

**Title 15: Mississippi State Department of Health**

**Part 3: Office of Health Protection**

**Subpart 1: Health Facilities Licensure and Certification**

**CHAPTER 42        MINIMUM STANDARDS OF OPERATION FOR AMBULATORY SURGICAL FACILITIES**

**Subchapter 9    MEDICAL STAFF ORGANIZATION**

Rule 42.9.7    **Professional Staff.** Each facility shall have at all times a designated medical director who shall be a physician and who shall be responsible for the direction and coordination of all medical aspects of facility programs. Each members of the medical staff shall have like privileges in at least one local hospital. In the case of an abortion facility, the facility must comply with all state and federal laws and regulations, including , but not limited to, provisions of MS. Code Ann. §41-75-1. There shall be a minimum of one licensed registered nurse per six patients (at any one time) at the clinic when patients are present, excluding the director of nursing. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi. Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified registered nurse anesthetist under the supervision of a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by an M.D., D.O., R.N., or a L.P.N. supervised directly by an R.N., until reacted and able to summon aid. All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually. [Section 41-75-1(f)]

*SOURCE: Miss. Code Ann. §41-75-13*

**CHAPTER 44        MINIMUM STANDARDS OF OPERATION FOR ABORTION FACILITIES**

**Subchapter 11    MEDICAL STAFF ORGANIZATION**

Rule 44.11.1    **Medical Staff.** There shall be a single organized medical staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing authority. The manner in which the medical staff is organized shall be consistent with the facility's documented staff organization bylaws, rules and regulations, and pertain to the setting where the facility is located. The facility must comply with all state and federal laws and regulations, including, but not limited to, provisions of MS. Code Ann. §41-75-1. The medical staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that patients are admitted to the facility only

upon the recommendation of a licensed physician and that a licensed physician be responsible for diagnosis and all medical care and treatment. Physicians performing procedures in the licensed abortion facility must meet the requirements set forth in Rule 44.1.5.

*SOURCE: Miss. Code Ann. §41-75-13*

## **CHAPTER 45 MINIMUM STANDARDS FOR INSTITUTIONS FOR THE AGED OR INFIRM**

### **Subchapter 2 DEFINITIONS**

Rule 45.2.17 **IGRA(s) (Interferon-Gamma Release Assay(s))**. A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.18 **Licensing Agency**. The term “licensing agency” shall mean the Mississippi State Department of Health.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.19 **Mantoux Test**. A method of skin testing that is performed by injecting one-tenth (0.1) milliliter of purified protein derivative-tuberculin containing five (5) tuberculin units into the dermis (i.e., the second layer of skin) of the forearm with a needle and syringe. The area is examined between forty-eight (48) and seventy-two (72) hours after the injection. A reaction is measured according to the size of the induration. The classification of a reaction as positive or negative depends on the patient’s medical history and various risk factors (see definition for “significant tuberculin skin test”). This test is used to evaluate the likelihood that a person is infected with M. tuberculosis. The Mantoux (TST) test should be administered only by persons certified in the intradermal technique.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.20 **Medical Waste**. The term "medical waste" means all waste generated in direct resident care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.21 **New Facility**. The term "new facility" shall mean a facility that applies for licensure after the adoption of these regulations.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.22 **Nurse Practitioner.** The term “nurse practitioner” shall mean a person who is currently licensed by the Mississippi Board of Nursing as a nurse practitioner.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.23 **Nursing Facility.** The term "nursing facility" shall mean a facility in which nursing care is under the supervision of a registered nurse. Either a registered nurse or a licensed practical nurse shall be on active duty at all times.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.24 **Nursing Unit.** The maximum nursing unit shall be sixty (60) beds.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.25 **Patient.** The term “patient” shall mean any person admitted to a facility for care.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.26 **Person.** The term “person” shall mean any individual, firm, partnership, corporation, company, association, or joint stock association, or any licensee herein or the legal successor thereof.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.27 **Personal Care.** The term “personal care” shall mean assistance rendered by personnel of the facility for residents in performing one or more of the activities of daily living which includes, but is not limited to, the bathing, walking, excretory functions, feeding, personal grooming, and dressing of such residents.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.28 **Pharmacist.** The term "pharmacist" shall mean a person currently licensed to practice pharmacy in Mississippi by the State Board of Pharmacy.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.29 **Physician.** The term "physician" shall mean any person currently licensed in Mississippi by the Mississippi State Board of Medical Licensure.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.30 **Qualified Dietary Manager.**

1. A Dietetic Technician who has successfully graduated from a Dietetic Technician program accredited by the American Dietetic Association Commission on Accreditation and Approval of Dietetic Education and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.
2. A person who has successfully graduated from a didactic program in Dietetics approved by the American Dietetic Association Commission on Accreditation and Approval of Dietetic Education and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.
3. A person who has successfully completed a Dietary Manager's Course approved by the Dietary Manager's Association and who passes the credentialing examination and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.
4. A person who has successfully completed a Dietary Manager's Course approved by the Dietary Manager's Association and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.31 **Registered Nurse.** The term “registered nurse” shall mean a person who is currently licensed by the Nurses’ Board of Examination and Registration of Mississippi Board of Nursing as a registered nurse.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.32 **Resident.** The term “resident” is synonymous with patient.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.33 **Restraint.** The term “restraint” shall include any means, physical or chemical, which is intentionally used to restrict the freedom of movement of a person.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.34 **Surveyor.** The term “surveyor” shall mean an individual employed, or hired on a contractual basis, by the licensing agency for the purpose of conducting surveys, inspections, investigations, or other related functions as part of the licensing agency’s responsibilities for licensure and regulation of institutions for the aged and infirm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.35 **Significant Tuberculin Skin Test.** An induration of five (5) millimeters or greater is significant (or positive) in the following:

1. Persons known to have or suspected of having human immunodeficiency virus (HIV).
2. Close contacts of a person with infectious tuberculosis.
3. Persons who have a chest radiograph suggestive of previous tuberculosis.
4. Persons who inject drugs (if HIV status is unknown).
5. An induration of ten (10) millimeters or greater is significant (or positive) in all other persons tested in Mississippi. A tuberculin skin test is recorded in millimeters of induration. For accurate results, measure the widest diameter of the palpable induration transverse (across) the arm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.36 **Two-step Testing.** A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 16            RECORDS AND REPORTS**

### **Rule 45.16.5    Employee Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, shall be evaluated for tuberculosis by one of the following methods:
  - a. IGRA (blood test) **and** an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or
  - b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing **and** an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician's Assistant, Nurse Practitioner or a Registered Nurse.

2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual's date of hire; however, the individual must not be allowed contact with a patient or work in areas of the facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered./read and assessment for signs and symptoms completed.
3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual's personnel file no later than 7 days of the individual's date of employment. If an IGRA is performed, results and quantitative values must be documented.
4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;
  - a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or
  - b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or
  - c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.
5. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee's annual health

screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop.

6. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employees' personal record within fourteen (14) days of employment.
7. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.
8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for treatment of latent tuberculin infection.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 45.16.5 Reporting of Tuberculosis Testing.** The facility shall report and comply with the annual MSDH TB Program surveillance procedures.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 20 REQUIREMENTS FOR ADMISSION**

**Rule 45.20.2 Tuberculosis (TB).** Admission Requirements to Rule Out Active Tuberculosis (TB)

1. The following are to be performed and documented within 30 days prior to the resident's admission to the "Licensed facility":
  - a. TB signs and symptoms assessment by a licensed Physician, Physician's Assistant or a Licensed Nurse Practitioner, and

- b. A chest x-ray taken and a written interpretation.
2. Admission to the facility shall be based on the results of the required tests as follows:
- a. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the "Licensed facility". Evaluation for active TB shall be at the recommendation of the MSDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative, the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading **shall** be done by certified personnel. If an IGRA (blood test) is done, TST (first and/or second step) is not done.
  - b. **Residents with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of a the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).
  - c. **Residents with a significant TST OR positive IGRA (blood test)** upon baseline testing or who have documented **prior significant TST** shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these symptoms develop, shall have an evaluation for TB per the recommendations of the MSDH within 72 hours.
  - d. **Residents with a non significant TST** or negative IGRA (blood test) upon baseline testing shall have an annual tuberculosis testing within thirty (30) days of the anniversary of their last test. Note: Once IGRA testing is used, IGRA testing should continue to be used rather than TST testing.
  - e. **Residents with a new significant TST or newly positive IGRA (blood test)** on annual testing shall be evaluated for active TB by a nurse practitioner or physician or physician's assistant.
  - f. **Active or suspected Active TB Admission.** If a resident has or is suspected to have active TB, prior written approval for admission to the facility is required from the MSDH TB State Medical Consultant.
  - g. **Exceptions to TST/ IGRA requirement may be made if:**
    - i. Resident has prior documentation of a significant TST/ positive IGRA.



- ii. Resident has received or is receiving a MSDH approved treatment regimen for latent TB infection or for active TB disease.
- iii. Resident is excluded by a licensed physician or nurse practitioner due to medical contraindications.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.20.3 **Transfer to another facility or return of a resident to respite care** shall be based on the above tests (Rule 47.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.20.4 **Transfer to a Hospital or Visit to a Physician Office.** If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the licensed facility shall notify the MSDH, the hospital, transporting staff and the physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MSDH TB State Consultant.

*SOURCE: Miss. Code Ann. §43-11-13*

## **CHAPTER 47            MINIMUM STANDARDS FOR PERSONAL CARE HOMES ASSISTED LIVING**

Rule 47.2.6 **IGRA(s) (Interferon-Gamma Release Assay(s)).** A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.7 **Licensing Agency.** The term "licensing agency" shall mean the Mississippi State Department of Health.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.8 **Licensed Facility.** The term "licensed facility" shall mean any personal care home for assisted living which has been issued a license for operation by the licensing agency.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.9 **Mantoux Test.** A method of skin testing that is performed by injecting one-tenth (0.1) millimeter of purified protein derivative-tuberculin containing five (5)

tuberculin units into the dermis (i.e., the second layer of skin) of the forearm with a needle and syringe. The area is examined between forty-eight (48) and seventy-two (72) hours after the injection. The reaction is measured according to the size of the induration. The classification of a reaction as positive or negative depends on the patient's medical history and various risk factors (see definition for "significant tuberculin skin test") This test is used to evaluate the likelihood that a person is infected with *M. tuberculosis*. The Mantoux (TST) test should be administered only by persons certified in the intradermal technique.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.10 **Medication Administration.** For the purposes of these regulations, the term "medication administration" is limited to these decisions, made by someone other than the person for whom the medication has been prescribed, regarding (1) which medication is to be taken, (2) the dosage of the medication, or (3) the time at which the medication is to be taken.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.11 **Medication Assistance.** For the purposes of these regulations, the term "medication assistance" is any form of delivering medication which has been prescribed which is not defined as "medication administration", including, but not limited to, the physical act of handing an oral prescription medication to the patient along with liquids to assist the patient in swallowing.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.12 **Personal Care.** The term "personal care" shall mean the assistance rendered by personnel of the licensed facility to residents in performing one or more of the activities of daily living, including but not limited to bathing, walking, excretory functions, feeding, personal grooming, and dressing.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.13 **Significant Tuberculin Skin Test.** An induration of five (5) millimeters or greater is significant (or positive) in the following:

1. Persons known to have or suspected of having human immunodeficiency virus (HIV).
2. Close contacts of a person with infectious tuberculosis.
3. Persons who have a chest radiograph suggestive of previous tuberculosis.

4. Persons who inject drugs (if HIV status is unknown). An induration of ten (10) millimeters or greater is significant (or positive) in all other persons tested in Mississippi. A tuberculin skin test is recorded in millimeters of induration. For accurate results, measure the widest diameter of the palpable induration transverse (across) the arm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.14 **Surveyor.** The term "surveyor" shall mean an individual employed, or hired on a contractual basis, by the licensing agency for the purpose of conducting surveys, inspections, investigations, or other related functions as part of the licensing agency's responsibilities for licensure and regulation of institutions for the aged and infirm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.15 **Two-step Testing.** A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

*SOURCE: Miss. Code Ann. §43-11-13*

## **SUBCHAPTER 11 ADMINISTRATION**

### **Rule 47.11.7 Employee Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, shall be evaluated for tuberculosis by one of the following methods:
  - a. IGRA (blood test) **and** an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or
  - b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing **and** an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician's Assistant, Nurse Practitioner or a Registered Nurse.

2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual's date of hire; however, the individual must not be allowed contact with a patient or work in areas of the facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered./read and assessment for signs and symptoms completed.
3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual's personnel file no later than 7 days of the individual's date of employment. If an IGRA is performed, results and quantitative values must be documented.
4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;
  - a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or
  - b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or
  - c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.
5. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee's annual health screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop.

6. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employees' personal record within fourteen (14) days of employment.
7. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.
8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for treatment of latent tuberculin infection.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 12            MEDICAL AND PERSONAL CARE SERVICES**

### **Rule 47.12.3    Tuberculosis (TB). Admission Requirements to Rule Out Active Tuberculosis (TB)**

1. The following are to be performed and documented within 30 days prior to the resident's admission to the "Licensed facility":
  - a. TB signs and symptoms assessment by a licensed Physician, Physician's Assistant or a Licensed Nurse Practitioner, and
  - b. A chest x-ray taken and a written interpretation.
2. Admission to the facility shall be based on the results of the required tests as follows:

- a. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the "Licensed facility". Evaluation for active TB shall be at the recommendation of the MSDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative, the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading **shall** be done by certified personnel. If an IGRA (blood test) is done, TST (first and/or second step) is not done.
- b. **Residents with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of a the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).
- c. **Residents with a significant TST OR positive IGRA (blood test)** upon baseline testing or who have documented **prior significant TST** shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these symptoms develop, shall have an evaluation for TB per the recommendations of the MSDH within 72 hours.
- d. **Residents with a non significant TST** or negative IGRA (blood test) upon baseline testing shall have an annual tuberculosis testing within thirty (30) days of the anniversary of their last test. Note: Once IGRA testing is used, IGRA testing should continue to be used rather than TST testing.
- e. **Residents with a new significant TST or newly positive IGRA (blood test)** on annual testing shall be evaluated for active TB by a nurse practitioner or physician or physician's assistant.
- g. **Active or suspected Active TB Admission.** If a resident has or is suspected to have active TB, prior written approval for admission to the facility is required from the MSDH TB State Medical Consultant.
- h. **Exceptions to TST/ IGRA requirement may be made if:**
  - i. Resident has prior documentation of a significant TST/ positive IGRA.
  - ii. Resident has received or is receiving a MSDH approved treatment regimen for latent TB infection or for active TB disease.

- iii. Resident is excluded by a licensed physician or nurse practitioner due to medical contraindications.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.12.4 **Transfer to another facility or return of a resident to respite care** shall be based on the above tests (Rule 47.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.12.5 **Transfer to a Hospital or Visit to a Physician Office.** If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the facility shall notify the MSDH, the hospital, transporting staff and the physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MSDH TB State Consultant.

