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WEST VIRGINIA ADMINISTRATIVE REGULATIONS

DEPARTMENT OF MENTAL HEALTH

Chapter 27-1A

Series II

(1971)

Regulations for Licensing Psychiatric and Other Related Facilities and Programs

Filed: August 11, 1971

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C O N T E N T S

C O N T E N T S

(Cont.)

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Subject: Regulations for licensing psychiatric and other related facilities and Programs

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Section 1. General

1.01. Scope - These regulations establish the rules and standards for license to operate a hospital, center, or institution or part thereof, to provide inpatient, outpatient, or other services to contribute to the care and treatment of the mentally ill or mentally retarded, or prevention of such disorders.

Interpretation: Mental health services in West Virginia are rapidly expanding, with increasing legislative and local government support. With expanded services, efforts are under way to establish objective, attainable requirements for all levels of mental health program operation including establishment, community involvement, organization and administration, minimum staff qualifications, services according to the needs of the community, clinical records, administrative statistics, evaluation and environmental support.

While it is felt desirable to establish uniform, minimum

standards for operation and maintenance of mental health programs, it is also highly desirable to allow maximum flexibility so that each program can develop according to the unique needs of the community and the capabilities of its staff so long as they remain consistent with the Comprehensive Mental Health Plan for West Virginia, September, 1966, as modified by Program for the 70's. The delivery of mental health services to a population encompasses nearly as many variations as there are staff and recipients of service. These regulations, therefore, are designed to enhance, rather than to restrict the delivery of services to a population served by a mental health program; to provide source information to assist providers to reach and maintain the defined minimum standards for safe patient care required by local, state, and federal statutes for the welfare of the general public.

The Regulations herein are based on the belief that every patient has the inalienable right to receive treatment appropriate to his illness, under conditions that protect his privacy and dignity, and with essential humanity. Hence, each psychiatric or mental retardation facility applying for a license to operate in West Virginia must be measured against the following basic principles:

(a) The mental health/mental retardation facility

acknowledges the dignity and protects the rights of all its patients.

(b) The ultimate goals of a mental health/mental retardation program and/or facility are to diagnose, to treat, and to restore mentally disordered persons to an optimal level of functioning at home and in the community.

(c) The mental health facility has an ethical staff meeting the ethical standards of their various respective professions.

(d) The mental health/mental retardation facility integrates its services with other community resources and is responsive to community needs.

(e) The mental health/mental retardation facility co-operates with standard setting and reimbursement requirements of various third-party payors in order to provide for its patients the economic protection of health insurance.

(f) The mental health/mental retardation facility keeps accurate, current, and complete clinic financial, personnel, and administrative records.

(g) The mental health/mental retardation facility has written policies, procedures, and plans.

(h) The physical plant of the mental health/mental retardation facility provides a safe, wholesome environment that enhances the program.

(i) The mental health/mental retardation facility is available, accessible, and appropriate for the care of all potential patients.

(j) The mental health/mental retardation facility promotes a climate that makes possible the establishment of significant relationships between staff, patients or students, and their families.

1.02. Authority --These revised regulations are issued under Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended.

1.03. Filing Date -- These regulations were filed in the Office of Secretary of State on the 11th day of August, 1971, and these revised regulations which supercede and replace all the regulations filed by the Department of Mental Health on the 11th day of August, 1971, were filed on the day of 1971.

1.04. Effective Date --These regulations, with revisions, which supercede and replace all the regulations filed on the 11th day of August, 1971, by the Department of Mental Health, were promulgated on the day of 19 , and became effective on the day of 19 .

1.05. Procedures Governing Adoption, Amendment and

Recision of These Regulations --The West Virginia Department of Mental Health shall have the power to make, enforce, modify, amend, or rescind rules and regulations governing the operation and conduct of psychiatric hospitals, centers, institutions, and other related facilities and/or services or parts thereof, specified in Chapter 27, Section 1, Article 9, Section 1, Code of West Virginia, 1931, as amended.

1.06. Regulations By Cross-Reference --The requirements within these regulations for specific facilities and programs to comply with other specific Federal, State, and local regulations and laws, including cross reference requirements within these regulations, does not exempt a facility or program from compliance with other Federal, State and local regulations and laws including all sections of these regulations, as revised, if the type and scope of the facility, or program, to be licensed, extends beyond specific references.

1.07. Information and Referral Service Required -- No facility or program providing any of the elements of care and treatment of the mentally ill/mentally retarded, or prevention of such disorders, shall operate without

properly implementing such services by providing, or establishing on a contractual basis, an effective-information and referral service, except hospitals which have established routes of communication throughout the catchment area they serve.

Section 2. License

2.01. Programs To Be Licensed --No hospital, center or institution, or part thereof, to provide inpatient, outpatient or other service designed to contribute to the care and treatment of mentally ill or mentally retarded, or prevention of such disorders, shall be established, maintained or operated by any political subdivision or by any person, persons, association or corporation unless a license therefor shall be first obtained from the Director of Mental Health in accordance with Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended.

2.02. Institutions and Services Exempted From These Regulations

(a) Hospitals operated by the Federal Government.

(b) Institutions licensed by the West Virginia Department of Welfare such as day nurseries, child care institutions and child care centers, except where primary care is for the mentally retarded or emotionally disturbed.

(c) Nursing and convalescent homes or institutions regularly licensed by the West Virginia Nursing Home Licensing Board, except those institutions having dual func-

tions one of which is clearly subject to licensure under these regulations.

(d) Special education classes for exceptional children, under the jurisdiction of County Boards of Education.

(e) First-Aid Stations and/or emergency care facilities not providing accommodations for hospitalizations such as emergency facilities of drug councils.

2.03. Application For License

2.03.1 Filing Application --Applicants for license shall file applications with the West Virginia Department of Mental Health upon forms prescribed by the Department requiring a statement of the goals and objectives of the proposed facility in addition to such other data requested by the Director.

2.03.2 Architectural Drawings Required --An accepted architectural standard drawing of plan of the facility, or the psychiatric unit of a facility, shall be attached to the license application and made a part of the permanent licensing record, and all subsequent changes, additions, or new construction shall be subject to the approval of the Director of the Department of Mental

Health.

2.03.3 Authority to Sign --Copy of Resolution of the governing body granting Authority to Sign authenticating the signature of the person signing application on behalf of applicant shall accompany each application, where applicable.

2.03.4 Letters of Reference --At least two letters of reference, from reputable citizens with whom applicant is personally acquainted and who certify to his character and qualifications, shall accompany each application for license of a mental health facility or service.

2.03.5 Articles of Incorporation --The Articles of Incorporation of a corporation owner of any mental health facility subject to these regulations shall be consistent and in compliance with these regulations.

2.03.6 Bed Capacity --Each application for license shall specify the maximum number of beds, if any, to be licensed by the Department of Mental Health as the institution's legal bed capacity, and shall indicate the utilization of beds to be licensed as to 24-hour inpatient, 24-hour partial hospitalization, residential, or a combination.

2.03.7 Name Of Facility, Or Program --Each applicant for psychiatric hospital, center, related institution, or related facility and/or service or part thereof, or program shall be specifically identified as such by an appropriate name which shall be used in applying for a license.

2.03.8 Change of Name

(a) The name of a mental health facility, or program, shall not be changed without the approval of the Department of Mental Health; except however, general hospitals providing psychiatric services shall notify the Department of Mental Health as soon as approval for Change of Name has been granted by the Department of Health.

(b) Change of name of a community mental health center, Health Education and Welfare Grantees, shall apply to the Regional Health Education and Welfare Office through the Department of Mental Health for authority to change name. The application for change shall include the following:

1. Current Name of community mental health Center;

2. Proposed name of community mental health center;

3. Reasons for change; and

4. A description of extent to which the community and the State and local mental health agencies have been involved in the proposal.

2.03.9 Change of Address --Immediate notice shall be given to the concerned State and local health agencies of any change of address, and such notice shall be made known throughout the catchment area it serves, including the effecting of changes in telephone and other directories.

2.03.10 Full Disclosure --There shall be full disclosure of the names and addresses of all owners, governing body members, or if a corporation, the names and addresses of all officers, directors, and persons who are principle stockholders, whether beneficial or of record.

2.04. Issuance of License Certificate

2.04.1 The license will be issued on a certificate prescribed by the Director of the West Virginia Department of Mental Health and shall set forth the name, lo-

cation, services to be rendered, and number of beds, if any, for which the psychiatric hospital, center, related institution, or other related facility and/or service, or part thereof, is licensed.

2.04.2 Two classes of licenses will be issued as follows:

CLASS I: Full approval of all services for which license is applied for shall be issued for a twelve month period.

CLASS II: Provisional approval contingent upon removal of deficiencies within one or more services for which license is applied for. Deficiencies shall be noted on the face of the license certificate for disclosure to patients, clients and/or students and their families.

2.04.3 License To Be Posted --The CLASS I and CLASS II license certificates shall be posted in a conspicuous place on the licensed premises.

2.04.4 License Non-Transferable --The license shall be non-transferable and non-assignable. The Department of Mental Health shall be immediately notified of any

change relative to the ownership, name, location or operation of the institution, and an application form for a new license shall be requested for filing with the Department.

2.05. Surveys For License Or Renewal Of License

2.05.1 Only Authorized Surveyors To Survey -- Only duly authorized representatives of the Department of Mental Health shall have the right to enter upon or into the premises of any hospital, center, institution, or other related facility and/or part thereof in order to survey all elements of operations in accordance with the licensing authority vested in the Department.

2.05.2 Survey Team Credentials --All surveyors of the survey team appointed by the Director of Mental Health shall carry official identifying credentials indicating his authority to make a qualitative survey of the facility.

2.05.3 Survey Team --Survey team for each region as defined in the West Virginia State Plans for Construction of Community Mental Health Centers and Mental Retardation Facilities shall be annually appointed by the Director of the Department of Mental Health in the

following manner:

1 Administrator, community mental health center, or hospital;

1, or more if needed, Fire Inspector, State Fire Marshall designee(s);

Mental Health Licensing Bureau, Director or designee

1 Psychiatrist;

1 Sanitarian, Local Department of Health designee;

1 Architect, as needed

1 Attorney, as needed

1 Auditor, as needed

Community Services Division, Associate Director, or designee, as needed

1 Engineer, as needed

PROVIDED however, that no Surveyor shall participate in the survey of his own facility.

2.05.4 Report of Survey --Surveyors, prior to leaving the premises after a survey, shall submit either an oral, or written, report of his findings with the superintendent or executive officer, or their duly authorized representative.

2.05.5 Survey Required Before License Issued

Surveys shall be made prior to the initial issuance of

a license, renewal of a license, or at any time during the licensing period in order to assure continuing conformity with the standards contained in these rules and regulations.

2.05.6 Non-Compliance Of Regulations --Non-compliance of a regulation, or regulations, noted by the surveyors may constitute sufficient cause for revocation of the license, at the discretion of the Director of the West Virginia Department of Mental Health.

2.05.7 Certification By State Fire Marshal To Be Posted --All mental health facilities required to be licensed under the provisions of these regulations shall comply with and conform to all rules and regulations which provide minimum standards for the prevention of fire and for the protection of life and property against loss or damage by fire or panic. A certificate of approval shall be obtained from the State Fire Marshal by any institution required to be licensed. Written approval of the institution shall be filed with the State Department of Mental Health and a copy of such certificate shall be posted in a conspicuous place on the premises of the licensee.

2.06. Expiration And Renewal Of License

2.06.1 Expiration Of License --All licenses issued by the Department of Mental Health shall expire on the thirty-first (31st) day of December following issuance provided that any such license in effect on the thirty-first (31st) day of December of any year, for which application for renewal has been made to the Department of Mental Health in conformance with these regulations and prior to the expiration date of such license, shall continue in effect until

(a) the thirty-first (31st) day of December next following the expiration date of such license;

(b) the date of revocation or suspension of such license; or

(c) the date of issuance of a new license whichever date first occurs.

2.06.2 Renewal of License

(a) Applications for the renewal of licenses will be mailed to each, hospital, center, institution, related facility and/or service or part thereof before September 30th, which shall be completed and returned to the Department of Mental Health before the thirty-

first (31st) day of December every year following issuance of the license.

(b) The renewal of a license shall be contingent upon evidence of compliance with the licensing law and minimum standards and regulations herein set forth.

2.06.3 Notification of Non-Compliance --Each applicant will be duly notified, in writing, of any non-compliance and shall comply with the provision of the law, rules and regulations herein set forth before the reissuance of a CLASS I license to operate.

2.07 Revocation And Reissuance Of License

2.07.1 Right To Hearing Before Revocation --After an opportunity for a hearing before a multi-disciplinary committee, the Department of Mental Health may revoke the license of any institution found in non-compliance with the licensing law, or the rules and regulations issued pursuant thereto.

2.07.2 Multi-Disciplinary Review Committee --

(a) The Director of the Department of Mental Health shall appoint multi-disciplinary review committee members for a term of three (3) years after the initial appointments to provide a rotation of membership on the

committee.

(b) The multi-disciplinary review committee shall be representative of the West Virginia Health, Education, and Welfare State Agencies and such other professional associations representative of facilities and programs for the mentally ill and/or mentally retarded to ensure a fair and unbiased review of the deficiencies cited as reason for revocation of license to operate. The Director of the Bureau of Licensing shall be an ex officio member of the multi-disciplinary review committee.

(c) The Multi-disciplinary review committee shall meet on call, as needed. Thirty (30) day notice shall be given of meetings.

2.07.3 Revocation of License --After consideration of the recommendations of the multi-disciplinary review committee, the decision to revoke, or not to revoke, the license shall be made by the Director of the Department of Mental Health, and shall be final.

2.07.4 License To Be Returned to Department of Mental Health --The license shall be returned by the applicant to the Department of Mental Health immediately upon its revocation, or when the institution voluntarily ceases

operation, or if license is technically voided because of transfer or change of ownership, name, location, or operation.

Section 3. Community Mental Health Centers

3.01. General

3.01.1 Essential Elements Of Care --A community mental health center shall provide within the center or on a written contractual basis, the following essential elements of care:

(1) Emergency care to provide clinical diagnosis and treatment;

(2) Outpatient;

(3) Partial hospitalization, including day care, evening and night care, and weekend care as dictated by patient needs;

(4) Inpatient; and

(5) Consultation and Education for Professional providers of care and treatment of mental disorders;

Unless however, temporary waiver not to exceed eighteen (18) months has been granted to community mental health centers serving areas designated as urban or rural poverty areas by the Secretary of Health Education and Welfare, in which case the community mental health center shall:

(1) be able to provide at least three of the five essential services;

(2) be able to initiate the waived services within eighteen (18) months from the date that the application was signed by the authorized representative;

(3) Make satisfactory arrangements for residents of the catchment area to obtain the essential elements of service not provided during the waiver period.

3.01.2 The comprehensive mental health center should provide within the center or on written contractual basis, in addition to the five (5) essential elements of care set forth in Section 3.01.1 of these regulations, the following services:

(6) Inservice Training and Education;

(7) Research and Evaluation;

(8) Administrative Services;

(9) Rehabilitation.

3.01.3 Contracted Services

(a) There shall be an agreement, in writing, for the community mental health center services provided on a con-

tractual basis fully executed by both parties, setting forth the scope of the services provided and the specific procedures which will ensure smooth continuity of care as patients move between elements of service freely as his needs dictate.

(b) All five essential elements of care should be located within the catchment area served.

3.01.4 Habilitation and/or Rehabilitation --A community mental health center should recognize the importance of providing habilitation and/or rehabilitation services within the essential elements of care set forth in Section 3.01.1 utilizing the multi-disciplines of services necessary to enable individuals to reach their maximum potential functions of living in the community, including vocational rehabilitation to reach maximum gainful employment when indicated.

3.01.5 Data Controls --There should be controls established so that reliable data on what takes place in the treatment programs can be readily available for constant scrutiny and evaluation, for research and development.

3.01.6 Populations-At-Risk Should Be Identified --

The community mental health center should develop indices and reliable statistical data to identify the populations at risk for drug dependency, alcoholism, aging, delinquency, mental retardation, and any other special problems among the mental disorders or suspected disorders within its catchment area.

3.01.7 Competent Administration --There shall be evidence of competent administration in the constant evaluation of program direction and efficient utilization of manpower.

3.01.8 Accessibility of Services --Community mental health centers, facilities, and programs, shall ensure services to be accessible and responsive to the needs of the mentally ill/mentally retarded individuals in the catchment area they serve by:

(a) Locating convenient to transportation; providing adequate parking;

(b) Clearly visible signs, telephone listings, newspaper articles, an effective information and referral service, and other media to reach total catchment area it serves;

(c) Developing administrative procedures which

will enable individuals needing help to receive the Center services avoiding unnecessary admitting delays, waiting past time of appointments, and time consuming referral procedures between elements of service;

(d) Making the services equally available to all residents in the catchment area regardless of age, sex, race, creed, color, national origin, diagnostic category, duration of residence, voluntary or involuntary status, or ability to pay;

(e) Providing inviting architecture and decor which is comforting and acceptable, and a name acceptable to the entire population of the catchment area, in order to ensure the Center to be psychologically accessible to entire population of area served;

(f) Developing programs which will reflect the heterogeneity of the population served to ensure the cultural accessibility of the Center.

3.01.9 Provision of Services To All Persons In Catchment Areas, When Needed --If a community mental health center does not provide direct treatment at the Center for every person within the catchment area, the Center must arrange for the provision of service, either

directly, or indirectly through systematic referral to other resources, both private and public, to every resident of the catchment area when requested.

3.01.10 Provision of Services Outside Catchment Area--

(a) Community mental health centers may provide services outside the catchment area it serves only if such service does not adversely affect Center's ability to serve the population for which it is responsible.

(b) If a community mental health center serves patients outside its catchment area, priority shall be given to catchment area residents.

3.01.11 Programs Focused Toward Social Systems -- The community mental health center should provide programs to help various social systems of the community to function in ways that develop and sustain effectiveness of individuals within these systems.

3.01.12 Extension of Services To Families -- The services of a community mental health center shall show, in addition to evidence of treatment of patient/clients, an extension of services to the family of the patient/clients when indicated.

3.01.13 Reports To Department of Mental Health

(a) The community mental health center shall make annual reports on forms provided by the Department of Mental Health, and provide such other information, as requested.

(b) The Department of Mental Health data collection forms shall be completed and submitted promptly.

3.01.14 Coordination of Programs --The community mental health center shall include procedures for the coordination and integration of mental health service programs with other State and local service agency programs.

3.01.15 Research --Every community mental health center should develop or affiliate with research programs which will contribute both to the solution of specific problems of program development within the center and to general knowledge.

3.01.16 Continuity of Care --All community mental health centers shall establish mechanisms designed to assure continuity of care by providing for:

(a) Ready accessibility of all services of the center including smooth transfer of patients between

elements of service;

(b) Prompt delivery of pertinent records and information required for transfer;

(c) Coordination of therapeutic programs (See Section 3.03.4)

(d) Coordination of all services, direct and indirect, provided by the Center (See 3.03.10)

(e) Smooth referral and follow-up systems between Center and private physicians and non-center agencies and organizations within and outside the catchment area frequently used by the Center; and

(f) Coordination of services with other pertinent human services within the catchment area.

3.01.17 Interdigitation Of All Services --The full range of community mental health center services, direct and indirect, shall be available at all times when needed by patients being treated in any one service.

3.01.18 Every community mental health center shall be in full compliance with Sections 8, 10, and 11 of these regulations, where applicable.

3.02. Organization And Management

3.02.1 Identifiable Administrative Structure -- Each community mental health center shall have an administrative structure which is an identifiable, unified entity, even though the Center may be a part of a larger organization providing other types of human services, or made up of two or more affiliating agencies.

3.02.2 Governing Body To Be Organized --There shall be an organized governing body which has full authority and legal responsibility for the conduct of the center, for establishing policies to ensure a high quality of professional services rendered, and for maintaining a safe functional physical facility. The governing body may be a governmental unit or a board of trustees.

3.02.3 Governing Body Membership

(a) The governing body shall include a broad representation of the catchment area served and be representative of persons of all walks of life. Its members should be selected for their ability to participate effectively in fulfilling the governing body's responsibilities and to satisfy legal requirements; provided however, that specific board membership shall be representative of the area it serves regardless of affluence and higher education. If the catchment area

served includes more than one county, the governing body membership should be pro rated for each county served. It should be representative of all minority groups within the area served.

(b) Consumer Advisory Board --In the absence of adequate representation or ineffective programs and services in terms of community needs, an organized consumers advisory board with bylaws rules, and regulations approved by the Department of Mental Health, shall be formed, and meet at least six (6) times each year.

3.02.4 Center Employees Not Eligible For Board Membership --No person shall be appointed or elected to serve as a member of the governing body who is an employee of the center; however, the chief executive officer and/or clinical director should be ex officio member(s) of the governing body.

3.02.5 Governing Body Bylaws --The governing body shall adopt bylaws in accordance with legal requirements and community responsibility, identifying the purposes of the community mental health center and the means of fulfilling them. They shall include, but not be limited

to:

(a) Provision for election of officers;

(b) Definitions of powers and duties of governing body officers and committees. Committees of the governing body should include, but not be limited to executive, finance; recruitment and personnel; planning; professional staff liaison; and community involvement;

(c) Provisions for assuring continuity of care;

(d) Provision for flexibility of the organization to meet changing and current needs of the community;

(e) Provision for development of community support in center financing;

(f) Provision for annual audit by an accredited auditor in accordance with generally accepted accounting procedures;

(g) Review of sources of income developing a system for regularly updating information on sources of financial support including but not limited to grant moneys, tax funds, fees, and private endowments;

(h) Provision for development of recruitment methods to provide adequate qualified professional and non-professional personnel to carry out community men-

tal health services, avoiding under and over staffing;

(i) Provision for insurance protection of property and personnel and patients;

(j) Provision for the approval of bylaws that delineate the purposes and functions of auxiliary organizations established within the framework of the community mental health center;

(k) Provision for periodic review of bylaws and revisions as necessary.

3.02.6 Rotation of Membership --There should be a rotation of membership in the governing body structure. A newly organized governing body shall establish initial terms of membership for one, two, but not more than three years to create a membership rotation in the governing body structure.

3.02.7 Governing Body Meetings

(a) The community mental health center governing body shall meet regularly, at least monthly;

(b) Minutes --Minutes of all meetings of the governing body and of all committees shall be kept; include roster of attendance; and shall be signed promptly upon adoption.

(c) Agendas --An agenda, in writing, shall be prepared for all governing body meetings, including at least the following:

Regular Meetings:

Call to order;

Minutes of previous meetings, regular and special;

Financial report;

Unfinished business;

Communications;

New business;

Reports of officers and committees;

Discussion of items relating to orientation of new members, education, improvement of mental health facility or services;

Adjournment.

Special Meetings:

Reading of the notice calling the meeting;

Transaction of the business stated in the notice;

Adjournment.

(d) Special Governing Body Meetings --Special governing body meetings devoted to long range planning shall be held periodically, at least quarterly, and as

needed, to integrate the community mental health services provided with other State and local mental health services; to develop new services as needed; eliminate services in keeping with the changing needs of the community; and integrate fiscal structures with other mental health affiliates, State and local; to strengthen total community mental health/mental retardation fiscal structures and avoid duplication of services and personnel costs.

3.02.8 Appointment of Executive Officer --The governing body shall appoint a full time executive officer to carry out its policies and responsibilities. His duties and responsibilities shall be defined in the governing body bylaws, which should include, but not be limited to, the following:

(a) Delegation of authority and responsibility in carrying out the policies of the governing body in the administration of the Center.

(b) Prepare and submit to the governing body for approval an organizational plan of personnel and staff to provide a functional operation of the community mental health center at as high a standard as possible, but at

least the minimum standards of these regulations; consideration should be given to adequate clerical, medical records, business office, dietary, housekeeping, and maintenance staff to permit the treatment team to carry on its primary responbility, and ensure all individuals a smooth continuity of care and treatment.

(c) Provide a manual, in writing, of policies and procedures for the operation of the community mental health center relating to all elements of the mental health care programs and administrative responsibilities including provisions for:

(1) maintaining and sharing clinical records;

(2) maintaining and sharing financial records;

(3) development and maintenance of programs to foster satisfactory relationships between the community mental health center and the community;

(4) Discharging clinical and program coordination responsibilities with affiliates and other community agencies;

(5) Fulfillment of all other obligations and

assurances required by the Community Mental Health Center Act;

(6) Coordination of the Center's services with other community resources including follow-up of persons referred to such resources;

(7) Active community involvement in Center programs and services.

(d) Establish a system of constant evaluation of the efficiency and effectiveness of the center programs, what kinds of patients are being treated, deficiencies in the patient's total care program, and appropriateness of the programs, making use of the community's total resources to treat as many patients as possible in a therapeutic setting;

(e) Prepare a budget annually forecasting funding and other receipts, expenditures, with projections and control statistics pertinent to the current operation and long range planning;

(f) Establish and maintain an accrual system of accounting providing for a monthly closing of accounts to provide the governing body with an accurate and realistic cost of doing business.

(g) Develop cost accounting procedures for all elements of the center;

(h) Establish fee schedules based upon ability to pay and actual cost of service;

(i) Select, employ, control, and discharge personnel, subject to the budget allocations and the limitations approved by the governing body;

(j) Maintain an environment reflecting an atmosphere of mutual understanding, respect, and cooperative relationships between members of the staff, the administrator, and the governing body;

(k) Provide for compliance of all laws and regulations pertinent to the admissions and release of patients;

(l) Attend all governing body meetings, committee and staff meetings as an ex officio member in order to coordinate the combined efforts in the program;

(m) Participate in community organizations and activities to further community education in the care, treatment, and prevention of mental disorders;

(n) Provide written personnel policies and practices that adequately support sound patient care.

3.02.9 Provide For Continuing Education --The govern-

ing body shall provide for continuing programs of education, staff training, and development to ensure effective center programming.

3.03. Professional Staff

3.03.1 The Executive Officer --The executive officer of the community mental health center shall be a qualified psychiatrist, psychologist, social worker, mental health nurse, or other qualified professional individual with demonstrated ability, who shall be appointed by the governing body of the center, subject to the approval of the Director of the Department of Mental Health of that individual as executive officer of the Center.

3.03.2 Medical Responsibility --The medical responsibility for each patient shall be vested in a physician. If the physician is not a psychiatrist, psychiatric consultation must be available to the center staff on a continuing and regularly scheduled basis not less than once weekly.

3.03.3 Neurological Services If a neurologist is not on the staff of the community mental health center, contractual arrangements should be made for scheduled services, as needed.

3.03.4 Continuity of Care Within All Elements Of Service --Professional staff responsible for patient care within one element, when not clinically contraindicated should be permitted to continue to care for that patient within any other element, if practicable.

3.03.5 Non-psychiatric Physician's Care --General practitioners and other non-psychiatric physicians shall be allowed, when qualified, to follow and assist in the care of their patients; provided however, they are working under the supervision of a member of the psychiatric staff of the Center.

3.03.6 Center Supporting Staff --The mental health center should have supporting staff qualified in medicine, clinical psychology, psychiatric social work, psychiatric nursing, as well as other allied personnel representing the multi-disciplines in providing services, as needed.

3.03.7 Professional Staff Participants In Patient Care Committee Work --The professional staff shall participate in the maintenance of high professional standards by representation on committees concerned with patient care. Whether the patient care functions are activated

by organization of the following separate committees; executive, credentials, medical records, asepsis, and utilization review; or by a committee of the whole, there shall be recorded documentation of these activities.

3.03.8 Professional Staff To Be Organized --The professional staff of the community mental health center shall be organized to function as an effective mental health care team in answering the needs of patients participating actively in the formulation of policy, and purposes of the Center by means of a joint conference committee which should meet at least four times annually.

3.03.9 Recording Care and Treatment --The professional staff shall establish accepted professional standards of recording care and treatment of patients which will provide pertinent information accurately and promptly for patient transfer between elements of service as dictated by patient needs without unnecessary evaluation, and administrative statistics and feed back information required by the Department of Mental Health reflecting self evaluation of services rendered.

3.03.10 Professional Staff Informed as To All Services Available Through The Center --Each individual on the professional mental health center team shall be familiar with all elements of services available in the Center and on a contractual or affiliate basis, to ensure a smooth continuity of care in transfer of patients between elements of service, as needed.

3.03.11 Medications On Physician's Order --All medications to patients shall be given only on written, dated, and signed order of a physician under the supervision of a registered nurse currently licensed in the State of West Virginia.

3.03.12 Medications In Isolated Areas --In isolated areas including camps which are part of a mental health facility program licensed in the State of West Virginia, medications may be administered under the supervision of a Registered nurse currently licensed in the State of West Virginia, by prescription ordered by the patient's physician; provided however, that the medication shall be packaged, sealed, and delivered to the registered nurse direct, and the label on the prescription container is in compliance with West Virginia Board of Pharmacy Regulations, as amended, and the Uniform Controlled Substances

Act, Chapter 60A, Code of West Virginia, 1971.

3.04. Admission Policies and Procedures

3.04.1 Admission Policies and Procedures In Writing

Each community mental health center shall establish, in writing, its admission policies and procedures, the range of diagnostic and treatment services it offers, and the manner in which these are routinely accomplished, including, but not limited to the following:

(a) Legal requirements for admission and release of patients;

(b) Role of the family, its rights and responsibilities;

(c) Provision for any individual eligible for treatment within one service to be eligible for treatment within any other element of service;

(d) Provision for transfer of patients from one element of service to another promptly without unnecessary evaluations when such transfer is indicated by patients' clinical needs;

(e) Services of Center not to be denied to any person residing in the area served by the Center on the ground that such person does not meet a requirement for a minimum period of residence in such area;

(f) Provide method for channeling information relative to gaps or inadequacies in service to the attention of the body having responsibility for overall planning, for supervision, protection, recreation, and employment of patient and counseling of their families;

(g) Transportation data when such service is affiliated with, or provided by, the Center; and

(h) Adequate identification data as prescribed by the Department of Mental Health (See Section 3.17.3(a)).

3.04.2 Intake Worker --The intake worker shall be a psychiatrist, psychologist, psychiatric nurse, psychiatric social worker, supervised aide, or a full triage team, dependent upon patient's needs.

3.05. Diagnosis and Treatment

3.05.1 Initial Evaluation --The admitting psychiatric, history, and physicial examinations shall be completed and recorded in patient's record upon admission to the center, and should include but not limited to the following:

History;

Presenting problems;

Interview data;

Description of current functioning;

Mental status examination;

physical examination;

neurological examination, when indicated;

laboratory tests

3.05.2 Social and Psychological Evaluations -- Social and psychological evaluations shall be an integral part of the diagnostic process and shall be completed as soon as possible after patient is admitted.

3.05.3 Provisional Diagnoses --Provisional diagnoses shall be made at least every three (3) months and such additional informative observations as to patient's condition shall be recorded in his medical record.

3.05.4 Final Diagnosis --Final diagnosis shall be set forth clearly in the medical record which shall be completed upon discharge to be promptly available as needed in aftercare treatment programs.

3.05.5 Nomenclature --All diagnoses shall be rendered in standard nomenclature as provided in the American Psychiatric Association's latest edition of the Diagnostic and Statistical Manual of Mental Disorders and/or the latest edition of the International Classification of Diseases.

3.05.6 Diagnostic Process --The diagnostic process should be recorded in a manner which shall enable a development of information to provide future guidelines to intelligent Information and Referral services important to each patient's after care needs.

3.05.7 Coordination, Communication, and Collaboration of Treatment Planning Efforts --There shall be, in writing, a workable method to provide appropriate coordination, communication, and collaboration among all staff members contributing to the evaluation, treatment planning and treatment effort, as needed by the patient including, though not limited to, individual, family, and group therapy, play therapy, behavior modifications, indicated somatic therapies such as chemotherapy, and appropriate occupational and recreational therapies, utilizing the Information and Referral services as needed.

3.05.8 Psychiatric Plan of Treatment --

(a) There shall be a psychiatric plan of treatment and/or training program for each patient based on an evaluation of his condition, his treatment, or training needs, his potential for habilitation and/or rehabilitation and and the resources of the Center to meet patient needs and

follow-up after care, (See Section 5.05.14)

(b) There shall be frequent reviews and revisions of the psychiatric plan of treatment to determine patient's need for continuing, or discontinuing, any service element, for treansfer, or referral, for continuing, or after care.

3.05.9 Need For Drug Or Other Somatic Treatment

(a) Positive criteria shall be established to determine need for drug therapy, electroconvulsive therapy and other somatic treatment modalities which shall be given only upon the written specific order of a physician after an evaluation of the positive criteria determining need. Where possible, the evaluation should include the recommendation of the total professional care team providing treatment to the patient(See Section 5.05.13).

(b) Patients shall have the right to refuse somatic treatment which is not a reasonable and customary part of his treatment. (See Section 8.02.10)

3.05.10 Emergency Drugs, Equipment, and Supplies -- Emergency drugs, equipment and supplies shall be assembled and available for immediate use, reviewed periodically to ensure they are current and in keeping with

accepted standards of practice.

3.05.11 Investigational Drugs --Investigational drugs and investigational uses of methadone shall be in full compliance with Section 3.16 of these Regulations.

3.06. Emergency Service

3.06.1 Organizational Plan In Writing --There shall be a well defined organizational plan, in writing, identifying the emergency service, its role in the community planning, and its relationship to other community emergency services, and providing adequate staff for round-the-clock professional coverage. The organizational plan should include, but not be limited to, providing for 24-hour psychiatric emergency care, back-up or aftercare, 24-hour telephone service, home visits, and a service for suicide prevention. The organizational plan shall be reviewed and revised periodically, as needed.

3.06.2 Telephone Service --There shall be adequate telephone service to ensure immediate emergency response to psychiatric emergencies of all types, including but not limited to need for medical management of withdrawal periods when necessary for alcoholics and drug addicts, and suicide intervention.

3.06.3 Professional and Consultant Staff Roster

A roster shall be posted in the emergency service area listing professional staff and consultants on first and second call, and staff on duty, to insure a patient will be seen, evaluated, and emergency services provided within a reasonable length of time.

3.06.4 Emergency Service Policies In Writing --There shall be written policies specifying the extent of treatment to be carried out in the emergency service. Such policies shall be approved by the professional staff and reviewed periodically, and revised as necessary showing dates of reviews and revisions.

3.06.5 Emergency Service Procedures In Writing -- There shall be written procedures including, but not limited to the following:

(a) Specification of staff coverage, and consultants on call;

(b) Instructions relative to identification of patient's personal physician and the transmission of relevant reports;

(c) For communication with the nearest poison control center, and with police, and local help authorities relative to accident victims and to individuals in other re-

porting situations such as being victims of suspected criminal acts;

(d) Instructions relative to handling of persons who are emotionally ill, under the influence of drugs or alcohol, victims of suspected criminal acts, including but not limited to, the anxious person, the aggressive patient, known mental patients, and persons involved in the family tolerance emergency;

(e) Clarification of the levels of professional responsibility;

(f) Circumstances under which definitive care should not be provided and procedures which should be followed in referring an individual to a more appropriate facility.

(g) Procedures for prompt transfer of the individual to special treatment facilities for additional or more intensive care.

3.06.7 Emergency Service Affiliation with General Hospital --A community mental health center may develop emergency services in conjunction with a local general hospital provided such arrangement is on a written contractual basis and available round-the clock.

3.06.8 Medical Records for Emergency Service Patients --A medical record shall be kept on every individual receiving emergency service and shall become an official mental health center record. The record shall include but not be limited to the following:

(a) Identification data including the patient's legal status, and background data relating to environment pertinent to the mental disorder;

(b) The time of arrival, and the time of discharge;

(c) By what means patient was transported to the emergency service;

(d) Pertinent history including emergency care given prior to the arrival at the mental health center;

(e) A description of significant clinical data;

(f) The treatment given in the emergency room, indicating whether it was initial, backup, or aftercare treatment;

(g) The condition of the individual on transfer or discharge;

(h) The final disposition including instruction given to the individual relative to necessary follow-up care;

(i) The records shall be signed by the professional

staff member rendering the care and responsible for its clinical accuracy;

(j) Instructions given to patients upon discharge from the emergency service shall be given in writing, dated and signed, and a copy of such instructions shall be made a part of the patient's emergency medical record.

(k) The individual's emergency record shall be incorporated in his previous mental health record, if he has one, and a copy shall be sent to his personal physician promptly.

(l) A selection of emergency medical records shall be made for monthly review by the professional staff including all death cases.

3.07. Outpatient Service

3.07.1 Type And Scope of Service Defined --The type and scope of services and responsibilities of the outpatient service shall be clearly defined in writing.

3.07.2 Accessibility --The total services of the community mental health center shall be made available on a regularly scheduled basis to all individuals living within the catchment area served by the Center. Provisions should be made for non-scheduled services in the

Outpatient Service as needed by individuals during period of increased stress, or crisis.

3.07.3 Policies and Procedures --There shall be in writing, specific procedures to be taken in providing, or securing, any of the disciplines of treatment needed by an individual presently being treated in the Center or living within the catchment area served by the Center, including but not limited to: inpatient, partial hospitalization, 24-hour emergency treatment, or any one of the services provided, or contracted, by the center. There shall also be policies and procedures geared toward the waiting list for patients awaiting intake, and for schedules for treatment.

3.07.4 Continuity of Care --The outpatient service shall be designed to carry out an active treatment program with provisions for pre-care, after-care, and back-up services, as needed, to ensure the continuity of care important to patient's effective treatment.

3.07.5 Evening Hours --The community mental health center should provide evening hours at least one day per week and, if patient cannot reach the center, it should be possible to arrange for a meeting at home or

at some other accessible location.

