

## 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

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420-5-10-.04 Personnel.

(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-.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 Calmetta 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 TB 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

420-5-10-.18 Physical Plant.

(6) Rooms, Spaces and Equipment - New and Existing Facilities.

(e) Isolation Room.

1. 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.

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

Author: Jimmy D. Prince

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

History: Original rules filed: July 19, 1996; effective August 23, 1996. Amended: Filed November 19, 1999; effective December 24, 1999.

## Alaska

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### 7 AAC 12.260. Medical director

A medical director who is employed by or is a consultant to the nursing facility shall

(3) supervise the infection control and employee health programs.

### 7 AAC 12.650. Employee health program

(a) Each facility must have an employee health program that

(1) requires each employee to be evaluated within the first two weeks of employment and, except as provided otherwise in this paragraph, annually after that, to detect active cases of pulmonary tuberculosis, as follows:

(A) an employee who has never had a positive tuberculin skin test result shall obtain a tuberculin Mantoux skin test; if the tuberculin skin test result is negative, the employee does not need to have further annual tuberculosis evaluation under this paragraph if the employee's duties never require him or her to be in a room where patients or residents might enter, and if the employee does not handle clinical specimens or other material from patients or from their rooms; an example of such an employee is an administrative person or research worker whose place of work is remote from patient or residential care areas and who does not come in contact with clinical specimens;

(B) an employee who has previously had a positive tuberculin skin test result, or an employee whose tuberculin skin test obtained under (A) of this paragraph has a positive result

(i) shall have a health evaluation by a health care provider to identify symptoms suggesting that tuberculosis disease is present; the health evaluation must also include evaluation for the presence of any of the following risk factors: evidence of inadequately treated past tuberculosis disease, history of close exposure to a case of communicable pulmonary tuberculosis within the previous two years, history of a negative tuberculin test within the previous two years, diabetes mellitus (severe or poorly controlled), diseases associated with severe immunologic deficiencies, immunosuppressive therapy, silicosis, gastrectomy, excessive alcohol intake, or human immunodeficiency virus infection; if symptoms suggesting tuberculosis disease are present, or if any of the risk factors is present, a chest x-ray shall be obtained as part of the health evaluation and the health care provider shall report the case to the section of epidemiology, division of public health; and

(ii) if the employee has previously received appropriate antituberculosis chemotherapy and has no symptoms suggesting that tuberculosis is present, the employee need not have further annual tuberculosis evaluation under this paragraph;

(2) requires evidence of immunization against rubella by

(A) a valid immunization certificate signed by a physician listing the date of rubella vaccination;

(B) a copy of a record from a clinic or health center showing the date of vaccination; or

(C) the result of a serologic test approved by the department showing the employee is immune; and

(3) requires evidence of immunization against hepatitis B by

(A) a valid immunization certificate signed by a physician listing the date of vaccination; or

(B) a copy of a record from a clinic or health center showing the date of vaccination.

(b) The requirements of this section do not apply to hospice agencies that do not provide inpatient care on agency premises. The requirements of (a)(2) of this section do not apply to home health agencies, nursing homes, or ambulatory surgical facilities, and, for employees of other facilities, may be waived if a physician signs a certificate that there are medical reasons that dictate that an employee should not be vaccinated against rubella.

History: Eff. 11/19/83, Register 88; am 7/17/87, Register 103; am 5/24/2007, Register 182; am 9/30/2007, Register 183

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.760 INFECTION CONTROL. (a) Each facility, with the exception of home health agencies, must have an infection control committee.

(b) The administrator or medical staff shall appoint an infection control committee composed of representatives of the medical staff, administration, nursing, and other services, that is responsible for maintenance and supervision of an infection control program.

(c) The infection control committee shall establish and maintain, as part of the infection control program,

(1) specific procedures for diagnosing, reporting, investigating, reviewing, and maintaining records of infection of residents and personnel, such as the procedures set out in the federal Centers for Disease Control guidelines;

(2) written procedures for all departments incorporating principles or practices that reduce the risk of infection in all patient care services and areas;

(3) a system for reporting communicable diseases in accordance with 7 AAC 27.005 - 7 AAC 27.010 ; and

(4) written isolation and body substance isolation techniques for known or suspected communicable diseases or infections.

(d) The infection control committee shall meet not less than quarterly, and shall retain written minutes of all meetings for at least three years.

(e) Infectious wastes must be disposed of in an incinerator which provides complete combustion.

(f) The infection control committee shall approve proposed disinfectant-detergent formulations and policies and procedures for their use.

History - Eff. 11/19/83, Register 88; am 5/28/92, Register 122 Authority AS 18.05.040 AS 18.20.010 AS 18.20.060 Editor's Notes -A copy of the federal Centers for Disease Control guidelines may be obtained from Centers for Disease Control, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

## Arizona

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### R9-10-201. Definitions

52. "Infection control risk assessment" means determining the risk for transmission of communicable diseases.

### R9-10-203. Administration

C. An administrator shall require that:

2. Hospital policies and procedures for hospital services are established, documented, and implemented that:

f. Cover infection control;

### R9-10-229. Infection control.

A. An administrator shall require that:

1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to hospital policies and procedures.

2. There are hospital policies and procedures:

a. To prevent or minimize, identify, report and investigate infections and communicable diseases that include:

i. Isolation a patient;

ii. Sterilizing equipment and supplies

iii. Maintaining and storing sterile equipment and supplies;

iv. Disposing of biohazardous medical waste; and

v. Transporting and processing soiled linens and clothing;

b. That specify communicable disease, medical conditions or criteria that prevent an individual, a personnel member, or a medical staff member from:

i. Working in the hospital

ii. Providing patient care, or

iii. Providing environment services;

c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious pulmonary tuberculosis based on:

i. The level of risk in the area of the hospital premises where the medical staff member practices, and

ii. The work that the medical staff member performs; and

d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;

3. An infection control program includes an infection control risk assessment that is reviewed and updated at least every 12 months;

4. A tuberculosis screening is performed as follows:

a. For a personnel member, at least once every 12 months or more frequently if determined by an infection control risk assessment;

b. Except as required in subsection (A)(4)(c), for a medical staff member, at least once every 24 months; and

c. For a medical staff member at an increased risk of exposure based on the criteria in subsection (A)(2)(c), at the frequency required by the hospital's policies and procedures, but no less frequently than every 24 months;