*SOURCE: Miss. Code Ann. §43-11-13*

## **CHAPTER 48            MINIMUM STANDARDS FOR PERSONAL CARE HOMES RESIDENTIAL LIVING**

### **Subchapter 2    DEFINITIONS**

Rule 48.2.6 **IGRA(s) (Interferon-Gamma Release Assay(s)).** A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.7 **Licensing Agency.** The term "licensing agency" shall mean the Mississippi State Department of Health.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.8 **Licensed Facility.** The term "licensed facility" shall mean any personal care home for residential living which has been issued a license for operation by the licensing agency.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.9 **Mantoux Test.** A method of skin testing that is performed by injecting one-tenth (0.1) milliliter of purified protein derivative-tuberculin containing five (5) tuberculin units into the dermis (i.e., the second layer of skin) of the forearm with

a needle and syringe. The area is examined between forty-eight (48) and seventy-two (72) hours after the injection. A reaction is measured according to the size of the induration. The classification of a reaction as positive or negative depends on the patient's medical history and various risk factors (see definition for significant tuberculin skin test. This test is used to evaluate the likelihood that a person is infected with *M. tuberculosis*. The Mantoux (TST) test should be administered only by persons certified in the intradermal technique.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.10 **Medication Assistance.** For the purposes of these regulations, the term “medication assistance” is any form of delivering medication which has been prescribed which is not defined as “medication administration” including, but not limited to, the physical act of handing an oral prescription medication to the patient along with liquids to assist the patient in swallowing.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.11 **Personal Care.** The term "personal care" shall mean the assistance rendered by personnel of the licensed facility to residents in performing one or more of the activities of daily living, including but not limited to bathing, walking, excretory functions, feeding, personal grooming, and dressing.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.12 **Significant Tuberculin Skin Test.** An induration of five (5) millimeters or greater is significant (or positive) in the following:

1. Persons known to have or suspected of having human immunodeficiency virus (HIV).
2. Close contacts of a person with infectious tuberculosis.
3. Persons who have a chest radiograph suggestive of previous tuberculosis.
4. Persons who inject drugs (if HIV status is unknown).
5. An induration of ten (10) millimeters or greater is significant (or positive) in all other persons tested in Mississippi. A tuberculin skin test is recorded in millimeters of induration. For accurate results, measure the widest diameter of the palpable induration transverse (across) the arm.

*SOURCE: Miss. Code Ann. §43-11-13*



Rule 48.2.13 **Residential Living.** The term “residential living” shall mean the provision of services to individuals who require personal care services or individuals, who due to functional impairments, may require mental health services.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.14 **Surveyor.** The term "surveyor" shall mean an individual employed, or hired on a contractual basis, by the licensing agency for the purpose of conducting surveys, inspections, investigations, or other related functions as part of the licensing agency’s responsibilities for licensure and regulation of institutions for the aged and infirm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.15 **Two-step Testing.** A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 11            ADMINISTRATION**

### **Rule 48.11.7    Employee Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, shall be evaluated for tuberculosis by one of the following methods:
  - a. IGRA (blood test) **and** an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or
  - b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing **and** an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician’s Assistant, Nurse Practitioner or a Registered Nurse.
2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual’s date of hire; however, the individual must not

be allowed contact with a patient or work in areas of the facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered,/read and assessment for signs and symptoms completed.

3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual's personnel file no later than 7 days of the individual's date of employment. If an IGRA is performed, results and quantitative values must be documented.
4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;
  - a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or
  - b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or
  - c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.
5. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee's annual health screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop.
6. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employees' personal record within fourteen (14) days of employment.

7. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.
8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for treatment of latent tuberculin infection.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 12            MEDICAL AND PERSONAL CARE SERVICES**

### **Rule 48.12.3    Tuberculosis (TB). Admission Requirements to Rule Out Active Tuberculosis (TB)**

1. The following are to be performed and documented within 30 days prior to the resident's admission to the "Licensed facility":
  - a. TB signs and symptoms assessment by a licensed Physician, Physician's Assistant or a Licensed Nurse Practitioner, and
  - b. A chest x-ray taken and a written interpretation.
2. Admission to the facility shall be based on the results of the required tests as follows:
  - a. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the "Licensed facility". Evaluation for active TB shall be at the recommendation of the MSDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative, the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST

administration and reading **shall** be done by certified personnel. If an IGRA (blood test) is done, TST (first and/or second step) is not done.

- b. **Residents with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).
- c. **Residents with a significant TST OR positive IGRA** (blood test) upon baseline testing or who have documented **prior significant TST** shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these symptoms develop, shall have an evaluation for TB per the recommendations of the MSDH within 72 hours.
- d. **Residents with a non significant TST** or negative IGRA (blood test) upon baseline testing shall have an annual tuberculosis testing within thirty (30) days of the anniversary of their last test. Note: Once IGRA testing is used, IGRA testing should continue to be used rather than TST testing.
- e. **Residents with a new significant TST or newly positive IGRA** (blood test) on annual testing shall be evaluated for active TB by a nurse practitioner or physician or physician's assistant.
- h. **Active or suspected Active TB Admission.** If a resident has or is suspected to have active TB, prior written approval for admission to the facility is required from the MSDH TB State Medical Consultant.
- i. **Exceptions to TST/ IGRA requirement may be made if:**
  - i. Resident has prior documentation of a significant TST/ positive IGRA.
  - ii. Resident has received or is receiving a MSDH approved treatment regimen for latent TB infection or for active TB disease.
  - iii. Resident is excluded by a licensed physician or nurse practitioner due to medical contraindications.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.12.4 **Transfer to another facility or return of a resident to respite care** shall be based on the above tests (Rule 47.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 48.12.5 Transfer to a Hospital or Visit to a Physician Office.** If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the facility shall notify the MSDH, the hospital, transporting staff and the physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MSDH TB State Consultant.

*SOURCE: Miss. Code Ann. §43-11-13*

## **CHAPTER 51: MINIMUM STANDARDS OF OPERATION FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES**

### **Subchapter 1 General: Legal Authority**

**Rule 51.1.3 "Psychiatric Resident Treatment Facility"** means any non-hospital establishment with permanent facilities which provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatric mental health nurse practitioners, psychiatrists, psychologists and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district or by the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital, and are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over along period of time and to a marked degree, which adversely affects educational performance:

1. An inability to learn which cannot be explained by intellectual, sensory or health factors;
2. An inability to build or maintain satisfactory relationships with peers and teachers;
3. Inappropriate types of behavior or feelings under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 13 REAPPOINTMENT**

Rule 51.13.1 The facility's professional staff bylaws, rules and regulations shall provide for review and reappointment of each professional staff member at least once every three years.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 17 WRITTEN PLAN FOR PROFESSIONAL SERVICES**

Rule 51.17.1 Within the scope of its activities, the facility shall have enough appropriately qualified health care professional, administrative and support staff available to adequately assess and address the identified clinical needs of patients. Appropriately qualified professional staff may include qualified child and/or adolescent psychiatrists and other physicians, clinical psychologists, social workers, psychiatric mental health nurse practitioners, psychiatric nurses, and other health care professionals in numbers and variety appropriate to the services offered by the facility and with training and experience working with children and/or adolescents.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 19 STAFF COMPOSITION**

Rule 51.19.5 The child/adolescent psychiatric residential treatment facility shall have on staff an adequate number and mix of professional staff who meet the qualifications provided by these standards and other state laws and regulations. The staffing plan shall meet each of the following requirements. A single staff member may be counted against more than one requirement:

