

8:39-18.4 Advisory resident dietary services

(a) There are dietary observances for national and/or religious holidays.

(b) Fresh fruits and vegetables are served in season on a daily basis.

(c) The facility utilizes a dining room/area, other than day rooms, for residents with special needs.

(d) Residents have access to a refrigerator or snack bar.

(e) Residents are offered a selective menu consisting of at least three main entrees at each meal.

(f) A menu committee composed of residents participates in meal planning.

(g) The facility sponsors a guest meal program.

8:39-18.5 Supplies and equipment

The facility provides cloth table covers and cloth napkins at least once a day.

SUBCHAPTER 19. MANDATORY INFECTION CONTROL AND SANITATION
8:39-19.1 Mandatory organization for infection control and sanitation

(a) The facility shall have an infection prevention and control program conducted by an infection control committee which shall include representatives from at least administrative, nursing, medical, dietary, housekeeping or environmental services, and pharmacy staffs. The infection control committee shall review all infection control policies and procedures, periodically review infection control surveillance data, and formulate recommendations to the administrator regarding infection control activities.

(b) Responsibility for the infection prevention and control program shall be assigned to an employee who is designated as the infection control coordinator, with education, training, completed course work, or experience in infection control or epidemiology; or services shall be provided by contract. If the services are provided by contract, the facility shall designate an on-site employee to implement, coordinate, and ensure compliance with infection control policies and procedures.

8:39-19.2 Mandatory employee health policies and procedures for infection control and sanitation

(a) 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.

(b) If a communicable disease prevents the employee from working, a physician's statement approving the employee's return shall be required. Prior to the employee's return to work, the physician's statement shall be reviewed by the administrator or the administrator's designee. If the employee has been absent for no longer than three days, the employee's return to work may be approved by the nursing director or the infection control committee, following assessment by the nurse.

(c) 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.

8:39-19.3 Mandatory waste removal policies and procedures

(a) Regulated medical waste shall be collected, stored, handled, and disposed of in accordance with applicable Federal laws and regulations, and the facility shall comply with the provisions of N.J.S.A. 13:1F-48.1 et seq., the Comprehensive Regulated Medical Waste Management Act, and all rules promulgated pursuant to the aforementioned Act.

(b) The infection control committee shall develop and implement written policies and procedures for collection, storage, handling, and disposal of all solid waste that is not regulated medical waste.

(c) All solid waste that is not regulated medical waste shall be disposed of in a sanitary landfill or other manner approved by the Department of Environmental Protection and Energy. Disposal shall be as frequent as necessary to avoid creating a nuisance.

8:39-19.4 Mandatory general policies and procedures for infection control and sanitation

(a) The facility shall develop, implement, comply with, and review, at least annually, written policies and procedures regarding infection prevention and control which are consistent with the most up-to-date Centers for Disease Control and Prevention publications, including, but not limited to, the following:

1. Guidelines for Handwashing and Hospital Environmental Control;
2. Guidelines for Isolation Precautions in Hospitals;
3. Prevention and Control of Tuberculosis in Facilities Providing Long-term Care to the Elderly;
4. Prevention of Nosocomial Pneumonia;
5. Prevention of Catheter Associated Urinary Tract Infections; and
6. Prevention of Intravascular Infections.

NOTE: Centers for Disease Control and Prevention 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

(b) The facility shall comply with applicable current Occupational Safety and Health Administration (OSHA) requirements.

(c) The infection control coordinator shall provide continuous collection and analysis of data, including determination of nosocomial infections, epidemics, clusters of infections, infections due to unusual pathogens or multiple antibiotic resistant bacteria, and any occurrence of nosocomial infection that exceeds the usual baseline levels.

(d) The infection control coordinator shall make recommendations for corrective actions based on surveillance and data analysis.

(e) The facility shall have a system for investigating, evaluating, and reporting the occurrence of all reportable infections and diseases as specified in Chapter II of the State Sanitary Code (N.J.A.C. 8:57-1.1 through 1.12).

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

(g) The facility shall implement a policy for tuberculosis screening of all residents which begins prior to admission and concludes within 30 days following admission. If the admission screening is conducted through chest X-ray within three months prior to admission, the resident shall receive a two-step Mantoux skin test within three months after admission.

(h) If used, all reusable respiratory therapy equipment and instruments that touch mucous membranes shall be disinfected or sterilized in accordance with the Centers for Disease Control and Prevention publication "Guidelines for Handwashing and Hospital Environmental Control," incorporated herein by reference, and with manufacturer's recommendations.

(i) Disinfection procedures for items that come in contact with bed pans, sinks, and toilets shall conform with established protocols for cleaning and disinfection, in accordance with the Centers for Disease Control publication "Guidelines for Handwashing and Hospital Environmental Control," incorporated herein by reference, and with manufacturer's recommendations. All resident care items shall be cleaned, disinfected, or sterilized, according to the use of the item.

(j) 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. Handwashing practices shall be monitored at least monthly by the infection control coordinator.

(k) Personnel shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective hand sanitation techniques immediately prior to contact with residents.

8:39-19.5 Mandatory staff qualifications; health history and examinations

(a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or NP/CNS, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment upon employment, the physician's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees.

(b) Each new employee, including members of the medical staff employed by the facility, 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 if active tuberculosis is suspected or diagnosed shall be excluded from work until the physician provides written approval to return.

(c) The facility shall have written policies and procedures requiring annual Mantoux tuberculin skin tests for all employees, except those exempted under (b) above.