# CHAPTER 43G

# HOSPITAL LICENSING STANDARDS

**Authority**

N.J.S.A. 26:2H-1 et seq., specifically 26:2H–5.

**Source and Effective Date**

R.2000 d.71, effective January 27, 2000.
See: 31 N.J.R. 2732(a), 32 N.J.R. 707(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 43G, Hospital Licensing Standards, expires on January 27, 2005.

**Chapter Historical Note**

Chapter 43G, Certificate of Need: Capital Policy, was adopted as R.1986 d.375, effective September 8, 1986. See: 18 N.J.R. 1242(a), 18 N.J.R. 1817(a).

Chapter 43G, Certificate of Need: Capital Policy, was repealed by R.1988 d.114, effective March 21, 1988. See: 19 N.J.R. 2365(b), 20 N.J.R. 645(d).

Subchapter 1, General Provisions, Subchapter 2, Licensure Procedure, Subchapter 5, Administration and Hospital-Wide Services, Subchapter 19, Obstetrics, Subchapter 21, Oncology, Subchapter 22, Pediatrics, Subchapter 24, Plant Maintenance and Fire and Emergency Preparedness, Subchapter 26, Psychiatry, Subchapter 29, Physical and Occupational Therapy, Subchapter 30, Renal Dialysis, Subchapter 31, Respiratory Care, and Subchapter 35, Postanesthesia Care, were adopted as new rules by R.1990 d.95, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2926(a), 22 N.J.R. 441(b).

Subchapter 4, Patient Rights, was adopted as new rules by R.1990 d.98, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2160(b), 22 N.J.R. 484(a).

Subchapter 6, Anesthesia, was recodified from N.J.A.C. 8:43B–18 by R.1990, d.77, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2925(a), 22 N.J.R. 488(a).

Subchapter 7, Cardiac, was adopted as new rules by R.1990 d.97, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2162(a), 22 N.J.R. 488(b).

Subchapter 8, Central Supply, was adopted as new rules by R.1990 d.96, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1609, 22 N.J.R. 496(a).

Subchapter 9, Critical and Intermediate Care, was adopted as new rules by R.1990 d.94, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2167(a), 22 N.J.R. 498(a).

Subchapter 10, Dietary, was adopted as new rules by R.1990 d.78, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1611(a), 22 N.J.R. 505(a).

Subchapter 11, Discharge Planning, was adopted as new rules by R.1990 d.93, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1612(a), 22 N.J.R. 507(a).

Subchapter 12, Emergency Department, was adopted as new rules by R.1990 d.92, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1613(a), 22 N.J.R. 510(a).

Subchapter 13, Housekeeping and Laundry, was adopted as new rules by R.1990 d.91, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1616(a), 22 N.J.R. 514(a).

Subchapter 14, Infection Control and Sanitation, was adopted as new rules by R.1990 d.90, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1618(a), 22 N.J.R. 517(a).

Subchapter 15, Medical Records, was adopted as new rules by R.1990 d.88, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2171(a), 22 N.J.R. 520(a).

Subchapter 16, Medical Staff, was adopted as new rules by R.1990 d.89, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1621(a), 22 N.J.R. 524(a).

Subchapter 17, Nurse Staffing, was adopted as new rules by R.1990 d.87, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1623(a), 22 N.J.R. 530(a).

Subchapter 18, Nursing Care, was adopted as new rules by R.1990 d.86, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1624(a), 22 N.J.R. 531(a).

Subchapter 20, Employee Health, was adopted as new rules by R.1990 d.85, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2173(a), 22 N.J.R. 535(a).

Subchapter 23, Pharmacy, was adopted as new rules by R.1990 d.84, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1626(a), 22 N.J.R. 537(a).

Subchapter 25, Post Mortem, was adopted as new rules by R.1990 d.83, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1628(a), 22 N.J.R. 541(a).

Subchapter 27, Quality Assurance, was adopted as new rules by R.1990 d.82, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1630(a), 22 N.J.R. 542(a).

Subchapter 28, Radiology, was adopted as new rules by R.1990 d.81, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2174(a), 22 N.J.R. 544(a).

Subchapter 32, Same-Day Stay, and Subchapter 34, Surgery, were adopted as new rules by R.1990 d.80, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2177(a), 22 N.J.R. 548(a).

Subchapter 33, Social Work, was adopted as new rules by R.1990 d.79, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1631(a), 22 N.J.R. 555(a).

Pursuant to Executive Order No. 66(1978), Chapter 43G, Hospital Licensing Standards, was readopted as R.1995 d.124, effective February 3, 1995. See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).

Pursuant to Executive Order No. 66(1978), Chapter 43G, Hospital Licensing Standards, was readopted as R.2000 d.71, effective January 27, 2000. See: Source and Effective Date. See, also, section annotations.

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## SUBCHAPTER 1. GENERAL PROVISIONS

### 8:43G–1.1 Scope and purpose

(a) These rules and standards apply to each licensed general or special hospital facility. They are intended for use in State surveys of the hospitals and any ensuing enforcement actions. They are also designed to be useful to consumers and providers as a mechanism for privately assessing the quality of care provided in any acute care hospital.

(b) This chapter contains rules intended to assure the high quality of care delivered in hospital facilities throughout New Jersey. Components of quality care addressed by these rules and standards include access to care, continuity of care, comprehensiveness of care, coordination of services, humaneness of treatment, conservatism in intervention, safety of environment, professionalism of caregivers, and participation in useful studies.

### 8:43G–1.2 Definitions

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

"Hospital" means an institution, whether operated for profit or not, whether maintained, supervised or controlled by an agency of the government of the State or any county or municipality or not, which maintains and operates facilities for the diagnosis, treatment or care of two or more non-related individuals suffering from illness, injury or deformity and where emergency, out-patient, surgical, obstetrical, convalescent or other medical and nursing care is rendered for periods exceeding 24 hours.

"Hospital-based off-site ambulatory care service facility" means an ambulatory care service facility which has met the criteria as set forth in N.J.A.C. 8:43G–2.11(c) to be classified as same and which has applied for and received a license authorizing the facility to operate as a hospital-based off-site ambulatory care service facility.

"Hospitalization" means the admission and care of any person for a continuous period, longer than 24 hours, for the purpose of diagnosis and/or treatment bearing on the physical or mental health of such persons.

"Licensee" means the corporation, association, partnership or person authorized by the Department of Health to operate an institution and on whom rests the responsibility for maintaining acceptable standards in all areas of operation.

"Patient" means a person who receives a health care service from a provider.

Amended by R.2000 d.71, effective February 22, 2000.
See: 31 N.J.R. 2732(a), 32 N.J.R. 707(a).
Inserted "Hospital-based off-site ambulatory care service facility".

**Case Notes**

Hospital exemption does not apply to health maintenance organization (HMO) facility property tax status; facility not a hospital as no continuous care provided and it does not exist to further the aims and goals of a functioning hospital. New Brunswick v. Rutgers Community Health Plan, Inc., 7 N.J.Tax 491 (Tax Ct.1985).

### 8:43G–1.3 Classification of institutions

(a) Hospitals shall be classified generally as:

(b) The continuous quality improvement program for surgery shall include at least:

1. Monitoring the volume of each service provided;

2. Infection and complication rates;

3. The incidence of mortality, morbidity, and other adverse occurrences in each service;

4. Patient factors that affect risk of complications in each service; and

5. Retrospective evaluation of emergency procedures in each service.

Recodified from N.J.A.C. 8:43G–7.35 and amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Substituted references to continuous quality improvement for reference to quality assurance throughout.

**8:43G–7.42 (Reserved)**

Recodified from N.J.A.C. 8:43G–7.36 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–7.43 Pediatric cardiac catheterization policies and procedures**

(a) Pediatric invasive cardiac diagnostic procedures shall be performed only at pediatric cardiac surgery centers.

(b) The pediatric cardiac catheterization service may share the catheterization laboratory with the adult cardiac catheterization program. However, the staff who participates in the pediatric catheterization shall be trained and experienced in the care of the pediatric cardiac patient and the equipment used shall be appropriate to meet the needs of the pediatric patient.

(c) The pediatric cardiac catheterization laboratory shall perform a minimum of 150 pediatric cardiac catheterizations per year, excluding the first three years following initiation of services as referenced at N.J.A.C. 8:33E–1.11(d).

