

Kansas Administrative Regulations

Department of Health and Environment

Article 4.—Maternal and Child Health

28-4-1211. Health care.

(a) Policies for resident health care. Each licensee, in consultation with a physician, shall develop written policies that include provisions for the following:

(1) A health checklist and review for each resident upon admission, including the following:

(A) Current physical, including oral, health status;

(B) any allergies, including medication, food, and plant;

(C) any current pain, including cause, onset, duration, and location;

(D) preexisting medical conditions;

(E) current mood and affect;

(F) any current suicidal thoughts and history of suicide attempts;

(G) any infectious or contagious diseases;

(H) documentation of current immunizations or documentation of an exemption for medical or religious reasons as specified in K.A.R. 28-1-20;

(I) any drug or alcohol use;

(J) any current medications;

(K) any physical disabilities;

(L) menstrual history, if applicable;

(M) any sexually transmitted disease; and

(N) any history of pregnancy;

(2) follow-up health care, including a health assessment and referrals for any concerns identified in the health checklist and review;

(3) if medically indicated, chronic care, convalescent care, and preventive care;

(4) care for minor illness, including the use and administration of prescription and nonprescription drugs;

(5) care for residents under the influence of alcohol or other drugs;

(6) consultation regarding each individual resident, if indicated;

(7) infection control measures and universal precautions to prevent the spread of blood-borne infectious diseases, including medically indicated isolation; and

(8) maternity care as required by K.A.R. 28-4-279.

(b) Physical health of residents at admission and throughout placement. Each licensee shall maintain a health record for each resident to document the provision of health services, including dental services.

(1) Each licensee shall ensure that a health checklist is completed for each resident at the time of admission by the individual who admits the resident. The health checklist shall serve as a guide to determine if a resident is in need of medical or dental care and to determine if the resident is using any prescribed medications.

(2) Each licensee shall ensure that the PRTF's physician, a physician's assistant operating under a written protocol as authorized by a responsible physician, or an advanced registered nurse practitioner (ARNP) operating under a written protocol as authorized by a responsible physician and operating under the ARNP's scope of practice is contacted for any resident who is taking a prescribed medication at the time of admission, to assess the need for continuation of the medication.

(3) Each change of prescription or directions for administering a prescription medication shall be ordered by the authorized medical practitioner with documentation placed in the resident's record. Prescription medications shall be administered only to the designated resident as ordered by the authorized medical practitioner.

(4) Each licensee shall ensure that a physician, a physician's assistant operating under a written protocol as authorized by the responsible physician, or an ARNP operating under a written protocol as authorized by a responsible physician and operating within the ARNP's scope of practice is contacted for any resident who has acute symptoms of illness or who has a chronic illness.

(5) Within 72 hours of admission, a physician, a physician's assistant operating under a written protocol as authorized by a responsible physician, or a nurse approved to conduct screening and health assessments shall review the health checklist. Based upon health indicators derived from the checklist or in the absence of documentation of a screening within the past 24 months, the reviewing physician, physician's assistant, or

nurse shall determine whether or not a full screening and health assessment are necessary. If a full screening and health assessment are necessary, the following requirements shall be met:

(A) The screening and health assessment shall be conducted by a licensed physician, a physician's assistant operating under a written protocol as authorized by a responsible physician, or a nurse approved to conduct these examinations.

(B) The screening and health assessment shall be completed within 10 days of admission.

(6) Each licensee shall ensure that each resident receives a screening for symptoms of tuberculosis. A Mantoux test, a tuberculin blood assay test, or a chest X-ray shall be required if any of the following occurs:

(A) The resident has a health history or shows symptoms compatible with tuberculosis.

(B) The location of the PRTF is in an area identified by the local health department or the secretary as a high-risk area for tuberculosis exposure.

(C) Significant exposure to an active case of tuberculosis occurs, or symptoms compatible with tuberculosis develop.

(D) If there is a positive reaction to the diagnostic procedures, proof of proper treatment or prophylaxis shall be required. Documentation of the test, X-ray, or treatment results shall be kept on file in the resident's health record, and the county health department shall be informed of the results.

