

seven years.

N.J.A.C. 8:43G contains 38 subchapters, described as follows: Subchapter 1 contains general provisions. Subchapter 2 provides for the licensure and licensure procedures. Subchapter 3 is reserved. Subchapter 4 addresses patient rights. Subchapter 5 addresses hospital administration and general hospital-wide policies. Subchapter 6 addresses anesthesia services. Subchapter 7 addresses cardiac services. Subchapter 7A addresses stroke centers. Subchapter 8 addresses central services. Subchapter 9 addresses critical and intermediate care. Subchapter 10 addresses dietary services.

Subchapter 11 addresses discharge planning. Subchapter 12 addresses emergency department and trauma services. Subchapter 12A addresses emergency care for sexual assault victims. Subchapter 13 addresses housekeeping, laundry, and sanitation. Subchapter 14 addresses infection control. Subchapter 15 addresses medical records. Subchapter 16 addresses medical staff. Subchapter 17 addresses nurse staffing. Subchapter 17A addresses mandatory staff level posting and reporting standards. Subchapter 18 addresses nursing care. Subchapter 19 addresses obstetrics. Subchapter 20 addresses employee health.

Subchapter 21 addresses oncology. Subchapter 22 addresses pediatrics. Subchapter 22A addresses licensure of children's hospital designations. Subchapter 23 addresses pharmacy. Subchapter 24 addresses plant maintenance and emergency preparedness. Subchapter 25 addresses post mortem. Subchapter 26 addresses psychiatry. Subchapter 27 addresses continuous quality improvement. Subchapter 28 addresses radiation and radiation oncology. Subchapter 29 addresses physical and

occupational therapy. Subchapter 30 addresses renal dialysis.

Subchapter 31 addresses respiratory care. Subchapter 32 addresses same-day stay. Subchapter 33 addresses social work. Subchapter 34 addresses surgery. Subchapter 35 addresses post anesthesia care. Subchapter 36 addresses satellite emergency departments. Subchapter 37 addresses extracorporeal shock wave lithotripsy services. Subchapter 38 addresses long-term acute care hospitals general requirements.

The Department is making technical changes upon readoption to reflect the renaming of the agency as the Department of Health pursuant to P.L. 2012, c. 17 (N.J.S.A. 26:1A-2.1) (approved June 29, 2012), address the reorganization of the Department, wherein some Division and Program names were changed, update the guidance documents and contact information for the organizations to which the existing rules refer, and correct information in an existing rule that cites to another previously amended rule. One example of such a correction is at N.J.A.C. 8:43G-36.15(b), wherein the rule states that satellite emergency departments located within a former general hospital shall follow “Use Group I-2” set forth at N.J.A.C. 8:43A-19.1. However, in 2007, the Department amended N.J.A.C. 8:43A-19.1 to delete the reference to “Use Group I-2”. See 39 N.J.R. 2309(a); 40 N.J.R. 702(a).

Full text of the technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. GENERAL PROVISIONS

8:43G-1.2 Definitions

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

...

“Commissioner” means the Commissioner of the [New Jersey] Department [of Health and Senior Services] or his or her designee.

“Deemed status” means an acknowledgment of compliance with certain Department licensure standards that the Department grants to a hospital because the hospital holds accreditation from an accrediting body recognized by the Centers for Medicare [and] & Medicaid Services [(CMS)] pursuant to 42 CFR Part 488, in place of the Department determining the hospital’s compliance status by means of the Department independently performing a licensure inspection using Department staff.

1. (No change.)

“Department” means the [New Jersey] Department of Health [and Senior Services].

...

“Licensing Office” means the [Office of] Certificate of Need and Healthcare Facility Licensure **Program**, Division of [Health Facilities Evaluation] **Certificate of Need** and Licensing, [New Jersey State] Department of Health [and Senior Services], PO Box 358, Trenton, New Jersey 08625-0358.

...

“Regulatory compliance statement” means a submission to the Licensing Office consisting of:

1. (No change.)

2. A copy of a documentation of a facility's certification by or accreditation from an accrediting body recognized by the Centers for Medicare [and] & Medicaid Services [(CMS)] of the U.S. Department of Health and Human Services; and

3. (No change.)

...

SUBCHAPTER 2. LICENSURE PROCEDURE

8:43G-2.1 Certificate of Need

(a) Where, in accordance with N.J.S.A. 26:2H-1 et seq., as amended, a Certificate of Need is required, a hospital shall not be instituted, constructed, expanded, or licensed to operate except upon application for and receipt of a Certificate of Need issued by the Commissioner [of the Department of Health and Senior Services].

(b)–(c) (No change.)

8:43G-2.2 Application for licensure

(a) Where applicable, following receipt of a Certificate of Need as a hospital, any person, organization, or corporation desiring to operate a hospital shall make application to the Commissioner for a license on forms prescribed by the Department. Such forms may be obtained from the Department's website address

[www.state.nj.us/health/hcsa/hcsaforms.html] <http://nj.gov/health/forms> or from the Licensing Office.

(b)–(j) (No change.)

8:43G-2.3. Newly constructed or expanded facilities

(a) The licensure application for a newly constructed or expanded hospital pursuant to N.J.A.C. 8:43G-2.2 shall include a copy of the Certificate of Occupancy, Certificate of

Continuing Occupancy or a Certificate of Approval issued by the municipality in which the facility has been constructed in accordance with construction plan approval by:

Health Plan Review **Unit**

Division of Codes and Standards

Department of Community Affairs

PO Box 815

Trenton, New Jersey 08625-0815

Telephone: 609-633-8151

(b) An on-site inspection of the construction of the physical plant shall be made at the Department's discretion by representatives of the [Acute Care Survey Program]

Division of Health Facility Survey and Field Operations to verify that the building has been constructed in accordance with the final architectural plans approved by the Department.

(c) Any health care facility which intends to undertake any alteration, renovation, or new construction of the physical plant, whether a Certificate of Need is required or not, shall submit plans to the Health Plan Review [Program] **Unit** of the Department of Community Affairs for review and approval prior to the initiation of any work.

8:43G-2.4 Surveys and temporary license

(a) When the written application for licensure pursuant to N.J.A.C. 8:43G-2.2 is approved and the building is ready for occupancy, a survey of the facility by representatives of the Division of Health [Facilities Evaluation and Licensing] **Facility Survey and Field Operations** of the Department may be conducted at the

Department's discretion to determine if the facility meets the standards set forth in this chapter.

1. If the Department conducts a survey, representatives of the Division of Health [Facilities Evaluation and Licensing] **Facility Survey and Field Operations** of the Department shall discuss the findings of the survey, including any deficiencies found, with representatives of the hospital facility.

2. The hospital facility shall notify the Division of Health [Facilities Evaluation and Licensing] **Facility Survey and Field Operations** of the Department in writing when the deficiencies, if any, have been corrected. Following review of the hospital facility's report, the [Acute Care Survey Program of the] Division of Health [Facilities Evaluation and Licensing] **Facility Survey and Field Operations** may schedule one or more surveys of the facility prior to occupancy.

(b) A temporary license shall be issued to the operator of a facility when the following conditions are met:

1. An office conference for review of the conditions for licensure and operation has taken place between the Licensing [and Certification Program] **Office** and representatives of the hospital facility, who have been advised that the purpose of the temporary license is to allow the Department to determine the hospital's compliance with N.J.S.A. 26:2H-1 et seq., and amendments thereto, and the rules pursuant thereto;

2.–4. (No change.)

(c) No hospital facility shall accept patients in any new service, unit, or facility until the hospital has a written approval and/or license issued by the [Certificate of Need and Acute Care Licensure Program of the Department] **Licensing Office**.

(d)–(f) (No change.)

