

shall take into account any waivers granted by the Division; and

5. Operation of a licensed facility following the transfer of ownership of a substance abuse treatment facility without prior approval of the Division, shall be considered operation of an unlicensed facility, and DAS shall impose penalties consistent with (a)1 above. Such penalties may be assessed against each of the parties at interest;

(b) The Commissioner or designee may take the following additional enforcement actions:

1. For violations of licensure regulations related to client care or physical plant standards that represent a risk to the health, safety, or welfare of clients of a facility or the general public, the Division shall reduce the facility's license to provisional status to allow the facility to correct all regulation violations.

2. Where there are multiple deficiencies related to client care or physical plant standards throughout a facility, and/or such violations represent a direct risk that a client's physical or mental health will be compromised, or where an actual violation of a client's rights is found, the Division shall begin the process to suspend or revoke the license pursuant to N.J.S.A. 26:2G-27 and may seek an injunction pursuant to N.J.S.A. 26:2G-29 and 30:1-12. Any further operation of the facility shall be construed as operation of an unlicensed facility and the Division shall impose penalties consistent with (a)1 above.

3. For repeated violations of any licensing regulation within a 12-month period or on successive annual inspections, or failure to implement an approved plan of correction, where such violation was not the subject of a licensing action, the Division may in its discretion reduce the license to provisional status, or move to suspend or revoke the license, considering the following factors:

- i. The number, frequency and/or severity of the violation(s);
- ii. The location of the facility;
- iii. Any special population served by the facility;
- iv. The facility's utilization of capacity;
- v. The compliance history of the facility;
- vi. The deterrent effect of the penalty;
- vii. Measures taken by the facility to mitigate the effects of the current violation or to prevent future violations; and/or
- viii. Other relevant specific circumstances of the facility or violation.

4. For violations resulting in either actual harm to a client, or in an immediate and serious risk of harm, the Division shall reduce the license to provisional status, or

move to suspend or revoke the license, and may seek an injunction pursuant to N.J.S.A. 26:2G-29 and 30:1-12.

5. For failure to report information to the Division as required by statute or licensing regulation, after reasonable notice and an opportunity to cure the violation, the facility shall be subject to a fine of not more than \$500.00, pursuant to N.J.S.A. 26:2B-14;

(c) Except for violations deemed to be immediate and serious threats, the Division may decrease the penalty assessed in accordance with (a) above, based on the following factors:

1. The number, frequency and/or severity of the violation(s);
2. The location of the facility;
3. Any special population served by the facility;
4. The facility's utilization of capacity;
5. The compliance history of the facility;
6. The deterrent effect of the penalty;
7. Measures taken by the facility to mitigate the effects of the current violation or to prevent future violations; and/or
8. Other relevant specific circumstances of the facility or violation.

(d) In addition to the imposition of penalties in accordance with (a) above, the Division may also curtail admissions consistent with N.J.A.C. 10:161B-2.19.

10:161B-2.18 Failure to pay a penalty; remedies

(a) Within 30 days after the mailing date of a Notice of Proposed Assessment of a Penalty, a facility that intends to challenge the enforcement action shall notify the Division of its intent to request a hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

(b) The penalty becomes due and owing upon the 30th day from mailing of the Notice of Proposed Assessment of Penalties, if a notice requesting a hearing has not been received by the Division. If a hearing has been requested, the penalty is due 45 days after the issuance of a Final Agency Decision by the Commissioner or designee, if the Division's assessment has not been withdrawn, rescinded, or reversed, and an appeal has not been timely filed with the New Jersey Superior Court, Appellate Division pursuant to New Jersey Court Rule 2:2-3.

(c) Failure to pay a penalty within the time frames set forth in (a) or (b) above as applicable may result in one or both of the following actions:

1. Institution of a summary civil proceeding by the State pursuant to the Penalty Enforcement Law (N.J.S.A. 2A:58-10 et seq.); and/or
2. Placing the facility on a provisional license status.

10:161B-2.19 Curtailment of admissions

(a) The Division may issue an order curtailing all new admissions and readmissions to a substance abuse treatment facility including, but not limited to, the following circumstances:

1. Where violations of licensing regulations are found that have been determined to pose an immediate and serious threat of harm to clients of a substance abuse treatment facility;
2. For the purpose of limiting the census of a facility if clients must be relocated upon closure, when the Division has issued a Notice of Proposed Revocation or Suspension of a substance abuse treatment facility license;
3. Where the admission or readmission of new clients to a substance abuse treatment facility would impair the facility's ability to correct serious or widespread violations of licensing regulations related to direct client care and cause a diminution of the quality of care; or
4. For exceeding the licensed or authorized bed or service capacity of a substance abuse treatment facility, except in those instances where exceeding the licensed or authorized capacity was necessitated by emergency conditions and where immediate and satisfactory notice was provided to the Division.

(b) The order for curtailment may be withdrawn upon a DAS finding that the facility has achieved substantial compliance with the applicable licensing regulations or Federal certification requirements and that there is no immediate and serious threat to client safety; or in the case of providers exceeding licensed capacity, has achieved a census equivalent to licensed and approved levels. Such order to lift a curtailment may reasonably limit the number and priority of clients to be admitted by the facility in order to protect client safety. The facility shall be notified whether the order for curtailment has been withdrawn within 20 working days after the DAS finding.

10:161B-2.20 Provisional license

(a) The Division may place a substance abuse treatment facility on provisional license status as follows:

1. Upon issuance of a Notice for Revocation or Suspension of a License, for a period extending through final adjudication of the action;
2. Upon issuance of an order for curtailment of admission, until the Division finds the facility has achieved substantial compliance with all applicable licensing regulations;

3. For violations of licensing regulations that have been determined to pose a threat to the safety of clients of a substance abuse treatment facility; and/or

4. Upon a recommendation to the Federal government and/or the New Jersey Division of Medical Assistance and Health Services, for the termination of a provider agreement for failure to meet the Federal certification regulations.

(b) A facility placed on provisional license status shall be provided notice of same, in accordance with the notice requirements set forth in N.J.A.C. 10:161B-2.15. Provisional license status is effective upon receipt of the notice, although the facility may request a hearing to contest provisional license status in accordance with the requirements set forth in N.J.A.C. 10:161B-2.22. Where a facility chooses to contest provisional license status by requesting a hearing in accordance with the provisions set forth in this section and in N.J.A.C. 10:161B-2.24, provisional license status remains effective at least until the final decision or adjudication (as applicable) of the matter, or beyond in instances where the Division's action is upheld, in accordance with these rules. In addition, provisional license status remains effective in cases where the underlying violations which caused the issuance of provisional licensure status are the subject of appeal and/or litigation, as applicable, in accordance with these rules.