1. At least one full time Registered Nurse.
2. At least one additional person representing a professional staff category as delineated below shall be employed on a full-time basis:
  - a. Physician;
  - b. Child Psychiatrist;
  - c. Psychologist;
  - d. Licensed Clinical Social Worker/Licensed Professional Counselor;
  - e. Teacher; or
  - f. Licensed Professional Art Therapist.
3. Each patient shall receive a minimum of 15 hours of therapy per week from among the following professional staff categories:

- a. Child Psychiatrist;
  - b. Psychologist;
  - c. Licensed Clinical Social Worker/Licensed Professional Counselor;
  - d. Therapeutic Recreation Specialist; and
  - e. Licensed Professional Art Therapist.
4. One full-time equivalent professional staff member shall be employed for each seven residents.
5. Each patient shall have a direct consultation at least once per week with the staff child psychiatrist or a psychiatric mental health nurse practitioner.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 51.19.6 The child/adolescent residential treatment facility shall ensure that an adequate number of professional staff is qualified by training and experience to provide clinical supervision of other staff and to provide programmatic direction. The staffing composition pattern shall be subject to approval by the State Department of Health and shall include, but not be limited to, the following:

- 1. A licensed Registered Nurse who has at least three years of experience working with children/adolescents; and/or
- 2. A licensed psychiatric mental health nurse practitioner who has at least three years of experience working with children/adolescents; and/or
- 3. A licensed physician who is a board certified or board eligible pediatrician or who is board eligible in family practice;
- 4. A licensed physician who is a board certified or board eligible psychiatrist qualified in child psychiatry;
- 5. A licensed psychologist who has specialized training and experience in the evaluation and treatment of mental disorders of children and/or adolescents;
- 6. A licensed master level social worker who has a master's degree and is clinically qualified by training and two years experience in working with mentally ill children/adolescents or a Licensed Professional Counselor who is clinically qualified by training and two years experience in working with mentally ill children/adolescents;
- 7. A qualified therapeutic recreation specialist;

8. A qualified rehabilitation counselor who has three years of experience in working with mentally ill children/adolescents.

*SOURCE: Miss. Code Ann. §43-11-13*

#### **Subchapter 20            PSYCHIATRIC SERVICES**

Rule 51.20.3 Primary psychiatric care for all patients in a child/adolescent psychiatric residential care facility shall be provided by a qualified child psychiatrist directly or at least by consultation; or either by a qualified psychiatric mental health nurse practitioner.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 51.20.4 The number of psychiatrists and/or number of psychiatric mental health nurse practitioners is commensurate with the size and scope of the child/adolescent residential treatment program.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 51.20.6 All psychiatrists or psychiatric mental health nurse practitioners shall be licensed in the State of Mississippi.

*SOURCE: Miss. Code Ann. §43-11-13*

#### **Subchapter 43            ASSESSMENTS**

Rule 51.43.2 A licensed physician or either a psychiatric mental health nurse practitioner shall be responsible for assessing each patient's physical health. The health assessment shall include a medical history; a physical examination; and neurological examination when indicated and a laboratory workup. The physical examination shall be completed within 24 hours after admission.

*SOURCE: Miss. Code Ann. §43-11-13*

#### **Subchapter 45            PROGRESS NOTES**

Rule 51.45.1. Progress notes shall be recorded by the physician, psychiatric mental health nurse practitioners, nurse, social worker and, when appropriate, others significantly involved in treatment. The frequency of progress notes is determined by the condition of the patient but should be recorded at least monthly.

*SOURCE: Miss. Code Ann. §43-11-13*

#### **Subchapter 51            LABELING**

Rule 51.51.12 Only pharmacists, physicians, psychiatric mental health nurse practitioners, registered nurses, or licensed practical nurses shall administer medications



*SOURCE: Miss. Code Ann. §43-11-13*

#### **Subchapter 74      LABORATORY/RADIOLOGY**

Rule 51.74.4 All laboratory and x-ray services shall be provided only on the orders of the attending physician or the psychiatric mental health nurse practitioners.

*SOURCE: Miss. Code Ann. §43-11-13*

#### **Subchapter 83      GLOSSARY**

Rule 51.83.42 **Nurse, Psychiatric, Qualified and/or Psychiatric Mental Health Nurse Practitioners.** A licensed nurse who has had at least three years of experience in psychiatric or mental health nursing and at least one year of experience in a supervisory position.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Title 15: Mississippi State Department of Health**

#### **Part 3: Office of Health Protection**

#### **Subpart 1: Health Facilities Licensure and Certification**

#### **CHAPTER 42      MINIMUM STANDARDS OF OPERATION FOR AMBULATORY SURGICAL FACILITIES**

#### **Subchapter 9      MEDICAL STAFF ORGANIZATION**

Rule 42.9.7 **Professional Staff.** Each facility shall have at all times a designated medical director who shall be a physician and who shall be responsible for the direction and coordination of all medical aspects of facility programs. ~~The Each~~ members of the medical staff shall have like privileges in at least one local hospital; however, in the case of a Level I Abortion Facility, at least one physician member performing abortion procedures in the facility must have admitting privileges in at least one local hospital. In the case of an abortion facility, the facility must comply with all state and federal laws and regulations, including , but not limited to, provisions of MS. Code Ann. §41-75-1. There shall be a minimum of one licensed registered nurse per six patients (at any one time) at the clinic when patients are present, excluding the director of nursing. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi. Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified registered nurse anesthetist under the supervision of a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by an M.D., D.O., R.N., or a L.P.N. supervised directly by an R.N., until reacted and

able to summon aid. All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually. [Section 41-75-1(f)]

*SOURCE: Miss. Code Ann. §41-75-13*

## **CHAPTER 44        MINIMUM STANDARDS OF OPERATION FOR ABORTION FACILITIES**

### **Subchapter 11        MEDICAL STAFF ORGANIZATION**

Rule 44.11.1 **Medical Staff.** There shall be a single organized medical staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing authority. The manner in which the medical staff is organized shall be consistent with the facility's documented staff organization bylaws, rules and regulations, and pertain to the setting where the facility is located. The facility must comply with all state and federal laws and regulations, including, but not limited to, provisions of MS. Code Ann. §41-75-1. The medical staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that patients are admitted to the facility only upon the recommendation of a licensed physician and that a licensed physician be responsible for diagnosis and all medical care and treatment. Physicians performing procedures in the licensed abortion facility must meet the requirements set forth in Rule 44.1.5.

*SOURCE: Miss. Code Ann. §41-75-13*

## **CHAPTER 45        MINIMUM STANDARDS FOR INSTITUTIONS FOR THE AGED OR INFIRM**

### **Subchapter 3        DEFINITIONS**

Rule 45.2.17 **IGRA(s) (Interferon-Gamma Release Assay(s)).** A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.18 **Licensing Agency.** The term “licensing agency” shall mean the Mississippi State Department of Health.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.19 **Mantoux Test.** A method of skin testing that is performed by injecting one-tenth (0.1) milliliter of purified protein derivative-tuberculin containing five (5) tuberculin units into the dermis (i.e., the second layer of skin) of the forearm with