3.07.6 Staffing --The staffing of the mental health center outpatient service should be clearly defined, in writing, and adequate as to qualified staff and personnel to provide the services defined, providing a mental health team --the psychiatrist, psychologist, psychiatric social worker, and psychiatric nurse and other disciplines of professional staff-- which may be needed.

3.07.7 Services --The outpatient services should include, but not be limited to, individual, family, and group therapy, play therapy, behavior modifications, indicated somatic therapies such as chemotherapy, and appropriate occupational and recreational therapies.

3.07.8 Treatments Time Limited --All treatments should be goal directed and time limited.

3.07.9 Family Participation --In the treatment of young patients, family participation should be stressed.

3.07.9(A) After-Care --The outpatient services shall include programs designed for aftercare and follow -up of patients who have been hospitalized.

3.07.10 Geriatric Services --The outpatient service

should include programs, or sponsoring of programs, for elderly, provide for visiting psychiatric nurse, or consultation services for visiting public health nurses.

3.07.11 Records --

(a) A medical record shall be maintained for every outpatient served.

(b) The outpatient service should maintain records to provide data relating to the changing environments and symptoms of group problems relating to the changing environments in the area served.

(c) There should be a central record keeping system which provides feedback data for evaluation to assure efficient and effective operation and the most productive use of professional and non-professional personnel.

3.07.12 Outpatient Service Affiliated With A General Hospital --The outpatient service may be established around an existing service other than the mental health center, such as the outpatient clinic or psychiatric service of a general hospital; provided however, that its services are easily accessible and its hours are convenient for its patients, and its

services are available and affiliated as an integral part of the community mental health center program.

3.08. Partial Hospitalization Service

3.08.1 Type and Scope of Service Defined --The type and scope of services and responsibilities of the partial hospitalization service shall be clearly defined in writing.

3.08.2 Compliance With Sections 4 and/or 5 --Partial hospitalization facilities in a community mental health center shall meet all the requirements applicable in Section 4 and/or Section 5 for psychiatric inpatient services in these regulations, including special rehabilitation services as needed.

3.08.3 Coordinated with Other Services --Partial hospitalization services should be well coordinated with other community mental health center services to ensure continuity of care and treatment to patients through period of partial hospitalization.

3.08.4 Medical Records --A complete medical record shall be kept for all patients during the partial hospitalization which will meet the standards applicable in Section 5.15 of these regulations.

3.08.5 Outreach Programs --Partial hospitalization service should establish out-reach programs through training volunteers to conduct community mental health programs in churches or other community organization facilities.

3.08.6 After-Care --The partial hospital program shall provide after-care, backup, emergency, and inpatient services, as needed.

3.08.7 Programs Geared To Patient Needs and Interests --The partial hospital program should fit the interests of the patients it serves and provide recreational, social, special educational classes for disturbed children, and vocational activities as well as milieu therapy and other treatment modalities.

3.08.8 Psychiatric Service --A psychiatrist shall be present on a regularly scheduled basis to assume medical responsibility for all patients, or act as consultant to the staff on a regular basis; provided at least one of the following assumes professional responsibility for the program under the direct supervision of a physician --a psychologist, a psychiatric nurse, or a psychiatric social worker.

3.08.9 Day Care --

(a) The day care program shall be defined in a written plan for each patient promoting the patient's responsibility for his own well-being and concern for others;

(b) The day care service should be designed as a therapeutic community, including semi-day care outpatient services;

(c) There shall be a periodic review of the patient's care plan of psychiatric treatment by the professional staff required for care and treatment of each patient in accordance with such patient's partial hospitalization care.

3.08.10 Evening and Night Care --

(a) The evening hospital program enabling patients to work and live at home while receiving sustaining help, should be available, as needed.

(b) The hospital care program shall be defined in writing for each patient promoting the patient's responsibility for his own well-being and concern for others.

(c) The night hospital program should be planned for patients who can handle jobs during the day, but

are unable to deal with family or home situations at night.

(d) The night hospital program should fill the specific need for an intermediate after-care residence service between the time when patients leave a 24-hour hospital care program and time of the final diagnosis as able to become re-established in an independent life;

(e) The night hospital program should be planned as a temporary residence for the patient with no family support, as an after-care temporary residence service for the patient who hopes to become independent of his family, or an overnight service for psychiatric emergency cases.

3.08.11 Weekend Care --

(a) The weekend hospital care program should be provided for patients devoting week days to their accustomed pursuits, and obtain intensive treatment on Saturdays and Sundays.

(b) The weekend care hospital program shall be defined in a written plan for each patient promoting the patient's responsibility for his own well-being and concern for others.

(c) The weekend hospital care program should be available for patients needing hospital day care therapy, but who live too far away from the facility to receive day care.

(d) Weekend hospital care programs admitting patients for partial hospitalization because they live too far away to participate in the day care program, shall provide intensive treatment adequate to justify the hospitalization.

3.08.12 Partial Hospitalization For Mentally Ill or Mentally Disturbed Children --Partial hospitalization programs should provide treatment for mentally ill or emotionally disturbed children in the community in the absence of centers for the emotionally disturbed, or as a pre-care and after-care facility for the emotionally disturbed children waiting for, or returning to the community from a comprehensive center for the emotionally disturbed.

3.08.13 Inviting Atmosphere --The design, use of space, and decor of the facilities utilized for partial hospitalization should establish a warm, informal, inviting atmosphere in keeping with the services and treatment provided.

3.09. Inpatient Services

3.09.1 Type and Scope of Service Defined --The type and scope of the service and responsibilities of the inpatient service shall be clearly defined, in writing.

3.09.2 Compliance With Sections 4 and/or 5 --Inpatient services within a community mental health center shall meet the requirements, where applicable, in Section 4 and/or Section 5 of these Regulations, for psychiatric hospital inpatient services, including habilitation and/or rehabilitation services, as needed, keeping in mind the primary functions of the psychiatric inpatient hospital. (See Section 5.01.1)

3.09.3 Interdigitation Procedures --There shall be specific procedures, in writing, to be taken in providing, or securing, any of the disciplines of treatment needed by the inpatient which are provided by the Center.

3.09.4 Inpatient Services Integral Part of Center Program --The inpatient services should be provided within the community mental health center program as an integral and important service to the psychiatric patient whose care and treatment extends beyond the backup services provided by an emergency service and/or a partial hospitalization service.

3.09.5 Inpatient Services May Be Contracted --Inpatient services in a community mental health center program may be established on a contractual basis with a licensed general hospital, nursing home, boarding home, halfway home, convalescent facility, or other related facility; provided such facility is in compliance with Section 4 and/or Section 5 of these Regulations, where applicable.

3.09.6 Prompt Continuing Care And Treatment -- Intensive therapy for duration of treatment shall be provided promptly in the inpatient service, and 24-hour therapeutic milieu should be available for patients, as needed.

3.09.7 Professional Staff --There shall be professional staff coverage including psychiatric and/or other medical services, provided, as needed in inpatient service facilities.

3.09.8 Nursing Service --There shall be 24-hour nursing service provided which is in compliance with Section 5.05, where applicable.

3.09.9 Space Adequate For Service --Inpatient service shall be provided adequate space to accommo-

date the inpatient service and personnel needs.

3.09.10 Inviting Atmosphere --The design, use of space, and decor should establish a warm, informal, inviting atmosphere in keeping with the services and treatment provided in the facility.

3.10. Consultation And Education Services

3.10.1 Type And Scope of Service Defined --The type and scope of the Consultation and Education Service shall be clearly defined in writing.

3.10.2 Consultation --

(a) There should be a consultation case service program available for community agencies, schools, courts, police, clergy, and health care professionals such as physicians and public health nurses.

(b) There should also be a program consultation service in the planning and developing of mental health related programs such as public school classes for emotionally disturbed children.

3.10.3 Education And Training of "Consultants" and "Consultees" --There should be a well defined system, in writing, which shall include, but not limited to, the following:

(a) The training program for the mental health specialists qualified for responsibilities of the "consultant", or help-giver, and the areas for which he is qualified to function.

Interpretation: Any member of the staff, personnel, volunteer services individuals, with training, may become "consultants" if they have the capabilities for such services with training.

The areas assigned for each "consultant" should be commensurate with his aptitudes, background, and training. For example: The well trained "consultant" volunteer mother with limited educational accomplishments would not be assigned as "consultant" to a highly educated qualified professional individual, or groups of individuals. She might be effective in church or neighborhood groups with whom she has established a good rapport.

(b) A well defined program for public education as to the availability of the program, to create interest in the role of the "consultee".

(c) A well defined program of training for "Consultees" in the identification of clients needing help.

3.10.4 Public Education --There should be evidence of activity towards determining where educational efforts are particularly needed in order to direct educational efforts towards priority needs within the catchment area, and provide Center education programs to:

(a) Increase the visibility, identifiability and accessibility of the community mental health center for all residents of its catchment area; and

(b) Promote mental health and prevent emotional disturbance through distribution and dissemination of relevant mental health knowledge.

(c) Consultation and Education Public Information Service --A public information service should be established to better acquaint the general public with the goals of the Consultation Education program and the progress toward the attainment of these goals. It should be under the supervision of a fully qualified public information specialist.

3.10.5 Professional Staff Participation in Consultation and Education Programs --A percentage of professional staff time shall be devoted to indirect services to patients through the Consultation and Educa-

tion services.

3.10.6 Consultation and Education Records -- Records should be developed to provide measurement tools to evaluate the effectiveness of these indirect services in relation to the direct services.

3.10.7 Consultation and Education Program Coordination --The community mental health center Consultation and Education program shall be goal oriented and coordinated with all other center services.

3.11. Medical-Legal Cases --

3.11.1 Centers To Provide Evaluations --Community mental health centers shall offer whatever evaluation, consultation, and treatment, or referral services needed and feasible for the criminal charges and juvenile court cases, coordinating their efforts with local courts.

3.11.2 Provisions For Evaluations and/or Treatment Not Available Through Center --Arrangements for evaluation and treatment of patients with criminal charges who are in need of maximum security, if they cannot be evaluated locally, or if upon evaluation it is found inpatient treatment is necessary in a type facility County

cannot provide locally, arrangements for such evaluations and/or treatment shall be made through the Director (Telephone: 1-348-3211).

3.12. Information and Referral Service

3.12.1 Supervision of Programs --The information and referral service and public information programs should be under the direction of a fully qualified public information specialist in the field of public health, social work, or related fields; however, qualified individuals having a degree in communications, or journalism with experience in public health, social work, or related fields; or a degree in public health, social work, or related fields with experience in communications with regular consultation services of a fully qualified information specialist may be eligible. Exceptional persons with demonstrated ability in the handling of Information and Referral service cases, but who have no formal background and education in the fields aforementioned, may conduct an Information and Referral service under appropriate supervision.

3.12.2 Development of Lists of Alternative Resources to Patient Hospitalization --The information and Referral Service shall strive to develop lists of

local alternatives to inpatient hospitalization under the direction of the patient's physician, or Center team.

3.12.3 Continuing Communication With Other Agencies The Information and Referral Service shall set up mechanisms for regular contacts with other local and State service agencies, including but not limited to Health, Family Service, Educational, and Law Enforcement groups.

3.12.4 Assistance In Transfer of Patients --The Information and Referral Service should provide information to assist in the transfer of patients from one element of service to another efficiently and humanely.

3.12.5 Active Role In Locating Out-Reach Services The Information and Referral Service should participate actively in arranging services for patients who have been in a psychiatric treatment program and are in need of after-care; provide extensions of the therapeutic community and social group activities; follow-up nursing home care; and consultation with public health nurses and others assisting former patients.

3.12.6 Continuing Patient Contact --The Information and Referral Service shall be responsible for continuing

contact and application of all existing resources to the needs of patients.

3.13. Alcohol and Drug Abuse Treatment Facilities

3.13.1 General --

(a) All facilities and/or services or parts thereof, providing care and treatment for, or prevention of, alcoholism and/or drug abuse shall be subject to these regulations, where applicable; and to the Regulations of the State Department of Health for Licensing Hospitals, as amended, where applicable, and in full compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971.

(b) All facilities and/or services or parts thereof, providing care and treatment for, or prevention of, alcoholism and/or drug abuse shall carry out educational programs designed to prevent and deter misuse and abuse of controlled substances; and shall participate in, or affiliate with, research programs on misuse and abuse of controlled substances in compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia,1971.

(c) Policies and procedures for the operation of the facility shall be in writing, and should include, but not

limited to:

Admission, release and transfer procedures;

Staffing patterns including after-care counselors;

Procurement of emergency, first aid, or any medical services not provided in the facility or program;

Procurement of Information and Referral Services;

Clinical Records;

Food Service;

Personnel Policies;

Personnel Records;

Financial Records;

Procurement of Supplies;

Fee Schedules;

Housekeeping and laundry;

Maintenance;

Safety;

(d) All medications shall be given only upon the written order of a physician and under the supervision of a registered nurse currently licensed in West Virginia.

(e) All facilities and/or services or parts thereof, providing care and treatment for, or prevention of, alcoholism and/or drug abuse maintaining pharmacy services of

any type or scope, including the management of first aid supplies and prescription medications, shall be subject to Section 3.16 of these regulations.

(f) A medical record shall be maintained for each patient in compliance with Section 3.17 of these regulations, where applicable.

(g) There shall be written procedures to ensure a smooth continuity of care for alcohol and drug abuse patients in transferring patients between services, as needed.

3.13.2 Inpatient Medical Management Facilities For Alcohol and/or Drug Abuse Patients

(a) Medical management facilities, commonly known as detoxification centers, shall provide inpatient care for medical management of acute withdrawal from alcohol and other drugs for a limited period of time, from five to ten days.

(b) A medical management facility may be located within a general hospital or may be a free standing facility, but it should be affiliated with licensed community facilities and programs providing elements of care for mental disorders.

(c) Medical management facilities shall be under

the supervision of a physician licensed to practice medicine in the State of West Virginia, and staffed with a competent administrator, adequate professional, and non-professional personnel to provide accepted standards of safe patient care.

(d) Nursing services shall be under the direction, or supervision,of a registered nurse currently licensed in the State of West Virginia.

(e) A patient care plan shall be developed for patients admitted to medical management facilities coordinating the medical, nursing, and after-care elements of planned treatment.

(f) Medical management facilities shall provide staff to cover twenty-four hour supervision and care for patients.

(g) The medical management facility shall provide counseling services to patients by counselors with training and demonstrated ability in aiding patients to recognize the nature of their illness and the importance of a continuing program of the after-care, treatment, and rehabilitation indicated.

(h) Contractual arrangements with a general hospital

shall be made for emergency services, as needed, for medical management facilities not located within a general hospital.

3.13.3 Extended Care Treatment Facilities For Alcohol and/or Drug Abuse Patients

(a) Extended care treatment facilities for alcohol and/or drug abuse patients shall provide residential intensive treatment programs for a period of five weeks, or longer, as determined by patient need.

(b) An extended care facility for alcohol and drug abuse patients may be located on the grounds of a licensed mental health facility, psychiatric hospital, or other hospital, or may be licensed as a free standing facility.

(c) The extended care facility for alcohol and/or drug abuse patients shall provide intensive treatment, as needed, by a treatment team consisting of at least a physician, social worker, psychologist, and a nurse.

(d) All medical treatment shall be under the supervision of a licensed physician.

(e) Nursing services shall be under the direction, or superivision of a registered nurse currently licensed in the State of West Virginia.

(f) A patient care plan shall be developed for patients admitted to the alcohol and drug abuse extended care facility including, but not limited to:

1. Medical and nursing services, as needed;

2. Therapy through utilization of counseling, group and individual psychotherapy, if indicated;

3. Psychology services providing testing, consultation, and psychological evaluations, as needed;

4. Social services relating to intake social history, discharge planning, and coordinating helping services.

(g) A psychiatrist's services shall be available, as needed, on a written contractual basis.

(h) A psychologist's services shall be available as needed, on a written contractual basis;

(i) Social work services shall be supervised by an individual possessing a professional degree in social work of the Master's level from an accredited school of social work.

3.13.4 Domiciliary Facilities For Alcohol and/or Drug Abuse Patients --

(a) Domiciliary facilities for alcohol and/or drug

abuse patients shall include those facilities commonly referred to as Fellowship Homes, or Halfway Houses.

(b) The domiciliary facility shall provide a comprehensive program for the rehabilitation of the individual in a homelike atmosphere which shall include, but not be limited to:

Residential care;

Guidance;

Supervision; and

Personal Services;

relating to those areas of individual adjustment which enable the person to move to independent living in normal surroundings.

(c) The facility should be centrally located in a pleasant neighborhood convenient to community transportation. The exterior of the facility should conform with other homes in the area.

(d) The facility shall provide a community residential accommodation in a group setting for alcoholics and/or other drug dependent persons.

(e) The facility should have a bed complement of at least eight (8) and not exceed twenty (20) residents.

(f) There shall be space set aside for meetings, television, and reading, as well as office space.

(g) The facility shall have staff to provide twenty-four (24) hour supervision, under the direction of a manager, or director with background, education, experience and demonstrated ability commensurate with responsibilities of the position.

3.13.5 Alcohol and Drug Abuse Information Centers --

(a) The alcohol and drug abuse information center may be a part of the community mental health center; however, it shall be a separate unit which provides special functions as the liaison agency between the Alcohol and Drug Abuse Treatment Facilities and the community to be responsible for continuity of after-care services for the person recovering from his illness.

(b) The Alcohol and Drug Abuse information center must provide counseling, information, public education, inter-agency referrals, and coordination of services for the individual and his family.

(c) The Alcohol and Drug Abuse information center must provide guidelines, technical assistance, and training for other agencies and community organizations which are

developing programs for the prevention, treatment, and rehabilitation of alcoholics and drug abusers.

3.14. Laboratory --

(a) Laboratory facilities provided in a community mental health service shall meet the requirements applicable as set forth in Section 5.11 of these regulations.

(b) If the laboratory services are not available in the community mental health center, regular scheduled contractual services should be arranged by written contract with a nearby laboratory which meets the minimum requirements of the Joint Commission on Accreditation of Hospital Laboratories.

3.15. Radiology --

(a) X-ray services provided in a community mental health center shall meet the requirements, where applicable, as set forth in Section 5.12 of these regulations.

(b) If the Radiology services are not available in the community mental health center, regular scheduled contractual services should be arranged by contract with a nearby radiology service which meets the minimum requirements of the Joint Commission on Accreditation of Hospitals.

3.16. Pharmacy --

(a) Community Mental Health Centers maintaining pharmacy services of any type or scope shall meet the requirements applicable as set forth in Part VI, Section A, West Virginia Regulations for Licensing Hospitals, promulgated by the West Virginia State Department of Health, and the Pharmacy Laws and Regulations of the West Virginia Board of Pharmacy, as amended.

(b) The community mental health center pharmacy services shall be under the supervision, full or part time, as needed, by a professionally competent and legally qualified pharmacist and shall be staffed in accordance with his professional recommendations.

(c) The community mental health center medical staff with the advice and counsel of the pharmacist should establish a formulary of drugs to be used in the Center; however, the existence of the formulary shall not preclude the use of drugs not included in the formulary.

(d) There shall be equipment and supplies provided for the professional and administrative functions of the pharmaceutical service, as required by the Center to ensure patient safety through the proper storage and dis-

pensing of drugs.

(e) The scope of the pharmaceutical service shall be consistent with the medication needs of the patients and shall include a program for the control and accountability of drug products throughout the Center.

(f) Written policies and procedures that pertain to the intracenter drug distribution system shall be developed by the medical staff in cooperation with the pharmacist consultant and representatives of other disciplines, as necessary.

(g) Written policies and procedures that govern the safe administration of drugs shall be developed by the medical staff in cooperation with the pharmacist with representatives of other disciplines, as necessary.

(h) Medication errors shall be reviewed with the pharmacist and procedures revised, if indicated, to prevent reoccurrence.

(i) No drug shall be administered to a patient/client except upon written, dated, and signed order of a physician licensed to practice in the State of West Virginia.

(j) Investigational Drugs -- Investigational drugs

properly labeled shall be used only under the direct supervision of the principle investigator and should be approved by an appropriate medical staff committee. Nurses may administer these drugs only after they have been given basic pharmacological information about the drug. A central unit should be established where essential information on investigational drugs is maintained. (For further guidance in the use of Investigational Drugs, refer to Statement of Principles Involved in the use of Investigational Drugs in Hospitals, approved by the American Hospital Association and the American Society of Hospital Pharmacists.*)

*JCAH

(k) Methadone --Uses of Methadone shall be in compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971, and Federal Food and Drug Administration Regulations. (For further guidance, write to Food and Drug Administration, Bureau of Drugs (BD-22), 5600 Fishers Lane, Rockville, Maryland, 20852.)

3.17. Medical Records --

3.17.1 Supervision --The medical record library should be under the supervision of a medical record librarian who

is a graduate of an approved school of medical record librarians and should be registered by the American Association of Medical Record Librarians. If such a person is not available, the person in charge of the medical record service should utilize the consultation services of a registered medical record librarian.

3.17.2 Medical Record For Every Patient --There shall be a medical record maintained for every patient/client/trainee admitted to the community mental health center for treatment or emergency services.

3.17.3 Medical Record Content --The patient medical record shall contain sufficient information to identify the individual clearly, to justify the diagnosis and treatment, and to document accurately the results. Each patient record should contain as a minimum:

(a) Identification data including name, date and place of birth, address, race, Social Security number, socio-economic status and patient's legal status;

(b) Basic descriptive data concerning the patient;

(c) A summary of the evaluation process, including diagnosis, treatment recommendations, prognosis,

and outcome;

(d) A record of any physical examinations done;

(e) A record of any psychological testing;

(f) Psychiatric Plan of Treatment; (See Section 5.05.14)

(g) A brief summary of the treatment process, and a termination note;

(h) If medication is administered, there should be a record of the dosage, duration of the administration, and results of the treatment.

(i) At point of termination, there should be a concise statement concerning the future prognosis of the patient and the responsibilities for future care which the community mental health center should assume.

(j) All communications from, or with, family members, or caregiving persons in the community, should be included in the patient's medical chart;

(k) Copy of all consultation reports.

3.17.4 Preparation of Resumes --Supervisor of medical records should be qualified to prepare brief resumes of the patient's case for physician's signature, indicating his approval as to content, which

may be needed for the referring physician, or agency responsible for the subsequent care of the patient.

3.17.5 Review of Medical Records --There should be a periodical review of the clinical records by a committee of the professional staff of the center.

3.17.6 Medical Record Property of Center --The medical record is the property of the community mental health center and is maintained for the benefit of the patient, the professional staff, and the Center. They may not be removed from the mental health center's jurisdiction without consent, except in response to a Court Order.

3.17.7 Consent For Release of Medical Record Information --Written consent of the patient, or legal guardian, shall be required for release of medical record information to persons not otherwise authorized to receive the information.

3.17.8 Confidentiality --Certain portions of the medical record of the psychiatric patient are so confidential that extra-ordinary means may be taken to preserve their privacy. In such cases, these portions may be stored separately. For review purpose of the

professional staff, the complete record shall be available.

3.17.9 Medical records shall be confidential, current, accurate and true.

3.17.10 Medical Record Filing System --

(a) There shall be a system of identification and filing of medical records to ensure rapid location of patient's record at all times. The unit system is recommended.

(b) When portions of the medical record are filed in a separate locked file to safeguard confidentiality of the information, there shall be a system of identification and filing for these records the same as the other portion of the patient's medical chart.

3.17.11 Indices --Medical records shall be indexed according to illness and physician responsible.

3.18. Orientation and Education --Orientation and Education Programs shall be planned for all new employees as well as members of the governing body, members of advisory groups, and volunteers, and shall be in compliance with Section 5.17, where applicable.

3.19. Activity Facilities and Services --

3.19.1 Type and Scope of Facilities Defined --The type and scope of services of the activity facility, or

service, shall be clearly defined in writing.

3.19.2 Staffing --Qualified therapists, consultants, professional and non-professional volunteers, assistants and aides shall be adequate in number and by qualification to conduct the activities program.

3.19.3 Activities Programs --The activities services available should include, but not be limited to, programs of Occupational Therapy, Industrial Therapy, Education, Vocational Training, Recreation, Habilitation and/or Rehabilitation, Music Therapy, and other activities as dictated by patient needs.

3.19.4 Programs Related to Patient Needs --Activities services should be provided to enable fulfillment of a specific and planned daily program for each patient/client:

(a) The activities program shall be an integral part of the patient's total milieu;

(b) The activities program shall be related to patient/client needs for improvement of economic and social skills and encourage his re-integration and rapid return to the community; and should assist in evaluation and comprehensive treatment planning.

(c) The activities services should be concerned specifically with the development or redevelopment of relational and task skills through activity processes and object interaction.

(d) The activity services should utilize individual as well as group approaches to treatment and habilitation or rehabilitation problems.

3.19.5 Location --Activity services may be included in a community mental health facility, or may function separately as a free standing activity center facility.

3.19.6 Activity Centers For The Emotionally Disturbed and/or Mentally Ill -- (Adults and/or Children)

(a) Activity centers for the emotionally disturbed and/or mentally ill should be operated in conjunction with, or affiliated with, a community mental health center in order to coordinate its services with those available in the community.

(b) The activity center for the emotionally disturbed and/or mentally ill should be directed by a psychiatrist who is specialized in physical medicine and rehabilitation, or by a registered occupational thera-

pist, or by a properly trained specialist from one of the other fields of activities and rehabilitation.

(c) The minimum services of the activity center for the emotionally disturbed and/or mentally ill shall be to provide therapeutic activities and recreational programs to assist these individuals in the area of resocialization, utilizing special community programs such as foster grandparent services, when applicable. (See Section 6.03.24 and 6.03.25)

(d) Activity center facilities shall comply with Federal, State, and local codes for construction and be in full compliance with these Regulations, where applicable, including reference regulations.

3.19.8 Activity Centers For The Mentally Retarded --

(a) Activity centers for the mentally retarded should be operated in conjunction with, or affiliated with, a community mental health center in order to coordinate its services with those available in the community mental health center, as needed.

(b) The Activity center for the mentally retarded should assist the individual in areas of self care,

socialization, maturation, and self-expression, language development, sensory training, and simple work skills. The center should provide activities and recreational programs.

(c) Activity centers for the mentally retarded shall provide therapeutic activities and recreational activities and utilize special community programs available such as foster grandparent services, when applicable. (See Sections 6.03.24 and 6.03.25)

(d) Activity Center facilities for the mentally retarded shall comply with Federal, State, and local codes for construction, and be in full compliance with these regulations, where applicable, including reference regulations, and the standards set forth in the regulations for grants for constructing facilities for the mentally retarded, Section 54.119, Appendix A, adopted by the West Virginia Department of Health (West Virginia State Plan for Mental Retardation Facilities Construction Program, as revised).

3.20. Physical Facilities and Safety --

3.20.1 Site Location --The mental health

facility shall be no more than two hours driving time from all individuals within the catchment area.

3.20.2 Structural Requirements --

(a) Community Mental Health Center facilities including residential facilities for the mentally retarded, shall be structurally safe, meeting Federal, State, and local building codes where applicable.

(b) Heating Ventilation and Lighting shall be adequate to insure the comfort and safety of patients, residents,and personnel.

3.20.3 Design --The design of the mental health facility should:

(a) Provide, economically, adequte space for the functions defined in the type and scope of the programs for which the facility is to be used;

(b) Ensure the maintaining of dignity of individuals;

(c) Provide for separation of patients with respect to age, type of care which may be needed, and services needed by individuals under treatment;

(d) Ensure appropriate space for the staffing and organizational pattern of the facility by providing adequate office space which is located for most effective communication and functional use in the dynamics of type of care and treatment of mentally disordered individuals.

(e) Be architecturally appropriate to the local geography and style;

(f) Provide conference rooms, treatment rooms, group and individual interviewing,and therapy rooms designed to ensure functional and economical use;

(g) Provide day rooms, recreational areas, solaria, visitors' room, a gymnasium, or exercise area, designed to ensure versatile utilization.

3.20.4 Inpatient Facilities --Inpatient facilities shall be in compliance with Federal, State, and local building codes and in compliance, where applicable, with West Virginia Department of Health Regulations for Hospitals, as amended. Sleeping units for inpatients should be:

(a) Single rooms shall be a minimum of 100 square feet of floor space, and multiple patient rooms, 80 square feet of floor space per person to accommodate bed, nightstand, and chair, with additional square footage appropriate to additional equipment needed for the care of the patient;

(b) Multiple patient rooms should be designed to accommodate no more than four (4) patients;

(c) At least one drinking fountain on each nursing unit and/or activity area shall be provided;

(d) Patient equipment should be movable and in compliance with Section 702.2 of West Virginia Regulations For Licensing Hospitals, as amended, where applicable.

(e) Appropriate provisions shall be made to ensure privacy in toilet and bathing areas for each sex. The following are minimum standards for these accommodations:

(1) One lavatory for each four (4) patients; and one lavatory in each toilet area;

(2) One toilet for each four (4) patients;

(3) One male, and one female, tub, or shower, with handrails, for each ten (10) patients;

(4) At least one male, and one female, toilet unit in each nursing unit shall be provided to permit movement of wheelchairs; and handrails shall be provided on both sides for handicapped individuals.

(5) At least one tub, or shower, for each eight (8) patients;

(6) Individual racks for washcloths and towels;

(7) Larger tilted mirrors for patients in wheel chairs:

(f) Nursing Units --Inpatient nursing units, or stations, shall be in compliance with West Virginia Regulations for Licensing Hospital, as amended, where applicable. They shall be centrally located to permit full view of recreation areas, and have immediate access to patient and treatment areas.

3.20.5 Residential Facilities --Residential facilities shall be in full compliance with Section 3.20 of these regulations, where applicable, and with Federal, State, and local codes for construction of residential facilities, and should comply, where applicable, with Standards for Design, Equipage, and Safety of Living Units of the Accreditation Council for Facilities for the Mentally Retarded, adopted May 5, 1971, with revisions.

(a) Residential facilities shall be completely furnished providing a homelike atmosphere for individuals in residence for acre, treatment, ore habilitation and/or rehabilitation.

(b) Residential facilities should provide a laundry room equipped with washer, dryer, and ironing equipment which meet United Laboratories Safety Standards.

3.20.6 Safety and Sanitation --The community men-

tal health center facilities shall be operated so as to sustain sanitary characteristics:

(a) The dietary facilities shall comply with Section 5.18 of these regulations, where applicable, and shall be subject to routine inspections by the West Virginia Department of Health Sanitarians, whose recommentaions shall be mandatory for licensure;

(b) Housekeeping, laundry, and maintenance service functions shall be effectively organized, directed and staffed by qualified personnel;

(c) Services of an exterminator to keep the facility free of vermin, roaches, and any like infestation, shall be provided;

(d) The following shall be in full compliance with Department of Health Regulations and/or State Fire Regulations:

(1) Water Supply for consumption; and volume and pressure adequate for sewage disposal and fire fighting;

(2) Sewage disposal.

(e) Solid wastes, including garbage shall be collected and disposed of in a safe and sanitary manner, avoiding pollution of environs;

(f) All mental health facilities shall meet safety regulations of the State Fire Marshal (See Section 2.05.7).

(g) Emergency lighting systems shall be provided in accordance with West Virginia Regulations for Licensing Hospitals, where applicable. Alternate source of lighting may be provided by battery lamps, or flashlights which are regularly inspected and kept in condition at all times.

(h) Isolation room, or special care room, shall be provided which may be used for control of infection, or for privacy, as needed, for emotionally disturbed individuals. Appropriate safety measures shall be incorporated into thephysical design of some units, or areas, as appropriate to type of services housed.

(i) Responsibility for the control of infections within the mental health center facilities and the evaluation of infection potential of the related environment, shall be the responsibility of a multidisciplinary committee of the professional staff and medical director, or the medical consultant, as needed.

(j) Community mental health center facilities shall have written plans for the proper and timely

care of casulaties arising from both external and internal disasters, or civil disorder, and shall periodically rehearse such plans, at least twice annually. The disaster plan shall include alternate sources of all utilities, including water, and methods of emergency communications.

3.20.7 New Construction Standards

(a) New construction standards shall be in compliance with minimum standards, where applicable, for construction and equipment set forth in West Virginia State Plan for Construction of Community Mental Health Centers (Title II, Public Law 88-164, adopted by the West Virginia Department of Health, including revisions).

(b) New construction of mental health facilities for the mentally retarded shall be in compliance with Standards set forth in the Regulations for Grants for Constructing Facilities for the Mentally Retarded, Section 54.119, Appendix A, adopted by the West Virginia

State Plan for Mental Retardation Facilities Construction Program, as revised).

Section 4. Psychiatric Unit, or Service, in a General Hospital --

4.01. General --All general hospitals should have a well defined plan for receiving, management, and disposition of psychiatric patients. The feasibility of establishing a psychiatric unit, or service, in a general hospital should depend upon:

(a) Local need for the service in the general hospital;

(b) Availability of other facilities;

(c) Availability of staff; and

(d) Orientation of the medical staff profession in the hospital and community.

4.02. License Required --Psychiatric unit, or service, in a general hospital to contribute to the care and treatment of mentally ill, or mentally retarded, or prevention of such disorders is required to be licensed by the Department of Mental Health by virtue of authority of the Legislature of West Virginia, Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended.

4.03. Type and Scope of Service Defined --The type

and scope of the psychiatric unit, service, or services, provided in the General Hospital shall be clearly defined, in writing, and shall be in compliance with these regulations, where applicable.

4.04. Hospital Program Integrated with Community Mental Health Center Programs --The elements of care provided in the psychiatric unit, or by services, should be an integral part of the community mental health center program, if any, and provide services, as needed, on a contractual basis for inpatient, partial hospital, and medical management services for emergencies related to detoxification of alcoholics and drug addicts.

4.05. All Elements of Service To Be Made Available -- The psychiatric unit, or service, in a general hospital should provide, or make provision for,all elements of services, as needed, by the mentally ill/mentally retarded patient during hospitalization.

4.06. Compliance With Sections 5 and 8, Where Applicable --The psychiatric unit, or service, in a general hospital shall comply with Section 5 and Section 8 of these regulations, where applicable.

4.07. Organization and Management --

4.07.1 Organizational Plan --There shall be a written organizational plan of the psychiatric unit, or service, setting forth, clearly and specifically, the policies and procedures which should include, but not be limited to:

(a) Responsibilities of the governing body including future planning towards unmet mental health/mental retardation needs in the catchment area served, and establishment of set priorities in meeting such needs;

(b) Responsibilities of the clinical services involved in the program;

(c) Responsibilities of each category of personnel;

(d) Inter-relationships among the hospital services;

(e) Relationship of the hospital to outside resources including specific affiliation with other cooperating agencies;

(f) Methods of coordinating all segments of the program;

(g) Periodic review of what the hospital is doing

to identify and meet the psychosocial needs of all patients in the hospital, and how it is meeting community needs, and how it fits into and contributes to Federal, State and local mental health/mental retardation needs.

4.07.2 Emotionally Ill Patients, Alcoholics, and Drug Abuse Patients --There should be a written plan for the care and/or for referral of patients who are emotionally ill, or who become emotionally ill while in the hospital, as well as for the care and/or appropriate referral of persons who suffer the results of alcoholism, or drug abuse.

4.08. Admissions and Referrals --

4.08.1 Policies and Procedures --Policies and procedures for the admission of patients to the general hospital shall include special provisions for the admission and referral of psychiatric patients. (See Section 5.04.)

4.08.2 Referral Procedures --Referral procedures shall be in writing, stating resources for prompt referral for those services the hospital does not provide.

4.08.3 Limitations on Admissions --Any limitations on admissions imposed by the physical construction of a psychiatric unit, limitations in the training and

experience of its staff, or other limitations shall be clearly stated in the hospital program submitted for licensure.

4.09. Medical Staff --

4.09.1 Supervision of Psychiatric Service And Consulting Psychiatric Assistants --There should be a psychiatrist in charge of the psychiatric unit in a general hospital. If the hospital does not have a staff psychiatrist, an American Board certified psychiatrist should be available for consultation. If the hospital is conducting a minimal psychiatric service*, and a qualified psychiatrist is not available, a qualified clinical psychologist may be used as a consultant, or a mental health professional of any disciplines needed, may be used as approved by the Director of Department of Mental Health.

4.09.2 Supervision of Psychiatric Unit --The psychiatric unit shall be organized as any other medical service of the hospital. One member of the psychiatric staff, where applicable, shall be appointed on a fixed, or rotating, basis to serve as chief of unit. He shall assume the responsibility for ensuring that high standards of patient care are carried out by appropriate pro-

cedures.

4.09.3 Supervision of Minimal Psychiatric Service -- If only minimal psychiatric services are provided in the general hospital, there shall be a physician immediately available at all times who is capable of an initial evaluation and of the ordering of psychotropic drugs when needed.

4.09.4 Medical Staff Bylaws, Rules and Regulations -- The medical staff bylaws, rules, and regulations shall include the psychiatric unit, or service, the same as any other medical service of the hospital.

4.09.5 Psychiatric Patient Special Needs --The chief of the psychiatric unit, or service, shall assume the responsibility for ensuring that the special needs of the psychiatric patients are met through close liaison with appropriate hospital administrative officers and other departments of the hospital.

4.09.6 Reciprocation of Consultation Services -- The psychiatric staff should provide consultation services to other services of the hospital upon request, and in return obtain consultation from other hospital specialists upon request.

4.09.7 Psychiatric Staff Participation In In-service Education and Training Programs --The psychiatric staff of the hospital shall participate in the hospital's inservice education and training programs, including but not limited to inservice training of all hospital personnel, as well as education of medical students, interns, and students in clinical psychology, social work, nursing, and other health professions.

4.10. Diagnosis and Treatment --There shall be written policies for the care and treatment of patients admitted to the psychiatric unit, or service, in compliance with Section 5.05 of these regulations, where applicable. The psychiatric plan of treatment shall be in writing in each patient's medical record.

