CHAPTER 43A

MANUAL OF STANDARDS FOR LICENSING OF AMBULATORY CARE FACILITIES

Authority

N.J.S.A. 26:2H–5 and 26:2H–8

Source and Effective Date

R.2002 d.142, effective May 20, 2002.
See: 33 N.J.R. 2619(a), 34 N.J.R. 1831(b).

Chapter Expiration Date

Chapter 43A, Manual Standards for Licensing of Ambulatory Care Facilities, expires on May 20, 2007.

Chapter Historical Note

Chapter 43A, Ambulatory Care Facilities, was adopted as R.1976 d.165, effective May 26, 1976. See: 8 N.J.R. 117(a), 8 N.J.R. 282(b).

The expiration date for Subchapter 14 was extended by R.1979 d.489, effective December 14, 1979. See: 11 N.J.R. 547(a), 12 N.J.R. 16(b).

The expiration date for Subchapter 14 was further extended by R.1980 d.273. See: 12 N.J.R. 407(c).

Pursuant to Executive Order 66(1978), Chapter 43A, Ambulatory Care Facilities, was readopted as R.1983 d.427, effective October 3, 1983. See: 15 N.J.R. 994(a), 15 N.J.R. 1662(a).

Pursuant to Executive Order No. 66(1978), Chapter 43A, Ambulatory Care Facilities, was readopted as R.1984 d.497, filed October 18, 1984. See: 16 N.J.R. 2208(a), 16 N.J.R. 3031(a).

Chapter 43A, Ambulatory Care Facilities, was repealed and Chapter 43A, Manual of Standards for Ambulatory Care Facilities, was adopted as new rules by R.1985 d.438, effective September 3, 1985. See: 16 N.J.R. 3254(a), 17 N.J.R. 2110(b).

Petition for Rulemaking. See: 19 N.J.R. 306(d), 19 N.J.R. 570(b).

Pursuant to Executive Order No. 66 (1978), Chapter 43A, Manual of Standards for Ambulatory Care Facilities, was readopted as R.1990 d.416, effective July 27, 1990. See: 22 N.J.R. 1496(a), 22 N.J.R. 2507(a).

Pursuant to Executive Order No. 66 (1978), Chapter 43A, Manual of Standards for Licensure of Ambulatory Care Facilities, was readopted as R.1993 d.443, effective August 16, 1993, and Subchapters 1 through 11 and 13 through 19 were repealed and new Subchapters 1 through 11 and 13 through 29 were adopted by R.1993 d.443, effective September 7, 1993. See: 25 N.J.R. 757(b), 25 N.J.R. 4140(a).

Pursuant to Executive Order No. 66(1978), Chapter 43A, Manual of Standards for Licensure of Ambulatory Care Facilities, expired on August 16, 1998.

Chapter 43A, Manual of Standards for Ambulatory Care Facilities, was adopted as new rules by R.1998 d.535, effective November 16, 1998. See: 30 N.J.R. 2558(a), 30 N.J.R. 4070(c).

Administrative correction. See: 31 N.J.R. 54(a).

Subchapter 30, Radiation Oncology, was adopted as new rules by R.2000 d.376, effective September 18, 2000. See. 31 N.J.R. 2729(a), 32 N.J.R. 3459(b).

Chapter 43A, Manual of Standards for Licensure of Ambulatory Care Facilities, expired on November 16, 2001.

Chapter 43A, Manual of Standards for Licensing of Ambulatory Care Facilities, was adopted as new rules by R.2002 d.142, effective May 20, 2002. See: Source and Effective Date.

Administrative correction. See: 34 N.J.R. 3022(a).

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SUBCHAPTER 1. DEFINITIONS AND QUALIFICATIONS

8:43A–1.1 Scope

The rules in this chapter pertain to all health care facilities which provide ambulatory care services including, but not limited to, primary care, hospital outpatient, ambulatory surgery, family practice, family planning, outpatient drug abuse treatment, chronic dialysis, computerized tomography, magnetic resonance imaging, extracorpo*real shock wave li*thotripsy, and radiological services. These rules also pertain to abortion facilities, comprehensive outpatient rehabilitation facilities, and birth centers. Ambulatory care facilities provide preventive, diagnostic, and treatment services to persons who come to the facility to receive services and

depart from the facility on the same day. The rules in this chapter constitute the basis for the licensure of ambulatory care facilities by the New Jersey State Department of Health.

8:43A–1.2 Purpose

The goal of this chapter is to protect the health and safety of patients who receive ambulatory care services by establishing minimum rules and standards of care with which an ambulatory care facility must comply in order to be licensed to operate in New Jersey.

8:43A–1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Abortion facility" means a facility which performs termination of pregnancy, in accordance with N.J.A.C. 13:35–4.2, as a single modality. Facilities which offer multiple or comprehensive surgical services, inclusive of termination of pregnancy, are designated as ambulatory surgery facilities. Whereas all of the rules at N.J.A.C. 8:43A–12 apply to ambulatory surgery facilities, only those rules at N.J.A.C. 8:43A–12 which are relevant to the levels of anesthesia used in a particular abortion facility shall apply to that facility.

"Advance directive" means a written statement of the patient's instructions and directions for health care in the event of future decision making incapacity. An advance directive may include a proxy directive or an instruction directive, or both.

"Affiliated community perinatal center" means a licensed hospital designated within a maternal and child health service region with which the birth center has a formal agreement for transfer and back-up services. This hospital must be designated as either a community perinatal center—intermediate or intensive or a regional perinatal center, in accordance with N.J.A.C. 8:33C.

"Ambulatory care facility" means a health care facility or a distinct part of a health care facility in which preventive, diagnostic, and treatment services are provided to persons who come to the facility to receive services and depart from the facility on the same day.

"Ambulatory surgery facility" means a surgical facility in which ambulatory surgical cases are performed and which is licensed as an ambulatory surgery facility, separate and apart from any other facility license. (The ambulatory surgery facility may be physically connected to another licensed facility, such as a hospital, but is corporately and administratively distinct.)

"Ambulatory surgical case" and "same day surgical case" are synonymous terms for a surgical procedure performed on a patient in a surgical facility generally requiring anesthesia, with a facility-based post surgery period of at least one hour, and generally without the requirement of an overnight stay.

"Available" means ready for immediate use (pertaining to equipment) or capable of being reached (pertaining to personnel), unless otherwise defined.

"Birth center" means a health care facility or a distinct part of a health care facility which provides routine prenatal and intrapartal care to low-risk maternity patients who are expected to deliver neonates of a weight greater than 2,499 grams and of 36 weeks gestational age and who require a stay of less than 24 hours after birth. "Routine intrapartal care" means labor and delivery services not requiring surgical intervention.

"Bylaws" means a set of rules adopted by the facility for governing its operation. A charter, articles of incorporation, or a statement of policies and objectives is an acceptable equivalent.

"Cardiac rehabilitation program" means a health care service in which an individualized program of physical exercise is prescribed for each cardiac patient.

"Chronic dialysis" means dialysis rendered to a patient with end stage renal disease in whom recovery of renal function is not expected.

"Cleaning" means the removal by scrubbing and washing, as with hot water, soap or detergent, and vacuuming of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.

