

Sec. 19-13-D43a. Licensure of infirmaries operated by educational institutions

(a) Definitions.

(1) “Accident - Incident” means an occurrence, injury or unusual event which may result in serious injury or death to a patient, or which interrupts services provided by the infirmary;

(2) “Academic year” means the school year as officially designated by the educational institution;

(3) “Applicant” means any individual, firm, partnership, corporation or association applying for or requesting a license or renewal of a license;

(4) “Alterations” means minor remodeling or revision which does not substantially change the physical plant of the infirmary.

(5) “Commissioner” means the Commissioner of the Connecticut Department of Public Health or his designated representative;

(6) “Construction” means the act or process of building;

(7) “Department” means Connecticut Department of Public Health or any duly authorized representative thereof;

(8) “Educational institution” means a place of learning, that is, a school, college, or university;

(9) “Employee” means a person who is employed by an educational institution in return for financial or other compensation;

(10) “Expansion” means an increase in the physical size or dimensions of the infirmary;

(11) “Facility” means the infirmary, as defined in this subsection;

(12) “Faculty” means the teachers and instructors employed by an educational institution;

(13) “Goals” means attainable ends towards which clinical care is directed and focused;

(14) “Governing authority” means the individuals with the ultimate authority and responsibility for the overall operation of the educational institution and the services which it provides;

(15) “Infirmary” means a health care facility operated by an educational institution, which provides evaluation and treatment services for routine health problems and provides overnight accommodations of limited duration for students, faculty and employees of such institution who are receiving short term care and treatment for noncritical illnesses, are recovering from surgery, or require observation, and who do not require the skills and equipment of an acute care hospital;

(16) “Institutional Outbreak” means the occurrence in an institution of cases of illness over a specific time period clearly in excess of normal expectancy. The number of cases indicating an institutional outbreak may vary according to the etiology, size and type of population exposed, experience with the disease, and time and place of occurrence. An outbreak of disease is an epidemic;

(17) “License” means the form of permission issued by the Department of Public Health that authorizes an educational institution to operate an infirmary;

(18) “Licensee” means the educational institution licensed to operate an infirmary;

(19) “Licensed Capacity” means the maximum number of patients allowed under the school’s license to be admitted to the infirmary for overnight care at any one time;

(20) “Licensed Nursing Personnel” means registered nurses and practical nurses licensed in Connecticut in accordance with Chapter 378, of the Connecticut General Statutes;

(21) "Local Director of Health" means and includes town, city, borough, district, and local director of health, local superintendent and commissioner of health, and any officer or person having the usual powers and duties of a local director of health;

(22) "Medication" means any medicinal preparation including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes;

(23) "Nursing Care Plan" means a written plan documenting a patient's nursing needs based on the use of the nursing process and includes a written plan to meet these needs;

(24) "On Call" means the continuous availability either in person or by telephone or by telecommunication to personnel who are on duty in the infirmary;

(25) "On Duty" means physically present in the infirmary, awake and alert and able to respond to patient care needs;

(26) "Patient Care Plan" means an overall, interdisciplinary written plan documenting an evaluation of the patients needs, short and long term goals, care and treatment;

(27) "Patient Rights" means those rights to which all patients are entitled by state and federal law;

(28) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut in accordance with Chapters 370 or 371, of the Connecticut General Statutes;

(29) "Practical Nurse" means a person with a license to practice as a practical nurse in Connecticut in accordance with Chapter 378, of the Connecticut General Statutes.

(30) "Quality Care" means that patients receive clinically competent care which meets professional standards, are supported and directed in a planned pattern toward mutually defined outcomes, obtain coordinated service through each level of care, and are taught self-management and preventive health measures with respect to age and level of understanding;

(31) "Registered Nurse" means a person with a license to practice as a professional nurse in Connecticut in accordance with Chapter 378, of the Connecticut General Statutes;

(32) "Renovation" means a major remodeling or revision which substantially changes the physical plant of the infirmary;

(33) "Reportable Disease" means a communicable disease, disease outbreak or other condition of public health significance required to be reported to the department and the local director of health;

(34) "Statement of Ownership and Operations" means a written statement as to the legal owners of the premises and legal entity that operates the facility to be licensed;

(35) "Student" means an individual who is enrolled to attend an educational institution;

(36) "Supervision" means the direct inspection and on site observation of the functions and activities of others in the performance of their duties and responsibilities;

(37) "Vector" means an organism which carries pathogens from one host to another.

(b) Licensure Procedure.

(1) No educational institution shall operate an infirmary without a license issued by the department in accordance with section 19a-491 of the Connecticut General Statutes.