8:43G-2.7 Surrender of license

At least 30 days prior to voluntary surrender of its license where approved by Certificate of Need, or as directed under an order of revocation, refusal to renew, or suspension of license, a facility must directly notify each patient and the patient's physician concerned of the intended closure. The license shall be returned to the Licensing [and Certification Program of the Department] **Office** within seven calendar days from voluntary surrender, order of revocation, expiration, or suspension of license, whichever is applicable.

8:43G-2.8 Waiver

(a) (No change.)

(b) A facility seeking a waiver of the standards in this chapter shall apply in writing to the Director of the Licensing [and Certification Program of the Department] **Office**.

(c)–(d) (No change.)

8:43G-2.9 Action against licensee

(a) Violations of this chapter may result in action by the [New Jersey State] Department [of Health] to impose a fine, pursuant to N.J.S.A. 26:2H-1 et seq., cease admissions to a facility, order removal of patients from a facility, revoke, or suspend a license, and/or impose other lawful remedies.

(b)–(d) (No change.)

8:43G-2.10 Information not to be disclosed

(a) Information received by the Department [of Health] through inspection authorized by N.J.S.A. 26:2H-1 et seq. shall not be disclosed to the public in such a way as to indicate

the names of the specific patients or hospital employees to whom the information pertains. The Department shall forward inspection reports to the hospital facility at least 30 days prior to public disclosure. In all cases in which the hospital comments on the inspection report, the hospital comments and the inspection report shall be released simultaneously by the Department. In cases in which the [New Jersey State] Commissioner [of Health] determines that the protection of public health and safety necessitates immediate public disclosure of information, inspection reports may be disclosed immediately.

(b) (No change.)

8:43G-2.11 Hospital satellite facilities and off-site ambulatory care service facilities

(a)–(b) (No change.)

(c) All off-site ambulatory care service facilities, [(including mobile units)], must be licensed to operate by the Department. A hospital may seek licensure and classification of off-site ambulatory care service facilities as either “free-standing” or “hospital-based” facilities. Both “free-standing” and “hospital-based” off-site ambulatory care service facilities shall be separately inspected and separately licensed in accordance with the provisions set forth at N.J.A.C. 8:43A, Standards for Licensure of Ambulatory Care Facilities. All off-site ambulatory care service facilities are presumed to be “free-standing.” A hospital seeking licensure and classification of an off-site ambulatory care service facility as “hospital-based” shall so indicate on the licensure application and shall provide documentation of the following:

1.–9. (No change.)

8:43G-2.13 Child abuse and neglect

(a) (No change.)

(b) The facility shall have in effect written policies and procedures reviewed by the Department and revised as required by the Department to include, but not be limited to, the following:

1. The designation of a staff member(s) to be responsible for coordinating the reporting of diagnosed and/or suspected cases of child abuse and/or neglect on a 24-hour basis, recording the notification to the Division of [Youth and Family] **Child Protection and Permanency of the Department of Human Services** on the medical record, and serving as a liaison between the facility and the Division of [Youth and Family] **Child Protection and Permanency of the Department of Human Services**;

2. (No change.)

3. The provision of education and/or training programs to appropriate persons regarding the identification and reporting of diagnosed and/or suspected cases of child abuse and/or neglect and regarding the facility's policies and procedures on at least an annual basis.

[Note: Copies of N.J.S.A. 9:6-1 et seq. can be obtained from the local district office of the Division of Youth and Family Services or from the Office of Program Support, Division of Youth and Family Services, Trenton, New Jersey 08625.]

SUBCHAPTER 4. PATIENT RIGHTS

8:43G-4.1 Patient rights

(a) Every New Jersey hospital patient shall have the following rights, none of which shall be abridged by the hospital or any of its staff. The hospital administrator shall be responsible for developing and implementing policies to protect patient rights and to

respond to questions and grievances pertaining to patient rights. These rights shall include at least the following:

1. To receive the care and health services that the hospital is required to provide under N.J.S.A. 26:1-1 et seq. and rules adopted by the Department [of Health and Senior Services] to implement this law;

2.-20. (No change.)

21. To confidential treatment of information about the patient. Information in the patient's records shall not be released to anyone outside the hospital without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, a medical peer review, or the [New Jersey State] Department [of Health]. The hospital may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;

22.-26. (No change.)

27. To be given a summary of these patient rights, as approved by the [New Jersey State] Department [of Health], and any additional policies and procedures established by the hospital involving patient rights and responsibilities. This summary shall also include the name and phone number of the hospital staff member to whom patients can complain about possible patient rights violations. This summary shall be provided in the patient's native language if 10 percent or more of the population in the hospital's service area speak that language. In addition, a summary of these patient rights, as approved by the [New Jersey State] Department [of Health], shall be posted

conspicuously in the patient's room and in public places throughout the hospital.

Complete copies of this subchapter shall be available at nurse stations and other patient care registration areas in the hospital for review by patients and their families or guardians;

28. To present his or her grievances to the hospital staff member designated by the hospital to respond to questions or grievances about patient rights and to receive an answer to those grievances within a reasonable period of time. The hospital is required to provide each patient or guardian with the names, addresses, and telephone numbers of the government agencies to which the patient can complain and ask questions, including the [New Jersey] Department's [of Health] Complaint Hotline at 1-800-792-9770. This information shall also be posted conspicuously in public places throughout the hospital;

29.-31. (No change.)

SUBCHAPTER 5. HOSPITAL ADMINISTRATION AND GENERAL HOSPITAL-WIDE POLICIES

8:43G-5.1 Administrative and hospital-wide structural organization

(a)–(c) (No change.)

(d) The hospital shall advise the [New Jersey State] Department's [of Health and Senior Services, Office of Certificate of Need and Healthcare Facility Licensure] **Licensing Office**, in writing, within 15 days following any change in the designation of the administrator or chief executive officer of the hospital.

(e)–(l) (No change.)

8:43G-5.4 Organ and tissue donation

(a) (No change.)

(b) For the purposes of this rule, the following words shall have the following meanings:

1. (No change.)

2. "OPO" means a hospital's designated Federally qualified organ procurement organization. The Federally qualified organ procurement organizations in New Jersey are:

i. [The New Jersey Organ and Tissue] **NJ Sharing Network**

[150 Morris Avenue

Springfield, New Jersey 07081

(800-541-0075)]

691 Central Avenue

New Providence, NJ 07974

(800) 742-7365 and (908) 516-5400; and

ii. [Delaware Valley Transplant Program

2000 Hamilton Street

Philadelphia, Pennsylvania 19130

(800-543-6391)]

Gift of Life Donor Program

401 North 3rd Street

Philadelphia, PA 19123

(215) 557-8090; 800-DONORS-1 or (800-366-6771); 800-KIDNEY-

1 or (800-543-6391).

3.-5. (No change.)

(c)-(f) (No change.)

(g) If the hospital provides bone or tissue banking services, the hospital shall meet all guidelines set by the American Association of Tissue Banks for such services. Such guidelines are incorporated herein by reference and are available from the American Association of Tissue Banks, [1350 Beverly Road, Suite 220A] **8200 Greensboro Drive, Suite 320**, McLean, VA 22101. **Phone** (703) [-]827-9582[)]. **Fax: (703) 356-2198. Website: www.aatb.org. E-mail: aatb@aatb.org.**

8:43G-5.12 Occupational health policies and procedures

(a) (No change.)

(b) The hospital shall have available the most current version of standards and guidelines for:

[1. Cytotoxic (antineoplastic) drugs: “Work Practice Guidelines for Personnel Dealing with Cytotoxic Drugs,” Occupational Safety and Health Administration (OSHA) Instruction PUB 8-1.1, Office of Occupational Medicine, OSHA;]

1. Centers for Disease Control and Prevention (CDC); National Institute for Occupational Safety and Health (NIOSH). “Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings.” NIOSH Alert. Publication No. 2004-165; 1-58. Last update: September 2016; Conor TH, MacKenzie BA, DeBord DG, et al. for CDC; NIOSH. “NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016.” (Supersedes 2014-138). NIOSH. Publication No. 2016-161; 1-42, available from NIOSH-Publications Dissemination, 4676 Columbia Parkway, Cincinnati, OH 45226-1998. Phone:1-800-35-NIOSH (1-800-356-4674). Fax: (513) 533-8573. Website: www.cdc.gov/niosh. E-

mail: pubstaff@cdc.gov.