"Clinical note" means a written, signed, and dated notation made by a health care professional who renders a service to the patient. Clinical notes are written into the patient's medical record the day service is rendered.

"Clinical practitioner" means a physician, dentist, podiatrist, certified nurse midwife, physician assistant, or nurse practitioner.

"Commissioner" means the New Jersey State Commissioner of Health.

"Communicable disease" means an illness due to a specific infectious agent or its toxic products which occurs through transmission of that agent or its products from a reservoir to a susceptible host.

"Community perinatal center-birthing center" means a licensed birth center designated within a maternal and child health service region, in accordance with N.J.A.C. 8:33C.

"Comprehensive outpatient rehabilitation facility" means an ambulatory care facility which provides at least medical, physical therapy, and social or psychological services in a coordinated manner. The term applies to facilities which are certified or eligible for certification as comprehensive outpatient rehabilitation facilities in accordance with 42 CFR Part 485, Subpart B.

8:43A–3.5 Personnel

(a) The facility shall develop written job descriptions and ensure that personnel are assigned duties based upon their education, training, and competencies, and in accordance with their job descriptions.

(b) All personnel who require licensure, certification, or authorization to provide patient care shall be currently licensed, certified, or authorized under the appropriate laws or rules of the State of New Jersey or under the applicable standards of the appropriate body.

(c) Staffing schedules shall be implemented to ensure continuity of care to patients. Provision shall be made for substitute staff with equivalent qualifications to replace absent staff members.

(d) The facility shall develop and implement a staff orientation plan and a staff education plan, including plans for each service and designation of person(s) responsible for training.

1. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, emergency plans and procedures, the infection prevention and control program, universal precautions, policies and procedures concerning patient rights, and, if appropriate, given the patient population of the facility, identification of cases of child abuse and/or elder abuse.

(e) At least one person who is currently certified in basic cardiac life support by the American Heart Association or the American Red Cross, or currently certified by the Department as an emergency medical technician—ambulance (EMT–A), shall be in the facility at all times during the facility's hours of operation. If a cardiac rehabilitation program is provided, at least one person who is currently certified in advanced cardiac life support by the American Heart Association shall be in the facility at all times during the facility's hours of operation.

8:43A–3.6 Policy and procedure manual

(a) A policy and procedure manual(s) for the organization and operation of the facility shall be developed, implemented, and reviewed at intervals specified in the manual(s). Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility to representatives of the Department at all times. The manual(s) shall include at least the following:

1. A written statement describing the program's treatment philosophy, objectives, and staffing patterns, and the services provided by the facility;

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

3. A description of the quality assurance program for patient care and staff performance, including methods for at least annual review of staff qualifications and credentials and of staff orientation and education;

4. Definition and specification of hours of operation, including all times in which patients are present in the facility, business hours, and full working week;

5. A system for referral of patients to sources of secondary and tertiary health care;

6. A requirement for at least one member of the medical staff to maintain admitting privileges at a hospital;

7. Policies and procedures for the maintenance of personnel records for each employee, including at least the employee's name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description, records of staff orientation and staff education, and evaluations of job performance; and

8. Policies and procedures for complying with applicable statutes and protocols to report child abuse and/or neglect, abuse or mistreatment of elderly or disabled adults, sexual abuse, specified communicable disease, rabies, poisonings, and unattended or suspicious deaths. These policies and procedures shall include, but not be limited to, the following:

i. The designation of a staff member(s) to be responsible for coordinating the reporting of diagnosed 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 in the medical record, and serving as a liaison between the facility and the Division of Youth and Family Services;

ii. The notification of any suspected case of patient abuse or exploitation to the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly, pursuant to N.J.S.A. 52:27G–7.1 et seq., if the patient is 60 years of age or older;

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

iv. The provision at least annually of education and/or training programs to appropriate persons regarding the identification and reporting of diagnosed and/or suspected cases of child abuse and/or neglect; sexual abuse; domestic violence; abuse of the elderly or disabled adult; and the facility's policies and procedures.

Note: Copies of N.J.S.A. 9:6–1 et seq. can be obtained from the local district office of the Division of Youth and Family Services (DYFS) or from the Office of Program Support, Division of Youth and Family Services, New Jersey State Department of Human Services, PO Box 717, Trenton, New Jersey 08625–0717.

(b) The policy and procedure manual(s) shall be available and accessible to all patients, staff, and the public.

8:43A–3.7 Employee health

(a) The policy and procedure manual of the facility shall include policies and procedures to ensure that physical examinations of employees are performed upon employment and subsequently. Policies and procedures shall specify the circumstances under which other persons providing direct patient care services shall receive a physical examination. Policies and procedures shall specify the content and the frequency of the examinations.

(b) Each employee who cannot document the result of a previous rubella screening test shall be given a rubella screening test using the rubella hemagglutination inhibition test or other rubella screening test approved by the Department. Each new employee who cannot document the result of a previous rubella screening test shall be given the rubella screening test upon employment. An employee who can document seropositivity from a previous rubella screening test or who can document inoculation with rubella vaccine shall not be required to have a rubella screening test.

1. Each employee tested shall be informed in writing by the facility of the results of his or her rubella screening test.

2. Each employee's personnel record shall contain documentation of all tests performed and the results.

3. A list shall be maintained of all employees who are seronegative and unvaccinated, to be used in the event that an employee is exposed to rubella and a determination is needed as to whether or not the employee may continue to work.

(c) Each employee born in 1957 or later shall be given a measles (rubeola) screening test using the hemagglutination inhibition test, or other rubeola screening test, within six months of the effective date of this chapter. Each new employee born in 1957 or later shall be given a measles (rubeola) screening test upon employment. An employee who can document receipt of a live measles vaccine on or after the first birthday, physician-diagnosed measles, or serologic evidence of immunity shall not be required to have a measles (rubeola) screening test.

1. Each employee tested shall be informed in writing by the facility of the results of his or her measles (rubeola) screening test.

2. Each employee's personnel record shall contain documentation of all tests performed and the results.

3. A list shall be maintained of all employees who are seronegative and unvaccinated.

(d) Each employee, including members of the medical staff employed by the facility, shall receive a Mantoux tuberculin skin test with five tuberculin units of purified protein derivative within six months of the effective date of this chapter. Each new employee shall be given a Mantoux tuberculin skin test upon employment. Subsequent tests shall be performed in accordance with facility policy. Employees who can document negative Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees who can document positive Mantoux skin test results (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, and employees for whom a Mantoux skin test is medically contraindicated shall not be required to receive a Mantoux tuberculin skin test.

1. If the Mantoux tuberculin skin test reaction is between zero and nine millimeters of induration, the test shall be repeated one to three weeks later.

2. If the Mantoux tuberculin skin test reaction is 10 or more millimeters of induration, a chest X-ray shall be performed and, if necessary, followed by chemoprophylaxis or therapy.

(e) The policy and procedure manual of the facility shall address employee safety and shall include procedures for the care of employees who become ill at the facility or who are injured at the facility.

8:43A–3.8 Reportable events

(a) The facility shall notify the Department immediately by telephone at (609) 588–7725, or at (609) 392–2020 after business hours, of any event occurring within the facility which jeopardizes the health or safety of patients or employees. Events which shall be reported to the Department include, but are not limited to, the following:

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

2. All deaths of patients occurring in the facility;

3. Occurrence of epidemic disease in the facility; and

4. All alleged or suspected crimes which endanger the life or safety of patients or staff and which have also been reported at the time of occurrence to the local police department.

