounds;
2. Address resident exit-seeking and elopement, including prevention and actions to be taken in the event of occurrence;

D. There shall be accurate current information maintained regarding all staff members of the facility that shall include:

6. Documentation of orientation to the facility, including residents’ rights, regulation compliance, policies and procedures, job duties, in-service training and on-going education; Health status, health assessment, and tuberculin testing results;

SECTION 600 - STAFF/TRAINING

607. Inservice Training (II)

C. All staff shall be provided inservice training programs that identify training needs related to problems, needs, care of residents and infection control and are sufficient to assure staff’s continuing competency. Training for the tasks each staff member performs shall be conducted in order to provide the care, treatment, procedures, and/or services delineated in Section 1000.

F. Training shall be provided to staff members by appropriate resources, e.g., licensed or registered individuals, video tapes, books, in context with their job duties and responsibilities, prior to their date of initial resident contact (unless otherwise as noted below) and at a frequency determined by the facility, but at least annually. (I)

2. Direct care staff members, all of the training listed in Section 607.F.1, and:
   a. Management/care of individuals with contagious and/or communicable disease, e.g., hepatitis, tuberculosis, HIV infection;
   b. Use of restraints that promote resident safety, including alternatives to physical and chemical restraints, in accordance with the provisions of Section 1012 (for designated staff members only);
   c. Prevention of pressure-related wounds;
   d. Aseptic techniques, such as handwashing and scrubbing practices, proper gowning and masking, dressing care techniques, disinfecting and sterilizing techniques, and the handling and storage of equipment and supplies.

608. Health Status (II)

A. All staff members who have contact with residents shall have a health assessment (in accordance with Section 101.II) within three (3) months prior to date of hire or initial resident contact.

B. The health assessment shall include tuberculosis screening in the manner designated by guidelines established by the Department.

C. If a staff member is working at multiple facilities operated by the same licensee, copies of
his or her record for tuberculin testing results and the pre-employment health assessment shall be acceptable at each facility.

609. Volunteers

B. The licensee is responsible for all the activities that take place in the facility including the coordination of volunteer activities. (II)

1. Volunteers shall receive the orientation, training, and supervision necessary to assure resident health and safety before performing any duties. The orientation program shall include, but not be limited to:
   f. Infection control.

E. Documentation maintained for direct care volunteers shall include: (II)

1. A health assessment (in accordance with Section 608) within three (3) months prior to initial date of volunteering or initial resident contact;
2. Familiarization with the disaster plan (See Section 1502) and documented instructions as to any required actions;
3. Fire response training (See Section 1603) within seven (7) days of his or her first day as a direct care volunteer and at least annually thereafter;
4. A criminal record check (See Section 602) completed prior to working as a direct care volunteer;
5. Determination of TB status (See Section 1803) prior to initial resident contact or his or her first day working as a direct care volunteer;
6. Annual influenza vaccination and hepatitis B vaccination series (See Section 1806) unless the vaccine is medically contraindicated or the person is offered the vaccination and declined. In either case, the decision shall be documented.

610. Private Sitters

A. If a resident or responsible party has not agreed in writing with the facility to not have a private sitter and chooses to employ a private sitter for use in the facility, the facility may establish a formalized private sitter program that shall be directed by a facility staff member.

2. The facility shall establish written policies and procedures for the private sitter program that includes an orientation to the facility consisting, at least, of the following:
   f. Infection control.

B. The facility shall maintain the following documentation regarding private sitters:

1. A health assessment (in accordance with Section 608) within three (3) months prior to initial resident contact or his or her first day working as a private sitter;
2. A criminal record check (See Section 602) completed prior to working as a private sitter;
3. Determination of TB status (See Section 1803) prior to initial resident contact or his or her first day working as a private sitter;
4. Annual influenza vaccination and hepatitis B vaccination series (See Section 1806).

SECTION 700 - REPORTING

703. Communicable Diseases and Animal Bites (I)

All cases of reportable diseases, animal bites, any occurrences such as epidemic outbreaks or poisonings, or other unusual occurrences that threaten the health and safety of residents or staff shall be reported in accordance with R.61-20.

SECTION 800 - RESIDENT RECORDS

801. Content (II)

B. Contents of the resident record may be stored in separate files, in separate areas within
the facility, and the record shall include the following information:

16. Special procedures and preventive measures performed, e.g., isolation for symptoms, diagnosis, and/or treatment of infectious conditions including but not limited to tuberculosis, influenza, pneumonia, therapies;

17. Reports of all laboratory, radiological, and diagnostic procedures along with tests performed and the results appropriately authenticated; (I)
   — Consultations by physicians or other healthcare professionals;
   — Photograph of resident, if the resident or his or her responsible party approves;
   — Date and hour of discharge or transfer, as applicable;

SECTION 1200 - RESIDENT PHYSICAL EXAMINATION AND TUBERCULOSIS SCREENING

1201. General (I)
A. The admission physical examination shall be conducted by the attending physician within five (5) days prior to admission or within seven (7) business days after admission and shall address the physical condition and diagnosis of the resident. As an exception, physical examinations conducted by physicians licensed in states other than South Carolina are permitted for new admissions under the condition that residents obtain an attending physician licensed in South Carolina within thirty (30) days of admission to the facility. The physical examination information shall be updated to include new medical information if the resident’s condition has changed since the last physical examination was completed.
B. The admission physical examination shall include tuberculosis screening (See Section 1804), as determined by the facility risk assessment (See Section 101.BBBB) in the manner designated by guidelines established by the Department.
C. In the event that a resident transfers from a healthcare facility licensed by the Department, as defined in S.C. Code Ann. Section 44-7-130(10) (1976, as amended), to a nursing home, an additional admission physical examination shall not be required, provided the resident transferring has had a physical examination conducted not earlier than three (3) months prior to the admission of the resident to the nursing home that addresses the physical condition and diagnosis of the resident, and meets the requirements specified in Section 1201.B unless the receiving facility has an indication that the health status of the resident has changed significantly. A discharge summary from a healthcare facility, which includes a physical examination, may be acceptable as the admission physical examination, provided the summary addresses the physical condition and diagnosis of the resident, meets the requirements specified in Section 1201.B, and the resident’s physician attests to its accuracy by countersigning it. The receiving nursing home shall acquire a copy of the physical examination and tuberculosis screening, if applicable, from the licensed facility transferring the resident with the attending physician updating by signature and date.

SECTION 1400 - MEAL SERVICE

1405. Meal Service Staff
H. Individuals engaged in the preparation and service of food shall wear clean hair restraints, e.g., hair nets, hair wraps, hats, that will properly restrain all hair of the face and head and prevent contamination of food and food contact surfaces. (II)

1408. Ice and Drinking Water (II)
A. Ice from a water system in accordance with R.61-58, shall be available and precautions taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside
the ice container and allowed to air dry. The ice scoop and holding tray shall be sanitized daily.

**1409. Equipment**

Maintenance and cleaning tools such as brooms, mops, vacuum cleaners, and similar equipment shall be maintained and stored in a way that does not contaminate food, equipment, utensils or linens and shall be stored in an orderly manner within a separate space or closet.

**SECTION 1500 - EMERGENCY PROCEDURES/DISASTER PREPAREDNESS**

**1506. Use of the Facility or Services in Response to a Public Health Emergency (II)**

The Department, in coordination with the guidelines of the State Emergency Operations Plan, may, for such period as the state of public health emergency exists and as may be reasonable and necessary for emergency response, require a nursing home to provide services or the use of its facility if the services are reasonable and necessary to respond to the public health emergency as a condition of licensure, authorization, or the ability to continue doing business as a nursing home. When the Department needs the use or services of the facility to isolate or quarantine individuals during a public health emergency, the management and supervision of the nursing home shall be coordinated with the Department to assure protection of existing residents and compliance with the regulation in accordance with S.C. Code Ann. Section 44-4-310 (1976, as amended).

**SECTION 1800 - INFECTION CONTROL AND ENVIRONMENT**

**1801. Staff Practices (II)**

A. Staff practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures and practices shall be in compliance with applicable regulations and guidelines of the Occupational Safety and Health Administration, e.g., the Bloodborne Pathogens Standard; the Centers for Disease Control and Prevention, e.g., Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices and the Hospital Infection Control Practices Advisory Committee; the Department’s South Carolina Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings, and R.61-105; and other applicable State, Federal and local laws and regulations.

B. There shall be an infection control/QI committee that meets at least annually to address infection control issues consisting of the medical director and representatives from at least administration, nursing, dietary, and housekeeping staff to assure compliance with this regulation regarding infection control.

C. There shall be a tuberculosis infection control program per CDC guidelines. A facility licensed nurse shall be designated at each facility to coordinate the tuberculosis infection control program.

**1802. Tuberculosis Risk Assessment (I)**

A. All facilities shall conduct an annual tuberculosis risk assessment (See Section 101.BBBB) in accordance with CDC guidelines (See Section 102.B.12) to determine the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken.

B. The risk classification, i.e., low risk, medium risk, shall be used as part of the risk assessment to determine the need for an ongoing TB screening program for staff and residents and the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, e.g., healthcare organizations that encompass multiple
1803. Staff Tuberculosis Screening (I)

A. Tuberculosis Status. Prior to date of hire or initial resident contact, the tuberculosis status of direct care staff shall be determined in the following manner in accordance with the applicable risk classification:

B. Low Risk:

1. Baseline two-step Tuberculin Skin Test (TST) or a single Blood Assay for *Mycobacterium tuberculosis* (BAMT): All staff (within three (3) months prior to contact with residents) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered to serve as the baseline.

2. Periodic TST or BAMT is not required.

3. Post-exposure TST or a BAMT for staff upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff who have had unprotected exposure to an infectious TB case/suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to *M. tuberculosis* ended.

C. Medium Risk:

1. Baseline two-step TST or a single BAMT: All staff (within three (3) months prior to contact with residents) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered to serve as the baseline.

2. Periodic testing (with TST or BAMT): Annually, of all staff who have risk of TB exposure and who have previous documented negative results. Instead of participating in periodic testing, staff with documented TB infection (positive TST or BAMT) shall receive a symptom screen annually. This screen shall be accomplished by educating the staff about symptoms of TB disease (including the staff and/or direct care volunteers responses), documenting the questioning of the staff about the presence of symptoms of TB disease, and instructing the staff to report any such symptoms immediately to the administrator or director of nursing. Treatment for latent TB infection (LTBI) shall be considered in accordance with CDC and Department guidelines and, if recommended, treatment completion shall be encouraged.

3. Post-exposure TST or a BAMT for staff upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff who have had unprotected exposure to an infectious TB case/suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to *M. tuberculosis* ended.

D. Baseline Positive or Newly Positive Test Result:

1. Staff with a baseline positive or newly positive test result for *M. tuberculosis* infection (i.e., TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, *e.g.*, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an
interpretable copy taken within the previous three (3) months). These staff members will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (i.e., the Department’s TB Control program).

2. Staff who are known or suspected to have TB disease shall be excluded from work, required to undergo evaluation by a physician, and permitted to return to work only with approval by the Department TB Control program. Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician.

1804. Resident Tuberculosis Screening (I)
A. Tuberculosis Status. Prior to admission, the tuberculosis status of a resident shall be determined in the following manner in accordance with the applicable risk classification:

B. For Low Risk and Medium Risk:
1. Admission/Baseline two-step TST or a single BAMT: All residents within one (1) month prior to admission unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly-admitted resident has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered within one (1) month prior to admission to the facility to serve as the baseline. In the institutional nursing home setting, residents admitted from other parts of that institutional campus who have had TB screening done which meets the requirements outlined in this section and which was done within the last six (6) months will not be required to undergo additional initial screening.
2. Periodic TST or BAMT is not required.
3. Post-exposure TST or a BAMT for residents upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all residents who have had exposure to an infectious TB case/suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to *M. tuberculosis* ended.

C. Baseline Positive or Newly Positive Test Result:
1. Residents with a baseline positive or newly positive test result for *M. tuberculosis* infection (i.e., TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, *e.g.*, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Routine repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These residents will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (i.e., the Department’s TB Control program).

2. Residents who are known or suspected to have TB disease shall be transferred from the facility if the facility does not have an Airborne Infection Isolation room (See Section 101.G), required to undergo evaluation by a physician, and permitted to return to the facility only with approval by the Department’s TB Control program.

1805. Isolation Procedures (II)
A. An infection isolation room (See Section 2804) shall be made available if ordered by the attending physician for a resident who has a communicable disease that poses a threat to
the health or safety of other residents or who for some other reason requires isolation and only to the extent that is required to protect the resident and others.

B. Should it be determined that the facility is unable to care for the resident to the degree which assures the health and safety of the resident and the other residents of the facility, the resident shall be relocated to a facility that can meet his or her needs.

C. The facility may accept residents with contagious pulmonary tuberculosis and provide appropriate treatment, provided that CDC guidelines are met.
1. Residents with contagious pulmonary tuberculosis shall be separated, e.g., Airborne Infection Isolation room, transfer, from all other residents until declared noncontagious by a Department TB physician.

2. When residents with contagious pulmonary tuberculosis are to remain in the facility for treatment instead of being transferred to another facility, isolation procedures shall follow CDC guidelines, including Airborne Infection Isolation requirements.
3. Airborne Infection Isolation rooms may be required to have negative pressure as determined by the facility's tuberculosis risk assessment (See Section 101.BBBBB) in the manner designated by guidelines established by the Department.

D. When isolation precautions are implemented, signs directing individuals to the staff work area for further information shall be posted at the entrance to the resident room.

1806. Vaccinations (II)
A. Hepatitis B.
1. All direct care staff who perform tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps shall have the hepatitis B vaccination series unless the vaccine is medically contraindicated or an individual is offered the series and declined. In either case, the decision shall be documented.
2. Each staff member with eligibility as identified in Section 1806.A.1 who elects vaccination shall start the initial dose of the three-dose series within ten (10) days of the date hired and complete the series within four (4) months.

B. Influenza.
1. Direct care staff and residents shall have an annual influenza vaccination unless the vaccine is medically contraindicated or the person is offered the vaccination and declined. In either case, the decision shall be documented.
2. Persons receiving influenza vaccination shall, as appropriate, receive influenza vaccination each influenza season from October through March. Consideration may be made for availability issues, e.g., vaccine shortages.

C. Pneumococcal. Upon admission, residents shall be immunized for Streptococcus pneumoniae. Residents shall be vaccinated for Streptococcus pneumoniae unless the vaccine is medically contraindicated or the resident is offered the vaccination and declined. In either case, the decision shall be documented.

1807. Housekeeping (II)
A. The facility and its grounds shall be neat, uncluttered, clean, and free of vermin and offensive odors. There shall be sufficient cleaning supplies and equipment available. Housekeeping shall at a minimum include:
1. Cleaning each specific area, including storage areas, of the facility. Accumulated waste material shall be removed daily or more often if necessary;
2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each
area. Cleaning and disinfection shall be appropriate to the area and the equipment’s purpose or use and shall include resident room preparation for new occupants;

3. Disposable materials and equipment shall be used by one (1) resident only, in accordance with manufacturer’s recommendations and then disposed of in an acceptable manner;

4. Storage of chemicals indicated as harmful on the product label, cleaning materials, and supplies in cabinets or well-lighted closets and rooms, inaccessible to residents;

5. Cleaning of all exterior areas, e.g., porches and ramps, and removal of safety impediments such as snow, ice and standing water;

6. Keeping facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin.

B. All air filters shall be maintained free of excess dust and combustible material. Filters shall be replaced or cleaned when the resistance has reached a value of recommended replacement by the manufacturer.

C. Dry dusting and dry sweeping are prohibited.

1808. Infectious Waste (II)
Accumulated waste, including all contaminated sharps, dressings, and/or similar infectious waste, shall be disposed of in a manner compliant with the Department’s S.C. Guidelines for Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings, and R.61-105.