5. 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;
6. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infection material;
7. An infection control program has a procedure for documenting:
- a. The collection and analysis of infection control data;
  - b. The actions taken relating to infections and communicable diseases; and
  - c. Reports of communicable diseases to the governing authority and state and county health departments;
8. Infection control documents are maintained in the hospital for two years and are 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:
9. An infection control committee is established according to hospital policies and procedures that consists of:
- a. at least one medical staff member;
  - b. The individual directing the infection control program; and
  - c. Other personnel identified in hospital policies and procedures; and
10. The infection control committee:
- a. Develops a plan for preventing, tracking, and controlling infections;
  - b. Reviews the type and frequency of infections and develops recommendations for improvement;
  - c. Meets and provides a quarterly written report for inclusion by the quality management program; and
  - d. Maintains a record of actions taken and minutes of meetings.
- B. An administrator shall comply with communicable disease reporting requirements in A,A,C, Tile 9 Chapter 6.

#### 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).

#### R9-10-503. Personnel

B. All personnel should meet the following requirements:

- 3. Within the first week of employment, attend orientation that includes:
- d. Basic infection control techniques, including hand washing and prevention of communicable diseases.

#### R9-10-707. Employee Orientation and Ongoing Training

A. A licensee shall ensure that a new employee completes orientation within 10 days 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;



R9-10-811. Hospice Infection Control, Environmental Safety, and Sanitation

A. A hospice licensee shall develop and implement communicable disease and infection control policies and procedures including:

1. Using standard and contact precautions that comply with the control measures in 9 A.A.C. 6, Article 3;
2. Reporting communicable diseases according to 9 A.A.C. 6;
3. For patients receiving inpatient services, isolating a patient who has a communicable disease from other patients;
4. Transporting and processing soiled linens and clothing;
5. Sterilizing equipment and supplies;
6. Maintaining and storing sterile equipment and supplies; and
7. Ensuring that a staff member is free from communicable diseases when providing a hospice service.

B. A hospice licensee shall dispose of biohazardous medical waste according to 18 A.A.C. 13, Article 14.

C. A hospice licensee shall ensure that a reusable item:

1. Is sterilized before the item is assigned to a patient for use,
2. Is assigned to only one patient for continuous personal use, and
3. Is cleaned after each use.

D. A staff member providing hospice services shall wash the staff member's hands and exposed arms with soap and water:

1. Immediately before and after providing hospice services to a patient,
2. After using the toilet, and
3. As often as necessary to remove soil and contamination;

E. A hospice licensee shall ensure that food is free from spoilage, filth, or other contamination and is safe for human consumption when served to a patient by a staff member.

F. A staff member handling food shall:

1. Clean the staff member's hands and forearms as required in subpart 2-301 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107; and
2. Keep the staff member's hair from contacting food or food-contact surfaces.

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;
4. Linens are clean before use, without holes and stains, and are not in need of repair;
5. 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
6. 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.

## **Arkansas**

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### **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:

- Aseptic and isolation techniques.
- Proper disposal techniques for infected dressings, disposable syringes, needles, etc.
- Prohibiting the use of the common towel, common bath and hand soap, and the common drinking cup or glass.

### **406 INTENSIVE CARE ROOM**

An intensive care room shall be provided for each thirty-five (35) beds or major portion thereof and shall be located near the nurses' station. Each room shall have the standard square footage as set forth in these regulations. The room shall be provided with standard unit equipment and a lavatory with a gooseneck spout and elbow or wrist-action blade-handle controls, and a soap and a towel dispenser. At least one of these rooms is a single room which can be used for isolation.

### **416 NURSES' STATION**

Nurses' stations shall be provided and so designated that they contain a minimum of sixty (60) square feet per each thirty-five (35) bed patient unit, and are not more than one-hundred twenty (120) linear feet from each patient room. The station shall include adequate storage and preparation areas(s), medication, toilet and hand-washing facilities, and sufficient lighting.

### **4005 Class A Violations**

b. The following Class A violations and the points assigned to each are provided and are subject to the conditions set out in Section 4003: 3. Probability of Death or Serious Physical Harm

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.

### California

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#### 72321 – Nursing Service – Patient with Infectious Diseases

(a) 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.,

(b) 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.

(c) The following shall be available I each nurse's station:

(1) The facility's infection control policies and procedures.

(2) Name, address and telephone numbers of local health officers.

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

Section 1276, 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:

(2) Prevention and control of infections.

(3) Infection control policies and procedures.

s 72525. Required Committees.

(a) Each facility shall have at least the following committees: patient care policy, infection control and pharmaceutical service.

(2) Infection control committee.

(A) An infection control committee shall be responsible for infection control in the facility.

(B) The committee shall be composed of representatives from the following services; physician, nursing, administration, dietetic, pharmaceutical, activities, housekeeping, laundry and maintenance.

(C) The committee shall meet at least quarterly.

(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.

## **Colorado**

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### **Part 1. GOVERNING BODY**

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.

### **Part 4. PERSONNEL**

4.3 STAFF DEVELOPMENT COORDINATOR. The long-term care facility shall employ a staff development coordinator who shall be responsible for coordinating orientation, inservice, on-the-job training, and continuing education programs and for determining that staff have been properly trained and are implementing results of their training. The objective of this standard is that staff be appropriately trained in necessary aspects of resident care to carry out their job responsibilities.

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**

#### **11.001.5 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;

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.

### **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 degree temperature.
- (5) 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.
- (6) If resuscitation appears necessary, equipment shall be immediately at hand to minimize the need for mouth-to-mouth resuscitation.
- (7) 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.
- (8) 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.
- (9) 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.
- (10) 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 or 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.

6 CCR 1011-1, eff. 7.30.06

## **Connecticut**

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19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

(n) Medical and professional services.

(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:

(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.

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

(B) yearly:

(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;

(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.

(1) 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.

(2) 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.

(1) Infection control.

(1) Purpose. Each long-term hospital, chronic disease hospital including state facilities shall develop an infection prevention, surveillance, and control program which shall have as its purpose the protection of patients and personnel from hospital-associated infections and community-associated infections in patients admitted to the hospital.