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Old text at (b) deleted; new requirements added.
Recodified from N.J.A.C. 8:43G–7.37 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–7.44 Pediatric cardiac catheterization staff qualifications**

(a) There shall be a director of the pediatric cardiac catheterization service who is board certified in pediatrics, in the subspecialty of pediatric cardiology, and who has completed at least one year of additional training in an accredited program for interventional pediatric cardiac procedures.

(b) Any physician performing pediatric cardiac catheterization in the pediatric cardiac catheterization laboratory shall be board certified in the subspecialty of pediatric cardiology, or shall meet current requirements to be examined and shall be examined within two years of eligibility.

(c) Each physician performing diagnostic cardiac catheterization without supervision shall have performed at least 50 pediatric cardiac catheterizations as the primary operator. The hospital shall determine policy requiring the minimum number of annual procedures that a physician must perform.

(d) Each physician shall perform a minimum of 50 pediatric procedures per year with a minimum of 100 procedures over a two year period.

Recodified from N.J.A.C. 8:43G–7.38 and amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Added (d).

**8:43G–7.45 Pediatric catheterization continuous quality improvement methods**

There shall be a peer review committee for the pediatric cardiac catheterization service that includes at least the director of the pediatric catheterization laboratory, the director of pediatric cardiology, a pediatric catheterization cardiologist, and a non-catheterizing cardiologist. The committee shall review all mortalities, serious complications, and selected procedures done in the pediatric catheterization suite to identify trends and problems in the service. Minutes of these meetings shall be maintained.

Recodified from N.J.A.C. 8:43G–7.39 and amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–7.46 Staff qualifications waiver**

(a) Exceptions for physicians with hospital privileges to these minimum board certification and training requirements may be granted by the Commissioner or his or her designee upon application by an institution providing acceptable documentation which assures that the physician's qualifications are at a level assuring the level of patient safety intended by the requirements of these rules. As part of the waiver request, the hospital shall provide documentation of the practitioner's qualifications that at a minimum addresses the following:

1. A curriculum vitae which describes the practitioner's academic training and professional experience;

2. Documentation of the volume of procedures that the practitioner has completed on an annual basis;

3. Length of experience in performance of procedure;

4. Current status and future intention to meet the requirements for board-certification; and

5. Documentation of the practitioner's complication rates in performing the procedure for which a waiver is sought.

(b) Additional information may be requested from the hospital by the Department in making a determination or it may obtain the recommendations from the Commissioner's Cardiac Services Advisory Committee.

(c) Waivers may be granted for periods not to exceed three years and are renewable at the discretion of the Commissioner.

New Rule, R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Recodified from N.J.A.C. 8:43G–7.40 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

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## SUBCHAPTER 8. CENTRAL SUPPLY

### 8:43G–8.1 Central supply policies and procedures

(a) The hospital's central supply service shall have written policies and procedures that are reviewed at least once every three years, revised more frequently as needed, and implemented. These policies and procedures shall be approved by the hospital's infection control committee.

(b) Policies and procedures for central supply shall include at least decontamination and sterile activities, including receiving, decontamination, storage, cleaning, packaging, disinfection, sterilization, and distribution of reusable items.

(c) All equipment and instruments in the hospital shall be processed according to central supply cleaning and sterilization policies and procedures.

(d) Manufacturers' recommendations for equipment use, testing, and cleaning shall be readily available in central supply services and in the department where the equipment is used.

Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(a).
In (a), substituted "at least once every three years, revised more frequently" for "annually, revised" following "reviewed".

### 8:43G–8.2 Central supply staff qualifications

(a) There shall be a full-time director or supervisor of central supply services.

(b) By January 1, 1991, the director or supervisor of central supply shall have received a certificate for completing a central service training course recognized by the Department of Health.

### 8:43G–8.3 (Reserved)

### 8:43G–8.4 Central supply patient services

(a) Entrance to the central supply processing and decontamination area shall be restricted to persons attired in hospital-laundered or protective attire, in relation to the purpose and scope of their duties.

(b) All reusable patient care items shall be reprocessed according to manufacturers' recommendations.

(c) There shall be a preventive maintenance program for all patient care equipment processed by central supply that includes performance verification records. Preventive maintenance shall be documented.

(d) All patient care equipment shall be cleaned, disinfected, or sterilized, according to the use of the item.

(e) Shelf life of packaged sterile items shall be determined and indicated on the items according to central supply sterilization policies and procedures which follow guidelines recommended by the Association for the Advancement of Medical Instrumentation (AAMI) as outlined in "Good Hospital Practice: Steam Sterilization and Sterility Assurance," incorporated herein by reference.

(f) Single-use items shall be reused or reprocessed only if the manufacturer recommends reuse or reprocessing, or if the hospital has scientific validation of the safety of reprocessing and reuse of the item. Procedures for reprocessing and reuse shall conform with these recommendations or validation studies.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
AAMI standard incorporated by reference.

### 8:43G–8.5 (Reserved)

### 8:43G–8.6 Central supply space and environment

(a) Sterile supplies shall be processed, packaged, rotated, distributed, stored, and dated in such a way as to ensure the integrity and sterility of the sterile item.

(b) Exterior shipment cartons shall not be brought into sterile supply storage or processing areas.

(c) Soiled or contaminated supplies shall be physically separated from those that are clean or sterile.

(d) All work surfaces in central supply shall be cleaned with germicidal disinfectant at the end of each work shift.

(e) An area shall be designated for central supply employees to change their clothing and store personal items.

### 8:43G–8.7 Central supply supplies and equipment

(a) An illuminated worktable shall be provided to examine linen used for wrapping sterile supplies for tears, pinholes, and other defects.

(b) Laparoscopes, arthroscopes, and other scopes that enter normally sterile areas of the body shall be sterilized or given high-level disinfection after each use according to manufacturers' recommendations or according to policy established by the hospital's infection control committee.

(c) Scopes and all channels that enter non-sterile areas of the body shall be given high level disinfection after each use according to the manufacturers' recommendations or according to hospital policy.

(d) Accessories to scopes shall be sterilized or processed according to manufacturers' recommendations after each use.

(e) The efficacy of chemicals used for high-level disinfection shall be verified by the use of a test method specific to the chemical if a valid and reliable test method is available and feasible for use in a hospital setting.

(f) There shall be a system for monitoring the processing of all equipment and instruments in the hospital for adherence to central supply policies and procedures.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Text on sterilization procedures added at (c) and (d).

**8:43G–8.8 (Reserved)**

**8:43G–8.9 Central supply staff education and training**

(a) Requirements for the central supply education program shall be as provided in N.J.A.C. 8:43G–5.9.

(b) All new central supply service employees shall receive on-the-job training on practices and equipment unique to the hospital.

**8:43G–8.10 Central supply quality improvement methods**

There shall be a program of continuous quality improvement for central supply that is integrated into the hospital continuous quality improvement program and includes regularly collecting and analyzing data to help identify health-service problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data.

Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(a).
Substituted references to continuous quality improvement for references to quality assurance throughout.

**8:43G–8.11 Sterilizer patient services**

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

(b) Before they are sterilizer processed, all instruments and equipment shall be visually inspected for cracks, pitting, rust, or any condition that would impede cleaning.

(c) Sterilizers in use shall be kept clean.

(d) Sterilizer drains shall be flushed at least weekly, unless otherwise specified by the manufacturer.

(e) Sterilizer door gaskets shall provide effective sealing.

(f) Methods for processing reusable medical devices shall conform with the following or revised or later editions, if in effect, incorporated herein by reference:

1. The current edition of the Centers for Disease Control "Methods for Assuring Adequate Processing and Safe Use of Medical Devices";

2. The Association for the Advancement of Medical Instrumentation, (AAMI) requirements, "Good Hospital Practice: Steam Sterilization and Sterility Assurance;" and

3. The Association for the Advancement of Medical Instrumentation, (AAMI) requirements, "Good Hospital Practice: Steam Sterilization Using the Unwrapped Method (Flash Sterilization)."

(g) Instruments and medical devices sterilized by ethylene oxide shall be aerated in a mechanical aerator according to manufacturer's recommendations, or if these recommendations are not available, they shall be aerated at 140 degrees Fahrenheit for a minimum of eight hours or at 122 degrees Fahrenheit for a minimum of 12 hours.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Standards listed at (f)1–3 incorporated by reference.

**8:43G–8.12 Sterilizer space and environment**

Each sterilizer processing area shall have exhaust ventilation to remove heat, moisture, and odors without recirculating the exhaust to other areas of the hospital.