1809. Pets (II)
A. Healthy domestic pets that are free of fleas, ticks, and intestinal parasites, and have been screened by a veterinarian within the past twelve (12) months prior to entering the facility, have received required inoculations, if applicable, and that present no apparent threat to the health and safety of the residents, may be permitted in the facility.

B. Pets shall be permitted in resident dining areas only during times when food is not being served and shall not be allowed in the kitchen. If the dining area is adjacent to a food preparation or storage area, those areas shall be effectively separated by walls and closed doors while pets are present.

1810. Clean and Soiled Linen and Clothing (II)
A. Clean Linen and Clothing.

1. Proper storage facilities shall be provided for keeping clean linen, restraints and resident clothes in sanitary condition prior to use. Clean linen not stored separately shall be covered. Clean linen and clothing storage rooms shall be used only for the storage of clean linen and clothing. Clean linen and clothing shall be separated from storage of other materials.

2. A supply of clean, sanitary linen and clothing shall be available at all times.

3. Clean linen and clothing shall be stored and transported in a sanitary manner, e.g., covered.

B. Soiled Linen and Clothing.

1. A soiled linen storage room shall be provided.

2. Soiled linen and clothing shall neither be sorted, rinsed, nor washed outside the laundry service area.

3. Provisions shall be made for collecting and transporting soiled linen and clothing.

4. Soiled linen and clothing shall be kept in enclosed or covered nonabsorbent containers or washable laundry bags.

5. Soiled linen and clothing shall not be transported through resident rooms, kitchens, food preparation or storage areas.
6. If linen chutes are used, the soiled linen and clothing shall be enclosed in bags before placing in chute.
7. Facilities shall utilize Standard Precautions in the handling of all soiled linen and clothing. Labeling or color-coding of bagged soiled linen and clothing is sufficient provided all on-site or off-site handlers recognize the containers as requiring compliance with Standard Precautions.

1811. Laundry (II)
A. Facility-based laundry services shall be conducted in a clean, safe, and well-ventilated area, divided into specific clean and soiled processing areas and properly insulated to prevent transmission of noise, heat, steam, and odors to resident care areas. The facility shall assure that nonfacility-based laundry services to the nursing home exercise every precaution to render all linen safe for reuse.
B. Laundry services shall not be conducted in resident rooms, dining rooms, or in locations where food is prepared, served, or stored. As an element of the resident’s ICP, folding of clean personal laundry by residents is permitted in resident rooms.
C. Clean and soiled processing areas shall either be in separate rooms or be provided with ventilation to prevent cross-contamination.

SECTION 2700 - HEATING, VENTILATION, AND AIR CONDITIONING
2702. Heating, Ventilation, Air Conditioning (II)
C. An Airborne Infection Isolation room that meets current ASHRAE standards shall be provided in the manner designated by guidelines established by the Department if the facility's tuberculosis risk assessment (See Sections 101.BBBBB and 1802) identifies such a need.

SECTION 2800 - PHYSICAL PLANT
2804. Isolation Room (II)
At least one (1) single resident room shall be designated for an infection isolation room, as needed, and shall have:
1. An adjoining room with a toilet and a handwashing sink;
2. A handwashing sink located between the entry door and the nearest bed;
3. An uncarpeted floor.

44:04:01:05. Restrictions on acceptance of patients or residents. A facility shall accept patients or residents in accordance with the following restrictions:
(6) If persons other than inpatients or residents are accepted for care or to participate in any programs, services, or activities for the inpatients or residents, their numbers must be included in the evaluation of central use, activity, and dining spaces; staffing of nursing, dietary, and activity programs; and the provision of an infection control program. Services provided such individuals may not infringe upon the needs of the inpatients or residents;
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.
44:04:02:02. Sanitation. The facility must be designed, constructed, maintained, and operated to minimize the sources and transmission of infectious diseases to residents, patients, personnel, visitors, and the community at large. This requirement shall be accomplished by providing the physical resources, personnel, and technical expertise necessary to ensure good public health practices for institutional sanitation.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000.

General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:02:05. Housekeeping cleaning methods and equipment. Written housekeeping procedures must be established for the cleaning of all areas in the facility and copies made available to all housekeeping personnel. All parts of the facility must be kept clean, neat, and free of visible soil, litter, and rubbish. Equipment and supplies must be provided for cleaning of all surfaces. Such equipment must be maintained in a safe, sanitary condition. Hazardous cleaning solutions, chemicals, poisons, and substances shall be labeled, stored in a safe place, and kept in an enclosed section separate from other cleaning materials. Cleaning of areas designed for patient or resident use must be performed by dustless methods which will minimize the spread of pathogenic organisms in the facility’s atmosphere. All vacuums used in medical facilities, except assisted living centers and adult foster care homes, must be equipped to provide effective discharge air filtration of particles larger than 0.3 microns. Cleaning must include all environmental surfaces within the facility that are subject to contamination from dust, direct splash, or pathogenic organisms except medical equipment, supplies, or devices that are the responsibility of other services or departments of the facility.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000.

General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:02:08. Linen. The supply of bed linen and towels shall equal three times the licensed capacity. The supply of bed linen for an assisted living center shall equal two times the licensed capacity. There must be written procedures for the storage and handling of soiled and clean linens. Facilities must contract with commercial laundry services or the laundry service of another licensed health care facility for all common use linens if laundry services are not provided on the premises. Facilities providing laundry services must have adequate space and equipment for the safe and effective operation of the laundry service. Commingled patients’ or residents’ personal clothing, common-use linen, such as towels, washcloths, gowns, bibs, protective briefs, and bedding, and any isolation clothing must be processed by methods that assure disinfection. If hot water is used for disinfection, minimum water temperatures supplied for laundry purposes must be 160 degrees Fahrenheit (71 degrees centigrade). If chlorine bleach is added to the laundry process to provide 100 parts per million or more of free chlorine, the minimum hot water temperatures supplied for laundry purposes may be reduced to 140 degrees Fahrenheit (60 degrees centigrade). The department may approve an alternative commercial formula if the formula is demonstrated by bacterial pathogen testing to be substantially equivalent as a disinfectant. Any resident’s personal clothing that is not commingled may be processed according to manufacturer’s recommendations using water temperatures and detergent in quantity as recommended by the garment or detergent manufacturer. There must be
distinct areas for the storage and handling of clean and soiled linens. Those areas used for the storage and handling of soiled linens must be negatively pressurized. Special procedures must be established for the handling and processing of contaminated linens. Soiled linen must be placed in closed containers prior to transportation. To safeguard clean linens from cross contamination, they must be transported in containers used exclusively for clean linens, must be kept covered with dust covers at all times while in transit or in hallways, and must be stored in areas designated exclusively for this purpose. Written requests for any modification of the requirements of this section must be received and approved by the department before any changes are made.

**Source:** SL 1975, ch 16, § 1; 4 SDR 14, effective September 14, 1977; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; 28 SDR 83, effective December 16, 2001; 30 SDR 84, effective December 4, 2003.

**General Authority:** SDCL 34-12-13.

**Law Implemented:** SDCL 34-12-13.

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44:04:02:09. Infection control. The infection control program must utilize the concept of standard precautions as the basis for infection control pursuant to chapter 44:20:04. Bloodborne pathogen control must include a written exposure control plan, approved by the facility's medical director or physician responsible for infection control, that addresses the requirements contained in 29 C.F.R. 1910.1030, December 6, 1991. The facility must designate an employee to be responsible for the implementation of the infection control program including surveillance and reporting activities. There must be written procedures that govern the use of aseptic techniques and procedures in all areas of the facility. Each facility shall develop policies and procedures for the handling and storage of potentially hazardous substances (including lab specimens). There must be a method of control used in relation to the sterilization of supplies and a written policy requiring sterile supplies to be reprocessed. The facility must provide orientation and continuing education to all personnel on the facility’s staff on the cause, effect, transmission, prevention, and elimination of infections. A written policy must be developed for evaluation and reporting of any employee with a reportable infectious disease.

**44:04:02:18.01. Room required for isolation techniques.** When a physician determines isolation is required, a private room with necessary equipment, including handwashing facilities, to carry out isolation techniques must be provided. Isolation of a patient or resident with suspected or confirmed tuberculosis in a communicable form requires the room to have a negative air pressure with regard to the corridor and connecting rooms and a minimum of six air exchanges an hour exhausted to the outside air.

**Source:** 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995.

**General Authority:** SDCL 34-12-13, 34-22-9.

**Law Implemented:** SDCL 34-12-13.

**44:04:04:05. Personnel training.** The facility must have a formal orientation program and an ongoing education program for all personnel. Ongoing education programs must cover the required subjects annually. These programs must include the following subjects:

1. Fire prevention and response. The facility must conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills must be conducted to provide training for all staff;
2. Emergency procedures and preparedness;
(3) Infection control and prevention;
(4) Accident prevention and safety procedures;
(5) Proper use of restraints;
(6) Patient and resident rights;
(7) Confidentiality of patient or resident information;
(8) Incidents and diseases subject to mandatory reporting and the facility’s reporting mechanisms;
(9) Care of patients or residents with unique needs; and
(10) Dining assistance, nutritional risks, and hydration needs of residents. Personnel whom the facility determines will have no contact with patients or residents are exempt from training required by subdivisions (5), (9), and (10) of this section. Current professional and technical reference books and periodicals must be made available for personnel.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; 29 SDR 81, effective December 11, 2002.

General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:04:06. Employee health program. The facility must have an employee health program for the protection of the patients or residents. All personnel must be evaluated by a licensed health professional for freedom from reportable communicable disease which poses a threat to others before assignment to duties or within 14 days after employment including an assessment of previous vaccinations and tuberculin skin tests. The facility may not allow anyone with a communicable disease, during the period of communicability, to work in a capacity that would allow spread of the disease. Personnel absent from duty because of a reportable communicable disease which may endanger the health of patients, residents, and fellow employees may not return to duty until they are determined by a physician or the physician’s designee to no longer have the disease in a communicable stage.


General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.
Cross-Reference: Reportable diseases, ch 44:20:01.

44:04:04:06.01. Tuberculin testing requirements for employees, consultants, and caregivers. Repealed.


44:04:04:07.01. Admission to nursing facilities of residents with communicable diseases or antibiotic resistant organisms. A resident who is infected with a communicable disease which is reportable to the department, pursuant to SDCL 34-22-12, may be admitted to a nursing facility if the appropriate infection control measures can be provided by the facility to prevent the spread of the communicable disease. The following specific diseases do not preclude a patient from being admitted to a nursing facility: acquired immune deficiency
syndrome (AIDS), human immunodeficiency virus positive (HIV+), viral hepatitis, herpes (genital), leprosy, malaria, syphilis (late latent only), infection with antibiotic resistant organisms, and tuberculosis (noninfectious). If the nursing facility chooses to admit residents with these diseases or antibiotic resistant organisms, the following conditions must be met:

(1) Nursing facility staff must complete a training program in infection control applicable to the diseases listed in this section or antibiotic resistant organisms;
(2) The nursing facility must have written procedures and protocols for staff to follow to avoid exposure to blood or body fluids of the affected residents; and
(3) The nursing facility must have written infection control procedures in place and practiced that prevent the spread of antibiotic resistant organisms.

If, after admission, a resident is suspected of having a communicable disease that endangers the health and welfare of employees or other residents, the nursing facility must contact a physician and assure that measures are taken in behalf of the resident with the communicable disease and the other residents to prevent transmission of the disease.

44:04:04:07.02. Tuberculin testing requirements for residents of nursing facility or assisted living center. Repealed.

44:04:04:07.03. Prevention and control of influenza. Nursing facilities and assisted living centers shall arrange for influenza vaccination to be completed annually for all residents. Residents admitted after completion of the vaccination program and before April 1 must be offered influenza vaccine when they are admitted. Influenza vaccination may be waived for residents because of religious beliefs, medical contraindication, or refusal by the resident. Documentation of vaccination or its waiver must be recorded in the resident’s medical or care record.

44:04:04:07.04. Prevention and control of pneumonia. Each nursing facility and assisted living center shall arrange for immunization for pneumococcal disease. If immunization is lacking and the resident’s physician recommends it, the nursing facility shall arrange for and the assisted living center shall encourage residents to obtain an immunization for pneumococcal pneumonia within 14 days of admission. Pneumococcal vaccination may be waived for the residents because of religious beliefs, medical contraindication, or refusal by the resident. Documentation of the vaccination or its waiver must be recorded in the resident’s medical or care record.

44:04:04:08. Disease prevention. Each facility shall provide an organized infection control program for preventing, investigating and controlling infection. The facility must establish written policies regarding visitation in the various services and departments of the facility. Visitors who have an infectious disease, who have recently recovered from such a disease, or who have recently had contact with such a disease must be discouraged from entering the facility.

44:04:04:08.01. Tuberculin screening requirements. Each facility shall develop criteria to screen healthcare workers, patients, or residents for Mycobacterium tuberculosis based on the guidelines issued by Centers for Disease Control and Prevention. Policies and procedures for conducting Mycobacterium tuberculosis risk assessment shall be established and should include the key components of responsibility, surveillance, containment, and education. The frequency of repeat screening shall depend upon annual risk assessments conducted by the facility. Tuberculin screening requirements for healthcare workers or residents are as follows:
(1) Each new healthcare worker or resident shall receive the two-step method of Mantoux skin test to establish a baseline within 14 days of employment or admission to a facility. Any two documented Mantoux skin tests completed within a 12 month period from the date of admission or hire shall be considered a two-step. Skin testing is not necessary if documentation is provided of a previous positive reaction of ten mm induration or greater. Any new healthcare worker or resident who has a newly recognized positive reaction to the skin test shall have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;

(2) A new healthcare worker or resident who provides documentation of a positive reaction to the Mantoux skin test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;

(3) Each healthcare worker or resident with a history of a positive reaction to the Mantoux skin test shall be evaluated annually by a physician or a nurse and a record maintained of the presence or absence of symptoms of Mycobacterium tuberculosis; and

(4) Each healthcare worker or resident who works or resides within the same building is not required to have additional skin testing if there is documented evidence of a negative skin test conducted at the facility.

44:04:06:04. Nursing policies and procedures. Policies and procedures that provide the nursing staff with methods of meeting its administrative and technical responsibilities in providing care to patients or residents must be established and maintained. The policies must include at least the following:

(1) The noting of diagnostic and therapeutic orders;

(2) Assigning the nursing care of patients or residents;

(3) Administration and control of medications;

(4) Charting by nursing personnel;

(5) Infection control;

(6) Patient or resident safety; and

(7) Delineation of orders from nonphysician practitioners.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 30 SDR 84, effective December 4, 2003.


44:04:07:14. Nutritional assessments. A registered dietitian shall ensure a nutritional assessment is completed on each new resident upon admission; any resident having a significant change in diet, eating ability, or nutritional status; monthly for any resident receiving tube feedings; and on any resident with a disease or condition that puts the resident at significant nutritional risk. A monthly tube feeding assessment must include nutritional adequacy of calories, protein, and fluids. An annual assessment shall be completed for each resident.


44:04:13:03. Service area in care units. Each care unit must contain a service area which includes the following, except when the service is not required for licensure category:

16) Isolation facilities for the use of those prone to infections as well as those suffering from infections. One isolation room must be provided for each 30 acute-care beds. The entry into the isolation room must be through an anteroom which is equipped with handwashing, gowning space and supplies, and space to handle clean and soiled supplies for the room or rooms served. Toilet, bathing, and handwashing facilities must be available for the isolation room patient without entry into the anteroom or general corridor. A nursing unit is not
required to maintain an isolation facility if such facilities are provided elsewhere in the institution;

**Source:** SL 1975, ch 16, § 1; 4 SDR 14, effective September 14, 1977; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998. **General Authority:** SDCL 34-1-17, 34-12-13. **Law Implemented:** SDCL 34-1-17, 34-12-13.