(c) While a facility is on provisional license status, the following shall occur:

1. The Division shall not authorize or review any application for approval of additional beds or services filed by the facility with the Division;

2. The Division shall notify any government agency that provides funding or third party reimbursement to the facility or that has statutory responsibility for monitoring the quality of care rendered to clients that the facility's license has been deemed provisional and the reasons therefore. Upon resolution favorable to the facility the Division shall notify the same government agencies and third parties; and

3. The facility shall be subject to announced or unannounced monitoring visits and or survey.

(d) While on provisional license status, the Division may place specific conditions on the facility's continued operation, including that the facility seek qualified professional and/or clinical assistance to bring itself into compliance with this chapter.

(e) A facility placed on provisional license status shall post the provisional license in a conspicuous location within the facility at all times.

10:161B-2.21 Suspension of a license

(a) The Commissioner or designee may order the suspension of a license of a substance abuse treatment facility or

background, credentials (including progress toward CDA, CADC, or LCADC), professional license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, record of voluntarily disclosed criminal convictions, results of criminal history background checks, records of physical examinations, job descriptions, documentation of staff orientation and staff education received, and evaluations of performance.

1. The facility shall complete performance evaluations on staff a minimum of once per year after initial employment.

2. The program shall initiate State-level criminal history record background checks supported by fingerprints no later than the time of hiring all staff, student interns and volunteers.

3. Programs shall provide each staff member with a photo identification card to include, at a minimum, the staff member's name, job title, degree and/or certification.

4. The facility administrator shall make reasonable efforts to ensure that staff are in good physical and mental health, emotionally stable, of good moral character, concerned for the safety and well-being of clients, and have not been convicted of a crime relating adversely to the person's ability to provide care or interact with clients and families, either directly or indirectly, such as homicide, aggravated assault, kidnapping, sexual offenses, robbery, and crimes against the family, children or incompetents, except where the applicant or employee with a criminal history has demonstrated rehabilitation in order to qualify for employment. Such procedures for hiring employees with past criminal histories, including, but not limited to, those above, shall be clearly written.

i. "Reasonable efforts" shall include, but need not be limited to, an inquiry on the employment application, reference checks, and/or criminal history record background checks where indicated or necessary.

5. Programs shall have a policy governing the review of criminal convictions identified by criminal history background checks or voluntary disclosure by prospective employees that shall include the process and standards by which convictions are reviewed to determine if the nature and severity of the conviction(s) precludes consideration for hiring. Such policy shall not preclude the hiring of persons with criminal convictions, but may reasonably balance the type and severity of the crime, history of rehabilitation, and nature of employment.

6. Programs shall document verification and confirmation of licenses/certifications and educational degrees for all staff in accordance with program policy and requirements established for the position by this chapter to determine that they are both current and not under suspension or other sanction from any licensing or certifying authority, which would preclude employment due to inap-

propriateness (that is, ethical violations) or lack of minimum qualifications/requirements for the position.

(b) The facility administrator shall establish written policies and procedures addressing the period of time during which staff in recovery status are determined to be continuously substance (alcohol and/or other drug) free before being employed in the facility, and which address the consequences of employee use of alcohol, tobacco or illegal drugs during working hours or when representing the treatment program. The program shall establish written policies addressing alcohol and nicotine use during working hours or when reporting to the treatment field.

(c) The facility administrator shall develop written job descriptions for all facility staff including volunteers, and ensure that personnel are assigned duties based upon their education, training and competencies, and in accordance with their job descriptions.

(d) The facility shall employ only those personnel who are currently licensed, currently certified, or authorized under the appropriate laws or rules of the State of New Jersey or under the applicable standards of the appropriate recognized credentialing body to provide client care.

(e) The facility shall ensure that adequate staffing levels are maintained to ensure continuity of care to clients, and shall ensure that substitute staff possess appropriate equivalent qualifications needed to function in that capacity.

(f) The facility shall develop and implement a staff orientation plan and a staff education plan, that includes written plans for each service and designation of person(s) responsible for training as follows:

1. All staff shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum:

- i. The facility's emergency plans and procedures;
- ii. The infection prevention and control program;
- iii. Universal precautions; and
- iv. The policies and procedures concerning conflicts of interest, ethics and confidentiality, client rights, treating individuals with co-occurring disorders, cultural competence, and, where appropriate, identifying and responding to cases of child abuse and elder abuse.

10:161B-3.6 Policy and procedure manual

(a) The administrator shall develop, implement and ensure the review, at least annually, of a policy and procedure manual(s) about the organization and operation of the facility.

i. The administrator shall ensure that the governing authority shall participate in the review the policy and procedure manual at least annually.

ii. This policy and procedure manual shall be signed and dated by the administrator and governing authority presiding officer, attesting that the policy and procedure manual was reviewed.

iii. This policy and procedure manual shall be maintained on-site at the facility and available for review at all times by clients, staff, DAS and the public.

(b) The facility shall ensure that, at a minimum, the following is contained in the policy and procedure manual(s):

1. A written statement describing the program's vision and mission, staffing patterns and the services provided, including the modalities/types and ASAM level of care designation offered;

2. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and client care services;

3. Policies regarding the program's definition of "business hours," "full-time" and "shift";

4. A description of the facility's quality assurance program, including, but not limited to, client care (including medical and nursing services) and its documentation; and staff performance and supervision, methods for at least annual review of staff performance, staff qualifications and credentials, staff orientation and education, and documentation of these staff functions-related functions;

5. Adherence to privacy and confidentiality policies and procedures ensuring the confidential maintenance of client records while the program is in operation and in the event that it ceases to operate, as required by Federal confidentiality regulations at 42 CFR Part II, and Federal HIPAA requirements at 45 CFR Part 160;

6. A description of the modalities of treatment provided, including a listing of services, procedures, and ASAM level of care designations which may be performed in the facility;

7. A written plan for informing persons in need of substance abuse treatment services, their friends and family members, the public, and health care providers of the availability of the facility's services, all program fees and available financial arrangements, including a description of referral mechanisms and linkages with consultants, other health care facilities, law enforcement, social and community agencies that will provide continuity of care including designation of staff responsible for implementation of the plan;

8. Policies and procedures for making information about alcohol, tobacco and other drug use prevention and treatment available to the public;

9. Policies and procedures that ensure the accessibility of and use of telephone(s) by clients. Such policies and procedures shall:

i. Include written descriptions of situations that may preclude the use of telephones by clients;

ii. Comply with client care policies and procedures, and not violate client rights, nor be used as a tool to punish or coerce clients; and

iii. Not prevent clients from contacting the local police in the event of an emergency, or from contacting DAS to issue a complaint regarding the facility;

10. Policies and procedures for answering and responding to incoming telephone calls for clients at times other than designated business hours;

i. The program must use either an answering service, a designated on call staff or an alternative method approved by DAS, to ensure that clients have access to emergency consultation services on a 24-hour-a-day basis, seven days a week.

