

iii. Policies and procedures regarding availability of the patient's medical record to the patient's authorized representative if it is medically contraindicated, as documented by a physician in the patient's medical record, for the patient to have access to or obtain copies of the record; and

iv. Procedures to ensure that the patient's medical record is provided within 30 calendar days of the written request.

8:43F-19.6 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 20. INFECTION PREVENTION AND CONTROL SERVICES

8:43F-20.1 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 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.

8:43F-20.2 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 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. A definition of nosocomial infection;
2. A system for identifying and monitoring nosocomial infections;
3. In accordance with 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 patients or personnel having these infections, diseases, or conditions;

4. Infection control and isolation, in accordance with the Centers for Disease Control and Occupational Safety and Health Administration publication, "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HVB) and Human Immunodeficiency Virus (HIV)", OSHA Instruction CPL 2-2.44A, August 15, 1988;

5. Aseptic technique, employee health, and staff training;

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

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

8. The prevention of decubitus ulcers;

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

(c) Each service in the facility shall develop written policies and procedures for the infection control program for that service.

8:43F-20.3 Infection prevention measures

(a) The facility shall follow all recommendations in the current editions of the following Centers for Disease Control publications, incorporated herein by reference, unless the 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.

Amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

8:43F-20.4 Use and sterilization of patient care items

- (a) Single use patient care items shall not be reused. Other patient care items which are reused shall be reprocessed and reused in accordance with manufacturers' recommendations.
- (b) Sterilized materials shall be marked with an expiration date and shall not be used subsequent to the expiration date.
- (c) Sterilized materials shall be packaged and labeled so as to maintain sterility and so as to permit identification of expiration dates.
- (d) Expiration dates shall be assigned to sterilized materials in accordance with the following:
 1. Double-wrapped muslin/paper wrappers shall be marked with an expiration date not to exceed one month following sterilization;
 2. Heat-sealed paper/plastic wrappers shall be marked with an expiration date not to exceed one year following sterilization; and
 3. Self-sealed packaging shall be marked with an expiration date not to exceed the manufacturer's recommendation.

8:43F-20.5 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 of such action 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, the contents of the load, and the expiration dates of the contents, shall be maintained for at least one year.

8:43F-20.6 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 and regulations promulgated pursuant to the aforementioned Act.

Amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

SUBCHAPTER 21. HOUSEKEEPING, SANITATION, AND SAFETY

8:43F-21.1 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.

8:43F-21.2 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) Procedures shall be developed for selection and use of housekeeping and cleaning products and equipment.
- (c) Housekeeping personnel shall be trained in cleaning procedures, including the use, cleaning, and care of equipment.

8:43F-21.3 Patient care environment

- (a) The following housekeeping, sanitation, and safety conditions shall be met:
 1. The facility and its contents shall be free of dirt, debris, and insect and rodent harborages;
 2. Nonskid wax shall be used on all waxed floors;
 3. All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors;
 4. All patient areas shall be free of noxious odors;
 5. Throw rugs or scatter rugs shall not be used in the facility;