2.-5. (No change.)

6. [New Jersey Workers] **The Worker** and Community Right to Know Act, N.J.S.A. 34:5A-1 et seq., and all rules promulgated pursuant to that Act.

Note: Copies of these standards and guidelines can be obtained [from:

Occupational Health Services

PO Box 360

Trenton, NJ 08625-0360] **on the Department's website at:**

<http://www.state.nj.us/health/workplacehealthandsafety/right-to-know/>

(c) The hospital shall have available and shall comply with the most current version of the following guidelines, incorporated herein by reference, **as amended and supplemented**, to protect health care workers who may be exposed to infectious [blood-borne] **bloodborne** diseases, such as AIDS and hepatitis-B:

1. **Occupational Safety and Health Administration.** "Enforcement Procedures for **the** Occupational Exposure to [Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), OSHA Instruction CPL-2-2.44B, August 15; February, 1990] **Bloodborne Pathogens.**" **42 CFR 1910.1030. CPL 02-02-069. November 27, 2001, which is available at: <https://www.osha.gov/pls/publications>;**

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

2. Centers for Disease Control and Prevention. "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B

Virus to Patients During Exposure-Prone Invasive Procedures.” MMWR. July 12, 1991;40(RR-8); 1-9, which is available at:

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm>; and

3. **“Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other [Blood-borne] **Bloodborne** Pathogens in Health-Care Settings,” [CDC Morbidity and Mortality Weekly Report (MMWR)] MMWR. 1988; [Volume] 37(24);377-388; which is available at:**

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm>.

[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]

(d) (No change.)

8:43G-5.14 Occupational health education

(a) (No change.)

(b) The plan shall include on-going education programs and an orientation session that address at least the following:

1.–3. (No change.)

4. Education and training programs for employees that comply with rules and regulations concerning the establishment and contents of such programs as required by [the] **OSHA’s** Hazard Communication[s] Standard, [(OSHA) 29 CFR 1910.1200[]], **effective May 25, 2012, and for which the final rule and all appendices are available at <https://www.osha.gov/dsg/hazcom/ghs-final-rule.html>**; [or the New Jersey] **and The** Worker and Community Right to Know Act, [(] N.J.S.A. 34:5A-1 et seq. []).

Note: Copies of “New Jersey Worker and Community Right to Know Act Educational and Training Program Guide” are available from:

Occupational Health Service

PO Box 368

Trenton, New Jersey 08625-0368], **and for which Right to Know publications are available on the Department’s website at:**

<http://www.state.nj.us/health/workplacehealthandsafety/right-to-know/>.

(c)–(d) (No change.)

8:43G-5.16 Disaster planning

(a)-(d) (No change.)

(e) The hospital administrator shall appoint a disaster planner for the hospital. The disaster planner shall meet with county and municipal emergency management officials at least annually to review and update the written, comprehensive disaster plan. If county or municipal officials are unavailable for this purpose, the hospital shall notify the New Jersey State Office of Emergency Management, Division of State Police,

Department of Law and Public Safety, P.O. Box 7068, [River Road,] West Trenton, NJ 08628. [(phone) **Phone: (609)[-] 882-2000[)]**. **Website: <http://ready.nj.gov>**.

(f)-(j) (No change.)

(k) The hospital shall take corrective action if the temperature of the hospital is not in compliance [with the requirements specified in Chapter 7 of the Guidelines for Construction and Equipment for Hospital and Medical Facilities (published by the American Institutes of Architects Press, 1735 New York Ave NW, Washington, D.C. 20006, publication # ISBN0-913962-96-1)] for a continuous period of four hours or longer [.] **with Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2014 edition. Facility Guidelines Institute; American Society for Healthcare Engineering, which is incorporated herein by reference, as amended and supplemented, and which is available from the Facility Guidelines Institute, Inc., 350 N. Saint Paul St., Suite 100, Dallas, TX 75201. Website: www.fgiguilines.org. E-mail: info@fgiguilines.org**. The hospital shall notify the [New Jersey State] Department [of Health] if the corrective action is not effective.

8:43G-5.23 Approved training providers; requirements

(a)–(c) (No change.)

(d) The information required in (b) and (c) above shall be submitted to the [Office of Certificate of Need and Healthcare Facility Licensure, New Jersey] Department of Health [and Senior Services], **Division of Certificate of Need and Licensing**, PO Box 358, Trenton, NJ 08625-**0358**.

(e) (No change.)

SUBCHAPTER 6. ANESTHESIA

8:43G-6.1 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Accreditation Council of Graduate Medical Education” means the Accreditation Council of Graduate Medical Education, for which the contact information is [515 North State Street] **401 North Michigan Avenue**, Suite 2000, Chicago, IL [60654-4865; website <http://www.acgme.org>; telephone] **60611. Phone:** (312) 755-5000 [; and telefacsimile]. **Fax:** (312) 755-7498. **Website:** <http://www.acgme.org>. **E-mail:** acgmecommunications@acgme.org.

...

“American Board of Anesthesiology” means The American Board of Anesthesiology, Inc., for which the contact information is 4208 Six Forks Road, Suite [900] **1500**, Raleigh, North Carolina 27609-[5735; website <http://www.theaba.org>; corporate office telephone (919) 745-2200 and telefacsimile: (919) 745-2201; and customer service center telephone] **5765. Phone:** (866) 999-7501. [and telefacsimile] **Fax:** (866) 999-7503. **Website:** <http://www.theaba.org>. **E-mail:** coms@theABA.org.

...

“American Osteopathic Association” means the American Osteopathic Association, for which the contact information is 142 East Ontario Street, Chicago, IL 60611-[8710; website: <http://www.osteopathic.org>; telephone (800) 621-1773 or (312) 202-8000); and telefacsimile] **2864. Phone:** **(888) 62-MYAOA (888-626-9262).** **Fax:** (312) 202-[8200] **8202. Website:** <http://www.osteopathic.org>.

“American Osteopathic [Board] **College** of [Anesthesiology] **Anesthesiologists**” means the American Osteopathic [Board] **College** of [Anesthesiology] **Anesthesiologists**, for which the contact information is [2260 E. Saginaw Street Suite B, East Lansing, MI 48823; website <http://www.aocaonline.org/contact.htm>; telephone (517) 339-0919; and telefacsimile 517-339-0910]**3085 Stevenson Dr., Suite 200, Springfield, IL 62703. Phone: Toll-free: 800-842-AOCA (800-842-2622) or Direct: (217) 529-6517. Fax (217) 529-9120. Website: <http://www.aocaonline.org>. E-mail: office@aocaonline.org.**

...

“National Board on Certification and Recertification of Nurse Anesthetists” means the National Board on Certification and Recertification of Nurse Anesthetists, for which the contact information is [222 South Prospect Avenue, Park Ridge, IL 60068-4001; website: <http://www.nbcrna.com>; telephone (866) 894-3908; telefacsimile (847) 825-2762 or (847) 825-CRNA; and email addresses:] **8725 W. Higgins Road, Suite 525, Chicago, IL 60631. Phone: Toll-free: (855) 285-4658 or Direct: (708) 667-0002. Fax: (708) 669-7636. Website: www.nbcrna.com. E-mail: certification@nbcrna.com for certification inquiries and recertification@nbcrna.com for recertification inquiries.**

...

