

8:36-18.3 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, Communicable Diseases, at 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;

2. Infection control in accordance with OSHA Standards 29 CFR 1910.1030, Bloodborne pathogens, incorporated herein by reference, as amended and supplemented;

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. 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;

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

8. Needles and syringes used by residents as part of home self-care shall be disposed of in accordance with N.J.S.A. 2C:136-6.1 and N.J.A.C. 8:43E-7, and amendments thereto.

8:36-18.4 Employee health and resident policies and procedures for infection prevention and control

(a) Each new employee 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 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 establishing timeframes, requiring annual Mantoux tuberculin skin tests for all employees except those exempted under (a) above.

(c) 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.

(d) 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.

(e) 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.

(f) The facility shall maintain listings of all residents and personnel who have reportable infections, diseases, or conditions.

(g) High-level disinfection techniques approved by the Department shall be used for all reusable respiratory therapy equipment and instruments that touch mucous membranes.

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

(i) 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.

(j) 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.

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

(l) The facility shall maintain records documenting contagious diseases contracted by employees during employment, as specified at N.J.A.C. 8:57-1.3(a) and (b).

8:36-18.5 Staff education and training for infection prevention and control

All staff members shall be informed about the facility's infection control procedures, including personal hygiene requirements.

8:36-18.6 Regulated medical waste

(a) The facility shall develop policies and procedures for the collection, storage, and handling of regulated medical waste.

(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, including, but not limited to, N.J.A.C. 7:26-3A.

SUBCHAPTER 19. ALZHEIMER'S/DEMENCIA PROGRAMS

8:36-19.1 Scope and purpose

(a) Assisted living facilities may establish programs to meet the needs of residents with Alzheimer's disease or other dementias. Such programs shall provide individualized care based upon assessment of the cognitive and functional abilities of Alzheimer's and dementia residents who have been admitted to the program.

8:36-19.2 Alzheimer's/dementia program policies and procedures

(a) An assisted living facility that advertises or holds itself out as having an Alzheimer's/dementia program shall have written policies and procedures for the Alzheimer's/dementia program that are retained by the administrative staff and available to all staff and to members of the public, including those participating in the program.

(b) The facility shall have established criteria for admission to the program and criteria for discharge from the program when the resident's needs can no longer be met, based upon a registered professional nurse's assessment of the resident's cognitive and functional status.

8:36-19.3 Staff training program for Alzheimer's/Dementia

(a) In a facility that advertises or holds itself out as having an Alzheimer's/dementia program, training in specialized care of residents who are diagnosed by a physician as having Alzheimer's/dementia shall be provided to all licensed and unlicensed staff who provide direct care to residents with Alzheimer's or dementia, in accordance with N.J.S.A. 26:2M-7.2.

1. Copies of the mandatory training program may be obtained from the Department by submitting a written request to:

Long-Term Care Licensing and Certification Unit
Division of Long-Term Care Systems
New Jersey Department of Health and Senior
Services
PO Box 367
Trenton, NJ 08625-0367

8:36-19.4 Services for residents with Alzheimer's/dementia

(a) A facility that advertises or holds itself out as having an Alzheimer's/dementia program shall, pursuant to N.J.S.A. 26:2M-7.1, compile and maintain daily records for each shift in the facility and provide to a member of the public, upon request, information that indicates for each shift, as appropriate:

1. The number of licensed and unlicensed staff providing direct care to residents diagnosed with Alzheimer's and related disorders.

(b) A facility that advertises or holds itself out as having an Alzheimer's/dementia program shall, pursuant to N.J.S.A. 26:2M-7.1, provide a member of the public seeking placement of a person diagnosed with Alzheimer's and/or related disorders in the facility with a clear and concise written list that indicates:

1. The activities that are specifically directed toward residents diagnosed with Alzheimer's and related disorders, including, but not limited to, those designed to maintain the resident's dignity and personal identity, enhance socialization and success, and accommodate the cognitive and functional ability of the resident;

2. The frequency of the activities listed in paragraph 1 above; and