(2) Authority. The hospital's regulations governing the structure and function of this program shall be approved by, and become a part of the bylaws or rules and regulations of, the medical staff of the hospital. The authority for this program shall be delegated to a hospital infection control committee which shall report on its activities with recommendations on a regular basis to the medical executive committee for its consideration and action.

(3) Committee membership. The membership of this committee shall include physicians from each major clinical department, representatives from the nursing service, pharmacy, laboratory, hospital administration, inhalation and physical therapy departments; and as appropriate a representative of the departments of central supply, dietary, laundry, housekeeping and the local health director.

(4) Committee function. The infection control committee shall

(a) adopt working definitions of hospital-associated infections;

(b) develop standards for surveillance of incidence of nosocomial infection and conditions predisposing to infection;

(c) develop a mechanism for monitoring and reporting infections in patients and environmental conditions with infection potential;

(d) develop a mechanism for evaluation of infection and environmental infection potential, including identification wherever possible of hospital-associated infections and periodic review of the clinical use of antibiotics in patient care;

(e) develop control measures including isolation policy, aseptic techniques, and a personnel health program.

(5) Chairman. The chairman of the hospital infection control committee shall be a physician or health care professional qualified by education or experience and with a special interest in, infection control.

(6) Coordinator. There shall be an individual employed by the hospital qualified by education or experience in infection prevention, surveillance, and control who shall conduct these aspects of the program as directed by the hospital infection control committee. This individual shall be directly responsible to, and be a member of, the infection control committee. This individual shall make a monthly report to this committee. The time allotted to this position shall be in accordance with current national and professional standards.

(8) Meetings. The infection control committee shall meet at least monthly. As a minimum, it shall

(a) review information obtained from day-to-day surveillance activities of the program;

(b) review and revise existing standards;

(c) report to the medical executive committee

(8) Education. There shall be regular in-service education programs regarding infection prevention, surveillance, and control for all appropriate hospital personnel, documentation of these programs shall be available to the state department of health for review.

(9) Records. The minutes of the committee shall document the review and evaluation of these data and the development and revision of measures for control of infection.

These records shall be available to the state department of health for review.

(15) Laundry.

The facility shall handle and process laundry in a manner to insure infection control.



## Delaware

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### 3.0 CNA Training Program Requirements

#### 3.3 Curriculum Content

3.3.2 Environmental Needs Of The Resident Key Concepts: Introduces the nursing assistant to the need to keep residents safe from injury and infection in the long-term care setting. The nursing assistant is taught why and how to use infection control and isolation techniques. Safety through prevention of fires and accidents, and emergency procedures for fire and other disasters are presented.

### 4.0 Feeding Assistant Training Program Requirements

#### 4.2 Curriculum Content

4.2.7.1 Knowledge of proper hand washing and hygiene.

4.2.7.2 Knowledge of disease transmission and infection prevention.

### 6.9 Communicable Diseases

#### 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.

#### 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 counsel 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.

### 7.0 Plant, Equipment, and Physical Environment

#### 7.4 Physical Environment Requirements

##### 7.4.2 Bedrooms

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

#### 7.7 Nurse Aide Training Program Curriculum

##### 7.7.3 Environmental Needs of the Patient

Key Concepts: Introduces the nurse aide to the need to keep patients safe from injury and infection in the long-term care setting. The nurse aide is taught why and how to use infection control and isolation techniques. Safety through prevention of fires and accidents, and emergency procedures for fire and other disasters are presented.

Competencies:

7.7.3.1 Apply the basic principles of infection control.

#### 9.8 Communicable Diseases:

9.8.1 Persons suffering from a communicable disease may at the discretion of the Director of the Division of Public Health be admitted to and reside in a nursing home except for strict isolation and respiratory care as recommended by the Centers for Disease Control. Such facility must be properly equipped and have adequate and trained staff to treat the communicable disease.

9.8.2 The nursing home shall establish a written procedure to be followed in the event that a patient with a communicable disease is admitted or an episode of communicable disease occurs. It is the responsibility of the nursing home to see that:

9.8.2.1 The necessary precautions stated in the written procedures are followed.

9.8.2.2 All rules of the Delaware Division of Public Health are followed so there is minimum danger of transmission to staff and residents.

9.8.3 Any patient found to have active tuberculosis in an infectious stage may not continue to reside in a nursing home that does not have approved facilities for respiratory isolation.

9.8.4 An individual, when suspected or diagnosed as having a communicable disease, shall be placed on the appropriate isolation or precaution as recommended for that disease by the Center for Disease Control. Those with a communicable disease which has been determined by the Director of the Division of Public Health, or his designee, to be a health hazard to visitors, staff, and other residents shall be placed on isolation care until they can be moved to an appropriate room or transferred to another facility.

9.8.5 The admission or occurrence of a patient with a communicable disease within a nursing home shall be reported to the Director of the Division of Public Health so as to determine the potential health hazard involved as currently required by the Division of Public Health. (See Appendix B - Notifiable Diseases)

9.8.6

9.8.6.1 All facilities shall have on file results of tuberculin tests (1) performed annually for all employees and (2) performed on all newly admitted patients. The tuberculin test to be used is the Mantoux test containing 5 TU-PPD stabilized with Tween, injected intradermally, using a needle and syringe, usually on the volar surface of the forearm. Persons found to have a significant reaction (defined as 10 mm of induration or greater) to tests shall be reported to the Division of Public Health and managed according to recommended medical practice. A tuberculin test as specified, done within the twelve months prior to admission or employment, satisfies this requirement for asymptomatic individuals. A report of this skin test shall be kept on file.

9.8.6.2 Employees and patients who do not have a significant reaction to the initial tuberculin test (those individuals who have less than 10 mm induration) should be retested within 7-21 days to identify those who demonstrate delayed reactions. Tests done within one year of a previous test need not be repeated in 7-21 days.

9.8.7 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 Center for Disease Control unless medically contraindicated.

9.8.8 All facilities shall have on file evidence of vaccination against pneumococcal pneumonia for all residents after the age of 65 years and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control unless medically contraindicated.