**8:43G–8.13 Sterilizer supplies and equipment**

(a) All sterilizers shall be operated and maintained in accordance with the manufacturers' instructions.

(b) An indicating thermometer, accurate to three degrees Fahrenheit, shall be located in all ethylene oxide aeration equipment.

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

(d) Double wrapped muslin/paper wrappers shall use an internal and external chemical indicator to monitor every package sterilized. Peel packaging shall have an internal indicator.

(e) The following equipment tests and monitoring shall be performed as specified and records, including load number, contents of the load, and expiration date, shall be maintained for at least one full year:

1. A prevacuum air removal test shall be performed daily on each prevacuum sterilizer and following repair or breakdown of the prevacuum sterilizer;

2. Biological monitoring with live spores shall be performed at least daily on each ethylene oxide sterilizer and following repair or breakdown of the ethylene oxide sterilizer;

3. For steam sterilizers used to sterilize instruments, biological monitoring with live spores shall be performed weekly for each steam autoclave and following repair or breakdown of the steam sterilizer; and

4. A biological monitor shall be used with each load containing implantable or intravascular items. Implantables shall not be used until the negative biological test is received.

(f) In the event of positive biological test results on a sterilizer, effective corrective action shall be taken, including retesting and recall if indicated.

(g) There shall be an established recall system in effect.

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## SUBCHAPTER 9. CRITICAL AND INTERMEDIATE CARE

### 8:43G–9.1 Scope

The standards set forth in this chapter shall apply to licensed critical and intensive care beds inclusive of medical, surgical, coronary, pulmonary, cardiovascular, and neurological critical care, but not pediatric or neonatal intensive care.

### 8:43G–9.2 Critical care structural organizations

(a) There shall be an organizational chart, or alternative documentation, that delineates the lines of authority, responsibility, and accountability of staff in the critical care service.

(b) There shall be a multidisciplinary critical care committee or its equivalent for critical care units that includes representatives of at least the medical and nursing staff. The committee shall discuss issues related to the administration of the critical care practice that will enhance patient care.

(c) Meetings with representatives of critical care medical and nursing personnel, at management and staff levels, shall be scheduled at least four times a year to improve interdisciplinary communication.

### 8:43G–9.3 (Reserved)

### 8:43G–9.4 Critical care policies and procedures

(a) The critical care service shall have written policies and procedures that are reviewed at least once every three years, revised more frequently as needed, and implemented. They shall include at least:

1. Criteria for admission to and discharge and transfer from the unit;

2. A list of procedures that resident physicians, who are graduates of an accredited medical school participating in an approved training program in a hospital setting, may and may not perform;

3. Infection control protocols;

4. Protocols for transfer and transport of patients within the hospital or from the hospital to another facility including who shall accompany the patient being transferred or transported;

5. A visitors policy that specifies visiting hours and number of visitors permitted each patient at any one time, subject to the discretion of the patient's physician or primary care nurse;

6. A policy on the removal of a patient's life support system;

7. A policy defining the physician, specialist and consulting physician to be called for patient emergencies, including a response time for physicians to respond to patient emergencies;

8. Standing orders for patient emergencies;

9. Policies on involving and communicating with families of patients during the first 24 hours after admission and throughout the patient's stay;

10. The hospital shall have in effect policies and procedures which ensure that priority lab services will be available to critical care patients if medically indicated; and

11. Policies on including the registered professional nurse in discussions and decisions among physicians and families about the use of resuscitation technology on patients in the critical care unit.

Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(a).
In (a), substituted "at least once every three years, revised more frequently" for "annually, revised" in the introductory paragraph.

### 8:43G–9.5 Critical care staff qualifications

(a) There shall be a physician director who has clinical responsibility for the care rendered in each critical care unit or combination of critical care units.

(b) The physician director of the critical care unit or combination of units shall be board certified in medicine, anesthesia, or surgery, and/or have completed a formal fellowship program in critical care approved by the specialty board in the individual's primary specialty. In the case of a critical care unit that provides one specialty area of critical care, such as coronary care, the physician director of the unit shall be board certified in that particular specialty or subspecialty.

4. Ophthalmic surgery;

5. Obstetric-gynecologic surgery;

6. Plastic surgery;

7. Oral/maxillofacial surgery;

8. Thoracic surgery;

9. Cardiology;

10. Internal medicine;

11. Pulmonary medicine;

12. Pediatrics; and

13. Radiology.

(e) For Level I trauma centers, there shall be physicians on call and promptly available in each of the following additional specialties:

1. Microvascular surgery (replant/flaps);

2. Hand surgery;

3. Cardiac surgery;

4. Pediatric surgery; and

5. Infectious disease.

New Rule, R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–12.18 Trauma services patient services**

(a) The trauma service is required to provide on-site specialized services, including, at a minimum:

1. Acute hemodialysis;

2. Radiological services as follows:

i. Angiography;

ii. Computerized tomography, with a technician present in the hospital 24 hours a day; and

iii. Nuclear scanning;

3. For Level I trauma centers, cardiac surgery designation; and

4. A critical care unit for trauma center patients with a nurse:patient ratio of at least 1:2 on each shift.

New Rule, R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–12.19 Trauma services environment**

There shall be an immediately available and adequately staffed operating room in-hospital 24 hours a day, for any emergency operative procedures needed by trauma center patients.

New Rule, R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–12.20 Trauma services quality improvement**

(a) There shall be an organized quality improvement program at Level I and Level II trauma centers that is integrated into the hospital quality assurance program and includes regularly collecting and analyzing data to help identify health-service problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data.

(b) The quality improvement program shall include periodic collection and review of data in at least the following areas:

1. All trauma deaths and other cases identified by clinical indicators as potential problems;

2. Morbidity review;

3. Multidisciplinary trauma conference;

4. Medical nursing audit, utilization review, tissue review;

5. Review of prehospital trauma care; and

6. Any instances of bypass or diversion of major trauma patients.

New Rule, R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–12.21 Trauma services trauma registry**

(a) Each Level I and Level II trauma center shall maintain a trauma registry enumerating demographic, injury scene, prehospital, emergency department, inpatient, and discharge/outcome data for all patients treated or evaluated by the trauma center. The trauma registry shall include all items in a minimum data set defined by the Department.

(b) All other hospitals shall maintain a trauma registry for major trauma patients, including all items in an abbreviated data set determined by the Department.

(c) In accordance with procedures which shall be established and promulgated by the Department by December 20, 2000, all hospitals shall periodically submit computerized trauma registry data to the Office of Emergency Medical Services, New Jersey Department of Health and Senior Services, for inclusion in the New Jersey State Trauma Registry.

(d) The Department shall not publicly disclose trauma registry data that identifies patients, staff, quality improvement determinations, or any data related to mortality or mortality rates for identified hospitals.

New Rule, R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–12.22 Trauma services compliance**

(a) After designation, Level I and Level II trauma centers shall demonstrate continuing compliance with the applicable

requirements of this subchapter according to the following process:

1. Trauma centers shall maintain current verification at Level I or Level II in accordance with the verification review program conducted by the Committee on Trauma of the American College of Surgeons (ACS), described in Chapter 22 (page 97) of "Resources for the Optimal Care of the Injured Patient 1999," published by the Committee on Trauma, American College of Surgeons, 633 N. St. Clair Street, Chicago, IL 60611–3211, (312) 202–5456, incorporated herein by reference;

2. Trauma centers shall undergo ACS reverification reviews, at the hospital's expense, prior to expiration of current verification. The trauma center shall arrange for staff of the Office of Emergency Medical Services (OEMS) at the Department of Health and Senior Services to be present at such reviews;

3. The trauma center shall submit a copy of the written report of the ACS Verification Review Committee site visit to OEMS, and shall certify that it has corrected "criteria" deficiencies and addressed "non-criteria" recommendations contained in the ACS report within six months of receiving the report. However, individual patient chart reviews shall be considered confidential information, are not required to be submitted, and shall not be disclosed to the public;

4. The Department may use information from ACS verification reviews in the conjunction with other survey methods to determine whether licensure deficiencies have occurred, in accordance with the provisions of N.J.A.C. 8:43E; and

5. The Department may terminate the Level I or Level II designation of a trauma center for failure to maintain ACS verification or other licensure deficiencies if a continuing pattern of substandard care is demonstrated which adversely affects patient outcomes and which has not been corrected within six months. Proposed termination shall follow the process for enforcement remedies and hearings set forth in N.J.A.C. 8:43E.