(b) Events reported by telephone to the Department in accordance with this section shall be confirmed in writing within seven days of the event, unless the Department determines that a written report is unnecessary. The written report shall contain information concerning injuries to patients or staff, disruption of services, extent of damages, and corrective actions taken.

iv. The copy transmitted by FAX system shall be replaced by the original, unless a plain-paper laser facsimile process was used.

(c) The medical record shall be completed within the time frame specified in the medical records policies and procedures, which shall be no longer than 30 days from the last treatment or discharge.

(d) The medical record shall be available to the facility's health care practitioners involved in the patient's care at all times during the hours of operation.

8:43A–13.5 Medical records policies and procedures

(a) The facility shall establish and implement written policies and procedures regarding medical records including, but not limited to, policies and procedures for the following:

1. The protection of medical record information against loss, tampering, alteration, destruction, or unauthorized use. The patient's written consent shall be obtained for release of medical record information;

2. The specific period of time, not to exceed 30 days, within which the medical record shall be completed following treatment or discharge; and

3. The transfer of patient information when the patient is transferred to another health care facility, or if the patient has been an inpatient and becomes an outpatient at the same facility, to ensure continuity of care.

(b) A patient, the patient's legally authorized representative, or a third party insurer where permitted by law may request or authorize, in writing, that a copy of the patient's medical record be provided to one of them or released to a third party. The ambulatory care facility or its subcontractor shall furnish a legible, written copy of the record at a fee based on actual costs. ("Legally authorized representative" within this section means spouse, immediate next of kin, legal guardian, executor, or an individual with power of attorney.) A copy of the medical record from an individual admission shall be provided within 30 days of request, in accordance with the following:

1. The fee for copying records shall not exceed $1.00 per page or $100.00 per record for the first 100 pages. For records which contain more than 100 pages, a copying fee of no more than $0.25 per page may be charged for pages in excess of the first 100 pages, up to a maximum of $200.00 for the entire record;

2. In addition to per page costs, the following charges are permitted:

i. A search fee of no more than $10.00 per patient per request; and

ii. A postage charge of actual costs for mailing, not to exceed $5.00;

3. No charges shall be assessed other than those permitted in (b)1 and 2 above;

4. The facility shall establish a policy assuring access to copies of medical records for patients who do not have the ability to pay; and

5. The facility shall establish a fee policy providing an incentive for use of abstracts or summaries of medical records. The patient or his or her authorized representative, however, has a right to receive a full or certified copy of the medical record.

(c) The Department shall periodically reevaluate the reasonableness of the fee scale contained in (b) above. If the Department determines that a change to the fee scale is warranted, the Department shall propose an amendment to (b) above.

(d) Access by the patient to the medical record shall be limited only to the extent necessary to protect the patient. A verbal explanation for any denial of access shall be given to the patient or legal guardian by the physician, and there shall be documentation of this in the medical record. In the event that direct access to a copy by the patient is medically contraindicated (as documented by a physician in the patient's medical record), the medical record shall be made available to a legally authorized representative of the patient or the patient's physician.

8:43A–13.6 Preservation, storage, and retrieval of medical records

(a) All medical records shall be preserved in accordance with N.J.S.A. 26:8–5 et seq.

(b) If the facility plans to cease operation, it shall notify the Department in writing, at least 14 days before cessation of operation, of the location where medical records will be stored and of methods for their retrieval.

SUBCHAPTER 14. INFECTION PREVENTION AND CONTROL SERVICES

8:43A–14.1 Administrator's responsibilities

(a) The administrator shall ensure the development and implementation of an infection prevention and control program.

(b) The administrator shall designate a person with a health care background who shall be responsible for the direction, provision, and quality of infection prevention and control services. The designated person shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, an organizational plan, and a quality assurance program for the infection prevention and control service. If the facility provides primary care, hospital outpatient, ambulatory surgical, or chronic dialysis services, the designated person shall have

had training or experience in surveillance, prevention, and control of nosocomial infection.

8:43A–14.2 Infection control policies and procedures

(a) The facility shall establish an infection control committee which shall include the medical director and representatives from at least administration and the nursing service.

(b) The infection control committee, with assistance from each service in the facility, shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control, including, but not limited to, policies and procedures regarding the following:

1. In accordance with N.J.A.C. 8:57 (Communicable Diseases), 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;

2. A system for identifying and monitoring nosocomial infections, in conformance with the "CDC Definitions for Nosocomial Infections, 1988" (order number PB 88–187117) incorporated herein by reference;

3. 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, incorporated herein by reference;

4. Control measures or studies to be initiated following identification of an infection control problem;

5. Aseptic technique, employee health in accordance with N.J.A.C. 8:43A-3.7, and staff training;

6. Care of patients with communicable diseases;

7. Exclusion from work, and authorization to return to work, for personnel with communicable diseases;

8. Surveillance techniques to minimize sources and transmission of infection;

9. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:

i. Care of utensils, instruments, solutions, dressings, articles, and surfaces; and

ii. Selection, storage, use, and disposition of single use and other patient care items; and

10. Collection, handling, storage, decontamination, disinfection, sterilization, and disposal of regulated medical waste and all other solid or liquid waste.

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

Copies of the OSHA rule 29 CFR Part 1910.1030, which was published in the Federal Register on December 6, 1991, can be obtained from:

OSHA Office of Publications
U.S. Department of Labor
Room N3101
200 Constitution Ave., NW
Washington, DC 20210

8:43A–14.3 Infection prevention measures

(a) The facility shall follow all Category I recommendations in the current editions of the following Centers for Disease Control publications, as amended and supplemented, incorporated herein by reference, unless the facility's infection control committee makes a documented exception for a specific guideline:

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

2. Guideline for Prevention of Intravascular Infections;

3. Guideline for Prevention of Surgical Wound Infections;

4. Guideline for Prevention of Nosocomial Pneumonia; and

5. Guideline for Handwashing and Hospital Environmental Control.

(b) The guidelines listed in (a) above may be obtained from the Centers for Disease Control, Atlanta, Georgia 30333, or the sources listed at N.J.A.C. 8:43A–14.2.

8:43A–14.4 Use and sterilization of patient care items

(a) Single use patient care items shall not be reused. Dialyzers may be reused in accordance with N.J.A.C. 8:43A–24.6(f) and the other rules in this chapter. Other patient care items which are reused shall be reprocessed and reused in accordance with manufacturers' recommendations.

(b) Instruments or medical devices which are introduced directly into the bloodstream or into normally sterile areas of the body shall be sterilized.

(c) Instruments or medical devices that come in contact with mucous membranes shall be sterilized or disinfected using high-level disinfection procedures approved by the Environmental Health Services Program of the Department of Health.

(d) All hinged instruments shall be processed in an open position.

(e) Sterilized materials shall be marked with an expiration date and shall not be used after the expiration date.

(f) Sterilized materials shall be packaged and labeled so as to maintain sterility and so as to permit identification of expiration dates.

(g) Sterilized materials shall be marked with an expiration date not to exceed the time following sterilization recommended by the manufacturer.