(2) Application for Licensure

(A) Application for the initial granting or renewal of a license to operate an infirmary in an educational institution shall be made in writing on forms provided by the department and shall be signed by the Chief Administrative Officer, Medical Director, and Nursing

Director and shall contain the following information:

- (i) name and address of education institution;
- (ii) location within the education institution of the infirmary;
- (iii) type of facility to be licensed;
- (iv) number of beds to be licensed;
- (v) statement of ownership and operation;
- (vi) evidence of compliance with local zoning ordinances and local building codes upon initial application and when applicable;
- (vii) a certificate issued by the local fire marshal indicating that an annual inspection has been made and that the infirmary is in compliance with the applicable fire codes;
- (viii) a report issued by the department indicating that the annual inspection by a sanitarian has been made and that the infirmary is in compliance with the applicable environmental health codes;
- (ix) an organizational chart for the infirmary;
- (x) names and titles of the clinical staff employed in the infirmary; and
- (xi) statistical information as requested by the department.

(B) An application for license renewal shall be made in accordance with subsection (b) above, not later than October 15th each year.

(3) Issuance and Renewal of Licensure

(A) Upon determination by the department that an infirmary is in compliance with the statutes and regulations pertaining to its licensure, the department shall issue a license or renewal of a license to operate an infirmary in accordance with section 19a-493 of the Connecticut General Statutes as amended.

(B) A license shall be issued in the name of the educational institution and premises as listed on the application. The license shall not be transferable to any other person, institution or corporation.

(C) Each license shall list on its face the location and licensed capacity of the infirmary, the name of the educational institution, and the dates of issuance and expiration.

(D) The license shall be posted in a conspicuous place in the infirmary in an area accessible to the public.

(E) The licensee shall immediately notify the Department of Public Health of any change in the Chief Administrative Officer, Medical Director, or Nursing Director.

(F) The licensee shall notify the department in writing of any proposed change of ownership, location of the infirmary, number of beds, or services provided at least ninety (90) days prior to the effective date of such proposed change. The change shall not become effective without prior written approval by the department.

(4) Suspension, Revocation or Denial of License

(A) The department after a hearing may suspend, revoke, refuse to renew a license or take any other action it deems necessary whenever, in the judgment of the commissioner, the infirmary:

- (i) substantially fails to comply with applicable regulations prescribed by the department;
- (ii) substantially fails to comply with applicable state, local and federal laws, ordinances, and regulations related to the building, health, fire protection, safety, sanitation or zoning codes; or,

(iii) knowingly furnishes or makes any false or misleading statements to the department in order to obtain or retain the license.

(B) Any educational institution may appeal such suspension, revocation or denial in accordance with Section 19a-501 of the General Statutes of Connecticut and Sections 19-2a-1 through 19-2a-41 inclusive of the Regulations of Connecticut State Agencies.

(C) Refusal to grant the department access to the infirmary or to those infirmary records relating to matters concerning the department in the discharge of its duties shall be grounds for denial or revocation of the infirmary's license. If, after a hearing, the commissioner determines that the department does have the right to access these records, the school's refusal to grant access shall constitute a substantial failure to comply.

(5) Surrender of license

(A) At least thirty (30) days prior to the voluntary termination of infirmary services the department shall be notified in writing by the educational institution of its intention.

(B) The educational institution shall notify those who are eligible to use the infirmary at least thirty (30) days prior to any one of the actions in subsections (i) and (ii) below. The individuals to be notified shall be identified as part of the educational institution's written policies:

(i) the voluntary surrender of an infirmary license by the institution;

(ii) the department's order of revocation; or the department's refusal to renew the license; or the department's suspension of the license.

(C) The license shall be surrendered to the department within seven (7) days after voluntary termination of operation, or revocation or suspension of the infirmary license, unless otherwise ordered by the commissioner.

(c) **Administration.**

(1) Governing Authority

(A) The governing authority of the educational institution shall be the governing authority for the licensed infirmary and shall be responsible for compliance with relevant regulations.

(B) The governing authority shall exercise general direction over the establishment and implementation of policies for the licensed infirmary and may delegate formulation and enactment of procedures in compliance with all local, state, and federal laws. Such direction and policies shall include but not be limited to:

(i) appointment of a chief administrative officer whose qualifications, authority and duties are defined in writing; and notification of the department of any change in appointment;

(ii) provision of a safely equipped physical plant and maintenance of the infirmary and services in accordance with all applicable local, state and federal laws;

(iii) establishment of an organizational chart which clearly defines the lines of responsibility and authority relating to the management and maintenance of the infirmary;

(iv) establishment of mechanisms and documentation of annual review of all infirmary policies and procedures;

(v) documentation of all current agreements with consultants, practitioners, agencies and providers required on a regular basis by the infirmary in the delivery of services. These agreements shall be considered in force unless terminated by one of the parties.

(2) Chief Administrative Officer

(A) Each licensed infirmery shall have a chief administrative officer who is accountable to the governing authority for:

- (i) the general operation of the infirmery;
- (ii) the appointment of a medical director and notification to the department of any change in this position;
- (iii) the appointment of a nursing director and notification to the department of any change in this position; and
- (iv) filing all materials for licensure or relicensure.

