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.

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.

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;

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.

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:
(a) Infection control;
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.