“Universal precautions” means a set of precautions [, in accordance with the Centers for Disease Control and Prevention published guideline for Handwashing and Hospital Environmental Control, incorporated herein by reference, as amended and supplemented. That publication may be obtained by telephoning the Centers for Disease Control and Prevention at (800) 311-3435] **established in the following**

publication: Centers for Disease Control and Prevention; Healthcare Infection Control Practices Advisory Committee. “Guidelines for Environmental Infection Control in Health-Care Facilities 2003.” MMWR. 2003; 52(RR-10); 1-42. Last update: February 15, 2017; 1-240; and which is available from www.cdc.gov/infectioncontrol/guidelines/environmental/

8:43G-6.6 Anesthesia supplies and equipment; safety systems

(a)–(b) (No change.)

(c) All medical gas hoses and adapters shall be color-coded and labeled according to current national standards [, that is, the] **set forth in the following publication:** Compressed Gas Association [: Standard color marking for compressed gas containers intended for medical use as well as clear labeling] Publication. [(C-9) (ed. 3), Arlington, VA, 1988,] **“Characteristics of Safe Handling of Medical Gases,” P-1; Ed. 10; November 2013; 1-26, which is** incorporated herein by reference, as amended and supplemented [.That publication may be obtained by telephoning] **and which is available from** the Compressed Gas Association [at (703) 412-0900], **Inc., 14501 George Carter Way, Suite 103, Chantilly, VA 20151. Phone: (703) 788-2700. Fax: (703) 961-1831. Website: <http://www.cganet.com>. E-mail: cga@cganet.com.**

(d)–(j) (No change.)

SUBCHAPTER 7A. STROKE CENTERS

8:43G-7A.6 Primary stroke center continuous quality improvement

(a) A hospital designated as a primary stroke center shall collect patient-level data to support evaluation of outcomes and quality improvement activities.

1. (No change.)

2. Data shall be submitted on a quarterly basis, with quarterly data submitted within 45 days of the end of each quarter, either through an encrypted electronic transmission, or on a computer disk sent by overnight mail to:

Stroke Data Coordinator

Office of Health Care Quality Assessment

[240 West State Street, 11th Floor] **225 E. State Street, 2nd Floor**

Trenton, New Jersey 08608-**1800**

3. (No change.)

(b)-(d) (No change.)

SUBCHAPTER 8. CENTRAL SERVICE

8:43G-8.1 Central service policies and procedures

(a)-(d) (No change.)

(e) Methods for processing reusable medical devices shall conform with the following [or revised or later editions, if in effect] **publications**, incorporated herein by reference, **as amended and supplemented**:

[1. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Good Hospital Practice: Steam Sterilization and Sterility Assurance." ST 46;

2. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Flash Sterilization: Steam Sterilization of Patient Care Items for Immediate Use." ST 37;

3. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, “Safe Use and Handling of Glutaraldehyde-based Products in Health Care Facilities.” ST 58;

4. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, “Guidelines for the Selection and use of Reusable Rigid Container Systems for Ethylene Oxide Sterilization and Steam Sterilization in Health Care Facilities.” ST 33;

5. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, “Steam Sterilization and Sterility Assurance Using Table Top Sterilizers in Office-Based, Ambulatory Care, Medical, Surgical, and Dental Facilities,” January 1998, ST 42R;]

1. Sterilization, Part 1: Sterilization in Health Care Facilities, 2015 Edition. The Association for the Advancement of Medical Instrumentation (AAMI). This book is available from AAMI, 4301 N. Fairfax Drive, Suite 301, Arlington, VA 22203-1633. Phone: (703) 525-4890. Fax: (703) 525-1424. Website: www.aami.org. E-mail: sloughlin@aami.org; and

[6.] **2. Society of Gastroenterology Nurses and Associates [, Inc.,] . “Standard[s] of Infection [Control in Reprocessing of Flexible Gastrointestinal Endoscopes] Prevention in the Gastroenterology Setting” [(2000);] (2015), which is available from the Society of Gastroenterology Nurses and Associates, Inc., 330 North Wabash, Suite 2000, Chicago, IL 60611. Phone (800) 245-SGNA or (312) 321-5165. Fax: (312) 673-6694. Website: www.sgna.org. E-mail: SGNA@smithbucklin.com.**

[7. The Association for the Advancement of Medical Instrumentation (AAMI)

requirements, "Safe Handling and Biological Decontamination of Medical Devices in Health Care Facilities and in Nonclinical Settings," ST 35; and

8. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Ethylene Oxide Sterilization in Health Care Facilities: Safety and Effectiveness," October 1998, ST 41R.

(f) The documents reference in (e) above are reviewed and/or revised every five years or more frequently as needed; the most current document is to be used. The AAMI requirements can be obtained from: The Association for the Advancement of Medical Instrumentation, 3330 Washington Building, Suite 400, Arlington, VA 22209 or at the AAMI website at www.aami.org. SGNA's Standards and Guidelines are available from the Society of Gastroenterology Nurses and Associates, Inc., 401 North Michigan Ave., Chicago, IL 60611-4267, or at www.sgna.org.]

8:43G-8.2 Central service staff qualifications

(a) (No change.)

(b) The director or supervisor of central services shall have two years of supervisory experience and shall be certified through a national sterile processing program recognized by the [New Jersey] Department [of Health and Senior Services].

(c) All personnel involved in sterile processing shall be certified through a national sterile processing program recognized by the [New Jersey] Department [of Health and Senior Services] within three years of employment [and by August 2, 2009].

(d) (No change.)

8:43G-8.5 Single use medical devices and outsourcing

(a) (No change.)

(b) Policies and procedures shall be established following OSHA's [Blood Borne] **Bloodborne Pathogens [regulation] Standard (2011)**, 29 CFR [§] 1910.1030, **available at <https://www.osha.gov/pls/publications>**, incorporated herein by reference, as amended and supplemented, for the transport of contaminated equipment to off-site reprocessing facilities.

(c) (No change.)

SUBCHAPTER 10. DIETARY

8:43G-10.6 Dietary patient services

(a)-(p) (No change.)

(q) The dietary service shall comply with the requirements of [Chapter XII of the New Jersey State Sanitary Code,] **N.J.A.C. 8:24**, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" [(N.J.A.C. 8:24)].

SUBCHAPTER 12. EMERGENCY DEPARTMENT AND TRAUMA SERVICES

8:43G-12.7 Emergency department patient services

(a)-(u) (No change.)

(v) The phone number of the designated regional or Statewide New Jersey Poison Information and Education System [(1-800-962-1253)] **(800) 222-1222** shall be posted in the emergency department.

(w)-(z) (No change.)

8:43G-12.9 Emergency department space and environment

(a) The emergency department shall meet criteria established by the [Federal Guidelines for Construction and Equipment of Hospital and Medical Facilities, 1987 Edition, section 7.9, or later edition, if in effect, which are hereby incorporated by

reference] **Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2014 edition. Facility Guidelines Institute; American Society for Healthcare Engineering, which is incorporated herein by reference, as amended and supplemented, and is available from the Facility Guidelines Institute, Inc., 350 N. Saint Paul St., Suite 100, Dallas, TX 75201. Website: www.fgiguilines.org. E-mail: info@fgiguilines.org.**

(b) The emergency department shall have the necessary monitoring devices, supplies, and equipment to meet the needs of patients of all ages. Availability of pediatric equipment shall be in accordance with [“Guidelines for Pediatric Equipment and Supplies for Emergency Departments,” Committee on Pediatric Equipment and Supplies for Emergency Departments, National Emergency Medical Services for Children Resource Alliance, 31 Annals of Emergency Medicine 54, January, 1998, published by ACEP, PO Box 619911, Dallas, TX 75261-9911, (972) 550-0911, (800) 798-1822, incorporated herein by reference] **American Academy of Pediatrics; Committee on Pediatric Emergency Medicine; American College of Emergency Physicians, Pediatric Committee; Emergency Nurses Association Pediatric Committee. “Joint Policy Statement—Guidelines for Care of Children in the Emergency Department.” PEDIATRICS. Oct 2009; 124(4); 1233-1243, which is available at**

<http://pediatrics.aappublications.org/content/pediatrics/124/4/1233.full.pdf>.

