

4664.0290 INFECTION CONTROL.

Subpart 1. **Screening and prevention.** A hospice provider must establish a tuberculosis counseling, screening, and prevention program for all employees, contractors, and volunteers who have direct contact with hospice patients, according to the most current tuberculosis infection control guidelines issued by the Centers for Disease Control and Prevention (CDC). The guidelines are currently titled "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 1994," Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports, Volume 43, No. RR-13 (October 28, 1994, and as subsequently amended). The guidelines, and any subsequent amendments to the guidelines, are incorporated by reference, are subject to frequent change, and are available on the CDC Web site at www.cdc.gov/nchstp/tb.

Subp. 2. **Tuberculin screening.** A hospice provider must ensure that all employees, contractors, and volunteers who have direct contact with hospice patients, prior to employment and as otherwise indicated in this part, show freedom from active tuberculosis according to this part. The hospice provider must ensure that all such employees, contractors, and volunteers, unless certified in writing by a physician to have had a positive reaction or medical contraindication to a standard intradermal tuberculin skin test, receive or have had a Mantoux intradermal tuberculin skin test within three months prior to employment. Employees, contractors, and volunteers with a previous positive tuberculin skin test reaction must have a chest x-ray, prior to employment and as otherwise indicated in this part, unless they have documentation of a negative chest x-ray performed at any time during or since the initial evaluation of the positive tuberculin skin test.

Subp. 3. **Written documentation.** Reports or copies of reports of the tuberculin skin test or chest x-ray must be maintained by a hospice provider for each employee, contractor, and volunteer who has direct contact with hospice patients.

Subp. 4. **Evaluation of symptoms.** A hospice provider must ensure that all employees, contractors, and volunteers exhibiting symptoms consistent with tuberculosis are evaluated by a physician within 72 hours. An employee, contractor, or volunteer exhibiting symptoms consistent with tuberculosis shall not have direct patient contact until evaluated by a physician.

Subp. 5. **Patient identification; evaluation; treatment.** A hospice provider must develop and implement policies and procedures addressing the identification, evaluation, and initiation of treatment for hospice patients who might have active tuberculosis according to the most current tuberculosis infection control guidelines issued by the CDC, which are incorporated by reference under subpart 1.

Subp. 6. **Hospice patient tuberculosis screening.** A residential hospice facility must ensure that each hospice patient be assessed clinically for symptoms of active pulmonary tuberculosis disease upon admission, or within seven days prior to admission. Symptoms

of active tuberculosis disease include a cough lasting longer than three weeks, especially in the presence of other symptoms compatible with tuberculosis, such as weight loss, night sweats, bloody sputum, anorexia, or fever.

Subp. 7. **Training.** A hospice provider must ensure that, for each 12 months of association with the hospice provider, all employees, contractors, and volunteers of the hospice provider who have contact with hospice patients in their residences, and their supervisors, complete in-service training about infection control techniques. The training must include information on:

- A. hand washing techniques;
- B. the need for and appropriate use of protective gloves, gowns, and masks;
- C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
- D. disinfecting reusable equipment; and
- E. disinfecting environmental surfaces.

Subp. 8. **Fines.** For each violation of the following subparts, the stated fine shall be assessed:

- A. subpart 1, \$100;
- B. subpart 2, \$500;
- C. subpart 3, \$50;
- D. subpart 4, \$500;
- E. subpart 5, \$100;
- F. subpart 6, \$500; and
- G. subpart 7, \$300.

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