11. Policies and procedures to provide for the assessment, diagnosis, identification and treatment of persons with co-occurring mental health disorders, or to coordinate the care and/or referral to appropriate mental health providers, so that services are provided in a coordinated fashion.

i. Clients who have been clinically assessed as being unable to participate in or benefit from the facility's services will be referred to the appropriate treatment provider, and the referral documented in the clinical record;

12. Policies addressing the confiscation and disposition of illicit drugs and weapons within the facility;

i. The policy shall include notification of appropriate parties for clients referred from the criminal justice system;

13. Policies and procedures for complying with applicable statutes and rules to report child abuse and/or neglect, abuse or mistreatment of elderly clients and disabled adults, sexual abuse, sexual assault, specified communicable diseases, including HIV infection, poisonings, and unattended or suspicious deaths. Such policies and procedures shall include the following:

i. The designation of a staff member(s) responsible for coordinating the reporting of identified and/or suspected cases of child abuse and/or neglect in compliance with N.J.S.A. 9:6-1 et seq., recording the notification to the Division of Youth and Family Services (DYFS) in the clinical record, and serving as a liaison between the facility and DYFS;

ii. If the client is 60 years of age or older, the protocols for notification of any suspected case of client abuse or exploitation to the New Jersey Department of the Public Advocate, Ombudsman for the Institutionalized Elderly, pursuant to N.J.S.A. 52:27G-7.1 et seq.;

iii. The protocols for the identification and treatment of children and elderly and disabled adults who are abused and/or neglected; and

iv. The provision, at least annually, of educational and/or training programs to staff on the identification and reporting of identified and/or suspected cases of child abuse and/or neglect, sexual assault or abuse, domestic violence, abuse of the elderly and/or disabled adults, and related agency policies and procedures; and

14. Policies and procedures governing the delivery of services that include, at a minimum, the following:

i. The frequency of counseling interventions and didactic sessions, including a weekly and monthly posted written schedule of all program activities; and

ii. The content of didactic sessions, including a written description or curriculum of didactic sessions offered in the facility.

10:161B-3.7 Employee health

(a) The policy and procedure manual shall include policies and procedures to ensure that physical examinations of staff are performed upon initial employment and at subsequent intervals. Policies and procedures shall specify the circumstances under which other persons providing direct client care services shall receive a physical examination. Policies and procedures shall specify the content and the frequency of the examination.

(b) The program shall require all staff employed as of June 1, 2009, and all staff hired thereafter, to submit to screening tests for rubella and measles, subject to the following:

1. If an employee can document seropositivity from a previous rubella screening or inoculation with rubella vaccine, the employee shall not be required to submit to any additional rubella screening.

2. If an employee cannot provide documentation required by (b)1 above, the employee shall be given a rubella hemagglutination inhibition test or other rubella-screening test approved by DAS as equivalent or better, on a case by case basis.

3. Only employees born in 1957 or later shall be required to submit to a measles screening test.

i. If the employee can document receipt of a live measles vaccine on or after his or her first birthday, physician diagnosed measles, or serologic evidence of immunity to measles, the employee shall not be required to submit to a measles screening test.

ii. If the employee cannot provide the documentation required in (b)3i above, the employee shall submit to a measles hemagglutination inhibition test, or other measles screening test.

4. All employees hired after June 1, 2009 required to submit to screening tests shall do so upon employment.

5. All employees employed as of June 1, 2009 required to submit to screening tests shall do so by July 31, 2009.

(c) The program shall inform each employee of the results of each screening test, record all tests performed and the results thereof in each employee's personnel record, and maintain a list of all employees who are seronegative and unvaccinated.

(d) The program shall require all employees, including medical staff members, to submit to tuberculosis testing using a two-step Mantoux in accordance with the Tuberculosis Surveillance Procedures for Substance Abuse Treatment Facilities, published by DAS, and incorporated herein by reference as chapter Appendix A.

1. Employees hired after June 1, 2009 shall be required to submit to Mantoux testing upon employment, while employees employed as of June 1, 2009 shall submit to the Mantoux test by July 31, 2009, if the employee has not been tested within the past year.

2. If the Mantoux test result is negative (less than 10 millimeters of induration or less than five millimeters of induration if immunosuppressed), the employee shall submit to a repeat Mantoux skin test within three weeks of the initial test.

3. If either the initial or subsequent test result is positive (10 or more millimeters of induration, or five millimeters if immunosuppressed), the employee shall submit to a chest x-ray and be referred for chemoprophylaxis or treatment for tuberculosis, as appropriate.

4. Employees who can document a negative Mantoux test within the prior 12 months would only need one Mantoux skin test.

5. The following employees shall not be required to submit to a Mantoux test:

i. Employees who can document a positive Mantoux skin test (10 millimeters or more of induration or five millimeters or more of induration if immunosuppressed) regardless of treatment; or

ii. Employees who have received and completed treatment for tuberculosis disease and latent tuberculosis infection.

6. The Mantoux skin test shall be repeated on an annual basis for all employees unless contraindicated.

7. All symptomatic employees shall have a chest x-ray and be medically cleared regardless of the skin test result.

(e) The program shall establish policies and procedures regarding employee safety and shall include procedures for the care of employees who become ill or who are injured at the facility.

(f) The program shall establish policies and procedures that provide for pre-employment drug screening, and shall include the random drug screening of staff including the screening of staff suspected of substance abuse. The policies and procedures shall address the program's response to positive drug screening results.

10:161B-3.8 Reportable events

(a) The facility shall develop policies and procedures governing the reporting and management of reportable events. Such policies shall include, but need not be limited to, the procedures in this section.