8:43A–14.5 Care and use of sterilizers

(a) Sterilizers shall be kept clean.

(b) Sterilizer drains shall be flushed at least weekly, unless otherwise specified by the manufacturer, and a record shall be maintained.

(c) At the completion of each sterilization load, the time, temperature, and pressure readings shall be checked and recorded.

(d) A record of each sterilization load, including the date, the load number, and the contents of the load shall be maintained for at least one year.

(e) Biological monitoring with live spores shall be performed on each ethylene oxide sterilizer at least daily and following repair of the sterilizer.

(f) For steam sterilizers used to sterilize instruments, biological monitoring with live spores shall be performed on each sterilizer at least weekly and following repair of the sterilizer.

8:43A–14.6 Regulated medical waste

(a) Regulated medical waste shall be collected, stored, handled, and disposed of in accordance with applicable Federal and State laws and regulations.

(b) The facility shall comply with the provisions of N.J.S.A. 13:1E–48.1 et seq., the Comprehensive Regulated Medical Waste Management Act, and all rules promulgated pursuant to the aforementioned act.

8:43A–14.7 Disposition of tissue

All tissue, including gross and microscopic tissue, removed surgically or by any other procedure, including termination of pregnancy in accordance with the rules of the New Jersey State Board of Medical Examiners, N.J.A.C. 13:35–4.2, shall be incinerated, interred in accordance with N.J.S.A. 26:6, or disposed of through the application of an alternative technological process approved specifically for a given case by the New Jersey State Department of Health in consultation with the New Jersey State Department of Environmental Protection.

SUBCHAPTER 15. EMERGENCY SERVICES AND DISASTER PLANS

8:43A–15.1 Disaster planning

(a) The facility shall have written emergency plans, policies, and procedures which shall include plans and procedures to be followed in case of potential hazards that could necessitate an evacuation, including internal and external disasters such as fire, natural disaster, bomb threats, or industrial or radiological accidents.

(b) The written, comprehensive emergency plan shall be filed with the Department of Health, and the Department shall be notified when the plan is changed. Copies of emergency plans shall also be forwarded to both municipal and county emergency management officials for their review.

(c) Procedures for emergencies shall include at least:

1. Protocols for notification of emergency service providers and officials;

2. Locations of emergency equipment and alarm signals;

3. Evacuation routes;

4. Procedures for evacuating patients;

5. Identification of one or more facilities to which patients would be referred in the event of extended closure of the facility;

6. Procedures for reentry after evacuation;

7. Tasks and responsibilities assigned to all personnel and identification of the person in the facility designated to coordinate emergency activities;

8. Protocols for removal and return of records, medications, supplies, and equipment after evacuation; and

9. Alternative procedures if patients cannot be returned to the facility.

(d) The facility shall ensure that patients receive necessary services during the evacuation or other emergency.

(e) A written evacuation diagram that includes evacuation procedure, location of fire exits, alarm boxes, and fire

extinguishers shall be conspicuously posted throughout the facility.

(f) All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation as part of their initial orientation and at least annually thereafter.

8:43A–15.2 Drills, tests, and inspections

(a) Drills of emergency plans shall be conducted on each shift at least quarterly. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. The drills on each shift shall include at least one drill for emergencies due to fire and one drill for emergencies due to disasters other than fire, such as storm, flood, other natural disaster, bomb threat, or radiological accident.

(b) The facility shall perform quarterly tests of the building's manual pull alarm system and shall maintain documentation of test dates, locations of manual pull alarms tested, persons testing the alarms, and results of the tests.

(c) Fire extinguishers shall be examined annually and maintained in accordance with manufacturers' requirements, National Fire Protection Association (N.F.P.A.) 10, as amended and supplemented, and N.J.A.C. 5:18, the New Jersey Uniform Fire Code.

(d) The facility shall request, at least annually, that a fire inspection be performed by the local fire code authority, and the request shall be documented. The date of inspection, the results, and the inspector or agent conducting the inspection shall be documented.

(e) There shall be at least a semiannual inspection of the fire detection system. The date of inspection, the results, and the inspector or agent conducting the inspection shall be documented.

(f) There shall be at least a semiannual inspection of the automatic sprinkler system, if applicable. The date of inspection, the results, and the inspector or agent conducting the inspection shall be documented.

(g) There shall be at least monthly testing of emergency lighting. A logbook shall be maintained which shall include the date of each test, the results, and the person conducting the test.

(h) There shall be an elevator inspection, if applicable, in accordance with N.J.A.C. 5:23–12.3 of the Elevator Safety Subcode. The date of inspection, the results, and the licensed official or inspector conducting the inspection shall be documented.

(i) There shall be at least an annual inspection of the heating and ventilation system. The date of inspection, the results, and the inspector or agent conducting the inspection shall be documented.

(j) The temperature of the hot water used in the facility shall be tested and documented in accordance with the policies and procedures of the facility.

8:43A–15.3 Emergency medical services

(a) The facility shall have written policies and procedures that are reviewed annually, revised as needed, and implemented as needed to meet medical emergencies based on the type of patients and cases that are typically treated at the facility.

(b) The facility shall be able to respond to medical emergencies occurring on the premises during its hours of operation.

(c) Emergency medical services not provided at the facility shall be provided by a hospital or hospitals by written agreement. The facility shall have a written plan for emergency transportation of patients.

(d) The facility shall have written policies and procedures regarding emergency kits and, if required, emergency carts which are appropriate to the patient population served by the facility and approved by the medical director. The policies and procedures shall be reviewed annually, revised as needed, and implemented, and shall:

1. Specify the locations, contents, frequency of checking contents (including expiration dates), and assignments of responsibility for checking contents; and

2. Ensure that emergency kits are secure but are not kept under lock and key.

(e) At least one person who is trained in the use of emergency equipment shall be available whenever there is a patient in the facility.

SUBCHAPTER 16. PATIENT RIGHTS

8:43A–16.1 Policies and procedures

(a) The facility shall establish and implement written policies and procedures regarding the rights of patients. These policies and procedures shall be available to patients, staff, and the public and shall be conspicuously posted in the facility.

(b) The staff of the facility shall receive in-service education concerning the implementation of policies and procedures regarding patient rights annually and as part of new employee orientation.

(c) The facility shall comply with all applicable State and Federal statutes and rules concerning patient rights.

8:43A–16.2 Rights of each patient

(a) Each patient receiving services in an ambulatory care facility shall have the following rights:

1. To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;

2. To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;

3. To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;

4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;

5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;

6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;

7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;

8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;

9. To confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;

10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;

11. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;

12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and

13. To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.

8:43A–16.3 Notice

(a) The administrator shall provide all patients and/or their families upon request with the name, addresses, and telephone numbers of the following offices where complaints may be lodged:

Division of Health Facilities Evaluation and Licensing
New Jersey State Department of Health
PO Box 367
Trenton, New Jersey 08625–0367
Telephone: (609) 792–9770

and

State of New Jersey
Office of the Ombudsman for the Institutionalized Elderly
PO Box 808
Trenton, New Jersey 08625–0808
Telephone: (609) 624–4262

(b) The administrator shall also provide all patients and/or their families upon request with the names, addresses, and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained.