New Rule, R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–12.23 Pediatric trauma services**

(a) In addition to meeting the requirements in N.J.A.C. 8:43G–12.12 through 12.22, each Level I and Level II trauma center shall continuously maintain verification by the Committee on Trauma of the American College of Surgeons (ACS) as an adult trauma center for caring for injured children, in accordance with Chapter 10 (pages 39–42) of the ACS publication identified in N.J.A.C. 8:43G–12.22(a)1, except as otherwise provided in (b) below.

(b) A Level II trauma center which cannot meet the ACS pediatric trauma requirements specified in (a) above shall enter into a transfer agreement with the Level I trauma center for its region for the triage or transfer of pediatric trauma cases which the Level II trauma center does not have the capabilities to treat.

(c) Level I and Level II trauma centers shall have licensed general pediatric beds at the same site as other trauma center facilities and resources.

New Rule, R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

## SUBCHAPTER 13. HOUSEKEEPING AND LAUNDRY

**8:43G–13.1 Housekeeping policies and procedures**

(a) The housekeeping service shall have written policies and procedures that are reviewed at least once every three years, revised more frequently as needed, and implemented. They shall include, at a minimum, scope of responsibility, assignment by designated unit, and responsibility for all cleaning tasks.

(b) The housekeeping service shall have a written schedule that determines the frequency of cleaning and maintaining cleanliness for all equipment, structures, areas, and systems within its scope of responsibility.

(c) There shall be a list available at all times of all cleaning and disinfecting agents used in the hospital together with a list of their antidotes.

(d) Records of all pesticides and herbicides used at the hospital shall be maintained on-site, together with a description of their antidotes.

(e) All cleaning and disinfecting agents shall be correctly labeled with the name of the product and its use, including agents that have been repackaged from a bulk source.

Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Rewrote (a).

**8:43G–13.2 Housekeeping staff qualifications**

There shall be a housekeeping or environmental service with a designated director who has at least two years of experience in institutional housekeeping or environmental services.

**8:43G–13.3 (Reserved)**

**8:43G–13.4 Housekeeping patient services**

(a) All areas, including areas with limited access such as cabinets, drawers, locked medication rooms, and storage areas, shall be kept clean to sight and touch.

(b) All toilets and bathrooms shall be kept clean to sight and touch, in good repair, and free of odors that reflect poor housekeeping practices.

(c) Reusable hand-cleanser dispensers shall be clean inside and out. Disposable dispensers shall be discarded.

(d) Floors shall be kept clean.

(e) Hard surfaced floors shall be coated with a slip-resistant floor finish.

(f) Carpeting shall be kept clean and odor free and shall not be frayed, worn, torn, or buckled.

(g) Window and partitioning curtains and drapes shall be kept clean to sight and touch and odor-free.

(h) Walls, ceilings, and vents shall be kept clean to sight and touch and odor-free.

(i) Windows and screens shall be kept clean to sight and touch, and in good repair.

(j) Mattresses, mattress pads and coverings, pillows, bedsprings, and other furnishings shall be properly maintained and kept clean. They shall be thoroughly cleaned and disinfected upon discharge of each patient.

(k) All equipment and environmental surfaces shall be kept clean to sight and touch.

(*l*) When areas of the hospital are undergoing renovation or new construction, protective measures shall be taken to contain dust and redirect traffic in patient care areas.

(m) Housekeeping and cleaning supplies shall be selected, measured, and used correctly and according to manufacturers' instructions.

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

(*o*) Fly strips shall not be located over food preparation and service areas or in patient care areas.

(p) Buildings and grounds shall be inspected periodically by the director of housekeeping or a designee and maintained in a clean and safe condition.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Fly strips prohibited in patient care areas.

**8:43G–13.5 Housekeeping supplies and equipment**

(a) Toilet tissue and proper waste receptacles shall be provided in all toilet areas.

(b) Hand cleanser, sanitary towels, and waste receptacles or hand-drying machines shall be provided at each hand-washing unit. Hand cleanser and hand-drying machines shall be approved by the infection control committee.

(c) All portable equipment, such as carts, stretchers, intravenous poles, and wheelchairs, shall be kept clean and maintained in good repair.

(d) When not in use, cleaning and disinfecting agents shall be stored separate from other supplies and in enclosed areas.

(e) Cleaning agents used in the hospital shall be approved by the housekeeping service and the infection control committee.

**8:43G–13.6 (Reserved)**

**8:43G–13.7 Housekeeping staff education and training**

(a) Requirements for the housekeeping education program shall be as provided in N.J.A.C. 8:43G–5.9.

(b) Orientation for new housekeeping employees shall include training in cleaning and infection control techniques.

(c) For specialty units, including at least the newborn nursery, surgical suite, emergency department, pediatrics, critical care, renal dialysis, post mortem, and central services sterile preparation, housekeeping staff shall be specifically trained jointly by housekeeping and the unit staff to clean the unit to which they are assigned.

**8:43G–13.8 Housekeeping quality assurance methods**

(a) There shall be a program of quality assurance for housekeeping that is coordinated with the hospital quality assurance program and includes regularly collecting and analyzing data to help identify problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data.

(b) Hospitals that contract with a commercial housekeeping service shall use quality assurance measures to ensure that the same standards are met as apply to an in-house housekeeping service.

**8:43G–13.9 Laundry policies and procedures**

(a) The laundry service shall have written policies and procedures, which are reviewed annually, revised as needed, implemented, and followed, and which include at least a policy that identifies special handling practices for soiled laundry.

(b) Contaminated laundry shall be specially handled according to the hospital's written protocol, which is approved by the infection control committee and the director of the laundry service.

### 8:43G–13.10 Laundry staff qualifications

There shall be a designated director or supervisor of laundry with specialized training or education in institutional laundry service.

### 8:43G–13.11 Laundry patient services

(a) All soiled laundry from patient rooms and other service areas shall be transported in such a way that no leakage occurs.

(b) Laundry carts shall be in good repair, kept clean, and identified for use with either clean linen or soiled laundry.

(c) Clean linen shall be transported in covered carts and stored in a covered or enclosed area.

(d) Bedding (sheets, pillowcases, drawsheets, and blankets) and clothing provided to staff and patients shall be clean.

### 8:43G–13.12 Laundry space and environment

(a) Soiled laundry shall be stored in containers provided for it in a clean, ventilated, vermin-proof and vermin-free area, separate from other supplies. It shall be collected from the storage area regularly so that it does not overflow or accumulate beyond the capacity of the storage containers.

(b) Soiled laundry shall be stored, sorted, rinsed, and laundered only in areas specifically designated for those purposes.

(c) If a laundry chute is used, it shall be kept locked.

(d) If a laundry chute is used, it shall be maintained in good repair and cleaned, and there shall be no build-up of visible soil.

(e) Laundry chutes shall empty into an enclosed room.

(f) If the hospital has an in-house laundry for the bulk of the hospital's linens, it shall provide a receiving, holding, and sorting area with hand washing facilities. The walls, floor, and ceiling of the area shall be kept clean and in good repair.

(g) If the hospital has a limited-use, home-style laundry (for example, for the use of the psychiatric unit or for laundering items such as cubicle curtains), the walls, floor, and ceiling of the area shall be kept clean and in good repair.

(h) If the hospital contracts with a commercial laundry service, the hospital shall have areas for sorting and receiving laundry. These areas shall be kept clean and in good repair.

(i) A written schedule shall be developed and implemented for removing lint from laundry areas on a routine basis.

(j) If the hospital has an in-house laundry, the flow of ventilating air shall be from clean to soiled areas, and ventilation shall be adequate to prevent odor build-up. Soiled laundry and clean linen shall be kept separate.

### 8:43G–13.13 Laundry supplies and equipment

(a) The hospital shall have on-site a supply of sheets, pillowcases, drawsheets, blankets, towels, and washcloths that is at least three times the number of occupied beds.

(b) If the hospital has an in-house laundry, an established protocol shall be followed to reduce the number of bacteria in the fabrics. Equipment and surfaces that come into contact with soiled laundry and clean linen shall be sanitized.

(c) The laundry service shall monitor at least the following:

1. pH;
2. Unsafe objects found;
3. Linen supply; and
4. Stained linens.