(b) The facility shall immediately notify DAS at 609-292-5760, or after hours at 866-666-8108, and immediately fax a report to DAS at 609-292-3816, regarding any event occurring which jeopardizes the health, safety, or welfare of clients or staff as noted in this subchapter, including, but not limited to, the following:

1. All fires, floods, disasters, accidents, or other unanticipated events which result in serious injury or death of clients or staff, or evacuation of clients from the facility, or closure of the facility for six or more hours;

2. All deaths of clients under the supervision of the facility or deaths known or suspected of resulting from misuse of medications prescribed or dispensed by the program;

3. All outbreaks of communicable disease or other conditions adversely affecting multiple clients and/or staff. Note: This does not relieve the program from reporting certain communicable diseases to local or State health authorities pursuant to N.J.A.C. 8:57;

4. All alleged or suspected crimes that endanger the life or safety of clients or staff or which jeopardize facility operations or fiscal stability;

i. Any client or staff member against whom an alleged or suspected crime has been committed shall be advised of his or her right to report the incident to local police;

ii. Notification or the refusal to notify police authorities shall be documented in writing in the client or staff record, and the administrator shall be notified; and

iii. The governing body shall be notified of events endangering the life and/or safety of clients and staff, or suspected crimes that jeopardize the facility's operations or fiscal stability;

5. All disciplinary actions of staff, including termination, resulting from inappropriate staff interaction with clients; and

6. All criminal convictions or disciplinary sanctions imposed on staff, board members or representatives of the

governing authority by licensing or credentialing boards since the prior application for licensure.

(c) The facility shall provide DAS with a written report no later than five business days after the event or circumstances listed in (b)1 through 6 above. This written report does not replace the required immediate telephone contact and faxed report to DAS.

i. The written confirmation shall contain information concerning injuries to clients or staff, disruption of services, and the extent of damages, etc. The written report shall also include identification of the factors that contributed to the occurrence of the event, and corrective actions and timeframes being implemented by the program to minimize the risk of further incidents.

(d) The facility shall notify DAS in writing of the resignation or termination of employment of the administrator, medical director, director of nursing, or the director of substance abuse counseling services and the name and qualifications of the replacement or acting replacement, no later than seven days following the date of resignation or termination.

(e) The facility shall develop procedures, including timeframes, for verbal and written notification to the governing authority of reportable events noted in this section.

10:161B-3.9 Notices

(a) The facility shall conspicuously post a notice that the following information is available in the facility during its normal business hours for clients and the public:

1. All waivers granted by DAS;

2. The list of deficiencies from the last annual licensure inspection, and the list of deficiencies from any valid complaint investigation during the past 12 months and the program's plan of correction;

3. A statement of client rights;

4. The names of members of the governing authority of the facility and the facility address to which correspondence may be sent; and

5. The hours of operation and the normal business hours of the facility.

10:161B-3.10 Reporting to professional licensing boards

The facility shall comply with all requirements of professional licensing and credentialing boards for reporting termination, suspension, revocation, or reduction of privileges of any employee licensed or credentialed in the State of New Jersey.

ing services, shall obtain health related information from the client and shall record the information in the client record.

i. Health related information shall include, but not be limited to:

- (1) Significant medical history;
 - (2) Hospitalizations;
 - (3) Treatments;
 - (4) History of communicable disease;
 - (5) Most recent Mantoux test and results;
 - (6) Risk of Hepatitis B and HIV exposure;
 - (7) Pregnancies and sexually transmitted diseases;
- and
- (8) Any current symptomatology.

ii. If the substance abuse counselor or another designated staff person determines that there is an indication for medical treatment or screening, the substance abuse counselor or another designated staff person shall coordinate referral for medical services as determined by a written protocol using either on-site or affiliated medical services. Resolution of health related problems shall be included as part of the comprehensive treatment plan and all referrals or treatment, and shall be documented in the client chart.

10:161B-8.2 Designation of director of nursing services

(a) Programs providing outpatient detoxification and/or opioid treatment shall designate, in writing, a registered professional nurse as the director of nursing services. A registered professional nurse shall be designated, in writing, to act in the absence of the director of nursing services.

(b) Every program that is required to provide nursing services shall designate a director of nursing services who shall be on the premises during normal business hours and whenever medications are being administered during the program's hours of operation.

10:161B-8.3 Responsibilities of licensed nursing personnel

(a) Nursing care needs of clients shall be assessed only by a registered professional nurse.

(b) All nursing services provided shall be documented in the client's clinical record, including, but not limited to:

1. The nursing portion of the client care plan, in accordance with policies and procedures;
2. Clinical notes;
3. Recording of medications administered, including:
 - i. The name and strength of the medication;

- ii. The date and time of administration;
- iii. The dosage administered;
- iv. Method of administration;
- v. Adverse reactions and interventions if referred; and
- vi. Signature of the nurse who administered the medication or identification of the nurse by an entry code if a computerized clinical record system is used.

SUBCHAPTER 9. CLIENT ASSESSMENT AND TREATMENT PLANNING

10:161B-9.1 Client assessment

(a) An outpatient substance abuse treatment facility shall complete, within three visits of admission, a drug screen, and a comprehensive biopsychosocial assessment of all clients using an assessment instrument which assesses medical status, vocational/employment and support, alcohol, tobacco and other drug use, legal status, family/social status, psychiatric status, as well as behavioral risk factors for HIV and hepatitis. The client shall be placed in a treatment facility, the modality and underlying philosophy of which is consistent with the client's preferences and values and which is also consistent with the client's needs based on criteria defined in the ASAM Patient Placement Criteria 2-R (see N.J.A.C. 10:161B-1.3.).

1. All client assessments shall result in a DSM diagnosis for alcohol, tobacco and other substance use, shall include screening for other identified co-occurring disorders, and shall document level of care determination using ASAM Patient Placement Criteria 2-R.

2. If the biopsychosocial assessment indicates that the client should be referred to another treatment program or level of care, the program shall coordinate the client's referral to another program. If transfer to another program or level of care is indicated, interim services at the client's current level of care shall be provided until the transfer is effected.

(b) In performing a biopsychosocial assessment, the program shall include the following:

1. The client's medical, alcohol, tobacco, and drug history, and interventions;

2. Clients in outpatient detoxification and opioid treatment programs shall receive a physical exam, in accordance with N.J.A.C. 10:161B-11.6(c);

3. Clients in outpatient, intensive outpatient and partial care facilities shall complete a comprehensive health history and symptom review and be referred as appropriate for primary medical care services including voluntary HIV

testing, hepatitis screening, tuberculosis (TB) testing, and mental health services;

i. No client seeking admission with potential symptoms of communicable diseases such as persistent coughing or fever shall be admitted to treatment without medical clearance;

4. The client's history of psychological and/or psychiatric treatment, which shall include previous admissions to psychiatric facilities, history of suicidal/homicidal ideation and attempts, outpatient psychiatric treatment, psychotropic medications; and assessments by a psychiatrist or other licensed mental health clinician for clients diagnosed with co-occurring mental health disorders;

5. The client's family and relationships, including relationships evidencing co-dependency and the client's current living situation;

6. A social assessment including any legal proceedings involving the client;

7. A recreational assessment that includes the client's interests and physical abilities and limitations; and

8. A vocational and educational assessment of the client's:

i. Current work or vocational skills, employment status and potential for improving those skills or developing new ones;

ii. Educational status and skills;

iii. Aptitudes, interests and motivation;

iv. Physical abilities and any handicaps or disabilities;

v. Relationships with co-workers and supervisors; and

vi. Current and prior work or school related problems, including but not limited to those related to substance abuse.