(c) Addresses and telephone numbers contained in (a) and (b) above shall be conspicuously posted throughout the facility, including, but not limited to, the admissions waiting area or room, the patient service area of the business office, and other public areas.

SUBCHAPTER 17. HOUSEKEEPING, SANITATION AND SAFETY

8:43A–17.1 Provision of services

(a) The facility shall provide and maintain a sanitary and safe environment for patients.

(b) The facility shall provide housekeeping, laundry, and pest control services.

(c) Written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for housekeeping, sanitation, and safety services shall be developed and implemented.

(d) The facility shall perform a documented review of housekeeping, sanitation, and safety services at least annually.

8:43A–17.2 Housekeeping

(a) A written work plan for housekeeping operations shall be established and implemented, with categorization of cleaning assignments as daily, weekly, monthly, or annually within each area of the facility.

(b) Housekeeping personnel shall be trained in cleaning procedures, including the use, cleaning, and care of equipment.

8:43A–17.3 Patient care environment

(a) The following housekeeping and sanitation conditions shall be met:

1. The facility and its contents shall be clean to sight and touch and free of dirt and debris;

2. All rooms shall be free of condensation, mold growth, and noxious odors;

3. All equipment and materials necessary for cleaning, disinfecting, and sterilizing (if applicable) shall be provided;

4. Thermometers which are accurate to within three degrees Fahrenheit shall be kept in a visible location in refrigerators, freezers, and storerooms used for perishable and other items subject to deterioration;

5. Articles in storage shall be elevated from the floor and away from walls, ceilings, and air vents;

6. Unobstructed aisles shall be provided in storage areas;

7. Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility. The premises shall be kept in such condition as to prevent the breeding, harborage, or feeding of vermin. All openings to the outer air shall be effectively protected against the entrance of insects;

8. Toilet tissue, soap, and disposable towels or air driers shall be provided in each bathroom at all times. Soap and disposable towels or air driers shall be provided at each handwashing sink at all times;

9. Draperies, upholstery, and other fabrics or decorations shall be fire-resistant and flameproof;

10. Latex foam pillows shall be prohibited;

11. Equipment requiring drainage shall be drained to a sanitary connection, in accordance with State and local codes;

12. During warm weather conditions, the temperature of the facility shall not exceed 82 degrees Fahrenheit. The facility shall establish a written heat emergency action plan which specifies procedures to be followed in the event that the indoor air temperature is 82 degrees Fahrenheit or higher for a continuous period of four hours or longer. The facility shall provide adequate ventilation in all areas used by patients; and

13. The temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) when patients are in the facility.

(b) The following safety conditions shall be met:

1. Nonskid wax shall be used on all waxed floors;

2. Throw rugs or scatter rugs shall not be used in the facility;

3. All equipment shall have unobstructed space provided for operation;

4. Pesticides shall be applied in accordance with State Pesticide Control Regulations, N.J.A.C. 7:30;

5. All household and cleaning products in the facility shall be identified, labeled, and securely stored in a cabinet, closet, or room which is inaccessible to patients;

6. Combustible materials shall not be stored in heater rooms or within 18 feet of any heater located in an open basement;

7. Paints, varnishes, lacquers, thinners, and all other flammable materials shall be stored outside the building. Minimum supplies may be kept in the building in a locked storage room or in closed, locked metal cabinets or containers in a non-patient area of the facility; and

8. All furnishings shall be clean and in good repair, and mechanical equipment shall be in good working order. Equipment shall be kept covered to protect from contamination and accessible for cleaning and inspection. Broken or worn items shall be repaired, replaced, or removed promptly.

8:43A–17.4 Waste removal

(a) All solid or liquid waste which is not regulated medical waste, garbage, and trash shall be collected, stored, and disposed of in accordance with the rules of the New Jersey State Department of Environmental Protection and the New Jersey State Department of Health. Solid waste shall be stored in insectproof, rodentproof, fireproof, nonabsorbent, watertight containers with tightfitting covers and collected from storage areas regularly so as to prevent nuisances such as odors. Procedures and schedules shall be established and implemented for the cleaning of storage areas and containers for solid or liquid waste, garbage, and trash, in accordance with N.J.A.C. 8:24.

(b) If garbage compactors are used, their installation and use shall be in compliance with all State and local codes.

8:43A–17.5 Water supply

(a) The water supply used for drinking or culinary purposes shall be adequate in quantity, of a safe and sanitary quality, and from a water system which shall be constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A–1 et seq., N.J.A.C. 7:10, and local laws, ordinances, and regulations. There shall be no back siphonage conditions present. Copies of the Safe Drinking Water Act can be obtained from the Department of Environmental Protection, Bureau of Potable Water, PO Box 209, Trenton, New Jersey 08625–0209.

(b) The temperature of the hot water used for handwashing shall be maintained between 95 degrees and 120 degrees Fahrenheit (35 to 49 degrees Celsius). If the facility provides the means for patient bathing, the temperature of the hot water used for patient bathing shall be maintained between 95 degrees and 110 degrees Fahrenheit (35 to 43 degrees Celsius).

(c) The sewage disposal system shall be maintained in good repair and operated in compliance with State and local laws, ordinances, rules and regulations.

8:43A–17.6 Laundry services

(a) If laundry services are provided, written policies and procedures shall be established and implemented for the facility's laundry services, including, but not limited to, policies and procedures for the following:

1. The provision of clean laundry for each patient, including blankets, if required. Linen shall be changed between each instance of patient use;

2. Collection of soiled laundry so as to avoid microbial dissemination into the environment, and placement in impervious bags or containers that are closed at the site and time of collection. Containers shall be in good repair, kept clean, and identified for use with either clean or soiled laundry;

3. Protection of clean laundry from contamination during processing, transporting, and storage; and

4. The sanitizing of equipment surfaces that come into contact with laundry.

(b) Soiled laundry shall be stored in a ventilated area separate from any other supplies. Soiled laundry shall not be stored, sorted, rinsed, or laundered in patient areas, bathrooms, areas of food preparation and/or storage, or areas in which clean laundry and/or equipment are stored.

(c) If the facility has an in-house laundry, written policies and procedures shall be followed to reduce the number of bacteria in the fabrics during laundering. There shall be a receiving, holding, and sorting area with handwashing facilities accessible to the area. 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.

SUBCHAPTER 18. QUALITY ASSURANCE PROGRAM

8:43A–18.1 Quality assurance plan

(a) The facility shall establish and implement a written plan for a quality assurance program for patient care. The quality assurance plan shall be reviewed at least annually and revised as necessary. The plan shall specify a timetable and the individual responsible for coordinating the quality assurance program and shall provide for ongoing monitoring of staff and patient care services.

(b) There shall be a multidisciplinary committee responsible for the direction of the quality assurance program. The committee shall include at least representation from the medical staff, nursing staff and administration. The committee shall establish a mechanism to include participation of all disciplines in the identification of areas for review that affect patient care throughout the facility.

8:43A–18.2 Quality assurance activities

(a) There shall be an ongoing process for monitoring and evaluating patient care services, staffing, infection prevention and control, housekeeping, sanitation, safety, maintenance of physical plant and equipment, patient care statistics, and discharge planning services.

(b) Evaluation of patient care throughout the facility shall be criteria-based, so that certain review actions are taken or triggered when specific quantified, predetermined levels of outcomes or potential problems are identified.

