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

(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.

(l) 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.