(d) A random sample of all laundry batches from all sources shall be sour tested to ensure neutralization of alkaline residues from built detergents. Sour testing is a test performed to indicate the degree of acidity or alkalinity of linens. Built detergents is a mixture of one or more alkaline detergents that contains not less than 50 percent anhydrous soap (pure soap, free from water). Fabric pH shall be maintained at 7.0 or below after souring when built detergents are used.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Bacterial monitoring deleted at (c)1.

### 8:43G–13.14 Laundry staff education and training

(a) Requirements for the laundry staff education program shall be as provided in N.J.A.C. 8:43G–5.9.

(b) Orientation for new laundry employees shall include protocols for handling and receiving soiled laundry and clean linen.

### 8:43G–13.15 Laundry continuous quality improvement methods

(a) There shall be a program of continuous quality improvement for the laundry service that is coordinated into the hospital continuous quality improvement program and includes regularly collecting and analyzing data to help identify problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data.

(b) Hospitals .that contract with a commercial laundry service shall use continuous quality improvement measures to ensure that the standards of N.J.A.C. 8:43G–13.9 through this section are met.

Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Substituted references to continuous quality improvement for references to quality assurance throughout.

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## SUBCHAPTER 14. INFECTION CONTROL AND SANITATION

### 8:43G–14.1 Infection control structural organization

(a) There shall be a hospital infection control committee that includes representatives from at least: infection control, medical staff, nursing service, administration, clinical laboratory, respiratory care service, surgery, and the employee health service. The committee shall receive formal advice from all other services upon its request.

(b) The infection control committee shall direct and assure compliance with the infection control program, including at least the following:

1. Formulating a system for identifying and monitoring nosocomial infections that is at least equivalent to the Centers for Disease Control "Definitions for Nosocomial Infections, 1988", PB88–187117, and CDC Guidelines for Isolation Precautions in Hospitals incorporated herein by reference.

2. Developing and implementing a system of infection control and isolation procedures, including Universal Precautions, using at least criteria which meet or exceed the criteria established by 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 or revised or later editions, if in effect;

3. Reviewing and approving written policies and procedures for decontamination, disinfection, sterilization, and handling of regulated medical waste and all other solid waste;

4. Instituting control measures or studies when an infection control problem is identified;

5. Reviewing, on at least an annual basis, the hospital's policies and procedures related to isolation, aseptic technique, employee health, staff training, antibiotic susceptibility and trends, the prevention of infection, and general improvement of patient care; and

6. Identifying and reporting communicable diseases throughout the hospital, with the cooperation of the clinical laboratory, medical records, and the medical staff, as specified in N.J.A.C. 8:57–1 of "Communicable Diseases", also known as Chapter II of the State Sanitary Code.

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) The infection control committee shall share information, including problems, data, and relevant recommendations, with at least the quality assurance program, nursing service, administration, and the medical staff, and shall ensure that corrective actions are taken.

(d) The infection control committee shall meet at least once every two months.

(e) The infection control practitioner shall participate in the development of all hospital policies and procedures related to infection control.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Respiratory care added at (a); nosocomial infection standard incorporated by reference.

**Case Notes**

Dentist had duty to protect sanitation worker stuck in forearm by dental instrument while collecting trash; dentist consciously disregarded regulatory requirements regarding disposal of medical waste materials; sanitation worker claimed emotional distress, fearing HIV infection. De Milio v. Schrager, 285 N.J.Super. 183, 666 A.2d 627 (L.1995).

**8:43G–14.2 (Reserved)**

**8:43G–14.3 Infection control staff qualifications**

The infection control practitioner shall have education or training in surveillance, prevention, and control of nosocomial infections.

**8:43G–14.4 (Reserved)**

**8:43G–14.5 Infection control staff time and availability**

(a) There shall be an infection control practitioner who is responsible for coordination of the infection control program.

(b) There shall be a ratio of the equivalent of at least one full-time infection control practitioner to every 250 occupied beds, but in no case less than one half full-time equivalent, as recommended by the Centers for Disease Control, in "The Efficacy of Infection Surveillance and Control Programs in Preventing Nosocomial Infection in U.S. Hospitals."

**8:43G–14.6 Infection control patient services**

(a) The hospital shall comply with all Category 1 measures of the following Centers for Disease Control current publications, incorporated herein by reference, unless the infection control committee makes a documented exception for a specific guideline:

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

2. Guidelines for Prevention of Intravascular Infections;

3. Guidelines for Prevention of Surgical Wound Infections;

4. Guidelines for Prevention and Control of Nosocomial Pneumonia; and

5. Guidelines for Handwashing and Hospital Environmental Control.

(b) Between October 1, or earlier if the vaccination is available, and February 1 of every year, provided a patient's medical condition permits, every patient aged 65 or older shall be provided the opportunity to receive vaccination against influenza, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control in effect at the time of vaccination, incorporated herein by reference. Receipt of the vaccination shall be documented on the patient's chart and made a part of the patient's permanent hospital record. Prior to administration of the vaccination, diligence shall be exercised to determine whether the patient has already received the influenza vaccination for the year in question.

1. Centers for Disease Control publications can be obtained from:

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

(c) As soon as a patient's medical condition permits, every patient aged 65 years or older shall be provided the opportunity to receive vaccination against pneumococcal disease, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control in effect at the time of vaccination, incorporated herein by reference. (See CDC address in (b)1 above.) Receipt of the vaccination shall be documented on the patient's chart and made a part of the patient's permanent hospital record. Prior to administration of the vaccination, diligence shall be exercised to determine whether the patient has received the pneumococcal vaccination within the preceding 10 years.

(d) Patients refusing either or both the influenza and/or pneumococcal vaccine(s) shall be requested to sign a form indicating that the vaccine was offered, but refused. The form shall contain all relevant patient identification information. Where applicable, the form shall indicate that the vaccination was refused because the patient has already received the vaccination. In the event the patient refuses to sign the form, the form shall so indicate. The refusal shall be documented on the patient's chart and made part of the patient's permanent hospital record. The refusal form shall also become a part of the patient's permanent hospital record.

(e) Hospitals shall collect data regarding patient influenza and pneumococcal immunization and shall report that data to the Department on an annual basis, beginning July 1, 2000, for calendar year 1999 data. The data shall be limited to the number of patients aged 65 and older receiving the influenza vaccine and the number of patients aged 65 and older receiving the pneumococcal vaccine.

Amended by R.1999 d.399, effective November 15, 1999.
See: 31 N.J.R. 1586(a), 31 N.J.R. 3820(a).
Added (b) through (e).

**8:43G–14.7 Infection control staff education and training**

(a) Requirements for the infection control staff education program shall be as provided in N.J.A.C. 8:43G–5.9.

(b) The infection control practitioner shall coordinate educational programs to address specific problems, as recommended by the Centers for Disease Control, or at least annually for staff in all patient care areas and services.

(c) Orientation for all new employees shall include infection control practices for the employee's specific area of service and the rationale for the practices.

### 8:43G–14.8 Infection control continuous quality improvement methods

The infection control practitioner shall develop and implement a program of continuous quality improvement that is integrated into the hospital continuous quality improvement program and includes regularly collecting and analyzing data to help determine the effectiveness of infection control practices. When corrective actions need to be taken based on data collected, the infection control committee shall recommend, implement, and monitor those actions. The infection control committee shall supervise these continuous quality improvement activities.

Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Substituted references to continuous quality improvement for references to quality assurance throughout.

### 8:43G–14.9 Sanitation patient services

(a) The water supply shall be adequate in quantity, of a safe sanitary quality, and from a water system that is constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A–1 et seq. and N.J.A.C. 7:10 and other applicable laws, ordinances, and regulations.

NOTE: The Safe Drinking Water Act and rules can be obtained from:

The Department of Environmental Protection
Bureau of Potable Water
PO Box 209
Trenton, NJ 08625

(b) Hot running water (between 95 and 110 degrees Fahrenheit) and cold running water shall be provided in patient care areas.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Patient care water temperature redefined.

### 8:43G–14.10 Sanitation space and environment

(a) Water piping carrying non-potable water shall be clearly labeled as such.

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

(c) There shall be no direct physical connections between city and well water supplies. Any physical connection between a public community water supply and an unapproved water supply, such as a well used by a hospital for emergency purposes, must be approved by the Department of Environmental Protection and the owner of the public community water supply and must conform with N.J.A.C. 7:10–10.

(d) There shall be no back siphonage conditions present.

(e) Equipment requiring water drainage, such as ice machines, shall be drained to a sanitary connection in a way that avoids splatter or overflow.