(c) The quality assurance process shall incorporate periodic review of patient medical records.

(d) The quality assurance process shall include evaluation by patients of care and services provided by the facility. If the families of patients are routinely involved in the care and services provided by the facility, the quality assurance process shall include a means for obtaining input from families of patients.

(e) The administrator shall follow up on the findings of the quality assurance program to ensure that effective corrective actions have been taken, including at least policy revisions, procedural changes, educational activities, and follow-up on recommendations, or that additional actions are no longer indicated or needed.

(f) The quality assurance program shall identify and establish indicators of quality care specific to the facility, which shall be monitored and evaluated.

(g) The results of the quality assurance program shall be submitted to the governing authority at least annually and shall include at least deficiencies found and recommendations for corrections or improvements. Deficiencies which jeopardize patient safety shall be reported to the governing authority immediately.

SUBCHAPTER 19. PHYSICAL PLANT AND FUNCTIONAL REQUIREMENTS

8:43A–19.1 Physical plant general compliance for new construction or alteration

(a) New buildings and alterations and additions to existing buildings for freestanding ambulatory care facilities shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23–3.2, subchapters of the current model code of the Building Officials and Code Administrators International (BOCA), Inc. (4051 W. Flossmoor Road, Country Club Hills, IL 60477–5795), appropriate to Use Group B, as amended and supplemented, and the current edition of the Guidelines for Construction and Equipment of Hospital and Medical Facilities (The American Institute of Architects Press, 1735 New York Ave., NW, Washington, D.C. 20006), as amended and supplemented, incorporated herein by reference.

(b) New buildings and alterations and additions to existing buildings for ambulatory care 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, subchapters of the current model code of the Building Officials and Code Administrators International (BOCA), Inc. (4051 W. Flossmoor Road, Country Club Hills, IL 60477–5795), appropriate to Use Group I–2, as amended and supplemented, and the current edition of the Guidelines for Construction and Equipment of Hospital and Medical Facilities (The American Institute of Architect Press, 1735 New York Ave., NW, Washington, D.C. 20006), as amended and supplemented, incorporated herein by reference.

8:43A–19.2 Physical plant general compliance for construction or alteration completed prior to the effective date of this chapter

Existing buildings constructed or altered prior to the effective date of this chapter shall be in conformance with Federal, State, and local standards in effect at the time of construction, alteration, or approval of plans by the Department.

8:43A–19.3 Plan review fees

(a) Prior to any construction, plans shall be submitted for review and approval, in accordance with the provisions of this chapter, to:

Health Facilities Construction Services
Division of Health Facilities Evaluation and Licensing
New Jersey State Department of Health
PO Box 367
Trenton, New Jersey 08625–0367

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

8:43A–19.4 Alterations and repairs

(a) If alterations or repairs costing in excess of 50 percent of the physical value of the structure are made within any period of 12 months, requirements for new structures shall apply to the entire structure, including those portions not altered or repaired.

(b) If alterations or repairs costing between 25 percent and 50 percent of the physical value of the structure are made within any period of 12 months, only the altered or repaired portions need to conform to the requirements for new structures.

(c) If alterations or repairs costing under 25 percent of the physical value of the structure are made within any period of 12 months, the construction official and appropriate subcode officials shall determine to what degree the portions so altered or repaired shall be made to conform to the requirements for new structures.

8:43A–19.5 Provision for the handicapped

Facilities shall be available and accessible to the physically handicapped pursuant to the New Jersey Uniform Construction Code, N.J.A.C. 5:23–7, Barrier–Free Subcode, and P.L. 100–336, the Americans with Disabilities Act of 1990 and Accessibility Guidelines for Buildings and Facilities, as amended and supplemented, incorporated herein by reference. (Available from the Government Printing Office, Superintendent of Documents, Washington, D.C. 20402.)

8:43A–19.6 Common elements for ambulatory health care facilities

All new ambulatory health care facilities, except small facilities addressed at N.J.A.C. 8:43A–19.7, shall comply with Chapter 9, Section 9.2, of the Guidelines for Construction and Equipment of Hospital and Medical Facilities, 1992–1993 edition, as amended, and other sections appropriate to the specific service(s) provided therein, all of which is incorporated herein by reference.

8:43A–19.7 Small ambulatory care facilities

Chapter 9, Section 9.4, of the Guidelines for Construction and Equipment of Hospital and Medical Facilities, 1992–1993 edition, as amended, is incorporated by reference herein and shall apply to new small ambulatory care facilities. "Small ambulatory care facility" means a facility which provides ambulatory care services and in which the space and equipment are utilized by four or fewer workers at any one time.

SUBCHAPTER 20. FAMILY PRACTICE SERVICES

8:43A–20.1 Additional requirements

An ambulatory care facility which provides family practice services shall comply with N.J.A.C. 8:43A–1 through 11 and 13 through 19, and this subchapter.

8:43A–20.2 Medical staff to be provided

If an ambulatory care facility provides family practice services, the medical director shall be a family practice physician or the facility shall have a family practice physician on the medical staff. The family practice physician shall be available during the facility's hours of operation. ("Available" means capable of being reached.)

SUBCHAPTER 21. FAMILY PLANNING, PRENATAL, POSTPARTUM, AND GYNECOLOGICAL SERVICES

8:43A–21.1 Additional requirements and exceptions

(a) An ambulatory care facility which provides family planning, prenatal, postpartum, and/or gynecological services shall comply with N.J.A.C. 8:43A–1 through 11 and 13 through 19, and this subchapter. If the facility also provides surgical or anesthesia services, then the facility shall also comply with N.J.A.C. 8:43A–12.

1. The facility shall be a formal member of a Maternal and Child Health Consortium, in accordance with N.J.A.C. 8:33C.

8:43A–21.2 Medical staff to be provided

If an ambulatory care facility provides prenatal, postpartum, gynecological, and/or family planning services, the medical director shall be an obstetrician-gynecologist or the facility shall have an obstetrician-gynecologist on the medical staff. The obstetrician-gynecologist shall be available during the facility's hours of operation. ("Available" means capable of being reached.)

8:43A–21.3 Medical history

In addition to complying with N.J.A.C. 8:43A–6.4(a), the facility shall obtain the patient's obstetrical and gynecological history, if appropriate, including a history of psychological and social problems.

8:43A–21.4 Medical records

(a) The complete medical record for prenatal patients shall include, but not be limited to, documentation of assessment of uterine growth, fetal heart tones, estimated delivery date, urine tests for protein, blood pressure, weight gain, and an updated assessment of obstetrical risk, and shall be in conformance with N.J.A.C. 8:33C–4.3.

(b) The facility shall establish and implement written policies and procedures regarding the transfer of patient information when the patient is transferred to another health care facility, or if the patient has been an inpatient and becomes an outpatient at the same facility, to ensure continuity of care. In the case of a prenatal patient, a copy or summary of the patient's prenatal medical record shall be transferred, no later than 34 weeks gestation, from the facility to the inpatient facility where delivery is to take place. The facility shall also request a copy or summary of the patient's labor, delivery and postpartum record from the inpatient facility prior to any scheduled postpartum visits.