4.11. Nursing Service --

4.11.1 Psychiatric Nursing Service Supervision -- The nursing service of the psychiatric unit should be supervised by a qualified registered nurse who has had training in the management of psychiatric patients.

4.11.2 Adequate Nursing Personnel --There should be qualified nursing and allied personnel trained in

the management of psychiatric patients adequate in number to provide a quality psychiatric nursing service on psychiatric unit, or service, as defined in the type and scope of service provided.

4.11.3 Specials For Disturbed Patients --There shall be available at all times nurses,or attendants, who have been trained to special a disturbed patient, adequate in number to provide services as needed in the psychiatric program in the general hospital.

4.11.4 Nursing Care Plan --There shall be a nursing care plan integrated with the psychiatric plan of treatment in compliance with Section 5.07.14 of these regulations, where applicable.

4.11.5 Orientation To Psychiatric Unit, or Service For Nursing Service Personnel --The nursing service personnel in the psychiatric unit, or service, shall be adequately oriented as to their responsibilities in the service before assignment to the unit, or service, is made.

4.11.6 Nursing Service Records --There shall be an efficient system of clinical and administrative nursing records and reports, and up-to-date nursing policy and procedure manuals.

4.12 Social Work Service --

4.12.1 Social Work Supervision --The Social Work Service should be supervised by an individual possessing a professional degree in Social Work at the Master's level from an accredited school of Social Work.

4.12.2 Social Workers Trained In Psychiatric Service --When social work services of the hospital are not maintained specifically for the psychiatric unit, or service, the social workers shall be trained to meet the special needs of the psychiatric patients.

4.12.3 Provision For Social Work Service --If the hospital does not maintain a social work service, provision should be made for this service, as needed.

4.13. Psychological Service --

4.13.1 Psychological Service Supervision --The psychological service should be supervised by an individual possessing at least a doctoral degree in psychology from an American Psychological Association approved program in Clinical Psychology, or its adjudged equilavent, or has been certified in the appropriate specialty by the American Board of Examiners in Professional Psychology, and licensed by the West Virginia

State Board of Examiners for Professional Psychologists.

4.13.2 Psychologists Trained In Psychiatric Service -- When psychological services of the hospital are not maintained specifically for the psychiatric unit, or service, the psychologists shall be trained to provide the special services needed in the care and treatment of psychiatric patients.

4.13.3 Provision For Psychological Services --If the hospital does not maintain a psychological service, provision should be made for the service, as needed.

4.14. Medical Records --

4.14.1 Compliance With Section 5.15, Where Applicable Medical records for patients admitted to the psychiatric unit, or service, of the hospital shall conform to medical requirements of Section 5.15. of these regulations, where applicable.

4.14.2 Confidentiality --Certain portions of the medical record of the psychiatric patient are so confidential that extra-ordinary means may be taken to preserve their privacy. In such cases, these portions may be stored separately. For review purposes of the medical staff, the complete record shall be available.

4.15. Physical Facilities --

4.15.1 Compliance With West Virginia Regulations For Licensing Hospitals --The physical facilities for the psychiatric unit for existing facilities shall be in conformance with West Virginia Regulations for Licensing Hospitals, as amended, promulgated by the West Virginia State Department of Health.

4.15.2 Construction of New Psychiatric Units -- For construction of new psychiatric hospital units in general hospitals and as reference for improvement of the psychiatric unit in the general hospital, Appendix "A" of the Public Health Service Regulations, Part 53, as amended shall be used.

4.15.3 Special Care Room --There shall be a special care room available where a disturbed patient can be housed which should be located near the nursing station for purposes of observation of patient's needs, and to include the patient within a hospital group at all times.

4.15.4 Infection Control --Responsibility for the control of infection within the hospital, and for the evaluation of infection potential of the related environ-

ment, shall be vested in a multi-disciplinary committee of the medical staff (See Section 5.19.6).

4.15.5 Safety --If the general hospital does not have written and periodic practiced plans for the proper and timely care of casualties arising from both external and internal disasters, including civil disorder, the psychiatric service shall include in their unit, or service, written procedures and plans for care of such casualties and an orderly plan of evacuation of patients in case of necessity.

Section 5. Psychiatric Hospitals

5.01. General --

5.01.1 Primary Functions --The primary functions of the psychiatric hospital --to diagnose, treat, and restore mentally disordered persons to optimal level of functioning and return to the community-- should, whether State, or privately owned, include programs to:

(a) Provide general psychiatric inpatient, outpatient, partial hospitalization, emergency services for psychiatric emergencies and medical management for detoxification of alcoholics and drug addicted persons, and consultation and education programs, with maximum utilization of community mental health centers and community facilities and organizations contributing to the care and treatment of mentally ill or mentally retarded, or prevention of such disorders;

(b) Provide specialized services in the care and treatment of the mentally ill and mentally retarded individuals including, but not limited to:

1. Adolescent Program;
2. Adult Mentally Ill;
3. Alcohol and Drug Abuse Treatment;
4. Chronically Mentally Ill;

5. Criminally Mentally Ill;

6. Emotionally Disturbed Children;

7. Geriatric Mentally Ill;

8. Rehabilitation Services;

9. Totally Disabled Retarded;

(c) Provide public education in the prevention of mental illness as a part, or implementation, of a community mental health center program, if any;

(d) Provide data and facilities and/or programs for self evaluation, research, and development in the care, treatment, and prevention of mental illnesses.

5.01.2 Compliance With Applicable Standards -- The psychiatric hospital shall comply with the standards set forth in these regulations which are included in the type and scope of service defined in hospital programs for which application is made to the Department of Mental Health for license.

5.01.3 Compliance With Department of Health and Fire Regulations --All hospitals required to be licensed under the provisions of these regulations shall comply with, and conform to, all laws of the State of West Virginia, West Virginia Regulations for Licensing Hospitals adopted and promulgated by the State Department of Health,

and all rules and regulations which provide minimum standards for the prevention of fire and for the protection of life and property against loss, or danger, by fire or panic. A certificate of approval shall be obtained from the State Fire Marshal by any institution required to be licensed. Written approval of the institution shall be filed with the State Department of Mental Health and a copy of such certificate shall be posted in a conspicuous place on the premises of the licensed facility.

5.01.4 Availability of Services --Psychiatric hospitals should make their services available on a regularly scheduled contractual basis as needed by the mentally ill, or mentally retarded, in programs of treatment in licensed mental health facilities in the community.

5.01.5 Medicare and Medicaid Standards --Each psychiatric hospital licensed by the Department of Mental Health should meet the Standards for admission of Medicaid and/or Medicare patients.

5.01.6 Compliance With Sections 8, 10, and 11

All psychiatric hospitals shall be in full compliance with Sections 8, 10, and 11, of these regulations, where applicable.

5.02. Organization and Management --

5.02.1 Governing Body Organized --There shall be an effective, organized governing body legally responsible for the conduct of the psychiatric hospital for the care and treatment of mentally ill/mentally retarded individuals. The governing body may be a governmental unit or a board of trustees.

5.02.2 Governing Body Bylaws --The governing body shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the psychiatric hospital and the means of fulfilling them, keeping in mind the primary functions of a psychiatric hospital --to diagnose, to treat, and to restore mentally disordered persons to an optimal level of functioning and return to the community. The governing body bylaws are essential to govern and maintain control of the hospital. They should include, but not be limited to the following:

(a) Definition of powers and duties of the govern-

ing body officers, its committees and the executive officer of the hospital;

(b) Qualifications for membership, type of membership, method of selecting members, officers, and chairmen of committees, and terms of appointment, or election;

(c) Method for periodic selection of new members reflecting a broad representation of the community;

(d) Provision for indoctrination, orientation, and continuing education of governing body members;

(e) Definition of the authority and responsibility delegated to the executive officer of the hospital and the medical staff;

(f) Provide for periodic review of the bylaws;

(g) Provide for review periodically of each department of the hospital, to evaluate its efficiency in providing quality services;

(h) Provision for approval of bylaws of auxiliary organizations;

(i) Provision for rotation of membership.

5.02.3 Meeting Attendance Requirements --The governing body shall adopt a schedule of meeting attendance

requirements and the methods of recording minutes of proceedings.

5.02.4 Special Board Meetings --

(a) Budgets --The governing body should hold special board meetings devoted to annual budget projections to provide the highest possible standard of care.

(b) Long Range Planning --Special governing body meetings devoted to long range planning to provide future consumer needs based upon professional analysis of reliable data should be held periodically, at least quarterly, and as needed.

5.02.5 Appointment Of Executive Officer --The governing body shall appoint an executive officer whose qualifications, authority and duties shall be defined in writing, and adopted by the governing body. Inasmuch as a sound administrative program is important to the care of patients with mental disorders, a physician who has had training and psychiatry and in administration should serve as the superintendent.

5.02.6 Clinical Director --The Clinical Director should be certified by the American Board of Psychiatry

and Neurology, or should be Board eligible. In the event the psychiatrist in charge is Board eligible, there should be evidence of consultation given to the clinical program on a continuing contractual basis from a psychiatrist certified by the American Board of Psychiatry and Neurology.

5.02.7 Staffing --The governing body should provide professional staff with the number of qualified professional, technical, and supporting personnel and consultants required to carry out an intensive and comprehensive treatment program that includes evaluation of individual needs, establishment of treatment and habilitation and/or rehabilitation goals and implementation directly, or by contractual arrangement, of a broad range therapeutic program including at least:

Professional psychiatric

Medical;

Surgical;

Nursing;

Social Work;

Psychological; and

other disciplines of care and activity therapies as re-

quired to carry out an individual treatment plan for each patient (See Section 5.05.14 of these Regulations).

5.02.8 Governing Body and Ethics of Medical Profession --The governing body shall require that the medical staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practice, and that each member observe all ethical principles of his profession.

5.02.9 Evaluation of Professional Competence -- The governing body shall delegate to the medical staff the authority to evaluate the professional competence of staff members and applicants for staff privileges; however, the governing body shall render final decision relating thereto.

5.02.10 Governing Body To Approve Medical Staff Bylaws, Rules and Regulations --The medical staff bylaws, rules and regulations shall be subject to governing body approval, which shall not be unreasonably withheld. These shall include an effective formal means for the medical staff to participate in the development of hospital policy relative to both hospital management and patient care.

5.02.11 Governing Body Committees --The governing body should develop whatever committees necessary to fulfill its responsibilities and to assess the results of its programs which should include but not be limited to: executive committee, planning committee, or a joint conference committee.

5.02.12 Governing Body Responsibilities Through Its Executive Officer --Through its executive officer, the governing body should:

(a) Provide for the control and use of the physical and financial resources of the hospital;

(b) Provide appropriate physical resources required to meet the needs of the patients, and shall participate in planning to meet the health needs of the community;

(c) Provide written personnel policies and practices that adequately support sound patient care. Personnel policies should be frequently reviewed, at least annually, and date of reviews and revisions should be indicated on the written policies; and procedures for notifying personnel of changes in established personnel policies should be provided.

(d) Provide a written plan of organization of the hospital which includes all departments functioning in the hospital, and which indicates all categories of personnel employed in the hospital and the lines of communication. The organizational plan shall be periodically reviewed and revised as needed, showing dates of reviews and revisions.

(e) Require that the sections of the organizational plan and job descriptions pertaining to each department of the hospital shall be placed in the supervisor's office of the department to which it relates and job descriptions shall be furnished to all employees.

(f) Require that the organizational plan be the product of the combined efforts of the total professional and technical department heads of the hospital, subject to governing board approval

(g) Provide a master manual of administrative policies and procedures for each department of the hospital. The manual of policies and procedures shall be periodically reviewed and revised as needed, showing dates of reviews and revisions.

(h) Require that the sections of the manual of

policies and procedures pertinent to each department of the hospital shall be placed in the supervisor's office of the department to which it relates, and shall be available to all personnel in that department upon request.

(i) Require that the policies and procedures manual be the product of the combined efforts of the total professional and technical department heads of the hospital, subject to governing board approval.

(j) Provide for continuing programs of inservice education for the development and maintenance of a high standard of performance of non-professional duties to implement and carry out programs of care developed by the professional staff.

5.03. Medical Staff --

5.03.1 Medical Staff Organized --The medical staff shall be organized to accomplish its required functions; it shall provide for the election or appointment of its officers, executive committee, department heads and/or service chiefs.

5.03.2 Medical Staff Bylaws, Rules, and Regulations The medical staff shall develop and adopt bylaws, rules,

and regulations to establish a framework for self-government and a means of accountability to the governing body.

5.03.3 Committees of the Medical Staff --

(a) Participation In Patient Care Committee Work -- The medical staff shall participate in the maintenance of high professional standards by representation on committees concerned with patient care whether the patient care functions are activated by organization of the following separate committees: executive, credentials, medical records, asepsis, and utilization review; or by a committee of the whole, there shall be recorded documentation of these activities.

(b) Joint Conference Committee --There shall be a formal and official means of liaison among the medical staff, the governing body, and the executive officer to provide a channel for medico-administrative advice through a joint conference committee which should meet at least four times annually.

5.03.4 Participation In Securing New Medical Staff Members When Needed --The medical staff shall participate in activities to recruit new staff members, as

needed, to provide adequate staff to carry out an active program of treatment for individuals admitted to the hospital.

5.03.5 Clinical Director --In facilities where the chief administrative officer, or executive officer, is not a psychiatrist, there should be a clinical director certified by the American Board of Psychiatry and Neurology, or Board eligible (See Section 5.02.5 and Section 5.02.6).

5.03.6 Neurology --If a qualified neurologist is not on the staff of the hospital, contractual arrangements should be made for scheduled services, as needed.

5.03.7 Flexibility of Organization On Treatment Units or Services --The medical staff organization should provide for flexibility of organization on every treatment unit, or service, of the hospital to meet changing methods of treatment indicated by erratic symptoms as they appear.

5.04. Admissions To Psychiatric Hospital --

5.04.1 Admissions and Discharge Through Community Mental Health Centers Recommended -- All admissions and

discharges to psychiatric hospitals, located in catchment areas served by licensed community mental health centers, should be coordinated with the Centers upon admission, and through information and referral service upon discharge.

5.04.2 Admission Through Triage Recommended -- Recognizing the importance of effective types of early treatment in a community environment, all psychiatric hospitals should provide triage station procedure to ensure a patient's admission to the preferred site and type of service for the specific and best possible care indicated by his total admission evaluation, keeping in mind the community mental health center elements of service available in patient's home community.

5.04.3 Admission Policies and Procedures --Each psychiatric hospital shall establish, in writing, its admission policies and procedures, the range of diagnostic and treatment services it offers, and the manner in which these are routinely accomplished, including but not limited to the following:

(a) A basic definition setting forth the areas of competence: What the mental hospital provides and

for whom;

(b) A detailed statement of the goals the facility has set in accomplishing its tasks and the identification of its limitations;

(c) A statement of the range of diagnostic and evaluation procedures the mental hospital is prepared to render and the range of treatment services offered within the facility, or by an affiliate, specifying each affiliate and its services;

(d) Specific procedures setting forth description as to manner in which the preservation of the dignity of the patient is to be maintained;

(e) Statement of methods of communication routes between the patient's family and other persons significant in patient's life;

(f) Assurances to patients being admitted that proper attention will be given to his comfort and ease to establish a positive relationship to overcome fears, anxieties and resentments of the patient, his family, and friends;

(g) Procedures for referring patients to another resource for care as an alternate to admission, or as

a supplemental treatment during patient's hospital stay, and referral to another resource for after-care upon discharge;

(h) Procedures for emergency admissions;

(i) Procedures for emergency referral; and

(j) Statement of conditions under which hospital will accept referrals from other resources.

5.04.4 Compliance with Federal, State and local statutes --Provision shall be made for conformance with Federal, State, and local statutes for admission of patients to a psychiatric hospital which are current, and provision for change of admission policies as existing Federal, State and local statutes are amended, or new ones adopted.

5.04.5 Patients Admitted Only On Physician's Order --All patients shall be admitted by a member of the medical staff, and shall be required to have an Admitting diagnosis to justify hospital admission in the initial diagnostic process.

5.04.6 Special Care Patients --Special care patients known to be, or possibility of being, of danger to themselves, or others, shall be admitted to the

most secure place and supervised until a determination has been made as to the diagnosis and treatment needed.

5.04.7 Emergency Care Not Denied on Basis of Residence Requirement --The emergency services of the hospital shall not be denied to any person residing in the area served by the hospital on the ground that such person does not meet a requirement of residence in such area.

5.05. Diagnosis and Treatment --

5.05.1 Admitting Diagnosis --Admitting psychiatric and physical evaluations, including a neurological examination, when indicated, should be completed and recorded within twenty-four (24) hours of admission.

5.05.2 Social and Psychological Evaluations --Social and psychological evaluations shall be an integral part of the diagnostic process and should be completed as soon as possible after patient's admission.

5.05.3 Provisional Diagnoses --Provisional diagnoses shall be made at least every three (3) months and such additional informative observations as to patient's condition shall be recorded in patient's medical record.

5.05.4 Final Diagnosis --The final diagnosis shall be set forth clearly in the medical record which shall be completed upon discharge to be promptly available as needed in after-care treatment programs.

5.05.5 Nomenclature --All diagnoses shall be rendered in standard nomenclature as provided in the American Psychiatric Association's latest edition of the Diagnostic and Statistical Manual of Mental Disorders and/or the latest edition of the International Classification of Diseases.

5.05.6 Diagnostic Process --The diagnostic process should be recorded in a manner which shall enable a development of information to provide future guidelines to intelligent Information and Referral Services important to each patient's after-care needs.

5.05.7 Coordination, Communication, and Collaboration of Treatment Planning Efforts --There shall be, in writing, a workable method to provide appropriate coordination, communication, and collaboration among all staff members contributing to the evaluation, treatment planning and treatment effort, as needed by the patient including, though not limited to, individual, family, and group therapy, play therapy, behavior modifications,

indicated somatic therapies such as chemotherapy, and appropriate occupational and recreational therapies, utilizing the Information and Referral services, as needed.

5.05.8 Non-Psychiatric Illnesses --Prompt diagnosis and effective treatment of medical and surgical contingencies that may occur may be needed by patients hospitalized for mental disorders; therefore, there shall be the same range of services available for treatment of a non-psychiatric illness and maintenance of their general welfare as would be available to them in an accredited general hospital whether they are available within the psychiatric facility or by contractual arrangement in a nearby community hospital.

5.05.9 Medical and Surgical Services --Medical and surgical services provided within the psychiatric hospital shall be subject to these regulations and the West Virginia Regulations for Licensing Hospitals and all its references, promulgated by the West Virginia Department of Health.

5.05.10 Oxygen Therapy --Oxygen therapy when needed, shall be ordered by a physician, in writing, dated, and

signed, in the medical record, showing specific dosages of medication or mixtures of gasses, and given by a licensed oxygen therapist or a Registered Nurse certified by the medical staff as to adequate training to administer oxygen therapy.

5.05.11 Special Medical and Para-Medical Services --

(a) Neurological Services --Neurological examinations should be included in psychiatric hospital services as well as additional staff of technicians and diagnostic tools and equipment including an electroencephalograph to provide an accredited neurological service. In the absence of this service, there should be written arrangements with a nearby department to carry out these tests when they are indicated.

(b) Dental, Podiatric Care -- Psychiatric hospitals providing long-term treatment shall provide for emergency dental care and prophylactic examinations and hygiene to each patient periodically, at least every six months, and the services of a podiatrist should be made available.

5.05.12 Unit System of Administration --Hospitals where treatment programs are organized into separate units within which patients are admitted, and treated,

for total length of stay, the unit staff and personnel shall be supervised by a psychiatrist with a flexible organization to meet the changing methods of treatment indicated by erratic symptoms as they appear.

5.05.13 Determining Need For Somatic Treatment

(a) Positive criteria shall be established to determine need for drug therapy, electroconvulsive therapy,and other somatic treatment modalities which shall be given only upon the written specific order of a physician after evaluation of the positive criteria determining need. Where possible, the evaluation should include the recommendation of the total professional care team providing treatment to the patient.

(b) Standard routines shall be established, in writing, and followed for preparation of patient for such somatic treatments, and the immediate post-treatment recovery phase.

(c) Routines for these treatments shall be reviewed periodically to ensure they are current and in keeping with generally accepted standards of practice.

(d) Adverse reactions, sensitivities to specific drugs and other pertinent information shall be recorded in the patient's medical record immediately.

(e) Patients shall have right to refuse somatic treatment which is not a reasonable and customary part of his treatment (See Section 8.02.9).

5.05.14 Psychiatric Plan of Treatment --There shall be a psychiatric plan of treatment and/or training in writing for each patient based on an evaluation of his condition, his treatment, or training needs, his potential for habilitation and/or rehabilitation, and the resources of the facility to meet these needs. The treatment and/or training plan shall include, but not be limited to, the following:

(a) A statement of the nature of the problems and needs of the patient;

(b) A definition of the psychodynamics;

(c) A statement of the rationale and plan of treatment, training, and management, including goals;

(d) A description of the staff's involvement with the patient in order to attain the treatment goals.

(e) The plan shall specify the use of specific

modalities, psychotherapy, drug therapy, and other measures to be incorporated into the total plan.

(f) The plan shall include projections of anticipated after-care to ensure continuity of care patient will need.

(g) There shall be frequent reviews and revisions of the psychiatric plan of treatment as patient's needs for care change.

5.05.15 Emergency Drugs and Supplies --Emergency drugs, equipment, and supplies shall be assembled and available for immediate use, reviewed periodically to ensure they are current and in keeping with general accepted standards of practice.

5.05.16 Investigational Drugs --Investigational drugs properly labeled shall be used only under the direct supervision of the principle investigator and should be approved by an appropriate medical staff committee. Nurses may administer these drugs only after they have been given basic pharmacological information about the drug. A central unit should be established where essential information on investigational drugs is maintained. (For further guidance, refer to Statement of

Principles Involved in the Use of Investigational Drugs in Hospitals, approved by the American Hospital Association and the American Society of Hospital Pharmacists.)*

5.05.17 Methadone --Uses of Methadone shall be in compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971 and Federal Food and Drug Administration Regulations. (For further guidance, write to Food and Drug Administration, Bureau of Drugs (BD-22), 5600 Fishers Lane, Rockville, Maryland, 20852.

5.06. Emergency Service --

5.06.1 Type and Scope of Service Defined --The type and scope of the emergency service of the psychiatric hospital shall be clearly defined, in writing. If the hospital does not provide for 24-hour psychiatric emergency services, it should provide for day and early evening hours --preferably from 7 A.M. to 11 P.M. The service should be coordinated with the local police department to effect a close and effective working relationship.

5.06.2 Integration With Community Mental

Health Center Program --A psychiatric hospital emergency service shall make every effort to integrate the service with community mental health center programs, if available, and other community and law enforcement agencies to provide the continuing back-up intensive care needed for the psychiatric emergency.

5.06.3 Plan of Organization In Writing --The psychiatric hospital shall provide an emergency service organizational plan, in writing, identifying the emergency service, its role in the community planning, and its relationship to other community emergency services, and providing adequate staff for round-the-clock professional coverage.

5.06.4 Emergency Service Roster --A roster shall be posted in the emergency service area listing duty staff, and professional and consulting staff on first and second call to insure a patient will be seen and treated within a reasonable time.

5.06.5 Emergency Service Policies --There shall be written policies specifying the extent of treatment to be carried out in the emergency service. Such

policies shall be approved by the medical staff and reviewed periodically, and revised as necessary, showing dates of reviews and revisions.

5.06.6 Emergency Service Procedures --There shall be written procedures including, but not limited to, the following:

(a) Specification of staff coverage, and consultants on call;

(b) Instructions relative to identification of patient's personal physician and the transmission of relevant reports;

(c) Plans for communication with the nearest poison control center, and with police, and local help authorities relative to accident victims and to individuals in other reporting situations such as being victims of suspected criminal acts.

(d) Procedures for prompt treatment of the following types of emergencies: suicidal; anxious persons showing panic confusion or byzarre behavior; intoxicated persons as the result of alcohol or drugs; the aggressively mentally ill individuals; the return of the known mentally ill individual; and the reception of the men-

tally ill to relieve a family tolerance problem.

5.06.7 Emergency Service Medical Records --A medical record shall be kept on every individual receiving emergency service and shall become a permanent record of the psychiatric hospital. The record shall include, but not be limited to, the following:

(a) Identification data including the patient's legal status;

(b) The time of arrival, and the time of discharge;

(c) By what means patient was transported to the emergency service ;

(d) Pertinent history including emergency care given prior to the arrival of the patient at the psychiatric hospital emergency service;

(e) A description of significant clinical data;

(f) The treatment given in the emergency service;

(g) The condition of the individual on transfer to inpatient service, or discharge;

(h) The final disposition of patients discharged, including instructions given to the patient in writing;

(i) The records are not complete until signed by the professional staff member rendering the care and

responsible for its clinical accuracy.

5.06.8 Emergency Service Record Filing --The patient's emergency service record shall be incorporated in his previous medical records, if he has one; made a part of his inpatient medical record if he is admitted to the hospital; and upon discharge record is retained in the hospital medical record room.

5.06.9 Instructions To Patient Upon Discharge -- Instructions given to patients upon discharge from the emergency service shall be given, in writing, dated, and signed, and a copy of such instructions shall be made a part of the patient's emergency medical record.

5.06.10 Emergency Service Record Review --A selection of emergency medical records shall be made for periodical review by the appropriate medical staff record review committee.

5.07. Nursing Service

5.07.1 Director of Nursing Service --The Director of Nursing Service in a psychiatric hospital shall be graduated from a school of professional nursing, currently licensed to practice professional nursing by the State of West Virginia, with adequate experience demon-

strating ability to assume the responsibilities of directing the nursing service in the management of mentally ill/mentally retarded patients. Based on credentials of education, experience and demonstrated ability, the Director of Nursing Service should be qualified in the fields of psychiatric nursing and administration, and have the ability to organize, coordinate, and evaluate the work of the service. She should be responsible to the physician responsible for clinical services, for developing and implementing policies and procedures of the service within the hospital and in the community.

5.07.2 Registered Nurses' Responsibilities --

(a) The registered nurse shall be responsible for determining nursing care needs, the professional skill and judgment required, and the assignment and supervision of nursing tasks that can be safely performed by other nursing personnel.

(b) There should be a sufficient number of licensed registered nurses on duty at all times to plan, assign, supervise, and evaluate nursing care, as well as to assure that patients receive the nursing care

that requires the judgment and specialized skills of a registered nurse.

(c) In all instances, a registered, psychiatric nurse should plan, supervise, and evaluate the nursing care of each patient.

(d) Registered Nurses shall be currently licensed in the State of West Virginia with experience demonstrating ability to assume the responsibilities of the nurse member of the professional nursing staff of the hospital.

5.07.3 Licensed Practical/Vocational Nurses -- Licensed Practical, or Vocational, Nurses, psychiatric aides, and other ancillary nursing personnel should be qualified by education, training, experience and demonstrated abilities to give such nursing care; their performance should be supervised by a registered psychiatric nurse.

5.07.4 Clinical Psychiatric Nurse --There should be a qualified Registered Nurse licensed in the State of West Virginia with a Master's degree in clinical psychiatric nursing on the staff of the psychiatric hospital. The clinical psychiatric nurse may assume re-

sponsibilities in areas of clinical practice, nursing administration, clinical supervision, consultant, or director of education.

5.07.5 Organization Plan of Nursing Service -- The nursing service shall have a current written plan of organization that delineates its functional structure and mechanisms for cooperative planning and decision making which is an integral part of the overall organizational plan of the hospital. It should include:

(a) The staffing plan for nursing personnel throughout the hospital and individual staffing patterns for each treatment unit which reflect consideration of the nursing goals, standards of psychiatric nursing practice, and of characteristics of the patient assignment;

(b) Functions for which nursing service is responsible, and positions required to carry out such functions;

(c) The functions, responsibilities,and desired qualifications of each classification of personnel which should, in turn, be reflected in job descriptions for each position classification;

(d) The lines of communication within nursing service;

(e) The relationships of nursing staff in the participation and evaluation of the total therapeutic plan for patient care;

(f) The coordination of nursing service activities with those of other services of the hospital;

(g) The individual differences and influences of emotional, physical, economic, cultural, and socio-environmental forces in the care of the psychiatric patient.

5.07.6 Nursing Service Committees --The organizational Plan for nursing service should provide for committees to facilitate the establishment and attainment of goals and objectives of nursing services; and for nursing service representation in any planning, decision making,and formulation of policies that affect the operation of the nursing service, the nursing care of patients, or patient environment.

5.07.7 Policies and Procedures of Nursing Service -- A written manual of nursing care and administrative policies and procedures shall be developed to provide

the nursing staff with acceptable methods of meeting its responsibilities and achieving projected goals in accordance with Nurse Practice Act of West Virginia, including, but not limited to, the following:

(a) Noting physicians' orders;

(b) Management of agitated and disturbed patients;

(c) Assigning nursing care of patients;

(d) Medication administration including reporting of medication errors;

(e) Charting by nursing personnel;

(f) Infection control, including policies and procedures for sending specimens, or cultures, to laboratory; and

(g) Patient safety, including provisions for ingress and egress to special care rooms at all times.

5.07.8 Availability of Nursing Policies and Procedures Manual --The nursing care manual shall be available to the nursing staff in every nursing care unit and service area, and other services and departments of the hospital.

5.07.9 Periodic Review of Manual --The nursing care manual shall be periodically reviewed and revised

as necessary in cooperation with representatives of the medical staff and other professional disciplines in the care of psychiatric patients.

5.07.10 Continuing Program of Nursing Education -- There should be a formal continuing program for staff education and training, including orientation, in-service education, and a program for continuing education. These programs should contribute toward staff development and toward the preparation of staff members for greater responsibility in psychiatric nursing. Educational resources from both inside and outside the hospital should be utilized.

5.07.11 Orientation For Nursing Service Personnel -- Orientation programs for new nursing personnel should be planned in advance, including at least a written outline designed to ensure a thorough orientation for each new nursing service employee. Orientation programs should include an adequate training program for aides who have no previous training which provides classroom and clinical experience, including also a method of evaluating both the participants, the program, and the program's effect on patients.

5.07.12 Inservice Education --Inservice Education programs should be provided for the improvement of nursing care and service through increased proficiency and to keep the nursing staff up-to-date on new and expanding psychiatric nursing care programs, and on new techniques, equipment, facilities, and concepts of treatment and care.

5.07.13 Nursing Service Library --Professional books and current periodicals should be made available to nursing personnel, and appropriate reference material should be supplied for each nursing unit and special care room.

5.07.14 Nursing Care Plan --There shall be a written nursing care plan for each patient which is coordinated and integrated with the psychiatric plan of treatment and other multi-disciplines of therapy the patient is receiving. The nursing care plan should include, but not be limited to:

(a) Nursing care needed, how best accomplished, what methods and approaches believed to be most successful, and modifications necessary to ensure best results;

(b) Medication, treatment;

(c) Nursing program;

(d) Long term goals --including discharge plans;

(e) Short term goals;

(f) Patient family therapy programs;

(g) Socio-psychological needs of patient.

The nursing care plan should give evidence that planning has been done to make sure the patient receives appropriate nursing, and also serve as an effective method of communicating pertinent information to all nursing personnel concerned with the patient.

5.07.15 Initiating of Nursing Care Plan --The nursing care plan should be initiated upon the admission of patient and be part of the psychiatric treatment program.

5.07.16 Availability of Nursing Care Plan --The nursing care plan should be available to all nursing personnel, reviewed, and revised as necessary.

5.07.17 Nursing Care Records --Nursing care records and reports should be maintained that reflect patients' progress, and that the nursing care,as planned, is being carried out.

5.08. Social Work Service --

5.08.1 Social Work Supervision --The Social Work Service should be supervised by an individual who has a master of social work degree and a minimum of four years' professional experience, two of which have been under the supervision of a certified social worker. One year of this experience should have been in a psychiatric setting.

5.08.2 Type and Scope of Social Work Service Defined --The Type and scope of the psychiatric social work service shall be defined in writing. The service should be available to patients in order to fulfill all assigned responsibilities related to the specific needs of the patient and his family, and to assist in the development and effective utilization of community resources.

5.08.3 Responsibilities of Psychiatric Social Work Service --In an organized psychiatric social work service department within a psychiatric hospital, the responsibilities of the service should include:

(a) The securing of information and gaining understanding of the psychodynamic implications of patient's

development and current life situation;

(b) Participation with other mental health professionals in assessing the factors that affect the social functioning of the patient and his family;

(c) Helping plan appropriate action to assist the family and to help the patient make the best adjustment of which he is capable;

(d) Adapting the methods of social case-work, group work, and community organization to the specific psychiatric setting to help implement treatment plans;

(e) Working with other agencies to facilitate the smooth movement of patients in and out of the psychiatric hospital from pre-admission to after-care;

(f) Work directly with patient, his family, and the community in after-care rehabilitation programs, and in planning interagency relationships; and

(g) Promotion and organization of community mental health programs and activities, and in the extension of the psychiatric hospital programs into the community, including such activities as consultation, administration, education, and research.

5.08.4 Psychiatric Social Work Service Records --

Record entries of psychiatric social work service personnel should include:

(a) Psychosocial and developmental study information for appropriate patients;

(b) Social work therapy and rehabilitation of patients;

(c) Home environmental investigations for attending physicians;

(d) Cooperative activities with community agencies;

(e) Social service summaries;

(f) Follow up reports of discharged patients confirming disposition, when obtained.

5.08.5 Provision for Social Work Service --If the hospital does not maintain a social work service, provision of the service may be secured by:

(a) A social worker employed on a full-time or part-time basis; or

(b) Consultant Services;

however; arrangements for such services should be defined in a written agreement that outlines the role and responsibility of both the psychiatric hospital and the agency.

5.09. Psychological Services --

5.09.1 Type and Scope of Psychological Service Defined --The type and scope of the psychological service shall be defined in writing. Services may include, but not limited to:

(a) Direct service to patients;

(b) Assistance in diagnosis and dynamic formulation developed as a result of psychological testing;

(c) Teaching of clinical psychology research methods and the theory and data pertaining to learning and perception;

(d) Research on personality and psychopathology; and

(e) Assessment of treatment results.

5.09.2 Psychological Service Supervision --The psychological service should be supervised by an individual possessing at least a doctoral degree in psychology from an American Psychological Association approved program in Clinical Psychology, or its adjudged equivalent, or has been certified in the appropriate specialty by the American Board of Examiners in professional psychology, and licensed by the West Virginia State Board of Examiners for Professional Psychologists.

5.09.3 Psychological Service Staffing --The psychological service staff, including staff psychologists, consultants, technicians, and supporting personnel, should be adequate in number and by qualification to plan and carry out assigned responsibilities needed by the type and scope of the hospital program.

5.09.4 Provision For Psychological Service --If the hospital does not maintain a psychological service, provision should be made for the service, as needed.

5.10. Religious Services --

5.10.1 The Chaplain --Psychiatric hospital Chaplains, whether full-time or part time, should be fully ordained clergy with approved college and seminary training, and pastoral experience, as well as ecclesiastical endorsement of their denomination. The psychiatric hospital Chaplain should have specialized training and experience in psychiatric hospital ministry, preferably clinical experience under guidance.

5.10.2 Meeting Religious Needs of Patients --The religious needs of hospitalized patients should be met through services of worship, opportunity to observe sacramental occasions, observance of holy days and days

of obligation, individual pastoral contacts between patients and the Chaplain, and whatever other means may be available.

5.10.3 Space For Religious Purposes --Chapels, or rooms, should be set aside in the hospital for religious purposes. Properly equipped consultation areas should also be provided for Chaplains' consultations.

5.11. Laboratory Service --

5.11.1 Laboratory Service To Be Provided -- There shall be a clinical laboratory in the psychiatric hospital, or an arrangement with a nearby laboratory to provide essential testing services.

5.11.2 Provision For Laboratory Service --If the laboratory service is not available within the psychiatric hospital, there shall be a written plan for the provision of such services as needed.

5.11.3 Accredited Laboratory Service --The laboratory, whether maintained within the psychiatric hospital, or whether such services are contracted with an outside facility, must meet the minimum requirements of the

Joint Commission on Accreditation of Hospital Laboratories;

(a) The services of a qualified pathologist shall be available on a scheduled basis;

(b) Regular calibration of the laboratory equipment shall be made and recorded;

(c) Periodic checks of the accuracy of the work performed shall be made and recorded; and

(d) Blood storage refrigerators must maintain temperature uniformly between 2^{o} and 6^{o}C, monitored and verified by a recording thermometer, and meet other applicable standards of the Joint Commission on Accreditation of Hospital Laboratories.

5.11.4 Compliance With State Regulations --Laboratory and Blood Supply Service shall meet the West Virginia Department of Health Regulations for Licensing Hospitals, as amended, where applicable.

5.11.5 Chief Laboratory Technician --The chief laboratory technician of the laboratory should be a medical technologist who has been certified by the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists.

5.11.6 Asepsis Committee Responsibility --The chief technician and/or pathologist shall attend all asepsis committee meetings, as needed;

5.11.7 Laboratory Staffing --The number of technicians needed shall be adequate to carry out the volume and type of procedures and examinations, the number and kind of autopsy and surgical tissues examined, the spacing of demands for laboratory examinations, and other pertinent factors; the services of a bacteriologist for hospital infection control as well as for patient examinations for diagnostic purposes may be required.

5.12. Radiology Services --

5.12.1 Provision For X-Ray Services --There shall be an X-Ray Department or a written plan reflecting a contractual agreement with a nearby facility to provide radiological services needed.