### 8:43G–14.11 Sanitation quality assurance methods

The hospital shall adhere to the water sampling schedule and the chemical and biological monitoring requirements of the water supply system set by the Department of Environmental Protection. Records of the sampling and monitoring shall be maintained.

### 8:43G–14.12 Regulated medical waste policies and procedures

(a) The hospital shall develop and implement and the infection control committee shall review, approve, and audit written policies and procedures for collection, storage, handling, and disposal of medical waste, in conformance with applicable Federal and State laws and regulations.

(b) The hospital shall comply with the provisions of 42 U.S.C. 6903, the Medical Waste Tracking Act of 1988, and N.J.S.A. 13:1E–48 et seq., the Comprehensive Regulated Medical Waste Management Act and all rules and regulations promulgated pursuant to the aforementioned Acts.

### 8:43G–14.13 Solid waste policies and procedures

The hospital shall develop and implement and the infection control committee shall review, approve, and audit written policies and procedures for collection, storage, handling, and disposal of all solid waste that is not regulated medical waste.

### 8:43G–14.14 Solid waste patient services

All solid waste that is not regulated medical waste shall be disposed of in a manner approved by the Department of Environmental Protection. Disposal shall be as frequent as necessary to avoid creating a nuisance.

### 8:43G–14.15 Solid waste space and environment

(a) Solid waste shall be stored within the containers provided for it in an area that is kept clean. Waste shall be collected from the storage area regularly to prevent nuisances such as odors, flies, other vermin, or rodents, and so that waste does not overflow or accumulate beyond the capacity of the storage containers.

(b) Garbage compactors shall be located on an impervious pad that is graded to a drain. The drain shall be kept clean and shall be connected to the sanitary sewage disposal system.

### 8:43G–14.16 Solid waste supplies and equipment

(a) Plastic bags shall be used for solid waste removal from patient care units and supporting departments. Bags shall be of sufficient strength to safely contain waste from

point of origin to point of disposal and shall be effectively closed prior to disposal.

(b) Outside storage containers for solid waste shall be kept covered, except those used for corrugated cardboard, recyclables, or construction materials.

(c) Indoor storage containers for solid waste shall be kept covered when necessary to control odors or other nuisances.

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## SUBCHAPTER 15. MEDICAL RECORDS

### 8:43G–15.1 Medical records structural organization

(a) There shall be a medical record department with the primary responsibility of maintaining medical records for all inpatients treated at the hospital.

(b) There shall be a system for identifying medical records to facilitate their retrieval by patient identifier.

(c) If the hospital ceases to operate, at least 14 days before cessation of operation the State Department of Health shall be notified in writing about how and where medical records will be stored.

(d) The hospital shall maintain a written organizational chart for the medical record department that delineates lines of authority and responsibility in the department.

(e) There shall be a system of access to the medical records of all patients, including outpatients.

### 8:43G–15.2 Medical records policies and procedures

(a) The medical record department shall have written policies and procedures that are reviewed at least once every three years, revised more frequently as needed, and implemented. They shall include at least:

1. Procedures for record completion, including chart analysis;

2. Conditions, procedures, and fees for releasing medical information; and

3. Procedures for the protection of medical record information against the loss, tampering, alteration, destruction, or unauthorized use.

(b) All entries in the patient's medical record shall be written legibly in ink, dated, and signed by the recording person or, if a computerized medical records system is used, authenticated.

1. If computer generated orders with a physician's electronic signature are used, the hospital shall develop a procedure to assure the confidentiality of each electronic signature and to prohibit the improper or unauthorized use of any computer generated signature.

2. If a facsimile communications system (Fax) is used, entries into the medical record shall be in accordance with the following procedures:

i. The physician shall sign the original order, history and/or examination at an off-site location;

ii. The original shall be Faxed to the hospital for inclusion into the medical record;

iii. The physician shall submit the original for inclusion into the medical record within 72 hours; and

iv. The faxed copy shall be replaced by the original. Facsimile reports produced by a plain-paper facsimile process can be used as an original document and do not need to be replaced by an original.

(c) Medical records, including outpatient records, shall be organized in a uniform format within each clinical service.

(d) The inpatient's complete medical record shall include at least:

1. Written informed consents, if indicated and documentation of the existence, or nonexistence, of an advance directive and the hospital's inquiry of the patient concerning this;

2. A complete history and physical examination, in accordance with medical staff policies and procedures;

3. Clinical/progress notes;

4. For surgical patients, a preanesthesia note made by the anesthesiologist before administration of anesthesia;

5. For surgical patients, an anesthesia record by the anesthesiologist or certified registered nurse anesthetist;

6. For surgical patients, a postanesthesia note made early in the postoperative period and after release from the recovery room by a member of the hospital's professional anesthesia team in accordance with policies and procedures developed in compliance with N.J.A.C. 8:43G–35.1(a);

7. For surgical patients, an operative report;

8. A postanesthesia care unit record, if applicable;

9. Consultation reports, where applicable;

10. Physician orders for treatment and medication;

(e) There shall be seven duplex receptacles for each infant care station.

(f) Storage facilities for the neonatal intensive care nursery shall be as follows:

1. There shall be storage and counter space for immediate use within the infant's room for each infant care station; and

2. There shall be at least 30 square feet of floor space for equipment for each infant care station immediately accessible to the nursery.

(g) A soiled utility room shall be provided.

(h) A clean utility room or area shall be provided.

(i) A free-standing handwashing sink with hands free controls shall be provided at the entrance to the intensive care nursery. One sink shall be provided for every three infant care stations within the nursery.

(j) There shall be on-call room(s) for staff on the same floor of the hospital with an adjoining toilet, lavatory and shower.

(k) There shall be at least three multi-purpose rooms available for consultation, breast feeding, lactation training and conferences.

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Recodified from N.J.A.C. 8:43G–19.52 and amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Rewrote the section. Former N.J.A.C. 8:43G–19.37, General newborn care functional area requirements, recodified to N.J.A.C. 8:43G–19.31.

### 8:43G–19.38 Shared services

(a) If the intermediate care and neonatal intensive care nurseries are located in the same suite, then the following services may be shared:

1. Janitor's closet;

2. Soiled utility;

3. Clean utility;

4. The three multi-purpose rooms required for a intensive care nursery;

5. Storage room;

6. Male/female staff lockers, lounge and toilets; and

7. On-call room.

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Recodified from N.J.A.C. 8:43G–19.53 and amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Rewrote the section. Former N.J.A.C. 8:43G–19.38, Staff offices and lounge, repealed.

### 8:43G–19.39 (Reserved)

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Repealed by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Section was "Infant formula facilities".

### 8:43G–19.40 (Reserved)

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Repealed by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Section was "Neonatal unit soiled utility room".

### 8:43G–19.41 (Reserved)

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Repealed by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Section was "Neonatal unit clean work area or room".

### 8:43G–19.42 (Reserved)

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Repealed by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Section was "Neonatal unit janitor's closet".

### 8:43G–19.43 (Reserved)

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Repealed by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Section was "Neonatal unit clerical area".

### 8:43G–19.44 (Reserved)

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Repealed by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Section was "Neonatal unit multipurpose rooms".

### 8:43G–19.45 (Reserved)

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Repealed by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Section was "Neonatal unit nursery area".

### 8:43G–19.46 (Reserved)

Recodified to N.J.A.C. 8:43G–19.32 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

### 8:43G–19.47 (Reserved)

Recodified to N.J.A.C. 8:43G–19.33 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–19.48 (Reserved)**

Recodified to N.J.A.C. 8:43G–19.34 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–19.49 (Reserved)**

New Rule, R.1990 d.422, effective September 4, 1990.
See: 21 N.J.R. 3642(a), 22 N.J.R. 2705(a).
Repealed by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Section was "Continuing care/growing area".