(B) The chief administrative officer may delegate responsibilities for the operation of the infirmery to others as appropriate.

(d) **Staffing.** Each infirmery shall have qualified staff to meet the needs of patients. These shall include:

(1) Medical Director

(A) There shall be a licensed physician or licensed osteopath designated as the medical director.

(B) The medical director, with the approval of the chief administrative officer, shall designate another licensed physician to act in his/her place during his/her absence.

(C) The duties of the medical director shall include, but not be limited to:

- (i) visiting the infirmery as frequently as clinically indicated; and
- (ii) being available by telephone twenty-four (24) hours per day and being available to respond promptly in an emergency.

(D) The medical director shall assume responsibility for:

- (i) the medical care rendered in the infirmery;
- (ii) developing criteria by which he/she can determine the admission or denial of admission of a patient based on the infirmery's ability to provide needed care;
- (iii) proper care and inventory of all drugs in accordance with section 21a-254 of the Connecticut General Statutes.

(iv) the medical record including the proper entry of medical and clinical services provided;

(v) receiving reports from the nursing director on significant clinical developments in patients' care; and

(vi) authorizing hospital care, medical referrals, and other clinical services as needed for patients in the infirmery.

(2) Nursing Director - There shall be a full-time licensed registered nurse designated as the nursing director for the infirmery and whose responsibilities shall include, but not be limited to:

- (A) the nursing care provided to patients in the infirmery;
- (B) determining and arranging staffing when there are patients in the infirmery;
- (C) participating in staff recruitment and selection;
- (D) notifying the department of changes in nursing staff with the exception of those employed directly by a nursing pool;
- (E) orienting, supervising and evaluating the infirmery nursing staff;
- (F) proper maintenance of clinical records; and

- (G) coordinating the services provided to patients in the infirmary.
- (3) Nursing Staff
 - (A) There shall be a licensed nurse on duty whenever there is a patient in the infirmary.
 - (B) When the infirmary is open, there shall be a licensed registered nurse or a licensed physician on call.
 - (C) When the infirmary is closed, there shall be a plan for alternate care.
 - (D) Staff Schedule:
 - (i) There shall be a staff schedule and assignment of duties to assure twenty-four (24) hour coverage sufficient to meet the needs of patients in the infirmary.
 - (ii) There shall be a licensed nurse designated in charge for each shift when there is a patient in the infirmary.
- (4) Nurse's Aides
 - (A) Nurse's Aides may be employed to care for patients in the infirmary under the direction of a licensed nurse.
 - (B) A nurse aide's preparation or work experience shall include one of the following:
 - (i) A certificate of satisfactory completion of an approved nurse's aide training program in accordance with section 19-13-D8t (1) of the Regulations of Connecticut State Agencies; or,
 - (ii) evidence of completion of:
 - (aa) a vocational nurse's aide program by the State Department of Education; or,
 - (bb) a minimum of one (1) year of continuous, full-time or full-time equivalent work experience as a nurse aide providing personal care of patients under the supervision of a registered nurse in a general hospital, hospice, chronic disease hospital, chronic and convalescent nursing home, and completion of a nurse's aide competency evaluation.
 - (iii) One year of continuous employment as a nurse's aide in the same licensed infirmary in an educational institution prior to August 1, 1990.
 - (C) Nurse's aides may provide care only when:
 - (i) there is a licensed nurse on duty; and,
 - (ii) there is a written plan for the nursing care to be provided by the nurse's aide, which does not include skilled nursing care, medication administration, or treatments, and which is legally permissible and within the competence of the nurse's aide.
 - (D) Nurse's aides may not assess and/or admit patients to the infirmary or discharge patients from the infirmary.
- (5) A homemaker-home health aide as defined in section 19-13-D80 (n) of the Regulations of Connecticut State Agencies may provide care on the same basis as a nurse's aide in accordance with subdivisions (4)(C) and (4)(D) of this subsection.
- (e) **Physical Plant**
 - (1) The standards established by the following sources for the construction, renovation, alteration, expansion, conversion, maintenance and licensure of infirmaries, as they are amended from time to time, are incorporated and made a part of these regulations by reference:
 - (A) State of Connecticut Basic Building Code;
 - (B) State of Connecticut Fire Safety Code;
 - (C) State of Connecticut Public Health Code;

(D) Local Codes and Ordinances.

(2) Plans and specifications for new construction and alteration, addition or modification of an existing structure are subject to approval by the department on the basis of compliance with the Regulations of Connecticut State Agencies after the approval of such plans and specifications by the local building inspector, local director of health or designee, and local fire marshal prior to the start of construction.

(3) Waiver

(A) The commissioner may waive provisions of subdivisions (4) and (5) of this subsection related to the environment and physical plant in these regulations, if the commissioner determines that meeting these provisions is not possible and such waiver would not endanger the life, safety or health of patients in the infirmary. The commissioner shall have the power to impose conditions which assure the health, safety and welfare of patients upon the grant of such waiver, or to revoke such waiver upon finding that the health, safety or welfare of any patient has been jeopardized.