5.12.2 Accredited X-Ray Service --The X-Ray service, whether maintained within the mental hospital, or obtained by outside arrangement shall be provided by a department that meets the minimum standards of the Joint Commission on Accreditation of Hospitals for the depart-

ment of radiology:

(a) The services of a qualified radiologist shall be available on a scheduled basis;

(b) He shall interpret films that require specialized knowledge;

(c) There shall be at least one technician registered or eligible for registration by the American Registry of Radiologic Technologists; and

(d) There shall be observance of the proper safety precautions in the use of all equipment.

5.13. Pharmacy --

5.13.1 Scope of Pharmacy Service Defined --The scope of the pharmaceutical service shall be defined, in writing, consistent with the medication needs of the patients, and include a program for the control and accountability of drug products throughout the hospital.

5.13.2 Supervision of Pharmacy --The pharmaceutical service shall be directed by a professionally competent and legally licensed pharmacist and shall be staffed by a sufficient number of competent personnel in keeping with the size and scope of services of the psychiatric hospital.

5.13.3 Policies and Procedures of Pharmacy Service -- Written policies and procedures that govern the safe administration of drugs shall be developed by the medical staff in cooperation with the pharmacist with representatives of other disciplines, as necessary.

5.13.4 Medication Errors --Medication errors shall be reviewed with thepharmacist and procedures revised, if indicated, to prevent reoccurrence.

5.13.5 Drug Formulary Recommended --The hospital staff, with the advice and counsel of the pharmacist, should establish a formulary of drugs to be used in the hospital; however, the existence of the formulary shall not preclude the use of drugs not included in the formulary.

5.13.6 Investigational Drugs --Investigational drugs properly labeled shall be used only under the direct supervision of the principle investigator and should be approved by an appropriate medical staff committee. Nurses may administer these drugs only after they have been given basic pharmacologic information about the drug. A central unit should be established where essential information on investigational drugs is

maintained. (For further guidance, refer to Statement of Principles Involved In The Use of Investigational Drugs in Hospitals, approved by the American Hospital Association and the American Society of Hospital Pharmacists, Washington, D. C.)*

5.13.7 Methadone --The use of Methadone in short term withdrawal treatment of narcotic dependence shall be in compliance with Federal Food, Drug, and Cosmetic Act, Sections 130.34 and 130.44 of Title 21, of the Code of Federal Regulations.

5.13.8 Compliance With State Laws and Regulations Psychiatric hospitals, operating a pharmacy or maintaining only a drug storage and administration service, shall meet all the requirements set forth in Part VI, Section A, West Virginia Regulations for Licensing Hospitals and the Pharmacy Laws and Regulations of the West Virginia Board of Pharmacy, as amended.

5.13.9 Adequate Facilities and Equipment --There shall be equipment and supplies provided for the professional and administrative functions of the pharmaceutical service, as required to ensure patient safety through the proper storage and dispensing of drugs.

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5.13.10 Administrative Check --A periodic spot check shall be made by the executive officer, or his designee, of the accuracy of established controls in the handling of narcotics and controlled substances.

5.14. Psychiatric Hospital Services

5.14.1 Essential Elements Of Care --As a first step in psychiatric hospital care and treatment, all psychiatric hospitals should establish the following services, or affiliate with a licensed mental health facility providing such services:

(a) Emergency Services to include, but not limited to, the medical management of detoxification and round-the-clock services needed for the psychiatric emergency;

(b) Outpatient Services;

(c) Partial Hospitalization;

(d) Acute Inpatient Services;

(e) Consultation and Education; keeping in mind the utilization of domiciliary facilities, nursing home services, home nursing care services through a licensed community mental health center program, if it is available.

5.I4.2 Adolescent Program --

(a) A program for the care and treatment of adolescents should be under the direction of a psychiatrist with special training in care and treatment of mental disorders of the adolescent, or a demonstrated ability and special interest in the restoration of the mentally disordered adolescent to an optimal level of functioning and return to his home community.

(b) The adolescent program unit should be provided with a full staff of medical, nursing, social work, psychology service, and activity therapy personnel, remedial and/or supportive educational personnel, with special interests in the care and treatment of adolescents.

(c) The adolescent program in a psychiatric hospital should be carried out in a special unit divided, if possible, into two sections; the early adolescents (13-15 years of age,), and late adolescents (16-18 years of age).

(d) The full range of the psychiatric hospital services and standards as required by these regulations shall be available to these special patients the same as

other patients admitted to the hospital.

(e) The rights and human dignity of these patients shall be respected at all times, in accordance with Section 8 of these regulations, where applicable.

5.14.3 Adult Mentally Ill --

(a) The hospital program for the care of adult mentally ill shall be under the direct supervision of a psychiatrist.

(b) Provision shall be made for full compliance with Section 8 of these regulations.

(c) Adult mentally ill patients admitted involuntarily shall be provided the full range of psychiatric hospital services the same as voluntary admissions, with special services focused towards acceptance of care and treatment needed.

(d) The adult mentally ill patient care program should be organized and carried out in special units, if possible, divided into sections conducive to providing the type of care and treatment needed.

5.14.4 Alcohol and Drug Abuse Treatment Units

(a) The Alcohol and Drug Abuse Treatment Units shall be subject to these Regulations, where applicable, and the Regulations of the State Department of Health for licensing hospitals,

as amended, where applicable, and in full compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971.

(b) The Alcohol and Drug Treatment Units shall participate in, or affiliate with research programs on misuse and abuse of controlled substances in compliance with Uniform Controlled Substances Act, Chapter 60-A, Code of West Virginia, 1971.

(c) The full range of the psychiatric hospital services and standards as required by these regulations shall be available to these special patients the same as other patients admitted to the hospital.

(d) There shall be written procedures to ensure a smooth continuity of care for alcohol and drug abuse patients in transferring patients between elements of services, as needed.

(e) The psychiatric hospital providing medical management, commonly known as detoxification, care during the acute withdrawal from alcohol and other drugs shall establish written procedures defining the scope of the service and methods of patient's acute care, usually from five to ten days.

(f) Written procedures shall be developed for

the medical management of the acute withdrawal period, including recommendations and counseling for after-care treatment.

(g) Extended care treatment for the alcohol or drug abuse patients should be provided on a contractual basis in a licensed extended care facility if available, in patient's home community.

(h) An extended care treatment unit in, or affiliated with, the psychiatric hospital should be in compliance with Section 3.13 of these regulations, where applicable.

(i) Domiciliary care for the alcoholic or drug abuse patients should be provided on a contractual basis in a licensed domiciliary facility, if available, in patient's home community.

(j) Domiciliary care treatment facilities, commonly referred to as Halfway Homes, operated as a part of, or affiliated with the psychiatric hospital should be in compliance with Section 3.13 of these regulations, where applicable.

(k) Alcohol and drug abuse information centers located in, or affiliated with the psychiatric hospital shall be in compliance with section 3.13 of these regulations, where applicable.

5.14.5 Chronically Mentally Ill

(a) The hospital program for the chronically mentally ill shall be under the direct supervision of a psychiatrist.

(b) The chronically mentally ill patient shall be provided the full range of psychiatric services the same as other patients hospitalized.

(c) Provision shall be made for full compliance with Section 8 of these regulations.

(d) The chronically ill patient care program should be organized to ensure flexibility in care as indicated by needs of each patient with special focus at time of periodic review on evaluation of treatment.

(e) The chronically ill patient shall receive all disciplines of care and treatment indicated by the orders reflected in his patient care plan which shall be reviewed and revised the same as other patients hospitalized.

5.14.6 Criminally Mentally Ill

(a) The hospital program for the criminally mentally ill shall be under the direct supervision of a psychiatrist.

(b) The criminally mentally ill patient shall

be provided the full range of psychiatric services the same as other patients hospitalized.

(c) For his own protection, and the protection of others, the criminally mentally ill patient shall be admitted directly to the most secure unit in the hospital until a determination has been made as to his needs for, and degree of restraint required, as indicated by his condition, in full compliance with Sec. 8 of these regulations.

(d) The criminally ill patient shall be provided full and complete medical and psychiatric evaluation by the total medical and psychiatric treatment team including a neurological examination, if indicated.

(e) The criminally mentally ill patient care plan shall be promptly and carefully planned providing a professionally supervised program of treatment, to preclude the use of unnecessary restraints as soon as possible after admission.

(f) The criminally mentally ill patient aftercare program shall be carefully developed to include the establishment of controls to ensure humane, but prompt, back up procedures, if indicated, for the protection of the patient and the general public.

5.14.7 Emotionally Disturbed Children -

(a) The hospital program for the care and treatment of the emotionally disturbed child shall be under the direct supervision of a psychiatrist.

(b) Provision shall be made for full compliance with Section 8 of these regulations.

(c) The emotionally disturbed child shall be provided the full range of psychiatric hospital services the same as other patients.

(d) The emotionally disturbed child care program should be organized and carried out in special units, if possible, providing private rooms when necessary, and separation of patients as to age and type of care and treatment indicated.

5.14.8 Geriatric Mentally Ill --

(a) The geriatric mentally ill patient program shall be under the direct supervision of a psychiatrist.

(b) Provision shall be made for full compliance with Section 8 of these regulations.

(c) The geriatric mentally ill patients shall be provided the full range of psychiatric hospital services the same as other patients.

(d) The geriatric mentally ill patient care program should be organized and carried out in a special section of the hospital approved for the admission of Medicare patients.

5.14.9 Totally Disabled Retarded

(a) The hospital program for the care and treatment of the totally disabled retarded patient shall be under the direct supervision of a psychiatrist.

(b) Provision shall be made for full compliance with Section 8 of these regulations.

(c) The totally disabled retarded patient shall be provided the full range of psychiatric hospital services the same as other patients.

(d) The totally disabled retarded patient care program shall be organized and carried out to provide humane care and treatment indicated by patient need at all times.

5.14.10 Rehabilitation Services

(a) There shall be a written organization plan which identifies the rehabilitation services and its place in the overall hospital organizational plan, defines the responsibility, authority and relationship of all positions

within the service and which is periodically reviewed and revised.

(b) The rehabilitation service shall be under the direction of a psychiatrist, or a physician who is an active memter of the medical staff and who, on basis of training and experience, is competent in rehabilitation medicine; or a medical staff committee composed of physicians knowledgeable in the needs of the local patient population and the ability of the psychiatric hospital to meet these needs.

(c) All disciplines of therapy provided must be by or under the supervision of licensed or registered personnel in accordance with State laws and regulations.

(d) The staffing requirements of a rehabilitation service will depend upon the scope and volume of services offered and utilized. An adequate staffing pattern should provide professional, supportive and clerical personnel in numbers sufficient to achieve the goals and objectives of the hospital program.

(e) The staff of the rehabilitation service should include the services of a qualified vocational rehabilitation counselor whose involvement with patient should begin at time patient is admitted to the hospital.

(f) The rehabilitation service in the psychiatric hospital should provide, but not be limited to, the following disciplines:

1. Physical Therapy;

2. Occupational therapy;

3. Speech and Hearing;

4. Testing, fitting, or training in the use of prosthetic and orthotic devices.

5. Prevocational conditioning

6. Recreational therapy;

7. Vocational training (in combination with other rehabilitation services);

8. Personal and work adjustment services;

9. Extended employment for the severely handicapped who cannot be readily absorbed in the competitive labor markets;

10. Dental services;

11. Podiatric services;

(g) The rehabilitation service policies and procedures shall be in writing, and shall include but not be limited to:

1. Scope of service;

2. Responsibility for patient transporta-

tion to and from the service;

3. Method by which the medical and treatment orders and information shall be transferred to and from the service;

4. Responsibilities for recording all treatments in the patient's medical record.

(h) The rehabilitation process provided by the service shall start with the patient's admission to the hospital.

(i) All therapy treatments shall be given only on the written, dated, and signed order of a physician, and a record of each treatment shall be written in the patient's medical record, dated, and signed.

(j) All patients receiving rehabilitation services should receive total evaluation by the total rehabilitation team, (the physician, psychologist, nurse, social worker, vocational rehabilitation counselor, and representatives of other therapeutic disciplines needed by the patient) at least monthly unless an extended time is recommended by the patient's physician in writing in the patient's medical record.

(k) All treatments shall be only on the order of a physician and recorded in the patient's medical record.

(l) Patients requiring rehabilitation service and who are transferred from general or special hospitals should be accompanied by their medical chart showing level of rehabilitation accomplished before admission to the psychiatric hospital rehabilitation service.

(m) The rehabilitation service shall be easily accessible by any means of transportation ordinarily available to the various patients needing such service.

(n) There shall be adequate space and equipment for the reception, examination and treatment of patients, for the related clerical work and for conference or teaching sessions.

(o) The equipment should be adequate and of a type, quantity, and quality to provide safe and effective patient care.

(p) All equipment shall be calibrated according to manufacturer's directions and should be periodically serviced as part of a preventive maintenance program.

5.15. Medical Records

5.15.1 There shall be a medical record maintained for every patient admitted to treatment or emergency service.

5.15.2 Medical records shall contain sufficient information to identify clearly the patient, including the patient's

legal Status.

5.15.3 The complaint of the patient as well as the complaint of others regarding the patient should be included in the medical record.

5.15.4 The patient's medical record shall show a provisional, or admitting, diagnosis at time of admission and include the diagnoses of intercurrent diseases as well as the psychiatric diagnoses.

5.15.5 The history, physical examination, and psychiatric evaluation should provide sufficient detail to enable another physician to assume the care of the patient, a consultant to give a satisfactory opinion after his examination, or the physician who made the entries to determine, at any future date, just what the condition of the patient was and what procedures were performed.

5.15.6 The psychiatric evaluation, including medical history, should contain a record of the mental status of the patient, time of onset of illness, the circumstances leading to admission, attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation and an inventory of the patient's assets in descriptive, not interpretative fashion.

5.15.7 The social service records, including reports

of interviews with patients, family members andothers, providing assessment of home plans and family attitudes, and community resource contacts, as well as a social history, should be included in the patient's medical record.

5.15.8 Specific interagency mental health services available in patient's home community should be recorded in patient's medical record.

5.15.9 The medical record shall include reports of consultation, psychological evaluations, neurological examinations, reports of electro-encephalograms, clinical laboratory and x-ray tests, dental records, and reports of special studies made.

5.15.10 The psychiatric plan of treatment shall be recorded, based on an inventory of the patient's strengths as well as his disabilities, and should include a substantiated diagnosis in the terminology of the American Psychiatric Association's Diagnostic and Statistical Manual, short-term and long-range goals, and the specific treatment modalities utilized as well as the responsibilities of each member of the treatment team in such a manner that it provides adequate justification and documentation for the diagnoses and for the treatment and rehabilitation activities carried out.

5.15.11 The treatment received by the patient shall be documented in such a manner and with such frequency as to assure that all active therapeutic efforts such as individual and group psychotherapy, drug therapy, milieu therapy, occupational therapy, recreational therapy, industrial or work therapy, nursing care and other therapeutic interventions are included, as given.

5.15.12 Progress notes shall be recorded by the physician, nurse, social worker and,when appropriate, others significantly involved in active treatment modalities. Their frequency should be dependent upon the condition of the patient, but should be recorded at least weekly for the first two months, and at least once a month thereafter, and should contain recommendations for revisions in the treatment plan as well as precise assessment of the patient's progress in accordance with the original, or revised, treatment plan.

5.15.13 The discharge summary shall include a recapitulation of the patient's hospitalization and recommendations from appropriate services concerning follow-up,or after care, as well as a brief summary of the patient's condition on discharge.

5.15.14 Certification that physicians' orders have been carried out must be shown by signature, or initials, of registered nurse responsible.

5.15.15 The patient shall receive a complete diagnostic work-up before surgery, except in cases of grave emergency, and such information should be reflected in the medical record.

5.15.16 All tissues removed in surgery must be sent to the laboratory, and the patient's record shall include an acknowledgment that the tissue has been received and a gross description included in the record. Microscopic examinations should include a description of the findings.

5.15.17 Operative notes shall contain both a description of the findings and a detailed account of the techniques used, and the tissues removed.

5.15.18 Final diagnoses shall be definitive and based upon the terms specified in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders and/or the International Classification of Diseases.

5.15.19 Autopsy findings, when an autopsy is performed shall include a complete protocol of findings. In case of suicide, a psychological autopsy report should be included.

5.15.20 All entries in the medical record shall be signed and dated. Physical examination, psychiatric evaluations, resumes, diagnostic formulations, or opinions requiring medical judgment must be signed by the physician responsible.

5.15.21 Telephone orders should be signed within twenty-four (24) hours by responsible physician.

5.15.22 Medical records of patients seen on an outpatient basis and in the emergency department shall be made.

5.15.23 Medical record department should maintain statistical data relating to patient's inpatient care to ensure a prompt interchange of such data as patients' transfer from hospital to after-care agencies, maintaining strict confidentiality as to patient information.

5.15.24 Certain portions of the medical record of the psychiatric patient are so confidential that extraordinary means should be taken to preserve their privacy. In such cases, these portions may be stored separately. For review purpose of the medical record committee of the medi-

cal staff, the complete record shall be available.

5.15.25 The medical record shall be the property of the hospital.

5.15.26 The medical record shall be in full compliance, where applicable, with Part VI, Section C, of West Virginia Regulations for Licensing Hospitals promulgated by the State Department of Health.

5.16. Educational Programs

(a) Psychiatric hospitals where children and adolescents are hospitalized shall have an educational program for patients.

(b) The educational programs shall be developed and maintained in response to the hospital's patient needs.

(c) The educational programs shall be under the direction of teachers licensed by the West Virginia Board of Education, and comply fully with the Regulations of the West Virginia Board of Education for Special Education, training, and certification to meet patients needs.

(d) Arrangements shall be made with the West Virginia State Department of Education for students to receive recognition, or credit, for courses or grades successfully completed while hospitalized.

5.17. Orientation and Education --

5.17.1 Orientation --Orientation programs shall be planned to ensure a thorough orientation for new employees, members of advisory groups, and volunteers. The orientation program plans should be written, and appropriate programs should be presented to appropriate groups.

5.17.2 Coordination of Orientation Programs With Job Descriptions --Orientation and educational programs should be coordinated with, and serve as an implementation of, job descriptions.

5.17.3 Inservice Training and Education

(a) There should be a continuing program for in-service training to emphasize the therapeutic roles of all personnel, whether they deal directly with patients or indirectly, while working in patient zones, such as housekeepers, janitors, laundry, or dietary personnel.

(b) Inservice training programs should be written and organized as to types of training, to whom the programs are presented, and should include at least, but not be limited to: hospital policies, procedures, and goals; first aid; disaster plan; use of fire fighting equipment, fire drills, and evacuation procedures.

5.17.4 Facilities Without Organized Education Departments --In absence of organized education departments,

educational programs for hospital activities should be the combined responsibility of all hospital departments rather than loading all such responsibilities on one specific department, such as nursing service --where programs of inservice training and retraining for improvement of patient care is an important and continuing process.

5.17.5 Workshop and Conference Participation --Provision should be made for employees, professional and non-professional, to attend and/or participate in meaningful educational programs and workshops sponsored by universities, colleges, and professional associations which have been certified as to content and which are specifically related to the responsibilities of personnel attending.

5.18. Dietary Department

5.18.1 The food service shall be in full compliance with the West Virginia Regulations for Licensing Hospitals, where applicable.

5.18.2 The dietary department should be directed by a full-time person who is knowledgeable in administrative and organizational aspects of dietary management and food service administration.

5.18.3 At least one therapeutic dietitian, preferably one who has met the American Dietetic Association

Standards for qualifications, should serve the facility on a full-time, or part-time basis. A part-time dietitian should maintain a written record of his services rendered on each visit to the hospital.

5.18.4 The director of the Dietary Department shall be currently informed as to the Federal, State, and Local Regulations pertinent to the operation and management of a dietary department of a hospital and current standards of the American Psychiatric Association and the Joint Commission on Accreditation of Hospitals.

5.18.5 Long and short-term goals of the department shall be established, in writing, to include the meeting of Standards set forth in Section 5.18.4 as soon as possible, with measurements established for review of degree of accomplishment.

5.18.6 There shall be a written plan of plan of organization of the dietary department indicating routes of intra-departmental communication.

5.18.7 The organizational plan and job descriptions should be available to all personnel in the department.

5.18.8 The organizational plan should be reviewed periodically to reflect current needs. The job description changes should be made to conform with changes in

the organization plan.

5.18.9 There shall be written policies and procedures for the dietary department to guide all dietetic personnel in the performance of their duties. The policies and procedures should be developed in cooperation with personnel from appropriate departments or services including, when appropriate, representatives from the medical staff. There shall be periodic review and revision of policies and procedures.

Interpretation: Written policies should include provision for physicians' dietetic orders to be recorded in patients' charts by a physician before a diet is served to any patient; and the method for communication of orders from the physician to the dietary department, and from the dietary department to the physician when requested by the physician, or when significant to patient's welfare, shall be clearly delineated. Procedures for evaluating the nutritional adequacy of patient diets, and for ordering diet supplements by joint consideration of representatives of the medical staff, dietetic staff and nursing service, utilizing the current "Recommended Dietary Allowances" of the Food and Nutrition Board, National Research Council. The system for providing and recording

preventive maintenance service to facilities and equipment shall be included as well as other policies and procedures to meet goals of the dietary department.

5.18.10 Food shall be served in a relaxed atmosphere, at hours which are realistic to welfare of patients.

5.18.11 Food acceptance studies shall be conducted regularly.

5.18.12 All dietary needs of inpatients shall be met by an accredited method of preparation of tasty food, adequate in nutritious and caloric content and attractively served.

5.18.13 Quality food supplies shall be maintained at all times.

5.18.14 The Dietary Department shall be appropriately located and the floor plan of the department and type, size, and placement of equipment should permit efficient food preparation and distribution, effective sanitation, and safety.

5.18.15 Well maintained equipment shall be kept in sanitary condition at all times.

5.18.16 Refrigerators should be equipped with thermometers and high temperature alarms.

5.18.17 Working surfaces should be cleaned and sani-

tized after each use.

5.18.18 Separate cutting boards should be used for red meats, poultry, and salads; prepared foods should not be cut on same boards as raw foods preparation.

5.18.19 Plastic ware and china which has lost its glaze or is chipped should be destroyed and replaced.

5.18.20 Condensation and growth of molds on walls, ceilings, and foods, or other surfaces, should be prevented.

5.18.21 Dishwashing equipment and techniques should assure sanitized service ware and prevent recontamination.

5.18.22 Disposable containers and utensils should not be reused.

5.18.23 Regular sanitary inspections shall be made to guarantee proper methods of food handling, distribution and dishwashing are observed.

5.18.24 An educational program shall be provided for all dietetic employees which should include at least the following:

Orientation to the hospital;

Food inspection;

Food handling techniques;

Proper cleaning of foods;

Safe operation of dietary equipment.

5.18.25 A dietary reference library including an up-to-date diet manual approved by the medical staff and dietetic service shall be conveniently located and used

5.19. Physical Facility and Safety --

5.19.1 Compliance With West Virginia Regulations For Licensing Hospitals --The physical facilities for psychiatric hospitals for existing facilities shall be in conformance with West Virginia Regulations for Licensing Hospitals, as amended, promulgated by the West Virginia State Department of Health.

5.19.2 Construction of New Psychiatric Hospitals -- For construction of new psychiatric hospitals and as reference for improvement of the psychiatric hospital, Appendix "A" of the Public Health Service Regulations, Part 53, as amended shall be used.

5.19.3 Special Care Rooms --There shall be special care rooms available where a disturbed patient can be housed which should be located near the nursing stations for purposes of observation of patient's needs, and to include the patient within a hospital group at all times.

5.19.4 Safety and Sanitation --The hospital shall

be equipped, operated and maintained so as to sustain its safe and sanitary characteristics and to minimize all health hazards in the hospital for the protection of both patients and employees.

5.19.5 Service Departments --Housekeeping, laundry, maintenance and central service functions shall be effectively organized, directed, and staffed by qualified personnel.

5.19.6 Infection Control --Responsibility for the control of infection within the hospital, and for the evaluation of the infection potential of the related environment, shall be vested in a multi-disciplinary committee of the medical staff (Asepsis Committee, Section 5.03.3(a)).

5.19.7 Disaster Plan --The hospital shall have written plans for the proper and timely care of casualties arising from external, internal disasters, and civil disorders, and shall periodically rehearse these plans.

5.19.8 Separation of Patients --There should be space provided for separation of patients with respect to age, type of care needed, and services required to provide a functional facility in which flexibility in the organization of care and treatment is possible.

Section 6. Facilities For The Mentally Retarded

6.01. Comprehensive Centers For The Mentally Retarded

6.01.1 The comprehensive center for the mentally retarded shall define the type and scope of each of its services, in writing.

6.01.2 The comprehensive center for the mentally retarded shall provide within the center, or on a written contractual basis, the elements of services set forth in Section 3 of these regulations where applicable, including residential care.

6.01.3 If a community mental health center program provides services within the same catchment area defined in the West Virginia State Plan for Construction of Community Mental Health Centers and/or Mentally Retarded Facilities, the comprehensive center for the mentally retarded shall contract for services needed in preference to duplicating services in the community mental health center.

6.01.4 The comprehensive center for the mentally retarded shall be in full compliance with Sections 3, 5, 8, 10, and 11 of these regulations, where applicable.

6.01.5 The Center should be accessible to those individuals in the catchment area it serves, as needed.

6.01.6 There shall be an organized governing body which has full authority and legal responsibility for the conduct of the comprehensive center for the mentally retarded (See Section 3.02 of these regulations). The governing body may be a governmental unit or a board of trustees.

6.01.7 The governing body shall appoint an executive officer of the comprehensive center for the mentally retarded whose qualifications, background, training and demonstrated ability are commensurate with his duties and responsibilities of administering the center.

6.01.8 Each comprehensive center for the mentally retarded shall have a master plan of organization which includes all functions of the organization of the Center, and which indicates all categories of personnel employed and the lines of communication. The organization plan shall be in writing, and periodically reviewed and revised, as needed, showing dates of reviews and revisions.

6.01.9 Each comprehensive center for the mentally retarded shall have a manual of policies and procedures for each function of the center and the systems established for an orderly and safe operation of the center. The manual of policies and procedures shall be in writing and periodical-

ly reviewed and revised as needed, showing dates of reviews and revisions.

6.01.10 The manual of policies and procedures should where applicable include, but not be limited to the following: Admission procedures; Health, Hygiene and Grooming; Methods for compliance with Humanities Section 8; Staffing patterns;Resident and medical records; Food service; Personnel Policies; Personnel Records; Financial Benefits --determining eligibility of residents for --procedures to assure residents receive funds due and available to them --protection of patients' funds; Financial records --provision for annual audits; Fee schedules; Procurement of Supplies; Procurement of medical services if needed; Procurement of community mental health center services when needed; Information and referral services when needed; Contracted services; Nursing and/or first aid services; vocational education and training; provision for vocational rehabilitation when indicated; Habilitation education and training; Recreational activities; Residential facilities operation and management; Transportation; Housekeeping; Maintenance of buildings and grounds; and Safety, including Disaster Plan, drills in case of internal /external disasters, and civil disorders; Control of infection and provision for isolation, if indicated.

6.01.11 The comprehensive center for the mentally retarded shall maintain its facilities in good repair and operating condition.

6.01.12 The center serving food as a part of its program will be subject to Section 5.18 of these regulations, where applicable.

6.01.13 The center shall have a summary of Federal State, and local laws and regulations relating to mental retardation and to the function of the facility.

6.01.14 The Center shall be subject to Section 3.19.8 and Section 3.20, where applicable.

6.02. Residential Facilities For The Mentally Retarded --

6.02.1 The primary functions of a Residential Facility for the Mentally Retarded shall be to:

(a) Maximize the human qualities of the resident/student;

(b) Increase the complexity of his behavior; and

(c) Enhance his ability to cope with his environment.

6.02.2 The facility shall accept and implement the principle of normalization.*

6.02.3 The names of the facilities, the labels applied to users, and the way the users are interpreted to the

*See Glossary for definition of"normalization".

public should be appropriate to their purposes and not emphasize "mental retardation" or "deviancy". Residents should not be referred to as "patients" except in a hospital-medical context; as "kids" or "children" if they are adult, or as "inmates". As suggested alternatives, they may be referred to as "trainees", "clients", "patrons", "consumers", "guests", "students",or "pupils".

6.02.4 The facility shall maintain a current descriptive list of community resources.

6.02.5 There shall be public education to encourage the integration of residents/students to participate and utilize community resources relating to education, social, vocational, religious, and professional services and group activities available.

6.02.6 Short and long term goals shall be geared to move residents/students from:

(a) More to less structured living;

(b) Larger to smaller facilities;

(c) Larger living units to smaller living units;

(d) Group to individual residence;

(e) Dependent to independent living;

(f) Segregated to integrated living.

6.03 Day Care Centers For Mentally Retarded Children --

6.03.1 The day care center for the mentally retarded child shall:

(a) Provide a developmental program for the child while he is at the Center which will assist him in reaching his maximum capabilities;

(b) Delay or provide an alternate to the need for institutionalizing a child, preserving the basic philosophy that the child should remain in the home and community as long as these provide a better basis for development than that which can be provided in an institution;

(c) Provide counseling services for the parents;

(d) Provide relief for the parents a portion of the day, allowing the mother and other members of the family an opportunity for other activities.

6.03.2 The day care center providing care for the mentally retarded child shall define the type and scope of each of its services which should include, but not be limited to the training programs for: Self care; Socialization; Maturation; and Self-expression.

6.03.3 The day care center for the mentally retarded shall provide a program of parent education which shall include, but not be limited to: (a) Enlightenment regarding the

nature, causes, and consequences of mental retardation; (b) The basic goals of the program which are especially important to their child; and (c) Home activities to complement the day care program.

6.03.4 Day care centers subject to Standards and Licensing Requirements of the West Virginia Department of Welfare providing care primarily for severely and profoundly mentally retarded children shall be subject to these regulations requiring license by the West Virginia Department of Mental Health.

6.03.5 Child care centers*, subject, or not subject, to licensure by the West Virginia Department of Welfare, shall be subject to these regulations within the meaning of the terms as defined in Chapter 27, Article 9, Section 1, Code of West Virginia, as amended.

6.03.6 There shall be an organized governing body which has full authority and legal responsibility for the conduct of the day care center for the mentally retarded. The governing body may be a governmental unit or a board of trustees.

6.03.7 The governing body of the day care center for mentally retarded children shall be subject to Section 3.02 of these regulations, where applicable.

*See Glossary for definition of "child care centers".

6.03.8 The membership of the governing body shall consist of representatives of community agencies who serve the retarded and their families and other professional people whose knowledge about children will aid in determining sound programming for the day care center.

6.03.9 The governing body of the day care center for mentally retarded children shall appoint a qualified practitioner to carry out the type of program for which the facility was constructed, and provide adequate numbers of non-professional personnel to assist in the operation of the facility.

6.03.10 The day care center for mentally retarded children shall have a parents' council to insure community support and involvement.

6.03.11 A representative of the parents' council shall be appointed as an ex officio member of the governing body to ensure continuing communication between the governing body and the parents' council.

6.03.12 The executive officer of the day care center shall attend all governing body meetings as an ex officio member.

6.03.13 Parents' Council --

(a) The purpose of the parents' council shall be

to function as a supportive group to the day care center for mentally retarded children and actively represent the concerns of parents to both the executive officer of the center and the president of the governing body. It shall also assist the center and the community in planning and initiating comprehensive programs to meet the needs of the retarded children in the community.

(b) The parents' council shall be incorporated as a non-profit organization in order to receive and disburse gifts made to the Center.

(c) The parents' council shall be organized and adopt bylaws, rules, and regulations in order to conduct the business of the council in an orderly and legal manner, including but not limited to provisions for regular meetings, recording of minutes, fiscal records, and audits. It shall be subject to Section 3.02 of these regulations, where applicable.

(d) The bylaws, rules and regulations of the council shall be approved by the Department of Mental Health.

(e) The membership of the parents' council shall include all parents of children being served by the Center and may, at the option of the council, include parents whose children are eligible for and awaiting admission

to the center.

6.03.14 Each day care center for mentally retarded children shall have a master plan of organization which includes all functions of the Center and which indicates all categories of personnel employed and the lines of communication. The organizational plan shall be in writing and periodically reviewed and revised, as needed, showing dates of reviews and revisions.

6.03.15 Each day care center for mentally retarded children shall have a manual of policies and procedures for each function of the center and the systems established for an orderly and safe operation of the facility. The manual of policies and procedures shall be in writing and periodically reviewed and revised as needed, showing dates of reviews and revisions.

6.03.16 The manual of policies and procedures shall include, but not be limited to, the following: Admission procedures; Staffing Patterns; Clinical Records; Food Service; Personnel Policies; Personnel Records; Financial Records; Fee Schedules; Maintenance of facility; Safety; Procurement of first aid or medical services when needed; Procurement of Supplies; Information and Referral Services when needed; Housekeeping and Laundry; and Transportation.

6.03.17 The organizational plan, job descriptions, and manual of policies and procedures shall be available to all personnel.

6.03.18 The day care center for the mentally retarded children shall be maintained in good repair and operating condition.

6.03.19 Day care centers for mentally retarded children shall be subject to periodic inspections by authorized representatives of the Department of Mental Health.

6.03.20 Day care centers for mentally retarded children serving food as part of their program will be subject to Section 5.18 of these regulations, where applicable.

6.03.21 The State and local legal requirements for heating, lighting, and ventilation shall be met.

6.03.22 The State and local regulations for water supply, sewage disposal, plumbing, and screening shall be met.

6.03.23 The day care centers for mentally retarded children shall be subject to Section 3.19.8 and Section 3.20 of these regulations, where applicable.

6.03.24 When the services of foster grandparents are utilized in the day care center for mentally retarded children, all applications shall be approved by the Director, Foster Grandparent Program, 1800 Washington Street, East, Charleston, W. Va.

6.03.25 Orientation, inservice training, and continuing education of foster grandparents employed in day care centers for the mentally retarded children shall be subject to the approval of the Project Director, Foster Grandparent Program.

Section 7. Rehabilitation Centers

7.01. General

7.01.1 A rehabilitation center contributing to the habilitation/rehabilitation, care and treatment of the mentally ill/mentally retarded is required to be licensed by the Department of Mental Health by virtue of authority of the Legislature of West Virginia, Chapter 27, Article 9, Section 1, Code of West Virginia, 1931, as amended.

7.01.2 Rehabilitation Centers shall have a well defined plan for receiving, management, and disposition of mentally ill/mentally retarded individuals.

7.01.3 The rehabilitation center providing habilitation/rehabilitation services for mentally ill/mentally retarded individuals shall comply with standards set forth in these regulations, where applicable, relating to the type and scope of services defined in the rehabilitation program for which application is made for license to the Department.

7.02. Organization and Management

7.02.1 There shall be an effective governing body legally responsible for the conduct of the Rehabilitation Center. The governing body may be a governmental unit or a board of trustees.

7.02.2 The governing body structure shall be in compliance with Section 3.02 of these regulations, where applicable.

7.02.3 The governing body shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the rehabilitation center and the means of fulfilling them.

7.02.4 The governing body, through its chief executive officer, shall take all reasonable steps to conform to all applicable Federal, State, and local laws and regulations including those relating to licensure under these regulations and the West Virginia Regulations for Licensing Hospitals adopted and promulgated by the State Department of Health, as amended, and Federal, State, and local fire and safety regulations.

7.02.5 The governing body shall require that the professional staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practice.

7.02.6 The governing body, through its chief executive officer, shall provide an organization plan and policies and procedures for each function of the Center and the systems established to ensure an orderly and safe operation.

7.03. Professional Staff

7.03.1 There shall be a competent professional staff of physicians, psychologists, social workers, registered nurses, and vocational rehabilitation counselors,as needed, with training and experience in the development and management of rehabilitation plans of service in which the disabled, mentally ill/mentally retarded individual is viewed as a whole, as well as other qualified professional personnel representing the multi-disciplines rehabilitation process as dictated by patient needs.

7.03.2 Centers contributing to the treatment of mentally ill/mentally retarded individuals shall provide the services of a psychiatrist on a contractual basis, as needed.

7.03.3 Each member of the professional staff of the center shall be registered, licensed, or certified currently by the appropriate licensing agency or registry of the State of West Virginia.

7.03.4 The professional staff of the center shall be organized to accomplish its required functions in the habilitation/rehabilitation of the mentally ill/mentally retarded individuals.

7.03.5 There shall be regular professional staff

conferences established for the evaluation and review of rehabilitation progress of each patient, and review of plans of services as needed. These conferences shall be attended by a representative of each discipline of treatment provided.

7.03.7 The professional staff organization shall strive to create and maintain an optimal level of professional performances in pooling information, interpretations, and opinions for the development of rehabilitation plans of services.

7.03.8 There shall be a continuing program of professional education, or maintenance of a record to show the participation of professional staff in such programs.

7.04. Rehabilitation Services

7.04.1 Medical Service - Medical services in a rehabilitation center not operated in connection with a hospital shall provide medical supervision, availability by agreement of medical consultants, and evaluation and services suitable to the needs of the disabled persons to be served. A qualified psychiatrist shall be available for mentally ill/mentally retarded individuals, as needed.

7.04.2 Social Service --Social Service should provide evaluation and services in the amounts and variety appropriate to the rehabilitation needs of the individuals to be served. Social workers should possess a professional degree in social work at the Master's level from an accredited school of social work.

7.04.3 Psychological Service --Psychological service should be provided by a professional psychologist possessing at least a Master's degree in psychology from an American Psychological Association approved program in Clinical Psychology or its adjudged equivalent; and shall be licensed, or certified, by the West Virginia State Board of Examiners for Professional Psychologists. The service should constitute an integral part of the overall professional service, including but not limited to direct services to patients, assistance in the diagnostic process, and assessment of treatment results, with supporting personnel adequate in number and qualifications sufficient to achieve the functions and goals of the facility.