**44:04:13:06. Laundry.** The laundry must include the following:

1. Soiled linen holding room with a storage capacity of 1.75 square feet (0.1626 square meters) of floor area for each bed, to be used for storage, sorting, and weighing of soiled linen;
2. Linen cart storage;
3. Janitor’s closet with storage for housekeeping supplies and equipment and a floor receptor or service sink convenient to the laundry;
4. Storage for laundry supplies;
5. Lavatories conveniently accessible to soiled, clean, and processing rooms; and
6. Laundry processing room with separate soiled and clean work areas with commercial equipment. All clothes dryers must have galvanized metal vent pipes for exhaust. The space and equipment layout must be sized and designed to produce quality linen with a work flow that minimizes potential for cross-contamination of clean linen by soiled linen, contaminated equipment, contaminated air, or splash. The laundry department must be capable of processing 10 pounds (4.54 kilograms) of soiled linen for each bed during a normal work day. Modifications to the standard may be made if the laundry serves only an assisted living center or if the services are contracted to an outside organization. Modification must be requested in writing by the facility and approved by the department.

**Source:** SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995. **General Authority:** SDCL 34-1-17, 34-12-13. **Law Implemented:** SDCL 34-1-17, 34-12-13.

**44:04:13:26. Ventilating systems.** The ventilating systems must maintain temperatures, minimum air changes of outdoor air an hour, minimum total air changes, and relative humidities as follows:

5. Intensive care rooms - 70 to 75 degrees Fahrenheit (21.1 to 23.9 degrees centigrade), 2 outdoor, 6 total, and 30 to 60 percent humidity. For all other occupied areas, the facility must be able to maintain a minimum temperature of 75 degrees Fahrenheit (23.9 degrees centigrade) at winter design conditions with a minimum of at least two total air changes an hour. All air supply and air exhaust systems must be mechanically operated. All fans serving exhaust systems must be located at the discharge end of the system. Outdoor ventilation air intakes, other than for individual room units, must be located as far away as practicable but not less than 25 feet (7.62 meters) from plumbing vent stacks and the exhausts from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems must be located as high as possible but not less than 6 feet (1.83 meters) above the ground level or, if installed through the roof, 3 feet (0.91 meters) above roof level. The mechanical ventilation systems must be designed and balanced to provide make-up air and safe pressure relationships between adjacent areas to preclude the spread of infections and assure the health of the occupants. Room supply air inlets, recirculation, and exhaust air outlets must be located with the grill or diffuser opening not less than 3 inches (0.08 meters) above the floor. Corridors may not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate bathrooms, toilet rooms, or janitor’s closets opening directly on corridors. Continuous mechanical exhaust
ventilation must be provided in all soiled areas, wet areas, and storage rooms. In
unoccupied service areas, ventilation may be reduced or discontinued when the health and
comfort of the occupants are not compromised. Indirect fuel-fired ventilation units may be
used only when safety equipment is provided, the fuel is lighter than air, and the unit is
separated from the building by one-hour fire-resistive construction when the unit is
mounted on the roof. Laboratories must be ventilated at a rate of six total air changes an
hour. All ventilation air from the laboratory must be directly exhausted to the outside. If this
ventilation rate does not provide the air required to ventilate fume hoods and safety
cabinets, additional air must be provided. A filter with 90 percent efficiency must be
installed in the air supply system at its entrance to the media transfer room. Hoods in which
highly radioactive materials are processed must have a face velocity of 150 feet a minute
(0.76 meters a second), have a high-efficiency (99.97%) filter, and each hood must have an
independent exhaust system with the fan installed at the discharge point of the system.
Hoods used for processing infectious materials must have a face velocity of 75 feet a minute
(0.38 meters a second). Cooking appliances installed in staff break and activities rooms
must be provided with exhaust ventilation to the exterior of the building to remove cooking
odors, heat, and moisture. Cooking appliances, other than microwave ovens, installed in
occupational therapy and patient or resident rooms must be exhausted to the exterior to
remove cooking odors, heat, and moisture. Vehicle parking garages must be provided with
carbon monoxide detection to activate exhaust ventilation of six air changes each hour or to
open the garage door if the area of the garage is under 1000 square feet. Signs must be
posted at the front of parking spaces advising the driver to shut off the engine. Crawl spaces
must be provided with mechanical ventilation at least 0.5 air changes each day or be
provided with open perimeter venting as required by the International Building Code.

Source: SL 1975, ch 16, § 1; 4 SDR 14, effective September 14, 1977; 6 SDR 93, effective July
1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995;
26 SDR 96, effective January 23, 2000; 29 SDR 81, effective December 11, 2002; 30 SDR 84,
effective December 4, 2003. General Authority: SDCL 34-1-17, 34-12-13. Law
Copies may be obtained from International Conference of Building Officials 5360 South
Workman Mill Road Whittier, California 90601-2298 Phone: (562) 699-0541. Cost: $69.55.

44:04:14:19. Air filters. The ventilation systems serving sensitive areas such as operating
rooms, delivery rooms, nurseries, isolation rooms, laboratory sterile rooms, and the
recirculated central air systems serving other hospital areas must be equipped with a
minimum of two filter beds. Filter bed number one must be located upstream of the
conditioning equipment and must have a minimum efficiency of 30 percent. Filter bed
number two must be located downstream of the conditioning equipment and must have a
minimum efficiency of 90 percent. Central systems using 100 percent outdoor air and
serving other than sensitive areas must be provided with filters rated at 80 percent
efficiency. These filter efficiencies must be warranted by the manufacturer and must be
based on the ASHRAE 52.1, 1992 edition, American Society of Heating, Refrigeration, and
Air Conditioning Engineers dust spot test method with atmospheric dust. The exhausts from
all laboratory hoods in which infectious or radioactive materials are processed must be
equipped with filters with a 99 percent efficiency. Filter frames must be durable and must
provide an airtight fit with the enclosing ductwork. All joints between filter segments and
the enclosing ductwork must have positive seal against air leakage.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December
10, 1987; 22 SDR 70, effective November 19, 1995. General Authority: SDCL 34-1-17, 34-
44:04:14:20. Ducts. Ducts which penetrate construction intended for X-ray or other ray protection must not impair the effectiveness of the protection. Porous duct lining materials may not be used in the interior of duct systems serving sensitive areas such as operating and delivery rooms, nurseries, and isolation rooms.

**Source:** SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995. **General Authority:** SDCL 34-1-17, 34-12-13. **Law Implemented:** SDCL 34-12-13.

44:04:18:15. Nurse aide curriculum. The curriculum of the nurse aide training program must address the medical, psychosocial, physical, and environmental needs of the patients or residents served by the nursing facility. Each unit of instruction must include behaviorally stated objectives with measurable performance criteria. The nurse aide training program must consist of at least 75 hours of classroom and clinical instruction, including the following:

(1) Sixteen hours of training in the following areas before the nurse aide has any direct contact with a patient or resident:

(a) Infection control;

44:04:20:23. Infection control. The facility must develop policies to address cleaning of environmental surfaces, standard precautions, employee illness, and patient transfer to another health care facility. Chemicals used to sanitize, disinfect, or sterilize must be labeled to show registration with the United States Environmental Protection Agency as being safe and effective for use in accordance with the procedures used by the facility.

**TENNESSEE**

1200-08-06-.01 DEFINITIONS.

(30) Infectious Waste. Solid or liquid wastes which contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host could result in an infectious disease.


1200-08-06-.04 ADMINISTRATION.

— (10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee.
1200-08-06-.06 BASIC SERVICES.

(1) Performance Improvement.

(b) The performance improvement program must be ongoing and have a written plan of implementation which assures that:

— Nosocomial infections and medication therapy are evaluated;
— All services performed in the facility are evaluated as to the appropriateness of diagnosis and treatment; and
— The facility shall develop and implement a system for measuring improvements in adherence to the hand hygiene program and influenza vaccination program.

(d) The Medical Director shall be responsible for the medical care in the nursing home. The Medical Director shall:

— Delineate the responsibilities of and communicate with attending physicians to ensure that each resident receives medical care;
— Ensure the delivery of emergency and medical care when the resident’s attending physician or his/her designated alternate is unavailable;
— Review reports of all accidents or unusual incidents occurring on the premises, identifying hazards to health and safety and recommending corrective action to the administrator;
— Make periodic visits to the nursing home to evaluate the existing conditions and make recommendations for improvements;
— Review and take appropriate action on reports from the Director of Nursing regarding significant clinical developments;
— Monitor the health status of nursing home personnel to ensure that no health conditions exist which would adversely affect residents; and,
— Advise and provide consultation on matters regarding medical care, standards of care, surveillance and infection control.

(3) Infection Control.

(a) The nursing home must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

(b) The administrator shall assure that an infection control program including members of the medical staff, nursing staff and administrative staff develop guidelines and techniques for the prevention, surveillance, control and reporting of facility infections. Duties of the program shall include the establishment of:

1. Written infection control policies;
2. Techniques and systems for identifying, reporting, investigating and controlling infections in the facility;
3. Written procedures governing the use of aseptic techniques and procedures in the facility;
4. Written procedures concerning food handling, laundry practices, disposal of environmental and resident wastes, traffic control and visiting rules, sources of air pollution, and routine culturing of autoclaves and sterilizers;
5. A log of incidents related to infectious and communicable diseases;
6. Formal provisions to educate and orient all appropriate personnel in the practice of aseptic techniques such as handwashing, proper grooming, masking, dressing care
techniques, disinfecting and sterilizing techniques, and the handling and storage of resident care equipment and supplies; and,
7. Continuing education for all facility personnel on the cause, effect, transmission, prevention, and elimination of infections.
(c) The administrator, the medical staff and director of nursing services must ensure that the facility-wide performance improvement program and training programs address problems identified by the infection control program and must be responsible for the implementation of successful corrective action plans in affected problem areas.
(d) The facility shall develop policies and procedures for testing a resident's blood for the presence of the hepatitis B virus and the HIV virus in the event that an employee of the facility, a student studying at the facility, or other health care provider rendering services at the facility is exposed to a resident's blood or other body fluid. The testing shall be performed at no charge to the resident, and the test results shall be confidential.
(e) The facility and its employees shall adopt and utilize standard or universal precautions of the Centers for Disease Control (CDC) for preventing transmission of infections, HIV, and communicable diseases.
(f) All nursing homes shall adopt appropriate policies regarding the testing of residents and staff for HIV and any other identified causative agent of acquired immune deficiency syndrome.
(g) The facility shall document evidence of annual vaccination against influenza for each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of the vaccine. Influenza vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccination for all residents accepting the vaccine shall be completed by November 30 of each year or within ten (10) days of the vaccine becoming available. Residents admitted after this date during the flu season and up to February 1, shall as medically appropriate, receive influenza vaccination prior to or on admission unless refused by the resident.
The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the recommendation of the Advisory Committee on Immunization Practices of the Centers for Disease Control at the time of vaccination, unless such vaccination is medically contraindicated or the resident has refused offer of the vaccine. The facility shall provide or arrange the pneumococcal vaccination of residents who have not received this immunization prior to or on admission unless the resident refuses offer of the vaccine.
(h) Precautions shall be taken to prevent the contamination of sterile supplies by soiled supplies. Sterile supplies shall be packaged and stored in a manner that protects the sterility of the contents. Decontamination and preparation areas shall be separated.
3. Assuring the clean and sanitary condition of the facility to provide a safe and hygienic environment for residents and staff. Cleaning shall be accomplished in accordance with the infection control rules herein and facility policy.
2. Knowing and enforcing infection control rules and regulations for the laundry service; 3. Assuring the collection, packaging, transportation and storage of soiled, contaminated, and clean linen is in accordance with all applicable infection control rules and procedures; and, 4. Assuring that a contract laundry service complies with all applicable infection control rules and procedures.
(5) Medical Records.
(i) All records must document the following:
   — Evidence of a physical examination, including a health history, performed no more than thirty (30) days prior to admission or within forty-eight (48) hours following admission;
   — Admitting diagnosis;
   — A dietary history as part of each resident’s admission record;
   — Results of all consultative evaluations of the resident and appropriate findings by clinical and other staff involved in the care of the resident;
   — Documentation of complications, facility acquired infections, and unfavorable reactions to drugs;

(9) Food and Dietetic Services.
(c) There must be a qualified dietitian, full time, part-time, or on a consultant basis, who is responsible for the development and implementation of a nutrition care process to meet the needs of residents for health maintenance, disease prevention and, when necessary, medical nutrition therapy to treat an illness, injury or condition. Medical nutrition therapy includes assessment of the nutritional status of the resident and treatment through diet therapy, counseling and/or use of specialized nutrition supplements.
(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.

1200-08-06-.10 INFECTIOUS AND HAZARDOUS WASTE.
(1) Each nursing home must develop, maintain and implement written policies and procedures for the definition and handling of its infectious and hazardous wastes. These policies and procedures must comply with the standards of this section and all other applicable state and federal regulations.
(2) The following waste shall be considered to be infectious waste:
(a) Waste contaminated by residents who are isolated due to communicable disease, as provided in the U.S. Centers for Disease Control “Guidelines for Isolation Precautions in Hospitals”; 
(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, waste from the production of biologicals, discarded live and attenuated vaccines, culture dishes and devices used to transfer, inoculate, and mix cultures;
(c) Waste human 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) used in resident care or which have come into contact with infectious agents during use in medical, research, or industrial laboratories; or,
(e) Other waste determined to be infectious by the facility in its written policy.
(3) Infectious and hazardous waste must be segregated from other waste at the point of generation, i.e., the point at which the material becomes a waste within the facility.
(4) Waste must be packaged in a manner that will protect waste handlers and the public from possible injury and disease that may result from exposure to the waste. Such packaging must provide for containment of the waste from the point of generation up to the point of proper treatment or disposal. Packaging must be selected and utilized for the type
of waste the package will contain, how the waste will be treated and disposed, and how it will be handled and transported prior to treatment and disposal.

(a) Contaminated sharps must be directly placed in leakproof, rigid, and puncture-resistant containers which must then be tightly sealed.

(b) Whether disposable or reusable, all containers, bags, and boxes used for containment and disposal of infectious waste must be conspicuously identified. Packages containing infectious waste which pose additional hazards (e.g., chemical, radiological) must also be conspicuously identified to clearly indicate those additional hazards.

(c) Reusable containers for infectious waste must be thoroughly sanitized each time they are emptied, unless the surfaces of the containers have been completely protected from contamination by disposable liners or other devices removed with the waste.

(d) Opaque packaging must be used for pathological waste.

(5) After packaging, waste must be handled and transported by methods ensuring containment and preserving the integrity of the packaging, including the use of secondary containment where necessary.

(a) Infectious waste must not be compacted or ground (i.e., in a mechanical grinder) prior to treatment, except that pathological waste may be ground prior to disposal.

(b) Plastic bags of infectious waste must be transported by hand.

(6) Waste must be stored in a manner which preserves the integrity of the packaging, inhibits rapid microbial growth and putrefaction, and minimizes the potential of exposure or access by unknowing persons. Waste must be stored in a manner and location which affords protection from animals, precipitation, wind, and direct sunlight, does not present a safety hazard, does not provide a breeding place or food source for insects or rodents and does not create a nuisance.

(7) In the event of spills, ruptured packaging, or other incidents where there is a loss of containment of waste, the facility must ensure that proper actions are immediately taken to:

(a) Isolate the area from the public and all except essential personnel;

(b) To the extent practicable, repackage all spilled waste and contaminated debris in accordance with the requirements of this rule;

(c) Sanitize all contaminated equipment and surfaces appropriately. Written policies and procedures must specify how this will be done; and,

(d) Complete an incident report and maintain a copy on file.

(8) Except as provided otherwise in this rule, a facility must treat or dispose of infectious waste by one or more of the methods specified in this paragraph.

(a) A facility may treat infectious waste in an on-site sterilization or disinfection device, or in an incinerator or a steam sterilizer, which has been designed, constructed, operated and maintained so that infectious waste treated in such a device is rendered noninfectious and is, if applicable, authorized for that purpose pursuant to current rules of the Department of Environment and Conservation. A valid permit or other written evidence of having complied with the Tennessee Air Pollution Control Regulations shall be available for review, if required. Each sterilizing or disinfection cycle must contain appropriate indicators to assure conditions were met for proper sterilization or disinfection of materials included in the cycle, and records kept. Proper operation of such devices must be verified at least monthly, and records of these monthly checks shall be available for review. Waste that contains toxic chemicals that would be volatilized by steam must not be treated in steam sterilizers. Infectious waste that has been rendered to carbonized or mineralized ash shall be deemed non-infectious. Unless otherwise hazardous and subject to the hazardous waste
management requirements of the current rules of the Department of Environment and Conservation, such ash shall be disposable as a non-hazardous solid waste under current rules of the Department of Environment and Conservation.