10:161B-9.2 Client treatment planning

(a) A client treatment plan shall be developed for every client based on the assessment of the client in accordance with N.J.A.C. 10:161B-9.1.

1. The program shall initiate the development of the client's treatment plan upon the client's admission, and shall enter the client's treatment plan in the client record at least after three visits following admission, not to exceed 30 days.

2. The facility shall address each problem, including problems requiring placement at the assessed level of care, and needs and strengths identified in the client assessment, within the client treatment plan through direct provision or

referral to appropriate services, and shall include at least the following:

i. Orders for medication, medical treatment and other services, including the type and frequency of contact, if applicable;

ii. Client substance abuse or dependence and a plan to reduce symptoms, severity and improve treatment outcomes;

iii. Integrated treatment of co-occurring mental health disorders, either on-site or through the coordination of treatment services with an appropriate mental health facility;

iv. The provision of vocational and educational services if needed, either onsite or by referral to community resources;

v. Client participation in self-help group meetings during treatment and after discharge from treatment;

vi. Family and social support services;

vii. The staff responsible for implementation of the treatment plan;

viii. Evidence of client participation in development and implementation of the treatment plan, including, but not limited to, dated signatures of the client as well as signatures of participating multidisciplinary team members;

ix. Long and short term goals with timeframes for achievement;

x. The assessment measures for determining the effectiveness of, and client satisfaction with, treatment or services, including assessments of client adherence to and engagement with treatment and recovery support services;

xi. The time intervals for review of the client's response to treatment or services; and

xii. Discharge/transfer plans.

(b) Practitioners in each of the services providing care to a client shall participate in the development of the client treatment plan.

(c) The client, and his or her family, if indicated and clinically appropriate, shall participate in the development of the client's treatment plan, including the discharge/transfer plan; such participation shall be documented in the client's clinical record.

1. If a physician or other licensed clinician documents in the client's clinical record that the client's participation in the development of the treatment plan is medically contraindicated, a member of the multidisciplinary team providing services to the client shall review the client's treatment plan with the client prior to implementation, and

are evidence-based or based on best objective information to provide treatment services consistent with recognized treatment principles and practices for each level of care and type of client served, as defined at N.J.A.C. 10:161B-5.2(a)11;

2. Review of policies, procedures, and practices relating to the provision of clinical supervision of staff, including the methods and frequency by which staff receive clinical supervision;

3. Evaluation of client care shall be criteria-based, and trigger certain review actions when specific, quantified, predetermined levels of outcomes or potential problems are identified;

4. Periodic reviews of client clinical records;

5. Evaluation by clients of care and services provided by the program;

6. If the families of clients are routinely involved in the care and services provided by the facility, the quality assurance plan shall include a means for obtaining their input; and

7. The quality assurance plan shall include at a minimum an annual review of staff qualifications and credentials, and staff orientation and education.

(b) The administrator shall follow-up on the findings of the quality assurance program to ensure that effective corrective actions have been taken, or that additional corrective actions are no longer indicated or needed. The following shall apply:

1. The administrator shall follow-up on all recommendations resulting from findings of the quality assurance program or DAS.

2. Deficiencies jeopardizing client or staff safety shall be verbally reported to the governing authority and to DAS immediately, with written correspondence provided to the governing authority and DAS within five working days.

(c) The facility shall identify and establish indicators of quality care and outcome objectives specific to the program.

1. The indicators shall be consistent with the Federal SAMHSA National Outcome Measures (NOMs), as defined and accessible at <http://www.nationaloutcomemeasures.samhsa.gov/> incorporated herein by reference.

2. The facility shall monitor and evaluate each of the specific indicators at least annually, and develop reports as required by the facility, governing authority and DAS.

(d) The program shall submit results of the quality assurance program to its governing authority at least annually, including reporting of deficiencies found and recommendations for corrections or improvements.

SUBCHAPTER 22. VOLUNTEER SERVICES

10:161B-22.1 Provision of volunteer services

(a) The outpatient substance abuse treatment facility may provide volunteer services as an integral part of its services.

1. Volunteers shall not provide direct client care or treatment services in lieu of staff as required by this chapter.

2. Volunteers shall not administer medications.

3. Volunteers shall not be used to restrain clients.

(b) The facility shall provide initial orientation and continuing in-service education for volunteers regarding the following topics, at a minimum:

1. Emergency plans and procedures;

2. Client confidentiality;

3. The infection prevention and control program; and

4. Program policies and procedures relating to the tasks or duties the volunteers will perform.

(c) The facility shall ensure that client confidentiality is maintained when volunteers have access to client clinical records or other identifying information, in accordance with its policies and all applicable laws.

(d) Volunteers shall not receive gifts or gratuities from clients.

(e) Volunteers who function as counselor interns will perform their duties in accordance with established professional training, clinical care and supervision requirements.

10:161B-22.2 Volunteer policies and procedures

(a) If the program provides volunteer services, it shall establish and implement written policies and procedures that shall include, but not be limited to, the following:

1. Criteria for individuals to participate in, or be excluded from, volunteer service, including, but not be limited to, the following criteria:

i. Minimum age and physical examination requirements for volunteers; and

ii. The minimum period of time during which individuals with a prior history of substance abuse (alcohol, tobacco and other drugs) shall be continuously substance free before being accepted as volunteers;

2. Methods for obtaining information regarding each volunteer, including at least their education, credentials, employment experience, driver abstracts, sanctions by licensing boards, and arrests or convictions, if any;

3. Photo identification cards, which shall include the volunteer's name, and their volunteer status;

4. Assignment of volunteers to clients, including criteria for assignment, and description of responsibilities;

5. Functions which volunteers may perform; and

6. Background checks.

(b) The facility shall provide for volunteer services under the supervision of appropriately trained and qualified staff, in accordance with client treatment plans and the rules of this chapter.

i. The client clinical record shall provide written documentation that the client agrees to work with the volunteer.

ii. Clients maintain the right not to work with a volunteer.

(c) Volunteers shall be considered as staff with regard to meeting the requirements for background checks, physical examination and testing, verification of credentials, photo identification cards, and program policies and procedures relating to staff behavior.

(d) The facility's volunteer program shall be approved by the governing authority.