**8:43G–19.50 (Reserved)**

Recodified to N.J.A.C. 8:43G–19.35 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–19.51 (Reserved)**

Recodified to N.J.A.C. 8:43G–19.36 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–19.52 (Reserved)**

Recodified to N.J.A.C. 8:43G–19.37 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

**8:43G–19.53 (Reserved)**

Recodified to N.J.A.C. 8:43G–19.38 by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

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## SUBCHAPTER 20. EMPLOYEE HEALTH

**8:43G–20.1 Employee health policies and procedures**

(a) Employee health service shall have written policies and procedures that are reviewed at least once every three years, revised more frequently as needed, and implemented. These policies shall be readily available for employees to review and include at least the following:

1. The content and frequency of employee health examinations performed by a registered professional nurse, physician, or other qualified medical personnel as defined at N.J.A.C. 8:43G–20.2(a);

2. Precautionary measures to prevent the transmission of communicable diseases from employees to patients;

3. Requirements for a physician note approving an employee's return to work after an absence due to a communicable disease; and

4. Clinical restrictions for employees exposed to rubella or rubeola who are seronegative and unvaccinated.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Clinical restrictions added at (a)5.
Amended by R.1995 d.124, effective March 20, 1995.
See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).
Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 376(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
In (a), substituted "at least once every three years, revised more frequently" for "annually, revised" in the introductory paragraph, and rewrote 1.

**8:43G–20.2 Employee health services**

(a) Each new employee shall receive an initial health evaluation, which includes at least a documented history, which may be performed by a registered professional nurse, physician or other qualified personnel (defined as a licensed physician assistant or a certified nurse practitioner/clinical nurse specialist), and a physical examination.

(b) Employee health records shall be maintained for each employee. Employee health records shall be confidential, and kept in the employee health office separate from personnel records.

(c) The employee health record shall include documentation of all medical screening tests performed and the results.

(d) Each new employee, including members of the medical staff employed by the hospital, upon employment, shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions are employees with documented negative Mantoux skin test results (zero to nine millimeters of induration) within the last year (which will count as the first step; a second step shall be given prior to employment), employees with documented positive Mantoux skin test results (10 or more millimeters of induration), employees who 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 test shall be repeated one to three weeks later.

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

3. Any employee with positive results shall be referred to a physician and shall be excluded from work until authorized in writing to return to work by the employee health physician.

(e) Each employee, including members of the medical staff employed by the hospital, shall receive an annual Mantoux tuberculin skin test. The only exceptions are those employees exempted at (d) above. Results of positive Mantoux tuberculin skin tests administered to employees shall be acted upon in accordance with (d)2 above.

(f) Each employee, including members of the medical staff employed by the hospital, shall be given a rubella screening test using the rubella hemagglutination inhibition test or other rubella screening test within six months of the effective date of this subchapter. The only exceptions are employees who can document seropositivity from a previous rubella screening test or who can document inoculation with rubella vaccine, or when medically contraindicated.

(g) Each new employee, including members of the medical staff employed by the hospital, shall be given a rubella screening test upon employment.

(h) Each employee, including members of the medical staff employed by the hospital, 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 employees who can document receipt of live measles vaccine on or after their first birthday, physician-diagnosed measles, or serologic evidence of immunity.

(i) Each new employee, including members of the medical staff employed by the hospital, born in 1957 or later shall be given a rubeola screening test, upon employment.

(j) The hospital shall offer rubella and rubeola vaccination to all employees and medical staff.

(k) The hospital shall maintain a list identifying the name of each employee who is seronegative and unvaccinated.

(*l*) The hospital shall comply with the reporting requirements of the Department of Health's Division of Epidemiology, Environmental and Occupational Health Services for tuberculin and rubella test results, pursuant to N.J.A.C. 8:57. Information regarding testing and reporting can be obtained from:

New Jersey State Department of Health
Communicable Disease Control Services
PO Box 369
Trenton, NJ 08625–0369

(m) The hospital shall provide initial health care for employees who become ill or have a work-related illness or injury. "Initial health care" means that the ill or injured employee shall be seen and evaluated by a physician, licensed physician assistant, or certified nurse practitioner/clinical nurse specialist and stabilized prior to referral for further treatment, as appropriate.

(n) Personnel who are absent from work because of any reportable communicable disease, infection, or exposure to infection, as defined in N.J.A.C. 8:57, shall be excluded from working in the hospital until they have been examined by a physician and certified by the physician as no longer endangering the health of patients or employees. If the absence is less than three full days, the hospital's employee health nurse may certify that the employee is able to return to work.

(*o*) The hospital shall have a program addressing the needs of impaired employees, which at a minimum, shall include methods or mechanisms to identify and refer impaired employees to rehabilitation programs.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Text added at (f)-(i) on rubella/rubeola.
Amended by R.1995 d.124, effective March 20, 1995.
See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).
Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 376(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Rewrote (a) and (m); in (d), inserted "(which will count as the first step; a second step shall be given prior to employment)" in the second sentence of the introductory paragraph, and added 3; in (g), deleted "in accordance with (e) above" at the end; in (h), deleted "by March 1, 1992" at the end of the first sentence; in (i), deleted ", in accordance with (g) above" at the end; and in (n), added a second sentence.

### 8:43G–20.3 (Reserved)

### 8:43G–20.4 Employee health education

Requirements for the employee health education program shall be as provided in N.J.A.C. 8:43G–5.9.

### 8:43G–20.5 (Reserved)

### 8:43G–20.6 Employee health continuous quality improvement methods

There shall be a program of continuous quality improvement for employee health that is integrated into the hospital continuous quality improvement program and includes regularly collecting and analyzing data to help identify employee health problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data.

Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 376(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Substituted references to continuous quality improvement for references to quality assurance throughout.

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## SUBCHAPTER 21. ONCOLOGY

### 8:43G–21.1 Scope of oncology standards

The standards in this subchapter shall apply only to hospitals that have a separate, designated patient care unit for oncology.

### 8:43G–21.2 Oncology structural organization

(a) There shall be a multidisciplinary cancer committee, chaired by a physician, that is responsible for at least the development of oncology policies and procedures, tumor review, and tumor registry.

(b) There shall be a formal mechanism for communication between the oncology service and each of the following clinical areas: nursing, dietary, social work, and pharmacy.

**8:43G–21.3 (Reserved)**

**8:43G–21.4 Oncology policies and procedures**

(a) The unit shall have written policies and procedures that are reviewed at least once every three years, revised more frequently as needed, and implemented. They shall include at least:

1. Criteria for admission;

2. Guidelines for mixing chemotherapy, when performed on the unit, that reference Occupational Safety and Health Administration (OSHA) guidelines: "Work Practice Guidelines for Personnel Dealing with Cytotoxic Drugs," OSHA Instruction PUB 8–1.1, PB 89203301 Office of Occupational Medicine;

3. Guidelines for administering chemotherapy that follow national Oncology Nursing Society guidelines; available from the Oncology Nursing Society, 1016 Greentree Road, Pittsburgh, PA 15220–3125, telephone 412–921–7373.

4. Training of nursing and housekeeping staff in the disposal of chemotherapeutic agents;

5. Use, handling, storage, and disposal of specific chemicals, agents, and body wastes;

6. Assuring informed consents to chemotherapy; and

7. Psychological/social and spiritual aspects of patient care.

(b) There shall be written visiting policies for patients that allow for visits by children and 24–hour visitation rights for designated visitors.

Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 376(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
In (a), substituted "at least once every three years, revised more frequently" for "annually, revised" in the introductory paragraph.

**8:43G–21.5 Oncology staff qualifications**

(a) There shall be a clinical coordinator with responsibility to administer the program of care who is a registered professional nurse with the equivalent of two years of full-time experience in oncology.

(b) There shall be a clinical resource person who is a registered professional nurse with the equivalent of two years of clinical experience in oncology who is available to the unit.

**8:43G–21.6 (Reserved)**

**8:43G–21.7 Oncology staff time and availability**

(a) A member of social work services shall be assigned to the unit to provide psychosocial services, assist with discharge planning, and provide information regarding financial aspects of care.

(b) A registered dietitian shall be assigned to the oncology service.

**8:43G–21.8 (Reserved)**

**8:43G–21.9 Oncology patient services**

(a) There shall be multidisciplinary patient care team meetings that take place on a regularly scheduled basis and include at least a physician or physician's appointed designee, a nurse, a social worker, a dietitian, and other disciplines as necessary.

(b) Patient and family teaching shall be provided in any case where the patient and family are in need of and able to receive instruction.

(c) Criteria shall be developed in consultation with the social work department for identifying patients in need of social work services and/or discharge planning and making referrals as needed.

(d) There shall be a system to refer patients, family, and staff to in-house and community support groups and services.

**8:43G–21.10 (Reserved)**

**8:43G–21.11 Oncology space and environment**

(a) There shall be food-warming facilities on the unit for use by patients and their families.

(b) Single bedrooms shall be available as needed to accommodate patients with neutropenia, bone marrow transplants, or radiation implants.