(b) The facility may discharge liquid or semi-liquid infectious waste to the collection sewerage system of a wastewater treatment facility which is subject to a permit pursuant to T.C.A. § 69-3-101, et seq., provided that such discharge is in accordance with any applicable terms of that permit and/or any applicable municipal sewer use requirements.

(c) Any health care facility accepting waste from another state must promptly notify the Department of Environment and Conservation, county, and city public health agencies, and must strictly comply with all applicable local, state and federal regulations.

(9) The facility may have waste transported off-site for storage, treatment, or disposal. Such arrangements must be detailed in a written contract, available for review. If such off-site location is in Tennessee, the facility must ensure that it has all necessary state and local approvals, and such approvals shall be available for review. If the off-site location is in another state, the facility must notify in writing all public health agencies with jurisdiction that the location is being used for management of the facility’s waste. Waste shipped off-site must be packaged in accordance with applicable federal and state requirements. Waste transported to a sanitary landfill in this state must meet the requirements of current rules of the Department of Environment and Conservation.

(10) All garbage, trash and other non-infectious waste shall be stored and disposed of in a manner that shall not permit the transmission of disease, create a nuisance, provide a breeding place for insects and rodents, or constitute a safety hazard. All containers for waste shall be water tight, constructed of easily cleanable material and shall be kept on elevated platforms.


1200-08-06-.11 RECORDS AND REPORTS.

(1) The nursing home shall report each case of communicable disease to the local county health officer in the manner provided by existing regulations. Failure to report a communicable disease may result in disciplinary action, including revocation of the facility’s license.

(2) Unusual events shall be reported by the facility to the Department of Health in a format designed by the Department within seven (7) business days of the date of the identification of the abuse of a patient or an unexpected occurrence or accident that results in death, life threatening or serious injury to a patient.

(a) The following represent circumstances that could result in an unusual event that is an unexpected occurrence or accident resulting in death, life threatening or serious injury to a patient, not related to a natural course of the patient’s illness or underlying condition. The circumstances that could result in an unusual event include, but are not limited to:

1. medication errors;
2. aspiration in a non-intubated patient related to conscious/moderate sedation;
3. intravascular catheter related events including necrosis or infection requiring repair or intravascular catheter related pneumothorax;
4. volume overload leading to pulmonary edema;
5. blood transfusion reactions, use of wrong type of blood and/or delivery of blood to the wrong patient;
6. perioperative/periprocedural related complication(s) that occur within 48 hours of the operation or the procedure, including a procedure which results in any new central neurological deficit or any new peripheral neurological deficit with motor weakness;
7. burns of a second or third degree;
8. falls resulting in radiologically proven fractures, subdural or epidural hematoma, cerebral contusion, traumatic subarachnoid hemorrhage, and/or internal trauma, but does not include fractures resulting from pathological conditions;
9. procedure related incidents, regardless of setting and within thirty (30) days of the procedure and includes readmissions, which include:
   (i) procedure related injury requiring repair or removal of an organ;
   (ii) hemorrhage;
   (iii) displacement, migration or breakage of an implant, device, graft or drain;
   (iv) post operative wound infection following clean or clean/contaminated case;

contain the requirements that an institution must meet in order to be licensed as a nursing facility and also to qualify to participate in the Medicaid program. The requirements serve as a basis for survey activities for licensure and certification.

Centers for Disease Control:
Handwashing Guidelines;
(ii) Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers;
(iii) Guidelines for Isolation Precautions in Hospitals and Infection Control in Hospital Personnel;
(iv) Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures; and Prevention and Control of Tuberculosis in Facilities Providing Long Term Care to the Elderly;
§§96.1-96.9 of this title (relating to Certification of Long Term Care Facilities);
Methicillin-Resistant Staphylococcus Aureus: A Protocol for Infection Control (TDH); and

Source Note: The provisions of this §19.1 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective March 1, 1998, 23 TexReg 1314; amended to be effective August 1, 2000, 25 TexReg 6779

RULE §19.101 Definitions

(14) Barrier precautions--Precautions including the use of gloves, masks, gowns, resuscitation equipment, eye protectors, aprons, faceshields, and protective clothing for purposes of infection control.
(38) Exposure (infections)--The direct contact of blood or other potentially infectious materials of one person with the skin or mucous membranes of another person. Other potentially infectious materials include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids when it is difficult or impossible to differentiate between body fluids.
(49) HIV--Human Immunodeficiency Virus.
(51) Infection control--A program designed to prevent the transmission of disease and infection in order to provide a safe and sanitary environment.
(154) Universal precautions--The use of barrier and other precautions by long-term care facility employees and/or contract agents to prevent the spread of blood-borne diseases.

SUBCHAPTER Q
INFECTION CONTROL
Rules

RULE §19.1601 Infection Control
The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

(1) Infection control program. The facility must establish an infection control program under which it:

(A) investigates, controls, and prevents infections in the facility;
(B) decides what procedures, such as isolation, should be applied to an individual resident; and
(C) maintains a record of incidents and corrective actions related to infections.
(2) Preventing spread of infection.
(A) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. Residents with communicable disease must be provided acceptable accommodations according to current practices and policies for infection control. See §19.1(b)(4)(I) of this title (relating to Basis and Scope) for information concerning the Centers for Disease Control Guidelines publications.
(B) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(C) The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice.
(D) The name of any resident with a reportable disease as specified in 25 Texas Administrative Code §§97.1-97.11 (relating to Control of Communicable Diseases) must be reported immediately to the city health officer, county health officer, or health unit director having jurisdiction, and appropriate infection control procedures must be implemented as directed by the local health authority.
(E) The facility must have written policies for the control of communicable diseases in employees and residents and must maintain evidence of compliance with local and/or state health codes or ordinances regarding employee and resident health status.
(i) Tuberculosis.
(I) The facility must screen all employees for tuberculosis within two weeks of employment and annually, according to Center for Disease Control (CDC) guidelines. All persons providing services under an outside resource contract must, upon request of the nursing facility, provide evidence of compliance with this requirement.
(II) All residents should be screened upon admission and after exposure to tuberculosis, in accordance with the attending physician’s recommendations and CDC guidelines.
(ii) Hepatitis B.
(I) The facility’s policy regarding hepatitis B vaccinations must address all circumstances warranting these vaccinations and identify employees at risk of directly contacting blood or potentially infectious materials.
(II) All these employees must be offered hepatitis B vaccinations within 10 days of employment. If the employee initially declines hepatitis B vaccination but at a later date, while still at risk of directly contacting blood or potentially infectious materials, decides to accept the vaccination, the facility must make the vaccination available at that time.
(3) Vaccinations. Facilities are required to offer vaccinations in accordance with an immunization schedule adopted by the Texas Department of Health.
(A) Pneumococcal vaccine for residents. The facility must offer pneumococcal vaccination to all residents 65 years of age or older who have not received this immunization and to residents younger than 65 years of age, who have not received this vaccine, but are candidates for vaccination because of chronic illness. Pneumococcal vaccine must be offered both to residents who currently reside in the facility and to new residents upon admission. Vaccination must be completed unless the vaccine is medically contraindicated by a physician or the resident refuses the vaccine. Vaccine administration must be in accordance
with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention at the time of the vaccination.

(B) Influenza vaccinations for residents and employees. The facility must offer influenza vaccine to residents and employees in contact with residents, unless the vaccine is medically contraindicated by a physician or the employee or resident has refused the vaccine.

(i) Influenza vaccinations for all residents and employees in contact with residents must be completed by November 30 of each year. Employees hired or residents admitted after this date and during the influenza season (through February of each year) must receive influenza vaccinations, unless medically contraindicated by a physician or the employee or resident refuses the vaccine.

(ii) Vaccine administration must be in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention at the time of the most recent vaccination.

(C) Documentation of receipt or refusal of vaccination. Immunization records must be maintained for each employee in contact with residents and must show the date of the receipt or refusal of each annual influenza vaccination. The medical record for each resident must show the date of the receipt or refusal of the annual influenza vaccination and the pneumococcal vaccine.

(4) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

(5) The Quality Assessment and Assurance Committee as described in §19.1917 of this title (relating to Quality Assessment and Assurance) will monitor the infection control program.

Source Note: The provisions of this §19.1601 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective August 1, 2000, 25 TexReg 6779

RULE §19.1602 Universal Precautions

Universal precautions must be used in the care of all residents. Facilities are responsible for complying with Occupational Safety Hazards Administration (OSHA) regulations found at 29 Code of Federal Regulations §1910.1030 (relating to Bloodborne Pathogens).

Source Note: The provisions of this §19.1602 adopted to be effective May 1, 1995, 20 TexReg 2393.

SUBCHAPTER D FACILITY CONSTRUCTION RULE §19.309 Other Environmental Conditions

(4) In operations where there is a chance of cross-contamination, clean and soiled operations must be separated to lessen the chance of cross-contamination by facility employees, residents, and others. This separation must be in relation to traffic flow, air currents, air exhaust, water flow, vapors, and other conditions.

(5) An electric water cooler or water fountain must be accessible to residents. When new drinking fountains are provided, at least one must be installed to be accessible to persons in wheelchairs.

Public toilet(s) with sanitary handwashing and drying provisions must be provided or designated.

CERTIFICATION SUBCHAPTER D FACILITY CONSTRUCTION RULE §19.310 Site and Grounds

(a) Site grades must provide for positive surface water drainage so that there will be no ponding or standing water at or near the building that would present a hazard to health or provide a breeding site or harborage for carriers of disease.
SUBCHAPTER D FACILITY CONSTRUCTION RULE §19.324 Pest Control
(c) Garbage and trash must be stored in enclosed containers, protected against leakage, contact with disease carriers, and access to animals. It must be stored in areas separate from those used for the preparation and storage of food and must be removed from the premises in conformity with state and local practices. Garbage and trash containers must be maintained free of accumulations and coatings of garbage. Garbage storage areas must be kept clean and in a state of good repair.

SUBCHAPTER D FACILITY CONSTRUCTION RULE §19.325 Linen
(a) The nursing facility must have available at all times a quantity of linen essential for the proper care and comfort of residents. Linens must be handled, stored, and processed so as to control the spread of infection.
(b) Linen will be maintained in good repair.
(c) Linen must be washed, dried, stored, and transported in a manner which will produce hygienically clean linen. The washing process must have a mechanism for soil removal and bacteria kill.
(d) Clean linen must be stored in a clean linen area easily accessible to the personnel.
(e) Clean towels and washcloths must be provided to each resident as needed or desired. Linens must be handled, stored, and processed so as to control the spread of infection.
(f) Soiled linen and clothing must be stored separately from clean linen and clothing. Soiled linen and clothing must be stored in well ventilated areas, and must not be permitted to accumulate in the facility. Soiled linen and clothing must be transported in accordance with procedures consistent with universal precautions. Bags or containers must not be re-used to transport or store clean items.
(g) Soiled linen must not be sorted, laundered, rinsed, or stored in bathrooms, resident rooms, corridors, kitchens, or food storage areas, except soiled linen and clothing which is not contaminated with blood may be rinsed in a resident’s bathroom water closet.
(h) Resident’s personal clothing that is not soiled with body wastes may be stored in a closed container in the resident’s closet. The clothing must be collected and cleaned at least weekly.
(i) Facility staff must wash their hands both after handling soiled linen and before handling clean linen.

Source Note: The provisions of this §19.325 adopted to be effective July 1, 1996, 21 TexReg 4408

SUBCHAPTER D FACILITY CONSTRUCTION RULE §19.340 Mechanical Requirements
(1) Plumbing.
(O) Clean-outs for waste piping lines must be provided and located so that there is the least physical and sanitary hazard to residents. Where possible, clean-outs must open to the exterior or areas which would not spread contamination during clean-out procedures.

SUBCHAPTER E RESIDENT RIGHTS
RULE §19.405 Additional Requirements for Trust Funds in Medicaid-certified Facilities
(a) Deposit of funds. The facility must keep funds received from a resident for holding, safeguarding, and accounting, separate from the facility’s funds. This separate account must be identified “Trustee, (Name of Facility), Resident’s Trust Fund Account.” A facility may commingle the trust funds of Medicaid recipients and private-pay residents. If the funds are commingled, the facility must provide, upon request, the following information. This
information must be provided to the Texas Department of Human Services (DHS), the Texas attorney general’s Medicaid Fraud Control Unit, and the U.S. Department of Health and Human Services:

(5) routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to:

   (D) bath soaps, disinfecting soaps, or specialized cleansing agents when indicated to treat special skin problems or to fight infection;

   (i) Items and services that may be charged to a resident’s personal funds. The facility may charge the resident for requested services that are more expensive than or in excess of covered services in accordance with §19.2601 of this title (relating to Vendor Payment (Items and Services Included)). The following list contains general categories and examples of items and services that the facility may charge to a resident’s personal funds if they are requested by a resident, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid: private room, except when therapeutically required, such as isolation for infection control;

**SUBCHAPTER L DIETARY SERVICES**

**RULE §19.1111 Sanitary Conditions**

(a) The facility must:

   (1) procure food from sources approved or considered satisfactory by federal, state, and local authorities;

   (2) store, prepare, and serve food under sanitary conditions, as required by the Texas Department of Health food service sanitation requirements; and

   (3) dispose of garbage and refuse properly. See also §19.318(j)-(l) of this title (relating to Other Rooms and Areas) for information concerning dietary physical plant.

(b) Dietary service personnel must be in good health and practice hygienic food-handling techniques. Persons with symptoms of communicable diseases or open, infected wounds may not work.

(c) Dietary service personnel must wear clean, washable garments, wear hair coverings or clean caps, and have clean hands and fingernails.

(d) Routine health examinations must meet all local, state, and federal codes for food service personnel.

**SUBCHAPTER L DIETARY SERVICES**

**RULE §19.1115 Requirements for Training of Paid Feeding Assistants**

(a) Minimum training course contents. A state-approved training course for paid feeding assistants must include, at a minimum, 16 hours of training in the following:

   infection control;

**SUBCHAPTER M PHYSICIAN SERVICES**

**RULE §19.1208 Physicians’ Reporting Communicable Diseases**

The physician must report all reportable communicable diseases immediately according to the requirements specified in §19.1601(2)(D) of this title (relating to Infection Control).

**Source Note:** The provisions of this §19.1208 adopted to be effective May 1, 1995, 20 TexReg 2393.

**RULE §19.1929 Staff Development**

Each facility must implement and maintain programs of orientation, training, and continuing in-service education to develop the skills of its staff, as described in §19.1903 of this title (relating to Required Training of Nurse Aides).

(1) As part of orientation and annually, each employee must receive instruction regarding:

(A) Human Immunodeficiency Virus (HIV), as outlined in the educational information
provided by the Texas Department of Health Model Workplace Guidelines. At a minimum the HIV curriculum must include:

- modes of transmission;
- methods of prevention;
- (iii) behaviors related to substance abuse;
- (iv) occupational precautions;
- (v) current laws and regulations concerning the rights of an acquired immune deficiency syndrome/HIV infected individual; and

(vi) behaviors associated with HIV transmission which are in violation of Texas law; and

(B) restraint reduction and the prevention of falls through competency-based training. Facilities also may choose to train on behavior management, including prevention of aggressive behavior and de-escalation techniques.