SUBCHAPTER 23. PHYSICAL PLANT AND FUNCTIONAL REQUIREMENTS

10:161B-23.1 Physical plant general compliance for new construction or alteration

(a) New buildings and alterations and additions to existing buildings for freestanding outpatient substance abuse treatment facilities shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3.2, incorporating specified subchapters of the model code of the International Building Code 2000 (IBC 2000), New Jersey Edition, published by the International Code Council, Inc. (formerly BOCA), 4051 W. Flossmoor Road, County Club Hills, IL 60478-5795, appropriate to Use Group B, as amended and supplemented; and the 2006 edition of the Guidelines for Design and Construction of Hospitals and Health Care Facilities, published by the American Institute of Architects Press, 1735 New York Avenue, NW, Washington, DC 20006, telephone 202-626-7475, as amended and supplemented, incorporated herein by reference.

(b) New buildings and alterations and additions to existing buildings for outpatient substance abuse treatment facilities which are part of an acute care hospital shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3.2, incorporating specified subchapters of the model code of the International Building Code 2000 (IBC 2000), New Jersey Edition, published by the International Code Council,

Inc. (formerly BOCA), 4051 W. Flossmoor Road, County Club Hills, IL 60478-5795, appropriate to Use Group B or Multiple Use Occupancy, Use Group B within an I-2 Use Group, as amended and supplemented; and the 2006 edition of the Guidelines for Design and Construction of Hospitals and Health Care Facilities, published by the American Institute of Architects Press, 1735 New York Avenue, NW, Washington, DC 20006, telephone 202-626-7475, as amended and supplemented, incorporated herein by reference.

10:161B-23.2 Physical plant general compliance for construction or alteration completed prior to June 1, 2009

Facilities constructed or altered prior to June 1, 2009, shall conform with Federal, State, and local standards in effect at the time of construction, alteration, or approval of plans for construction or alteration by the Department of Community Affairs.

10:161B-23.3 Plan review

(a) Prior to any construction, all plans for construction, alterations or renovations shall be submitted for review and approval to the local Office of the Building Code Official of the municipality in which the project is located, or the municipality having jurisdiction.

(b) Review fees shall be paid pursuant to N.J.A.C. 8:31-1.1.

(c) Simultaneously with any plan(s) submission to the local Building Code Official, each agency shall submit one set of floor and furniture plans to DAS, for a cursory review and inclusion in DAS facility files. Submit floor and furniture plans to:

Director of Licensing and Construction
Division of Addiction Services
Department of Human Services
P.O. Box 362
Trenton, NJ 08625-0362

10:161B-23.4 Alterations, replacements and damage to existing facilities

(a) Existing structures, when repaired, renovated, altered or reconstructed, shall conform to the requirements of N.J.A.C. 5:23-6, Rehabilitation Subcode.

(b) If an existing structure is damaged by fire or any other cause, the requirements of N.J.A.C. 5:23-6, Rehabilitation Subcode, shall apply to the restoration of such building or structure.

(c) Any work which is mandated by any housing, property or fire safety maintenance code, standard or regulation or other State or local law requiring improvements to buildings or structures, shall be made to conform only to the requirements of that code, standard, law or regulation and shall not

Clients with a history of intravenous injection drug use and/or clients with a history of HIV infection who are in treatment plans consisting of 9 months or longer that are enrolled in long term care- residential SATFs or methadone maintenance –opioid pharmacotherapy facilities, where DOT is feasible. The provision of a DOT program by SATF staff is an essential component of the tuberculin testing procedure.

Exceptions: Clients presenting *written* documentation of a (a) prior positive Mantoux TST reaction, (b) prior or present TB disease, *or* (c) adequate treatment for latent TB infection (LTBI).

Note: A *verbal history* from the client of prior testing or treatment results is *not sufficient to exclude testing*. Unless written documentation can be provided, the TST must be performed.

Note: Tuberculin *testing is not contraindicated for persons* who have been vaccinated *with BCG*. These persons should receive a TST and managed without regard to the history of BCG.

- **Administration of the Mantoux TST**

The Mantoux TST is performed by the intradermal injection of 0.1 ml of Purified Protein Derivative (PPD) tuberculin containing 5 TU (tuberculin units) into either the volar or dorsal surface of the forearm. The injection should be made with a disposable safety tuberculin syringe with a short (one-quarter to one-half inch), bluntly beveled, platinum (26-gauge) or steel (27-gauge) needle. The injection will be made just beneath the surface of the skin, with the needle bevel facing upward to produce a discrete, pale elevation of the skin (a wheal) 6 mm to 10 mm in diameter.

To prevent needle stick injuries, needles will not be recapped, purposely bent or broken, removed from disposable syringes, or otherwise manipulated by hand. After use, syringes and needles will be placed in puncture-resistant containers for disposal. Institutional guidelines regarding universal precautions for infection control will be followed.

- **Reading the Mantoux TST**

The Mantoux test is read between 48 to 72 hours after administration by a trained health care provider. Positive reactions (see **Interpretation of TST Results** section for definition of *positive*) tend to persist for several days and can be read up to 7 days from the date of testing. However, if an individual who fails to return within 48 to 72 hours has a negative test, the TST must be repeated.

If the result of the initial test is negative, administer a second test one to three weeks later. If the second test is positive, the person is classified as infected; if the second test is negative, the person is classified as uninfected. If the new client has documentation of having received a single negative TST within the past year, only a one-step Mantoux test is required upon employment.

Readings should be made in good light, with the forearm slightly flexed at the elbow. The basis of the reading is the presence or absence of induration, which may be determined by inspection (from a side view against the light as well as direct light) and by palpation. The diameter of induration (raised, hardened area) should be measured using a tuberculin ruler. Erythema (redness) or bruise without induration should not be measured. The reaction is measured transversely to the long axis of the forearm and recorded in millimeters of induration. If no induration is found 0 mm will be recorded.

Documentation in the medical record should include date of administration, date of the reading, measurement in millimeters of induration, name of administrator and/or reader, site of placement, brand name of the PPD solution, lot# and expiration date of PPD solution.

- **Interpretation of TST Results**

A **Positive** TST indicates the probable presence of TB organisms in the body. Persons with a positive TST must receive follow up evaluation (including a chest X-ray) to rule out active TB and will be considered for treatment of LTBI if active TB is ruled out.

A **Negative** TST indicates the probable absence of TB organisms in the body. Persons with a negative TST do not require further evaluation unless symptoms compatible with active TB are present (see Section I.A.1.)