8:43A–21.5 (Reserved)

SUBCHAPTER 22. PEDIATRIC SERVICES

8:43A–22.1 Additional requirements

(a) An ambulatory care facility which provides pediatric services shall comply with N.J.A.C. 8:43A–1 through 11 and 13 through 19, and this subchapter.

1. The facility shall be a formal member of a Maternal and Child Health Consortium, in accordance with N.J.A.C. 8:33C.

8:43A–22.2 Medical staff to be provided

A facility which provides pediatric services shall have a pediatrician or family practice physician on the medical staff and available during the facility's hours of operation. ("Available" means capable of being reached.)

8:43A–22.3 Medical records

The complete medical record for pediatric patients shall include, but not be limited to, documentation of assessment of growth, including at least a record of weight and length or height, documentation of a basic developmental assessment, including sensory screenings, and a record of immunization.

SUBCHAPTER 23. PRIMARY CARE

8:43A–23.1 Additional requirements

(a) An ambulatory care facility which provides primary care services, as defined at N.J.A.C. 8:43A–1.3, shall comply with N.J.A.C. 8:43A–1 through 11 and 13 through 19, and this subchapter. If the facility provides family practice services, then the facility shall also comply with the rules in N.J.A.C. 8:43A–20. If the facility provides primary care to a pediatric population, then the facility shall also comply with the rules in N.J.A.C. 8:43A–22.

1. If a facility provides primary care services only, the requirement at N.J.A.C. 8:43A–8.2 for a registered professional nurse to be on the premises during the hours of operation may be satisfied by a physician, if permitted by the policies and procedures of the facility.

8:43A–23.2 Infection prevention and control

The administrator shall designate a person with training or experience in surveillance, prevention, and control of nosocomial infection who shall be responsible for the direction, provision, and quality of infection prevention and control services.

8:43A–23.3 Mobile vans

(a) If a facility wishes to provide services through use of one or more mobile vans, the facility shall obtain the prior authorization of the Licensing, Certification and Standards Program of the Department. Such authorization may be contingent upon an on-site inspection by representatives of the Department.

(b) Policies and procedures for the use of mobile vans in the provision of primary care services shall address at least patient care, control of drugs, medical records, and infection prevention and control.

8:43A–23.4 Freestanding primary care outpatient facilities

New freestanding facilities which provide primary care services, except small facilities addressed at N.J.A.C. 8:43A–23.5, shall comply with Chapter 9, Sections 9.1, 9.2, and 9.3, of the Guidelines for Construction and Equipment of Hospital and Medical Facilities, 1992–1993 edition, as amended, incorporated herein by reference.

8:43A–23.5 Small primary care outpatient facilities

(a) Small primary care outpatient facilities may be located within existing commercial, residential, licensed child care, educational, or other types of buildings or may be small, freestanding, new or converted structures. "Small primary care outpatient facility" means a facility which provides primary care services and in which the space and equipment are utilized by four or fewer workers at any one time.

(b) New small primary care outpatient facilities shall comply with Chapter 9, Section 9.4, of the Guidelines for Construction and Equipment of Hospital and Medical Facilities, 1992–1993 edition, as amended, incorporated herein by reference.

SUBCHAPTER 24. CHRONIC DIALYSIS SERVICES

8:43A–24.1 Additional requirements

Hospital facilities which provide renal dialysis services within the hospital shall comply with N.J.A.C. 8:43G–30. All other ambulatory care facilities which provide chronic dialysis services shall comply with N.J.A.C. 8:43A–1 through 11 and 13 through 19, and this subchapter.

8:43A–24.2 Minimum program size and transfer agreements

(a) A facility providing chronic dialysis services shall have at least nine stations. Facilities licensed prior to the effective date of this chapter shall have until January 1, 1994, to establish this minimum number of stations. In the case of new construction or renovation involving at least 25 percent of the physical plant, an open treatment area shall contain no more than 20 stations.

(e) During a course of treatment, there shall be at least a weekly evaluation of the patient by a radiation oncologist.

8:43A–30.6 Radiation oncology services supplies and equipment

(a) Each radiation oncology facility shall have at least one dedicated fluoroscopic or computerized tomography simulator.

(b) Cobalt-60 equipment shall have a source distance of greater than or equal to 80 centimeters.

(c) All new single unit facilities shall have dual photon energy equipment with electron capability. All existing single unit facilities shall obtain dual photon energy equipment with electron capability by September 18, 2003.

(d) By September 18, 2003, new or replacement machines shall, at a minimum, provide greater than or equal to 10 MV photon energy level capability and greater than or equal to 10MeV electron energy level capability unless another machine already exists at that facility with these capabilities.

(e) By September 18, 2003, all Cobalt-60 machines shall be replaced with machines meeting the specifications outlined in (c) and (d) above.

8:43A–30.7 Radiation oncology services quality improvement methods

(a) There shall be a program of quality improvement for radiation oncology services that is integrated into the radiation oncology facility quality improvement program and includes regularly collecting and analyzing data to help identify health-service problems and their extent, recommending, implementing and monitoring corrective actions on the basis of these data.

(b) New or existing radiation oncology facilities shall be fully accredited by the American College of Radiology or the American College of Radiation Oncology by September 18, 2003 and maintained thereafter.

(c) Copies of American College of Radiology or the American College of Radiation Oncology accreditation certificate shall be sent to the New Jersey Department of Health and Senior Services as part of State licensure within 45 days of receiving the certificate.

8:43A–30.8 Megavoltage radiation oncology program utilization

(a) For existing facilities or programs, the minimum annual megavoltage radiation oncology treatment volume shall be 150 new patients per facility. A new patient is defined as one who has never before received radiation oncology treatment or a returning patient with a second primary cancer at a different site which has not been previously treated. For new facilities or programs, by the second year of operation, the minimum annual megavoltage radiation oncology treatment volume shall be 150 new patients per facility averaged over a two year period.

(b) For those facilities offering brachytherapy, the minimum annual brachytherapy treatment volume shall be an average of 10 patients per year, over a two year period.

(c) Megavoltage radiation oncology facilities providing potentially curative treatment to children under 13 years of age shall be accredited for participation in protocols of a national multi-institutional pediatric oncology group such as Children's Cancer Group (CCG) or Pediatric Oncology Group (POG).

8:43A–30.9 Independent verification of radiation oncology equipment calibration

(a) Independent verification of megavoltage radiation oncology equipment output shall be made by an external accrediting organization such as the Radiation Physics Center or MD Anderson or any other external accrediting organization approved by the Department prior to the initiation of the megavoltage service, if new, and annually thereafter.

(b) Existing megavoltage radiation oncology services shall have until September 18, 2001 to achieve initial independent verification of its MRO equipment output and shall maintain that verification annually thereafter.

8:43A–30.10 Data to be maintained and reported

Megavoltage radiation oncology facilities shall submit such utilization, performance and outcome data as the Department may request. Data shall include, but not be limited to, staff qualifications, verification of equipment calibration, program accreditation status and program utilization by service category, on reporting forms developed and annually submitted to the Department of Health and Senior Services on or before March 31.