**SUBCHAPTER T ADMINISTRATION**

**RULE §19.1934 Educational Requirements for Persons under Age 22**

(2) developed written policies and procedures to ensure that all eligible school-age residents, ages 3 through 21, who have neither successfully graduated from nor completed an approved school program are enrolled in a Texas Education Agency-approved educational program. The facility must:

(B) provide the LEA with any of the following information or records available to the facility within 14 working days of a school-age child’s admission to the facility:

- birth certificate or other document as proof of a child’s identity;
- medical history and medical records, including current immunization records;

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**UTAH**

**R432-1-3. Definitions.**


(78) "Medication" means any drug, chemical compound, suspension, or preparation suitable for internal or external use by persons for the treatment or prevention of disease or injury.

**R432-4-15. Functional Program.**

(23) infection control risk assessment to determine the need for the number and types of isolation rooms over and above the minimum numbers required by the Guidelines.

**R432-4-23. General Construction.**

(6) Trash chutes, laundry chutes, dumb waiters, elevator shafts, and other similar systems shall not pump contaminated air into clean areas.

**R432-4-24. General Construction, Patient Service Facilities.**

(5) Provisions for an isolation room for infectious patients in Phase II recovery, as discussed in 7.7.C14 of the Guidelines, is deleted.

**R432-5-11. Waste Storage and Disposal.**

Facilities and equipment shall be provided for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes if applicable, using techniques defined by the Utah Department of Environmental Quality, and the local health department having jurisdiction.

**R432-6-19. General Standards for Details.**
(1) Facilities and equipment shall be provided for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes if applicable, using techniques acceptable to the State Department of Environmental Quality, and the local health department having jurisdiction.

R432-6-23. Plumbing.
(5) Drainage system shall comply with the following requirements:
(a) Building sewers shall discharge into community sewerage. Where such a system is not available, the facility shall treat its sewage in accordance with local requirements and State Department of Environmental Quality requirements.
(b) Where overhead drain piping is exposed, special provisions shall be made to protect the space below from contamination from leakage, condensation, and dust particles. Approval of special provisions in food preparation, food service areas, and food storage areas shall be obtained from the local health department.
(c) Kitchen grease trap locations shall comply with local health department rules.
(6) Dishwashers, in sink garbage disposers, and other appliances shall be National Sanitation Foundation, NSF, approved and have the NSF seal affixed.

R432-150-6. Adult Day Care Services.
(6) Before a facility admits a consumer, it must first assess, in writing, the consumer's current health and medical history, immunizations, legal status, and social psychological factors to determine whether the consumer may be placed in the program.

(13) The training course for the dining assistant shall provide eight hours of instruction and one hour of observation by the trainer to ensure competency. The course shall include the following topics:
(e) infection control;

R432-150-26. Housekeeping Services
(ii) If housekeeping personnel also work in food services or direct patient care services, the facility must develop and implement employee hygiene and infection control measures to maintain a safe, sanitary environment.

R432-150-10. Staff and Personnel
(3) The facility shall establish a personnel health program through written personnel health policies and procedures.
(4) The facility shall complete a health evaluation and inventory for each employee upon hire.
(a) The health inventory shall obtain at least the employee's history of the following:
(i) conditions that predispose the employee to acquiring or transmitting infectious diseases; and
(ii) conditions which may prevent the employee from performing certain assigned duties satisfactorily.
(b) The health inventory shall include health screening and immunization components of the employee's personnel health program.
(c) Infection control shall include staff immunization as necessary to prevent the spread of disease.
(d) Employee skin testing and follow up for tuberculosis shall be done in accordance with R388-804, Tuberculosis Control Rule.
(e) All infections and communicable diseases reportable by law shall be reported by the facility to the local health department in accordance with R386-702-2.
(5) The facility shall plan and document in-service training for all personnel.
(a) The following topics shall be addressed at least annually:
(i) fire prevention;
(ii) review and drill of emergency procedures and evacuation plan;
(iii) the reporting of resident abuse, neglect or exploitation to the proper authorities;
(iv) prevention and control of infections;

**R432-150-11. Quality Assurance.**

(4) Infection reporting must be integrated into the quality assurance plan and must be reported to the Department in accordance with R386-702, Communicable Disease Rule.

**R432-150-15. Quality of Care.**

(3) The facility’s comprehensive assessment of a resident must include an assessment of pressure sores. The facility must ensure that:
(a) a resident who enters the facility without pressure sores does not develop pressure sores unless the individual’s clinical condition demonstrates that they were unavoidable; and
(b) a resident having pressure sores receives the necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.
(4) The facility’s comprehensive assessment of the resident must include an assessment of incontinence. The facility must ensure that:
(a) a resident who is incontinent of either bowel or bladder, or both, receives the treatment and services to restore as much normal functioning as possible;
(b) a resident who enters the facility without an indwelling catheter is not catheterized unless the resident’s clinical condition demonstrates that catheterization is necessary;
(c) a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections; and


(1) Each facility must develop a written policy regarding pets in accordance with local ordinances.
(2) The administrator or designee must determine which pets may be brought into the facility. Family members may bring resident’s pets to visit provided they have approval from the administrator and offer assurance that the pets are clean, disease free, and vaccinated.
(3) Pets are not permitted in food preparation or storage areas. Pets are not permitted in any area where their presence would create a health or safety risk.

**R432-150-24. Food Services.**

(13) The training course for the dining assistant shall provide eight hours of instruction and one hour of observation by the trainer to ensure competency. The course shall include the following topics:
(e) infection control;

**R432-150-26. Housekeeping Services.**

(1) The facility must provide a safe, clean, comfortable environment, allowing the resident
to use personal belongings to create a homelike environment.

(a) Cleaning agents, bleaches, insecticides, poisonous, dangerous, or flammable materials must be stored in a locked area to prevent unauthorized access.

(b) The facility must provide adequate housekeeping services and sufficient personnel to maintain a clean and sanitary environment.

(i) Personnel engaged in housekeeping or laundry services cannot be engaged concurrently in food service or resident care.

(ii) If housekeeping personnel also work in food services or direct patient care services, the facility must develop and implement employee hygiene and infection control measures to maintain a safe, sanitary environment.

**R432-150-27. Laundry Services.**

(1) The administrator must designate a person to direct the facility's laundry service. The designee must have experience, training, or knowledge of the following:

(a) proper use of chemicals in the laundry;
(b) proper laundry procedures;
(c) proper use of laundry equipment;
(d) facility policies and procedures; and
(e) federal, state and local rules and regulations.

(2) The facility must provide clean linens, towels and wash cloths for resident use.

(3) If the facility contracts for laundry services, there must be a signed, dated agreement that details all services provided.

(4) The facility must inform the resident and family of facility laundry policy for personal clothing.

(5) The facility must ensure that each resident's personal laundry is marked for identification.

(6) There must be enough clean linen, towels and washcloths for at least three complete changes of the facility's licensed bed capacity.

(7) There must be a bed spread for each resident bed.

(8) Clean linen must be handled and stored in a manner to minimize contamination from surface contact or airborne deposition.

(9) Soiled linen must be handled, stored, and processed in a manner to prevent contamination and the spread of infections.

(10) Soiled linen must be sorted in a separate room by methods affording protection from contamination.

(11) The laundry area must be separate from any room where food is stored, prepared, or served.

**R432-150-28. Maintenance Services.**

(1) The facility must ensure that buildings, equipment and grounds are maintained in a clean and sanitary condition and in good repair at all times for the safety and well-being of residents, staff, and visitors.

(c) The facility must develop and implement a written maintenance program (including preventive maintenance) to ensure the continued operation of the facility and sanitary practices throughout the facility.

(14) The facility must have at least one OSHA-approved spill or clean-up kit for blood-borne pathogens.


(1) The facility must ensure the safety and well-being of residents and make provisions for a
safe environment in the event of an emergency or disaster. An emergency or disaster may include utility interruption, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, and injury.

**R432-152-16. Physician Services.**

1. The facility shall ensure the availability of physician services 24 hours a day.
   a. The physician shall develop, in coordination with facility licensed nursing personnel, a medical care plan of treatment for a client if the physician determines that the client requires 24-hour licensed nursing care.
   b. The care plan shall be integrated into the client’s program plan.
   c. Each client requiring a medical care plan of treatment shall be admitted by and remain under the care of a health practitioner licensed to prescribe medical care for the client.
   d. The facility shall obtain written orders for medical treatment (documented telephone orders are acceptable) at the time of admission.
   e. The facility shall provide or obtain preventive and general medical care as well as annual physical examinations of each client that at a minimum includes:
      i. an evaluation of vision and hearing;
      ii. immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics;
      iii. routine screening laboratory examinations, as determined necessary by the physician, and special studies when needed; and
      iv. tuberculosis control in accordance with R388-804, Tuberculosis Control Rule.
2. A physician shall participate in the establishment of each newly admitted client’s initial individual program plan as required by R432-152-11.
   a. If appropriate, physicians shall participate in the review and update of an individual program plan as part of the interdisciplinary team process either in person or through written report to the interdisciplinary team.
   b. A physician shall participate in the discharge planning of clients under a medical care plan of treatment. In cases of discharge against medical advice, the facility must immediately notify the attending physician.

**R432-152-17. Nursing Services.**

1. The facility shall provide nursing services in accordance with client needs. Nursing services shall include:
   a. participation as appropriate in the development, review, and update of an individual program plan as part of the interdisciplinary team process;
   b. the development, with a physician, of a medical care plan of treatment for a client if the physician has determined that an individual client requires such a plan; and
   c. for those clients certified as not needing a medical care plan, a documented quarterly health status review by direct physical examination conducted by a licensed nurse including identifying and implementing nursing care needs as prescribed by the client’s physician.
2. Nursing services shall coordinate with other members of the interdisciplinary team to implement appropriate protective and preventive health measures that include:
   a. training clients and staff as needed in appropriate health and hygiene methods;
   b. control of communicable diseases and infections, including the instruction of other personnel in methods of infection control; and
   c. training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.
Nursing practice and delegation of nursing tasks must comply with R156-31b701, Delegation of Nursing Tasks.

(a) If the facility utilizes only licensed practical nurses to provide health services, there must be a formal arrangement for a registered nurse to provide verbal or on-site consultation to the licensed practical nurse.

(b) Non-licensed staff who work with clients under a medical care plan must be supervised by licensed nursing personnel.

The administrator shall employ and designate, in writing, a nursing services supervisor.

(a) The nursing services supervisor may be either a registered nurse or a licensed practical nurse.

(b) The nursing services supervisor shall designate, in writing, a licensed nurse to be in charge during any temporary absence of the nursing services supervisor.

The nursing services supervisor is responsible to ensure that the following duties are carried out:

(a) establish a system to assure nursing staff implement physician orders and deliver health care services as needed;

(b) plan and direct the delivery of nursing care, treatments, procedures, and other services to assure that each client’s needs are met;

(c) review each client’s health care needs and orders for care and treatment;

(d) review client individual program plans to assure necessary medical aspects are incorporated;

(e) review the medication system for completeness of information, accuracy in the transcription of physician’s orders, and adherence to stop-order policies;

(f) instruct the nursing staff on the legal requirements of charting and ensure that a nurse’s notes describe the care rendered and include the client’s response;

(g) teach and coordinate rehabilitative nursing to promote and maintain optimal physical and mental functioning of the client;

(h) inform the administrator, attending physician, and family of significant changes in the client’s health status;

(i) when appropriate, plan with the physician, family, and health-related agencies for the care of the client upon discharge;

(j) develop, with the administrator, a nursing services procedure manual including all procedures practiced in the facility;

(k) coordinate client services through appropriate quality assurance and interdisciplinary team meetings;

(l) respond to the pharmacist’s quarterly medication report;

(m) develop written job descriptions for all levels of nursing personnel and orient all new nursing personnel to the facility and their duties and responsibilities;

(n) complete written performance evaluations for each member of the nursing staff at least annually; and

(o) plan or conduct documented training programs for nursing staff and clients.


(1) Infection control procedures and reporting shall comply with R432-150-11(4).

(2) The facility shall have a safety committee which includes the administrator, QMRP, head housekeeper, chief of facility maintenance, and others as designated by facility policy.

(a) The safety committee must:
(i) review all incident and accident reports and recommend changes to the administrator to prevent or reduce reoccurrence;
(ii) review facility safety policies and procedures at least annually, and make appropriate recommendations; and
(iii) establish a procedure to inspect the facility periodically for hazards.
(b) Inspection reports shall be filed with the safety committee.

**R432-200-7. Administration and Organization.**

(9) In-service Training.
There shall be planned and documented in-service training for all facility personnel. The following topics shall be addressed annually:
(d) Prevention and control of infections (see R432-150-25);

**R432-200-10. Quality Assurance.**

(1) The administrator shall monitor the quality of services offered by the facility through the formation of a committee that addresses infection control, pharmacy, therapy, resident care, and safety, as applicable.
(2) The committee shall include the administrator, consulting physician or medical director, health services supervisor, and consulting pharmacist. Special program directors and maintenance and housekeeping personnel shall serve as necessary.
(3) The committee shall meet quarterly and keep minutes of the proceedings.
(4) Infection Control Requirements. See R432-150-11.

**R432-200-11. Emergency and Disaster.**

(1) Facilities have the responsibility to assure the safety and well-being of their residents in the event of an emergency or disaster. An emergency or disaster may include utility interruption, explosion, fire, earthquake, bomb threat, flood, windstorm, or epidemic.

**R432-200-15. Nursing Care.**

(4) Nursing or Health Care Services.
(c) The procedures shall address the following:
(iv) Decubitus prevention and care;
(vi) Isolation procedures;

**R432-200-16. General Resident Care Policies.**

(3) These policies shall address the following:
(g) Each resident shall receive care and treatment to ensure the prevention of decubiti, contractions, and deformities.
(e) reporting responsibility for abuse, neglect and exploitation.
(9) Each employee shall receive documented in-service training. The training shall be tailored to include all of the following subjects that are relevant to the employee’s job responsibilities:
(a) principles of good nutrition, menu planning, food preparation, and storage;
(b) principles of good housekeeping and sanitation;
(c) principles of providing personal and social care;
(d) proper procedures in assisting residents with medications;

**R432-270-8. Personnel.**

(12) The facility must complete an employee placement health evaluation to include at least a health inventory when an employee is hired. Facilities may use their own evaluation or a Department approved form.
(a) A health inventory shall obtain at least the employee’s history of the following:
(i) conditions that may predispose the employee to acquiring or transmitting infectious diseases; and
(ii) conditions that may prevent the employee from performing certain assigned duties satisfactorily.

(b) The facility shall develop employee health screening and immunization components of the personnel health program.

(c) Employee skin testing by the Mantoux Method and follow up for tuberculosis shall be done in accordance with R388-804, Tuberculosis Control Rule.

(i) Skin testing must be conducted on each employee within two weeks of hire and after suspected exposure to a resident with active tuberculosis.

(ii) All employees with known positive reaction to skin tests are exempt from skin testing.

(d) All infections and communicable diseases reportable by law shall be reported to the local health department in accordance with the Communicable Disease Rule, R386-702.

(e) The facility shall comply with the Occupational Safety and Health Administration’s Blood-borne Pathogen Standard.

R432-270-10. Admissions.

(5) Type I and Type II assisted living facilities shall not admit or retain a person who:

(b) has active tuberculosis or other chronic communicable diseases that cannot be treated in the facility or on an outpatient basis; or may be transmitted to other residents or guests through the normal course of activities; or


(3) The facility shall maintain personnel records for each employee and shall retain such records for at least three years following termination of employment. Personnel records must include the following:

(f) health inventory;

(h) TB skin test documentation; and


(10) If food service personnel also work in housekeeping or provide direct resident care, the facility must develop and implement employee hygiene and infection control measures to maintain a safe, sanitary food service.


(2) The licensee and the administrator are responsible to develop and coordinate plans with state and local emergency disaster authorities to respond to potential emergencies and disasters. The plan shall outline the protection or evacuation of all residents, and include arrangements for staff response or provisions of additional staff to ensure the safety of any resident with physical or mental limitations.

(a) Emergencies and disasters include fire, severe weather, missing residents, death of a resident, interruption of public utilities, explosion, bomb threat, earthquake, flood, windstorm, epidemic, or mass casualty.

R432-270-27. First Aid.