(B) Any infirmary requesting a waiver shall apply in writing to the department. Such application shall include:

(i) the name and address of the infirmary including the name of the Chief Administrative Officer and the contact telephone number;

(ii) the specific regulations for which the waiver is requested;

(iii) the level of care which the infirmary provides;

(iv) the maximum patient capacity;

(v) The reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the infirmary upon enforcement of the regulation;

(vi) the specific relief requested;

(vii) the length of time for which the waiver is requested;

(viii) the impact of a waiver on the care provided;

(ix) alternative methods for meeting regulatory requirements; and

(x) any documentation which supports the application for waiver.

(C) In consideration of any application for a waiver, the commissioner may ask that additional information be provided.

(D) The department may request a meeting with the applicant in conjunction with the waiver application.

(E) The applicant may request a meeting with the department in conjunction with the waiver application.

(F) Should the waiver be denied, the applicant may request a hearing. This hearing shall be held in conformance with Chapter 54 of the Connecticut General Statutes and department regulations.

(G) A waiver shall be granted for no more than two years at a time and may be renewed subject to approval by the commissioner.

(4) General Requirements

(A) The infirmary shall be of structurally sound construction and equipped, so as to sustain its safe and sanitary characteristics to prevent or minimize all health and fire hazards.

(B) The building, equipment and services shall be maintained in a good state of repair. A maintenance program shall be established which ensures that the interior, exterior and

grounds of the building are maintained, kept clean and orderly, and free from accumulations of refuse, dilapidated structures, and other health hazards.

(C) Sleeping and personal care space:

(i) In existing infirmaries there shall be clearly defined sleeping and personal care areas which are sufficient in size to comfortably accommodate the approved capacity of patients.

(ii) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, a physical environment, including opportunities for privacy, in clearly defined sleeping and personal care spaces shall be provided. This area shall be sufficient in size to comfortably accommodate the approved capacity of patients.

(D) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, vertical transportation shall be provided in multilevel facilities by an elevator if handicapped accessible facilities are not otherwise available.

(E) Water supply, food service and sewage disposal facilities shall be in compliance with other applicable sections of the Public Health Code.

(F) Notification of new construction, expansion, renovation or conversion, indicating the proposed use and accompanied by a written narrative shall be submitted to the Department of Public Health, at least sixty (60) days prior to start of construction.

(C) Notification of alteration indicating the proposed use accompanied by a written narrative shall be submitted to the Department of Public Health at least thirty (30) days prior to the start of construction.

(5) Basic Requirements

(A) All patients, personnel, visitors, and emergency vehicles shall have access to infirmary buildings and grounds.

(B) Established walkways shall be provided for each entrance and exit leading to a driveway or street and must be properly maintained.

(C) The following administration and public areas shall be provided:

(i) storage space for office equipment, supplies and records;

(ii) a private area in which to conduct patient interviews; and

(iii) a waiting area for patients and visitors.

(D) The following nursing service areas shall be provided:

(i) a designated nursing station;

(ii) twenty-four (24) hour telephone service including an outside line;

(iii) emergency telephone numbers shall be posted and shall include at least the following:

(aa) medical director;

(bb) substitute physicians;

(cc) local director of health;

(dd) hospital to use;

(ee) ambulance service(s);

(ff) school security;

(gg) fire department;

(hh) police department (local and state);

(ii) nurse on call and substitutes;

(jj) administrator on call;

- (kk) institution service personnel;
- (ll) poison control center (local and state);
- (iv) a room with a toilet and sink for use by the clinical personnel. For newly constructed infirmaries and in infirmaries renovated after August 1, 1990, this room shall be adjacent to the nursing station;
- (v) a medication preparation area near the nursing station or within the treatment room;
- (vi) a clean linen storage area;
- (vii) an equipment storage area;
- (viii) in newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a patient treatment room of at least eighty (80) square feet which contains a work counter, storage facilities and a handwashing sink;
- (ix) in newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a nourishment station which shall contain a sink, work counter, refrigerator, storage cabinets, an appliance for heating food, and be equipped for serving nourishment.
- (E) Infirmary bedrooms shall meet the following requirements:
 - (i) there shall be no more than four (4) beds per bedroom. Bunk beds shall not be used;
 - (ii) in newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a minimum of three (3) feet of space between and around beds on three sides in multi-bed rooms. In existing infirmaries there shall be a minimum of three (3) feet of space between beds in multi-bed rooms.
 - (iii) all patient rooms shall open to a common corridor which leads to an exit;
 - (iv) each infirmary bedroom shall be on an outside wall. This outside wall must have either a window or door capable of being opened from inside;
 - (v) all windows which open to the outside shall be equipped with sixteen (16) mesh screening;
 - (vi) no room which opens into the food preparation area or necessitates passing through the food preparation area to reach any other part of the infirmary shall be used as a bedroom;
 - (vii) separate patient rooms shall be provided for males and females;
 - (viii) the room furnishings for each patient shall include a single bed with a mattress, a washable mattress pad or cover, a reading light, a bedside cabinet or table, a bedside tray table, and an available chair. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, a moisture-proof mattress shall be provided.
 - (ix) there shall be an area available for the storage of patients' clothing. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a closet or wardrobe available to hang patient clothing;
 - (x) no smoking shall be allowed in the infirmary;
 - (xi) the use and maintenance of electrical cords, appliances, and adaptors shall be in full compliance with state codes;
 - (xii) in existing infirmaries each patient room shall have access to a sink with hot and cold running water which sink is not used for food or medication preparation. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, each patient room shall have a sink with hot and cold running water.
 - (xiii) The bedside of each patient shall have a method for calling the nurse. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, the call system