(c)–(e) (No change.)

8:43G-12.13 Trauma services; definitions

The following words and terms, when used in N.J.A.C. 8:43G-12.12 through 12.23, shall have the following meanings, unless the context clearly indicates otherwise:

...

["Commissioner" means Commissioner of Health and Senior Services.

"Department" means New Jersey Department of Health and Senior Services.]

...

8:43G-12.21 Trauma services trauma registry

(a)–(b) (No change.)

(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 **Department's** Office of Emergency Medical Services[, New Jersey Department of Health and Senior Services,] (**OEMS**) for inclusion in the New Jersey State Trauma Registry.

(d) (No change.)

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 (**ACS**), 633 N. [St.] **Saint** Clair

Street, Chicago, IL 60611-3211, **Phone (800) 621-4111**; (312) 202-[5456]5000

[incorporated herein by reference;]. **Fax: (312) 202-5001. Website:**

<https://www.facs.org>. E-mail: postmaster@facs.org.

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 (JOEMS)] at] **within** the Department [of Health and Senior Services] to be present at such reviews;

3.–5. (No change.)

SUBCHAPTER 12A. EMERGENCY CARE FOR SEXUAL ASSAULT VICTIMS

8:43G-12A.2 Incorporated documents

(a) The Department incorporates by references in this subchapter the brochure entitled, "For People Who Have Been Sexually Assaulted . . . What You Need To Know about STDs and Emergency Contraception," which is the brochure developed by the Department, in collaboration with the Division on Women, the New Jersey Coalition Against Sexual Assault and the Sexual Assault Nurse Examiner program that provides information relating to emergency contraception for the prevention of pregnancy in sexual assault victims and sexually transmitted diseases and is available:

1. In the subchapter Appendix; and

2. In PDF format, in English and Spanish, at the Department's webpage,

[<http://nj.gov/health/cd/std/edu.shtml>]

<http://www.state.nj.us/health/hivstdtb/stds/index.shtml>.

8:43G-12A.3 Definitions

(a) (No change.)

(b) The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

...

["Commissioner" means the Commissioner of the Department of Health and Senior Services or his or her designee.

"Department" means the Department of Health and Senior Services.]

...

SUBCHAPTER 13. HOUSEKEEPING, LAUNDRY, AND SANITATION

8:43G-13.18 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.

[1. The Safe Drinking Water Act and rules can be obtained from:

The New Jersey Department of Environmental
Protection

Bureau of Potable Water

PO Box 209

Trenton, NJ 08625]

(b) (No change.)

SUBCHAPTER 14. INFECTION CONTROL

8:43G-14.1 Infection control program structural organization

(a)-(c) (No change.)

(d) The infection control program shall oversee, but not be limited to, the following activities:

1. Formulating a system for surveillance, prevention, and control of non-socomial infections.

i.-ii. (No change.)

iii. Prevention and control activities shall be based on Centers for Disease Control and Prevention published guidelines and Hospital Infection Control Practices Advisory Committee (that is, HICPAC) recommendations. An exception to the adoption of the following guidelines shall be allowed providing that there is a sound infection-control rationale based upon scientific research or epidemiologic data. The following published guidelines and recommendations are incorporated herein by reference, as amended and supplemented:

(1) **Gould CV, Unscheid CA, Agarwal RK, et al., and the Healthcare Infection Control Practices Advisory Committee.** “Guideline for Prevention of Catheter-Associated Urinary Tract Infections (2009)[;].” **Last update: February 15, 2017; 1-61.**

This publication is available at

<https://www.cdc.gov/infectioncontrol/guidelines/cauti/>.

[(2) Guidelines for the Prevention of Intravascular Catheter-Related Infections, MMWR, August 9, 2002; 51 (No. RR-10);]

(2) **O'Grady NP, Alexander M, Dellinger EP, et al., and the Healthcare Infection Control Practices Advisory Committee; Centers for Disease Control and Pre-**

vention. “Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011.” Last update: February 15, 2017; 1-83. This publication is available at www.cdc.gov/infectioncontrol/guidelines/bsi.

(3) Berríos-Torres SI, Umscheid CA, Bratzler DW, et al., for the Healthcare Infection Control Practices Advisory Committee; Centers for Disease Control and Prevention. “Guideline[s] for the Prevention of Surgical Site Infection[s] (1999) (Infection Control and Hospital Epidemiology 1999; 20:247-278);], 2017.” **JAMA Surg.** 2017; 152(8); 784–791. doi:10.1001/jamasurg.2017.0904;

(4) Tablan OC, Anderson LJ, Besser R, et al., for the Healthcare Infection Control Practices Advisory Committee; Centers for Disease Control and Prevention. “Guidelines for Preventing Health-Care—Associated Pneumonia, 2003: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee [, MMWR, March 26,] .” **MMWR.** 2004; [53 (No. RR-03) , published by the Coordinating Center for Health Information and Service,] **53 (RR-3); 1-40. This publication is** available at <http://www.cdc.gov/mmwr/PDF/rr/rr5303.pdf> and at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm>;

[(5) Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, MMWR 2002; 51 (No. RR-16), published by the Coordinating Center for Health Information and Service, available at <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf> and at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>;

(5) Centers for Disease Control and Prevention; Healthcare Infection Control Practices Advisory Committee. “Guidelines for Environmental Infection Control in Health-Care Facilities.” MMWR. 2003; 52 (RR-10); 1-42. Last update: February 15, 2017; 1-240. This publication is available from www.cdc.gov/infectioncontrol/guidelines/environmental/;

(6) Rutala WA, Weber DJ, and the Healthcare Infection Control Practices Advisory Committee. “Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008” Last update: February 15, 2017; 1-161. This publication is available at: <https://www.cdc.gov/infectioncontrol/guidelines/index.html>;

(7) Boylard EA, Tablan OC, Williams WW, et al., and the Hospital Infection Control Practices Advisory Committee. “Guideline for Infection Control in [Hospital] Health Care Personnel, [(1998)];.” Published simultaneously in AJIC: American Journal of Infection Control (1998; 26: 289-354) and Infection Control and Hospital Epidemiology (1998; 19: 407-63);

(8) Siegal JD, Rhinehart E, Jackson M, et al., and the Healthcare Infection Control Practices Advisory Committee. “2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings [(2007)].” Last update: February 15, 2017; 1-209. This publication is available at: <https://www.cdc.gov/infectioncontrol/guidelines/index.html>;

(9) Jensen, PA, Lambert, LA, Iademarco, MF, et al., and Division of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention. “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, [2005, Morbidity and Mortality Weekly Report, December 30, 2005; 54

(No. RR-17)] 2005.” MMWR. 2005; 54(RR-17); 1-141. This publication is available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>; and

(10) Siegal, JD, Rhinehart, E, Jackson, M, et al., and the Healthcare Infection Control Practices Advisory Committee. “Management of Multidrug-Resistant Organisms in Healthcare Settings, [(2006)].” Last update: February 15, 2017; 1-74. This publication is available at: <https://www.cdc.gov/mrsa/pdf/mdroGuideline2006.pdf>.

[iv. The guidelines listed in (d)1iii above are available from the Centers for Disease Control and Prevention National Center of Infectious Diseases web site at <http://www.cdc.gov>;

2.–4. (No change.)

5. 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] , “**Reportable Communicable Diseases**”; and

6. Identifying and reporting of HIV/AIDS as specified in N.J.A.C. 8:57-2, “Reporting of Acquired Immunodeficiency Syndrome and Infection with Human Immunodeficiency Virus.”

[NOTE: Centers for Disease Control and Prevention publications can be obtained from:

National Technical Information Service

U.S. Department of Commerce

5285 Port Royal Road

Springfield, VA 22161

or

Superintendent of Documents

U.S. Government Printing Office

Washington, D.C. 20402]

(e)-(g) (No change.)

