§ 201.20. Staff development.

(c) There shall be at least annual in service training which includes at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse.


Notes of Decisions

Where a survey team found that a nursing care facility had not conducted in-service programs on infection control and on psychosocial needs of patients, this was regarded as a deficiency. [Court cited to former § 201.205(c).] Department of Health v. Brownsville Golden Age Nursing Home, Inc., 516 A.2d 87 (Pa. Cmwlth. 1986).

§ 201.22. 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.

   (a) Recommendations of the Centers for Disease Control (CDC), United States Department of Health and Human Services (HHS) shall be followed in treating and managing persons with confirmed or suspected TB.

   (c) A baseline TB status shall be obtained on all residents and employees in the facility.

   (d) The intradermal tuberculin skin test is to be used whenever skin testing is done. This consists of an intradermal injection of 0.1 ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) using a disposable tuberculin syringe.

   (e) The 2-step intradermal tuberculin skin test shall be the method used for initial testing of residents and employees. If the first test is positive, the person tested shall be considered to be infected. If the first test is negative, a second test should be administered in 1—3 weeks. If the second test is positive, the person tested shall be considered to be previously infected. If the second test result is negative, the person is to be classified as uninfected.

   (f) Persons with reactions of ≥10 mm or persons with symptoms suggestive of TB regardless of the size of the test reaction, shall be referred for further diagnostic studies in accordance with CDC recommendations.

   (g) A written report of test results shall be maintained in the facility for each individual, irrespective of where the test is performed. Reactions shall be recorded in millimeters of induration, even those classified as negative. If no induration is found, “0 mm” is to be recorded.

   (h) Skin test “negative” employees having regular contact of 10 or more hours per week with residents shall have repeat tuberculin skin tests at intervals determined by the risk of transmission in the facility. The CDC protocol for conducting a TB risk assessment in a health care facility shall be used to establish the risk of transmission.

   (i) Repeat skin tests shall be required for tuberculin-negative employees and residents after any suspected exposure to a documented case of active TB.
(j) New employees shall have the 2-step intradermal skin test before beginning employment unless there is documentation of a previous positive skin reaction. Test results shall be made available prior to assumption of job responsibilities. CDC guidelines shall be followed with regard to repeat periodic testing of all employees.

(k) The intradermal tuberculin skin test shall be administered to new residents upon admission, unless there is documentation of a previous positive test.

(l) New tuberculin positive reactors (converters) and persons with documentation of a previous positive reaction, shall be referred for further diagnostic testing and treatment in accordance with current standards of practice.

(m) If an employee’s chest X-ray is compatible with active TB, the individual shall be excluded from the workplace until a diagnosis of active TB is ruled out or a diagnosis of active TB is established and a determination made that the individual is considered to be noninfectious. A statement from a physician stating the individual is noninfectious shall be required.

(n) A resident with a diagnosis of TB may be admitted to the facility if:
   (1) Three consecutive daily sputum smears have been negative for acid-fast bacilli.
   (2) The individual has received appropriate treatment for at least 2—3 weeks.
   (3) Clinical response to therapy, as documented by a physician, has been favorable.

Authority: The provisions of this § 201.22 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)).


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 Enterocci (VRE) and Vancomycin-Resistant Staphylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.

Authority: The provisions of this § 211.1 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).
(a) A laundry room shall be provided in a facility where commercial laundry service is not used for the washing of soiled linens.
(b) The entrance and exit to the laundry room shall be located to prevent the transportation of soiled or clean linens through food preparation, food storage or food serving areas.
(c) The facility shall have a separate room for central storage of soiled linens. The room shall be well ventilated, constructed of materials impervious to odors and moisture and easily cleaned. Soiled linens may not be transported through areas where clean linen is stored.
(d) A facility shall provide a separate room or area for central storage of clean linens and linen carts.
(e) Equipment shall be made available and accessible for residents desiring to do their personal laundry.

§ 205.66. Special ventilation requirements for new construction.
(a) Ventilation for new construction shall conform to the following:

<table>
<thead>
<tr>
<th>Area Designation</th>
<th>Pressure Relationship to Adjacent Areas</th>
<th>Minimum Changes of Outdoor Air Per Hour</th>
<th>Minimum Total Air Changes Per Hour</th>
<th>All Air Changes Directly to Outdoors Room Units</th>
<th>Recirculated within Room Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Care Room/Isolation Negative</td>
<td>2</td>
<td>6</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

(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.