

HAWAII

§11-94-15 Governing body and management.

(a) Each facility shall have an organized governing body, or designated persons so functioning, who has overall responsibility for the conduct of all activities. The facility shall maintain methods of administrative management which assure that the requirements of this section are met.

(b) Staffing.

(1) There shall be on duty twenty-four hours of each day, staff sufficient in number and qualifications to carry out the policies, responsibilities and program of the facility.

(2) The numbers and categories of personnel shall be determined by the number of patients and their particular needs.

(c) Personnel policies.

(1) There shall be written job descriptions available for all positions. Each employee shall be informed of their duties and responsibilities at the time of employment.

(2) All professional employees shall have appropriate licenses as required by law and their licenses shall be readily available for examination by the director or the director's representative.

(3) Ethical standards of professional conduct shall apply in the facility.

(4) The facility's personnel policies and practices shall be in writing and shall be available to all employees.

(5) Written policy shall prohibit mistreatment, neglect, or abuse of patients. Alleged violations shall be reported immediately, and thoroughly investigated and documented. The results of any investigation shall be reported to the administrator or designated representative within twenty-four hours of the report of the incident; and appropriate sanctions shall be invoked when the allegation is substantiated.

(6) There shall be an organization chart showing the major operating programs of the facility, with staff division, administrative personnel in charge

of programs and divisions, and their lines of authority, responsibility, and communication.

(7) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a patient. Each health evaluation shall include a tuberculin skin test or a chest x-ray.

(8) Skin lesions, respiratory tract symptoms, and diarrhea shall be considered presumptive evidence of infectious disease. Any employee who develops evidence of an infection must be immediately excluded from any duties relating to food handling or direct patient contact until such time as a physician certifies it is safe for the employee to resume such duties.

(9) If the tuberculin skin test is positive, a standard chest x-ray with appropriate medical follow-up must be obtained, as well as three subsequent yearly chest x-rays. Additional chest x-rays may be required at the discretion of the director.

(10) If the tuberculin skin test is negative, a second tuberculin skin test must be done after one week, but not later than three weeks after the first test. The results of the second test shall be considered the baseline test and used to determine appropriate treatment and follow-up. That is, if the second skin test is positive, then proceed, as above, with a chest x-ray which should be repeated as indicated in the previous paragraph (9). If the second skin test is negative, a single skin test shall be repeated yearly until it becomes positive.

(11) When a known negative tuberculin skin test on a particular employee or patient converts to a positive test, it shall be considered a new case of tuberculosis infection and shall be reported to the department as required in chapter 11-164, Administrative Rules.

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