## APPENDIX B

### Notifiable Diseases

1. Acquired Immune Deficiency Syndrome
2. Amebiasis
3. Anthrax
4. Botulism
5. Brucellosis
6. Campylobacteriosis
7. Chancroid
8. Chlamydia trachomatis infections
9. Cholera
10. Condylomata acuminata
11. Diphtheria
12. Encephalitis

13. Foodborne Disease Outbreaks
  14. Giardiasis
  15. Gonococcal Infections
  16. Granuloma Inguinale
  17. Hansen's Disease (Leprosy)
  18. Hepatitis (viral all types)
- Also, any unusual disease and adverse reaction to vaccine.
19. Herpes
  20. Histoplasmosis
  21. Human Immunodeficiency Virus (HIV)
  22. Influenza
  23. Lead Poisoning
  24. Legionnaires Disease
  25. Leptospirosis
  26. Lyme Disease
  27. Lymphogranuloma Venereum
  28. Malaria
  29. Measles
  30. Meningitis (bacterial)
  31. Meningitis (aseptic)
  32. Meningococcal Disease (other)
  33. Mumps
  34. Pertussis
  35. Plague
  36. Poliomyelitis
  37. Psittacosis
  38. Rabies (man, animal)
  39. Reye's Syndrome
  40. Rocky Mountain Spotted Fever
  41. Rubella
  42. Rubella, Congenital Syndrome
  43. Salmonellosis
  44. Shigellosis
  45. Smallpox
  46. Syphilis
  47. Tetanus
  48. Toxic Shock Syndrome
  49. Trichinosis
  50. Tuberculosis
  51. Tularemia
  52. Typhoid Fever
  53. Typhus Fever
  54. Vaccine Adverse Reactions
  55. Waterborne Disease Outbreaks
  56. Yellow Fever

**District of Columbia**

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**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.

**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 1<sup>st</sup> and March 31<sup>st</sup>, and for each employee hired between December 1<sup>st</sup> and March 31<sup>st</sup>, 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.

#### 3239. VENTILATION AND EXHAUST

3239.8 Each respiratory isolation room and connected bathroom shall be ventilated with negative pressure that shall prevent contamination of other areas.

#### 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.

#### 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.

#### 22-B3267. MRSA INFECTION PREVENTION.

3267.1 Each nursing facility shall have written infection prevention and control policies and procedures.



3267.2 Each nursing facility shall identify MRSA colonized patients in an intensive care unit or other at-risk unit.

3267.3 Each patient colonized or infected with MRSA shall be isolated in an appropriate manner consistent with guidelines for best practices. A patient who is infected or colonized shall be permitted to participate in group activities provided that any draining wounds are covered, bodily fluids are contained, and the patient is observed to have proper hygiene practices.

3267.4 Each nursing facility shall adhere to hand hygiene best practices to ensure, through education and monitoring, that healthcare personnel properly cleanse hands between patient care activities.

3267.5 Each nursing facility shall monitor trends in the incidence of MRSA in the nursing facility over time and enhance infection control interventions if rates do not decrease.

3267.6 Each nursing facility shall maintain a mechanism for identifying a MRSA patient who is readmitted to the nursing facility (i.e. flagging).

3267.7 Each nursing facility shall have a worker education requirement regarding modes of transmission, use of personal protective equipment, disinfection policies and procedures, and other preventive measures in accordance with current CDC

## **Florida**

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### **CHAPTER 59A-4 MINIMUM STANDARDS FOR NURSING HOMES**

#### **59A-4.106 Facility Policies**

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

(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.

(1) Infection control

(5) Staff Education.

(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

STATUTES: 2010 Florida Code TITLE XXIX PUBLIC HEALTH Chapter 400

NURSING HOMES AND RELATED HEALTH CARE FACILITIES PART X

NURSING HOMES(ss. 400.011-400.334)

400.141 Administration and management of nursing home facilities.

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(u) Before November 30 of each year, subject to the availability of an adequate supply of the necessary vaccine, provide for immunizations against influenza viruses to all its consenting residents in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Subject to these exemptions, any consenting person who becomes a resident of the facility after November 30 but before March 31 of the following year must be immunized within 5 working days after becoming a resident. Immunization shall not be provided to any resident who provides

documentation that he or she has been immunized as required by this paragraph. This paragraph does not prohibit a resident from receiving the immunization from his or her personal physician if he or she so chooses. A resident who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

(v) Assess all residents for eligibility for pneumococcal polysaccharide vaccination (PPV) and vaccinate residents when indicated within 60 days after the effective date of this act in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Residents admitted after the effective date of this act shall be assessed within 5 working days of admission and, when indicated, vaccinated within 60 days in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Immunization shall not be provided to any resident who provides documentation that he or she has been immunized as required by this paragraph. This paragraph does not prohibit a resident from receiving the immunization from his or her personal physician if he or she so chooses. A resident who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

(w) Annually encourage and promote to its employees the benefits associated with immunizations against influenza viruses in accordance with the recommendations of the United States Centers for Disease Control and Prevention. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

## 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:

### **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.

**Hawaii**

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- §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.
- [Eff. May 3, 1985] (Auth: HRS §§321-9, 321-11) (Imp: HRS §§321-9, 321-11)

**Idaho**

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**16.03.02 - RULES AND MINIMUM STANDARDS FOR SKILLED NURSING AND INTERMEDIATE CARE FACILITIES**

**105.PERSONNEL.**

08. Employee Health. Personnel policies relating to employee health shall include: (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, on-going educational program for all personnel which shall commence upon employment and shall include: (1-1-88)

x. Measures to prevent cross infection, including aseptic and isolation techniques; (1-1-88)

#### 120. EXISTING BUILDINGS.

These standards shall be applied to all currently licensed health care facilities. Any minor alterations, repairs, and maintenance shall meet these standards. In the event of a change in ownership of a facility, the entire facility shall meet these standards prior to issuance of a new license.

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.

#### 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) d. Minimal infection rate in facility. (1-1-88)

### **Illinois**

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#### Section 300.662

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 300.655 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 300.696 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 300.1020 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.

#### 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).

#### 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 300.1440 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 300.6005 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

## **Indiana**

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

Sec. 14. (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.

410 IAC 16.2-3.1-18 Infection control program

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

Affected: IC 16-28-5-1

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.

## Iowa

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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)

58.24(9) Paid nutritional assistants. A paid nutritional assistant means an individual who meets the requirements of this subrule 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—61.6(135C) Facility support area.

61.6(1) Each facility shall include or provide for the following:

f. An isolation area or method for isolating a resident, if necessary.