SUBCHAPTER 15. MEDICAL RECORDS

8:43G-15.4 Medical records staff qualifications

There shall be a full-time medical records director who is [an accredited] **a registered** health information technician or a registered health information administrator under a certification program approved by the American Health Information Management Association, for which the contact information is American Health Information Management Association (AHIMA), 233 N. Michigan Avenue, 21st Floor, Chicago, IL 60601-5809 [; website <http://www.ahima.org>; email info@ahima.org; telephone (312) 233-1100; and telefacsimile (312) 233-1090] . **Phone: (312) 233-1100. Fax: (312) 233-1090. Website: <http://www.ahima.org>. E-mail: info@ahima.org.**

SUBCHAPTER 16. MEDICAL STAFF

8:43G-16.1 Medical staff structural organization

(a)-(m) (No change.)

(n) The hospital shall provide to the following:

Office of the Assistant Commissioner

Division of Health [Facilities Evaluation] **Facility Survey and Field**

Operations

[New Jersey State] Department of Health

PO Box 367

Trenton, N.J. 08625-0367

copies of all reports regarding physician hospital privileges sent to the New Jersey State Board of Medical Examiners, or to the practitioner review panel created by legislation and reporting to the board. All records regarding such copies shall be made available to the Department of Health personnel for official purposes and, for each report, to the specific facility mentioned in the report.

(o) (No change.)

SUBCHAPTER 17A. MANDATORY STAFF LEVEL POSTING AND REPORTING STANDARDS

8:43G-17A.1 Authority, scope, and purpose

(a) The Commissioner [of the Department of Health and Senior Services] promulgates this subchapter pursuant to the authority of N.J.S.A. 26:2H-1 et seq., particularly N.J.S.A. 26:2H-[5h]**5.h**.

(b)–(c) (No change.)

8:43G-17A.4 Posting locations

(a)–(c) (No change.)

(d) The Department’s staffing forms described in (a) through (c) above are available [through the following methods:

1. Electronically] **electronically** at the Department’s “Forms” webpage at [http://nj.gov/health/forms\[;\]](http://nj.gov/health/forms[;]).

[2. Electronically at the Certificate of Need and Healthcare Licensure Program’s webpage at <http://nj.gov/health/hcsa/hcsaforms.html#conacl>; and

3. Upon written request to:

John A. Calabria, Director

Certificate of Need and Healthcare Facility Licensure Program

New Jersey Department of Health and Senior Services

PO Box 358

Trenton, New Jersey 08625-0358]

8:43G-17A.5 Reporting requirements

(a) (No change.)

(b) The public may obtain the quarterly report, which the Department is required to complete pursuant to N.J.S.A. 26:2H-5g(d), [through the following methods:

1. Electronically at the Certificate of Need and Healthcare Licensure Program's webpage at www.nj.gov/health/healthcarequality; and

2. Upon written request to:

John A. Calabria, Director

Certificate of Need and Healthcare Facility Licensure Program

New Jersey Department of Health and Senior Services

PO Box 358

Trenton, New Jersey 08625-0358] **electronically at the Department's**

"Forms" webpage at <http://nj.gov/health/forms>.

SUBCHAPTER 19. OBSTETRICS

8:43G-19.1 Scope of obstetrical standards--definitions; structural organization

(a) (No change.)

(b) The following terms, when used in this subchapter, shall have the following meanings:

...

“American Nurses Credentialing Center” means an organization that is a subsidiary of the American Nurses Association, which certifies nurses in specialty practice areas, and for which the contact information is American Nurses Credentialing Center, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492[, telephone] . **Phone:** (800) 284-2378. [, website] **Website:** <http://www.nursecredentialing.org>.

...

“Clinical Practice Guidelines for Management of Hyperbilirubinemia” means the clinical practice guidelines established by the American Academy of Pediatrics Subcommittee on Hyperbilirubinemia, as set forth in “Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation[, (Pediatrics 2004;114;297),] .” **Pediatrics. 2004; 114(1); 297-316**, incorporated herein by reference, as amended and supplemented, **and** available at [<http://pediatrics.aappublications.org/content/114/1/297.full.html>] <http://pediatrics.aappublications.org/content/114/1/297>.

...

[“Construction Guidelines” means the Guidelines for Design and Construction of Health Care Facilities, 2010 edition, incorporated herein by reference, as amended and supplemented, published by the American Society for Healthcare Engineering of the American Hospital Association (ASHE), for which the contact information is ASHE, 155 North Wacker Drive, Chicago, IL 60606, (800) 242-2626, www.fgiguideines.org]

“Construction Guidelines” means the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2014 edition. Facility Guidelines Institute; American Society for Healthcare Engineering, which is incorporated herein by reference, as amended and supplemented, and is available from the Facility Guidelines Institute, Inc., 350 N. Saint Paul St., Suite 100, Dallas, TX 75201. Website: www.fgiguilines.org. E-mail: info@fgiguilines.org.

...

“International Board of Lactation Consultant Examiners” means the independent international certification body that confers the International Board Certified Lactation Consultant (IBCLC) credential, and for which the contact information in the United States is International Board of Lactation Consultant Examiners in the Americas, [6402 Arlington Blvd., Suite 350, Falls Church, VA 22042, email iblce@iblce.org, telephone] **10301 Democracy Lane, Suite 400, Fairfax, VA 22030. Phone: (703) 560-7330**[, facsimile]. **Fax: (703) 560-7332**[, website: <http://americas.iblce.org/contact>]. **Website: <https://iblce.org/>. E-mail: iblce@iblce.org.**

...

“Member in good standing” means that an acute care hospital has made timely payment of Maternal and Child Health Consortium (MCHC) financial assessments in accordance with the MCHC by-laws, which are based on a budget approved by the Department [of Health and Senior Services].

...

“National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties” means the not-for-profit organization that provides a national

credentialing program for nurses in the obstetric, gynecologic, and neonatal nursing specialties, and for which the contact information is National Certification Corporation, [142 E. Ontario Street, Suite 1700, Chicago, IL] **676 N. Michigan Ave, Suite 3600, Chicago, IL 60611**[,]. **Phone: (312) 951-0207.** [website] **Website: www.nccwebsite.org.** **E-mail: info@nccnet.org.**

...

“United States Breastfeeding Committee” means the independent nonprofit organization whose mission is to improve the nation’s health by working collaboratively to protect, promote, and support breastfeeding, and for which the contact information is United States Breastfeeding Committee, [2025 M Street, NW, Suite 800, Washington, DC 20036; phone: (202) 367-1132 ; fax: (202) 367-2132 email: office@usbreastfeeding.org; available at:] **4044 N Lincoln Ave, # 288, Chicago, IL 60618. Phone: (773) 359-1549. Fax: (773) 313-3498. Website: <http://www.usbreastfeeding.org>. E-mail: office@usbreastfeeding.org.**

(c)–(g) (No change.)

8:43G-19.2 Obstetrics policies and procedures

(a)-(f) (No change.)

(g) All pregnant women admitted to the hospital with unknown or undocumented hepatitis-B surface antigen (HBsAg) assay results shall be immediately screened for the hepatitis-B virus using the HBsAg test or other standardized hepatitis-B tests. Test results should be available within 24 hours but no later than 48 hours. All positive HBsAg test results shall be reported [on a designated reporting form within five working

days of determination to the New Jersey Department of Health and Senior Services, Immunization Program] **in compliance with N.J.A.C. 8:57.**

8:43G-19.12 Perinatal patient services

(a) A registry of all births shall be maintained through either the electronic certificate or a maternity log book located in the obstetrics area and shall include the minimum data set required by the Department [of Health and Senior Services and] in accordance with N.J.S.A. 26:8-30[,] and N.J.A.C. 8:2.

(b)-(d) (No change.)

8:43G-19.15 Newborn care policies and procedures

(a)–(b) (No change.)