Depending on the HIV status, the TST reaction size should be interpreted as follows:

HIV Status	TST Reaction	Interpretation
Positive or Unknown	0 - 4 mm	Negative
	5 + mm	Positive
Negative	0 - 9 mm	Negative
	10 + mm	Positive

- **Anergy Testing**

Because results of anergy testing in HIV infected populations in the US do not seem useful to clinicians making decisions about treatment for latent TB infection, **anergy testing is no longer recommended as a routine component of TB screening among HIV-infected persons**. However, some experts support the use of anergy testing to help guide individual decisions regarding treatment for latent TB infection, and some recommend that a tuberculin skin test be performed on patients previously classified as anergic if evidence indicates that these individuals’ immune systems have responded to therapy with antiretroviral drugs. Experts in TB/HIV illness should be consulted about anergy testing and specific treatment recommendations. Referral for consultation is available by contacting the NJDHSS, TB Program at (609)-588-7522.

B. FOLLOW UP EVALUATION OF CLIENTS WITH A POSITIVE TST

Any individual whose TST is positive shall promptly be referred for a chest X-ray in order to rule out the presence of active TB.

A posterior-anterior chest X-ray is the standard view used for the detection and description of chest abnormalities. In some instances, other views or additional studies may be necessary.

Abnormalities on chest X-rays may be suggestive of, but are never diagnostic of, TB. However, chest X-rays may be used to rule out the possibility of pulmonary TB in an individual who has a positive reaction to the tuberculin skin test and no symptoms of disease. *Note:* In HIV- infected individuals, pulmonary TB may present atypically on chest X-ray.

Further diagnostic evaluation and/or treatment will depend on the results of the chest X-ray:

- X-ray Abnormal - Compatible with Tuberculosis.

These individuals will be considered TB suspects and will be immediately referred to a local chest clinic or regional chest clinic that has the capability of collecting sputum and performing a clinical evaluation to confirm or rule out the presence of active TB. Referral for consultation is available by contacting the NJDHSS, TB Program at (609)-588-7522.

- X-ray Normal or X-Ray Abnormal - Not Compatible with Tuberculosis.

These individuals can be evaluated by the local chest clinic, regional chest clinic or private medical doctor, and considered for treatment of LTBI. Referral for consultation is available by contacting the NJDHSS, TB Program at (609)-588-7522.

C. TREATMENT FOR LATENT TB INFECTION (LTBI)

- **Rationale:** Unless treated, persons with LTBI who have a history of injection drug use and/or HIV infection are at an increased risk for progressing to clinically active TB disease and infecting staff members and other clients. Treatment of LTBI substantially reduces the risk of developing clinically active tuberculosis in infected persons. Therefore, all clients with a positive TST in whom active TB has been ruled out should be placed on treatment for LTBI unless medically contraindicated. SATFs provide a unique setting in which to efficiently use DOT to reach high risk population and ensure completion of treatment for LTBI.

- **Treatment Regimens for LTBI**

The recommended treatment regimen for LTBI in adults is isoniazid 5 mg/kg (maximum 300 mg) given daily in a single dose for 9 months (total of 270 doses). Completion of therapy is based on total number of doses administered not on duration of therapy alone. Allowing for minor interruptions in therapy, the regimen is considered complete when the client has taken all 270 doses within a 9 to 12 month period. For persons who complete this regimen, the risk of developing active TB is reduced by over 90 percent. This regimen can be given twice weekly by increasing the dosage to 15 mg/kg (maximum 900 mg).

A 6 month regimen of INH is also acceptable, but not as effective as the 9-month regimen. The six-month regimen of INH should consist of at least 180 doses administered within 9 months. Completion of a 6-month regimen of INH reduces the risk of developing active TB by approximately 65 percent.

Twice-weekly INH regimens should consist of at least 76 doses administered within 12 months for the 9-month regimen and 52 doses within 9 months for the 6-month regimen. **Directly observed therapy (DOT) must always be used with twice-weekly dosing.**

Recommendations for HIV-infected adults largely parallel those for HIV-uninfected adults. However, when INH is chosen for treatment of LTBI in persons with HIV infection, 9-month regimens rather than 6-month regimens are recommended.

Other alternative treatment regimens for LTBI are available for individuals who cannot tolerate INH or who may have been exposed to INH-resistant TB. Referral for consultation is available by contacting the NJDHSS, TB Program at (609)-588-7522.

- **Adherence To Treatment for LTBI**

For maximum benefit, every effort should be made to ensure adherence to treatment for LTBI until the client completes the regimen. Since clients will likely have difficulty adhering to the regimen on a self-administered basis, SATFs should not initiate a tuberculin testing program unless the medication can be administered by directly observed therapy (DOT) in the SATF. DOT is defined as "observation of the patient by a health care provider or other responsible person as the patient ingests TB medication." All clients on the twice-weekly regimen must receive each dose on a DOT basis. Referral for consultation on this matter is available by contacting the NJDHSS, TB Program at (609)-588-7522.

- **Site for Providing INH Medication**

Treatment for LTBI can be administered at any of the SATFs, provided that they have a nurse and/or physician on staff who can monitor the patients adherence with medication, observe side effects, administer the medications, and counsel/educate the patients. On-site provision of treatment helps foster continuity of care and is more convenient for the client than referring the client to another site. For clients who routinely return to the SATF at least twice weekly, e.g., to receive methadone, the SATF provides a unique setting in which to efficiently ensure completion of treatment for LTBI through DOT. Referral for consultation regarding the provision and monitoring of INH is available by contacting the NJDHSS, TB Program at (609)-588-7522.

If the SATF is unable to carry out the functions noted above, a tuberculin skin testing program should not be initiated.

Attachment I

MANOUX SKIN TESTING DOCUMENTATION SHEET
SUBSTANCE ABUSE TREATMENT FACILITY

FACILITY: _____ PERIOD: _____

NAME OF CLIENT: _____

MANTOUX SKIN TEST: DATE IMPLANTED _____ TIME: _____
LOCATION: _____

MANUFACTURER OF PPD.: _____ EXPIRATION DATE: _____
LOT NUMBER: _____

NURSE/MD SIGNATURE: _____

RESULTS: DATE READ: _____ TIME: _____
INDURATION/SIZE IN MM: _____

NURSE/MD SIGNATURE: _____

POSITIVE MANTOUX TEST, REFERRED FOR CHEST X-RAY

DATE OF CHEST X-RAY (MOBILE CHEST X-RAY UNIT): _____
RESULTS: _____

INTERVENTIONS TAKEN: _____

SUBMITTED BY: _____ PHONE: _____

Attachment II

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
SYMPTOM ASSESSMENT FORM FOR PULMONARY TUBERCULOSIS (TB)**

Name (Last, First, MI): _____

Birth date (mm/dd/yyyy): _____

Street Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Date of Symptom Assessment (mm/dd/yyyy): _____

Check all TB-like symptoms that apply:

- Productive Cough of Undiagnosed Cause (more than 3 weeks in duration)
 Coughing Up Blood (Hemoptysis)

These are the primary symptoms of pulmonary TB. If either of the above symptoms is reported, a chest radiograph is warranted regardless of the results of a Mantoux tuberculin skin test.