(5) The facility must have a clean up kit for blood borne pathogens.


(2) Pets must be kept clean and disease-free.

(3) The pets’ environment shall be kept clean.

(6) Pets that are kept at the facility or are frequent visitors must have current vaccinations.

(8) Each facility with birds shall have procedures which prevent the transmission of psittacosis. Procedures shall ensure the minimum handling and placing of droppings into a closed plastic bag for disposal.

(9) Pets are not permitted in central food preparation, storage, or dining areas or in any
area where their presence would create a significant health or safety risk to others.

**R432-270-29b. Adult Day Care Services.**

(6) Before a program admits a consumer, a written assessment shall be completed to evaluate current health and medical history, immunizations, legal status, and social psychological factors.

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7.19 Infection Control

(a) The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

(b) Infection control program. The facility must establish an infection control program under which it:

1. investigates, controls, and prevents infections in the facility;
2. decides what procedures such as isolation should be applied to an individual resident; and
3. maintains a record of incidents and corrective actions related to infections.

(c) Preventing spread of infection.

1. When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
2. The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
3. The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(d) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

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**Definitions and General Information**

**12 VAC 5-371-10. Definitions.** (Revised 3/1/2007)

"Drug" means (i) articles or substances recognized in the official United States "Drug" Pharmacopoeia National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them; (ii) articles or substances intended for the use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animal; (iii) articles or substances, other than food, intended to affect the structure or any function of the body of man or other animal; (iv) articles or substances intended for use as a
component of any article specified in clause (i), (ii), or (iii). This does not include devices or their components, parts or accessories.

J. The facility shall provide, or arrange for, the administration to its resident of an annual influenza vaccination and a pneumonia vaccination according to the most recent recommendations for “Prevention and Control of Influenza” ([www.cdc.gov/mmwr/preview/mmwrhtml/rr5306al.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306al.htm)), MMWR 53 (RR06), and “Guidelines for Preventing Health Care-Associated Pneumonia, 2003” ([www.cdc.gov/mmwr/preview/mmwrhtml/rr5303al.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303al.htm)), MMWR 53 (RR03), of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, unless the vaccination is medically contraindicated or the resident declines the vaccination offer.

12 VAC 5-371-140. Policies and procedures.
D. Administrative and operational policies and procedures shall include, but are not limited to:

13. Quality assurance and infection control;

12VAC5-371-180. Infection control.
A. The nursing facility shall establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection.
B. The infection control program shall encompass the entire physical plant and all services.
C. The infection control program addressing the surveillance, prevention and control of facility wide infections shall include:
   1. Procedures to isolate the infecting organism;
   2. Access to handwashing equipment for staff; . Training of staff in proper handwashing techniques, according to accepted professional standards, to prevent cross contamination;
   4. Implementation of universal precautions by direct resident care staff;
   5. Prohibiting employees with communicable diseases or infections from direct contact with residents or their food, if direct contact will transmit disease;
   6. Monitoring staff performance of infection control practices;
   7. Handling, storing, processing and transporting linens, supplies and equipment in a manner that prevents the spread of infection;
   8. Handling, storing, processing and transporting regulated medical waste in accordance with applicable regulations;
   9. Maintaining an effective pest control program; and
  10. Staff education regarding infection risk-reduction behavior.
D. The nursing facility shall report promptly to its local health department diseases designated as “reportable” according to 12 VAC 5-90-80 when such cases are admitted to or are diagnosed in the facility and shall report any outbreak of infectious disease as required by 12 VAC 5-90. An outbreak is defined as an increase in incidence of any infectious disease above the usual incidence at the facility.

12 VAC 5-371-230. Medical direction.
B. The duties of the medical director shall include, but are not limited to:

4. Advising and providing consultation to the nursing facility staff regarding communicable diseases, infection control and isolation procedures, and serving as liaison with local health officials;
7. Advising on the development and execution of an employee health program, which shall include provisions for determining that employees are free of communicable diseases according to current acceptable standards of practice.

12 VAC 5-371-260. Staff development and inservice training.
B. All resident care staff shall receive annual inservice training commensurate with their function or job-specific responsibilities in at least the following:
2. Prevention and control of infections;

M. Disposable dinnerware or tableware shall be used only for emergencies, for infection control, as part of special activities, or as indicated in a resident's plan of care.

12 VAC 5-371-380. Laundry services.
A. A quantity of linens shall be available at all times to provide for proper care and comfort of residents.
B. Linens and other laundry must be handled, stored and processed to control the spread of infection.
C. Clean linen shall be stored in a clean and dry area accessible to the nursing unit.

388-97-0001 Definitions.
"Drug" means a substance: (2) Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.
"Respiratory isolation" is a technique or techniques instituted to prevent the transmission of pathogenic organisms by means of droplets and droplet nuclei coughed, sneezed, or breathed into the environment.

388-97-0980 Pets.
(1) Each resident must have a reasonable opportunity to have regular contact with animals, if desired. The nursing home must:
(e) Ensure any animal visiting or living on the premises has a suitable temperament, is healthy, and otherwise poses no significant health or safety risks to residents, staff, or visitors.
(3) Animals living on the nursing home premises must:
(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state; and
Be veterinarian certified to be free of diseases transmittable to humans.

388-97-1240 Tube feedings.
If the nursing home prepares tube feeding formula, or mixes additives to the prepared formula it must ensure that:
(2) Tube feeding formulas are prepared, stored, distributed, and served in such a manner so as to maintain uniformity and to prevent contamination.

388-97-1320 Infection control.
The nursing home must:
Establish and maintain an effective infection control program designed to provide a
safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection;

Prohibit any employee with a communicable disease or infected skin lesion from direct contact with residents or their food, if direct contact could transmit the disease; and

Require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice.

(2) Under the infection control program, the nursing home must:

Investigate, control and prevent infections in the facility;

Decide what procedures should be applied in individual circumstances; and

Maintain a record of incidence of infection and corrective action taken.

(3) Nursing home personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

(4) The nursing home must develop and implement effective methods for the safe storage, transport and disposal of garbage, refuse and infectious waste, consistent with all applicable local, state, and federal requirements for such disposal.

(5) The nursing home must provide areas, equipment, and supplies to implement an effective infection control program and ensure:

(a) Ready availability of hand cleaning supplies and appropriate drying equipment or material at each sink;

Safe use of disposable and single service supplies and equipment;

Effective procedures for cleaning, disinfecting or sterilizing according to equipment use;

(d) Chemicals and equipment used for cleaning, disinfecting, and sterilizing, including chemicals used to launder personal clothing, are used in accordance with manufacturer’s directions and recommendations; and

Safe and effective procedures for disinfecting:

All bathing and therapy tubs between each resident use; and

Swimming pools, spas and hot tubs.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-971320, filed 9/24/08, effective 11/1/08.]

388-97-1340 Influenza and pneumococcal immunizations.

The nursing home shall provide residents access on-site or make available elsewhere, the ability to obtain the influenza virus immunization on an annual basis.

Upon admission, the nursing home shall inform residents or the resident’s representative, verbally and in writing, of the benefits of receiving the influenza virus immunization and the pneumococcal disease immunization.

Nursing homes who rely exclusively upon treatment by nonmedical religious healing methods, including prayer, are exempt from the above rules.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-971340, filed 9/24/08, effective 11/1/08.]

388-97-1360 Surveillance, management and early identification of individuals with active tuberculosis.

The nursing home must develop and implement policies and procedures that comply with nationally recognized tuberculosis standards set by the Centers for Disease Control (CDC), and applicable state law. Such policies and procedures include, but are not limited to, the following:

Evaluation of any resident or employee with symptoms suggestive of tuberculosis
whether tuberculin skin test results were positive or negative;
Identifying and following up residents and personnel with suspected or actual tuberculosis, in a timely manner; and
Identifying and following up visitors and volunteers with symptoms suggestive of tuberculosis.

The nursing home must comply with chapter 49.17 RCW, Washington Industrial Safety and Health Act (WISHA) requirements to protect the health and safety of employees. [Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1360, filed 9/24/08, effective 11/1/08.]

388-97-1380 Tuberculosis — Testing required.
(1) The nursing home must develop and implement a system to ensure that facility personnel
(2) The nursing home must also ensure that facility personnel are tested annually.
(3) For the purposes of WAC 388-97-1360 through 388-97-1580 "person" means facility personnel and residents. [Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1380, filed 9/24/08, effective 11/1/08.]

The nursing home must ensure that all tuberculosis testing is done through either:
   Intradermal (Mantoux) administration with test results read:
      Within forty-eight to seventy-two hours of the test; and
   By a trained professional; or
   A blood test for tuberculosis called interferon-gamma release assay (IGRA). [Statutory Authority: Chapters 18.51 and 74.42 RCW. 10-02-021, § 388-97-1400, filed 12/29/09, effective 1/29/10. Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1400, filed 9/24/08, effective 11/1/08.]

388-97-1440 Tuberculosis — No testing.
The nursing home is not required to have a person tested for tuberculosis if the person has:
   A documented history of a previous positive skin test results;
   A documented history of a previous positive blood test; or
   Documented evidence of:
      Adequate therapy for active disease; or
   Completion of treatment for latent tuberculosis infection preventative therapy. [Statutory Authority: Chapters 18.51 and 74.42 RCW. 10-02-021, § 388-97-1440, filed 12/29/09, effective 1/29/10. Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1440, filed 9/24/08, effective 11/1/08.]

388-97-1460 Tuberculosis — One test.
The nursing home is only required to have a person take one test if the person has any of the following:
   (1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or
   (2) A documented negative result from one skin or blood test in the previous twelve months. [Statutory Authority: Chapters 18.51 and 74.42 RCW. 10-02-021, § 388-97-1460, filed 12/29/09, effective 1/29/10. Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1460, filed 9/24/08, effective 11/1/08.]
388-97-1480 Tuberculosis — Two-step skin testing.
   Unless the person meets the requirement for having no skin testing or only one test, the nursing home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:
   An initial skin test within three days of employment; and
   A second test done one to three weeks after the first test.
[Statutory Authority: Chapters 18.51 and 74.42 RCW. 10-02-021, § 388-97-1480, filed 12/29/09, effective 1/29/10. Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52.]

388-97-1500 Tuberculosis — Positive test result.
   When there is a positive result to tuberculosis skin or blood testing the nursing home must:
   (1) Ensure that the person has a chest X ray within seven days;
   (2) Evaluate each resident or person with a positive test result for signs and symptoms of tuberculosis; and
   (3) Follow the recommendation of the person's health care provider.
[Statutory Authority: Chapters 18.51 and 74.42 RCW. 10-02-021, § 388-97-1500, filed 12/29/09, effective 1/29/10. Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1500, filed 9/24/08, effective 11/1/08.]

388-97-1520 Tuberculosis — Negative test result.
   The nursing home may be required by the public health provider or licensing authority to ensure that persons with negative test results have follow-up testing in certain circumstances, such as:
   After exposure to active tuberculosis;
   When tuberculosis symptoms are present; or
   For periodic testing as determined by the health provider.
[Statutory Authority: Chapters 18.51 and 74.42 RCW. 10-02-021, § 388-97-1520, filed 12/29/09, effective 1/29/10. Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1520, filed 9/24/08, effective 11/1/08.]
The nursing home must ensure that a person take the blood test for tuberculosis if they decline the skin test.
[Statutory Authority: Chapters 18.51 and 74.42 RCW. 10-02-021, § 388-97-1540, filed 12/29/09, effective 1/29/10. Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1540, filed 9/24/08, effective 11/1/08.]

388-97-1560 Tuberculosis — Reporting — Required.
   The nursing home must:
   (1) Report any person with tuberculosis symptoms or a positive chest X ray to the appropriate health care provider or public health provider;
   (2) Follow the infection control and safety measures ordered by the person's health care provider, including a public health provider;
   (3) Institute appropriate measures for the control of the transmission of droplet nuclei;
   (4) Apply living or work restrictions where residents or personnel are, or may be, infectious and pose a risk to other residents and personnel; and
   (5) Ensure that personnel caring for a resident with suspected tuberculosis comply with
the WISHA standard for respiratory protection found in chapter 296-842 WAC.

388-97-1580 Tuberculosis — Test records.
The nursing home must:
(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the nursing home;
(2) Make the records readily available to the appropriate health authority and licensing agency;
Retain the records for eighteen months beyond the date of employment termination; and
Provide the person a copy of his/her test results.

388-97-1600 Care of residents with active tuberculosis.
(1) When the nursing home accepts the care of a resident with suspected or confirmed tuberculosis, the nursing home must:
   (a) Coordinate the resident's admission, nursing home care, discharge planning, and discharge with the health care provider;
   (b) Provide necessary education about tuberculosis for staff, visitors, and residents; and
   (c) Ensure that personnel caring for a resident with active tuberculosis comply with the WISHA standards for respiratory protection, chapter 296-842 WAC.
(2) For a resident who requires respiratory isolation for tuberculosis, the nursing home must:
   Provide a private or semiprivate isolation room:
   (a) In accordance with WAC 388-97-2480;
      (i) In which, construction review of the department of health determines that room air is maintained under negative pressure; and appropriately exhausted, either directly to the outside away from intake vents or through properly designed, installed, and maintained high efficiency particulate air (HEPA) filters, or other measures deemed appropriate to protect others in the facility;
      (ii) However, when a semiprivate isolation room is used, only residents requiring respiratory isolation for confirmed or suspected tuberculosis are placed together.
   (b) Provide supplemental environment approaches, such as ultraviolet lights, where deemed to be necessary;
   (c) Provide appropriate protective equipment for staff and visitors; and
   (d) Have measures in place for the decontamination of equipment and other items used by the resident.

388-97-1640 Required notification and reporting.
(7) The nursing home must report any case or suspected case of a reportable
disease to the appropriate department of health officer and must also notify the appropriate department(s) of other health and safety issues, according to state and local laws.

388-97-1660 Staff and equipment.
(2) The nursing home must ensure that any employee giving direct resident care, excluding professionally licensed nursing staff:
(b) Meets other requirements applicable to individuals performing nursing related duties in a nursing home, including those which apply to minors.
The nursing home must ensure
(ii) Complete at least sixteen hours of training in communication and interpersonal skills, infection control, safety/emergency procedures including the Heimlich maneuver, promoting residents’ independence, and respecting residents’ rights before any direct contact with a resident; and

388-97-1680 Staff development.
(2) The nursing home must:
(c) Comply with other applicable training requirements, such as, but not limited to, the bloodborne pathogen standard.

388-97-1860 Laundry services.
(1) The nursing home must meet the requirements of WAC 388-97-2780, and:
(a) Launder nursing home linens on the premises; or
(b) Contract with a laundry service capable of meeting quality standards, infection control, and turn-around time requirements; and
Make provision for laundering of residents' personal clothing.
For residents’ personal clothing, the nursing home:
Must have a system in place to ensure that personal clothing is not damaged or lost
b) May use a chemical disinfectant in lieu of hot water disinfection provided that the nursing home:
(i) Uses the product according to the manufacturer’s instructions; and
(ii) Has readily available, current documentation from the manufacturer that supports the claim that the product is effective as a laundry disinfectant and such documentation is based on scientific studies or other rational data. "Disinfectant" means a germicide that inactivates virtually all recognized pathogenic microorganisms (but not necessarily all microbial forms, such as bacterial spores) on inanimate objects.

Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1860, filed 9/24/08, effective 11/1/08.

388-97-1880 Short-term care, including respite services and adult day or night care.
(1) The nursing home may provide short-term care to individuals which include:
(e) Ensure the individuals have assessments performed, where needed, and where the assessment of the individual reveals symptoms of tuberculosis, follow tuberculosis testing requirements under WAC 388-97-1360 through 388-97-1580;
(f) With the participation of the individual and, where appropriate, their representative, develop a plan of care to maintain or improve their health and functional status during their stay or care in the nursing home;
Provide for the individual to:
Bring medications from home in accordance with nursing home policy; and
Self-medicate where determined safe.
(h) Promptly report injury, illness, or other adverse change in health condition to the attending physician; and
388-97-2320 Utility service rooms on resident care units.