APPENDIX A

ADA-6
Jan. 91

New Jersey State Department of Health
DRUG AND ALCOHOL ADMISSION RECORD

H-4152

Name of Client (First, Middle Initial, Last)	Social Security Number	Telephone Number
	— —	( )

Street Address | City | State | Zip Code

1. Provider Number	2. Case # (1st 3rd 1st 3rd)	3. Sex (M/F)	4. Birthdate (mmddyy)	5. In-House Case No. (optional)	6. Admission Date (mmddyy)

IMPORTANT: After completion of above, separate the Admission Record (Parts 1 and 2) from the Discharge Record (Parts 3 and 4)
USE BALL POINT PEN ONLY. All * fields require coded responses; see codes on the reverse side.

7. Client Type*	8. Treatment Setting at Intake*	9. Is use of methadone planned as part of treatment?	10. Resid. Code (Co. / Municip.)	11. Post Office Zip Code
		1 [ ] Yes 2 [ ] No		

12. Living Arrangements (Check ALL that apply)

A [ ] Alone
B [ ] With Children
C [ ] With Sibling(s)
D [ ] With Parent(s)
E [ ] With Spouse
F [ ] Living as Married
G [ ] With Foster Parent(s)
H [ ] With Other Relative(s)
I [ ] With Friend(s)
J [ ] In Group Quarters
K [ ] Homeless

13. Legal Status (Check ALL that apply)

A [ ] No Legal Problem
B [ ] Case Pending (Criminal)
C [ ] Probation
D [ ] Parole
E [ ] DWI License Suspension
F [ ] Jail/Prison Inmate
G [ ] DYFS/Family Court Case
H [ ] Other-Specify_____

14. Household Income Per Year (Enter: 000 if None; 999 if unknown)	15. Household Size (No. of Persons)	16. Race*	17. Indicate Hispanic Origin* (5 if not applicable)
$ ___.000			

18. Marital Status*	19. Highest School Grade Completed	20. Is Client a Full-Time Student?	21. Employment Status*	22. Referral Source*
		1 [ ] Yes 2 [ ] No		

23. Number of Past Drug/Alcohol Treatment Episodes: ___ (Enter: 00 if None; 99 if unknown)

24. Self-Help Groups Ever Participated In (Check ALL That Apply)

A [ ] None
B [ ] Narcotics Anonymous
C [ ] Alcoholics Anonymous
D [ ] Other
Specify:_____

25. Health Coverage*
A
B

26. Reimbursement Source*
A
B
[Agencies receiving public funds should note instructions]

27. Check all drugs USED within the past 6 months

___ A. Alcohol
___ B. Heroin
___ C. Non-Prescription Methadone
___ D. Other Opiates or Synthetics
___ E. Cocaine/Crack
___ F. Marijuana/Hashish
___ G. Methamphetamine
___ H. Other Amphetamines
___ I. Other Stimulants
___ J. Benzodiazepines
___ K. Other Tranquilizers
___ L. Barbiturates
___ M. Other Sedatives or Hypnotics
___ N. PCP
___ O. Other Hallucinogens
___ P. Inhalants
___ Q. Over-the-Counter
___ R. Other

27a. Drugs ABUSED	Primary	Secondary	Tertiary
Drug* (Use code letters at left)			
Route of Administration* (see codes below)			
Frequency* (see codes below)			
Age at First Use (99 if unknown)			

ROUTE CODES:	FREQUENCY CODES:
1 - Oral	1 - Not Used In Past Month
2 - Smoking	2 - Less Than Weekly
3 - Inhalation	3 - 1-2 Times Per Week
4 - Intramuscular/ Sub-Cutaneous	4 - 3 to 6 Times Per Week
5 - Intravenous	5 - Daily
	6 - 2 or More Times Per Day

28. Does Client Smoke Tobacco? 1 [ ] Yes 2 [ ] No
If yes, How many cigarettes per day? ___ No. = (Packs X 20) Pipe = PP Cigar = CC

29. SPECIAL USE 5 10 15 20 25 30 35

Name of Agency | Name of Worker

ADA-6
Jan. 91

New Jersey State Department of Health
DRUG AND ALCOHOL DISCHARGE RECORD

Name of Client (First, Middle Initial, Last) | Social Security Number — — | Telephone Number ( )

Street Address | City | State | Zip Code

1. Provider Number | 2. Case # (1st 2nd 1st 2nd) | 3. Sex (M/F) | 4. Birthdate (mmddyy) | 5. In-House Case No. (optional) | 6. Admission Date (mmddyy)

STOP! - Before continuing, remove tissue carbon which extends at bottom. Use Ball Point Pen ONLY.
Press firmly. All * fields require coded responses; see code list on the reverse side.

7. Treatment Setting at Discharge* | 8. Date of Admission to Discharge Setting (mmddyy) | 9. Date of Discharge (mmddyy)

10. Units of Service (non-residential)
(Days/Sessions)

11. Units of Service for Codependents Not Reported Separately (0 if None)
(Sessions)

12. Reason for Termination (Check One)

1[ ] Treatment Plan Completed
2[ ] Client Dropped Out
3[ ] Administrative/Therapeutic Discharge
4[ ] Deceased
5[ ] Hospitalized (Medical)
6[ ] Hospitalized (Psychiatric)
7[ ] Incarcerated
8[ ] Other (Specify): _____

13. Significant Problems and Conditions Present at Admission or Identified During Treatment (Check ALL that apply)

[ ] Not Applicable
A[ ] Mental Health Problem
B[ ] Compulsive Gambling
C[ ] Physical Disability/Handicap
D[ ] Victim of Physical Abuse/Neglect
E[ ] Victim of Sexual Abuse
F[ ] Pregnancy
G[ ] Suicide Attempt
H[ ] Runaway Behavior
I[ ] Neglect/Abuse of Clients' Children
J[ ] Child of Substance Abuser
K[ ] Batterer
L[ ] Criminal Activity
M[ ] Other: _____

14. Referrals for Alcohol/Drug Treatment at Discharge* (99 if None)
Setting Code

Non-Agency Referrals (Check ALL that apply)

1[ ] Employee/Student Assistance Program
2[ ] Alcoholics Anonymous
3[ ] Narcotics Anonymous
4[ ] Family-Oriented Self Help Program
5[ ] Other Self-Help Program, Specify: _____

15. Psychiatric Diagnoses (Excluding Drug and Alcohol)
[Required for Mental Health Agencies. Optional for Others.]
A ____.__
B ____.__

16. Referrals for Supportive Services (Check ALL that apply)

A[ ] None
B[ ] Clergy
C[ ] Educational
D[ ] Legal
E[ ] Medical
F[ ] Mental Health
G[ ] Public Welfare
H[ ] Pre-Natal
I[ ] Family Services
J[ ] Vocational Rehab.
K[ ] Housing
L[ ] Social Services
M[ ] Employment
N[ ] Food Stamps/Food
O[ ] Women's Center
P[ ] Other _____

17. Evaluation of Client Goal Achievement* (Each item must be answered)
(Enter Code : A-Achieved, B-Partially Achieved, C- Not Achieved, D-Not Applicable)

1[ ] Alcohol/Drug Problem
2[ ] Educational
3[ ] Psycho/Social
4[ ] Employment/Vocational
5[ ] Family Situation
6[ ] Health
7[ ] Legal

18. Is Client Using at Discharge:
A[ ] No B[ ] Alcohol? C[ ] Other Drugs?

19. Employment Status*

20. SPECIAL USE 5 10 15 20 25 30 35

Name of Agency | Name of Worker