[(c) Isolation practices recommended by the Centers for Disease Control shall be used for isolation patients in the newborn nursery, and are incorporated herein by reference. (See CDC Guidelines for Isolation Precautions in Hospitals, publication number PB85927401, available from National Technical Information Services, 5285 Port Royal Rd., Springfield, VA 22161, telephone 703-487-4600.)]

(c) Isolation practices for the newborn nursery shall follow the recommendations set forth in the following publication: Siegal, JD, Rhinehart, E, Jackson, M, et al., and the Healthcare Infection Control Practices Advisory Committee. “2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.” Last update: October 2017; 1-203, available at: <https://www.cdc.gov/infectioncontrol/guidelines/index.html> and is incorporated herein by reference, as amended and supplemented.

(d) The newborn nursery shall identify and report any outbreak of disease, or any single case of a disease as specified in N.J.A.C. 8:57-1.1 through 1.5 [also known as Chapter II of the State Sanitary Code].

(e) The hospital shall screen all newborns for high risk factors associated with hearing impairment pursuant to N.J.S.A. 26:2-103.4, biochemical disorders pursuant to N.J.S.A. 26:2-111, and congenital heart defects no sooner than 24 hours after birth by using pulse oximetry pursuant to N.J.S.A. 26:2-111.4.

1. The hospital shall report congenital defects **pursuant to N.J.S.A. 26:8-40.21** and shall complete birth certificates and death certificates pursuant to N.J.S.A. [26:8-40.21 and] 26:8-28 **and 26:6-11**[, respectively].

(f) Policies and procedures for screening all newborns for hearing impairment, in accordance with N.J.S.A. 26:2-103.1 et seq., shall require that the hospital or birth center:

1. (No change.)

2. Screen all newborns for high-risk indicators associated with hearing loss, using criteria established at N.J.A.C. 8:19-[1.6]**1.8**, prior to discharge or no later than one month of age;

3. Complete and report to the Department all specified components of the Electronic Birth Certificate, including the hearing screening results within one week of discharge, in accordance with N.J.A.C. 8:19-[1.2]**1.6**;

4.-5. (No change.)

(g)-(h) (No change.)

8:43G-19.31 General newborn care functional area requirements

(a)-(d) (No change.)

(e) Newborn care areas shall have oxygen and medical air piped from a central source in accordance with [National Fire Protection Association 99 Standard for Health Care Facilities (NFPA 99) published by the NFPA, Box 9101, One] **NFPA 99: Health Care Facilities Code, 2018**. National Fire Protection Association. This book is incorporated herein by reference, as amended and supplemented, and is available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA [02269-9101, incorporated herein by reference] **02169-7471. Phone: (800) 344-3555. Fax: (800) 593-NFPA. Website: <http://www.nfpa.org>.**

(f)-(j)

[(k) Ventilation requirements shall be in accordance with Section 7.31.D of the “Guidelines for Construction and Equipment of Hospital and Health Care Facilities” (The American Institute of Architects Press), 1996-97 edition, as amended and supplemented, published by the AIA, 1735 New York Ave. NW, Washington, DC 20006, (202) 626-7475, incorporated herein by reference.]

(k) Ventilation requirements shall be in accordance with Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2014 edition. Facility Guidelines Institute; American Society for Healthcare Engineering, which is incorporated herein by reference, as amended and supplemented, and is available from the Facility Guidelines Institute, Inc., 350 N. Saint Paul St., Suite 100, Dallas, TX 75201. Website: www.fgiguilines.org. E-mail: info@fgiguilines.org.

(l)-(t) (No change.)

SUBCHAPTER 20. EMPLOYEE HEALTH

8:43G-20.2 Employee health services

(a)-(c) (No change.)

(d) The facility shall establish policies and procedures for the detection and control of the transmission of *Mycobacterium tuberculosis* that include, but are not limited to, developing a Tuberculosis Infection Exposure Control Plan (TB plan), according to the guidelines set forth in “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care [Settings] **Facilities**, 2005.” [The Morbidity and Mortality Weekly Report published by the Epidemiology Program Office, Centers for Disease and Control and Prevention (CDC) and available from the Superintendent of Documents, US Government Printing Office, Washington, DC 20402-9325 (MMWR), December 30, 2005, Volume 54, Number RR-17, p. 1 through 141, pursuant to the Occupational Safety and Health Act (OSH Act) of 1970,] **MMWR, 2005; 54(RR-17); 1-141**, incorporated herein by reference, as supplemented and amended.

1.-2. (No change.)

3. Persons with questions regarding tuberculosis control may request further information from the Tuberculosis **Control** Program, [of the Department at PO Box 369, Trenton, NJ 08625-0369; telephone (609) 588-7522.] **Department of Health, Division of HIV, STD and TB Services, 50 East State Street, 3rd Floor, PO Box 363, Trenton, NJ 08625-0363. Phone: 609-826-4878. Fax: 609-826-4879.**

(e)-(h) (No change.)

(i) The hospital shall comply with the reporting requirements of the Department’s [of Health and Senior Services’] 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 [and Senior Services]

Communicable Disease [Control] Service[s]

PO Box 369

Trenton, NJ 08625-0369

(j)-(l) (No change.)

SUBCHAPTER 21. ONCOLOGY

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. (No change.)

[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.]

2. Centers for Disease Control and Prevention (CDC); National Institute for Occupational Safety and Health (NIOSH). “Preventing Occupational Exposures to

Antineoplastic and Other Hazardous Drugs in Health Care Settings.” NIOSH Alert. Publication No. 2004-165. 1-58. Last update: September 2016; Conor TH, MacKenzie BA, DeBord DG, et al., CDC and NIOSH. “NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016.” (Supersedes 2014-138). NIOSH. Publication No. 2016-161; 1-42, available from: NIOSH-Publications Dissemination, 4676 Columbia Parkway, Cincinnati, OH 45226-1998. Phone:1-800-35-NIOSH (1-800-356-4674). Fax: (513) 533-8573. Website: www.cdc.gov/niosh. E-mail: pubstaff@cdc.gov.

3. Neuss MN, Gilmore TR, Belderson JM, et al., for the American Society of Clinical Oncology/Oncology Nursing Society (ONS). “Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology.” Oncology Nursing Forum. 44; (1); January 2017. The contact information for ONS is: 125 Enterprise Drive, Pittsburgh, PA 15275. Phone: (412) 859-6100; Toll-free Phone: (866) 257-4ONS; Toll-free Fax: (877) 369-5497. Fax: (412) 859-6162. Website: <https://www.ons.org>. E-mail help@ons.org.

4.–7. (No change.)

(b) (No change.)

8:43G-21.13 Oncology supplies and equipment

(a) 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]

(b) To develop procedures for preparing chemotherapy, hospitals shall refer to the following publications: Centers for Disease Control and Prevention (CDC); National Institute for Occupational Safety and Health (NIOSH). “Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings.” NIOSH Alert. Publication No. 2004-165. 1-58. Last update: September 2016; Conor TH, MacKenzie BA, DeBord DG, et al., CDC and NIOSH. “NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016.” (Supersedes 2014-138). NIOSH. Publication No. 2016-161; 1-42, available from: NIOSH-Publications Dissemination, 4676 Columbia Parkway, Cincinnati, OH 45226-1998. Phone:1-800-35-NIOSH (1-800-356-4674). Fax: (513) 533-8573. Website: www.cdc.gov/niosh. E-mail: pubstaft@cdc.gov.

SUBCHAPTER 23. PHARMACY

8:43G-23.1 Pharmacy structural organization

(a) A hospital shall have a pharmacy that is licensed by the New Jersey State Board of Pharmacy, with a current Drug Enforcement Administration registration and a controlled dangerous substance registration from the [State] Department [of Health].

(b) (No change.)