7.04.4 Nursing Service --Nursing Service shall be provided in accordance and in compliance with Section 5.07 as applicable to the type and scope of the services of the

facility.

7.04.5 Clinical Laboratory - Clinical laboratory services shall be provided as applicable to the type and scope of the services provided by the rehabilitation center in accordance with Section 5.11 of these regulations

7.04.6 Pharmacy Service - If the rehabilitation center program requires pharmaceutical services and/or the administration of drugs, the pharmacy or drug room shall comply with Section 5.13 of these regulations, where applicable.

7.04.7 Radiology Service - If the rehabilitation center requires radiology services, these services shall be in compliance with Section 5.12 of these regulations where applicable.

7.04.8 Dietary Service - The Dietary service of the rehabilitation center shall comply with Section 5.18 of these regulations, where applicable.

7.04.9 Additional disciplines of services shall be dictated by the type and scope of the program provided by the rehabilitation center, the needs of the individuals being serviced, and shall include, but not be limited to the availability of the following:

(a) Physical Therapy;

(b) Occupational Therapy;

(c) Speech and Hearing;

(d) Prevocational conditioning;

(e) Recreational Therapy;

(f) Vocational Training (in combination with other rehabilitation services);

(g) Personal and work adjustment services;

(h) Extended employment for the severely handicapped who cannot be readily absorbed in the competitive labor markets;

(i) Testing, fitting, or training in the use of prosthetic and orthotic devices;

(j) Optical Aids Evaluation;

(k) Dental services;

(l) Podiatric services.

7.04.10 There shall be continuing evaluation and control of each individual's special disabilities in relation to his varying levels of functioning.

7.04.11 All medical and related treatments and services shall be ordered by a physician, in writing, dated and signed in the medical chart of each disabled

individual under treatment.

7.05. Medical Records

(a) There shall be a medical record maintained for each patient admitted for rehabilitation services to the rehabilitation center.

(b) The medical records shall be maintained in compliance with Section 5.15 of these Regulations, where applicable.

(c) The evaluations and revisions of patients' plans of treatment by the professional staff conference shall be recorded in each patient's medical record, dated, and signed by the patient's physician.

7.06. Physical Facility and Safety

7.06.1 The Regulations for Licensing Hospitals of the State Department of Health, where applicable, shall be met for licensure of Rehabilitation Centers.

7.06.2 The rehabilitation facility shall be structurally constituted in a manner that protects the lives and ensures the physical safety of disabled individuals admitted for treatment, its personnel, and its visitors.

7.06.3 The rehabilitation facility shall be equipped, operated and maintained so as to sustain its safe and

and sanitary characteristics and to minimize all health hazards in the facility for the protection of inpatients, residents, visitors, and employees.

7.06.4 Housekeeping, laundry, and maintenance and central service functions shall be effectively organized directed and staffed by qualified personnel.

7.06.5 Responsibility for the control of infection within the rehabilitation facility, and for the evaluation of the infection potential of the related environment, shall be vested in a multi-disciplinary committee of the rehabilitation center and professional staff.

7.06.6 The rehabilitation facility shall have written plans for the proper and timely care of casualties arising from both external and internal disasters, and shall periodically rehearse these plans.

Section 8. Humanities

8.01. Discrimination --

8.01.1 All facilities subject to these Regulations shall make available all services to persons in need without discrimination on account of race, creed, color, sex, national origin, or duration of residence.

8.01.2 No qualified person shall be discriminated against on account of race, creed, color, sex, age, or national origin with respect to the privilege of employment in a facility.

8.02. Rights Of Patients --

8.02.1 Civil Rights --Every patient in any facility operated, or licensed to operate, by the Department of Mental Health shall be permitted to exercise all of his civil rights, including, but not limited to, the right to acquire and dispose of property, execute instruments, enter into contractual relationships and to vote, unless he has been adjudicated incompetent and has not been restored to legal capacity. It shall be the responsibility of the facility's executive officer to inform each patient of his rights and to make all necessary arrangements, consistent with facility policy and procedures and with the patient's medical and psychiatric status, to allow the exercise of his rights.

8.02.2 Patient Entitled to Humane Care --Every patient in any facility licensed to operate by the Department of Mental Health shall be entitled to humane care and treatment and to consideration consistent with recognition of his human dignity.

8.02.3 Right To Adequate Treatment --

(a) No individual shall be admitted to a mental facility for purpose of confinement only. There shall be evidence of a treatment program which should include at least, but not be limited to, the following:

(1) Professional staff in numbers and competence to administer treatment;

(2) A written psychiatric plan of treatment coordinated with the nursing care plan tailored to each patient's individual needs which is made a part of his medical record;

(3) Evidence in each patient's medical record that the plan of treatment is being carried out;

(4) An evaluation at least every six (6) months to determine the need for continued hospitalization; and

(5) Evidence that some of the recognized procedures applicable to treatment of mental illness have been

administered to the patient, including, but not limited to, individual psychotherapy, group therapy, family therapy, family therapy, planned occupational therapy, recreational therapy, and chemotherapy.

(b) Every individual admitted to a mental facility shall be entitled to care and treatment in accordance with accepted medical practice standards. Specific reasons for non-compliance, or threatened non-compliance, with this Section of these regulations, shall be enumerated in License Survey Reports.

8.02.4 Patient Entitled to Unrestricted Communication --(a) Every patient shall be entitled to communicate by sealed mail, or otherwise, with persons, including official agencies inside, or outside, the mental facility. This right may not be denied, restricted, or infringed in any manner.

(b) Unless patient requests return address to be withheld, it shall be the responsibility of the mental facility to ensure the name and return address are inscribed legibly on all outgoing patient mail;

(c) Mail returned by recipients to a patient marked "REFUSED", shall be returned, unopened, to patient by his attending physician.

8.02.5 Patient Visitors -- .

(a) Every patient shall have the right to receive, or refuse, visitors in accordance with hospital policy, unless his mental condition is such that in the judgment of his physician, such visits would be detrimental.

(b) A complete report relative to the restriction of visitation privileges and the reasons therefor, shall be made a part of the patient's medical record, signed, and dated by the patient's attending physician, and reflected in the patient's nursing care plan.

(c) The patient may not be denied the right to receive visits from his attorney, or religious advisor; however, if the hospital is aware of evidence which would indicate a patient's rights are being abused, or violated, by his attorney or religious advisor, the hospital shall have the right to intervene, or proctor, the patient's visits with such persons.

(d) A member of patient's immediate family, legal attorney, or religious advisor, if in judgment of patient's physician their visits would be detrimental, shall have the right to see the patient for purpose of observation only.

8.02.6 Personal Clothing and Prosthetics --

(a) Every patient shall be entitled to the possession and wearing of his own personal clothing, dentures, eye-glasses, hearing aids, orthopedic appliances, and such other personal effects, not withheld for safekeeping by the hospital or patient's family, unless the patient's attending physician justifies, in writing, in patient's medical record, such justification to be dated, signed, and periodically reviewed, showing dates and signatures of such reviews, that possession of such personal effects, would be harmful to himself or others.

(b) Policies and procedures for the maintenance of personal wearing apparel shall be established, in writing, and shall be the combined responsibility of nursing service, laundry service, business manager, and the executive officer of the hospital.

8.02.7 Use of Mechanical Restraints --

(a) Mechanical restraints shall only be applied to a patient upon the dated and signed order written in patient's medical record by his attending physician.

(b) All orders for mechanical restraints shall be written by the patient's attending physician for a specified time including a succinct statement justifying pa-

tient's medical need for such restraint for the period indicated.

(c) For purpose of this Section, seclusion, defined as isolating a patient by placing him alone in a locked room, shall be considered as a mechanical restraint.

8.02.8 Right To Payment For Labor --A patient shall not be assigned to perform real work for more than three hours daily as Industrial Therapy, without pay. Patient Labor performed in excess of three (3) hours in any twenty-four hour period shall be paid at the minimum wage required by State and Federal labor standards for all hours of work.

8.02.9 Right To Protection From Unnecessary Treatment --Any patient in any facility operated, or licensed to operate, by the Department of Mental Health shall be entitled to evaluation of positive criteria established to determine need for drug therapy, electroconvulsive therapy, or other somatic treatment modalities. Where possible however, the evaluation should include the recommendations of the total professional care team providing treatment to the patient.

8.02.10-Right To Refuse Treatment --

(a) Every patient shall have the right to refuse a form of therapy which is not a reasonable and customary part of his treatment.

(b) Every patient shall have the right not to be subjected to experimental research without the patient's express and informed consent, or that of his guardian or representative.

8.02.11 Removal From Therapeutic Program --No patient, adult, adolescent, or child, shall be removed from a therapeutic program except when such removal is dictated by clear psychiatric considerations, or when the patient so loses his ability to control his behavior that participation constitutes a danger to the program and/or to other patients. When a patient's behavior deteriorates to this degree, increased attention shall be devoted to his psychiatric needs avoiding a disciplinary regime consisting of rejection and/or denial maneuvers.

8.02.12 Rights Relating To Confidentiality Of Privileged Information In Patients' Medical Records --

(a) Every patient shall have the right to maintenance of confidentiality of all information contained in his medical record. This right shall be guaranteed to every patient and shall be guarded by the medical and profes-

sional staff, and all other personnel within each mental health facility, program, and the Department of Mental Health system.

(b) Members of governing bodies, whether operating or advisory, shall not be entitled to privileged information relative to patients. It shall be the responsibility of the staff to use discretion in discussing policies and procedures relating to governing body responsibilities, not to violate the confidentiality of specific patients.

8.02.13 Violation of A Patient's Rights --

(a) A report shall be made within twenty-four (24) hours to the executive officer of the facility of all violations, or suspected violations, of patient's rights.

(b) The executive officer of the facility shall make a thorough investigation and written report of his findings without delay; and

(c) The executive officer of the facility shall make a written, dated, signed record of action taken to preclude a repetition of such violation, or suspected violation relative to the specific patient involved, or any other patient.

(c) The executive officer's report of incident shall be identified by hospital case number only, and shall not be a part of patient's medical record unless patient's illness and/or treatment are affected. In such case, a succinct notation of the incident and effect of incident on the illness, or treatment, shall be made in patient's medical record.

(d) Every psychiatric hospital should create a position for at least one patient advisor whose primary responsibility should be to act on behalf of patient in case of violation of a patient's humane or civil rights, or suspected violation of a patient's humane or civil rights.

8.02.14 Responsibility of Employees --Every person employed by an inpatient mental facility operated by the Department of Mental Health, or by any facility licensed by the Department of Mental Health, shall be responsible for carrying out his duties and responsibilities with due regard for both the intent of this Regulation and the application of the express provision of this Regulation as it pertains to any person covered herein.

8.03. Rights With Respect To Disciplining Children --

8.03.1 Discipline, child care, and child guidance shall be handled with kindness and understanding with a program planned to minimize need for punishment or severe discipline.

8.03.2 No child shall be subjected to cruel, harsh, humiliating, petty, severe, or provocative treatment, or corporal punishment inflicted in any manner upon the body.

8.03.3 No child shall be subjected to verbal abuse, threat or derogatory remarks about him, or his family.

8.03.4 No child shall be deprived of meals as punishment.

8.03.5 Disciplinary measures shall be designed and administered in such ways as to help the individual and to assume responsibility for his own acts.

8.03.6 The facility shall establish simple and understandable rules for both children and staff that set the limits of behavior required for the protection of the group and invididuals within the groups.

8.03.7 The facility shall designate only highly responsible adults, usually the staff person most direct-

ly responsible for the personal care of the child, to handle discipline matters, never delegating discipline to persons who are "strangers" to the child, or to a child's peer, or peers.

8.03.8 The facility shall require that matters of personal discipline be pertinent and relevant to the particular problem and the child involved.

8.03.9 The facility shall require that discipline be maintained with discretion without bias, and without prolonged delay on the part of the adult involved.

8.03.10 No child shall be withdrawn from any therapy program as a disciplinary measure (See Section 8.02.11).

Section 9. Psychiatric and psychological Services Within A County School District

9.01. Type and Scope of a psychiatric and/or psychological service within a West Virginia County School System shall be clearly defined in writing.

9.02. There shall be full compliance with Section 8 of these regulations.

9.03. The policies and procedures for the utilization of psychiatric and/or psychological services shall be in writing, and shall include, but not be limited to the following:

(a) Procedures for referral of pupils to the psychiatric or psychological service;

(b) Consultation and Education services provided the teachers within the County School system by the psychiatrist or psychologist;

(c) Utilization of essential elements of care and treatment provided by the local community mental health center in the catchment area in which the School System is located;

(d) Consultation and Education services provided family of pupils under treatment;

(e) Clinical records;

(f) Fee schedules, if any.

9.04. The psychiatric or psychological services in the County School Systems shall be provided by, or under the supervision of, a psychiatrist, or psychologist, currently licensed in the State of West Virginia.

9.05. There shall be evidence of evaluation of the psychiatric, or psychological,services program within a county school system in compliance with Section 11 of these regulations, where applicable.

9.06. Annual reports shall be made to the Department of Mental Health on forms provided by the Director.

9.07. The Department of Mental Health data collection forms shall be completed and submitted promptly.

Section 10. Transportation

10.01. Transportation of Children

10.01.1 Mental health facilities, or programs owning vehicles to provide transportation of children shall comply with West Virginia School Transportation Laws, Rules, and Regulations, where applicable.

10.01.2 Drivers of any type vehicle to transport sick, crippled, mentally ill/mentally retarded children shall meet West Virginia Civil Service minimum requirement for Ambulance Driver, or equal.

10.01.3 The driver of a vehicle transporting children shall be at least twenty-one years of age and not over sixty-five years of age at the time of employment, and shall meet the personnel and health qualifications required for school bus drivers.

10.01.4 The driver shall hold an appropriate license, depending upon the type of vehicle used in transporting children.

10.01.5 West Virginia School Transportation Laws, Rules and Regulations pertaining to insurance shall be followed.

10.01.6 An attendant shall be assigned to enforce safety regulations in the vehicle at any time children

are being transferred.

10.01.7 The attendant shall see that:

(a) Each child boards or leaves the vehicle from the curb side of the street and a responsible person is present to take charge of a child when delivered to his home or other facility.

(b) Good order is maintained on the bus;

(c) The vehicle is not overcrowded.

10.01.8 The driver shall be responsible for keeping the vehicle clean, polished, and in perfect operating condition at all times.

10.01.9 Vehicle maintenance problems not correctable by the driver shall be reported, in writing, to driver's immediate supervisor with copy to the executive officer of the facility or program.

10.01.10 The vehicle shall be thoroughly inspected and maintenanced at least every six months, or sooner if indicated, for mechanical flaws, which if found, shall be corrected immediately.

10.01.11 The vehicle shall be equipped with:

(a) Safety locking devices on doors;

(b) A mounted tire, ready for service, and jack;

(c) "Stop" and "Children's Medi-Bus" written on back of vehicle;

(d) A first aid kit;

(e) Blinkers.

10.02 Ambulance Service -

10.02.1 Ambulance service provided by mental health facilities shall be in full compliance with West Virginia Motor Vehicle Laws relating to emergency transportation.

10.02.2 Drivers of automobiles, trucks, ambulance, or other types of vehicles to transport sick and/or mentally ill/mentally retarded individuals shall meet West Virginia Civil Service minimum employment requirements, or equal.

10.02.3 Ambulance rigs shall be well maintained at all times.

10.02.4 Ambulance drivers shall start ambulance daily, or oftener if indicated, to ensure its readiness for service, if needed.

10.02.5 Tires shall be inspected each time an ambulance is serviced for signs of need for replacement, balancing, or alignment. When tread becomes worn on ambulance tires, they shall be replaced immediately.

10.02.6 Ambulance rigs shall be thoroughly inspected

and maintenanced at least every six months, or every 1,000 miles, or sooner if indicated, for mechanical flaws, which if found, shall be corrected immediately.

10.02.7 Ambulance maintenance problems not correctable by the driver shall be reported, in writing, to driver's immediate supervisor with copy to the executive officer of the facility, or program.

10.02.8 Ambulances shall be provided with at least a driver plus one attendant.

10.02.9 Ambulance drivers and attendants shall be trained in first aid and rescue procedures.

10.02.10 Ambulance attendants shall be selected in accordance with type and condition of individual to be transferred.

10.02.11 Ambulances shall be equipped with:

(a) Safety locking devices on doors;

(b) Mounted tire, ready for service, and necessary tools for tire changing;

(c) Flashing lights and siren warning device in accordance with State emergency transportation regulations;

(d) Stretcher equipped with safety belt;

(e) Linen;

(f) Travel pack;

(g) Bedpan, urinal; and emesis basin;

(h) Portable oxygen;

(i) Leather cuffs;

(k) Suction equipment.

Section 11. Evaluation and Research :

11.01 General

11.01.1 If the Comprehensive Mental Health Plan for the State of West Virginia is to be effectively implemented, a data system capable of program monitoring evaluation, development, and research should be developed to embrace all hospitals, centers, institutions or parts thereof, providing inpatient, outpatient, or other services to contribute to the care and treatment of mentally ill or mentally retarded, or prevention of such disorders.

11.01.2 Administrative statistics should be goal-related and include data describing the characteristics of facilities, patients serviced,and whether the services are meeting the needs of the population of the catchment area.

11.01.3 A cost accounting system should be integrated into the overall data system used to implement the comprehensive mental health plan for West Virginia.

11.01.4 The regulations contained in Section 11 of these regulations shall be considered as a spear-head toward the development of goals and objectives and measurements to determine whether each facility and program in

each catchment area is achieving through mental health services what the area needs. They should be considered as educational with respect to the accomplishments of the total Department of Mental Health of which each licensed facility and program is an integral part. They are designed as guidelines in the development of a data system which will produce valuable data which will contribute to needed research and development programs in the field of Mental Health.

11.02. Identification of Goals

11.02.1 Each mental health facility should prepare a statement of goals indicating for each goal the observable correlates, concomitant events and areas of impact which will likely be in evidence as progress is made toward the goal.

11.02.2 Each mental health facility should determine methods for measurements of goals stated.

11.02.3 A budget should be estimated and/or applied to the activities related to the accomplishment of stated goals.

11.03 Areas of Evaluation

11.03.1 In order to ensure statewide congruence of

goal direction to provide specific criteria which will define measurable areas of evaluation, each facility should review the special needs of patients, special interests of patients, professional and business staff, as well as patients' families, publics in which the families are dwelling and the publics existing (conforming and non-conforming) in the catchment area.

11.03.2 Outcome studies anticipated planned by the Department of Mental Health should be provided with data from each licensed facility or program relating to:

(a) Goals for individual patients;

(b) Goals for facility or programs; and

(c) Goals for local mental health agencies.

11.03.3 The following list of indices should be considered for measures of goal accomplishment:

(a) Index of subsystem interaction and collaboration among community and state agencies providing mental health professionals;

(b) Index of treatment of mentally disordered within their home community;

(c) Index of investment in mental health;

(d) Index of role diversification of mental health

professionals;

(e) Index of alcoholism, drug abuse, children with problems, and other high risk target group treatment provisions;

(f) Index of early intervention efforts;

(g) Index of equitable services;

(h) Index of accessibility of services;

(i) Index of treatment scheduling;

(j) Index of use of improvement criteria in treatment decisions;

(k) Index of time limited therapy referrals;

(l) Index of long-term therapy referrals;

(m) Index of therapy "dropouts";

(n) Index of staff hours per patient served;

(o) Index of staff hours per"consultee"served;

(p) Index of staff hours per unit of service;

(q) Index of units of services per patient served;

(r) Index of paperwork delay (chart completeness);

(s) Index of knowledge of available services;

(t) Index of receptivity to treatment;

(u) Index of screening effectiveness;

(v) Index of high risk group prevention efforts;

(w) Index of community social disruption, disorganization;

(x) Index of public resources used by high risk groups;

(y) Index of data use;

(z) Index of service utilization;

(aa) Index of inappropriate referrals;

(bb) Index of referral completeness (Continuity of Care, including aftercare);

(cc) Index of goal-directed therapy.

11.04. Evidence of Evaluation

11.04.1 Each mental health facility, or program subject to these regulations, shall show evidence of developing a psychiatric utilization review and evaluation project to establish techniques for utilization review and patient care evaluation.

11.04.2 The psychiatric utilization review and evaluation project shall give consideration, for heuristic purposes, to review of structure, of outcome, and process.

Interpretation:

(a) Review of Structure - In review of structure attention is directed to adequacy of facilities, services,

and manpower.

(b) Review of Outcome - An appraisal of whether or not that which is desired is achieved. For example, have drug addicts stopped using drugs after treatment Are the schizophrenics out of the hospital and asymptomatic?

(c) Review of Process

1. Which patients come to the facility, and a comparison of this population to total population served?

2. What priorities are assigned to various patients once in the facility? For example, do certain subgroups, on the basis of socio-demographic factors, receive differing types of treatment? What are the patterns of care?

3. What services are actually being provided? Are services adequate? What is the quality of care?

4. What is the outcome of treatment as related to the efficacy of the services provided?

Act: The Mental Health Act, Chapter 17, Article 9, Section 1, West Virginia Code of 1931, as amended.

Acute Psychiatric Patient: An individual with some degree of psychiatric illness, deemed to be reversible as opposed to the chronic psychiatric patient, whose condition is irreversible.

Administrator: A person who may act as the hospital administrator, business manager, and/or comptroller of a facility dependent upon his training, experience, and demonstrated ability. He shall be responsible to the executive director for the management of the facility's long-range fiscal program as well as the day-to-day fiscal operations of the facility.

Aftercare Service: An organized program of follow-up care designed to assist the patient in his re-entry into the community and his adjustment thereafter, including backup services, if needed.

Applicant: The person who submits an application for a license, or a renewal of a license, to operate a hospital, center, or institution or part thereof, to provide inpatient, outpatient, or other services to contribute to the care and treatment of the

mentally ill or mentally retarded, or prevention of such disorders.

Audit: An accurate accounting of all receipts and disbursements in the construction, administration, or operation of a mental health facility or service and/or part thereof, in a form consistent with acceptable accounting practices, performed by an independent accounting firm, or a certified, or public accountant.

Autopsy, Psychological: Explores in detail the motivation and behavioral clues that might have led to different management of the patient to prevent suicide.

Bed Capacity: The greatest number of beds the facility is licensed to offer for patient or residential care.

Business Manager: A person responsible to the executive officer for the execution of the day-to-day fiscal management of a facility and/or comptroller, dependent upon his qualifications, experience and demonstrated ability.

Catchment Area: A geographic medical service area with a population of not less than 75,000 and not greater than 200,000 established in accordance with recommenda-

tions of, and subject to the approval of the West Virginia Department of Mental Health, and the National Institute of Mental Health, to provide mental health services to the population of the geographic area. Catchment areas are annually reviewed and delineated in detail in the West Virginia State Plan for Construction of Community Health facilities to determine priority for funding of center applications (subject to annual approval by the United States Department of Health, Education and Welfare).

Center: Any public or private facility established to provide one, or more elements of mental health services, including facilities and clinics providing services to contribute to the care and treatment of mentally ill or mentally retarded or prevention of such disorders.

Chronic Psychiatric Patient: An individual with a diagnosis of mental illness which is deemed to be irreversible as opposed to the acute psychiatric patient whose condition is reversible.

Clinical Director: A physician responsible to the executive officer, or superintendent, of a given facility for management of the facility's clinical services. He is responsible for the management of patients by his staff and the coordination of their efforts. He may also be responsible for the detailing and executing the facility's clinical programs as defined by the governing body and organized by the executive officer. In an inpatient facility, the clinical director may be called the chief of service. The clinical director may be the superintendent, or executive officer, responsible directly to the governing body, dependent upon his training, experience and/or ability.

Comptroller: The chief accounting officer of a facility responsible directly to the executive officer for the fiscal management of the facility's long range fiscal program as well as being responsible for the day-to-day fiscal management by his staff. He

is responsible for maintaining a current interpretation of the fiscal status and reporting immediately any variation which would affect the adherence to any budget limitation.

Continuity of Care: Intelligently programmed care and treatment which ensures that persons being treated, in mental health/mental retardation facilities, at any given time, are receiving the most appropriate and suitable form of care, as their needs dictate.

Day Care Center For The Mentally Retarded: Any child care facility including facilities commonly called "Child Care Centers", "Day Nurseries", "Nursery Schools", "Kindergartens", "Play Groups", "Group Homes", "Foster Homes", "Halfway Houses", (excepting bona fide kindergartens or nursery schools operated by public or private elementary or secondary level school systems, or those facilities operated in connection with a shopping center or service where transient children are received while parents are on the premises) which has for its primary purpose the care and protection of children with, or without, stated educational purposes during part or all of the day,

between 6 A.M. and 9 P.M. accepting for care educable, trainable, including severely, and profoundly mentally retarded children.

Department: The West Virginia Department of Mental Health.

Director: The Director of the West Virginia Department of Mental Health.

Executive Director: The individual responsible for the coordination of all program activities and in whom is vested the prime authority for the operation and maintenance of the mental health program.

Fiscal Record: All documents related to the receipts, disbursements, accounts receivable, accounts payable, or any other specific record maintained in the financial management of any mental health/mental retardation facility, or service, subject to these regulations.

Foster Grandparent: A person age sixty (60) or over with low income, physically able to serve and willing to accept supervision. A high school education is not required but the Foster Grandparent must be able to read, write, and communicate with children. The Foster Grandparent must care about children and want

to help them.

Foster Grandparent Program: Provides training and employment for low income elderly persons to serve in a one to one relationship with mentally retarded, and/or emotionally disturbed children in facilities approved by the West Virginia Department of Mental Health for license.

Governing Body: The legal entity having authority and total responsibility for the operation of a mental health facility and/or service.

He, Him, His: The male pronoun is used throughout to refer to individuals of either sex.

Hospital: Any public or private structure, agency, institution, or other facility or part thereof, for the reception, accommodation, board, care and treatment of patients or individuals with a diagnosis of mental illness.

Hospital, Psychiatric: Any building, structure, agency, institution or other facility for the reception, accommodation, board, care and treatment of the mentally ill/mentally retarded providing inpatient 24-hour hospitalization, or part of a 24-hour period of

hospitalization.

Information and Referral Service: A service to provide the most basic of outpatient services assisting individuals in the community in taking advantage of existing resources, in the hospitalization, and post-hospitalization processes, and conducting public information sessions and similar functions for the community.

Inpatient Service: Twenty-four (24) hour care provided by any hospital or residential facility to those who are mentally ill or mentally retarded.

Institution: Any establishment including centers and hospitals, providing services to contribute to the care and treatment of mentally ill or mentally retarded or prevention of such disorders.

License: The legal document issued by the Director of the West Virginia Department of Mental Health granting authority to operate a psychiatric hospital, mental health center, or institution or part thereof to provide inpatient, outpatient, or other services to contribute to the care and treatment of mentally ill, or mentally retarded persons, or prevention of

such disorders.

Minimal Psychiatric Service: A basic holding operation providing immediate availability of a physician capable of an initial evaluation and of the ordering of psychotropic drugs when needed; a psychiatrist available for consultation, at least by telephone; availability of a nurse or attendant who has been trained to special a disturbed patient; a place where the disturbed patient can be housed; and a mechanism for getting the patient to a suitable treatment center.

Patient/Client/Student: Any individual receiving diagnostic, intake, or treatment services from any of the types of facilities included under these regulations, or formally enrolled in a training program which is under the surveillance of a licensing program, or a student in a mental health facility, or receiving training in a program providing services for the mentally ill/mentally retarded. For statistical purposes patient/client/student is considered synonymous if the individual is the recipient of the service of a facility subject to these regulations.

Person: Any individual, partnership, association, corporation, or any local governmental unit, or any division, department, board, or agency thereof.

Psychiatric Emergency: Refers to suicidal, agitated, inebriated/intoxicated (including alcoholic or drug detoxification withdrawal phase), or aggressive persons, and family tolerance situations needing immediate treatment.

Psychiatric Unit Within A General Hospital: That area designated within a general hospital for the reception, accommodation, board, care and treatment of patients or individuals with a diagnosis of mental illness or mental retardation.

Public Information Service: A service established to better acquaint the general public with the goals of the mental health/mental retardation programs and the progress toward the attainment of these goals which should be under the supervision of a fully qualified public information specialist.

Special Care Room: A patient room from which immediate exit is impeded by lock, latch, bar, hook, or other device which cannot be operated by the patient.

the keys, or means of ingress for which, are immediately available to personnel in the area in case of an emergency.

Superintendent: A physician whose responsibilities may include all those of an executive director or a hospital administrator as well as those related to the professional care and treatment of patients, dependent upon his training, experience, and/or demonstrated ability.

Treatment: The processes provided by a psychiatric or related facility designed to reduce or eliminate the symptoms or severity of an illness or disorder.

VERBS:

Is to be)
Must be) Term used to indicate a mandatory statement, the only acceptable method under the present standards.
Shall)

Should be) Term used in the interpretation of a a standard to reflect the commonly accepted method yet allowing for the use of effective alternates.

May be) Term in the interpretation of a standard to reflect an acceptable method that is recognized but not necessarily preferred.

I N D E X

WEST VIRGINIA ADMINISTRATIVE REGULATIONS

DEPARTMENT OF MENTAL HEALTH

Chapter 27-1A

Series II

(1971)

Regulations for Licensing Psychiatric And Other

Related Facilities and Programs

August 9, 1971

Rev. Nov. 1971

FILING OF ADMINISTRATIVE REGULATIONS

References are to Sections in W.Va.Adm.Reg.27-1A,Ser.II

References are to Sections in W.Va. Adm.Reg.27-1A, Ser.II

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References are to Sections in W.Va. Adm.Reg.27-1A, Ser.II

References are to Sections in W.Va. Adm.Reg. 27-1A, Ser.II

References are to Sections in W.Va. Adm.Reg. 27-1A, Ser.II

P-

References are to Sections in W. Va. Adm.Reg. 27-1A,Ser.II

P-

References are to Sections in W.Va. Adm.Reg. 27-1A, Ser II

References are to Sections in W.Va. Adm.Reg.27-1A, Ser.II

References are to Sections in W.Va. Adm.Reg. 27-1A, Ser.II

GENERAL STANDARDS OF CONSTRUCTION AND EQUIPMENT FOR HOSPITAL AND MEDICAL FACILITIES

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Health Services and Mental Health Administration
Health Facilities Planning and Construction Service
Office of Architecture and Engineering
Silver Spring, Md. 20910

DISCRIMINATION PROHIBITED--Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, the Hill-Burton Program, like every program or activity receiving financial assistance from the U.S. Department of Health, Education, and Welfare, must be operated in compliance with this law.

This document supersedes Subpart N of the Public Health Service Regulations--Part 53, Pertaining to the Construction and Modernization of Hospital and Medical Facilities reprinted from the Federal Register, December 29, 1964. It was originally printed in December 1967 in its present format. This revised edition includes major changes in ventilation requirements in Sections 8-23D and 9-17D and several minor changes.

Public Health Service Publication No. 930-A-7

Revised February 1969

For sale by the Superintendent of Documents, U. S. Government Printing Office
Washington, D. C. 20402 - Price 35 cents

FOREWORD

This publication is a revision of the General Standards of Construction and Equipment Pertaining to the Construction and Modernization of Hospital and Medical Facilities (Subpart N, Appendix A, Part 53, Title VI of the Public Health Service Act, as amended).

The original General Standards appeared in the Federal Register on February 14, 1947, as part of the regulations relating to the implementation of the Hill-Burton program. Since that time, the Standards have undergone a number of piecemeal changes; however, this document presents the most extensive revisions made to date.

These Standards incorporate many of the proposals of a special ad hoc committee established to update the regulations. Committee members included hospital architectural consultants and representatives from Hill-Burton State Agencies and Public Health Service Central and Regional Offices. During its 3-year study, the committee carried out the following assignments which are reflected in this document:

1. Updated the regulations to conform to current functional and technical requirements.

2. Identified and specified those requirements considered minimal and essential.

3. Developed a new format which could be easily followed.

4. Used clear simple language to make the intent obvious.

To date only the requirements for general hospitals and long-term care facilities have been revised. The existing requirements for the other eligible categories, such as public health centers, rehabilitation facilities, diagnostic or treatment centers, State public health laboratories, and nurses' residences will be retained until new requirements are developed.

Harald M. Graning

Harald M. Graning, M.D.
Assistant Surgeon General
Director, Division of Hospital
and Medical Facilities

CONTENTS

CONTENTS (CON.)

Tables

1 INTRODUCTION

The standards set forth herein have been established by the Surgeon General of the U.S. Public Health Service in accordance with the requirements of Title VI of the Public Health Service Act. These standards constitute minimum requirements for construction and equipment and shall apply to all projects for which Federal assistance is requested under the act. They are considered necessary to ensure properly planned and well constructed medical facilities which can be efficiently maintained and operated to furnish adequate services.

In the case of hospitals not specifically discussed herein such as tuberculosis hospitals, the standards for general hospitals will apply with necessary modifications for special or unusual requirements.

General standards of construction and equipment are only minimum Public Health Service requirements. However, various guide materials and recommendations on planning various departments in a hospital are also available from the Public Health Service. Because of local conditions, States may have additional requirements, some of which may exceed those detailed herein. Neither these general standards nor the guide materials of the Public Health Service are intended in any way to restrict design initiative or construction techniques.

2 SITE

2–1 Location

A. The site of any medical facility shall be accessible to the center of community activities.

B. Facilities shall be located in relation to the center of population, close to where competent medical and surgical consultation is readily available, and where employees can be recruited and retained.

C. The site shall be away from nuisances detrimental to the proposed project's program, such as commercial or industrial developments, or other types of facilities that produce noise or air pollution.

2–2 Roads and Parking

A. Roads and walks shall be provided within the lot lines to the main entrance, ambulance entrance, community activities, and services, including loading and unloading space for delivery trucks.

B. Off-street parking shall be provided unless public transportation or public parking facilities are available.

3 SITE SURVEY

3–1 General

The applicant shall provide for a survey of the site. The purpose of this survey is to obtain all information necessary for the development of the site and for making the mechanical and electrical service connections to the building. If any existing structures or improvements on the site are to be removed by the owners or others, the buildings or improvements must be so designated on the survey drawing. The survey and the recorded legal description shall be in agreement.

3–2 Special Considerations

The survey drawing shall show:

A. The courses and distances of property lines of all parcels which comprise the hospital site.

B. Dimensions and location of any buildings, structures, easements, rights of way, or encroachments on the site, and the presence of any undeveloped mineral rights to which the site is subject.

C. Details of party walls, or walls and foundations adjacent to the lot lines.

D. The position, dimensions, and elevations of all cellars, excavations, wells, back-filled areas, and similar existing openings, and the elevation of any water therein.

E. All trees which may be affected by the building operations.

F. Detailed information relative to established curb and building lines and street, alley, sidewalk, and curb grades at or adjacent to the site and the materials of which they are constructed.

G. Floor elevations shall be indicated for all existing buildings which are to be modernized or to which additions will be constructed.

H. All utility services including pipe sizes, pressures, and electrical characteristics.

I. The location and invert elevations of all piping, mains, sewers, poles, wires, hydrants, and manholes, upon, over, or under the site, or adjacent to the site, if within the limits of the survey.

J. The probability of freshets overrunning the site shall be investigated.

K. Official datum upon which elevations are based and a bench mark established on or adjacent to the site.

L. Elevation on a grid system of not more than 20'0" intervals to indicate changes of slope over that portion of the site to be developed.

M. Elevations of contours and bottoms of excavations.

N. Contemplated date and description of any proposed improvements to approaches or utilities adjacent to the site.

O. Certification on the survey drawing by the city engineer or other qualified official that the officially established street lines, grades of curbs, sidewalks, and sewers are correctly given.

4 SUBSOIL INVESTIGATION

4-1 General

An investigation shall be made to determine the subsurface soil and water conditions. The investigation shall include a sufficient number of test pits or test borings to determine in the judgment of the architect and the structural engineer the true subsurface conditions. Results of the investigation shall be submitted in the form of a soil investigation report or foundation engineering report. The investigation shall be made in close cooperation with the architect and structural engineer and shall contain detailed recommendations for foundation design and gradings.

4-2 Special Considerations

The following is a general outline of the suggested scope of soil investigation:

A. The borings or test pits shall extend into stable soils well below the bottom of any proposed foundations. A field log of the borings shall be made and the thickness, consistency, and character of each layer recorded.

B. The amount and elevation of ground water encountered in each pit or boring and its probable variation with the seasons and effect on the subsoil shall be determined. High and low water levels of nearby bodies of water affecting the ground water level shall also be determined.

C. Appropriate laboratory tests shall be performed to determine the safe-bearing value and compressibility characteristics of the various strata encountered in each pit or boring.

D. Maximum depth of frost penetration below surface of the ground shall be recorded.

E. Tests shall be made to determine whether the soil contains alkali in sufficient quantities to affect concrete foundations.

F. Corrosivity tests shall be made to determine whether the soil will adversely attack underground metallic conduits.

G. If the site is underlaid with mines, or if old workings are located in the vicinity, the elevation and location of the top of workings shall be determined.

5 EQUIPMENT

5-1 General

Provide all equipment necessary for the operation of the facility as planned. Consumable items, disposable items, and items of current operating expense such as fuel, food, and drugs are considered supplies and shall not be included in the equipment list required in sec. 5-3C.

5-2 Classification

Equipment items shall be classified in two main groups:

A. Fixed equipment is defined as equipment which is permanently affixed to the building or which must be connected to a service distribution system designed and installed during construction for the specific use of the equipment. It includes items such as extractors, walk-in refrigerators, intercommunication systems, and built-in casework.