a needle and syringe. The area is examined between forty-eight (48) and seventy-two (72) hours after the injection. A reaction is measured according to the size of the induration. The classification of a reaction as positive or negative depends on the patient's medical history and various risk factors (see definition for "significant tuberculin skin test"). This test is used to evaluate the likelihood that a person is infected with M. tuberculosis. ~~It is the most reliable and standardized technique for tuberculin testing.~~ The Mantoux (TST) test ~~It~~ should be administered only by persons certified in the intradermal technique.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.20 **Medical Waste.** The term "medical waste" means all waste generated in direct resident care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.21 **New Facility.** The term "new facility" shall mean a facility that applies for licensure after the adoption of these regulations.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.22 **Nurse Practitioner.** The term "nurse practitioner" shall mean a person who is currently licensed by the Mississippi Board of Nursing as a nurse practitioner.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.23 **Nursing Facility.** The term "nursing facility" shall mean a facility in which nursing care is under the supervision of a registered nurse. Either a registered nurse or a licensed practical nurse shall be on active duty at all times.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.24 **Nursing Unit.** The maximum nursing unit shall be sixty (60) beds.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.25 **Patient.** The term "patient" shall mean any person admitted to a facility for care.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.26 **Person.** The term "person" shall mean any individual, firm, partnership, corporation, company, association, or joint stock association, or any licensee herein or the legal successor thereof.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.27 **Personal Care.** The term “personal care” shall mean assistance rendered by personnel of the facility for residents in performing one or more of the activities of daily living which includes, but is not limited to, the bathing, walking, excretory functions, feeding, personal grooming, and dressing of such residents.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.28 **Pharmacist.** The term "pharmacist" shall mean a person currently licensed to practice pharmacy in Mississippi by the State Board of Pharmacy.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.29 **Physician.** The term "physician" shall mean any person currently licensed in Mississippi by the Mississippi State Board of Medical Licensure.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.30 **Qualified Dietary Manager.**

1. A Dietetic Technician who has successfully graduated from a Dietetic Technician program accredited by the American Dietetic Association Commission on Accreditation and Approval of Dietetic Education and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.
2. A person who has successfully graduated from a didactic program in Dietetics approved by the American Dietetic Association Commission on Accreditation and Approval of Dietetic Education and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.
3. A person who has successfully completed a Dietary Manager's Course approved by the Dietary Manager's Association and who passes the credentialing examination and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.
4. A person who has successfully completed a Dietary Manager's Course approved by the Dietary Manager's Association and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.31 **Registered Nurse.** The term “registered nurse” shall mean a person who is currently licensed by the Nurses’ Board of Examination and Registration of Mississippi Board of Nursing as a registered nurse.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.32 **Resident.** The term “resident” is synonymous with patient.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.33 **Restraint.** The term “restraint” shall include any means, physical or chemical, which is intentionally used to restrict the freedom of movement of a person.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.34 **Surveyor.** The term “surveyor” shall mean an individual employed, or hired on a contractual basis, by the licensing agency for the purpose of conducting surveys, inspections, investigations, or other related functions as part of the licensing agency’s responsibilities for licensure and regulation of institutions for the aged and infirm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.35 **Significant Tuberculin Skin Test.** An induration of five (5) millimeters or greater is significant (or positive) in the following:

1. Persons known to have or suspected of having human immunodeficiency virus (HIV).
2. Close contacts of a person with infectious tuberculosis.
3. Persons who have a chest radiograph suggestive of previous tuberculosis.
4. Persons who inject drugs (if HIV status is unknown).
5. An induration of ten (10) millimeters or greater is significant (or positive) in all other persons tested in Mississippi. A tuberculin skin test is recorded in millimeters of induration. For accurate results, measure the widest diameter of the palpable induration transverse (across) the arm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.2.36 **Two-step Testing.** A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably

represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 16            RECORDS AND REPORTS**

### **Rule 45.16.5    ~~Testing for Tuberculosis.~~**

- ~~1. The tuberculin test status of all staff shall be documented in the individual's record. The first step of a two-step Mantoux tuberculin skin test shall be performed (administered and read) on all new employees thirty (30) days prior to hire or immediately upon hire. Each Mantoux tuberculin skin test shall be administered and read by personnel trained and certified in the procedure and the results shall be recorded in millimeters of induration. An employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to the reading and documentation of the first step of a two-step Mantoux tuberculin skin test and completing a signs and symptom assessment. Anyone found to have a positive signs and symptoms assessment (e.g., cough, sputum production, chest pain, anorexia, weight loss, fever, night sweats, especially if symptoms last three weeks or longer), regardless of the size of the skin test, or anyone found to have a positive skin test shall also have a chest x-ray and be evaluated for active tuberculosis by a physician within 72 hours. This evaluation must be prior to any contact with residents or being allowed to work in areas of the facility to which residents have routine access.~~
- ~~2. The results of the first step of the two-step Mantoux tuberculosis testing shall be documented in the individual's record within seven (7) days of employment. Exceptions to this requirement may be made if:~~
  - ~~a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the State Tuberculosis Program for tuberculosis infection, or~~
  - ~~b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the State Tuberculosis Program for active tuberculosis disease, or~~
  - ~~c. The individual has a documented previous significant tuberculin skin test reaction. Individuals with significant Mantoux tuberculin skin tests should be reminded periodically about the symptoms of tuberculosis and the need for prompt evaluation of any pulmonary symptoms of tuberculosis. A tuberculosis symptom assessment shall be documented as part of the annual health screening. No additional follow-up is indicated unless symptoms suggestive of active tuberculosis develop. Specifically, annual chest x-rays are not indicated.~~

3. ~~Employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employee's personnel record within fourteen (14) days of employment.~~
4. ~~The two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past twelve (12) months. If the employer has documentation the employee has had a negative TB skin test within the past twelve months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment, and documenting the results.~~
5. ~~All staff who do not have a significant Mantoux tuberculin skin test reaction shall be retested annually within thirty (30) days of the anniversary of their last Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for latent tuberculosis infection treatment.~~

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 45.16.5 Employee Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, shall be evaluated for tuberculosis by one of the following methods:
  - a. IGRA (blood test) and an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or
  - b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing and an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician's Assistant, Nurse Practitioner or a Registered Nurse.
2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual's date of hire; however, the individual must not be allowed contact with a patient or work in areas of the facility

where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered,/read and assessment for signs and symptoms completed.

3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual's personnel file no later than 7 days of the individual's date of employment. If an IGRA is performed, results and quantitative values must be documented.
  
4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;
  - a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or
  - b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or
  - c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.
  
5. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee's annual health screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop.
  
6. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-



step Mantoux tuberculin skin test performed and documented in the employees' personal record within fourteen (14) days of employment.

7. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.
8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for treatment of latent tuberculin infection.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 45.16.6 **Reporting of Tuberculosis Testing.** The facility shall report and comply with the annual MSDH TB Program surveillance procedures.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 20      REQUIREMENTS FOR ADMISSION**

Rule 45.20.2 **Tuberculosis (TB).** Admission Requirements to Rule Out Active Tuberculosis (TB)

1. The following are to be performed and documented within 30 days prior to the resident's admission to the "Licensed facility":
  - a. TB signs and symptoms assessment by a licensed Physician, Physician's Assistant or a Licensed Nurse Practitioner, and
  - b. A chest x-ray taken and a written interpretation.
2. Admission to the facility shall be based on the results of the required tests as follows:

- a. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the "Licensed facility". Evaluation for active TB shall be at the recommendation of the MSDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative, the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading **shall** be done by certified personnel. If an IGRA (blood test) is done, a TST (first and/or second step) is not done.
- b. **Residents with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of a the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).
- c. **Residents with a significant TST OR positive IGRA (blood test)** upon baseline testing or who have documented prior significant TST shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these symptoms develop, shall have an evaluation for TB per the recommendations of the MSDH within 72 hours.
- d. **Residents with a non significant TST or negative IGRA (blood test)** upon baseline testing shall have an annual ~~Mantoux TST~~ tuberculosis testing within thirty (30) days of the anniversary of their last test. Note: Once IGRA testing is used, IGRA testing should continue to be used rather than TST testing.
- e. **Residents with a new significant TST or newly positive IGRA (blood test)** on annual testing shall be evaluated for active TB by a nurse practitioner or physician or physician's assistant.
- i. **Active or suspected Active TB Admission.** If a resident has or is suspected to have active TB, prior written approval for admission to the facility is required from the MSDH TB State Medical Consultant.
- j. **Exceptions to TST/ IGRA requirement may be made if:**
  - i. Resident has prior documentation of a significant TST/ positive IGRA.
  - ii. Resident has received or is receiving a MSDH approved treatment regimen for latent TB infection or for active TB disease.

iii. Resident is excluded by a licensed physician or nurse practitioner due to medical contraindications.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 45.20.3 Transfer to another facility or return of a resident to respite care** shall be based on the above tests (Rule 47.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 45.20.4 Transfer to a Hospital or Visit to a Physician Office.** If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the licensed facility shall notify the MSDH, the hospital, transporting staff and the physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MSDH TB State Consultant.