SUBCHAPTER 24. PLANT MAINTENANCE AND FIRE AND EMERGENCY

PREPAREDNESS

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, the New Jersey Departments of Health and [Senior Services and] Community Affairs and the [Guidelines for Design and Construction of Health Care Facilities, 2010 edition, incorporated herein by reference, as amended and supplemented, published by the American Society of Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive, Chicago, IL 60606, Pub. No. ISBN 978-0-87258-859-2, available through the Facility Guidelines Institute, telephone (800) 242-2628, website www.fgiguilines.org, or by writing to AHA Services Inc., PO Box 933283, Atlanta GA 31193-3283] **Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2014 edition. Facility Guidelines Institute; American Society for Healthcare Engineering, which is incorporated herein by reference, as amended and supplemented, and is available from the Facility Guidelines Institute, Inc., 350 N. Saint Paul St., Suite 100, Dallas, TX 75201. Website: www.fgiguilines.org. E-mail: info@fgiguilines.org.**

(b) The hospital shall submit plans and specifications to Health Plan Review **Unit**, Division of Codes and Standards, Department of Community Affairs, P.O. Box 815, Trenton, New Jersey 08625-0815, for approval prior to construction, alteration, or renovation.

8:43G-24.13 Fire and emergency preparedness

(a) The hospital shall comply with the National Fire Protection Association **publication, NFPA 101®: Life Safety Code®**, [2009] **2012** Edition, [(Chapter 12] **specifically, chapter 18** for new construction and [Chapter 13] **chapter 19** for existing construction[]), available from the]; National Fire Protection Association (**NFPA**), [11 Tracy Drive, Avon, MA 02322-1136; headquarters address, National Fire Protection Association,] **and**

which is available from NFPA, 1 Batterymarch Park, Quincy, MA 02269-7471[, telephone]. **Phone: Toll-free:** (800) 344-3555 or **Direct:** (617) 770-3000[, telefacsimile (617) 770-0700]. **Fax: 800 593-NFPA**[, website]. **Website:** www.nfpa.org[: remit to address, National Fire Protection Association, PO Box 9689, Manchester, NH 03108-9689] . If the building was constructed prior to 1968, the hospital shall have the option of applying for approval from the Department under Fire Safety Evaluation System requirements. Such approval shall be obtained prior to the annual licensure inspection survey and shall include prearranged inspection by a Department surveyor.

(b)-(l) (No change.)

SUBCHAPTER 26. PSYCHIATRY

8:43G-26.2 Psychiatry policies and procedures

(a)-(c) (No change.)

(d) There shall be a written affiliation or referral agreement with the community mental health agency or agencies designated within the hospital's service area by the [New Jersey] **Department's** Division of Mental Health and [Hospitals] **Addiction Services**, for referral, case management, and discharge planning.

(e) (No change.)

8:43G-26.9 Psychiatry space and environment

(a)-(g) (No change.)

(h) The psychiatric care unit shall comply with the suicide prevention regulations as provided in [Federal Guidelines for Construction and Equipment of Hospital and Medical Facilities, 1987 Edition, section 7.6, or later edition, if in effect, which are hereby incorporated by reference, and are available from The American Institute of Architects

Press, 1735 New York Ave. NW, Washington, D.C. 20006, Pub. No. ISBN 0-913962-96-1] **Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2014 edition. Facility Guidelines Institute; American Society for Healthcare Engineering, which is incorporated herein by reference, as amended and supplemented, and is available from the Facility Guidelines Institute, Inc., 350 N. Saint Paul St., Suite 100, Dallas, TX 75201. Website: www.fgiguilines.org. E-mail: info@fgiguilines.org.**

(i)–(j) (No change.)

SUBCHAPTER 32. SAME-DAY STAY

8:43G-32.10 Same-day medical services standards; scope

(a) (No change.)

(b) Same-day medical services are defined as elective treatments, diagnostic and non-surgical procedures as defined in the [ICD-9-CM] **ICD-10-CM** codes, with the patient being discharged in a routine status before midnight of the day of admission or treatment.

SUBCHAPTER 34. SURGERY

8:43G-34.8 Surgery supplies and equipment

(a)-(d) (No change.)

(e) All surgical staff shall comply with the current universal precautions as set forth in the [Centers for Disease Control and Prevention Guideline for Handwashing and Hospital Environmental Control (Infection Control and Hospital Epidemiology 1999, incorporated herein by reference, as amended and supplemented). That publication may be obtained by telephoning the Centers for Disease Control and Prevention at

(800) 311-3435] following publications: Centers for Disease Control and Prevention; Healthcare Infection Control Practices Advisory Committee. “Guidelines for Environmental Infection Control in Health-Care Facilities.” MMWR. 2003; 52(RR-10); 1-42. Last update: February 15, 2017; 1-240, incorporated herein by reference, as amended and supplemented. This publication is available from www.cdc.gov/infectioncontrol/guidelines/environmental/.

(f) (No change.)

SUBCHAPTER 36. SATELLITE EMERGENCY DEPARTMENTS

8:43G-36.1 Scope

(a)-(d) (No change.)

(e) A certificate of need application and certificate of need approval is not required in order for a licensed hospital to institute, construct, expand, or operate a satellite emergency department. However, a licensed hospital which chooses to establish a satellite emergency department shall make application for licensure to the [Certificate of Need and Acute Care] Licensing [Program] **Office** as required in N.J.A.C. 8:43G-2.2(a) and comply with the requirements of N.J.A.C. 8:43G-2.2 through 2.11. If the satellite emergency department applies for licensure as a free-standing ambulatory care facility, it shall also meet the applicable requirements set forth in N.J.A.C. 8:43A.

(f)–(g) (No change.)

(h) Each satellite emergency department shall provide services 24 hours per day, seven days per week during the first full year after licensing. After one year, if the facility can document a low utilization of patients during any [eight hour] **eight-hour** period, it may

cease operation during that time period, following Department [of Health and Senior Services (DHSS)] approval. In no case shall a satellite emergency department operate less than 16 hours per day, seven days per week after the first year of licensing. Policies and procedures addressing after hours care shall be developed by the satellite emergency department or owner/operator hospital and approved by the [DHSS] **Department** prior to revising hours of operation.

1. (No change.)

8:43G-36.2 Definitions

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

...

["Department" means the New Jersey State Department of Health and Senior Services.]

"Licensee" means acute care hospital authorized by the Department [of Health and Senior Services] to own and operate a satellite emergency department and on whom the responsibility for maintaining acceptable standards in all areas of operation of the satellite emergency department.

...

8:43G-36.14 Continuous quality improvement

(a) (No change.)

(b) On a quarterly basis, beginning with the closest calendar quarter after commencing operation, the satellite emergency department shall submit the following information to

the Department's [Certificate of Need and Acute Care Licensure Program] **Licensing Office:**

1. - 5. (No change.)

8:43G-36.15 Physical plant

A building or structure being considered for use as a satellite emergency department, located independent from an acute care hospital shall comply with all the requirements of Use Group B[, and section 13.6] **in chapter 20** of the NFPA 101[, 1985 edition, as referenced in N.J.A.C. 8:43G-24.13(a)]: **Life Safety Code, 2012 Edition. National Fire Protection Association (NFPA). This book is available from NFPA, 1 Batterymarch Park, Quincy, MA 02269-7471. Phone: (800) 344-3555. Fax: 800 593-NFPA.**

Website: www.nfpa.org. A satellite emergency department that remains located in a former acute care hospital shall continue to comply with the requirements of [Use Group I-2, as noted in] N.J.A.C. 8:43A-19.1 of the **Manual of Standards for [Licensure] Licensing** of Ambulatory Care Facilities.

SUBCHAPTER 38. LONG TERM ACUTE CARE HOSPITALS GENERAL REQUIREMENTS

8:43G-38.2 Compliance with rules and laws

(a) All special hospitals providing long term acute care services (LTAC) shall be licensed by the [New Jersey] Department [of Health and Senior Services] and comply with the licensing procedures set forth at N.J.A.C. 8:43G-2.

(b)–(e) (No change.)