- Unexplained Weight Loss (10 pounds or greater without dieting)
 Night Sweats (regardless of room temperature)
 Unexplained Loss of Appetite
 Very Easily Tired (Fatigability)
 Fever
 Chills
 Chest Pain

Above are secondary symptoms and if present, without prolonged productive cough or hemoptysis, warrant a Mantoux tuberculin skin test with further evaluation if a significant reaction (10mm or greater) is measured or the patient's medical history indicates a significant risk for active disease (previous exposure to infectious TB, etc.).

- No TB-Like Symptoms Reported or Observed

Next Symptom Assessment Due (mm/dd/yyyy) _____

Person Completing Assessment (Print): _____ Date: _____

REFERENCES

1. CDC, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, 2000 MMWR Vol.49 (No. RR-6)
2. Model Tuberculosis Infection-Control Program, New Jersey Department of Health and Senior Services, Public Employees Occupational Safety and Health Program, February 1998
3. American Thoracic Society, CDC, Disease Society of America, Treatment of Tuberculosis, 2003, MMWR Vol.52 (No. RR-11)
4. CDC, 1998. Prevention and treatment of tuberculosis among patients infected with human immunodeficiency virus: principles of therapy and revised recommendations. MMWR 47(No. RR-11):36-42.
5. CDC. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care facilities, 1994 MMWR Vol.43 (No. RR-13).

RESOURCES

- **New Jersey Department of Health and Senior Services, Division of Addiction Services**
 - Questions about federal and state requirements for TB testing in SATFs
- **New Jersey Department of Health and Senior Services, Tuberculosis Program 609-588-7522**
 - Questions on the content of the *TB Surveillance Procedures*.
 - Contact and referral information (local or regional chest clinics).
 - Reporting of persons with suspected or confirmed TB.
 - Mantoux TST testing material and Isoniazid to treat LTBI.
 - NJDHSS, TB forms.
- **New Jersey Medical School National Tuberculosis Center**
 - Call the TB Hotline 800-482-3627 for consultation on the clinical management (diagnosis, treatment, infection control) of persons with TB infection or disease.
 - Additional TB information available at the Center's website: <http://www.umdnj.edu/ntbcweb/tbsplash.html>
- **Local Chest Clinic or Regional Chest Clinic** List available from the State Tuberculosis Program.
 - Reporting of persons with suspected or confirmed TB.
 - Arranging for isolation of persons with suspected or confirmed TB.
 - Referral of persons with LTBI for a chest x-ray and evaluation for active TB.
 - Consultation on providing treatment for LTBI at the SATF, including directly observed therapy.
- **Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination (DTBE)** The CDC/DTBE website (<http://www.cdc.gov/nchstp/tb/default.htm>) contains a wealth of information on the prevention and control of TB. The website includes an on-line ordering system (https://www2.cdc.gov/nchstp_od/PIWeb/TBorderform.asp) from which users can view, order, and download *free of charge* a variety of educational materials and current guidelines. Materials can also be ordered from a touch tone phone by calling (888) 232-3228, then press options 2, 5, 1, 2 (Note: You may select these options at any time without listening to the complete message). SATFs may find the following items especially useful:
 - **Health Care Provider Educational Materials**
 - **Interactive Core Curriculum on Tuberculosis, 4th Edition(CD ROM) – 2004 (Order # 99-8049)** training guide on clinical & public health aspects of TB control
 - **TB Information CD ROM – Version 4.1, 12/04 (99-6879)**
 - TB materials, major TB guidelines, MMWRs, surveillance reports, and slide set
 - **TB Facts for Health Care Workers – 1997 (99-5497)**
14-page booklet for clinicians on diagnosis, treatment, and prevention of TB
 - **Think TB!**
Wall poster listing the symptoms of active TB.
 - **In English – 1992 (00-6186)**
 - **In Spanish – 1993 (00-6406)**
 - **Mantoux Tuberculin Skin Testing**
Visual aids and tools pertaining to the Mantoux test
 - **Ruler – 2002 (99-7047)**
 - **Wall Chart – 2004 (New) (005564)**
 - **Videotape Training Kit – 2003 (00-5457)**
- **Health Care Provider Guidelines**
 - **Targeted Tuberculin Testing and Treatment of Latent TB Infection. MMWR, April 2000 (99-6422)**
 - **Treatment of Tuberculosis, MMWR, June 20, 2003, (99-7490)**
 - **Prevention and Treatment of Tuberculosis Among Patients Infected with Human Immunodeficiency Virus: Principles of Therapy and Revised Recommendations. MMWR, October 30, 1998. (99-5879)**
 - **Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health Care Facilities. MMWR, 1994. (00-5856)**
- **Patient Education Materials**
 - **Tuberculosis - Get the Facts! – 1990:** One-page pamphlet on basic facts about TB transmission, infection, and the tuberculin skin test
 - **In English (00-5743)**
 - **In Spanish (00-5772)**

- **Tuberculosis - The Connection Between TB and HIV (the AIDS Virus)-1990**
One-page pamphlet on the risk of HIV-related TB, tuberculin skin testing, and preventive therapy (treatment of LTBI)
 - In English (00-5738)
 - In Spanish 00-5745)

- **Tuberculosis Fact Sheets (tear-off pads, 40 tear-off sheets per pad) - 1997**
 - TB Facts - You Can Prevent TB (00-5981)
 - TB Facts - TB and HIV (The AIDS Virus) (00-5982)
 - TB Facts - Exposure to TB (00-5983)
 - TB Facts - The TB Skin Test (00-5984)
 - TB Facts - TB Can Be Cured (00-5985)
 - Stop TB! - 1994
 - Wall poster describing the transmission and pathogenesis of TB (00- 6474)
 - Pad of 50 tear-off sheets duplicating the Stop TB! wall poster (00- 6475)

- **Treatment of Latent Tuberculosis Infection (LTBI) Card and Poster** Provides summary information on drug regimens, monitoring, and candidates for treatment of LTBI. Available in two formats:
 - Pocket Reference Card (5.5" X 4.25")
 - Clinic Poster (13" X 19.5")

These can be ordered free of charge from the Charles P. Felton National TB Center at Harlem Hospital website (<http://www.harlemtbcenter.org/prods.htm>) or by fax (212-939-8259)