*SOURCE: Miss. Code Ann. §43-11-13*

## **CHAPTER 47 MINIMUM STANDARDS FOR PERSONAL CARE HOMES ASSISTED LIVING**

**Rule 47.2.6 IGRA(s) (Interferon-Gamma Release Assay(s)).** A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 47.2.7 Licensing Agency.** The term "licensing agency" shall mean the Mississippi State Department of Health.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 47.2.8 Licensed Facility.** The term "licensed facility" shall mean any personal care home for assisted living which has been issued a license for operation by the licensing agency.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 47.2.9 Mantoux Test.** A method of skin testing that is performed by injecting one-tenth (0.1) millimeter of purified protein derivative-tuberculin containing five (5) tuberculin units into the dermis (i.e., the second layer of skin) of the forearm with a needle and syringe. The area is examined between forty-eight (48) and seventy-two (72) hours after the injection. The reaction is measured according to the size

of the induration. The classification of a reaction as positive or negative depends on the patient's medical history and various risk factors (see definition for "significant tuberculin skin test") This test is used to evaluate the likelihood that a person is infected with M. tuberculosis. ~~It is the most reliable and standardized technique for tuberculin testing.~~ The Mantoux (TST) test ~~It~~ should be administered only by persons certified in the intradermal technique.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.10 **Medication Administration.** For the purposes of these regulations, the term "medication administration" is limited to these decisions, made by someone other than the person for whom the medication has been prescribed, regarding (1) which medication is to be taken, (2) the dosage of the medication, or (3) the time at which the medication is to be taken.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.11 **Medication Assistance.** For the purposes of these regulations, the term "medication assistance" is any form of delivering medication which has been prescribed which is not defined as "medication administration", including, but not limited to, the physical act of handing an oral prescription medication to the patient along with liquids to assist the patient in swallowing.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.12 **Personal Care.** The term "personal care" shall mean the assistance rendered by personnel of the licensed facility to residents in performing one or more of the activities of daily living, including but not limited to bathing, walking, excretory functions, feeding, personal grooming, and dressing.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.13 **Significant Tuberculin Skin Test.** An induration of five (5) millimeters or greater is significant (or positive) in the following:

1. Persons known to have or suspected of having human immunodeficiency virus (HIV).
2. Close contacts of a person with infectious tuberculosis.
3. Persons who have a chest radiograph suggestive of previous tuberculosis.
4. Persons who inject drugs (if HIV status is unknown). An induration of ten (10) millimeters or greater is significant (or positive) in all other persons tested in Mississippi. A tuberculin skin test is recorded in millimeters of induration. For

accurate results, measure the widest diameter of the palpable induration transverse (across) the arm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.14 **Surveyor.** The term "surveyor" shall mean an individual employed, or hired on a contractual basis, by the licensing agency for the purpose of conducting surveys, inspections, investigations, or other related functions as part of the licensing agency's responsibilities for licensure and regulation of institutions for the aged and infirm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 47.2.15 **Two-step Testing.** A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

*SOURCE: Miss. Code Ann. §43-11-13*

## **SUBCHAPTER 11 ADMINISTRATION**

Rule 47.11.7 ~~**Testing for Tuberculosis.**~~

- ~~1. The tuberculin test status of all staff shall be documented in the individual's record. The first step of a two-step Mantoux tuberculin skin test shall be performed (administered and read) on all new employees thirty (30) days prior to hire or immediately upon hire. Each Mantoux tuberculin skin test shall be administered and read by personnel trained and certified in the procedure and the results shall be recorded in millimeters of induration. An employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to the reading and documentation of the first step of a two-step Mantoux tuberculin skin test and completing a signs and symptom assessment. Anyone found to have a positive signs and symptoms assessment (e.g., cough, sputum production, chest pain, anorexia, weight loss, fever, night sweats, especially if symptoms last three weeks or longer), regardless of the size of the skin test, or anyone found to have a positive skin test shall also have a chest x-ray and be evaluated for active tuberculosis by a~~

~~physician within 72 hours. This evaluation must be prior to any contact with residents or being allowed to work in areas of the facility to which residents have routine access.~~

- ~~2. The results of the first step of the two-step Mantoux tuberculosis testing shall be documented in the individual's record within seven (7) days of employment. Exceptions to this requirement may be made if:
  - ~~a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the State Tuberculosis Program for tuberculosis infection, or~~
  - ~~b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the State Tuberculosis Program for active tuberculosis disease, or~~
  - ~~c. The individual has a documented previous significant tuberculin skin test reaction. Individuals with significant Mantoux tuberculin skin tests should be reminded periodically about the symptoms of tuberculosis and the need for prompt evaluation of any pulmonary symptoms of tuberculosis. A tuberculosis symptom assessment shall be documented as part of the annual health screening. No additional follow-up is indicated unless symptoms suggestive of active tuberculosis develop. Specifically, annual chest x-rays are not indicated.~~~~
- ~~3. Employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employee's personnel record within fourteen (14) days of employment.~~
- ~~4. The two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past twelve (12) months. If the employer has documentation the employee has had a negative TB skin test within the past twelve months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment, and documenting the results.~~
- ~~5. All staff who do not have a significant Mantoux tuberculin skin test reaction shall be retested annually within thirty (30) days of the anniversary of their last Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for latent tuberculosis infection treatment.~~

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 47.11.7 Employee Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, shall be evaluated for tuberculosis by one of the following methods:
  - a. IGRA (blood test) and an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or
  - b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing and an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician's Assistant, Nurse Practitioner or a Registered Nurse.
2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual's date of hire; however, the individual must not be allowed contact with a patient or work in areas of the facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered./read and assessment for signs and symptoms completed.
3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual's personnel file no later than 7 days of the individual's date of employment. If an IGRA is performed, results and quantitative values must be documented.
4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;

- a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or
  - b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or
  - c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.
5. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee's annual health screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop.
6. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employees' personal record within fourteen (14) days of employment.
7. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.
8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for treatment of latent tuberculin infection.



**Subchapter 12 MEDICAL AND PERSONAL CARE SERVICES**

**Rule 47.12.3 Tuberculosis (TB).** Admission Requirements to Rule Out Active Tuberculosis (TB)

1. The following are to be performed and documented within 30 days prior to the resident's admission to the ~~Personal Care Home~~ "Licensed facility":
  - a. TB signs and symptoms assessment by a licensed Physician, Physician's Assistant or a Licensed Nurse Practitioner, and
  - b. A chest x-ray taken and a written interpretation.
2. Admission to the facility shall be based on the results of the required tests as follows:
  - a. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the ~~Personal Care Home~~ "Licensed facility". Evaluation for active TB shall be at the recommendation of the MSDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative, the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading **shall** be done by certified personnel. If an IGRA (blood test) is done, TST (first and/or second step) is not done.
  - b. **Residents with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of a the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).
  - c. **Residents with a significant TST OR positive IGRA (blood test)** upon baseline testing or who have documented prior significant TST shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these symptoms develop, shall have an evaluation for TB per the recommendations of the MSDH within 72 hours.
  - d. **Residents with a non significant TST or negative IGRA (blood test)** upon baseline testing shall have an annual tuberculosis testing within thirty (30)

days of the anniversary of their last test. Note: Once IGRA testing is used, IGRA testing should continue to be used rather than TST testing.