shall be of the electronic type.

(F) Toilet Facilities:

(i) One toilet room shall be directly accessible for each six persons without going through another bedroom; in addition to a toilet, each toilet room shall be equipped with a sink which has hot and cold running water, (unless such is available in each patient room) mirror, toilet tissue, soap, single use disposable towels and a covered waste receptacle.

(ii) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, on each floor there shall be a minimum of one toilet room, which is accessible to physically handicapped persons and includes a toilet and one handwashing sink on each floor.

(iii) Each toilet room shall have a method for calling the nurse. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990 the call system shall be of the electronic type.

(G) Bathing facilities

(i) In existing infirmaries an area for bathing shall be available on each infirmary floor.

(ii) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be one bathtub and shower provided on each infirmary floor.

(iii) One shower or bathtub shall be provided for each eight patients or fraction thereof. Each bathtub and shower must be provided with some type of non-slip walking surface.

(iv) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere.

(v) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, all toilet and bathing facilities shall be mechanically ventilated to the outside atmosphere.

(vi) If a bathroom is adjacent to a public area, it must be equipped with a self closing door.

(vii) When bathing facilities are separate from the toilet facilities, there shall be a method for calling the nurse. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990 the call system shall be of the electronic type.

(H) Each patient shall be supplied with linen sufficient to meet his needs. There shall be sufficient linen available for three (3) times the licensed capacity of the infirmary.

(L) Environmental Requirements:

(i) All areas used by patients shall have ambient air temperatures within a range of 68 degrees F. and 72 degrees F.

(ii) The hot water heating equipment must deliver hot water at the tap, the temperature of which shall be within a range of 110 degrees F. to 120 degrees F. It shall have the capacity to deliver the required amounts at all times.

(iii) Only central heating or permanently installed electric heating systems shall be used. Portable space heaters are prohibited.

(iv) All doors to patient bathrooms, toilet rooms and bedrooms shall be equipped with hardware which will permit access in an emergency.

(v) Walls, ceilings and floors shall be maintained in a state of good repair and be washable or easily cleanable.

(vi) Hot water or steam pipes located in areas accessible to patients shall have adequate protective insulation which is maintained, safe and in good repair.

(vii) Each infirmary floor shall be provided with a telephone that is accessible to staff

for emergency purposes.

(viii) Emergency telephone numbers shall be posted in an area adjacent to the phone and shall be accessible to all individuals in the infirmary.

(ix) Provisions shall be made to assure an individual's privacy in the bathroom, bathtub and shower areas.

(x) All spaces occupied by people, equipment within buildings, approaches to buildings, and parking lots shall have adequate lighting.

(xi) In existing infirmaries there shall be adequate lighting in patient rooms and toilet rooms shall have at least one light fixture switched at the entrance. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, all rooms shall have adequate general and night lighting, and all bedrooms and toilet rooms shall have at least one light fixture switched at each entrance.

(xii) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the required corridor width. At all times corridors shall be maintained clear of combustibles and of obstructions to immediate egress.

(xiii) All doors to patient bedrooms and all means of egress shall be of a swing type.

(xiv) There shall be effective measures taken to protect against the entrance into the residence or breeding on the premises of vermin. During the season when vectors are prevalent, all openings into outer air shall be screened with a minimum of sixteen (16) mesh screening and doors shall be provided to prevent the entrance of vectors.

(xv) Emergency lighting shall be provided for all means of egress, nursing stations, treatment rooms, medication preparation areas and patient toilet rooms.

(xvi) Storage areas, basements, attics and stairwells must be properly maintained and in good repair, clean and uncluttered.

(xvii) Operational safety procedures for emergency egress shall be developed for the safety of patients and personnel and practiced with staff and documented at least twice per year.

(xviii) There shall be no pesticide storage in the infirmary. Potentially hazardous substances in the infirmary shall be stored in a locked area.

(xix) The fire extinguishers shall be maintained, and inspected annually. They shall be hung in a conspicuous location.