61.6(10) Plans and methods for the isolation of residents, if necessary, shall be provided. (III)

## Kansas

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### 28-39-161. Infection control.

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, effective 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.)

## **Kentucky**

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### Section 4. Provision of Services

(5) Pharmaceutical services

(f) Medication 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.

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.

## **Louisiana**

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### 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.

#### §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.

## **Maine**

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### Chapter 1: Definitions

“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.

### Chapter 4: Administration

#### 4.H. Quality Assurance Committee

All nursing facilities must maintain a quality assurance committee, which may act as a committee of the whole, and which reports to the administrator or the Governing Body.

#### 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;
- e. Food handling;

#### Chapter 20: Physical Plant

##### 20.G. Provision for Isolation

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

##### 20.O. Housekeeping

###### 20.O.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.A.4. Routine monitoring of staff infection control practices.



21.A.5. Surveillance routinely reviewed and recommendations made by the Quality Assurance Committee.

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.

## **Maryland**

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10.07.02.09 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.

10.07.02.14-1 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:

(c) Infection control measures to minimize the transfer of infection in the special care unit

10.07.02.21 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;

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- (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.

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#### .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.

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.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 COMAR 10.06.06.

150.001 Definitions

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

150.002: Administration

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

(8) Requirement that Personnel be Vaccinated Against Influenza Virus.

(a) Definitions.

1. For purposes of 105 CMR 250.002(D)(8), personnel means an individual or individuals employed by or affiliated with the facility, whether directly, by contract with another entity, or as an independent contractor, paid or unpaid, including but not limited to employees, members of the medical staff, contract employees or staff, students, and volunteers who either work at or come to the licensed facility site, whether or not such individual(s) provide direct patient care.

2. For purposes of 105 CMR 150.002(D)(8), the requirement for influenza vaccine or vaccination means immunization by either influenza vaccine, inactivated or live; attenuated influenza vaccine including seasonal influenza vaccine pursuant to 105 CMR 150.002(D)(8)(b); and/or other influenza vaccine pursuant to 105 CMR 150.002(D)(8)(c).

(b) Each facility shall ensure that all personnel are vaccinated annually with seasonal influenza vaccine unless an individual declines vaccination in accordance with 105 CMR 150.002(D)(8)(f). When feasible, and consistent with any guidelines of the Commissioner of Public Health and his/her designee, each facility shall ensure that all personnel are vaccinated with seasonal influenza vaccine no later than December 15, 2009 and annually thereafter.

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150.002: continued

(c) Each facility also shall ensure that all personnel are vaccinated against other pandemic or novel influenza virus(es) as specified in guidelines of the Commissioner or his/her designee, unless an individual declines vaccination in accordance with 105 CMR 150.002(D)(8)(1). Such guidelines may specify:

1. The categories of personnel that shall be vaccinated and the order of priority of vaccination of personnel, with priority for personnel with responsibility for direct patient care;
2. The influenza vaccine(s) to be administered;
3. The dates by which personnel must be vaccinated; and
4. Any required reporting and data collection relating to the personnel vaccination requirement of 105 CMR 150.002(D)(8)(c).

(d) Each facility shall provide all personnel with information about the risks and benefits of influenza vaccine.

(e) Each facility shall notify all personnel of the influenza vaccination requirements of

105 CMR 150.002(D)(8) and shall, at no cost to any personnel, provide or arrange for vaccination of all personnel who cannot provide proof of current immunization against influenza unless an individual declines vaccination in accordance with 105 CMR 150.002(D)(8)(f).

(f) Exceptions.

1. A facility shall not require an individual to receive an influenza vaccine pursuant to 105 CMR 150.000(D)(8)(b) or (c) if:

- a. the vaccine is medically contraindicated, which means that administration of influenza vaccine to that individual would likely be detrimental to the individual's health.
- b. vaccination is against the individual's religious beliefs; or
- c. the individual declines the vaccine.

2. An individual who declines vaccination for any reason shall sign a statement certifying that he or she received information about the risks and benefits of influenza vaccine.

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

(h) Documentation.

1. A facility shall require and maintain for each individual proof of current vaccination against influenza virus pursuant to 105 CMR 150.008(D)(8)(b) and (c), or the individual's declination statement pursuant to 105 CMR 150.002(D)(8)(0).

2 Each facility shall maintain a central system to track the vaccination status of all personnel.

3. If a facility is unable to provide or arrange for influenza vaccination for any individual, it shall document the reasons such vaccination could not be provided or arranged for.

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

150.006: Other Professional Services and Diagnostic Services

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

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

151.330: Special Care Room -- Nursing Care Unit

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

151.430: Special Care Room -- Resident Care Units

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

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

155.003: Definitions

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

**Michigan**

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R 325.20402 Health of employees and others providing care.

Rule 402.

(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.

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.

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.

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.

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:

(b) Have an approved plan for infection control that includes making provisions for isolating each patient with an infectious disease.

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(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.

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.

History: add 2000, Act 437, Imd. Eff. Jan 9, 2001.

Popular Name, Act 368.

## Minnesota

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### 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.

### 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

### 4658.0850 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  
*Current as of 01/19/05*

## Mississippi

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**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.

102.11

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

- a. Wastes resulting from the care of residents and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi State Department of Health;
- b. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biological, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;
- c. Blood and blood products such as serum, plasma, and other blood components.
- d. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;
- e. Other wastes determined infectious by the generator or so classified by the Mississippi State Department of Health.

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

most reliable and standardized technique for tuberculin testing. It should be administered only by persons certified in the intradermal technique.

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

The results of the first step of the two-step Mantoux tuberculosis testing shall be documented in the individual's record within seven (7) days of employment. Exceptions to this requirement may be made if:

1. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the State Tuberculosis Program for tuberculosis infection, or
2. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the State Tuberculosis Program for active tuberculosis disease, or
3. The individual has a documented previous significant tuberculin skin test reaction. Individuals with significant Mantoux tuberculin skin tests should be reminded periodically about the symptoms of tuberculosis and the need for prompt evaluation of any pulmonary symptoms of tuberculosis. A tuberculosis symptom assessment shall be documented as part of the annual health screening. No additional follow-up is indicated unless symptoms suggestive of active tuberculosis develop. Specifically, annual chest x-rays are not indicated.