1) All nursing homes must:
   (a) Provide utility rooms designed, equipped, and maintained to ensure separation of clean and sterile supplies and equipment from those that are contaminated;
   Ensure that each clean utility room has:
   A work counter;
   A sink equipped with single use hand drying towels and soap for handwashing; and
   (iii) Closed storage units for supplies and small equipment; and
   (c) Ensure that each soiled utility room has:
      (i) A work counter and a sink large enough to totally submerge the items being cleaned and disinfected;
      (ii) Storage for cleaning supplies and other items, including equipment, to meet nursing home needs;
      (iii) Locked storage for cleaning agents, disinfectants and other caustic or toxic agents;
      Adequate space for waste containers, linen hampers, and other large equipment;
   and
   Adequate ventilation to remove odors and moisture.

   In new construction:
   (a) A resident room must not be more than ninety feet from a clean utility room and a soiled utility room;
   The clean utility room and the soiled utility room must be separate rooms;
   Each soiled utility room must contain:
      (i) A double-compartment sink with inside dimensions of each compartment deep enough to totally submerge items being cleaned and disinfected;
      (ii) Sufficient, available work surface on each side of the sink to adequately process and dry equipment with a minimum of three feet of work surface on the clean side;
      (iii) Drying/draining racks for wet equipment;
      (iv) Work counters, sinks, and other fixed equipment arranged to prevent intermingling of clean and contaminated items during the cleaning process; and
   [Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-2320, filed 9/24/08, effective 11/1/08.]

388-97-2480 Resident isolation rooms.

If a nursing home provides an isolation room, the nursing home must ensure the room is uncarpeted and contains:
   A handwashing sink with water supplied through a mixing valve;
   Its own adjoining toilet room containing a bathing facility; and
   (3) In new construction, the handwashing sink must be located between the entry door and the nearest bed.
   [Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-972480, filed 9/24/08, effective 11/1/08.]

Chapter 74.42 RCW Nursing homes — resident care, operating standards

74.42.285 Immunizations

(1) Long-term care facilities shall:
   (a) Provide access on-site or make available elsewhere for all residents to obtain the influenza virus immunization on an annual basis;
(b) Require that each resident, or the resident’s legal representative, upon admission to the facility, be informed verbally and in writing of the benefits of receiving the influenza virus immunization and, if not previously immunized against pneumococcal disease, the benefits of the pneumococcal immunization.

(2) As used in this section, "long-term care facility" is limited to nursing homes licensed under chapter 18.51 RCW.

(3) The department of social and health services shall adopt rules to implement this section.

(4) This section and rules adopted under this section shall not apply to nursing homes conducted for those who rely exclusively upon treatment by nonmedical religious healing methods, including prayer.

[2002 c 256 § 2.]

Notes:
Intent -- Findings -- 2002 c 256: "It is the intent of the legislature to ensure that long-term care facilities are safe.

(1) The long-term care resident immunization act is intended to:
(a) Prevent and reduce the occurrence and severity of the influenza virus and pneumococcal disease by increasing the use of immunizations licensed by the food and drug administration;
(b) Avoid pain, suffering, and deaths that may result from the influenza virus and pneumococcal disease;
(c) Improve the well-being and quality of life of residents of long-term care facilities; and
(d) Reduce avoidable costs associated with treating the influenza virus and pneumococcal disease.

(2) The legislature finds that:
(a) Recent studies show that it is important to immunize older citizens against the influenza virus and pneumococcal disease;
(b) The centers for disease control and prevention recommend individuals living in long-term care facilities and those over age sixty-five receive immunizations against the influenza virus and pneumococcal disease;
(c) The influenza virus and pneumococcal disease have been identified as leading causes of death for citizens over age sixty-five; and
(d) Immunizations licensed by the food and drug administration are readily available and effective in reducing and preventing the severity of the influenza virus and pneumococcal disease." [2002 c 256 § 1.]

Short title -- 2002 c 256: "This act may be known and cited as the long-term care resident immunization act of 2002." [2002 c 256 § 3.]

74.42.430 Written policy guidelines.
The facility shall develop written guidelines governing:

Procedures for isolation of residents with infectious diseases;

74.42.470 Infected employees.
No employee with symptoms of a communicable disease may work in a facility. The facility shall have written guidelines that will help enforce this section.

[1979 ex.s. c 211 § 47.]

74.42.530 Isolation areas.
The facility shall have isolation areas for residents with infectious diseases or make other provisions for isolating these residents.
Chapter 246-843 WAC Nursing home administrators

246-843-162 AIDS prevention and information education requirements.

Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-162, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.100 and 70.24.270. 91-24-050 (Order 217B), § 246-843-162, filed 11/27/91, effective 12/28/91. Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-162, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-162, filed 11/9/88.]


2.25.h. A person identified pursuant to the W. Va. Code §16-3C-4, to grant consent for HIV related testing and for the authorization of the release of the results;


6.3.b. The comprehensive assessment shall include the resident’s:

6.3.b.10. Disease diagnosis and health conditions;

8.20. Infection Control.

8.20.a. A nursing home shall establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

8.20.b. Infection control program. A nursing home shall establish and implement an infection control program under which it:

8.20.b.1. Investigates, controls, and prevents infections in the nursing home;

8.20.b.2. Determines what procedures, such as isolation, should be applied to a resident and isolates only to the extent that is required to protect the resident and others; and

8.20.b.3. Maintains a record of incidents, investigations, and corrective actions related to infections.

8.20.b.3.A. The records shall provide for analysis of causal factors and identification of preventative actions to be implemented.

8.20.c. Preventing spread of infection.

8.20.c.1. Policies and Procedures. A nursing home shall establish and implement policies and procedures consistent with current accepted standards of practice regarding the administration of pneumococcal vaccine, influenza vaccine, and screening for tuberculosis.

8.20.c.2. Isolation. When the nursing home staff determines by means of the infection control program that a resident needs isolation to prevent the spread of infection, the nursing home shall isolate the resident or make arrangements to have the resident transferred to a nursing home which can better meet the needs of the resident if the nursing home is unable to provide the required degree of isolation.

8.20.c.3. Employee restrictions. A nursing home shall prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
8.20.c.4. Hand-washing. A nursing home shall require staff to wash their hands after each
direct resident contact and after engaging in any activity for which hand washing is
indicated by accepted standards of professional practice.

8.20.d. Linens. Personnel shall handle, store, process, and transport linens in order to
prevent the spread of infection.

9.5.a. A nursing home shall have written procedures for handling, storing, processing, and
transporting linens and other laundered goods in a manner to prevent the spread of
infection.

9.6.g. Sterile supplies shall not be stored under sink drains, in soiled utility rooms or in
areas where recontamination may occur.

11.5.c.4.B. The prevention and control of infections;

TITLE 21 LEGISLATIVE RULE WEST VIRGINIA NURSING HOME ADMINISTRATORS
LICENSING BOARD
SERIES 1 NURSING HOME ADMINISTRATORS

§21-1-3. Examinations.
3.2.2.b(1) Absence of physical impairments to perform the duties of a nursing home
administrator, which include good health and freedom from contagious disease;

WISCONSIN

HFS 132.42 Employees. (1) DEFINITION. In this section, “employee” means anyone
directly employed by the facility on other than a consulting or contractual basis.

(2) QUALIFICATIONS AND RESTRICTIONS. No person under 16 years of age shall be
employed to provide direct care to residents. An employee less than 18 years of age who
provides direct care to residents must work under the direct supervision of a nurse.

(3) PHYSICAL HEALTH CERTIFICATIONS. (a) New employees. Every employee shall be
certified in writing by a physician, physician assistant or an advanced practice nurse
prescriber as having been screened for the presence of clinically apparent communicable
disease that could be transmitted to residents during the normal performance of the
employee’s duties. This certification shall include screening for tuberculosis within 90 days
prior to employment.

(b) Continuing employees. Employees shall be rescreened for clinically apparent
communicable disease as described in par. (a) based on the likelihood of exposure to a
communicable disease, including tuberculosis. Exposure to a communicable disease may be
in the facility, in the community or as a result of travel or other exposure.

(c) Non-employees. Persons who reside in the facility but are not residents or employees,
such as relatives of the facility’s owners shall be certified in writing as required in pars. (a)
and (b).

(4) DISEASE SURVEILLANCE AND CONTROL. When an employee or prospective employee
has a communicable disease that may result in the transmission of the communicable
disease, he or she may not perform employment duties in the facility until the facility makes safe accommodations to prevent the transmission of the communicable disease.

**Note:** The Americans with Disabilities Act and Rehabilitation Act of 1973 prohibits the termination or non-hiring of an employee based solely on an employee having an infectious disease, illness or condition.

**VOLUNTEERS.** Facilities may use volunteers provided that the volunteers receive the orientation and supervision necessary to assure resident health, safety, and welfare.

**History:** Cr. Register, July, 1982, No. 319, eff. 8−1−82; am. (3) (a) and (4), Register, January, 1987, No. 373, eff. 2−1−87; CR 03−033: am. (3) (a), r. and recr. (4) Register December 2003 No. 576, eff. 1−1−04; CR 04−053: am. (3) and (4) Register October 2004 No. 586, eff. 11−1−04.

**HFS 132.45 Records.**

**MEDICAL RECORDS — GENERAL.**

(a) **Availability of records.** Medical records of current residents shall be stored in the facility and shall be easily accessible, at all times, to persons authorized to provide care and treatment. Medical records of both current and past residents shall be readily available to persons designated by statute or authorized by the resident to obtain the release of the medical records.

(d) **Indexes.**

1. A master resident index shall be maintained.
2. A disease index shall be maintained which indexes medical records at least by final diagnosis.

**Subchapter V — Admissions, Retentions and Removals**

**HFS 132.51 Limitations on admissions and programs.**

(2) **OTHER LIMITATIONS ON ADMISSIONS.**

(a) **Persons requiring unavailable services.** Persons who require services which the facility does not provide or make available shall not be admitted or retained.

(b) **Communicable diseases.**

1. ‘Communicable disease management.’ The nursing home shall have the ability to appropriately manage persons with communicable disease the nursing home admits or retains based on currently recognized standards of practice.
2. ‘Reportable diseases.’ Facilities shall report suspected communicable diseases that are reportable under ch. HFS 145 to the local public health officer or to the department's bureau of communicable disease.

**Note:** For a copy of ch. HFS 145 which includes a list of the communicable diseases which must be reported, write the Bureau of Public Health, P.O. Box 309, Madison, WI 53701 (phone 608−267−9003). There is no charge for a copy of ch. HFS 145. The referenced publications, “Guideline for Isolation Precautions in Hospitals and Guideline for Infection Control in Hospital Personnel” (HHS Publication No. (CSC) 83−8314) and “Universal Precautions for Prevention of . . . Bloodborne Pathogens in Health Care Settings”, may be purchased from the Superintendent of Documents, Washington D.C. 20402, and is available for review in the office of the Department’s Bureau of Quality Assurance, the Office of the Secretary of State, and the Revisor of Statutes Bureau.

(3) **DAY CARE SERVICES.** A facility may provide day care services to persons not housed by the facility, provided that:

(a) Day care services do not interfere with the services for residents;

(b) Each day care client is served upon the certification by a physician or physician’s assistant that the client is free from tuberculosis infection; and
(c) Provision is made to enable day care clients to rest. Beds need not be provided for this purpose, and beds assigned to residents may not be provided for this purpose.

**Note:** For administration of medications to day care clients, see s. HFS 132.60 (5) (d) 6.; for required records, see s. HFS 132.45 (4) (c).

**History:** Cr. Register, July, 1982, No. 319, eff. 8–1–82; emerg. r. and recrec. (2) (d) and (3), eff. 9–15–86; r. and recrec. (2) (d) am. (1) (b) 1., (2) (e) 1. and 2. intro., (3) (a) and (b), (4) (c), Register, January, 1987, No. 373, eff. 2–1–87; am. (2) (b) 2. and 3.

(d) 2., r. (2) (d) 3. and (3), renum. (2) (e), (f) and (4) to be (2) (f), (g) and (3), cr. (2) (e), Register, February, 1989, No. 398, eff. 3–1–89; correction in (2) (b) 3. Made under s. 13.93 (2m) (b) 7., Stats., Register, August, 2000, No. 536; CR 03–03: r. and recrec. (2) (b) 1. Register December 2003 No. 576, eff. 1–1–04: CR 04–053: r. and recr. (2) (b) and am. (2)

(c) Register October 2004 No. 586, eff. 11–1–04.

**HFS 132.52 Procedures for admission.**

(1) APPLICABILITY. The procedures in this section apply to all persons admitted to facilities except persons admitted for short–term care. Section HFS 132.70 (2) applies to persons admitted for short–term care.

(2) PHYSICIAN’S ORDERS. No person may be admitted as a resident except upon:

(a) Order of a physician;

(b) Receipt of information from a physician, before or on the day of admission, about the person’s current medical condition and diagnosis, and receipt of a physician’s initial plan of care and orders from a physician for immediate care of the resident; and

(c) Receipt of certification in writing from a physician, physician assistant or advanced practice nurse prescriber that the individual has been screened for the presence of clinically apparent communicable disease that could be transmitted to other residents or employees, including screening for tuberculosis within 90 days prior to admission, or a physician, physician assistant or advanced practice nurse prescriber has ordered procedures to treat and limit the spread of any communicable diseases the individual may be found to have.

(3) MEDICAL EXAMINATION AND EVALUATION. (a) Examination. Each resident shall have a physical examination by a physician or physician extender within 48 hours following admission unless an examination was performed within 15 days before admission.

(b) Evaluation. Within 48 hours after admission the physician or physician extender shall complete the resident’s medical history and physical examination record.

**Note:** For admission of residents with communicable disease, see s. HFS 132.51 (2) (b).

**Subchapter VI — Services**

**HFS 132.60 Resident care.**

(1) INDIVIDUAL CARE. Unless it is in conflict with the plan of care, each resident shall receive care based upon individual needs.

(a) **Hygiene.** 1. Each resident shall be kept comfortably clean and well–groomed.

2. Beds shall be made daily, with a complete change of linen to be provided as often as necessary, but at least once each week.

3. Residents shall have clean clothing as needed to present a neat appearance and to be free of odors. Residents who are not bedfast shall be dressed each day, in their own clothing if available, as appropriate to their activities, preferences, and comforts.

(b) **Decubiti prevention.** Nursing personnel shall employ appropriate nursing management techniques to promote the maintenance of skin integrity and to prevent development of decubiti (bedsores). These techniques may include periodic position change, massage therapy and regular monitoring of skin integrity.
(c) **Basic nursing care.** 1. Nursing care initiated in the hospital shall be continued immediately upon admission to the nursing home unless ordered otherwise by the admitting physician.

2. Nursing personnel shall provide care designed to maintain current functioning and to improve the resident’s ability to carry out activities of daily living, including assistance with maintaining good body alignment and proper positioning to prevent deformities.

3. Each resident shall be encouraged to be up and out of bed as much as possible, unless otherwise ordered by a physician.

4. Any significant changes in the condition of any resident shall be reported to the nurse in charge or on call, who shall take appropriate action including the notice provided for in sub. (3).

5. The nursing home shall provide appropriate assessment and treatment of pain for each resident suspected of or experiencing pain based on accepted standards of practice that includes all of the following:
   a. An initial assessment of pain intensity that shall include: the resident’s self-report of pain, unless the resident is unable to communicate; quality and characteristics of the pain, including the onset, duration and location of pain; what measures increase or decrease the pain; the resident’s pain relief goal; and the effect of the pain on the resident’s daily life and functioning.
   b. Regular and periodic reassessment of the pain after the initial assessment, including quarterly reviews, whenever the resident’s medical condition changes, and at any time pain is suspected, including prompt reassessment when a change in pain is self-reported, suspected or observed.
   c. The delivery and evaluation of pain treatment interventions to assist the resident to be as free of pain as possible.
   d. Consideration and implementation, as appropriate, of nonpharmacological interventions to control pain.