- e. **Residents with a new significant TST or newly positive IGRA (blood test)** on annual testing shall be evaluated for active TB by a nurse practitioner or physician or physician's assistant.
- j. **Active or suspected Active TB Admission.** If a resident has or is suspected to have active TB, prior written approval for admission to the facility is required from the MSDH TB State Medical Consultant.
- k. **Exceptions to TST/ IGRA requirement may be made if:**
  - i. Resident has prior documentation of a significant TST/ positive IGRA.
  - ii. Resident has received or is receiving a MSDH approved treatment regimen for latent TB infection or for active TB disease.
  - iii. Resident is excluded by a licensed physician or nurse practitioner due to medical contraindications.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 47.12.4 Transfer to another facility or return of a resident to respite care** shall be based on the above tests (Rule 47.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 47.12.5 Transfer to a Hospital or Visit to a Physician Office.** If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the facility shall notify the MSDH, the hospital, transporting staff and the physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MSDH TB State Consultant.

*SOURCE: Miss. Code Ann. §43-11-13*

## **CHAPTER 48            MINIMUM STANDARDS FOR PERSONAL CARE HOMES RESIDENTIAL LIVING**

### **Subchapter 2    DEFINITIONS**

Rule 48.2.6 **IGRA(s) (Interferon-Gamma Release Assay(s))**. A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.7 **Licensing Agency**. The term "licensing agency" shall mean the Mississippi State Department of Health.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.8 **Licensed Facility**. The term "licensed facility" shall mean any personal care home for residential living which has been issued a license for operation by the licensing agency.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.9 **Mantoux Test**. A method of skin testing that is performed by injecting one-tenth (0.1) milliliter of purified protein derivative-tuberculin containing five (5) tuberculin units into the dermis (i.e., the second layer of skin) of the forearm with a needle and syringe. The area is examined between forty-eight (48) and seventy-two (72) hours after the injection. A reaction is measured according to the size of the induration. The classification of a reaction as positive or negative depends on the patient's medical history and various risk factors (see definition for significant tuberculin skin test. This test is used to evaluate the likelihood that a person is infected with M. tuberculosis. ~~It is the most reliable and standardized technique for tuberculin testing.~~ The Mantoux (TST) test ~~It~~ should be administered only by persons certified in the intradermal technique.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.10 **Medication Assistance**. For the purposes of these regulations, the term "medication assistance" is any form of delivering medication which has been prescribed which is not defined as "medication administration" including, but not limited to, the physical act of handing an oral prescription medication to the patient along with liquids to assist the patient in swallowing.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.11 **Personal Care**. The term "personal care" shall mean the assistance rendered by personnel of the licensed facility to residents in performing one or more of the activities of daily living, including but not limited to bathing, walking, excretory functions, feeding, personal grooming, and dressing.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.12 **Significant Tuberculin Skin Test.** An induration of five (5) millimeters or greater is significant (or positive) in the following:

1. Persons known to have or suspected of having human immunodeficiency virus (HIV).
2. Close contacts of a person with infectious tuberculosis.
3. Persons who have a chest radiograph suggestive of previous tuberculosis.
4. Persons who inject drugs (if HIV status is unknown).
5. An induration of ten (10) millimeters or greater is significant (or positive) in all other persons tested in Mississippi. A tuberculin skin test is recorded in millimeters of induration. For accurate results, measure the widest diameter of the palpable induration transverse (across) the arm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.13 **Residential Living.** The term “residential living” shall mean the provision of services to individuals who require personal care services or individuals, who due to functional impairments, may require mental health services.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.14 **Surveyor.** The term "surveyor" shall mean an individual employed, or hired on a contractual basis, by the licensing agency for the purpose of conducting surveys, inspections, investigations, or other related functions as part of the licensing agency’s responsibilities for licensure and regulation of institutions for the aged and infirm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 48.2.15 **Two-step Testing.** A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 11            ADMINISTRATION**

Rule 48.11.7 ~~Testing for Tuberculosis.~~

- ~~1. The tuberculin test status of all staff shall be documented in the individual's record. The first step of a two-step Mantoux tuberculin skin test shall be performed (administered and read) on all new employees thirty (30) days prior to hire or immediately upon hire. Each Mantoux tuberculin skin test shall be administered and read by personnel trained and certified in the procedure and the results shall be recorded in millimeters of induration. An employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to the reading and documentation of the first step of a two-step Mantoux tuberculin skin test and completing a signs and symptom assessment. Anyone found to have a positive signs and symptoms assessment (e.g., cough, sputum production, chest pain, anorexia, weight loss, fever, night sweats, especially if symptoms last three weeks or longer), regardless of the size of the skin test, or anyone found to have a positive skin test shall also have a chest x-ray and be evaluated for active tuberculosis by a physician within 72 hours. This evaluation must be prior to any contact with residents or being allowed to work in areas of the facility to which residents have routine access.~~
- ~~2. The results of the first step of the two-step Mantoux tuberculosis testing shall be documented in the individual's record within seven (7) days of employment. Exceptions to this requirement may be made if:~~
  - ~~a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the State Tuberculosis Program for tuberculosis infection, or~~
  - ~~b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the State Tuberculosis Program for active tuberculosis disease, or~~
  - ~~c. The individual has a documented previous significant tuberculin skin test reaction. Individuals with significant Mantoux tuberculin skin tests should be reminded periodically about the symptoms of tuberculosis and the need for prompt evaluation of any pulmonary symptoms of tuberculosis. A tuberculosis symptom assessment shall be documented as part of the annual health screening. No additional follow-up is indicated unless symptoms suggestive of active tuberculosis develop. Specifically, annual chest x-rays are not indicated.~~
- ~~3. Employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employee's personnel record within fourteen (14) days of employment.~~

4. ~~The two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past twelve (12) months. If the employer has documentation the employee has had a negative TB skin test within the past twelve months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment, and documenting the results.~~
5. ~~All staff who do not have a significant Mantoux tuberculin skin test reaction shall be retested annually within thirty (30) days of the anniversary of their last Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for latent tuberculosis infection treatment.~~

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 48.11.7 Employee Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, shall be evaluated for tuberculosis by one of the following methods:
  - a. IGRA (blood test) and an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or
  - b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing and an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician's Assistant, Nurse Practitioner or a Registered Nurse.
2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual's date of hire; however, the individual must not be allowed contact with a patient or work in areas of the facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered./read and assessment for signs and symptoms completed.
3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be

documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual's personnel file no later than 7 days of the individual's date of employment. If an IGRA is performed, results and quantitative values must be documented.

4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;
  - a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or
  - b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or
  - c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.
5. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee's annual health screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop.
6. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employees' personal record within fourteen (14) days of employment.
7. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to

which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.

8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for treatment of latent tuberculin infection.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 12            MEDICAL AND PERSONAL CARE SERVICES**

### **Rule 48.12.3    Tuberculosis (TB).** Admission Requirements to Rule Out Active Tuberculosis (TB)

1. The following are to be performed and documented within 30 days prior to the resident's admission to the "Licensed facility":
  - a. TB signs and symptoms assessment by a licensed Physician, Physician's Assistant or a Licensed Nurse Practitioner, and
  - b. A chest x-ray taken and a written interpretation.
2. Admission to the facility shall be based on the results of the required tests as follows:
  - a. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the "Licensed facility". Evaluation for active TB shall be at the recommendation of the MSDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative, the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading **shall** be done by certified personnel. If an IGRA (blood test) is done, TST (first and/or second step) is not done.
  - b. **Residents with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21



days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).