B. Movable equipment is defined as all items of equipment which are not considered to be fixed equipment. It includes items such as operating tables, obstetrical tables, anesthesia apparatus, wheeled equipment, portable paging systems, chinaware, and surgical instruments.

5-3 Applicant's Responsibility

A. It shall be the responsibility of the applicant to select and purchase all necessary equipment for the complete functioning of all services included in the project in accordance with these standards.

B. Fixed equipment not included in the construction contract shall be selected and shown on the preliminary stage of the plans (second stage) to ensure its coordination with the architectural, mechanical, and electrical phases of the work.

C. As soon as possible after the award of the construction contract, the applicant shall submit to the Surgeon General for approval, through the State agency, in triplicate, a complete list with an itemized estimate of cost of all proposed fixed equipment not included in the construction contract and all movable equipment.

D. Applicants who do not include all fixed equipment in the construction contract and let separate contracts for furnishing and installing certain items of fixed equipment must include in such separate contracts all provisions for contract security, insurance, and compliance with labor standards as provided under sec. 6-3B, except that labor standards need not be included for contracts under $2000.

6 PLANS, SPECIFICATIONS, AND ESTIMATES

Plans, specifications, and estimates shall be submitted in three stages as follows:

6-1 First Stage—Program and Schematics

A. Program

1. List in outline form the rooms or spaces to be included in each department, explaining the functions or services to be provided in each, indicating the approximate size, the number of personnel, and the kind of equipment or furniture it will contain. Note any special or unusual services or equipment to be included in the facility.

2. For inpatient facilities, submit a schedule showing total number of beds; type of rooms (such as single- and two-bed rooms); distribution of services (such as medicine and surgery).

3. Give an outline of construction materials.

4. Submit preliminary cost estimates.

B. Schematic Plans

1. Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. The proposed roads and walks, service and entrance courts, parking and orientation may be shown on either a small plot plan or the first-floor plan. A simple vertical space diagram shall be submitted at this stage.

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2. If the project is an addition, or is otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangement of those buildings.

C. Description of Site

1. The site shall be described by means of the survey drawing and soil investigation report, or by means of an outline description containing the following general characteristics of the site:

a. Easements.
b. Availability of electricity, water, and sewer lines.
c. Main roadway approaches.
d. Direction of prevailing breezes.
e. Orientation.

2. A map shall be submitted indicating location of the hospital in its geographic area with particular reference to requirements given under sec. 2.

D. Certification. A certification from the State Health Department (or other authorized State agency) that the proposed water supply is potable.

6-2 Second Stage—Preliminaries

A. Plans. Preliminary sketch plans shall include the following:

1. Architectural

a. Plans of basement, floors, and roof showing space assignment, sizes, and outline of fixed and movable equipment.
b. All elevations and typical sections.
c. Plot plan showing roads, parking, and sidewalks.
d. Areas and bed capacities by floors.

2. Mechanical

a. Single line layouts of all duct and piping systems.
b. Riser diagrams for multistory construction.
c. Scale layout of boilers and major associated equipment and central heating, cooling, and ventilating units.

3. Electrical

a. Plans showing space assignment, sizes and outline of fixed equipment such as transformers, main switch and switchboards, and generator sets.
b. Simple riser diagram for multistory building construction, showing arrangement of feeders, subfeeders, bus work, load centers, and branch circuit panels.

B. Outline Specifications

1. General description of the construction, including interior finishes, types and locations of acoustical material, and special floor covering.

2. Description of the air-conditioning, heating, and ventilation systems and their controls; duct and piping systems; and dietary, laundry, sterilizing, and other special equipment.

3. General description of electrical service including voltage, number of feeders, and whether feeders are overhead or underground.

C. Description of the Site. The survey drawing and the soil investigation report shall be submitted at this time if these items were not included with the first stage submittal.

D. Revised Cost Estimates

6-3 Third Stage—Contract Documents

A. Working Drawings. Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical, and electrical. They shall include the following:

1. Architectural drawings

a. Approach plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of the areas to be seeded. All structures and improvements which are to be removed under the construction contract shall be shown. A print of the site survey drawing shall be included with the working drawings for the information of bidders only. However, the survey drawing need not be made a part of the contract documents.
b. Plan of each basement, floor, and roof.
c. Elevations of each facade.
d. Sections through building.
e. Required scale and full-size details.
f. Schedule of doors and finishes.

g. Equipment. Location of all fixed equipment. Layout of typical and special rooms indicating all fixed equipment and major items of movable equipment. Equipment not included in the contract shall be so indicated.

h. Conveying systems. Details of construction, size and type of equipment, length and route of travel, machine and control spaces necessary, and utility requirements, for the following:

(1) Conveyors--gravity, and power driven.
(2) Cranes.
(3) Dumbwaiters--electric, hand, hydraulic.
(4) Elevators--freight, passenger, patient.
(5) Hoists--electric, hand, hydraulic, pneumatic.
(6) Loading dock devices.
(7) Material handling systems.
(8) Pneumatic tube systems.
(9) Stairs, moving.

2. Structural drawings

a. Plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members.
b. Schedule of beams, girders, and columns.
c. Dimensions between floor levels, column centers, and offsets.
d. Dimensions of special openings and pipe sleeves.
e. Details of all special connections, assemblies, and expansion joints.
f. For special structures, a stress sheet showing:

(1) Outline of the structure.
(2) All load assumptions.
(3) Stresses and bending moments separately for each kind of loading.
(4) Maximum stress and/or bending moment for which each member is designed, when not readily apparent from (3).
(5) Horizontal and vertical reactions at column bases.

3. Mechanical drawings

a. Heating, steam piping, and air-conditioning systems.

(1) Radiators and steam heated equipment such as sterilizers, warmers, and steam tables.
(2) Heating and steam mains and branches with pipe sizes.
(3) Diagram of heating and steam risers with pipe sizes.
(4) Sizes, types, and heating surfaces of boilers, furnaces, with stokers and oil burners, if any.
(5) Pumps, tanks, boiler breeching, and piping and boiler room accessories.
(6) Air-conditioning systems with required equipment, water and refrigerant piping, and ducts.
(7) Supply and exhaust ventilating systems with steam connections and piping.
(8) Air quantities for all room supply and exhaust ventilating duct openings.

b. Plumbing, drainage, and standpipe systems.

(1) Size and elevation of: street sewer, house sewer, house drains, street water main, and water service into the building.
(2) Location and size of soil, waste, and vent stacks with connections to house drains, clean-outs, fixtures, and equipment.
(3) Size and location of hot, cold, and circulating mains, branches, and risers from the service entrance, and tanks.
(4) Riser diagram of all plumbing stacks with vents, water risers, and fixture connections.
(5) Gas, oxygen, and special connections.
(6) Standpipe and sprinkler systems.
(7) All fixtures and equipment that require water and drain connections.

4. Electrical drawings

a. Electric service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections if located in the building.
b. Location of main switchboard, power panels, light panels, and equipment. Diagram of feeders and conduits with schedule of feeder breakers or switches.
c. Light outlets, receptacles, switches, power outlets, and circuits.
d. Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets, and branch conduits.
e. Nurses' call systems with outlets for beds, duty stations, door signal lights, annunciators, and wiring diagrams.

f. Fire alarm system with stations, signal devices, control board, and wiring diagrams.
g. Emergency electrical system with outlets, transfer switch, sources of supply, feeders, and circuits.
h. All other electrically operated systems and equipment.

B. Specifications. Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes, and other characteristics of all materials and equipment and shall include:

1. Cover or title sheet.

2. Index.

3. Instruction to bidders.

4. Bid form.

5. Form of agreement.

6. Performance and payment bond forms.

7. Labor Standards Provisions for Construction Grant Programs.

8. Sections describing materials and workmanship in detail for each class of work.

9. Special conditions.

10. General conditions that contain the following requirements:

a. Access to the work. Representatives of the Surgeon General and State agency will have access at all reasonable times to work wherever it is in preparation or progress, and the contractor shall provide proper facilities for such access and inspection.
b. Contract security. The successful bidder must deliver to the owner executed Performance and Payment Bonds each in an amount equal to 100% of the accepted bid. Separate bonds are preferred; however, a single bond providing the above coverage will be acceptable.
c. Bodily injury and property damage liability insurance. The contractor must carry liability insurance for bodily injury and property damage in amounts not less than listed below:

Contractor's Protective Liability Insurance

Bodily Injury Liability	$300,000 - $500,000
Property Damage	100,000 - 300,000

Owner's Protective Liability Insurance

Bodily Injury Liability	$300,000 - $500,000
Property Damage	100,000 - 300,000

d. Fire insurance. The contractor (or owner) shall insure the building or buildings or other work included in the contract against loss or damage by fire, and against loss or damage covered by the standard extended coverage insurance endorsement, the amount of which shall at all times be at least equal to the amount paid on the account of work and materials plus the value of work or of materials furnished or delivered but not yet paid for by the owner. The policy shall provide for the inclusion of the name of all other contractors, subcontractors, and others employed on the premises as insureds, and shall stipulate that the insurance companies shall have no right of subrogation against any contractors, subcontractors, or other parties employed on the premises, for any work of any nature whatsoever.
e. Specifying of materials and equipment. The following paragraph shall appear at the beginning of each Division or Section of the Specifications:

"Notwithstanding any reference in the specifications to any article, device, product, material, fixture, form or type of construction by name, make, or catalog number, such references shall be interpreted as establishing a standard of quality and shall not be construed as limiting competition; and the contractor, in such cases, may at his option use any article, device, product, material, fixture, form or type of construction which in the judgment of the architect expressed in writing is equal to that specified."

C. Estimates. Show in convenient form and detail the probable total cost of the work to be performed under the contract and fixed equipment contemplated by plans and specifications.

6-4 Additions and Alterations

Plans and specifications for projects involving additions or alterations shall indicate the construction phasing necessary to minimize disruptions of existing hospital operations. Safety requirements for projects involving work in existing buildings shall be the same as those required for new construction.

6-5 Record Drawings and Manuals

A. Upon completion of the contract, the contractors shall deliver to the owner a complete set of legible drawings showing all construction, equipment, mechanical and electrical systems, and connections as installed or built.

B. The contractor shall deliver to the owner a complete set of equipment installation and maintenance manuals.

7 CODES AND STANDARDS

7-1 General

Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances, and regulations which are enforced by city, county, or State jurisdictions. Where such codes, ordinances, and regulations are not in effect, it shall be the responsibility of the sponsor to consult one of the national building codes generally used in the area for all components of the building type which are not specifically covered by the minimum standards set forth herein provided the requirements of the code are not inconsistent with the minimum standards herein.

7-2 List of Referenced Codes and Standards

The following codes and standards have been utilized in whole or in part as references in the sections of this publication in parenthesis:

American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Handbook of Fundamentals (secs. 8-23C1, 8-24J4c, 9-17C1, and 9-18H4c) $15.00

American Society for Testing and Materials (ASTM) Standard No. E 84-61, Method of Test for Surface Burning Characteristics of Building Materials (secs. 8-22E and 9-16E) $1.00

American Society for Testing and Materials (ASTM) Standard No. E 90-66T, Recommended Practice for Laboratory Measurement of Airborne Sound Transmission Loss of Building Floors and Walls (Tentative) (secs. 8-20A15, table 1 and 9-14A19, table 3) $1.00

American Society for Testing and Materials (ASTM) Standard No. E 119, Methods of Fire Tests of Building Construction and Materials (secs. 8-22D and 9-16D) $1.00

Federal Housing Administration (FHA) Publication No. 750, Impact Noise Control in Multifamily Dwellings (secs. 8-20A15, table 1 and 9-14A19, table 3) 50 cents

International Standards Organization (ISO) Recommendations No. 140-1960, Field and Laboratory Measurements of Airborne and Impact Sound Transmission (secs. 8-20A15, table 1 and 9-14A19, table 3) $2.40

National Bureau of Standards (NBS) Handbook 73, Protection Against Radiation from Sealed Gamma Sources (secs. 8-20A11b and 9-14A 15b) 30 cents

National Bureau of Standards (NBS) Handbook 76, Medical X-ray Protection up to Three Million Volts (secs. 8-20A11a and 9-14A15a) 25 cents

National Electrical Manufacturers Association (NEMA) Bulletin No. XR4-10, Minimum Power Supply Requirements (sec. 8-24G2) No charge

National Fire Protection Association (NFPA) Standard No. 70, National Electrical Code (sec. 8-24G2) $1.00

National Fire Protection Association (NFPA) Standard No. 56, Code for the Use of Flammable Anesthetics (secs. 8-20B2, 8-23D2s, 8-24F1 and G1, and 9-14B2) 75 cents

National Fire Protection Association (NFPA) Standard No. 82, Standard for Incinerators (secs. 8-23B and 9-17B) 50 cents

National Fire Protection Association (NFPA) Standard No. 10, Standards for the Installation of Portable Fire Extinguishers (secs. 8-20A14 and 9-14A18) 60 cents

National Fire Protection Association (NFPA) Standard No. 101, Life Safety Code (secs. 8-20A1 and 9-14A1) $1.50

National Fire Protection Association (NFPA) Standard No. 565, Standard for Nonflammable Medical Gas Systems (secs. 8-23E6 and 9-17E6) 50 cents

Public Health Service (PHS) Publication, Labor Standards Provisions for Construction Grant Programs (sec. 6-3B7) (Available only at no charge from the Division of Hospital and Medical Facilities, Willste Building, Silver Spring, Maryland 20910)

Public Health Service (PHS) Publication No. 934, Food Service Sanitation Manual (secs. 8-12 and 9-7) 55 cents

Public Health Service (PHS) Publication No. 1038, Report of Public Health Service Technical Committee on Plumbing Standards (secs. 8-23E and 9-17E) 45 cents

Underwriters' Laboratories, Inc. (UL) Publication No. 181, Air Ducts (secs. 8-23D2j and 9-17D2h) No charge

United States of America Standards Institute (USASI) Standard No. A117.1-1961, American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped (secs. 8-1B and 9-1B) $2.00

7-3 Availability of Codes and Standards Listed

Copies of non-Government publications can be obtained from the various agencies at the addresses listed in the next column.

American Society of Heating, Refrigerating and Air-Conditioning Engineers
United Engineer Center
345 East 47th Street
New York, New York 10017

American Society for Testing and Materials
1916 Race Street
Philadelphia, Pennsylvania 19103

International Standards Organization
(USA Headquarters, United States of America Standards Institute)
10 East 40th Street
New York, New York 10016

National Electrical Manufacturers Association
155 East 44th Street
New York, New York 10017

National Fire Protection Association
60 Batterymarch Street
Boston, Massachusetts 02110

Underwriters' Laboratories, Inc.
207 East Ohio Street
Chicago, Illinois 60611

United States of America Standards Institute
(Formerly American Standards Association, Inc.)
10 East 40th Street
New York, New York 10016

Except as noted in the list, copies of Government publications can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

8 GENERAL HOSPITAL

NOTE: General hospitals shall either contain the elements described herein or the narrative program accompanying the application shall indicate the manner in which the needed services are to be available to the hospital. When services are to be shared or purchased, appropriate modifications or deletions in space requirements would be anticipated. When pediatric, psychiatric, and obstetrical services are not included in the hospital, the narrative program should indicate where such services are available in the community. Each element provided in the hospital must meet the construction requirements outlined herein.

8-1 Special Considerations

A. Hospitals with a capacity of 50 beds or less present special problems. The sizes of the various departments will depend upon the requirements of the hospital. Some functions allotted separate spaces or rooms in these general standards may be combined provided that the resulting plan will not compromise the best standards of safety and of medical and nursing practices. In other respects, the general standards set forth in this publication, including the area requirements, shall apply.

B. Facilities shall be available to the public, staff, and patients who may be physically handicapped. Minimum requirements except as noted in these standards shall be those set forth in USASI Pub. No. A117.1-1961.

8-2 Nursing Unit

A. Patient Rooms. Each patient room shall meet the following requirements:

1. Maximum room capacity: 4 patients.

2. Minimum room areas exclusive of toilet rooms, closets, lockers, wardrobes, or vestibules: 100 square feet in one-bed rooms and 80 square feet per bed in multibed rooms.

3. Multibed rooms shall be designed to permit no more than two beds side by side parallel to the window wall.

4. Window: sill shall not be higher than 3'0" above the floor and shall be above grade.

5. Nurses' calling stations. (see sec. 8-24H)

6. Lavatory. In single and two-bed rooms, the lavatory may be located in a private toilet room.

7. Locker or closet for each patient.

8. Cubicle curtains, or equivalent built-in devices, for privacy for each patient in multibed rooms.

9. No patient room shall be located more than 120'0" from the nurses' station, the clean workroom, and the soiled workroom.

B. Service Areas in Each Nursing Unit. The size of each service area will depend on the number and types of beds within the unit and include:

1. Nurses' station. For nurses' charting, doctors' charting, communications, and storage for supplies and nurses' personal effects.

2. Nurses' toilet room. Convenient to nurses' station.

3. Nurses' office. Near nurses' station. (Office may serve more than one nursing unit.)

4. Clean workroom. For storage and assembly of supplies for nursing procedures; shall contain work counter and sink.

5. Soiled workroom. Shall contain clinical sink, work counter, waste receptacle, and soiled linen receptacles.

6. Medicine room. Adjacent to nurses' station; with sink, refrigerator, locked storage, and facilities for preparation and dispensing of medication. (May be a designated area within clean workroom if a self-contained cabinet is provided.)

7. Clean linen storage. Enclosed storage space. (May be a designated area within the clean workroom.)

8. Nourishment station. Storage and sink for serving between-meal nourishments. (May serve more than one nursing unit.)

9. Equipment storage room. For storage of IV stands, inhalators, air mattresses, walkers, and similar bulky equipment.

10. Patient baths. One shower stall or one bathtub for each 15 beds not individually served.

11. Stretcher and wheelchair parking area or alcove.

12. Janitor's closet. Storage of housekeeping supplies and equipment; floor receptor or service sink.

C. Patient Toilet Rooms. A toilet room shall be directly accessible from each patient room without going through the general corridor. One toilet room may serve 2 patient rooms but not more than 4 beds. (The lavatory may be omitted from the toilet room if one is provided in each patient room.)

D. Isolation Room. Isolation room(s) for the particular use of those prone to infections as well as those suffering from infections shall be provided on the basis of one for each 30 beds or major fraction thereof, if the hospital does not have a separate contagious disease unit. Each isolation room shall have:

1. Only one patient per room.

2. Lavatory within patient room or toilet room.

3. View-window for nursing observation.

4. Separate toilet room with bath or shower.

5. An anteroom with adequate facilities to maintain aseptic conditions, including lavatory or sink. (One anteroom may serve several isolation rooms.)

E. Disturbed Patient Room. In the absence of a psychiatric unit, each hospital shall have a room which shall be designed in a manner to permit use as an ordinary patient room and which will also contain facilities to care for patients needing close supervision including facilities to prevent the patient's escape, suicide, or hiding. To minimize patient injury, the design of the room shall exclude sharp projections. An individual toilet room with lavatory shall be provided. The toilet room door shall be lockable only from the outside.

8-3 Newborn Nursery Unit

A. General. Each nursery shall provide:

1. Lavatory.

2. Emergency nurses' call.

3. Oxygen.

4. Facilities for viewing the babies.

B. Full-Term Nursery. Each room shall contain not more than 12 bassinets with a minimum area of 24 square feet per bassinet. An examination and workroom shall be provided. (One examination and workroom may serve up to 24 bassinets.)

C. Premature Nursery. A premature nursery is required only for hospitals with 25 or more maternity beds. Each nursery shall contain no more than 6 bassinets with a minimum area of 30 square feet per bassinet. The premature nursery shall have its own workroom including lavatory. (A work area within the premature nursery may be used but this area shall be in addition to the required bassinet area.)

D. Formula Room. This room is intended for the sole purpose of preparing the infant formula and shall have no direct access to the nursery or workroom. It may be located elsewhere in the hospital. The following shall be provided unless commercially-prepared formula is used:

1. Work counter with built-in sink with gooseneck-type spout and knee or foot control.

2. Lavatory.

3. Hot plate.

4. Refrigerator.

5. Sterilizer (autoclave).

6. Bottle washer.

If commercially prepared formula is to be used or other modifications are proposed in formula preparation and processing, the formula room shall include such space and equipment as are necessary to accommodate formula processing, handling, and storage requirements.

E. Janitor's Closet. This closet shall contain floor receptor or service sink and space for supplies and cleaning equipment.

8-4 Pediatric Unit

If provided as a separate nursing unit, it shall contain:

A. Patient Rooms. Pediatric patient rooms shall conform to the same requirements as those for a patient room shown in sec. 8-2A. In addition, an allowance of 40 square feet per bassinet must be provided in nurseries.

B. Service Areas. These areas shall conform to the requirements in sec. 8-2B, and shall include:

1. Treatment room. Lavatory.

2. Dining, education, and playroom. Multiuse area for 50 percent of the patients.

3. Toilet room. For each sex, with minimum ratio of 1 water closet for each 8 beds excluding bassinets.

4. Storage. For clothes, toys, and equipment.

8-5 Psychiatric Unit

If included as a separate nursing unit, it should be designed as other nursing units except that care must be taken to provide for patients needing close supervision to prevent the patient's escape, suicide, or hiding. The unit shall contain:

A. Patient Room. Each patient room shall meet the following requirements:

1. Minimum room areas: 100 square feet in one-bed rooms and 80 square feet per bed in multibed rooms.

2. Private toilet room.

3. Window: Sill height shall not be higher than 3'0" above the floor and shall be above grade.

B. Service Areas. These areas shall conform to the requirements in sec. 8-2B, and shall include:

1. Doctors' office.

2. Examination and treatment room.

3. Conference room.

4. Dining room; minimum of 15 square feet per person seated.

5. Dayroom; minimum of 40 square feet per patient.

6. Storage for recreation and occupational therapy equipment.

7. Storage for patients' belongings.

8-6 Surgical Suite

A. General. The suite shall be located to prevent through traffic. (See secs. 8-20 and 8-24 for special requirements.)

B. Operating Rooms. One operating room shall be provided for each 50 beds or major fraction thereof, except that for hospitals of over 200-bed capacity, the number of operating rooms shall be based on the expected surgical workload.

C. Cystoscopy Room. This room is required in a facility of over 150 beds. A convenient toilet room with lavatory must be provided. A scrub sink or large lavatory must be provided within or adjoining the cystoscopy room. (May be located in an area other than the surgical suite.)

D. Recovery Facilities. A separate room with charting space, medication storage and preparation space, and clinical sink is required. (May be omitted in hospitals with less than a minimum average of 10 surgical procedures per day.)

E. Service Areas in Each Surgical Suite. The size of each service area will depend on the surgical workload and shall include:

1. Surgical supervisor station.

2. Sterilizing facilities. Near operating room with hi-speed autoclave.

3. Facilities for storage and preparation of medication.

4. Scrubup facilities. Adjacent to operating rooms.

5. Soiled workroom. Shall contain counter, clinical sink, waste receptacle, and soiled linen receptacles.

6. Storage for sterile and unsterile supplies. (May be in clean workroom.)

7. Anesthesia workroom. For cleaning and storage of equipment.

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8. Storage room for anesthetic agents.

9. Nitrous oxide and oxygen facilities. (Provide storage room if these services are not piped in.)

10. Clean workroom. For storage and assembly of supplies; shall contain counter and sink.

11. Equipment storage room. For surgical and monitoring equipment.

12. Janitor's closet. Floor receptor or service sink and storage for housekeeping supplies and equipment.

13. Clothing change areas, lockers, and toilet rooms. For doctors, nurses, orderlies, and other personnel.

14. Holding area (for patients) in facilities with two or more operating rooms.

15. Stretcher alcove.

8-7 Obstetrical Suite

A. General. The suite shall be located to prevent through traffic and shall be completely separated from the surgical suite. (See secs. 8-20 and 8-24, for special requirements.)

B. Delivery Room. The number required shall be based on the estimated annual birth rate.

C. Labor Room. The number required shall be based on the estimated annual birth rate. A patients' toilet room shall be provided adjoining each labor room or conveniently accessible.

D. Recovery Room. Shall contain a minimum of two beds; clinical sink; and medication storage and preparation. (May be omitted in hospitals with an annual birth rate of less than 800.)

E. Service Areas in Each Obstetrical Suite. The size of each service area will depend on the obstetrical workload and the suite shall include:

1. Supervisor's station.

2. Sterilizing facilities. Provide with high-speed autoclave. Locate near delivery rooms.

3. Facilities for storage and preparation of medication.

4. Scrubup facilities. Adjacent to delivery room.

5. Soiled workroom. Shall contain counter, clinical sink, waste receptacle, and soiled linen receptacles.

6. Storage for sterile and unsterile supplies. (May be in clean workroom.)

7. Anesthesia workroom. For cleaning and storage of equipment.

8. Storage room for anesthetic agents.

9. Nitrous oxide and oxygen facilities. (Provide storage room if these services are not piped in.)

10. Clean workroom. For storage and assembly of supplies; shall contain counter and sink.

11. Equipment storage room. For surgical and monitoring equipment.

12. Janitor's closet. Floor receptor or service sink and storage for housekeeping supplies and equipment.

13. Clothing change areas, lockers, and toilet rooms. For doctors, nurses, orderlies, and other personnel.

14. Stretcher alcove.

8-8 Outpatient Suite

These facilities shall be located to prevent outpatients from traversing inpatient areas and shall include:

A. Well-Marked and Sheltered Entry with nearby emergency parking and convenient access for ambulances.

B. Reception Area with telephone, drinking fountain, and toilet rooms.

C. Admissions and Patients' Records Area

D. Examination and Treatment Room(s). Lavatory.

E. Emergency Room. Clinical sink. (See secs. 8-20 and 8-24 for special requirements.)

F. Storage for Sterile Supplies

G. Wheelchair and Stretcher Alcove

H. Janitor's Closet. Floor receptor or service sink and storage for housekeeping supplies and equipment.

8-9 Radiology Suite

This suite shall contain:

A. Radiographic Room. (See secs. 8-20 and 8-24 for special requirements.)

B. Film Processing Room

C. Film Filing Room

D. Toilet Room. Adjoining each fluoroscopy room.

E. Dressing Area. For ambulatory patients.

F. Holding Area. For stretcher patients.

G. Waiting Space

H. Office. With film viewing facilities.

8-10 Laboratory Suite

Facilities for the following services shall be provided: chemistry, bacteriology, serology, pathology, and hematology. They shall include:

A. Glasswashing and Sterilizing Facilities

B. Recording and Filing Facilities

C. Office

D. Blood Storage Room. (May be located in an area other than the laboratory suite.)

E. Specimen Collection Room. This room shall be located near the laboratory and contain a water closet and lavatory.

F. Morgue and Autopsy Facilities. These facilities shall be provided within the hospital unless otherwise available.

8-11 Pharmacy or Drug Room

8-12 Dietary Department

Construction, equipment, and installation shall comply with or exceed the minimum standards set forth in the PHS Pub. No. 934. The department shall include the following facilities unless commercially prepared dietary service, meals, and/or disposables are to be used. If a commercial service will be used, dietary areas and equipment shall be designed to accommodate the requirements for sanitary storage, processing, and handling.

A. Food Preparation Center. Provide lavatory but do not provide mirror.

B. Food Serving Facilities. For patients and staff.

C. Dishwashing Room. Provide commercial-type dishwashing equipment and lavatory.

D. Potwashing Facilities

E. Refrigerated Storage. Three-day supply.

F. Day Storage. Three-day supply.

G. Cart Cleaning Facilities

H. Cart Storage Area

I. Waste Disposal Facilities

J. Canwashing Facilities

K. Dining Facilities. Provide 15 square feet per person seated.

L. Dietitian's Office

M. Janitor's Closet. Storage for housekeeping supplies and equipment; floor receptor or service sink.

N. Toilet Room. Conveniently accessible for dietary staff.

8-13 Administration Department

This department shall include:

A. Business Office

B. Cashier's Station

C. Information Center

D. Administrator's Office

E. Admitting Office

F. Staff Lounge with Doctors' Coat Room

G. Medical Library

H. Lobby

I. Public and Staff Toilet Rooms

J. Director of Nurse's Office. (May be omitted in hospitals of less than 100 beds.)

K. Housekeeper's Office or Space. (Location optional and may be combined with clean linen room in hospitals of less than 100 beds.)

8-14 Medical Records Unit

This unit shall include:

A. Active Record Storage Area

B. Record Review and Dictating Room

C. Work Area. For sorting, recording, or microfilming.

D. Inactive Record Storage Area. (May be omitted if microfilming is used.)

8-15 Central Medical and Surgical Supply Department

The following areas shall be separated from each other:

A. Receiving and Cleanup Room. Space for cleaning equipment and disposing or processing of unclean articles shall be provided.

B. Clean Workroom. This room shall be divided into work space, clean storage area, sterilizing facilities, and storage area for sterile supplies.

C. Unsterile Supply Storage Area. (May be located in an area other than this department.)

8-16 Laundry

The laundry shall include:

A. Soiled Linen Room

B. Clean Linen and Mending Room

C. Linen Cart Storage

D. Lavatories. Accessible from soiled, clean, and processing rooms.

E. Laundry Processing Room. Commercial-type equipment shall be sufficient to take care of 7 days' needs within the workweek.

F. Janitor's Closet. Storage for housekeeping supplies and equipment; floor receptor or service sink.

G. Storage for Laundry Supplies

(Items E, F, and G need not be provided if laundry is processed outside the hospital.)

8-17 Central Stores

General storage room(s) shall have a total area of not less than 20 square feet per bed and shall be concentrated in one area.

8-18 Employees' Facilities

These facilities shall include:

A. Nurses' Locker Room. This room shall have lockers, rest space, and separate toilet room.

B. Female Help Locker Room. This room shall have rest space, lockers, and separate toilet room.

C. Male Help Locker Room. This room shall have lockers and separate toilet room.

8-19 Engineering Service and Equipment Areas

The following shall be provided:

A. Boiler Room

B. Engineer's Office

C. Mechanical and Electrical Equipment Room(s)

D. Maintenance Shop(s). At least one room shall be provided.

E. Storage Room for Building Maintenance Supplies.

F. Storage Room for Housekeeping Equipment. (Need not be provided if space is available in janitor's closet elsewhere.)

G. Toilet and Shower Rooms

H. Refuse Room. For trash storage. Shall be located convenient to service entrance. (See sec. 8-20A9d.)

I. Incinerator Space. The incinerator shall be in a separate room, or in a designated area within the boiler room, or outdoors. (See sec. 8-23B.)

J. Yard Equipment Storage Room. For yard maintenance equipment and supplies.

8-20 Details and Finishes

All details and finishes shall meet the following requirements:

A. Details

1. Exit facilities shall comply with the requirements for exit facilities listed in NFPA Standard No. 101. Minimum corridor widths shall be 8'0". Minimum width of doors to all rooms needing access for beds or stretchers shall be 3'8".

2. Such items as drinking fountains, telephone booths, and vending machines shall be located so that they do not project into the required width of exit corridors.

3. All doors to patient-room toilets or patient-room bathrooms shall be equipped with hardware which will permit access in any emergency.

4. All doors opening onto corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

5. No doors shall swing into the corridor except closet doors.

6. Thresholds and expansion joint covers, if used, shall be flush with the floor.

7. The location and arrangement of plumbing fixtures with blade handles intended for handwashing purposes shall provide clearance necessary for operation without use of hands. (See sec. 8-23 E1b.)

8. Paper towel dispensers shall be provided at all lavatories and sinks used for handwashing.

9. If linen and refuse chutes are used, they shall be designed as follows: (See also sec. 8-23B.)

   a. Service openings to chutes shall have approved class "B", 1 1/2-hour fire doors.
   b. Service openings to chutes shall be located in a room or closet of not less than 1-hour fire-resistive construction, and the entrance door to such room or closet shall be a class "C", 3/4-hour fire door.
   c. Minimum diameter of gravity-type chutes shall be 2'0".
   d. Chutes shall terminate in or discharge directly into a refuse room or linen chute room separate from the incinerator or laundry. Such rooms shall be of not less than 2-hour fire-resistive construction and the entrance door shall be a class "B", 1 1/2-hour fire door.
   e. Chutes shall extend at least 4'0" above the roof and shall be covered by a metal skylight glazed with thin plain glass.

10. Dumbwaiters, conveyors, and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than 1-hour fire-resistive construction. The entrance door to such room shall be a class "C", 3/4-hour fire door.

11. Protection requirements of X-ray and gamma-ray installations shall conform to NBS Handbooks, as follows:

   a. X-ray--Handbook 76.
   b. Gamma-ray--Handbook 73.

12. Ceiling heights

   a. Boiler room. Not less than 2'6" above the main boiler header and connecting piping with a minimum height of 9'0".
   b. Operating rooms, delivery rooms, cystoscopic rooms, radiographic rooms, and rooms having ceiling-mounted surgical light fixtures. Not less than 9'0".

c. Corridors, storage rooms, patients' toilet rooms, and other minor rooms. Not less than 7'6".
d. All other rooms. Not less than 8'0".

13. Boiler rooms, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 85°F.

14. Approved fire extinguishers shall be provided in recessed locations throughout the building in accordance with NFPA Standard No. 10.

15. Noise reduction criteria. Partition, floor, and ceiling construction in patient areas shall comply with table 1.

B. Finishes

1. For flame spread requirements, see sec. 8-22E.

2. Floors in anesthetizing areas and rooms used for storage of flammable anesthetic agents shall comply with NFPA Standard No. 56.

3. Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchens and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a nonslip finish.

4. Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

5. Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moistureproof. Wall bases in dietary areas shall be free of spaces that can harbor insects.

6. Wall bases in any areas used for surgical and obstetrical procedures shall be integral with either the wall or the floor surface material and shall be without voids that can harbor harmful bacteria.

7. All ceilings shall be washable or easily cleanable except that ceilings shall be washable in operating suites, delivery suites, dietary areas, and nurseries. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops, and similar spaces.

8. Ceilings shall be acoustically treated in corridors in patient areas, nurses' stations, labor rooms, nourishment stations, dining areas, and dayrooms.

Table 1. SOUND TRANSMISSION LIMITATIONS FOR PARTITIONS AND FLOORS IN GENERAL HOSPITALS

Location	Airborne Sound Transmission Class (STC) a/		Impact Noise Rating (INR) b/
	Partitions	Floors	Floors
Patients' room to patients' room	45	45	-2
Corridor to patients' room	40	45	+5 c/
Public space to patients' room d/	50	50	+5 c/
Service areas to patients' room e/	55	55	+10 c/

a/ Sound transmission class (STC) shall be determined by tests in accordance with methods set forth in ASTM Standard E 90-66T.

b/ Impact noise rating (INR) shall be determined in accordance with criteria set forth in FHA Pub. No. 750. Tests shall be conducted in accordance with ISO Recommendations No. 140-1960.

c/ Impact noise limitation applicable only when corridor, public space, or service area is over patients' room.

d/ Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar spaces.

e/ Service areas include kitchens, elevators, elevator machine rooms, laundries, garages, maintenance rooms, boiler and mechanical equipment rooms, and similar spaces of high noise or vibration or both. Mechanical equipment located on the same floor or above patients' rooms, offices, nurses' stations, and similar occupied spaces shall be effectively isolated from such spaces with respect to noise and vibration.

NOTE: The requirements set forth in this table assume installation methods which will not appreciably reduce the efficiency of the assembly as tested. Location of electrical receptacles, grilles, ductwork, and other mechanical items, and blocking and sealing of partitions at floors and ceilings shall not compromise the sound isolation required.

8-21 Elevators

A. Elevators, Where Required. All hospitals where either patients' beds or a critical facility, such as operating, delivery, diagnostic, recreation, patient dining, or therapy rooms are located on other than the first floor, shall have electric or electrohydraulic elevators as follows:

1. Number of elevators

   a. At least 1 hospital-type elevator shall be installed where 1 to 59 patient beds are located on any floor other than the first. (For purposes of these requirements, the first floor is that floor first reached from the main front entrance.)
   b. At least 2 hospital-type elevators shall be installed where 60 to 200 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than that containing the patient beds.
   c. At least 3 hospital-type elevators shall be installed where 201 to 350 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than that containing the patient beds.
   d. For hospitals with more than 350 beds, the number of elevators shall be determined from a study of the hospital plan and the estimated vertical transportation requirements.

2. Cars and platforms. Elevator cars and platforms shall be constructed of noncombustible material, except that fire-retardant-treated material may be used if all exterior surfaces of the car are covered with metal. Cars of hospital-type elevators shall have inside dimensions that will accommodate a patient's bed and attendants and shall be at least 5'0" wide by 7'6" deep. The car door shall have a clear opening of not less than 3'8".

3. Leveling. Elevators shall have automatic leveling of the two-way automatic maintaining type with accuracy within plus or minus 1/2 inch.

4. Operation. Elevators (except freight elevators) shall be equipped with two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

B. Field Inspection and Tests. The contractor shall be required to cause inspections and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section and all pertinent safety requirements.

8-22 Construction Including Fire-Resistive Requirements

A. Foundations shall rest on natural solid ground if a satisfactory soil is available at reasonable depths. Proper soil-bearing values shall be established in accordance with recognized standards. If solid ground is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement, except that one-story buildings may rest on a fill designed by a soils engineer. When engineered fill is used, site preparation and all grading shall be done under the direct full-time supervision of the soils engineer. The soils engineer shall issue a final report on the grading operation and a certification of compliance with the job specifications. Special review and approval by the Public Health Service will be required for foundations supported on engineered fill. All footings shall extend to a depth not less than one foot below the estimated maximum frost line.

B. One-Story Buildings. One-story buildings shall be of not less than 1-hour fire-resistive construction throughout, with the following exceptions:

1. Walls enclosing stairways, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms of 100 square feet or greater area shall be of 2-hour fire-resistive construction.