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

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

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

**119.02 Admission Requirements to rule out active tuberculosis (TB)**

1. The following are to be performed and documented within 30 days prior to the resident's admission to the nursing home:

- a. A TB signs and symptoms assessment by a licensed physician or nurse practitioner and
- b. A chest x-ray taken and have a written interpretation.

2. Admission to the facility shall be based on the results of the required tests as follows:

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

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

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

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

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

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

- d. Exceptions to TST requirement may be made if:

- i. Resident has prior documentation of a significant TST.

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

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

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

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

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

704.7 Handwashing Facilities. Handwashing facilities with hot and cold water, soap dispenser and a supply of soap, and disposable towels shall be provided in all kitchens. The use of a common towel is prohibited. Hands shall not be washed in sinks where food is prepared or where utensils are cleaned.

In facilities with more than one hundred (100) beds proportionate space approved by the licensing agency shall be provided. Also, the kitchen shall be of such size and dimensions in order to:

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

703.8 Serving of Meals.

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

502.3

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

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

## Missouri

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

(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

(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

(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

(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

(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 20-20.020, 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-

(34) If at any time a resident or prospective resident is diagnosed with a communicable disease, the Division of Aging 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 trans-



ferred. Appropriate infection control procedures shall be followed if the resident remains in or is accepted by the facility. 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 representative; 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 resident has already been immunized as recommended by the policy; II/III
3. Provide the opportunity to refuse the immunization; and II/III
4. 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

## Montana

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### 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.

(2) The administrator, or designee, shall be responsible for the direction, provision, and quality of infection prevention and control services.

(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; TRANS, from DHES, 2002 MAR p. 185; AMD, 2004 MAR p. 582, Eff. 3/12/04.)

### 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.)

#### 37.110.242 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:

(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.)

#### 37.40.330 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.

#### 37.40.306 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 immunity deficiency 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.

37.40.305 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;

37.106.2855 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.)

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.

#### 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.

(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.)

#### 37.110.221 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.

(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.)

#### 37.110.227 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 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.)

#### 37.110.236 TEMPORARY FOOD SERVICE ESTABLISHMENTS

(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.

(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.

#### 37.110.256 MOBILE FOOD SERVICE

(3) 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.

#### 37.40.305 NURSING FACILITY SERVICES: REIMBURSABLE SERVICES

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

(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;

37.110.203 DEFINITIONS For the purpose of this subchapter:

(36) "Linens" means fabric items such as cloth hampers, cloth napkins, table cloths, wiping cloths, and work garments, including cloth gloves.

#### 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.)

#### 37.110.232 PREMISES

(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.

## **Nebraska**

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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.

12-007.03J 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.

## **Nevada**

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A hospital shall designate at least one person as an infection control officer, who shall develop and carry out policies governing the control of infections and communicable diseases.

3. The infection control officer of a hospital shall:

- (a) Develop a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel of the hospital; and
- (b) Maintain a record of incidents within the hospital related to infection and communicable disease.

4. The chief executive officer, the medical staff and the chief administrative nurse of a hospital:

- (a) Shall ensure that the quality improvement program established pursuant to [NAC 449.3152](#) and the training program for the entire hospital address those problems identified by the infection control officer of the hospital; and

2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with:

- (a) The standards for the control of infection established by the infection control officer of the hospital;

## **New Hampshire**

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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;

(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.

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
6. Prevention of Intravascular Infections.

(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

Superintendent of Documents  
U.S. Government Printing Office  
Washington, D.C. 20402

(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.

(m) 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.

(n) 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.



## New Mexico

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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 symptoms 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 NMAC clinical record, except as provided in this section.

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.

7.9.2.70 HOUSEKEEPING SERVICES:

(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 doors 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.

7.9.2.77 FOOD SERVICE - GENERAL:

(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.

7.9.2.80 EMPLOYEE FACILITIES: The following shall be provided for employees, and shall not be located

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]

### **New York**

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(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;

**Title:** Section 415.19 - 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.

(8) as part of the facility's infection control program, infection control policies and procedures specific to AIDS are developed and implemented.

**Title:** Section 713-1.4 - Isolation rooms

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.

**Title:** Section 713-3.4 - Nursing units

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.

**Title:** Section 713-3.5 - Physical environment standards for long-term care programs for ventilator dependent residents

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).

## North Carolina

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### 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 .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:

(5) universal precautions and infection control

#### 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.

### **North Dakota**

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33-07-03.2-10. Quality improvement program.

4. Written documentation of quality improvement activities, including infection control, must be prepared and reported to the governing body.

#### 33-07-03.2-11 – Infection Control Program

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.
- 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.

## **Ohio**

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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) 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) 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) 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) Wear an impervious cover gown or other appropriate protective clothing if soiling of clothing with body substances is likely to occur;

(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) 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) 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.

Replaces: 3701-17-141 Effective Date: October 20, 2001 R.C. 119.032 Review Date: 9/1/00; 10/1/06 Certified by: /S/ Jodi Govern, Secretary Public Health Council 10/10/01 Date Rule promulgated under: RC Chapter 119 Rule authorized by: RC 3721.04 Rule amplifies: RC 3721.01 to 3721.19 Prior effective dates: 12/21/92; 9/30/88; 11/15/76

## **Oklahoma**

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### 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.  
[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

(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.

310:675-9-13.1. Food storage, supply and sanitation

(e) Dishwashing and handwashing.

(1) The dishwashing system and procedures shall be approved by the Department.

(2) Hands shall be properly washed or sanitized before handling clean dishes or equipment. In new or remodeled facilities, handwashing facilities, including soap and paper towels, shall be conveniently located in the kitchen to facilitate good handwashing techniques.

(f) Kitchen room temperature. The maximum room temperature in the food preparation area shall not exceed 90° F. (32.2° C.)

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

(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.

310:675-7-15.1. 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.

(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.

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.

310:675-7-9.1. 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.

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.

## **Oregon**

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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

(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)

411-086-0330

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 Centers for Disease Control, Atlanta, Georgia. NOTE: Copies available through National Technical Information Service, 1-703-487-4650.

(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.

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 Chapter 333, Division 018). 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.

Dining Assistant Training Curriculum

8. Infection Control.
  - a. Standard Precautions
  - b. Proper glove use (when and how to use)
  - c. Food sanitation
  - d. How infections spread
  - e. Reporting of open wounds or illness

411-087-0130

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).