(xx) Sinks used by staff in medication and patient treatment areas shall be equipped with wrist blade handles, soap, and a paper towel dispenser and a waste receptacle.

(xxi) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a sink in each patient room equipped with wrist blade handles, soap, and a paper towel dispenser and a waste receptacle.

(xxii) In existing infirmaries there shall be smoke detectors in all patient bedrooms or in the infirmary corridors. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, an automatic smoke detection system shall be installed in all patient bedrooms and corridors and this system shall be interconnected with the fire alarm system and installed in accordance with the State Fire Safety Code.

(f) Nutrition and Dietary Services.

(1) Nutrition Services

(A) Each infirmary shall provide evidence that the dietary needs of patients are being

met.

(B) Unless medically contraindicated, the infirmery shall have the potential to serve at least three (3) meals daily.

(C) The infirmery shall provide special utensils to assist patients in eating when necessary.

(2) Dietary Facilities

(A) If food preparation is provided on the infirmery premises each infirmery shall have its own preparation area which includes space and equipment for storage, preparation, assembling and serving food, cleaning of dishes and disposal of garbage.

(B) Food preparation areas shall be separate from other areas and large enough to allow for adequate equipment to prepare and store food properly;

(C) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them. The floor surface shall be of non-absorbent easily cleanable material;

(D) If food is prepared in the infirmery and nondisposable equipment and dishes are used, a dishwashing machine shall be provided;

(E) A sink with both hot and cold running water, soap, paper towels, and a covered waste receptacle shall be provided in the food preparation area;

(F) On school grounds there shall be a three day supply of food available for the infirmery;

(G) Functional refrigerators and freezers with thermometers shall be provided for the storage of food to meet the needs of the patients;

(H) Trash shall be stored in covered receptacles adequate in size and number outside the building housing the infirmery;

(I) A means of ventilation for the food preparation areas shall be provided;

(J) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, mechanical ventilation shall be provided in all food preparation areas.

(K) Dietary facilities and procedures shall be in accordance with other applicable sections of the Regulations of Connecticut State Agencies.

(g) **Service Operations.**

(1) Policies and Procedures. There shall be a policy and procedure manual implemented for the infirmery which shall be available to staff at all times, complied with, and reviewed annually.

(2) Each infirmery shall implement written policies and procedures governing the admission and discharge of patients and the delivery of services which shall include but not be limited to:

(A) the admission process including admission criteria by which the medical and nursing staff shall decide the admission or denial of admission of a patient based on the infirmery's ability to provide care;

(B) the discharge process including discharge criteria; and

(C) the referral process including follow up.

(3) There shall be a current copy of the Regulations of Connecticut State Agencies available in the infirmery.

(4) Personnel Practices

(A) Each infirmery shall develop and implement policies and procedures governing the orientation and supervision of infirmery staff.

(B) Job descriptions for each infirmery staff position shall include: a description of the duties to be performed; the supervision which will be given; the minimum qualifications for the position; and the effective or revision date.

(C) Pre-employment and periodic physical examinations, including tuberculin testing and a physician's statement that the infirmery employee is free from communicable disease, shall be required of all infirmery employees.

(D) Personnel files for all employees who provide service in the infirmery shall include the following:

- (i) educational preparation and work experience;
- (ii) current licensure, registration or certification where applicable;
- (iii) a record of health examination(s).

(5) Records.

(A) Each infirmery shall maintain a complete medical record for each patient admitted to the infirmery. The record shall be accessible to the infirmery staff at all hours. It must include but not be limited to:

- (i) identification data;
- (ii) an admission history and physical assessment;
- (iii) specific physician treatment orders;
- (iv) written authorization for medical care and treatment;
- (v) for underage patients, documentation of notification of parent or guardian of infirmery admission;
- (vi) a patient care plan based on the patient assessment;
- (vii) nurses notes which include current condition, changes in patient condition, treatments and responses to treatments;
- (viii) documentation of all patient care, patient teaching and services provided or refused by the patient and progress made toward goals and objectives in accordance with the care plan;
- (ix) laboratory test results;
- (x) a record of medications administered including the name and strength of the drug, route and time of administration, dosage and if ordered "as needed" the reason for administration and patient response/result observed;
- (xi) a record of immunizations in accordance with section 10-204a-4 of the Regulations of Connecticut State Agencies.
- (xii) a written discharge summary which indicates the patient's progress, the level of improvement or lack of it, the departure plan, and follow up arrangement, which is signed by the medical director or attending physician within seven (7) days after discharge;
- (xiii) for emergency purposes a record is to be maintained identifying parents and or responsible persons including: name(s) and address, home and business; and telephone numbers, home and business;

(B) Medical records must be kept secure and in a confidential location for seven (7) years after a student is no longer enrolled in or employee or faculty member employed at the educational institution.