(d) **Rehabilitative measures.** Residents shall be assisted in carrying out rehabilitative measures initiated by a rehabilitative therapist or ordered by a physician, including assistance with adjusting to any disabilities and using any prosthetic devices.

(e) **Tuberculosis retesting.** Residents shall be retested for tuberculosis infection based on the prevalence of tuberculosis in the community and the likelihood of exposure to tuberculosis in the facility.

**Note:** See s. HFS 132.60 (5) (a) 1. for treatments and orders.

HFS 132.63 **Dietary service.**

(7) **SANITATION.** (a) **Equipment and utensils.**

3. All furnishings, table linens, drapes, and furniture shall be maintained in a clean and sanitary condition.

**Note:** Copies of the National Sanitation Foundation’s "Listing of Food Service Equipment" are kept on file and may be consulted in the department and in the offices of the secretary of state and the revisor of statutes.

(b) **Storage and handling of food.** 1. Food shall be stored, prepared, distributed, and served under sanitary conditions which prevent contamination.

2. All readily perishable food and drink, except when being prepared or served, shall be kept in a refrigerator which shall have a temperature maintained at or below 40_ F. (4_C.).

**Note:** See ch. HFS 145 for the requirements for reporting incidents of suspected disease transmitted by food.
(c) Animals. Animals shall not be allowed where food is prepared, served or stored, or where utensils are washed or stored.

(8) DISHWASHING. Whether washed by hand or mechanical means, all dishes, plates, cups, glasses, pots, pans, and utensils shall be cleaned in accordance with accepted procedures which shall include separate steps for pre-washing, washing, rinsing, and sanitizing by means of hot water or chemicals or a combination approved by the department.

History: Cr. Register, July, 1982, No. 319, eff. 8–1–82; am. (2) (a), (4) (a) 3., (5) (d) and (f) and (7) (a) 4., Register, January, 1987, No. 373, eff. 2–1–87; r. and recr. (5) (c). Register, February, 1989, No. 398, eff. 3–1–89; CR 04–053: am. (1), r. and recr. (2), r. (6) (c) and (7) (a) 4. Register October 2004 No. 586, eff. 11–1–04.

HFS 132.64 Rehabilitative services. (1) PROVISION OF

HFS 132.70 Special requirements when persons are admitted for short-term care.

(2) PROCEDURES FOR ADMISSION. (a) Respite care. For a person admitted to a facility for respite care, the following admission and resident care planning procedures may be carried out in place of the requirements under ss. HFS 132.52 and 132.60 (8):

1. A registered nurse or physician shall complete a comprehensive resident assessment of the person prior to or on the day of admission. This comprehensive assessment shall include evaluation of the person's medical, nursing, dietary, rehabilitative, pharmaceutical, dental, social and activity needs. The consulting or staff pharmacist shall participate in the comprehensive assessment as provided under sub. (4) (a). As part of the comprehensive assessment, when the registered nurse or physician has identified a need for a special service, staff from the discipline that provides the service shall, on referral from the registered nurse or physician, complete a history and assessment of the person's prior health and care in that discipline. The comprehensive resident assessment shall include:
   a. A summary of the major needs of the person and of the care to be provided;
   b. A statement from the attending physician that the person is free from tuberculosis and other clinically apparent communicable diseases; and
   c. The attending physician's plans for discharge.

2. The registered nurse, with verbal agreement of the attending physician, shall develop a written plan of care for the person being admitted prior to or at the time of admission. The plan of care shall be based on the comprehensive resident assessment under subd. 1., the physician's orders, and any special assessments under subd. 1.

3. The facility shall send a copy of the comprehensive resident assessment, the physician's orders and the plan of care under subd. 2. to the person's attending physician. The attending physician shall sign the assessment and the plan of care within 48 hours after the person is admitted.

(b) Recuperative care. For a person admitted to a facility for recuperative care, the following admission and resident care planning procedures may be carried out in place of the requirements under ss. HFS 132.52 and 132.60 (8):

1. The person may be admitted only on order of a physician accompanied by information about the person's medical condition and diagnosis, the physician's initial plan of care, and either the physician's written certification that the person is free of tuberculosis and other clinically apparent communicable diseases or an order of a physician for procedures to treat any disease the person may have.

Subchapter VII — Physical Environment

HFS 132.71 Furniture, equipment and supplies.
(5) SANITIZATION OF UTENSILS. Utensils such as individual bedpans, urinals, and wash basins which are in use shall be sanitized in accordance with acceptable sanitization procedures on a routine schedule. These procedures shall be done in an appropriate area.

(6) DISINFECTION OF RESIDENT GROOMING UTENSILS. Hair care tools such as combs, brushes, metal instruments, and shaving equipment which are used for more than one resident shall be disinfected before each use.

(7) OXYGEN. (a) No oil or grease shall be used on oxygen equipment.
(e) Disposable inhalation equipment shall be presterilized and kept in contamination-proof containers until used, and shall be replaced at least every 5 days when in use.

2) CLEANING. (a) General. The facility shall be kept clean and free from offensive odors, accumulations of dirt, rubbish, dust, and safety hazards.
(b) Floors. Floors and carpeting shall be kept clean. Polishes on floors shall provide a nonslip finish. Carpeting or any other material covering the floors that is worn, damaged, contaminated or badly soiled shall be replaced.
(c) Other surfaces. Ceilings and walls shall be kept clean and in good repair at all times. The interior and exterior of the buildings shall be painted or stained as needed to protect the surfaces. Loose, cracked, or peeling wallpaper or paint shall be replaced or repaired.
(d) Furnishings. All furniture and other furnishings shall be kept clean and in good repair at all times.
(e) Combustibles in storage areas. Attics, cellars and other storage areas shall be kept safe and free from dangerous accumulations of combustible materials. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.
(f) Grounds. The grounds shall be kept free from refuse, litter, and waste water. Areas around buildings, sidewalks, gardens, and patios shall be kept clear of dense undergrowth.

(3) POISONS. All poisonous compounds shall be clearly labeled as poisonous and, when not in use, shall be stored in a locked area separate from food, kitchenware, and medications.

(4) GARBAGE. (a) Storage containers. All garbage and rubbish shall be stored in leakproof, nonabsorbent containers with close-fitting covers, and in areas separate from those used for the preparation and storage of food. Containers shall be cleaned regularly. Paperboard containers shall not be used.
(b) Disposal. Garbage and rubbish shall be disposed of promptly in a safe and sanitary manner.

(5) LINEN AND TOWELS. Linens shall be handled, stored, processed, and transported in such a manner as to prevent the spread of infection. Soiled linen shall not be sorted, rinsed, or stored in bathrooms, residents’ rooms, kitchens, food storage areas, nursing units, or common hallways.

Note: For linen supplies, see s. HFS 132.71 (1) (b) 4; for change of linens, see s. HFS 132.60 (1) (a) 2; for toweling, see s. HFS 132.71 (1) (d).

(6) PEST CONTROL. (a) Requirement. The facility shall be maintained reasonably free from insects and rodents, with harborage and entrances of insects and rodents eliminated.

HFS 132.83 Safety and systems.

(7) MECHANICAL SYSTEMS
(c) Plumbing. The plumbing for potable water and drainage for the disposal of excreta, infectious discharge, and wastes shall comply with applicable state plumbing standards.

HFS 132.84 Design.

6) FOOD SERVICE
5. ‘Sanitation.’ Rooms subject to sewage or wastewater backflow or to condensation or leakage from overhead water or waste lines shall not be used for storage or food preparation unless provided with acceptable protection from such contamination.

(c) Period B. In period B facilities:

4. ‘Lavatory.’ A separate handwashing lavatory with soap dispenser, single service towel dispenser, or other approved hand drying facility shall be located in the kitchen.

5. ‘Dishwashing area.’ A separate dishwashing area, preferably a separate room, shall be provided.

6. ‘Sanitation.’ Rooms subject to sewage or wastewater backflow or to condensation or leakage from overhead water or waste lines shall not be used for storage or food preparation unless provided with acceptable protection from such contamination.

16. ‘Sewage contamination.’ Rooms subject to sewage or waste water backflow or to condensation or leakage from overhead water or waste lines shall not be used for storage or food preparation unless provided with acceptable protection from such contamination.

(12) ISOLATION ROOM. (a) Period B. Period B facilities shall have available a room with handwashing facilities for the temporary isolation of a resident.

(b) Period C. For every 100 beds or fraction thereof, period C facilities shall have available one separate single room, equipped with separate toilet, handwashing, and bathing facilities, for the temporary isolation of a resident. The isolation room bed shall be considered part of the licensed bed capacity of the facility.

WYOMING

CHAPTER 19

Section 4. Definitions

(ii) Except in matters concerned with the spread of communicable disease, the Licensure Division (Nurse Administrator or designated representative) shall present the preliminary decisions and reasons for the decision to the parties concerned and shall provide an opportunity for a hearing. Any request for hearing shall adhere to the time frames of (i) above.

(iii) In matters concerned with the spread of communicable disease, the Wyoming State Health Officer or designated representative shall present the preliminary decisions and reasons for the decision to the parties concerned and shall provide an opportunity for a hearing. Any request for a hearing shall adhere to the time frames in (i) above.

Nursing Care Facility license.

(q) “Nosocomial Infection” means an infection acquired in the Nursing Care Facility.

Section 5. Organization and Administration.

(iii) Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties.

(iv) Written policies shall ensure a safe and sanitary environment for residents and personnel.

(A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter.

(B) Employees having known positive skin tests shall provide a certificate of noninfectiousness from a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations.
(C) Individuals providing documentation of negative skin tests administered within the last year need no physician follow-up at this time.

(D) Individuals never having had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test.

(I) A negative reaction requires no follow up by a physician at this time.

(II) A positive reaction (10mm induration using 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow-up shall comply with the recommendations of the attending physician.

(E) If symptoms occur, a new certificate of noninfectiousness is required from the physician.

Section 6. Physical Environment.

(A) These facilities, location and methods shall be in accordance with recommendations of the Centers for Disease Control and Prevention, the National Institutes of Health and in compliance with air pollution standards.

(b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections.

(i) Policies, procedures, and techniques shall be regularly reviewed, particularly those concerning food service, laundry practices, and the disposal of environmental and resident wastes.

(ii) A facility policy shall be developed for reporting and monitoring employees with an infection that could be transmitted through usual job duties to residents, their food or laundry.

(iii) The facility shall report the required diseases/conditions to the Wyoming Department of Health, Epidemiology Unit as per W.S. §35-4-107. In addition, those conditions classified as nosocomial where two (2) or more persons, either residents or employees, are affected shall be reported immediately to the State Health Officer, the County Health Officer, and the Licensing Division. The Nursing Care Facility Administrator or his/her designated representative shall furnish all available pertinent information related to such disease or condition to the Licensing Division.

(iv) Inservice education shall be provided for all employees. This shall include the practice of aseptic techniques, such as: handwashing/universal precautions, proper grooming, masking and gowning procedures (for isolation), disinfection and sterilizing techniques, and the handling and storage of resident care equipment and supplies plus decontamination methods.

(A) Continuing education shall be provided to all employees on the cause, effect, transmission, prevention and elimination of infections.

(v) Animals, birds, and other pets shall be allowed in the Nursing Care Facility with the approval of the resident council and:

(A) The pet has had an examination prior to entering the Nursing Care Facility and annually thereafter, or more frequently if required by the pet’s health condition;

(B) The pet’s vaccinations are current;

(C) The pet is not allowed in the residents’ dining room during dining hours or in any food preparation area; and,

(D) Someone must be designated as the primary caretaker of the pet, other than a resident
of the facility.

(E) Aquariums and enclosed aviaries are excluded from the above requirements provided they are properly secured and are maintained in an approved sanitary manner. Aquariums must be protected to prevent spillage or breakage.

Dietary Facilities. Food shall be stored, prepared, distributed, and served under proper sanitary conditions.

(iii) A written policy shall be developed and adhered to for the cleaning and sanitizing of all ice machines; and

(iv) Equipment and work areas shall be clean and orderly. Effective procedures for cleaning all equipment and work areas shall be followed consistently to safeguard residents’ health.

(d) Laundry.

(i) All soiled linens shall be transported in closed bags. Isolation linen shall be handled according to current acceptable standards of practice.

(ii) There shall be separate carts (with a positive designation) or methods for transportation of clean and soiled linen. Carts for clean linen transport shall be labeled, cleaned and sanitized daily prior to such usage.

(e) General Facilities.

(i) Sewage disposal, when not on a municipal system, shall be approved by the Wyoming Department of Environmental Quality.

(ii) Water supply, when not on a municipal system, shall be approved by the Wyoming Department of Environmental Quality.

(iii) Measures shall be taken to prevent and control insects, rodents and other environmental hazards affecting the residents and the premises.


(a) Housekeeping and Maintenance Services. Sufficient numbers of adequately trained housekeeping and maintenance personnel shall be available to maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner.

(i) Personnel shall follow approved practices and procedures and use approved products.

(ii) The facility shall be free from offensive odors, accumulations of dirt, rubbish, and dust.

(iii) Janitor closets shall be kept locked.

(iv) Floors shall be cleaned regularly by approved methods.

(A) Polishes on floors shall provide a nonslip finish; throw or scatter rugs shall be prohibited, unless they have been tested by the facility and found to be non-skid, and are safe for resident use.

(B) Household straw brooms shall be used only at entrances and exits of the building.

(C) Cleaning procedures shall include frequent water changes and the use of an approved chemical disinfectant for medical facilities.

(v) Deodorizers or aerosol air fresheners shall not be used except in extraordinary circumstances. Routine usage of these items shall be prohibited to cover up poor cleaning practices.

(vi) The grounds shall be kept free from refuse and litter. Areas around buildings, sidewalks, gardens and patios shall be kept clear of dense undergrowth.

(b) Linens. The facility shall have available at all times, a quantity of linens essential for the proper care and comfort of residents.

(i) Clean linens and clothing shall be stored in clean, dry, dust-free areas.
(ii) Soiled linens shall be stored in separate well-ventilated areas, and shall not be permitted to accumulate in the facility. Soiled linens and clothing shall be stored separately from non-soiled articles in suitable bags or containers.

Section 8. Physician Services.
(ii) Full-time or part-time members of the nursing staff shall be primarily engaged in providing nursing services and only in rare and exceptional circumstances shall be involved in food preparation, housekeeping, laundry or maintenance services. Proper infection control procedures shall be adhered to at all times.

Section 9. Nursing Services. The facility shall have sufficient nursing staff to meet the needs of the residents.
(b) Twenty-four (24) Hour Nursing Service
(ii) Full-time or part-time members of the nursing staff shall be primarily engaged in providing nursing services and only in rare and exceptional circumstances shall be involved in food preparation, housekeeping, laundry or maintenance services. Proper infection control procedures shall be adhered to at all times.

(ii) Preliminary Plans.
(A) One (1) set of preliminary plans; and the functional program and the Infection Control Risk Assessment as required by the “Guidelines for Design and Construction of Hospital and Health Care Facilities”, approved by the owner, shall be submitted to the Department, for review by the Department or by the Department’s authorized representative, and approval by the Department prior to submitting final plans.

Section 11. Dietetic Services.
(b) Hygiene of Dietary Department. Food service personnel shall be in good health and shall practice safe food handling techniques in accordance with the current edition of FOOD CODE published by the U. S. Department of Health and Human Services, Public Health Services, Food and Drug Administration.
(i) Personnel having a communicable disease that can be expected to be transmitted through food shall not be permitted to work until the disease is no longer communicable or medical clearance is received from a physician or an advanced practitioner.

Section 22. Hearings.
(c) In matters concerned with the spread of communicable disease, the Wyoming State Health Officer shall present the preliminary decisions and reasons to the parties concerned and provide an opportunity for a hearing. Any request for a hearing by the facility shall adhere to the time frames of (b) above.

FEDERAL REGULATIONS
Downloaded, January 2011

§ 483.65 Infection control.
The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.
(a) Infection control program. The facility must establish an infection control program under which it—
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing spread of infection.
(1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice.

(c) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.