**8:43G–21.12 (Reserved)**

**8:43G–21.13 Oncology supplies and equipment**

A Class 2 Vertical Laminar Air Flow Hood shall be used during the preparation of all chemotherapy on the unit. Occupational Safety and Health Administration (OSHA) guidelines: "Work Practice Guidelines for Personnel Dealing with Cytotoxic Drugs," OSHA Instruction PUB 8–1.1, Office of Occupational Medicine, shall be used to develop procedures for preparing chemotherapy.

(b) The building maintenance service shall be provided with copies of the written instructions for operating and maintaining departmental and unit equipment. These instructions shall be systematically retained in the departments or units in which the equipment is used.

(c) All life-sustaining equipment shall be plugged into outlets connected to the emergency power supply.

(d) Routine maintenance inspections of elevators shall be conducted in accordance with local ordinances.

(e) The standby emergency generator shall be checked weekly, tested under load monthly, and serviced in accordance with accepted engineering practices.

(f) Floors, ceilings, and walls shall be free of cracks and holes, discoloration, residue build-up, water stains, and other signs of disrepair.

**8:43G–24.5 (Reserved)**

**8:43G–24.6 Plant maintenance staff education**

Requirements for the plant maintenance education program shall be as provided in N.J.A.C. 8:43G–5.9.

**8:43G–24.7 (Reserved)**

**8:43G–24.8 Physical plant general compliance for new construction, alteration or renovation**

(a) The hospital shall comply with the New Jersey Uniform Construction Code (N.J.A.C. 5:23 under Use Group I–2), standards imposed by the United States Department of Health and Human Services (HHS), the New Jersey Departments of Health and Community Affairs, and the Guidelines for Construction and Equipment of Hospital and Medical Facilities (1987 edition, as published by The American Institute of Architects Press, 1735 New York Ave., NW, Washington, D.C. 20006, Pub. No. ISB N0–913962–96–1). In order to avoid conflict between N.J.A.C. 5:23 and the other standards listed above, Sections 501.3, 610.4.1, 704.0, 705.0, 706.0, 708.0, and 916.5 of the 1987 BOCA Basic Building Code of the New Jersey Uniform Construction Code shall not govern with respect to health care facilities.

(b) The hospital shall submit plans and specifications to the Construction and Monitoring Program, Health Facilities Evaluation, New Jersey Department of Health, CN 367, Trenton, N.J. 08625–0367, for approval prior to construction, alteration, or renovation.

**8:43G–24.9 (Reserved)**

Repealed by R.1995 d.124, effective March 20, 1995.
See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).
Formerly "Physical plant general compliance for construction, alteration or renovation completed during the period of July 1, 1979 through May 7, 1981 or May 8, 1981 through October 1, 1987; mandatory".

**8:43G–24.10 (Reserved)**

Repealed by R.1995 d.124, effective March 20, 1995.
See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).
Formerly "Physical plant general compliance for construction, alteration or renovation completed during the period of August 1, 1977 through July 1, 1979; mandatory".

**8:43G–24.11 (Reserved)**

Repealed by R.1995 d.124, effective March 20, 1995.
See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).
Formerly "Physical plant general compliance for construction, alteration or renovation completed during the period of September, 1974 to August 1, 1977; mandatory".

**8:43G–24.12 (Reserved)**

Repealed by R.1995 d.124, effective March 20, 1995.
See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).
Formerly "Physical plant maintenance general compliance for construction, alteration or renovation completed prior to September, 1974; mandatory".

**8:43G–24.13 Fire and emergency preparedness**

(a) The hospital shall comply with the 1985 edition of the National Fire Protection Association "Life Safety Code" (N.F.P.A. 101, Chapter 12 for new construction and Chapter 13 for existing construction), available from NFPA, 1 Batterymarch Park, Quincy, MA, 02169, (1–800–344–3555). If the building was constructed prior to 1968, the hospital shall have the option of applying for approval from the State Department of Health under Fire Safety Evaluation System (FSES) requirements. Such approval shall be obtained prior to the annual licensure inspection survey and shall include prearranged inspection by a State Department of Health surveyor.

(b) All employees, including part-time employees, temporary agency personnel, and private duty nurses 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 of hospital buildings as part of their initial orientation and at least annually thereafter.

(c) All employees, including part-time employees, temporary agency personnel, and private-duty nurses, shall receive printed instructions on procedures to be followed in case of emergency, including patient evacuation of the buildings.

(d) A written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers shall be posted conspicuously on a wall in each patient care unit.

(e) Exits, stairways, doors, and corridors shall be kept free of obstructions.

(f) Fire drills shall be conducted at least 12 times per year, with at least one drill on each shift and one drill on a weekend.

(g) Fire extinguishers shall be visually inspected at least monthly; fully inspected at least annually, recharged, re-

paired and hydrotested as required by manufacturer's instructions; and labeled with the date of the last inspection.

(h) Fire detectors and alarm systems shall be inspected and tested at least twice a year by a certified testing agency. Written reports of the last two inspections shall be kept on file.

(i) Fire suppression systems shall be tested at least twice a year by an approved and certified testing agency. Written reports of the last two inspections shall be kept on file.

(j) There shall be a comprehensive, current, written preventive maintenance program for fire detectors, alarm systems, and fire suppression systems that includes regular visual inspection. This program shall be documented.

(k) There shall be a procedure for investigating and reporting fires. All fires that result in a patient or patients being moved shall be reported to the New Jersey State Department of Health immediately by telephone at (609) 588–7725 or (609) 392–2020 after business hours and followed up in writing within 72 hours. In addition, a written report of the investigation shall be forwarded to the Department of Health as soon as it becomes available.

(*l*) The hospital shall have an alternate emergency power supply. If such emergency power supply is a diesel emergency power generator, there shall be enough stored fuel to maintain power for at least 24 hours.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Most recent two inspections to be on file.

**8:43G–24.14 (Reserved)**

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## SUBCHAPTER 25. POST MORTEM

**8:43G–25.1 Policies and procedures**

(a) The hospital shall have written policies and procedures for post mortem services that are reviewed at least once every three years, revised more frequently as needed, and implemented. These policies shall delineate the responsibilities of the medical staff, nursing, and post mortem services staff, and shall include procedures for at least the following:

1. Identifying the body;

2. Safe and proper handling to prevent damage to the body;

3. Safeguarding personal effects of the deceased and release of personal effects to the appropriate individual;

4. Handling of toxic chemicals by morgue and housekeeping staff;

5. Infection control, including disinfection of equipment;

6. Identifying and handling high-risk and/or infectious bodies, in accordance with Centers for Disease Control guidelines, and in compliance with N.J.S.A. 26:6–8;

7. Release of the body to the county morgue or funeral director;

8. Autopsy requests;

9. Availability of autopsy reports, including reports of microscopic autopsy findings, to physicians and in medical records, within specified time frames; and

10. Completion of autopsy, including microscopic and other procedures, within specified time frames.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Identification, handling and reporting requirements further specified at (a)6, 7 and 10.
Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 376(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
In (a), substituted a reference to hospitals for a reference to morgues and substituted "at least once every three years, revised more frequently" for "annually, revised" following "reviewed" in the first sentence, and substituted a reference to post mortem services staff for a reference to morgue staff in the introductory paragraph.

**8:43G–25.2 Post mortem staff qualifications**

The physician who routinely performs or supervises the performance of autopsies shall be Board Certified in Pathology.

**8:43G–25.3 Post mortem patient services**

(a) Bodies and body parts in the morgue shall be kept refrigerated or in chemical fixation in a non-putrescent state.

(b) The medical staff shall attempt to secure autopsies in cases of unusual deaths, deaths from unknown causes, and cases of medicolegal and educational interest, unless otherwise provided for by law.

(c) Autopsies shall be performed only with the consent of the patient's family or guardian in accordance with N.J.S.A. 26:6–50. Consent shall not be required for medical examiner cases.

(d) The hospital shall notify the county medical examiner or prosecutor immediately upon a patient's death when the circumstances of the death fall within the criteria specified in N.J.S.A. 52:17B–86 of the State Medical Examiners Act, N.J.S.A. 52:17B–78 et seq.

**8:43G–25.4 Post mortem space and environment**

The morgue shall be equipped with refrigerated space to store at least two bodies. Hospitals with more than 100 beds shall provide additional space using a ratio of one space to every additional 100 beds.