

(g) Employee, as well as volunteer, health records shall include documentation of all medical screening tests performed and the results.

(h) All personnel, both directly employed and under contract to provide direct care to patients, as well as volunteers, shall receive a Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions are personnel with documented negative Mantoux skin test results (zero to nine millimeters of induration) within the last year, personnel with documented positive Mantoux skin test results (10 or more millimeters of induration), personnel who received appropriate medical treatment for tuberculosis, or when medically contraindicated.

1. Results of the Mantoux tuberculin skin tests shall be acted upon as follows:

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

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

2. The Mantoux tuberculin skin test shall be administered to all agency personnel, both directly employed and under contract, and thereafter to all new personnel at the time of employment, as well as volunteers. The tuberculin skin test shall be repeated on an annual basis for all persons who provide direct patient care and every two years for all other employees. All employees shall be tested no later than September 30, 1999.

3. The hospice shall report annually on forms provided by the Department the results of tuberculin testing for all agency personnel and volunteers.

(i) All personnel, both directly employed and under contract to provide direct care to patients, as well as volunteers, shall be given a rubella screening test using the rubella hemagglutination inhibition test or other rubella screening test. The only exceptions are personnel who can document seropositivity from a previous rubella screening test or who can document inoculation with rubella vaccine, or when medically contraindicated.

1. The hospice shall inform each person in writing of the results of his or her rubella screening test.

2. The hospice shall maintain a list identifying the name of each person who is seronegative and unvaccinated to rubella.

3. The hospice shall offer rubella vaccination to all employees, contract personnel and volunteers.

(j) All personnel, both directly employed and under contract to provide direct care to patients, as well as volunteers, who were born in 1957 or later shall be given a (measles)

rubeola screening test using the hemagglutination inhibition test or other rubeola screening test. The only exceptions are personnel who can document receipt of live measles vaccine on or after their first birthday, physician-diagnosed measles, or serologic evidence of immunity.

1. The hospice shall ensure that all personnel, both directly employed and under contract to provide direct care to patients, as well as volunteers, who cannot provide serologic evidence of immunity are offered rubella and rubeola vaccination.

(k) The hospice shall have available and shall comply with the guidelines listed below, incorporated herein by reference, to protect health care workers who may be exposed to infectious blood-borne diseases, such as AIDS and hepatitis-B:

1. "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)," OSHA Instruction CPL-2-2.44B, August 15, 1990, as amended and supplemented;

2. "Recommendations for prevention of HIV Transmission in Health-Care Settings," CDC, Morbidity and Mortality Weekly Report (MMWR) 1987; Volume 36 (supplement 2S), as amended and supplemented; and

3. "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings," CDC Morbidity and Mortality Weekly Report (MMWR) 1988; Volume 37, as amended and supplemented.

8:42C-3.5 Policy and procedure manual

(a) The hospice shall establish, implement and review at least annually, a policy and procedure manual(s) for the organization and operation of the hospice. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the hospice at all times. The manual(s) shall include at least the following:

1. A written narrative of the hospice describing its philosophy and objectives, and the services provided by the facility;

2. An organizational chart delineating the lines of authority, responsibility, and accountability, so as to ensure continuity of care to patients;

3. A description of the quality assurance program for patient care and staff performance;

4. Definition and specification of full-time employment; and

5. Policies and procedures for complying with applicable statutes and protocols to report child abuse and/or neglect, sexual abuse, and abuse of elderly or disabled adults, 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 development of written protocols for the identification and treatment of children and elderly or disabled adults who are abused and/or neglected;

ii. The designation of a staff member(s) to be responsible for coordinating the reporting of child abuse and/or neglect in compliance with N.J.S.A. 9:6-1 et seq., recording notification of the Division of Youth and Family Services of the Department of Human Services on the medical/health record, and serving as a liaison between the facility and the Division of Youth and Family Services; and

iii. The provision at least annually of education and/or training programs for all staff and subcontracted personnel who provide direct patient care regarding the identification and reporting of child abuse and/or neglect; sexual abuse; domestic violence; and abuse of the elderly or disabled adult.

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

8:42C-3.6 Staffing

(a) The hospice shall make provision for staff with equivalent qualifications to provide services for absent staff members. Staffing schedules shall be implemented to facilitate continuity of care to patients. The hospice shall maintain staff attendance records.

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

8:42C-3.7 Written agreements

(a) The hospice shall have a written agreement, or its equivalent, for services provided by contract or subcontract. The written agreement or its equivalent shall:

1. Be dated and signed by a representative of the hospice and by the person or agency providing the service;

2. Specify each party's responsibilities, functions, and objectives, the time during which services are to be provided, the financial arrangements and charges, and the duration of the written agreement or its equivalent;

3. Specify that the hospice retain administrative responsibility for services rendered, including subcontracted services;

4. Require that services are provided in accordance with these rules and that personnel providing services meet training and experience requirements and are supervised in accordance with this chapter; and

5. Require the provision of written documentation of service provision to the facility within seven working days, including, but not limited to, documentation of services rendered by the person or agency providing the service.

8:42C-3.8 Reportable events

(a) The hospice shall notify the Department immediately by telephone (609) 292-5960, followed within 72 hours by written confirmation, of the following:

1. Termination of employment of the administrator and/or the Director of Nursing, and the name and qualifications of his or her replacement;

2. Expected or actual interruption or cessation of operations and services listed in this chapter and the hospice's policy and procedure manual; and

3. Any deaths resulting from accidents or incidents related to the hospice's services.

(b) The facility shall provide statistical data as required by the Department in (a) above, and shall not be deemed in violation of N.J.S.A. 26:1A-37.1 when such data is provided to the Department.

1. The Department shall maintain any personally identifiable information in confidence.

2. The hospice shall comply with patient confidentiality of N.J.A.C. 8:43G, Hospital Licensing Standards.

8:42C-3.9 Notices

(a) The hospice shall conspicuously post a notice that the following information is available in the facility to patients and the public:

1. All waivers granted by the Department;

2. All documents required by this chapter;

3. A list of deficiencies from the last annual licensure inspection and certification survey report (if applicable), and the list of deficiencies from any valid complaint investigation during the past 12 months;

4. A list of the hospice's committees, or their equivalents, and the membership and reports of each;

5. The names and addresses of members of the governing authority;

6. Any changes of membership of the governing authority, within 30 days after the change; and

7. Policies and procedures regarding patient rights.

8:42C-3.10 Reporting Information to the State Board of Medical Examiners

(a) A hospice shall make reports to the Medical Practitioner Review Panel for all events specified at N.J.S.A. 26:2H-12.2 with respect to any practitioner employed by, or under contract to, the hospice.