8:43G–13.13 Laundry supplies and equipment

(a) The hospital shall have on-site a supply of sheets, pillowcases, drawsheets, blankets, towels, and washcloths that is at least three times the number of occupied beds.

(b) If the hospital has an in-house laundry, an established protocol shall be followed to reduce the number of bacteria in the fabrics. Equipment and surfaces that come into contact with soiled laundry and clean linen shall be sanitized.

(c) The laundry service shall monitor at least the following:

1. pH;
2. Unsafe objects found;
3. Linen supply; and
4. Stained linens.

(d) A random sample of all laundry batches from all sources shall be sour tested to ensure neutralization of alkaline residues from built detergents. Sour testing is a test performed to indicate the degree of acidity or alkalinity of linens. Built detergents is a mixture of one or more alkaline detergents that contains not less than 50 percent anhydrous soap (pure soap, free from water). Fabric pH shall be maintained at 7.0 or below after souring when built detergents are used.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Bacterial monitoring deleted at (c)1.

8:43G–13.14 Laundry staff education and training

(a) Requirements for the laundry staff education program shall be as provided in N.J.A.C. 8:43G–5.9.

(b) Orientation for new laundry employees shall include protocols for handling and receiving soiled laundry and clean linen.

8:43G–13.15 Laundry quality assurance methods

(a) There shall be a program of quality assurance for the laundry service that is coordinated with the hospital quality assurance program and includes regularly collecting and analyzing data to help identify problems and their extent, recommending, implementing, and monitoring corrective actions on the basis of these data.

(b) Hospitals that contract with a commercial laundry service shall use quality assurance measures to ensure that the standards of N.J.A.C. 8:43G–13.9 through this section are met.

SUBCHAPTER 14. INFECTION CONTROL AND SANITATION

8:43G–14.1 Infection control structural organization

(a) There shall be a hospital infection control committee that includes representatives from at least: infection control, medical staff, nursing service, administration, clinical laboratory, respiratory care service, surgery, and the employee health service. The committee shall receive formal advice from all other services upon its request.

(b) The infection control committee shall direct and assure compliance with the infection control program, including at least the following:

1. Formulating a system for identifying and monitoring nosocomial infections that is at least equivalent to the Centers for Disease Control "Definitions for Nosocomial Infections, 1988", PB88–187117, and CDC Guidelines for Isolation Precautions in Hospitals incorporated herein by reference.

2. Developing and implementing a system of infection control and isolation procedures, including Universal Precautions, using at least criteria which meet or exceed the criteria established by the Centers for Disease Control and Occupational Safety and Health Administration publication, "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HVB) and Human Immunodeficiency Virus (HIV)", OSHA Instruction CPL 2–2.44A, August 15, 1988 or revised or later editions, if in effect;

3. Reviewing and approving written policies and procedures for decontamination, disinfection, sterilization, and handling of regulated medical waste and all other solid waste;

4. Instituting control measures or studies when an infection control problem is identified;

5. Reviewing, on at least an annual basis, the hospital's policies and procedures related to isolation, aseptic technique, employee health, staff training, antibiotic susceptibility and trends, the prevention of infection, and general improvement of patient care; and

6. Identifying and reporting communicable diseases throughout the hospital, with the cooperation of the clinical laboratory, medical records, and the medical staff, as specified in N.J.A.C. 8:57–1 of "Communicable Diseases", also known as Chapter II of the State Sanitary Code.

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

(c) The infection control committee shall share information, including problems, data, and relevant recommendations, with at least the quality assurance program, nursing service, administration, and the medical staff, and shall ensure that corrective actions are taken.

(d) The infection control committee shall meet at least once every two months.

(e) The infection control practitioner shall participate in the development of all hospital policies and procedures related to infection control.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Respiratory care added at (a); nosocomial infection standard incorporated by reference.

Case Notes

Dentist had duty to protect sanitation worker stuck in forearm by dental instrument while collecting trash; dentist consciously disregarded regulatory requirements regarding disposal of medical waste materials; sanitation worker claimed emotional distress, fearing HIV infection. De Milio v. Schrager, 285 N.J.Super. 183, 666 A.2d 627 (L.1995).

8:43G–14.2 (Reserved)

8:43G–14.3 Infection control staff qualifications

The infection control practitioner shall have education or training in surveillance, prevention, and control of nosocomial infections.

8:43G–14.4 (Reserved)

8:43G–14.5 Infection control staff time and availability

(a) There shall be an infection control practitioner who is responsible for coordination of the infection control program.

(b) There shall be a ratio of the equivalent of at least one full-time infection control practitioner to every 250 occupied beds, but in no case less than one half full-time equivalent, as recommended by the Centers for Disease Control, in "The Efficacy of Infection Surveillance and Control Programs in Preventing Nosocomial Infection in U.S. Hospitals."

8:43G–14.6 Infection control patient services

(a) The hospital shall comply with all Category 1 measures of the following Centers for Disease Control current publications, incorporated herein by reference, unless the infection control committee makes a documented exception for a specific guideline:

1. Guidelines for Prevention of Catheter–Associated Urinary Tract Infections;

2. Guidelines for Prevention of Intravascular Infections;

3. Guidelines for Prevention of Surgical Wound Infections;

4. Guidelines for Prevention and Control of Nosocomial Pneumonia; and

5. Guidelines for Handwashing and Hospital Environmental Control.

8:43G–14.7 Infection control staff education and training

(a) Requirements for the infection control staff education program shall be as provided in N.J.A.C. 8:43G–5.9.

(b) The infection control practitioner shall coordinate educational programs to address specific problems, as recommended by the Centers for Disease Control, or at least annually for staff in all patient care areas and services.

(c) Orientation for all new employees shall include infection control practices for the employee's specific area of service and the rationale for the practices.

8:43G–14.8 Infection control quality assurance methods

The infection control practitioner shall develop and implement a program of quality assurance that is integrated into the hospital quality assurance program and includes regularly collecting and analyzing data to help determine the effectiveness of infection control practices. When corrective actions need to be taken based on data collected, the infection control committee shall recommend, implement, and monitor those actions. The infection control committee shall supervise these quality assurance activities.

8:43G–14.9 Sanitation patient services

(a) The water supply shall be adequate in quantity, of a safe sanitary quality, and from a water system that is constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A–1 et seq. and N.J.A.C. 7:10 and other applicable laws, ordinances, and regulations.

NOTE: The Safe Drinking Water Act and rules can be obtained from:

The Department of Environmental Protection
Bureau of Potable Water
CN 209
Trenton, NJ 08625

(b) Hot running water (between 95 and 110 degrees Fahrenheit) and cold running water shall be provided in patient care areas.

Amended by R.1992 d.72, effective February 18, 1992.