

(c) All soiled laundry from resident rooms and other service areas shall be stored, transported, collected, and delivered in a covered laundry bag or cart. Laundry carts shall be in good repair, kept clean, and identified for use with either clean or soiled laundry.

(d) Clean laundry shall be protected from contamination during processing, storage, and transportation within the facility.

(e) Soiled and clean laundry shall be kept separate. An established procedure shall be followed to reduce the number of bacteria in the fabrics. Equipment or surfaces such as tables that come into contact with soiled laundry shall be sanitized after use.

(f) Residents who choose to launder their personal items shall be provided with in-house assistance and resident supervision, as required, in accordance with a schedule developed by the facility which will allow such residents access at a reasonable hour.

(g) If the facility provides an on-premises laundry in lieu of using a commercial laundry service, it shall provide a receiving, holding, and sorting area with hand-washing facilities in close proximity. The walls, floors, and ceilings of the area shall be clean and in good repair. Ventilation shall be adequate to prevent heat and odor buildup. If a structural change is required by this rule, the facility shall demonstrate an alternate system to meet the intended requirements of all subsections of this rule.

SUBCHAPTER 16. INFECTION PREVENTION AND CONTROL SERVICES

8:43-16.1 Infection control program

(a) The facility shall develop and implement an infection prevention and control program.

(b) The health maintenance and monitoring nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The health maintenance and monitoring nurse, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.

8:43-16.2 Development of infection control policies and procedures

(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and pro-

cedures shall be consistent with the following Centers for Disease Control publications:

1. Guideline for Handwashing and Hospital Environmental Control; and
2. Infection control practices, including universal precautions, in accordance with the Occupational Safety and Health Administration (OSHA) rule, 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne pathogens.

NOTE: Centers for Disease Control publications can be obtained from:

National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, VA 22161

or

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

8:43-16.3 General infection control policies and procedures

(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:

1. In accordance with Chapter II, New Jersey State Sanitary Code, N.J.A.C. 8:57, a system for investigating, reporting and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents or personnel having these infections, diseases, or conditions (see Appendix D);
2. Infection control and isolation, in accordance with the Occupational Safety and Health Administration (OSHA) rule 29, CFR part 1910.1030, Occupational Exposure to Bloodborne Pathogens;
3. Exclusion from work, and authorization to return to work, for personnel with communicable diseases;
4. Surveillance techniques to minimize sources and transmission of infection;
5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;
6. Protocols for identification of residents with communicable diseases and education of residents regarding prevention and spread of communicable diseases;

7. Where applicable, cleaning, sterilization and disinfection practices and techniques used in the facility, including, but not limited to, the following:

- i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;
- ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;
- iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and
- iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms; and

(b) High-level disinfection techniques approved by the New Jersey State Department of Health shall be used for all reusable respiratory therapy equipment and instruments that touch mucous membranes.

(c) Disinfection procedures for items that come in contact with bedpans, sinks, and toilets shall conform with established protocols for cleaning and disinfection.

(d) Personnel who have had contact with resident excretions, secretions, or blood, whether directly or indirectly, in activities such as performing a physical examination, providing catheter care, and emptying bedpans, shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective hand sanitation techniques immediately after such contact.

(e) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications.

(f) Needles and syringes used by residents as part of home self-care shall be destroyed in accordance with N.J.S.A. 2A:170-25.17, and amendments thereto, and shall then be placed in a puncture-resistant container prior to disposal.

8:43-16.4 Employee health and resident policies and procedures for infection prevention and control

(a) Each new employee, including members of the medical staff employed by the facility, upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux tuberculin skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows:

1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.

2. If the Mantoux test is significant (10 millimeters or more of induration), a chest x-ray shall be performed and, if necessary, followed by chemoprophylaxis or therapy.

3. Any employee with positive results shall be referred to the employee's personal physician and shall be excluded from work until the physician provides written approval to return.

(b) The facility shall have written policies and procedures requiring annual Mantoux tuberculin skin tests for all employees, except those exempted under (a) above.

(c) The facility shall assure that all current employees who have not received the Mantoux test upon employment, except those exempted by (a) above, shall receive a test within three months of the effective date of this rule. The facility shall act on the results of tests of current employees in the same manner as prescribed in (a) above.

(d) The facility shall report annually the results of all tuberculin testing of personnel, on forms provided by the Department of Health, Division of Epidemiology, Tuberculosis Program, in accordance with N.J.A.C. 8:57, Communicable Diseases.

(e) Employees who have signs or symptoms of a communicable disease shall not be permitted to perform functions that expose residents to risk of transmission of the disease.

(f) If a communicable disease prevents the employee from working for a period of more than three days, a physician's statement approving the employee's return shall be required prior to the employee's return to work.

(g) The facility shall develop and implement procedures for the care of employees who become ill while at work or who have a work-related accident.

(h) The facility shall maintain records documenting contagious diseases contracted by employees during employment.

(i) The facility shall maintain listings of all residents and personnel who have infections, diseases, or conditions which are reportable to the Department pursuant to Chapter II, New Jersey State Sanitary Code, N.J.A.C. 8:57, unless prohibited by Federal or state law.

(j) All residents shall be provided with an opportunity to wash their hands before each meal and shall be encouraged to do so. Staff shall wash their hands before each meal and before assisting residents in eating.