### **Pennsylvania**

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§ 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.

The provisions of this § 201.20 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202326) to (202327).

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).

§ 201.22. 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  $\geq 10$  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 § 201.22 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: The provisions of this § 201.22 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202328).

Cross References: This section cited in 28 Pa. Code § 201.21 (relating to use of outside resources).

Notes of Decisions: A survey team found a deficiency at a nursing care facility since several medical records of patients indicated that no physician had been contacted when there were significant changes in patients’ physical, mental or emotional status. [Court

cited former § 201.27(a).] Department of Health v. Brownsville Golden Age Nursing Home, Inc., 516 A.2d 87 (Pa. Cmwlth. 1986).

§ 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 Enterococci (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).

Source: The provisions of this § 211.1 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (258379) to (258380) and (267101).

§ 205.26. Laundry.

(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:

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour	Minimum Total Air Changes Per Hour	All Air Directly to Outdoors	Recirculated within Room Units
Special Care Room/Isolation	Negative	2	6	Yes	No

§ 201.24. Admission policy.

(d) A resident with a disease in the communicable stage may not be admitted to the facility unless it is deemed advisable by the attending physician—medical director, if applicable—and administrator and unless the facility has the capability to care for the needs of the resident.

### Rhode Island

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#### **Section 130. *Medical Director and Attending Physicians Duties and Responsibilities of the Medical Director***

13.2 Responsibilities of the medical director shall include, but not be limited to:

(f) employee health including infection control measures

#### **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 twostep 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 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

## South Carolina

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### 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 sites or types of services, specific areas defined by geography, functional units, patient population, job type, or location within the setting may have separate risk classifications.

#### 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.  
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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.BBBB) 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 wellventilated 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.

**South Dakota**

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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;

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.

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:

(3) Infection control and prevention;

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.

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.

44:04:20:23. 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.

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:

(5) Infection control;

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;

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:

(b) 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**

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1200-08-06-.06 Basic Services

(2) Physician Services

(d) The Medical Director shall be responsible for the medical care in the nursing home.

7. 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 physical environment shall be maintained in such a manner to assure the safety and well being of the residents.

1. Any condition on the nursing home site conducive to the harboring or breeding of insects, rodents or other vermin shall be prohibited. Chemical substances of a poisonous nature used to control or eliminate vermin shall be properly identified.

Such substances shall not be stored with or near food or medications.

2. Cats, dogs or other animals shall not be allowed in any part of the facility except for specially trained animals for the handicapped and except as addressed by facility policy for pet therapy programs. The facility shall designate in its policies and procedures those areas where animals will be excluded. The areas designated shall be determined based upon an assessment of the facility performed by medically trained personnel.

3. Telephones shall be readily accessible and at least one (1) shall be equipped with sound amplification and shall be accessible to wheelchair residents.

4. Equipment and supplies for physical examination and emergency treatment of residents shall be available.

5. A bed complete with mattress and pillow shall be provided. In addition, resident units shall be provided with at least one chair, a bedside table, an over bed tray and adequate storage space for toilet articles, clothing and personal belongings.

6. Individual wash cloths, towels and bed linens must be provided for each resident. Linen shall not be interchanged from resident to resident until it has been properly laundered.

7. Bath basin water service, emesis basin, bedpan and urinal shall be individually provided.

8. Water pitchers, glasses, thermometers, emesis basins, douche apparatus, enema apparatus, urinals, mouthwash cups, bedpans and similar items of equipment coming into intimate contact with residents shall be disinfected or sterilized after each use unless individual equipment for each is provided and then sterilized or disinfected between residents and as often as necessary to maintain them in a clean and sanitary condition. Single use, resident disposable items are acceptable but shall not be reused.

9. The facility shall have written policies and procedures governing care of residents during the failure of the air conditioning, heating or ventilation system, including plans for hypothermia and hyperthermia. When the temperature of any resident area falls below 65° F. or exceeds 85° F., or is reasonably expected to do so, the facility shall be alerted to the potential danger, and the department shall be notified.

(c) 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.

(d) 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.

(e) 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.

(f) The facility and its employees shall adopt and utilize standard precautions (per CDC) for preventing transmission of infections, HIV, and communicable diseases, including adherence to a hand hygiene program which shall include:

1. Use of alcohol-based hand rubs or use of non-antimicrobial or antimicrobial soap and water before and after each patient contact if hands are not visibly soiled;
2. Use of gloves during each patient contact with blood or where other potentially infectious materials, mucous membranes, and non-intact skin could occur and gloves changed before and after each patient contact;
3. Use of either a non-antimicrobial soap and water or an antimicrobial soap and water for visibly soiled hands; and
4. Health care worker education programs which may include:
  - (i) Types of patient care activities that can result in hand contamination;
  - (ii) Advantages and disadvantages of various methods used to clean hands;
  - (iii) Potential risks of health care workers' colonization or infection caused by organisms acquired from patients; and
  - (iv) Morbidity, mortality, and costs associated with health care associated infections.

(g) 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.

(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 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.

(i) The facility shall have an annual influenza vaccination program which shall include at least:

1. The offer of influenza vaccination to all staff and independent practitioners or accept documented evidence of vaccination from another vaccine source or facility;

2. A signed declination statement on record from all who refuse the influenza vaccination for other than medical contraindications;

3. Education of all direct care personnel about the following:

(i) Flu vaccination,

(ii) Non-vaccine control measures, and

(iii) The diagnosis, transmission, and potential impact of influenza;

4. An annual evaluation of the influenza vaccination program and reasons for nonparticipation;

5. The requirements to complete vaccinations or declination statements are suspended by the Medical Director in the event of a vaccine shortage.

(j) 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.

(k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times.

(l) The facility shall appoint a housekeeping supervisor who shall be responsible for:

1. Organizing and coordinating the facility's housekeeping service;

2. Acquiring and storing sufficient housekeeping supplies and equipment for facility maintenance; and,

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.

(m) Laundry facilities located in the nursing home shall:

1. Be equipped with an area for receiving, processing, storing and distributing clean linen;

2. Be located in an area that does not require transportation for storage of soiled or contaminated linen through food preparation, storage or dining areas;

3. Provide space for storage of clean linen within nursing units and for bulk storage within clean areas of the facility; and,

4. Provide carts, bags or other acceptable containers appropriately marked to identify those used for soiled linen and those used for clean linen to prevent dual utilization of the equipment and cross contamination.