(7) Each licensee shall ensure that written policies and procedures prohibit the use of tobacco in any form by any resident while in care.

(c) Oral health of residents. Each licensee shall ensure that the following requirements are met:

(1) Dental care shall be available for all residents.

(2) Each resident who has not had a dental examination within the year before admission to the PRTF shall have a dental examination no later than 60 days after admission.

(3) Each resident shall receive emergency dental care as needed.

(4) Each licensee shall develop and implement a plan for oral health education and staff supervision of residents in the practice of good oral hygiene.

(d) Health record. Each licensee shall maintain a health record for each resident to document the provision of health services required in subsections (a), (b), and (c).

(e) Personal health and hygiene of residents.

(1) Each resident shall have access to drinking water, a lavatory, and a toilet.

(2) Each licensee shall ensure that each resident is given the opportunity to bathe upon admission and daily.

(3) Each licensee shall furnish each resident with toothpaste and a toothbrush.

(4) Each licensee shall ensure that each resident is given the opportunity to brush the resident's teeth after each meal.

(5) Each licensee shall make opportunities available to the residents for daily shaving and regular haircuts.

(6) Each resident's washable clothing shall be changed and laundered at least twice a week. Each licensee shall ensure that clean underwear and socks are available to each resident on a daily basis.

(7) Each female resident shall be provided personal hygiene supplies for use during her menstrual cycle.

(8) Each licensee shall ensure that clean, individual washcloths and bath towels are issued to each resident at least twice each week.

(9) Each licensee shall allow each resident to have at least eight hours of sleep each day.

(f) Personal health of staff members and volunteers of the PRTF.

(1) Each individual shall meet the following requirements:

(A) Be free from any infectious or contagious disease requiring isolation or quarantine as specified in K.A.R. 28-1-6;

(B) be free of any physical, mental, or emotional health conditions that would adversely affect the individual's ability to fulfill the responsibilities listed in the individual's job description and to protect the health, safety, and welfare of the residents; and

(C) be free from impaired ability due to the use of alcohol, prescription or nonprescription drugs, or other chemicals.

(2) Each individual who has contact with any resident or who is involved in food preparation or service shall have received a health assessment within one year before employment. This assessment shall be conducted by a licensed physician, a physician's assistant operating under a written protocol as authorized by a responsible physician, or a nurse authorized to conduct these assessments.

(3) The results of each health assessment shall be recorded on forms provided by the department and shall be kept on file.

(4) A health assessment record may be transferred from a previous place of employment if the assessment occurred within one year before the individual's employment at the PRTF and if the assessment was recorded on the form provided by the department.

(5) The initial health examination shall include a screening for symptoms of tuberculosis. A Mantoux test, a tuberculin blood assay test, or a chest X-ray shall be required if any of the following occurs:

(A) The individual has a health history or shows symptoms compatible with tuberculosis.

(B) The PRTF is located in an area identified by the local health department or the secretary as a high-risk area for tuberculosis exposure.

(C) Significant exposure to an active case of tuberculosis occurs, or symptoms compatible with tuberculosis develop.

(D) If there is a positive reaction to any of the diagnostic procedures, proof of proper treatment or prophylaxis shall be required. Documentation of the test, X-ray, and treatment results shall be kept on file in the individual's health record, and the county health department shall be informed of the results.

(6) If an individual experiences a significant change in physical, mental, or emotional health, including any indication of substance abuse, an assessment of the individual's current health status may be required by the licensee or the secretary. A licensed health care provider qualified to diagnose and treat the condition shall conduct the health

assessment. A written report of the assessment shall be kept in the individual's personnel record and shall be submitted to the secretary on request.

(g) Tobacco products shall not be used inside the PRTF. Tobacco products shall not be used by staff members or volunteers of the PRTF in the presence of residents.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-507 and 65-508; effective Oct. 9, 2009.)

***** Authenticated Kansas Administrative Regulation *****