- c. **Residents with a significant TST OR positive IGRA (blood test)** upon baseline testing or who have documented prior significant TST shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these symptoms develop, shall have an evaluation for TB per the recommendations of the MSDH within 72 hours.
- d. **Residents with a non significant TST or negative IGRA (blood test)** upon baseline testing shall have an annual tuberculosis testing within thirty (30) days of the anniversary of their last test. Note: Once IGRA testing is used, IGRA testing should continue to be used rather than TST testing.
- e. **Residents with a new significant TST or newly positive IGRA (blood test)** on annual testing shall be evaluated for active TB by a nurse practitioner or physician or physician's assistant.
- k. **Active or suspected Active TB Admission.** If a resident has or is suspected to have active TB, prior written approval for admission to the facility is required from the MSDH TB State Medical Consultant.
- l. **Exceptions to TST/ IGRA requirement may be made if:**
  - i. Resident has prior documentation of a significant TST/ positive IGRA.
  - ii. Resident has received or is receiving a MSDH approved treatment regimen for latent TB infection or for active TB disease.
  - iii. Resident is excluded by a licensed physician or nurse practitioner due to medical contraindications.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 48.12.4 Transfer to another facility or return of a resident to respite care** shall be based on the above tests (Rule 47.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

*SOURCE: Miss. Code Ann. §43-11-13*

**Rule 48.12.5 Transfer to a Hospital or Visit to a Physician Office.** If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the facility shall notify the MSDH, the hospital, transporting staff and the physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the

responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MSDH TB State Consultant.

*SOURCE: Miss. Code Ann. §43-11-13*

## **CHAPTER 51: MINIMUM STANDARDS OF OPERATION FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES**

### **Subchapter 1 General: Legal Authority**

Rule 51.1.3 **"Psychiatric Resident Treatment Facility"** means any non-hospital establishment with permanent facilities which provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatric mental health nurse practitioners, psychiatrists, psychologists and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district or by the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital, and are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over along period of time and to a marked degree, which adversely affects educational performance:

1. An inability to learn which cannot be explained by intellectual, sensory or health factors;
2. An inability to build or maintain satisfactory relationships with peers and teachers;
3. Inappropriate types of behavior or feelings under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 13 REAPPOINTMENT**

Rule 51.13.1 The facility's professional staff bylaws, rules and regulations shall provide for review and reappointment of each professional staff member at least once every ~~two~~ three years.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 17 WRITTEN PLAN FOR PROFESSIONAL SERVICES**

Rule 51.17.1 Within the scope of its activities, the facility shall have enough appropriately qualified health care professional, administrative and support staff available to adequately assess and address the identified clinical needs of patients.

Appropriately qualified professional staff may include qualified child and/or adolescent psychiatrists and other physicians, clinical psychologists, social workers, psychiatric mental health nurse practitioners, psychiatric nurses, and other health care professionals in numbers and variety appropriate to the services offered by the facility and with training and experience working with children and/or adolescents.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 19            STAFF COMPOSITION**

Rule 51.19.5 The child/adolescent psychiatric residential treatment facility shall have on staff an adequate number and mix of professional staff who meet the qualifications provided by these standards and other state laws and regulations. The staffing plan shall meet each of the following requirements. A single staff member may be counted against more than one requirement.

1. At least one full time Registered Nurse.
2. At least one additional person representing a professional staff category as delineated below shall be employed on a full-time basis:
  - a. Physician;
  - b. Child Psychiatrist;
  - c. Psychologist;
  - d. Licensed Clinical Social Worker/Licensed Professional Counselor;
  - e. Teacher; or
  - f. Licensed Professional Art Therapist.
3. Each patient shall receive a minimum of 15 hours of therapy per week from among the following professional staff categories:
  - a. Child Psychiatrist;
  - b. Psychologist;
  - c. Licensed Clinical Social Worker/Licensed Professional Counselor;
  - d. Therapeutic Recreation Specialist; and

- e. Licensed Professional Art Therapist.
- 4. One full-time equivalent professional staff member shall be employed for each seven residents.
- 5. Each patient shall have a direct consultation at least once per week with the staff child psychiatrist or a psychiatric mental health nurse practitioner.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 51.19.6 The child/adolescent residential treatment facility shall ensure that an adequate number of professional staff is qualified by training and experience to provide clinical supervision of other staff and to provide programmatic direction. The staffing composition pattern shall be subject to approval by the State Department of Health and shall include, but not be limited to, the following:

- 1. A licensed Registered Nurse who has at least three years of experience working with children/adolescents; and/or
- 2. A licensed psychiatric mental health nurse practitioner who has at least three years of experience working with children/adolescents; and/or
- 3. A licensed physician who is a board certified or board eligible pediatrician or who is board eligible in family practice;
- 4. A licensed physician who is a board certified or board eligible psychiatrist qualified in child psychiatry;
- 5. A licensed psychologist who has specialized training and experience in the evaluation and treatment of mental disorders of children and/or adolescents;
- 6. A licensed master level social worker who has a master's degree and is clinically qualified by training and two years experience in working with mentally ill children/adolescents or a Licensed Professional Counselor who is clinically qualified by training and two years experience in working with mentally ill children/adolescents;
- 7. A qualified therapeutic recreation specialist;
- 8. A qualified rehabilitation counselor who has three years of experience in working with mentally ill children/adolescents.

*SOURCE: Miss. Code Ann. §43-11-13*

## **Subchapter 20            PSYCHIATRIC SERVICES**

Rule 51.20.3 Primary psychiatric care for all patients in a child/adolescent psychiatric residential care facility shall be provided by a qualified child psychiatrist directly

or at least by consultation; or either by a qualified psychiatric mental health nurse practitioner.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 51.20.4 The number of psychiatrists and/or number of psychiatric mental health nurse practitioners is commensurate with the size and scope of the child/adolescent residential treatment program.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 51.20.6 All psychiatrists or psychiatric mental health nurse practitioners shall be licensed in the State of Mississippi.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 43 ASSESSMENTS**

Rule 51.43.2 A licensed physician or either a psychiatric mental health nurse practitioner shall be responsible for assessing each patient's physical health. The health assessment shall include a medical history; a physical examination; and neurological examination when indicated and a laboratory workup. The physical examination shall be completed within 24 hours after admission.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 45 PROGRESS NOTES**

Rule 51.45.1. Progress notes shall be recorded by the physician, psychiatric mental health nurse practitioners, nurse, social worker and, when appropriate, others significantly involved in treatment. The frequency of progress notes is determined by the condition of the patient but should be recorded at least monthly.

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 51 LABELING**

Rule 51.51.12 Only pharmacists, physicians, psychiatric mental health nurse practitioners, registered nurses, or licensed practical nurses shall administer medications

*SOURCE: Miss. Code Ann. §43-11-13*

### **Subchapter 74 LABORATORY/RADIOLOGY**

Rule 51.74.4 All laboratory and x-ray services shall be provided only on the orders of the attending physician or the psychiatric mental health nurse practitioners.

*SOURCE: Miss. Code Ann. §43-11-13*

**Subchapter 83            GLOSSARY**

Rule 51.83.42 **Nurse, Psychiatric, Qualified and/or Psychiatric Mental Health Nurse Practitioners**. A licensed nurse who has had at least ~~two~~ three years of experience in psychiatric or mental health nursing and at least one year of experience in a supervisory position.

*SOURCE: Miss. Code Ann. §43-11-13*