(n) The facility shall name an individual who is responsible for laundry service. This individual shall be responsible for:

1. Establishing a laundry service, either within the nursing home or by contract, that provides the facility with sufficient clean, sanitary linen at all times;
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.

## Texas

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### INFECTION CONTROL

#### Rules

§19.1601 Infection Control

§19.1602 Universal Precautions

#### **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.

**Utah**

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**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.

**R432-150-24. 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**

(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.

R432-152-17. Nursing Services. (2) Nursing services shall coordinate with other members of the interdisciplinary team to implement appropriate protective and preventive health measures that include: (b) control of communicable diseases and infections, including the instruction of other personnel in methods of infection control;

R432-152-21. Environment.

(1) Infection control procedures and reporting shall comply with R432-150-11(4).

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.

(4) Infection Control Requirements.

See R432-150-11.

## **Vermont**

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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.

## **Virginia**

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12 VAC 5-371-110. Management and administration.

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"

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;

3. 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;

### **Washington**

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WAC 388-97-1320 Infection control.

(1) The nursing home must:

- (a) 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;
- (b) 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
- (c) 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:

- (a) Investigate, control and prevent infections in the facility;
- (b) Decide what procedures should be applied in individual circumstances; and
- (c) 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;
- (b) Safe use of disposable and single service supplies and equipment;
- (c) 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

(e) Safe and effective procedures for disinfecting:

- (i) All bathing and therapy tubs between each resident use; and
- (ii) Swimming pools, spas and hot tubs.

[Statutory Authority: RCW 18.51.070 and 74.42.620. 00-06-028, § 388-97-140, filed 2/24/00, effective 3/26/00; 94-19-041 (Order 3782), § 388-97-140, filed 9/15/94, effective 10/16/94.]

WAC 388-97-143 Influenza and pneumococcal immunizations. (1) 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.

(2) 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.

(3) Nursing homes who rely exclusively upon treatment by nonmedical religious healing methods, including prayer, are exempt from the above rules.

WAC 388-97-147 Surveillance, management and early identification of individuals with active tuberculosis. (1) 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:

(a) Evaluation of any resident or employee with symptoms suggestive of tuberculosis whether tuberculin skin test results were positive or negative;

(b) Identifying and following up residents and personnel with suspected or actual tuberculosis, in a timely manner; and

(c) Identifying and following up visitors and volunteers with symptoms suggestive of tuberculosis.

(2) 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.

(3) The nursing home must ensure that tuberculosis screening is carried out as follows:

(a) Skin testing, whether documented historically or performed currently, must be by intradermal (Mantoux) administration of purified protein derivative (PPD) and read in forty-eight to seventy-two hours of administration, by trained personnel, and with results recorded in millimeters of induration;

(b) The nursing home must conduct tuberculin skin testing of residents and personnel, within three days of admission or hire, to establish tuberculosis status.

(c) The skin test must consist of a baseline two step test, given no more than one to three weeks apart, unless the individual meets the requirements in (d) or (e) of this subsection.

(d) An individual does not need to be skin tested for tuberculosis if he/she has:

(i) A documented history of a previous positive skin test results;

(ii) Documented evidence of adequate therapy for active disease; or

(iii) Documented evidence of adequate preventive therapy for infection.

(e) An individual needs to have only a one-step skin test upon admission or employment if:

(i) There was documented history of a negative result from previous two step testing; or

(ii) There was a documented negative result from one step skin testing in the previous twelve months.

- (f) Annual one step skin testing for personnel, thereafter.
- (4) If the skin test results in a positive reaction the nursing home must:
  - (a) Ensure that the individual has a chest X ray within seven days; and
  - (b) Evaluate each resident or employee, with a positive test result, for signs and symptoms of tuberculosis.
- (5) Where tuberculosis is suspected, by presenting symptoms, or diagnosed, for a resident or an employee, the nursing home must:
  - (a) Notify the local public health officer so that appropriate contact investigation can be performed;
  - (b) Institute appropriate measures for the control of the transmission of droplet nuclei;
  - (c) Apply living or work restrictions where residents or personnel are, or may be, infectious and pose a risk to other residents and personnel; and
  - (d) Ensure that personnel caring for a resident with suspected tuberculosis comply with the WISHA standard for respiratory protection found in WAC 296-62-071.
- (6) The nursing home must:
  - (a) Retain records of the tuberculin test results, reports of X-ray findings, physician or public health official orders, and declination in the nursing home; and
  - (b) Retain employee tuberculin testing results for the duration of employment; and
  - (c) Provide the employee a copy of his/her testing results.
- (7) The local health department may require additional tuberculin testing of residents or personnel as necessary for contact investigation.
- (8) A resident or employee who has reason to decline skin testing may submit a signed statement to the nursing home giving the reason for declining and evidence to support the reason.

WAC 388-97-155 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 local health officer or officer designee;
  - (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, WAC 246-62-071.
- (2) For a resident who requires respiratory isolation for tuberculosis, the nursing home must:
- (a) Provide a private or semiprivate isolation room:
    - (i) In accordance with WAC [388-97-33040](#);
    - (ii) 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;
    - (iii) 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.

388-97-1560

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.

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;
- (3) Retain the records for eighteen months beyond the date of employment termination; and
- (4) Provide the person a copy of his/her test results.

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:

- (1) A handwashing sink with water supplied through a mixing valve;
- (2) 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.

## **West Virginia**

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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.

### Wisconsin

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(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.

HFS 132.84 Design.

(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

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(q) "Nosocomial Infection" means an infection acquired in the Nursing Care Facility. Section 6. Physical Environment.

(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.

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.



## **Federal Regulations**

Sent to the University of Minnesota on 01/2011

### **§ 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.

1 The Code is available for inspection at the Office of the Federal Register Information Center, room 8301, 1110 L Street NW., Washington, DC Copies may be obtained from the National Fire Protection Association, Batterymarch Park, Quincy, MA 02200.

If any changes in this code are also to be incorporated by reference, a notice to that effect will be published in the FEDERAL REGISTER.

(c) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

[56 FR 48876, Sept. 26, 1991, as amended at 57 FR 43925, Sept. 23, 1992]