2. Heavy timber construction may be used in gymnasiums, chapels, auditoriums, and administration areas provided that these areas are so located as to be freestanding buildings or if attached to the main building, are suitably fire separated therefrom, do not form a major circulation element in the facility, and do not serve as a required means of egress.

C. Multistory Buildings

1. For all buildings more than one story in height, the structural framework and building elements shall be an appropriately fire-resistive combination of materials using steel, concrete, or masonry. Load-bearing walls may be used only for exterior walls, fire walls, and vertical shafts.

2. Bearing walls and walls enclosing stairways, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms of 100 square

Table 2. PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN HOSPITAL AREAS

Area Designation	Pressure Relationship to Adjacent Areas	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air Per Hour	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Room
Operating room	+	--	5	12	--	No
Emergency operating room	+	--	5	12	--	No
Delivery room	+	--	5	12	--	No
Nursery	+	--	5	12	--	No
Recovery	0	--	2	6	Yes	No
Intensive care	+	--	2	6	--	No
Patient room	0	--	2	2	--	--
Patient area corridor	0	--	2	4	--	--
Isolation room	0	--	2	6	Yes	No
Isolation anteroom	0	--	2	6	Yes	No
Treatment room	0	--	2	6	--	No
X-ray, fluoroscopy room	-	--	2	6	Yes	No
X-ray, treatment room	0	--	2	6	--	--
Physical therapy and hydrotherapy	-	--	2	6	--	--
Soiled workroom	-	--	2	4	--	No
Clean workroom	+	--	2	4	--	--
Autopsy and darkroom	-	--	2	12	Yes	No
Toilet room	-	--	--	10	Yes	No
Bedpan room	-	--	--	10	Yes	No
Bathroom	-	--	--	10	Yes	No
Janitor's closet	-	--	--	10	Yes	No
Sterilizer equipment room	-	--	--	10	Yes	No
Linen and trash chute rooms	-	--	--	10	Yes	No
Laboratory, general [1]	-	--	2	6	--	--
Laboratory, media transfer [2]	+	--	2	4	--	No
Food preparation centers [3]	0	--	2	10	Yes	No
Dishwashing room	-	--	--	10	Yes	No
Dietary day storage	0	--	--	2	--	No
Laundry, general	0	--	2	10	Yes	No
Soiled linen sorting and storage	-	--	--	10	Yes	No
Clean linen storage	+	--	2	2	--	--
Anesthesia storage [4]	0	--	--	8	Yes	No
Central medical and surgical supply:						
Soiled or decontamination room	-	--	2	4	--	No
Clean workroom	+	--	2	4	--	--
Unsterile supply storage	0	--	2	2	--	--

+ = Positive - = Negative 0 = Equal -- = Optional

[1] See sec. 8-23D2n and sec. 8-23D2o for additional requirements.
[2] See sec. 8-23D2n for additional requirements.
[3] See sec. 8-23D2q for exceptions.
[4] See sec. 8-23D2s for additional requirements.

m. Cold-air ducts shall be insulated wherever necessary to maintain the efficiency of the system or to minimize condensation problems.

n. Laboratories shall be provided with outdoor air at a rate of 2 air changes per hour. If this ventilation rate does not provide the air required to ventilate fume hoods and safety cabinets, additional air shall be provided. A filter with 90 percent efficiency shall be installed in the air supply system at its entrance to the media transfer room.

o. Laboratory hoods for general use shall have a minimum average face velocity of 75 feet per minute. Hoods in which infectious or highly radioactive materials are processed shall have a face velocity of 100 feet per minute and each shall have an independent exhaust system with the fan installed at the discharge point of the system. Hoods used for processing infectious materials shall be equipped with a means for disinfection.

p. Duct systems serving hoods shall be constructed of corrosion-resistant material. Duct systems serving hoods in which highly radioactive materials and strong oxidizing agents are used shall be constructed of stainless steel for a minimum distance of 10'0" from the hood and shall be equipped with washdown facilities.

q. The air from dining areas may be used to ventilate the food preparation areas only after it has passed through a filter with 80 percent efficiency.

r. Exhaust hoods in food preparation centers shall have a minimum exhaust rate of 100 cubic feet per minute per square foot of hood face area. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-actuated fan controls. Cleanout openings shall be provided every 20'0" in horizontal exhaust duct systems serving hoods.

s. The ventilation system for anesthesia storage rooms shall conform to the requirements of NFPA Standard No. 56.

t. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and reasonable temperatures in the rooms and in adjoining areas.

u. See sec. 8-20A13 for additional boiler room, food preparation center, and laundry ventilation requirements.

E. Plumbing and Other Piping Systems. All plumbing systems shall be installed in accordance with the requirements of Appendix C, Hospital Plumbing, in PHS Pub. No. 1038.

1. Plumbing fixtures

a. The material used for plumbing fixtures shall be of nonabsorptive acid-resistant material.

b. Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of 5 inches above the rim of the fixture. All fixtures used by medical and nursing staff, and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose they shall not exceed 4 1/2 inches in length, except that handles on scrub sinks and clinical sinks shall be not less than 6 inches long.

c. Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

2. Water supply systems

a. Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of 15 pounds per square inch during maximum demand periods.

b. Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

c. Hot, cold, and chilled water piping, and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

d. Backflow preventers shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as laboratory and janitors' sinks, bedpan flushing attachments, and autopsy tables.

e. Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

f. Bedpan flushing devices shall be provided in each patient toilet room and in the soiled workroom.

g. Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

3. Hot water heaters and tanks

a. The hot water heating equipment shall have sufficient capacity to supply water at the temperature and amounts indicated below:

	Use		
	Clinical	Dietary	Laundry
Gal/hr/bed	6 1/2	4	4 1/2
Temp. °F.	125	180	180

b. Storage tank(s) shall be provided and shall be fabricated of noncorrosive metal or lined with noncorrosive material.

4. Drainage systems

a. Drain lines from sinks in which acid wastes may be poured shall be fabricated from an acid-resistant material.
b. Piping over operating and delivery rooms, nurseries, food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of necessary overhead piping systems.
c. Floor drains shall not be installed in operating and delivery rooms.
d. Building sewers shall discharge into a community sewerage system. Where such a system is not available, a facility providing sewage treatment which conforms to applicable local and State regulations is required.

5. Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as: central soiled linen holding rooms, maintenance shops, trash rooms, bulk storage rooms and adjacent corridors, attics accessible for storage, and laundry and trash chutes. Storage rooms of less than 100 square-foot area and spaces used for storage of nonhazardous materials are excluded from this requirement. Sprinkler heads shall be installed at the top and at alternate floor levels of trash and laundry chutes.

6. Nonflammable medical gas systems. Nonflammable medical gas system installations shall be in accordance with the requirements of NFPA Standard No. 565.

8-24 Electrical Requirements

A. General

1. All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

2. The contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is correctly installed and operates as planned or specified. A written record of tests of conductive floors, ground contact indicators, and radiation protection shall be supplied to the owner.

B. Special Feeders and Circuits. Fixed and mobile X-ray units shall be connected by means of independent feeders or circuits.

C. Switchboard and Power Panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

D. Distribution Panelboards. Lighting and appliance panelboards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

E. Lighting

1. All spaces occupied by people, machinery, and equipment within buildings, and the approaches thereto, and parking lots shall have electric lighting.

2. Patients' bedrooms shall have general lighting and night lighting. A reading light shall be provided for each patient. At least one luminaire for

night lighting shall be switched at the entrance to each patient room. Patients' reading lights and other fixed lights not switched at the door shall have switch controls convenient for use at the luminaire. All switches for control of lighting in patient areas shall be of the quiet operating type.

3. Operating and delivery rooms shall have general lighting for the room in addition to local lighting provided by special lighting units at the surgical and obstetrical tables. Each special lighting unit for local lighting at tables shall be connected to an independent circuit.

F. Receptacles (convenience outlets)

1. Anesthetizing locations. Each operating, delivery, and emergency room shall have at least three receptacles of the interchangeable type as defined in NFPA Standard No. 56. In locations where mobile X-ray is used, an additional receptacle, distinctively marked for X-ray use, shall be fed by an independent ungrounded circuit.

2. Bedroom. Each patient bedroom shall have duplex receptacles as follows: one on each side of the head of each bed (for parallel adjacent beds, only one receptacle is required between the beds); receptacles for luminaires and motorized beds, if used; and one receptacle on another wall.

3. Corridors. Single polarized receptacles marked for use of X-ray only shall be located in corridors of patient areas so that mobile equipment may be used in any location within a patient room. If the same mobile X-ray unit is used in operating rooms and in nursing areas, all receptacles for X-ray use shall be of a configuration that one plug will fit the receptacles in all locations. Single receptacles for equipment such as floor cleaning machines shall be installed approximately 50'0" apart in all corridors and shall be polarized to prevent use interchange with X-ray receptacles. Duplex receptacles for general use shall be installed approximately 50'0" apart in all corridors and within 25'0" of ends of corridors.

4. Pediatric units. Receptacles in patient rooms shall be of the safety type. Receptacles in corridors shall be of safety type or shall be controlled by switches located at a nurses' station or other supervised location.

G. Equipment Installation in Special Areas

1. Installation in hazardous areas. In areas where flammable anesthetic agents are used, such as operating, delivery, emergency, and anesthesia induction rooms, and rooms for storage of flammable gases, all electrical equipment and devices including receptacles, wiring, and conductive flooring installations shall comply with NFPA Standard No. 56.

2. X-ray and gamma-ray installations. X-ray stationary installations and mobile equipment shall conform to Article 660 of NFPA Standard No. 70. The capacities of conductors supplying X-ray units, control, grounding, and the overcurrent protective devices, shall conform to NEMA Bulletin XR4-10.

3. X-ray film illuminator. Viewing panels shall be installed in each operating room and in the X-ray viewing room.

H. Nurses' Calling System. For patients' use at each bed, nurses' calling stations shall be provided that will register a call from the patient at the nurses' station and actuate a visual signal at the patient room door, in the clean workroom, soiled workroom, and nourishment station of the nursing unit. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each calling station. Nurses' calling systems which provide two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating. An emergency calling station shall be provided convenient for patients' use at each patient toilet, bath, or shower room. An emergency nurses' calling station shall be provided for nurses' use in each operating, delivery, recovery, emergency, and intensive nursing care room; and in nurseries, supervised wards for mental patients, and rooms for children.

I. Fire Alarms. A manually-operated, electrically-supervised fire alarm system shall be installed in each hospital that has a total floor area of more than 5,000 square feet. In multistory buildings or in multibuilding facilities, the signal shall be coded or otherwise arranged to indicate

the location of the station operated. Presignal systems will not be permitted.

J. Emergency Electric Service

1. General. To provide electricity during an interruption of the normal electric supply that could affect the medical care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

2. Sources. The source of this emergency electric service shall be as follows:

a. An emergency generating set, when the normal service is supplied by one or more central station transmission lines.
b. An emergency generating set or a central station transmission line, when the normal electric supply is generated on the premises.

3. Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. Exception: A system of prime movers which are ordinarily used to operate other equipment and alternately used to operate the emergency generator(s) will be permitted provided that the number and arrangement of the prime movers is such that when one of them is out of service (due to breakdown or for routine maintenance), the remaining prime mover(s) can operate the required emergency generator(s) and provided that the connection time requirements described in sec. 8-24J5 are met. The emergency generator set shall be of sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall be not less than 80 percent.

4. Emergency electrical connections. Emergency electric service shall be provided to circuits as follows:

a. Lighting

(1) Exitways and all necessary ways of approach thereto including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, and corridors.
(2) Surgical, obstetrical, and emergency room operating lights.
(3) Nursery, laboratory, recovery room, intensive care areas, nursing station, medication preparation area, and labor rooms.
(4) Generator set location, switch-gear location, and boiler room.
(5) Elevator (if required for emergency).

b. Equipment. Essential to life safety and for protection of important equipment or vital materials:

(1) Nurses' calling system.
(2) Alarm system including fire alarm actuated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire detecting and smoke detecting systems, paging or speaker systems if intended for issuing instructions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed.
(3) Fire pump, if installed.
(4) Receptacles for incubators for infants.
(5) Pump for central suction system.
(6) Sewerage or sump lift pump, if installed.
(7) Receptacles for blood bank refrigerator.
(8) Receptacles in operating, recovery, intensive care, and delivery rooms except those for X-ray. At least one duplex receptacle in each nursery.
(9) Duplex receptacles in patient corridors.
(10) One elevator, where elevators are used to transport patients to operating and delivery rooms or from these rooms to nursing areas on another floor.
(11) Equipment such as burners and pump necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization.
(12) Ventilation of operating and delivery rooms.
(13) Equipment necessary for maintaining telephone service.
(14) One electric sterilizer, if installed.

c. Heating. Where electricity is the or source of power normally used for spa heating, the emergency service shall pr vide for heating of operating, delivery, bor, recovery, intensive care, nurseri and patient rooms. Emergency heating patient rooms will not be required un either of the following conditions: (1) design temperature is higher than +20° based on the Median of Extremes as sh in the current edition of the ASHRAE Ha

book of Fundamentals; or (2) the hospital is supplied by at least two utility service feeders, each supplied by separate generating sources, or a network distribution system fed by two or more generators, with the hospital feeders so routed, connected, and protected that a fault any place between the generators and the hospital will not likely cause an interruption of more than one of the hospital service feeders.

5. Details. The emergency electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within 10 seconds through one or more primary automatic transfer switches to all emergency lighting; all alarms; blood banks; nurses' call; equipment necessary for maintaining telephone service; pump for central suction system; and receptacles in operating and delivery rooms, patient corridors, recovery rooms, intensive care nursing areas, and nurseries. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Receptacles connected to the emergency system shall be distinctively marked for identification. Storage-battery-powered lights, provided to augment the emergency lighting or for continuity of lighting during the interim of transfer switching immediately following an interruption of the normal service supply, shall not be used as a substitute for the requirement of a generator. Where fuel is normally stored on the site, the storage capacity shall be sufficient for 24-hour operation. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

9 FACILITY FOR LONG-TERM CARE — NURSING HOMES AND CHRONIC DISEASE HOSPITALS

NOTE: All long-term care facilities shall contain all the elements described herein and shall be built in accordance with the construction requirements outlined; elements that are available through proper affiliation with an adjacent hospital need not be duplicated in the long-term care facility.

9-1 Special Considerations

A. Independent long-term care facilities with a capacity of 50 beds or less present special problems. The sizes of the various departments will depend upon the requirements of the facilities. Some functions allotted separate spaces or rooms in these general standards may be combined provided that the resulting plan will not compromise the best standards of safety and of medical and nursing practices and the social needs of patients. In other respects, the general standards set forth herein, including the area requirements, shall apply.

B. Facilities shall be available to the public, staff, and patients who may be physically handicapped. Minimum requirements except as noted in these standards shall be those set forth in USASI Pub. No. A117.1-1961.

9-2 Nursing Unit

The number of beds in a nursing unit shall not exceed 60 unless additional services are provided. At least two rooms per nursing unit shall be designed for single person occupancy (1 bed) and shall have private toilet rooms. At least 60 percent of the beds shall be located in rooms designed for one or two beds.

A. Patient Rooms. Each patient room shall meet the following requirements:

1. Maximum room capacity: 4 patients.

2. Minimum room area exclusive of closets, toilet rooms, lockers, wardrobes, and vestibules: 100 square feet in one-bed rooms and 80 square feet per bed in multibed rooms.

3. Multibed rooms shall be designed to permit no more than two beds side by side parallel to the window wall.

4. Window: Sill shall not be higher than 3'0" above the floor and shall be above grade.

5. Nurses' calling station(s). (See sec. 9-18F.)

6. Lavatory. In single and two-bed rooms, the lavatory may be located in a private toilet room.

7. Wardrobe or closet for each patient. Minimum clear dimensions: 1'10" deep by 1'8" wide with full length hanging space; provide clothes rod and shelf.

8. Cubicle curtains, or equivalent built-in devices, for privacy for each patient in multibed rooms.

9. No patient room shall be located more than 120'0" from the nurses' station, the clean workroom, and the soiled workroom.

B. Service Areas in Each Nursing Unit. The size of each service area will depend on the number and types of beds within the unit and shall include:

1. Nurses' station. For nurses' charting, doctors' charting, communications, and storage for supplies and nurses' personal effects.

2. Nurses' toilet room. Convenient to nurses' station.

3. Clean workroom. For storage and assembly of supplies for nursing procedures; shall contain work counter and sink.

4. Soiled workroom. Shall contain clinical sink, work counter, waste receptacles, and soiled linen receptacles.

5. Medicine room. Adjacent to nurses' station; with sink, refrigerator, locked storage, and facilities for preparation and dispensing of medication. (May be a designated area within clean workroom if a self-contained cabinet is provided.)

6. Clean linen storage. Enclosed storage space. (May be a designated area within the clean workroom.)

7. Nourishment station. Storage and sink for serving between-meal nourishments. (May serve more than one nursing unit.)

8. Equipment storage room. For storage of IV stands, inhalators, air mattresses, walkers, and similar bulky equipment.

9. Patient baths. One shower stall or one bathtub for each 15 beds not individually served. There shall be at least one bathtub in each nursing unit. Grab bars shall be provided at all bathing fixtures. Each bathtub or shower enclosure in central bathing facilities shall provide space for the private use of the bathing fixture, for dressing, and for a wheelchair and attendant. Showers in central bathing facilities shall not be less than 4'0" square, without curbs, and designed to permit use from a wheelchair. Soap dishes in showers and bathrooms shall be recessed.

10. Stretcher and wheelchair parking area or alcove.

11. Janitor's closet. Storage of housekeeping supplies and equipment. Floor receptor or service sink.

C. Patient Toilet Rooms

1. A toilet room shall be directly accessible from each patient room and from each central bathing area without going through the general corridor. One toilet room may serve two patient rooms but not more than 4 beds. (The lavatory may be omitted from the toilet room if one is provided in each patient room. The minimum dimensions of any room containing only a water closet shall be 3'0" by 6'0".)

2. Water closets must be easily usable by wheelchair patients. Grab bars shall be provided at all water closets.

3. At least one room shall be provided for toilet training; this shall be accessible from the nursing corridor and may serve the bathing area, and shall provide 3'0" clearance at the front and sides of the water closet.

4. Doors to toilet rooms shall have a minimum width of 2'10" to admit a wheelchair.

D. Special Purpose Room(s) may serve more than one nursing unit on the same floor. For consultation, examination and treatment, and therapeutic and nursing procedures. Provide lavatory, storage, and space for treatment table.

E. Sterilizing Room. An autoclave shall be provided which may serve more than one nursing unit. (May be a designated area within clean workroom.)

9-3 Patients' Dining and Recreation Areas

A. The total areas set aside for these purposes shall be not less than 30 square feet per bed for the first 100 beds and 27 square feet per bed for all beds in excess of 100. Additional space shall be provided for outpatients if they participate in a day care program.

B. Storage shall be provided for recreational equipment and supplies.

9-4 Physical Therapy Unit

(May be omitted in facilities of less than 100 beds.)

The following shall be provided:

A. Office. (May also serve for occupational therapy.)

B. Exercise and Treatment Areas. Provide sink or lavatory and cubicle curtains around treatment areas.

C. Hydrotherapy Area. Provide cubicle curtains.

D. Storage for Supplies and Equipment

E. Toilet Room. Located for convenient access by physical therapy patients. (May also serve occupational therapy patients.)

F. Waiting Space

9-5 Occupational Therapy Unit

(May be omitted in facilities of less than 100 beds.)

A. Office Space. (May be provided in physical therapy unit.)

B. Therapy Area. Provide sink or lavatory.

C. Storage for Supplies and Equipment

D. Toilet Room. (Not required if other toilet facilities are convenient.)

9-6 Personal Care Room

Provide with barber and beauty shop facilities.

9-7 Dietary Department

Construction, equipment, and installation shall comply with or exceed the minimum standards set forth in PHS Pub. No. 934. The department shall include the following facilities unless commercially prepared dietary service, meals, and/or disposables are to be used. If a commercial service will be used or meals will be provided by an adjacent hospital, dietary areas and equipment shall be designed to accommodate the requirements for sanitary storage, processing, and handling.

A. Food Preparation Center. Provide lavatory but do not provide mirror.

B. Food Serving Facilities. For patients and staff.

C. Dishwashing Room. Provide commercial-type dishwashing equipment and a lavatory.

D. Potwashing Facilities

E. Refrigerated Storage. Three-day supply.

F. Day Storage. Three-day supply.

G. Cart Cleaning Facilities

H. Cart Storage Area

I. Waste Disposal Facilities

J. Canwashing Facilities

K. Staff Dining Facilities

L. Patient Dining Facilities. (See sec. 9-3.)

M. Dietitian's Office. (May be omitted in facilities with less than 100 beds if desk space is provided in kitchen.)

N. Janitor's Closet. Storage for housekeeping supplies and equipment; floor receptor or service sink.

O. Toilet Room. Conveniently accessible for dietary staff.

9-8 Administration Department

This department shall include:

A. Business Office

B. Lobby and Information Center

C. Administrator's Office

D. Admitting and Medical Records Area

E. Public and Staff Toilet Room

F. Director of Nurse's Office. (May be omitted in facilities of less than 100 beds.)

G. Housekeeper's Office or Space. (Location optional and may be combined with clean linen room in nursing homes of less than 100 beds.)

9-9 Laundry

The laundry shall include:

A. Soiled Linen Room

B. Clean Linen and Mending Room

C. Linen Cart Storage

D. Lavatories. Accessible from soiled, clean, and processing rooms.

E. Laundry Processing Room. Commercial-type equipment shall be sufficient to take care of 7 day's needs within the workweek.

F. Janitor's Closet. Storage for housekeeping supplies and equipment; floor receptor or service sink.

G. Storage for Laundry Supplies

(Items E, F, and G need not be provided if laundry is processed outside the facility.)

9-10 Central Storage Room(s)

Provide at least 10 square feet per bed concentrated in one area.

9-11 Locker Rooms

Provide locker rooms with water closets, and lavatories for staff and volunteers and rest space for females.

9-12 Engineering Service and Equipment Areas

The following shall be provided:

A. Boiler Room

B. Engineers' Office. (May be omitted in nursing homes of less than 100 beds.)

C. Mechanical and Electrical Equipment Room(s)

D. Maintenance Shop(s). At least one room shall be provided.

E. Storage Room for Building Maintenance Supplies. (May be part of maintenance shop in facilities of less than 100 beds.)

F. Storage Room for Housekeeping Equipment. (Need not be provided if space is available in janitor's closet elsewhere.)

G. Toilet and Shower Rooms. (May be omitted in nursing homes of less than 100 beds.)

H. Incinerator Space. The incinerator shall be in a separate room, or in a designated area within the boiler room, or outdoors. (See sec. 9-17B.)

I. Refuse Room. For holding trash prior to disposal. Shall be located convenient to service entrance. (See sec. 9-14A13d.)

J. Yard Equipment Storage Room. For yard maintenance equipment and supplies.

9-13 Additional Elements for Chronic Disease Hospitals

A. General. The following service areas shall be included in a chronic disease hospital type long-term care facility when justified by program requirements.

1. Surgical suite. (See sec. 8-6.)
2. Radiology. (See sec. 8-9.)
3. Laboratory. (See sec. 8-10.)
4. Pharmacy or drug room.
5. Central medical and surgical supply. (See sec. 8-15.)
6. Outpatient services. (See sec. 8-8.)
7. Medical director's office.
8. Social service office(s).
9. Staff lounge and medical library.
10. Dental facilities.
    a. Operatory
    b. Laboratory and darkroom
    c. Lavatory
11. Chiropodist facilities.
12. Speech and hearing facilities.
    a. Office(s) for staff
    b. Space for examination and treatment

9-14 Details and Finishes

A high degree of safety for the occupants in minimizing the incidence of accidents shall be

provided. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:

A. Details

1. Exit facilities shall comply with the requirements for exit facilities listed in NFPA Standard No. 101. Minimum corridor widths shall be 8'0". Minimum width of doors to all rooms needing access for beds or stretchers shall be 3'8". Doors to patient toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of 2'10".

2. Such items as drinking fountains, telephone booths, and vending machines shall be located so that they do not project into the required width of exit corridors.

3. Handrails with ends returned to the walls shall be provided on both sides of corridors used by patients in nursing homes with a clear distance of 1 1/2 inches between handrail and wall.

4. All doors to patient-room toilet rooms and patient-room bathrooms shall be equipped with hardware which will permit access in any emergency.

5. All doors opening onto corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

6. No doors shall swing into the corridor except closet doors.

7. Thresholds and expansion joint covers, if used, shall be flush with the floor.

8. Grab bars and accessories in patient toilet-, shower-, and bath-rooms shall have sufficient strength and anchorage to sustain a load of 250 pounds for 5 minutes.

9. Lavatories intended for use by patients shall be installed to permit wheelchairs to slide under.

10. The location and arrangement of lavatories and sinks with blade handles intended for handwashing purposes shall provide clearance necessary for operation without use of hands. (See sec. 9-17E1b.)

11. Mirrors shall be arranged for convenient use by patients in wheelchairs as well as by patients in a standing position.

12. Paper towel dispensers shall be provided at all lavatories and sinks used for handwashing.

13. If linen and refuse chutes are used, they shall be designed as follows: (See also sec. 9-17B.)

a. Service openings to chutes shall have approved class "B", 1 1/2-hour fire doors.
b. Service openings to chutes shall be located in a room or closet of not less than 1-hour fire-resistive construction, and the entrance door to such room or closet shall be a class "C", 3/4-hour fire door.
c. Minimum diameter of gravity-type chutes shall be 2'0".
d. Chutes shall terminate in or discharge directly into a refuse room or linen chute room separated from the incinerator or laundry. Such rooms shall be of not less than 2-hour fire-resistive construction and the entrance door shall be a class "B", 1 1/2-hour fire door.
e. Chutes shall extend at least 4'0" above the roof and shall be covered by a metal skylight glazed with thin plain glass.

14. Dumbwaiters, conveyors, and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than 1-hour fire-resistive construction. The entrance door to such room shall be a class "C", 3/4-hour fire door.

15. Protection requirements of X-ray and gamma-ray installations shall conform to NBS Handbooks, as follows:

a. X-ray--Handbook 76.
b. Gamma-ray--Handbook 73.

16. Ceiling heights

a. Boiler room. Not less than 2'6" above the main boiler header and connecting piping with adequate headroom under piping for maintenance and access.
b. Operating rooms, cystoscopic rooms, radiographic rooms, and other rooms having ceiling-mounted surgical light fixtures and therapy rooms having ceiling-mounted patient lifting devices. Not less than 9'0".
c. Corridors, storage rooms, patients' toilet rooms, and other minor rooms. Not less than 7'6".
d. All other rooms. Not less than 8'0".

17. Boiler rooms, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 85°F.

18. Approved fire extinguishers shall be provided in recessed locations throughout the building in accordance with NFPA Standard No. 10.

19. Noise reduction criteria. Partition, floor, and ceiling construction in patient areas shall comply with table 3.

B. Finishes

1. For flame spread requirements, see sec. 9-16E.

2. Floors in anesthetizing areas and rooms used for storage of flammable anesthetic agents shall comply with NFPA Standard No. 56.

3. Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchens and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a nonslip finish.

4. Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

5. Walls generally shall be washable and in the immediate area of plumbing fixtures the finish shall be moistureproof. Wall bases in dietary areas shall be free of spaces that can harbor insects.

6. Ceilings generally shall be washable or easily cleanable. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops, and similar spaces.

7. Ceilings shall be acoustically treated in corridors in patient areas, nurses' stations, nourishment stations, and dining and recreation areas.

9-15 Elevators

(For Chronic Disease Hospitals, see sec. 8-21. The following requirements apply to nursing homes.)

A. Elevators, Where Required. All nursing homes where either patient beds or inpatient facilities such as diagnostic, recreation, patient dining, or therapy rooms are located on other than the first floor, shall have electric or electrohydraulic elevators as follows:

1. Number of elevators

   a. At least 1 hospital-type elevator shall be installed where 1 to 59 patient beds are located

Table 3. SOUND TRANSMISSION LIMITATIONS FOR PARTITIONS AND FLOORS IN LONG-TERM CARE FACILITIES

Location	Airborne Sound Transmission Class (STC) a/		Impact Noise Rating (INR) b/
	Partitions	Floors	Floors
Patients' room to patients' room	45	45	-2
Corridor to patients' room	40	45	+5 c/
Public space to patients' room d/	50	50	+5 c/
Service areas to patients' room e/	55	55	+10 c/

a/ Sound transmission class (STC) shall be determined by tests in accordance with methods set forth in ASTM Standard E 90-66T.

b/ Impact noise rating (INR) shall be determined in accordance with criteria set forth in FHA Pub. No. 750. Tests shall be conducted in accordance with ISO Recommendations No. 140-1960.

c/ Impact noise limitation applicable only when corridor, public space, or service area is over patients' room.

d/ Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar spaces.

e/ Service areas include kitchens, elevators, elevator machine rooms, laundries, garages, maintenance rooms, boiler and mechanical equipment rooms, and similar spaces of high noise or vibration or both. Mechanical equipment located on the same floor or above patients' rooms, offices, nurses' stations, and similar occupied spaces shall be effectively isolated from such spaces with respect to noise and vibration.

NOTE: The requirements set forth in this table assume installation methods which will not appreciably reduce the efficiency of the assembly as tested. Location of electrical receptacles, grilles, ductwork, and other mechanical items, and blocking and sealing of partitions at floors and ceilings shall not compromise the sound isolation required.

on any floor other than the first. (For purposes of these requirements, the first floor is that floor first reached from the main front entrance.)

b. At least 2 elevators, 1 of which shall be hospital-type, shall be installed where 60 to 200 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than those containing the patient beds.

c. At least 3 elevators, 1 of which shall be hospital-type, shall be installed where 201 to 350 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than those containing the patient beds.

d. For facilities with more than 350 beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

2. Cars and platforms. Elevator cars and platforms shall be constructed of noncombustible material, except that fire-retardant-treated material may be used if all exterior surfaces of the car are covered with metal. Cars of hospital-type elevators shall have inside dimensions that will accommodate a patient's bed and attendants and shall be at least 5'0" wide by 7'6" deep; car doors shall have a clear opening of not less than 3'8". Cars of all other required elevators shall have a minimum inside floor dimension of not less than 5'0"; car doors shall have a clear opening of not less than 3'0".

3. Leveling. Elevators shall have automatic leveling of the two-way automatic maintaining type with accuracy within plus or minus 1/2 inch.

4. Operation. Elevators (except freight elevators) shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

B. Field Inspection and Tests. The contractor shall be required to cause inspections and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section.

9-16 Construction Including Fire-Resistive Requirements

A. Foundations shall rest on natural solid ground if a satisfactory soil is available at reasonable depths. Proper soil bearing values shall be established in accordance with recognized standards. If solid ground is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement, except that one-story buildings may rest on a fill designed by a soils engineer. When engineered fill is used, site preparation and all grading shall be done under the direct full-time supervision of the soils engineer. The soils engineer shall issue a final report on the grading operation and a certification of compliance with the job specifications. Special review and approval by the Public Health Service will be required for foundations supported on engineered fill. All footings shall extend to a depth not less than one foot below the estimated maximum frost line.

B. One-Story Buildings. One-story buildings shall be of not less than 1-hour fire-resistive construction throughout, with the following exceptions:

1. Walls enclosing stairways, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms of 100 square feet or greater area shall be of 2-hour fire-resistive construction.

2. Heavy timber construction may be used in gymnasiums, chapels, auditoriums, and administration areas provided that these areas are so located as to be freestanding buildings or if attached to the main building, are suitably fire separated therefrom, do not form a major circulation element in the facility, and do not serve as a required means of egress.

C. Multistory Buildings

1. For all buildings more than one story in height, the structural framework and building elements shall be an appropriately fire-resistive combination of materials using steel, concrete, or masonry. Load-bearing walls may be used only for exterior walls, fire walls, and vertical shafts.

2. Bearing walls and walls enclosing stairways, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms of 100 square feet or greater area shall be of 2-hour fire-resistive construction.

3. Nonload-bearing corridor partitions shall be of 1-hour fire-resistive construction.

4. Columns, girders, trusses, floor construction including beams, and roof construction including beams shall be of not less than 1 1/2-hour fire-resistive construction.

5. Beams supporting masonry shall be individually protected with not less than 2-hour fire-resistive construction.

6. Nonload-bearing partitions other than corridor partitions shall be of 1-hour fire-resistive construction and may utilize fire-retardant-treated wood studs.

D. Fire-resistive ratings shall be determined in accordance with ASTM Standard No. E 119.

E. Interior finish of walls and ceilings of all exitways, storage rooms, and areas of unusual fire hazard shall have a flame spread rating of not more than 25; all other areas shall have a flame spread rating of not more than 75, except that up to 10 percent of the aggregate wall and ceiling area may have a finish with a rating up to 200. Floor finish materials shall have a flame spread rating of not more than 75. Flame spread ratings for each specific product shall be determined by an independent testing laboratory in accordance with ASTM Standard No. E 84-61.

9-17 Mechanical Requirements

A. General

1. Prior to completion of the contract and final acceptance of the facility, the architect and/or engineer shall obtain from the contractor certification that all mechanical systems have been tested and that the installation and performance of these systems conform to the requirements of the plans and specifications.

2. Upon completion of the contract, the contractor shall furnish the owner with a bound volume containing operating instructions, manufacturers' catalog numbers, and description and parts list for each piece of equipment.

B. Incinerators and Refuse Chutes. Incinerators shall be gas-, electric-, or oil-fired and shall be capable of, but need not be limited to, complete destruction of pathological wastes. Design and construction of incinerators and refuse chutes shall be in accordance with Part III of the NFPA Standard No. 82.

C. Steam and Hot Water Systems

1. Boilers. Boilers shall have the capacity, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturers' net ratings, to supply the normal requirements of all systems and equipment. The number and arrangement of boilers shall be such that when one boiler breaks down or when routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler(s) shall be 70 percent of the total required capacity. (In areas in a design temperature zone higher than +20°F., based on the Median of Extremes shown by the ASHRAE Handbook of Fundamentals, boiler capacity for space heating, when one boiler is out of service, will not be required.)

2. Boiler accessories. Boiler feed pumps, condensate return pumps, fuel oil pumps, and circulating pumps shall be connected and installed to provide standby service when any pump breaks down.

3. Valves. Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

4. Covering. Boilers, smoke breeching, steam supply piping, high pressure steam return piping, and hot water space heating supply and return piping shall be insulated with insulation having a flame spread rating of 25 or less and a smoke-developed rating of 50 or less.

D. Air Conditioning, Heating, and Ventilating Systems.

(For Chronic Disease Hospitals, see sec. 8-23D. The following requirements apply to nursing homes.)

1. Temperatures. A minimum temperature of 75°F. shall be provided for all occupied areas at winter design conditions.

2. Ventilation system details. All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building. The ventilation rates shown on table 4 shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates if they are required to meet design conditions.

a. Outdoor ventilation air intakes, other than for individual room units, shall be located as far away as practicable but not less than 25'0" from the exhausts from any ventilating

Table 4. PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN NURSING HOME AREAS

Area Designation	Pressure Relationship to Adjacent Areas	All Supply Air from Outdoors	Minimum Air Changes of Outdoor Air Per Hour	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Room
Patient room	0	--	2	2	--	--
Patient area corridor	0	--	2	4	--	--
Special purpose room	0	--	2	6	Yes	No
Physical therapy and hydrotherapy	-	--	2	6	--	--
Soiled workroom	-	--	2	4	--	No
Clean workroom	+	--	2	4	--	--
Toilet room	-	--	--	10	Yes	No
Bedpan room	-	--	--	10	Yes	No
Bathroom	-	--	--	10	Yes	No
Janitor's closet	-	--	--	10	Yes	No
Sterilizer equipment room	-	--	--	10	Yes	No
Linen and trash chute rooms	-	--	--	10	Yes	No
Food preparation center	0	--	2	10	Yes	No
Dishwashing room	-	--	--	10	Yes	No
Dietary day storage	0	--	--	2	--	No
Laundry, general	0	--	2	10	Yes	No
Soiled linen sorting and storage	-	--	--	10	Yes	No
Clean linen storage	+	--	2	2	--	--

+ = Positive - = Negative 0 = Equal -- = Optional

[1] See sec. 9-17D2k for exceptions.

system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than 8'0" above the ground level or, if installed through the roof, 3'0" above roof level.

b. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas shown in table 4.

c. Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than 3 inches above the floor.

d. Corridors shall not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate rooms such as bathrooms, toilet rooms, or janitor's closets which open directly on corridors.

e. Filters. Central systems designed for recirculation of air shall be equipped with a minimum of 2 filter beds. Filter bed #1 shall be located upstream of the conditioning equipment and shall have a minimum efficiency of 30 percent. Filter bed #2 shall be located downstream of the conditioning equipment and shall have a minimum efficiency of 90 percent.

Central systems using 100 percent outdoor air shall be provided with filters rated at 80 percent efficiency.

The above filter efficiencies shall be warranted by the manufacturer and shall be based on the National Bureau of Standards Dust Spot Test Method with Atmospheric Dust.

