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 two-step tuberculin skin test. If documented evidence is provided that the resident has had a two-step tuberculin skin test, performed within the most recent twelve (12) months prior to admission, that was negative, the requirements of this section shall be met.

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;
vii) 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.