(6) Patient Rights. Each infirmery shall have a written:

(A) description of available services including any charges or billing mechanisms;

(B) policy which it must implement regarding access to patient records, including an explanation of the confidential treatment of all patient information in infirmery records and the requirement for written consent for release of information to persons not otherwise under law allowed to receive it;

(C) a list of the names of the persons supervising the medical and nursing care provided in the infirmery and the manner in which those persons may be contacted;

(D) procedure for registering complaints re: the infirmery with:

(i) the school; and

(ii) the commissioner.

(h) **Emergency Preparedness.**

(1) Each infirmery shall formulate, and implement when necessary, a plan for the protection of the patients in the event of fire or other disaster and for their evacuation when necessary to include:

(A) written evacuation plan instructions and diagrams for routes of exit;

(B) fire drills conducted as often as the local fire marshal recommends, at irregular intervals during the day, evening and night but not less than quarterly;

(C) assignment of each staff member to specific duties in the event of disaster or emergency;

(D) written plans for the provision of temporary physical facilities to include shelter and food services in the event the infirmery becomes uninhabitable due to disaster or emergency;

(E) annual review by the local fire marshal of the plans written in accordance with this subparagraph.

(2) Documentation shall be submitted to the department annually that all employees have been instructed and kept informed of their duties and responsibilities and that all activities required by this subsection have been completed.

(i) **Infection Control.** Each infirmery shall develop an infection prevention, surveillance and control program which shall include antiseptic technique, isolation policies and procedures and patient education.

(1) There shall be a method to monitor, evaluate and report documented or suspect cases of reportable diseases, as specified in sections 19a-36-A3 and 19a-36-A4 of the Regulations of Connecticut State Agencies, and institutional outbreaks of illness.

(2) Areas shall be provided for isolation of patients as necessary.

(3) There shall be regularly scheduled inservice education programs for staff regarding infection prevention, surveillance and control scheduled at least yearly. Documentation of these programs and attendance shall be available to the department upon request.

(j) **Handling, Storage, and Administration of Medications and Pharmaceuticals.**

(1) In accordance with Chapter 420b of the Connecticut General Statutes, the medical director is responsible for the proper care and inventory of all drugs used in the infirmery.

(2) All medications shall be administered by licensed nurses or other health care practitioners licensed in this state with statutory authority to administer medications.

(3) Orders for the administration of medications shall be in writing, signed by the patient's physician or dentist and in compliance with the infirmery's written policy and

procedure.

(A) Medications shall be administered only as ordered by the patient's physician or dentist and in compliance with the laws of the State of Connecticut

(B) Orders shall include at least the name of the medication, dosage, frequency, duration and method of administration and, if ordered "as necessary," the reason for use.

(4) Each infirmity shall have written policies and procedures pertaining to drug control. All unused, discontinued or obsolete medications shall be removed from storage areas and, at the discretion of the medical director, either sent home with the patient or set aside for destruction.

(5) Drugs used in the infirmity shall meet standards established by the United States Pharmacopoeia and shall be stored so as to ensure their proper purity and strength.

(6) Records shall be maintained of all controlled substances in a manner and form prescribed by Chapter 420b of the Connecticut General Statutes.

(7) The area and the equipment necessary for handling, storing and administering drugs shall be kept clean, adequately lighted and ventilated and shall be maintained in good order and shall be used exclusively for this purpose.

(k) **Accident and Incident Reports.** The licensee shall report to the department any occurrence, injury or unusual event which has caused or resulted in, or may cause or result in, serious injury or death to a patient, or which interrupts, or has the potential to interrupt, services provided in the infirmity.

(1) Classification. Accident/incident reports to the department concerning events occurring in the infirmity shall employ the following classification of such events:

(A) Class A: One which has caused or resulted in, or has the potential to result in, serious injury or death to a patient;

(B) Class B: One which has interrupted, or has the potential to interrupt, the services provided in the infirmity.

(2) Report. The chief administrative officer or designee shall report any Class A or Class B accident or incident immediately by telephone to the department and confirm by written report within seventy-two (72) hours of said event.

(3) Each written report shall contain the following information:

(A) Date of report;

(B) name of the infirmity as stated in the license;

(C) licensed bed capacity;

(D) date of event, incident, or occurrence;

(E) the location, nature and a brief description of the event; the individuals affected; the action taken; and disposition;

(F) if the affected individual was a patient in the infirmity at the time of the reported event:

(i) date of admission;

(ii) current diagnosis;

(iii) physical and mental status prior to the event;

(iv) physical and mental status after the event.

(G) The name of the physician consulted, if any, time physician was consulted, and a report summarizing any subsequent physical examination including findings and orders.

(H) The names of any witnesses to the event, incident or occurrence.

(I) Any other information deemed relevant by the reporting authority.

(J) The signature of the person who prepared the report and the chief administrative officer.

(5) The chief administrative officer or designee shall submit subsequent reports, if applicable, relevant to any accident, event or occurrence previously reported.