Filter frames shall be durable and carefully dimensioned, and shall provide an airtight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakage.

f. A manometer shall be installed across each filter bed serving central air systems.

g. Ducts shall be constructed of iron, steel, aluminum, or other approved metal or materials such as clay or asbestos cement.

h. Duct linings shall meet the Erosion Test Method described in UL Pub. No. 181. Duct linings, coverings, vapor barriers, and the adhesives used for applying them shall have a flame spread classification of not more than 25 and a smoke-developed rating not more than 50.

i. Ducts which pass through fire walls shall be provided with approved automatic fire doors on both sides of the wall except that 3/8-inch steel plates may be used in lieu of fire doors for openings not exceeding 18 inches in diameter. An approved fire damper shall be provided on each opening through each fire partition and on each opening through the walls of a vertical shaft. Ducts which pass through a required smoke barrier shall be provided with dampers which are actuated by products of combustion other than heat. Access for maintenance shall be provided at all dampers.

j. Cold air ducts shall be insulated wherever necessary to maintain the efficiency of the system or to minimize condensation problems.

k. The air from dining areas may be used to ventilate the food preparation areas only after it has passed through a filter with 80 percent efficiency.

l. Exhaust hoods in food preparation centers shall have a minimum exhaust rate of 100 cubic feet per minute per square foot of hood face area. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-actuated fan controls. Cleanout openings shall be provided every 20'0" in horizontal exhaust duct systems serving hoods.

m. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and reasonable temperatures in the rooms and in adjoining areas.

n. See sec. 9-14A17 for additional boiler room, food preparation center, and laundry ventilation requirements.

E. Plumbing and Other Piping Systems. (For Chronic Disease Hospitals, see sec. 8-23E. The following requirements apply to nursing homes.) All plumbing systems shall be installed in accordance with the requirements of Appendix C, Hospital Plumbing, in PHS Pub. No. 1038.

1. Plumbing fixtures

a. The material used for plumbing fixtures shall be of nonabsorptive acid-resistant material.

b. Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of 5 inches above the rim of the fixture. All fixtures used by medical and nursing staff, and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed

4 1/2 inches in length, except that handles on clinical sinks shall be not less than 6 inches long.

c. Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

2. Water supply systems

a. Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of 15 pounds per square inch during maximum demand periods.

b. Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

c. Hot, cold, and chilled water piping and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

d. Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as janitors' sinks and bedpan flushing attachments.

e. Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

f. Bedpan flushing devices shall be provided in each patient toilet room and in the soiled workroom.

g. Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

h. Plumbing fixtures which require hot water and which are intended for patient use shall be supplied with water which is controlled to provide a maximum water temperature of 110°F. at the fixture.

3. Hot water heaters and tanks

a. The hot water heating equipment shall have sufficient capacity to supply the water at the temperatures and amounts indicated below:

	Use		
	Clinical	Dietary	Laundry
Gal/hr/bed	6 1/2	4	4 1/2
Temp. °F.	110	180	180

b. Storage tank(s) shall be provided and shall be fabricated of corrosion-resistant metal.

4. Drainage systems

a. Piping over food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of or condensation from necessary overhead piping systems.

b. Building sewers shall discharge into a community sewerage system. Where such a system is not available, a facility providing sewage treatment which conforms to applicable local and State regulations is required.

5. Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as: central soiled linen holding rooms, maintenance shops, trash rooms, bulk storage rooms and adjacent corridors, attics accessible for storage, and laundry and trash chutes. Storage rooms of less than a 100 square foot area and spaces used for storage of nonhazardous materials are excluded from this requirement. Sprinkler heads shall be installed at the top and at alternate floor levels of trash and laundry chutes.

6. Nonflammable medical gas systems. Nonflammable medical gas system installations shall be in accordance with the requirements of NFPA Standard No. 565.

9-18 Electrical Requirements

(For Chronic Disease Hospitals, see Sec. 8-24. The following requirements apply only to nursing homes.)

A. General

1. All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

2. The contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is correctly installed and operated as planned or specified.

B. Switchboard and Power Panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

C. Distribution Panelboards. Lighting and appliance panelboards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

D. Lighting. All spaces occupied by people, machinery, and equipment within buildings, and the approaches thereto, and parking lots shall have electric lighting. Patients' bedrooms shall have general lighting and night lighting. A reading light shall be provided for each patient. At least one luminaire for night lighting shall be switched at the entrance to each patient room. Patients' reading lights and other fixed lights not switched at the door shall have switch controls convenient for use at the luminaire. All switches for control of lighting in patient areas shall be of the quiet operating type.

E. Receptacles (convenience outlets)

1. Bedroom. Each patient bedroom shall have duplex receptacles as follows: one on each side of the head of each bed (for parallel adjacent beds, only one receptacle is required between the beds); receptacles for luminaires, television, and motorized beds, if used; and one receptacle on another wall.

2. Corridors. Single receptacles for equipment such as floor cleaning machines shall be installed approximately 50'0" apart in all corridors. Duplex receptacles for general use shall be installed approximately 50 feet apart in all corridors and within 25'0" of ends of corridors.

F. Nurses' Calling System. A nurses' calling station shall be installed at each patient bed and in each patient toilet-, bath-, and shower-room. The nurses' call in toilet-, bath-, or shower-rooms shall be an emergency call. All calls shall register at the nurses' station and shall actuate a visible signal in the corridor at the patients' door, in the clean workroom, soiled workroom, and nourishment station of the nursing unit. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each calling station. Nurses' call systems which provide two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operative.

G. Fire Alarms. A manually-operated, electrically-supervised fire alarm system shall be installed in each facility that has a total floor area of more than 5,000 square feet. In multistory buildings or in multibuilding facilities, the signal shall be coded or otherwise arranged to indicate the location of the station operated. Presignal systems will not be permitted.

H. Emergency Electric Service

1. General. To provide electricity during an interruption of the normal electric supply that could affect the nursing care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

2. Sources. The source of this emergency electric service shall be as follows:

a. An emergency generating set, when the normal service is supplied by one or more central station transmission lines.
b. An emergency generating set or a central station transmission line, when the normal electric supply is generated on the premises.

3. Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. Exception: A system of prime movers which are ordinarily used to operate other equipment and alternately used to operate the emergency generator(s) will be permitted provided that the number

and arrangement of the prime movers is such that when one of them is out of service (due to breakdown or for routine maintenance), the remaining prime mover(s) can operate the required emergency generator(s) and provided that the connection time requirements described in sec. 9-18H5 are met. The emergency generator set shall be of sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall be not less than 80 percent.

4. Emergency electrical connections. Emergency electric service shall be provided to circuits as follows:

a. Lighting

(1) Exitways and all necessary ways of approach thereto including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, and corridors.
(2) Dining and recreation rooms.
(3) Nursing station and medication preparation area.
(4) Generator set location, switch-gear location, and boiler room.
(5) Elevator (if required for emergency).

b. Equipment. Essential to life safety and for protection of important equipment or vital materials:

(1) Nurses' calling system.
(2) Alarm system including fire alarm actuated at manual stations, water flow alarm devices of sprinkler systems if electrically operated, fire detecting and smoke detecting systems, paging or speaker systems if intended for issuing instruetions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed.
(3) Fire pump, if installed.
(4) Sewerage or sump lift pump, if installed.
(5) All required duplex receptacles in patient corridors.
(6) One elevator, where elevators are used for vertical transportation of patients.
(7) Equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization.
(8) Equipment necessary for maintaining telephone service.

c. Heating. Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of patient rooms. Emergency heating of patient rooms will not be required in areas where: (1) the design temperature is higher than +20°F., based on the Median of Extremes as shown in the current edition of the ASHRAE Handbook of Fundamentals, or (2) the nursing home is supplied by at least two utility service feeders, each supplied by separate generating sources, or a network distribution system fed by two or more generators, with the hospital feeders so routed, connected, and protected that a fault any place between the generators and the hospital will not likely cause an interruption of more than one of the hospital service feeders.

5. Details. The emergency electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within 10 seconds through one or more primary automatic transfer switches to all emergency lighting; all alarms; nurses' call; equipment necessary for maintaining telephone service; and receptacles in patient corridors. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Receptacles connected to the emergency system shall be distinctively marked for identification. Storage-battery-powered lights, provided to augment the emergency lighting or for continuity of lighting during the interim of transfer switching immediately following an interruption of the normal service supply, shall not be used as a substitute for the requirement of a generator. Where fuel is normally stored on the site, the storage capacity shall be sufficient for 24-hour operation of required emergency electric services. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

10 NURSES' RESIDENCE

NOTE: Requirements for details and finishes, elevators, construction (including fire-resistance), mechanical systems, and electrical systems shall be the same as those for long-term care facilities. (See secs. 9-14, 9-15, 9-16, 9-17, and 9-18.)

Rooms:
One nurse per room:[1]
100 square feet in single rooms.
150 square feet in double rooms.
Lavatory in each room.[1]
Closet or wardrobe for each nurse.
No nurses' rooms shall be located on any floor which is below grade.
Common floor facilities:
Lounge with kitchenette to serve 30 to 60 nurses.
Laundry room with 2 trays and 2 ironing boards to serve each 60 nurses.[1] If not provided on each floor, a centrally located laundry room containing the same proportion of trays and ironing boards shall be provided.
Bath room: One shower or tub for each 6 beds.
Toilet room: With lavatories in bedrooms--1 water closet for each 6 beds and 1 lavatory for each 3 water closets. Without lavatories in bedrooms--1 water closet for each 6 beds and 1 lavatory for each 5 beds.
Linen closet.
Janitors' closet.
Telephone facilities.[1]
General facilities:
Lobby.
Office.
Main lounge (with alcoves[1]).
Men's toilet (off lobby).
Storage room for trunks.
Laundry distribution room.[1]
Employees' toilet room.[1]
Boiler room (if facilities not available elsewhere). Spare boiler may not be required.
Emergency lighting as per local code.

11 PUBLIC HEALTH CENTER

NOTE: Except as noted herein, requirements for details and finishes, elevators, construction (including fire-resistance), mechanical systems, and electrical systems shall be the same as those for long-term care facilities. (See secs. 9-14, 9-15, 9-16, 9-17, and 9-18.)

(a) Administration.

Where health department administration personnel have no offices in health center:
Waiting room.
Public toilets.
Office for public health nurses.
Staff toilets.
Assembly space: Waiting room may be used for this purpose where health centers serve under 30,000 population.
Where health department administration offices are provided in health centers add:
Health officer's office.
Office for sanitary engineers.
Health education office.
Staff room and library: In health center for over 30,000 population.

(b) Clinical. The clinical services, and extent of such services, provided in the health center will depend on the program contemplated by the health department to take care adequately of the particular needs of the population served by the health center.

For populations up to 30,000:
Two examination rooms for maternal and child health, V.D. and TB clinics.
Consultation room.
Utility room.
Dental room.[1]
For population over 30,000, if the following services are provided, they shall include areas noted as follows:
Maternal and child health:
Demonstration room.
Examining room.
Toilet.
Tuberculosis and X-ray:
X-ray room with dressing booths.
Dark room.
Consultation and viewing room.

[1] Desirable but not mandatory.

Venereal disease:
Examination room.
Treatment room.
Consultation room.
Toilet.
Dental:
Dental facilities (2 chairs desirable).
Small dental laboratory.
Pharmacy: Dispensing room.

(c) Laboratory. The volume and type of laboratory tests in the health center will vary with local conditions and will determine the size of the laboratory. Such factors as density of population, area to be served, type of center (municipal, county, or rural), its use as a branch of the State laboratory and availability of other laboratory facilities must be considered.

One room is required for urinalysis, hematology, and dark field examinations for syphilis and storage of biologicals furnished by the State Health Department.
Where food control, sanitation and communicable disease work is contemplated another room shall be furnished for this purpose.

(d) Service.
General storage areas:
Bulk office and janitors' supplies.
Bulk clinical supplies.
Educational material.
Storage closets:
Office supplies.
Medical supplies.
Educational material.
Janitors' closet: Centrally located.
Heating plant.

Width of corridors shall be not less than 5'0". Greater width preferred. Windows of examination and treatment rooms shall be glazed with obscure glass to insure privacy.[1]
Emergency quick acting cold water showers are required at convenient points in chemical laboratories.
Only one system of hot water will be required in health centers and the elbow- or knee-action lavatory and sink faucet handles will be required only in clinical rooms of health centers.
Spare boiler may not be required.
Emergency lighting as per local code.

12 STATE PUBLIC HEALTH LABORATORY

NOTE: Except as noted herein, requirements for details and finishes, elevators, construction (including fire-resistance), mechanical systems, and electrical systems shall be the same as those for long-term care facilities. (See secs. 9-14, 9-15, 9-16, 9-17, and 9-18.)

(a) Administration department.

Director's office.
Secretary's office.
Assistant Director's office.
Information desk and switchboard.
Clerical office.
Office supply room.
Library.
Staff meeting room.
Records and filing room.
Mailing and receiving room for incoming specimens, distribution of containers and of biologicals.
Specimen and emergency treatment room.

(b) Bacteriology department.

Office.
Water, food and milk laboratory.
Enteric disease and agglutination laboratory
Tuberculosis laboratory.
Diagnostic laboratory.
Incubator room.
Sterile room.
Rabies room.
Adequate refrigeration.

(c) Syphilis serology department.

Office.
Laboratory: Section of room separated by partitions for centrifuges and preparation specimens.

(d) Chemistry department.

Office.
Laboratory: Facilities for water, food, dru toxicology, and/or industrial hygiene ana yses.
Instrument room: Facilities for darkening

[1] Desirable but not mandatory.

(e) Research and investigation.

Laboratory: Complete laboratory facilities within unit.

(f) Biologicals department.

Adequate refrigeration.
Deep freeze unit.
Room temperature storage.

(g) Central services.

Culture media and reagent preparation room.
Glassware cleaning room.
Acid cleaning unit.
Sterilizing room for culture media and clean glassware only.
Supply room for storage and issue of sterile supplies, general supplies, chemicals, and glassware. Adjacent to sterilizing and glassware cleaning room.
Bulk storage room.
Janitor service room.
Maintenance and utilities unit: Provisions for metal and woodwork, and glassblowing.
Incinerator (animal).
Animal quarters:
  Animal rooms.
  Room for cleaning and sterilizing cages.
  Preparation room for food and bedding.
  Operating and animal inoculation room.

(h) Facilities for personnel.

Men's locker room with washroom and shower.
Women's locker room with washroom and shower.
Rest room.
Lunch room.
Staff toilets.

(i) Additional facilities. If the following activities are included, minimum requirements will be as follows:

Consultation and evaluation service to local laboratories:
  Office.
  Laboratory.
Manufacture of biologicals: This department, including Blood and Blood Products, shall be adequately isolated from the other laboratories. In the case of smallpox and tetanus vaccine preparation separation may be satisfactory in the same building if a separate entrance is provided and no interior connection exists to this department. A separate mechanical ventilating system must be provided.
  Office.
  Laboratory: Cubicles for isolation work.
  Culture media room.
  Sterile room.
  Sterilizing room.
  Glasswashing room.
  Adequate refrigeration.
  Deep freeze unit.
  Storage room, controlled temperature.
  Packaging room.
  Blood and blood products:
    Laboratory: Space and equipment for processing.
    Sterile room.
    Office (may be shared with biologicals department).
    Adequate refrigeration (may be shared with biologicals department).
    Storage room (may be shared with biologicals department).
  Pathology department: Laboratory.
  Clinical laboratory department: Laboratory.
  Virology department: This department shall be efficiently isolated from other laboratories including a separate mechanical ventilating system:
    Office.
    Laboratory: Cubicles for isolation work.
    Sterile room.
    Sterilizing room.
    Inoculation and operating room.
    Animal quarters:
      Facilities for storage of food and bedding.
      Cleaning and sterilizing of cages.
    Locker room with washroom and shower.

Details

Provide separate air conditioning or ventilation system for bacteriological and virus laboratories with ample supply and exhaust to function properly with closed windows. Emergency showers shall be provided in chemical laboratories. Each chemical laboratory room shall have a minimum of two exits. All windows must be screened.

Finishes

Floors:
  Resilient, smooth and stain resistant: All laboratories other than chemistry laboratories.
  Resilient, smooth and acid resistant: Chemistry laboratories.

Smooth, waterproof, grease-proof, easily cleaned, non-slip, resistant to heavy traffic:
Culture media rooms.
Glasswashing rooms.
Sterilization rooms.
Acid cleaning rooms.
Animal rooms.

Walls:
Waterproof, painted, glazed or similar finishes to a point above the splash or spray line. They shall be without cracks, and in conjunction with floors shall be waterproof and free of cracks and spaces which may harbor ants and roaches:
Laboratories.
Incubator rooms.
Sterilizing rooms.
Culture media rooms.
Glasswashing rooms.
Acid cleaning rooms.
Inoculation and operating rooms.
Animal rooms.
Same as above, but finish to reach to ceiling:
Sterile rooms.
Ceilings: Waterproof painted: Sterile rooms.
Shelves and cabinets: Shelves and cabinets which are used for the storage of food, dishes and cooking utensils shall be so constructed and mounted that there shall be no openings or spaces which cannot be cleaned and which might harbor vermin or insects. Cabinets which are used for the storage of open food containers and dishes shall be dust tight.
Emergency quick acting cold water showers are required at convenient points in chemical laboratories.
Only one system of hot water will be required in laboratories.
Emergency lighting and call systems will not be required in laboratories, except as provided for by local and State codes.
Spare boiler may not be required.

13 DIAGNOSTIC OR TREATMENT CENTER

NOTE: Except as noted herein, requirements for details and finishes, elevators, construction (including fire-resistance), mechanical systems, and electrical systems shall be the same as those for long-term care facilities. (See secs. 9-14, 9-15, 9-16, 9-17, and 9-18.)

(a) General. (1) The extent of the diagnostic, treatment, and ancillary facilities will be determined by the services contemplated and the estimated patient load.

(2) Where the facility is to be an integral part of a hospital, the requirements of adjunct diagnostic and treatment facilities and outpatient department of general hospital, shall apply.

(3) Where a diagnostic or treatment center is not to be an integral part of a hospital, then the facilities listed below must be provided unless available for convenient use in an associated health facility.

(4) The planning of diagnostic or treatment centers should provide for the privacy of the patient during interview, examination, and treatment.

(b) Administration facilities.

Administrative, business, and receptionist space.
Medical records space.
Waiting space.
Public telephone.

(c) Diagnostic facilities. (In certain types of specialized projects, such as mental health clinics, the need for radiological and laboratory facilities will be determined by the services contemplated.)

Radiographic room with adjoining dark room.
Utility and sterilizing facilities.
Laboratory.

(d) Diagnostic and treatment facilities. If medical examination and/or treatment are to be included the following shall be added:

Consultation, examination and treatment space is required by the services contemplated.

(e) Service facilities.

Storage.
Janitor's closet.
Employees' locker facilities.
Toilet facilities.
Boiler room.

Incinerator.
Accessible parking space.[1]

Width of corridors shall be not less than 5'0". Greater width preferred. Windows of examination and treatment rooms shall be glazed with obscure glass to insure privacy.[1]
Emergency lighting and call systems will not be required in diagnostic or treatment facilities except as provided for by local and State codes.
Spare boiler may not be required.

REHABILITATION FACILITIES

NOTE: The following requirements for details and finishes shall be applicable to all types of rehabilitation facilities.

Details

Space allowances: Space allowances shall be consistent with the need in areas used by patients using crutches, wheelchairs or wheel stretchers.

Doors: All doors through which patients will pass shall be at least 3 feet 8 inches wide. Doors at least 3 feet wide will be permitted at individual toilets adjacent to patients' bedrooms.

Corridors: Corridors used by patients shall be at least 8 feet wide. A greater width should be provided at elevator entrances.

Handrails: Handrails will be required on both sides of corridors used by patients in chronic disease hospitals and nursing homes. Handrails are not required in corridors of rehabilitation facilities.

Thresholds: Thresholds at doorways shall be flush.

Telephone alcoves: Telephone alcoves shall be a minimum of 4 feet square. Phone shall be located on a shelf convenient for patients in wheelchairs. Doors to telephone booths are not recommended.

Drinking fountains: Drinking fountains shall be located in corridors of nursing units and treatment areas and lobby. The fountain shall be accessible to patients in wheelchairs.

Brackets: In rehabilitation facilities brackets should be provided adjacent to patients' beds for braces and crutches.

Water closet stalls: Water closet stalls for patient use shall have handrails on both sides. Curtains are recommended in lieu of doors to stalls.

Toilet rooms: Toilet rooms adjacent to patients' rooms shall permit movement of wheelchairs and shall have handrails on both sides.

Hardware: Hardware on water closet enclosures shall be operable from outside.

Lavatories: The front edge of the lavatory for patient use shall be set not less than 22 inches from the wall to which it is attached.[1] They shall be supported on brackets to allow wheelchairs to slide under.

Mirrors: Mirrors shall be arranged for the convenience of patients in wheelchairs as well as patients in a standing position.

Bathtubs: Bathtubs shall not be elevated in rehabilitation facilities. It is recommended that bathtubs shall not be elevated in chronic disease hospitals and nursing homes. Handrails shall be provided at all bathtubs.

Showers: Showers should be approximately 4 feet square and should have handrails and curtains. Curbs shall be omitted.

Finishes

Wainscot: A wainscot of durable material should be provided in all rooms used by patients for

[1] Desirable but not mandatory.

protection of walls against damage caused by wheelchairs, stretchers and carts. Such a wainscot is desirable but not mandatory in chronic disease hospitals and nursing homes.

A spare boiler may not be required for rehabilitation facilities. Incinerators are recommended in rehabilitation facilities.

Plumbing fixtures which require hot water and which are accessible to patients shall be supplied with water which is thermostatically controlled to provide a maximum water temperature of 110°F. at the fixture.

Emergency lighting and call systems will not be required in separate rehabilitation facilities for outpatients only except as provided for by local and State codes.

14 REHABILITATION FACILITY (General)

NOTE: Except as noted herein, requirements for details and finishes, elevators, construction (including fire-resistance), mechanical systems, and electrical systems shall be the same as those for long-term care facilities. (See secs. 9-14, 9-15, 9-16, 9-17, and 9-18.)

(a) Wherever possible rehabilitation facilities should be located on the ground floor. The evaluation and treatment facilities should be grouped to facilitate integration of the program and located for convenient access by inpatients and outpatients.

(b) In determining the size of facilities for inpatient and outpatient services, it should be considered that the outpatient load is usually much larger than the inpatient load.

15 REHABILITATION FACILITIES (Multiple Disability) IN A HOSPITAL

NOTE: Except as noted herein, requirements for details and finishes, elevators, construction (including fire-resistance), mechanical systems, and electrical systems shall be the same as those for long-term care facilities. (See secs. 9-14, 9-15, 9-16, 9-17, and 9-18.)

The facilities listed in this section which are in an existing hospital and which are conveniently located and available for use need not be provided.

(a) Administration.

Appointment and cashier's space.
Office for volunteer services coordinator.[1]
Lobby and waiting room.
Public telephone booth.
Public toilets.
Personnel toilets.[1]

(b) Evaluation and treatment facilities. Evaluation and treatment facilities shall include medical facilities and, depending upon the program, one or more of the following: psychological, social or vocational, as listed below.

Conference and library room.

Medical facilities:
- Offices, examination rooms and work space for medical personnel such as physicians and nurses.

Dental facilities:[2]
- Office and work space for provision of appropriate dental treatment.

Physical therapy:
- Office and work space for physical therapy staff.
- Rehabilitation gymnasium for adults.
- Rehabilitation gymnasium for children if children are included in program.[1]
- Hydrotherapy area.
- Thermotherapy and massage area.
- Storage for supplies and equipment.
- Outdoor exercise area.[1]

Occupational therapy:
- Office and work space for occupational therapy staff.

[1] Desirable but not mandatory.

[2] If required by program.

Therapy area:
In large units space should be divided for diversified work (separate room for children is desirable).
Storage space for supplies and equipment.
Facilities for teaching activities of daily living.
Speech and hearing facilities:[2]
Offices for therapists and space for examination and treatment.
Artificial appliance facilities:
Space for fitting and adjustment service.
Psychological facilities:
Office and work for psychological testing evaluation and counseling.
Social service facilities:
Office space for private interview and counseling.
Vocational facilities:
Office and work space for counseling, evaluation, prevocational programs and placement. A prevocational area is not required for facilities exclusively serving children under the age of 12.
Special education:
Schoolroom for children if children are included in program.
General facilities:
Locker, toilet and shower facilities for patients.
Clean and soiled linen facilities.
Locker and toilet facilities for female volunteers.[1]
Locker and toilet facilities for male volunteers.[1]

(c) Nursing unit for adults.[1]

General: It is recommended that this unit be located on the ground floor near the treatment area. Approximately one-fifth of the beds should be in two-bed rooms, the remainder in four-bed rooms. Each patient's room shall have a lavatory. Generous wardrobe space for each patient should be provided in the patients' rooms. A toilet room, with lavatory, accessible from adjoining patients' rooms, is recommended. No patients' room shall be located on any floor which is below grade.
Size of nursing unit:
Not more than 50 beds, 35 to 40 beds recommended.
Minimum patients' room areas:
100 square feet per bed in multi-bed patients' rooms.
Service facilities in each nursing unit for adults:
Nurses' station.
Nurses' toilet.
Utility room.
Examination and treatment room.
Floor pantry.
Solarium: Provide 25 square feet per bed for 75 percent of beds on nursing unit.
Dining room: Provide 25 square feet per bed for 75 percent of beds on nursing unit.
It is recommended that the dining and solarium area be adjacent so that they can be combined into one room for recreational and other group activity purposes.
Toilet facilities:
If centralized toilets are provided, a toilet room for each sex at a ratio of 1 water closet to each 5 beds will be required. One of the water closet enclosures in each toilet room should be at least 5 feet by 6 feet to permit toilet training.
If toilets provided adjacent to patients' rooms are not large enough, a separate training toilet, at least 5 feet by 6 feet, should be provided.
Bedpan facilities.
Bathing facilities.
1 bathroom for each sex.
1 shower to each 8 beds.
1 bathtub.
Stretcher and wheelchair parking space.
Clean linen storage.
Equipment and supply storage.
Janitor's closet.
Telephone alcove (one per floor).
Patients' laundry.[1]

(d) Nursing unit for children.[1]

General: It is recommended that this unit be located on the ground floor near the treatment area. No patients room should have more than 4 beds. Provide 2 two-bed rooms in each nursing unit. Each patients' room shall have a lavatory. Generous wardrobe space for each patient should be provided in the patients' room. A toilet room, with lavatory, accessible from adjoining patient's room is recommended. No patients' room shall be located on any floor which is below grade.
Size of nursing unit:
Not more than 30 beds.

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[1] Desirable but not mandatory.
[2] If required by program.

Minimum room areas:
100 square feet per bed in two-bed and four-bed rooms. 80 square feet per bed recommended for crib room if provided.
Service facilities in each nursing unit for children:
Nurses' station.
Nurses' toilet.
Utility room.
Examination and treatment room.
Floor pantry.
Solarium: Provide 25 square feet per bed for 75 percent of beds on nursing unit.
Dining room: Provide 25 square feet per bed for 75 percent of beds on nursing unit.
It is recommended that the dining and solarium area be adjacent so that they can be combined into one room for recreational and other group activity purposes.
Toilet facilities:
If centralized toilets are provided, a toilet room for each sex at a ratio of 1 water closet to each 5 beds will be required. One of the water closet enclosures in each toilet room should be at least 5 feet by 6 feet to permit toilet training.
If toilets provided adjacent to patients' rooms are not large enough a separate training toilet, at least 5 feet by 6 feet, should be provided.
Bedpan facilities.
Bathing facilities:
1 bathroom for each sex.
1 shower to each 8 beds.
1 bathtub.
Stretcher and wheelchair parking space.
Clean linen storage.
Equipment and supply storage.
Janitor's closet.
Telephone alcove (one per floor).

(e) Service department. In general the same service facilities will be required as those noted under separate rehabilitation facility (multiple disability) for inpatients and outpatients, except that those service facilities which are available in the adjoining hospital need not be duplicated.

16 SEPARATE REHABILITATION FACILITY (Multiple Disability) FOR INPATIENTS AND OUTPATIENTS

NOTE: Except as noted herein, requirements for details and finishes, elevators, construction (including fire-resistance), mechanical systems, and electrical systems shall be the same as those for long-term care facilities. (See secs. 9-14, 9-15, 9-16, 9-17, and 9-18.)

(a) Administration.

Business office with information counter, telephone switchboard and cashier's window.
Administrator's office.
Director of nurses' office.
Office for volunteer services coordinator.[1]
Case records room.
Library for staff and patients.
Lobby and waiting room.
Public telephone booth.
Public toilets.
Personnel toilets.

(b) Evaluation and treatment facilities.

Evaluation and treatment facilities shall include medical facilities and, depending upon the program, one or more of the following: psychological, social, or vocational, as listed below.
Clinical laboratory.[2]
Radiology: Radiographic room with adjoining dark room, toilet and office.[2]
Pharmacy: Drug room with minimum facilities for compounding.[2]
Conference and library room.
Medical facilities:
Offices, examination rooms and work space for medical personnel such as physicians and nurses.
Dental facilities:[2] Office and work space for provision of appropriate dental treatment.
Physical therapy:
Office and work space for physical therapy staff.
Rehabilitation gymnasium for adults.

[1] Desirable but not mandatory.

[2] If required by program.

Rehabilitation gymnasium for children if children are included in program.[1]
Hydrotherapy area.
Thermotherapy and massage area.
Storage for supplies and equipment.
Outdoor exercise area.[1]
Occupational therapy:
Office and work space for occupational therapy staff.
Therapy area.
In large units space should be divided for diversified work (separate room for children is desirable).
Storage space for supplies and equipment.
Facilities for teaching activities of daily living.
Speech and hearing facilities: Offices for therapists and space for examination and treatment.[2]
Artificial appliance facilities: Space for fitting and adjustment service.
Psychological facilities: Office and work space for psychological testing evaluation and counseling.
Social service facilities: Office space for private interview and counseling.
Vocational facilities:
Office and work space for counseling, evaluation, prevocational programs and placement. A prevocational area is not required for facilities serving children under the age of 12.
Special education: Schoolroom for children if children are included in program.
General facilities:
Locker, toilet, and shower facilities for patients.
Clean and soiled linen facilities.

(c) Nursing unit for adults.

General: It is recommended that this unit be located on the ground floor near the treatment area. Approximately one-fifth of the beds should be in two-bed rooms, the remainder in four-bed rooms.
Each patients' room shall have a lavatory. Generous wardrobe space for each patient should be provided in the patients' rooms. A toilet room, with lavatory, accessible from adjoining patients' rooms, is recommended. No patients' rooms shall be located on any floor which is below grade.
Size of nursing unit: Not more than 50 beds, 35 to 40 beds recommended.
Minimum patients' room areas: 100 square feet per bed in multi-bed patients' rooms.
Service facilities in each nursing unit for adults:
Nurses' station.
Nurses' toilet.
Utility room.
Examination and treatment room.
Floor pantry.
Solarium: Provide 25 square feet per bed for 75 percent of beds on nursing unit.
Dining room: Provide 25 square feet per bed for 75 percent of beds on nursing unit.
It is recommended that the dining and solarium area be adjacent so that they can be combined into one room for recreational and other group activity purposes.
Toilet facilities:
If centralized toilets are provided, a toilet room for each sex at a ratio of 1 water closet to each 5 beds will be required. One of the water closet enclosures in each toilet room should be at least 5 feet by 6 feet to permit toilet training.
If toilets provided adjacent to patients' rooms are not large enough, a separate training toilet, at least 5 feet by 6 feet, should be provided.
Bedpan facilities.
Bathing facilities:
1 bathroom for each sex.
1 shower to each 8 beds.
1 bathtub.
Stretcher and wheelchair parking space.
Clean linen storage.
Equipment and supply storage.
Janitor's closet.
Telephone alcove (one per floor).
Patients' laundry.[1]

(d) Nursing unit for children.[2]

General: It is recommended that this unit be located on the ground floor near the treatment area. No patients' room should have more than 4 beds. Provide 2 two-bed rooms in each nursing unit. Each patients' room shall have a lavatory. Generous wardrobe space for each patient should be provided in the patients' rooms. A toilet room, with lavatory, accessible from adjoining patients' room is recommended. No patients' room shall be located on any floor which is below grade.

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1 Desirable but not mandatory.

2 If required by program.

Size of nursing unit: Not more than 30 beds.
Minimum patients' room areas: 100 square feet per bed in 2-bed and 4-bed room. 80 square feet per bed recommended for crib room if provided.
Service facilities in each nursing unit for children:
Nurses' station.
Nurses' toilet.
Utility room.
Examination and treatment room.
Floor pantry.
Solarium: Provide 25 square feet per bed for 75 percent of beds on nursing unit.
Dining room: Provide 25 square feet per bed for 75 percent of beds on nursing unit.
It is recommended that the dining and solarium areas be adjacent so that they can be combined into one room for recreational and other group activity purposes.
Toilet facilities:
If centralized toilets are provided, a toilet room for each sex at a ratio of 1 water closet to each 5 beds will be required. One of the water closet enclosures in each toilet room should be at least 5 feet by 6 feet to permit toilet training.
If toilets provided adjacent to patients' rooms are not large enough, a separate training toilet, at least 5 feet by 6 feet, should be provided.
Bedpan facilities.
Bathing facilities:
1 bathroom for each sex.
1 shower to each 8 beds.
1 bathtub.
Stretcher and wheelchair parking space.
Clean linen storage.
Equipment and supply storage.
Janitor's closet.
Telephone alcove (one per floor).

(e) Service department.

Central sterilizing and supply room.
Dietary facilities:
Main kitchen.
Dietitians' space.
Dishwashing room.
Adequate refrigeration.
Garbage disposal facilities.
Day storage room.
Personnel dining space. Provide 12 squa feet per person; may be designed for mul ple seatings.
Outpatients' dining facilities as required.
Janitor's closet.
Housekeeping facilities:
Laundry; unless commercial or other laund facilities are available, each rehabilitati facility shall have a laundry of sufficient c pacity to process full 7 days' laundry in wo week and contain the following areas:
Sorting area.
Processing area.
Clean linen and sewing room separate fro laundry.
Where no laundry is provided in the hospita a soiled linen room and a clean linen and sev ing room shall be provided.
Housekeeper's office.
Mechanical facilities:
Boiler and pump room.
Shower and locker facilities.[2]
Engineers' space.
Maintenance shops: At least one room sha be provided. In large rehabilitation facili ties, separation of carpentry, painting an plumbing is recommended.
Employees' facilities:
Female staff and volunteers lockers:
Locker room.
Rest room.
Toilet and shower room.
Female help lockers:
Locker room.
Rest room.
Toilet and shower room.
Male staff and volunteers lockers:
Locker room.
Toilet and shower room.
Male help lockers:
Locker room.
Toilet and shower room.
Storage:
General storage. 20 square feet per bed and to be concentrated in one area.
Storage of out-door equipment.[1]

[1] Desirable but not mandatory.
[2] If required by program.

17 SEPARATE REHABILITATION FACILITY (Multiple Disability) FOR OUTPATIENTS ONLY

NOTE: Except as noted herein, requirements for details and finishes, elevators, construction (including fire-resistance), mechanical systems, and electrical systems shall be the same as those for long-term care facilities. (See secs. 9-14, 9-15, 9-16, 9-17, and 9-18.)

(a) Administration.

Business office with information counter, telephone switchboard and cashier's window.
Administrator's office.
Director of nurses' office.
Office for volunteer services coordinator.[1]
Case records room.
Library for staff and patients.
Lobby and waiting room.
Public telephone booth.
Public toilets.
Personnel toilets.[1]

(b) Evaluation and treatment facilities.

Evaluation and treatment facilities shall include medical facilities and, depending upon the program, one or more of the following: psychological, social or vocational, as listed below.

Conference and library room.
Medical facilities:
  Offices, examination rooms and work space for medical personnel such as physicians and nurses.
  Dental facilities:[2] Office and work space for provision of appropriate dental treatment.
  Physical therapy:
    Office and work space for physical therapy staff.
    Rehabilitation gymnasium for adults.
    Rehabilitation gymnasium for children if children are included in program.[1]
    Hydrotherapy area.
    Thermotherapy and massage area.
    Storage for supplies and equipment.
    Outdoor exercise area.[1]
  Occupational therapy:
    Office and work space for occupational therapy staff.
    Therapy area: In large units space should be divided for diversified work (separate room for children is desirable).
  Storage space for supplies and equipment.
  Facilities for teaching activities of daily living.
Speech and hearing facilities:[2] Offices for therapists and space for examination and treatment.
  Artificial appliance facilities: Space for fitting and adjustment service.
Psychological facilities: Office and work space for psychological testing evaluation and counseling.
Social service facilities: Office space for private interview and counseling.
Vocational facilities:
  Office and work space for counseling, evaluation, prevocational programs and placement. A prevocational area is not required for facilities exclusively serving children under the age of 12.
  Special Education:
    Schoolroom for children if children are included in program.
General facilities:
  Locker, toilet and shower facilities for patients.
  Clean and soiled linen facilities.

(c) Service facilities.

Dietary facilities.[2]
Housekeeping facilities: Clean and soiled linen storage.
Janitors' closet(s).
Mechanical facilities:
  Boiler room.
  Maintenance shop.
Employees' facilities:
  Female staff and volunteers lockers:
    Locker room.
    Rest room.
    Toilet and shower room.
  Female help lockers:
    Locker room.
    Rest room.
    Toilet and shower room.

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1 Desirable but not mandatory.

2 If required by program.

Male staff and volunteers lockers:
Locker room.
Toilet and shower room.
Male help lockers:
Locker room.
Toilet and shower room.
Storage:
General storage.

18 SINGLE DISABILITY REHABILITATION FACILITY

NOTE: Except as noted herein, requirements for details and finishes, elevators, construction (including fire-resistance), mechanical systems, and electrical systems shall be the same as those for long-term care facilities: (See secs. 9-14, 9-15, 9-16, 9-17, and 9-18.)

The requirements for a single disability rehabilitation facility will be dependent upon the specific project program, which shall include, however, services in the four basic areas--medical, psychological, social and vocational. In general the single disability rehabilitation facility will follow the pattern established for the multiple disability rehabilitation facility. In other respects the general standards set forth herein shall apply.

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