(I) **Intravenous Therapy.** Intravenous therapy (I.V.) is not required. If the licensee chooses to allow intravenous therapy to be provided, the following shall apply. When used in section 19-13-D43a of the Regulations of Connecticut State Agencies:

(1) Definitions.

(A) "I.V. Fluid" means sterile solutions of 50 ml or more, intended for intravenous infusion but excluding blood and blood products.

(B) "I.V. Admixture" means an I.V. fluid to which one or more additional drug products have been added.

(C) "I.V. Therapy" means the introduction of an I.V. fluid/I.V. admixture into the blood stream via a vein for the purpose of correcting water deficit and electrolyte imbalances, providing nutrition, and delivering antibiotics and other therapeutic agents approved by the infirmary's medical director.

(D) "Administer" means to initiate the venipuncture and deliver an I.V. fluid/admixture into the blood stream via a vein; and to:

(i) care for the venipuncture site

(ii) monitor the venipuncture site and the therapy

(iii) terminate the procedure

(iv) record pertinent events and observations.

(E) "I.V. Therapy Nurse" means a registered nurse, licensed to practice in Connecticut who is qualified by education and training to administer an I.V. fluid/admixture and has demonstrated proficiency in the theoretical and clinical aspects of I.V. therapy.

(F) "I.V. Therapy Program" means the overall plan by which the infirmary will implement, monitor and safeguard the administration of I.V. therapy to patients.

(2) I.V. therapy may be administered in a licensed infirmary in an educational institution provided the infirmary obtains written approval from the commissioner, in accordance with section 19-13-D8u (c) of the Regulations of Connecticut State Agencies.

(3) Registered nurses who provide I.V. fluid therapy in the infirmary shall have had training through instruction and supervised clinical experience in I.V. fluid therapy.

(4) The infirmary shall develop and implement written policies, procedures and standards of care for the safe administration of I.V. therapy to all patients receiving such treatment. These documents are subject to review and approval by the department as a part of the commissioner's written approval in subdivision (2) of this subsection.

(A) a description of the objectives, scope, and limitation of the therapy to be provided;

(B) identification of the person(s) in the infirmary responsible for the direction, supervision, and control of I.V. therapy administration. Alternates shall be named in his/her absence;

(C) requirements for the education, training, supervision, in-service education, continuing education, and evaluation of all personnel participant in the administration of

I.V. therapy;

(D) specific protocols related to physician orders including but not limited to the volume and type of solution, name and dosage of admixture, start date, frequency, hourly flow rate, renewal/termination date, and monitoring parameters as indicated. Each patient's plan of care shall include the protocol necessary to carry out the I.V. therapy orders in the infirmary including the frequency of contact with the physician;

(E) protocols for the safe administration, monitoring and termination of I.V. therapy including the procurement of equipment and supplies and the safe preparation, labeling, and handling and disposal of I.V. admixtures and equipment, and infection prevention and control procedures.

(F) I.V. therapy related complications, medication errors, early recognition of the signs and symptoms of sepsis, acute untoward reactions, and appropriate intervention in a timely manner;

(G) emergency precautions and procedures;

(H) documentation and charting procedures which shall include the following:

(i) the date and time of initiation of the I.V. therapy;

(ii) name of the person initiating the therapy;

(iii) the location of the I.V. therapy site;

(iv) the type and gauge of the catheter used;

(v) the type and volume of the solution and admixture(s), including dosages;

(vi) the condition of the I.V. site

(vii) the patient teaching plan and the response of the patient;

(viii) termination, date and time;

(ix) outcome of the therapy and, if any, the complications encountered.

(I) Delivery of I.V. fluid/I.V. admixture(s) via a central line may be done only by a registered nurse under specific protocols.

(5) There shall be a registered nurse on duty during I.V. therapy to:

(A) care for the site;

(B) monitor the site and the therapy;

(C) record pertinent events and observations;

(D) terminate peripheral vein lines.

(6) There shall be a mechanism in place in the infirmary for ongoing review of the effectiveness and safety of the program and equipment which includes problem identification, corrective action and documentation of same. It is subject to prior review and approval by the department as a part of the commissioner's written approval in subdivision (2) of this subsection.

(7) Only a qualified I.V. therapy nurse may initiate a venipuncture in a peripheral vein for the purpose of delivering I.V. fluid/I.V. admixture(s) into the blood stream. Only a licensed physician may initiate or terminate a central vein access.

(8) There shall be no changes in the approved protocols developed for the I.V. therapy program without the written approval of the commissioner or his/her designee.

(9) Upon determination of compliance with these regulations, approval by the commissioner to participate in an I.V. therapy program shall be renewed at the time of the infirmary's license renewal. Approval to participate in the program may be revoked at any

Regulations of Connecticut State Agencies

time for failure to comply with these regulations.

(Effective July 30, 1990; Amended September 13, 2001)