# PUBLIC HEALTH CODE

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***The Public Health Code contains the Regulations of Connecticut State Agencies that specifically concern the Department of Public Health.***

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## Procedures for Creating and Indexing Confidential Adoption Records for Adopted Persons Born in this State

### 7-53-1. Procedures for creating and indexing confidential adoption records

(a) In creating the new birth certificate, also referred to as the "replacement certificate", and the confidential adoption file authorized under section 7-53 of the Connecticut General Statutes, and to properly store the confidential file, the following steps shall be followed:

(1) The original birth certificate shall be retrieved and the information contained on such certificate shall be carefully matched to the information recorded on the record of adoption in order to verify that the correct birth certificate is being processed.

(2) A new birth certificate shall be created by entering the new parental information, as indicated on the adoption decree, into the electronic birth registry system and changing the name of the child, if so ordered by the court decreeing the adoption. The state file number from the original birth certificate shall be recorded on the face of the new birth certificate.

(3) A certified copy of the new certificate shall be sent either through mail or electronically to all local registrars of vital statistics who have the original certificate on file, along with a letter informing the local registrar that the original birth certificate has been replaced for reasons of adoption, and instructing the local registrar to place the original birth certificate in a confidential file and to replace it with the new certificate.

(4) The Department of Public Health shall place the certified copy of the original birth certificate, the evidence of adoption, copies of letters to the local registrars of vital statistics and the notification letter to adopting parent(s), in a confidential file, except that, for cases in which a new birth certificate is not prepared, the certified copy of the original birth certificate shall not be included in the confidential file. Upon notification from the Department of Public Health, the local registrar shall place the original birth certificate, or certified copy of the birth certificate, if applicable, and the notification letter received from the Department of Public Health in a confidential file. For cases in which a new birth certificate is not created, a copy of the notification letter received from the Department of Public Health shall be attached to the original certificate that is kept on file. The creation of the confidential file shall conform to the following procedures:

(A) The Department of Public Health and local registrars shall set aside a confidential file, in which all adoption records shall be kept in sealed envelopes. The file shall be initialed "C.F." by local registrars and "A.F." by the Department of Public Health. The Department of Public Health and local registrars shall number all adoptions as they receive them; such as C.F. 1; C.F. 2; etc.

(B) In the index of the bound original birth, the new name of the adopted person shall be entered where it should properly come in alphabetical order. The original name and the new name listed in such index shall contain no reference to the confidential file number. A separate index shall be created for adoption records, listing the confidential file number along with the original name, new name of the adopted person, and the state file number that was assigned to the birth certificate.

(5) Unless otherwise provided by statute, access to the adoption index and the confidential adoption files, either in paper, electronic, micrographic, digital or other format, shall be restricted to Department of Public Health vital records staff as designated by the registrar of vital records, and to local vital records staff as designated by the local registrar.

(Amended effective July 19, 2005.)

## 7-53-2. [Repealed.]

(Repealed effective July 19, 2005.)

## 7-53-3. Procedure with regard to certified copies

The replacement certificate shall be used to issue certified copies. If a replacement certificate for an adopted person is recorded on a form prior to 1979 that lists the registrant as an adopted person or in any other way reveals that the registrant was adopted, the registrar shall not issue a certified copy of such record without either redacting all terms referring to adoption, or transferring the birth certificate data to a new form. Under no circumstances shall any reference to adoption appear.

(Amended effective July 19, 2005.)

# Pronouncement of Death by a Registered Nurse

## 7-62-1. Definitions

(a) "Determination of Death" means observation and assessment that a person has ceased vital bodily functions irreversibly including, but not limited to, the following: pulse, respiration, heartbeat, and pupil reaction.

(b) "Pronouncement of Death" is the declaration by the registered nurse who has made the determination of death.

(c) "Anticipated Death" is death which is, in the opinion of the attending physician, expected due to illness, infirmity or disease.

(Effective October 20, 1988.)

## 7-62-2. Determination of prognosis by physician

(a) An attending physician who has determined that the prognosis for a patient is for an anticipated death shall:

(1) document such determination in the patient's medical or clinical record; and

(2) at the time of such determination and documentation, authorize in writing a specific registered nurse or nurses to make a determination and pronouncement of death, except when an anticipated death occurs in an institution which has adopted policies and procedures pursuant to section 7-62-3 of these regulations. The physician may authorize registered nurse employees in such institution to make a determination and pronouncement of death.

(b) The determination and documentation by an attending physician that the prognosis for a patient is for an anticipated death shall be valid for a period of time not to exceed 120 days.

(c) A registered nurse who has determined and pronounced death should document the clinical criteria for such determination and pronouncement in the patient's medical or clinical record and notify the physician who determined that the prognosis for such patient was for an anticipated death pursuant to subsection (a) of this section. The registered nurse shall indicate on the death certificate the name of the deceased and the date and time of death, and shall sign the death certificate.

(Effective October 20, 1988; Amended August 2, 1994.)

## 7-62-3. Policies and procedures of institutions

Any institution, as defined in subsection (a) of section 19a-490 of the Connecticut General Statutes, which employs a registered nurse functioning pursuant to these regulations shall adopt policies and procedures that ensure compliance with section 7-62-2 of these regulations. A registered nurse employed by such institution may not make a determination on pronouncement of death unless the facility or agency has written policies implementing and ensuring compliance with section 7-62-2 of these regulations.

(Effective October 20, 1988.)

# School Related Immunizations

## 10-204a-1. Definitions

As used in Sections 10-204a-2 through 10-204a-4 of the Regulations of Connecticut State Agencies:

(a) "Commissioner" means the commissioner of public health.

(b) "Department" means the department of public health.

(c) "Local health authority" means and includes the town, city, borough and local district director of health, local superintendent and commissioner of public health and any officer or person having the usual powers and duties of a local director of health.

(d) "Medically contraindicated immunization" means an immunization that is not in the best health interest of an individual as determined by a physician licensed to practice medicine in the United States and in accordance with:

(1) the then current recommendation of the United States Public Health Service Advisory Committee on Immunization Practices, Centers for Disease Control or American Academy of Pediatrics Committee on Infectious Diseases; or

(2) written approval of the commissioner for any case not resolvable by reference to the recommendations specified in subdivision (1) of this subsection.

(Effective September 25, 1996; Amended effective February 25, 2000.)

## 10-204a-2a. Adequate immunization

(a) Measles. An individual shall be considered adequately protected against measles if that individual:

(1) is enrolled in preschool and is less than four (4) years of age and was immunized by use of live attenuated measles vaccine on or after that individual's first birthday; or

(2) is or has been enrolled in kindergarten on or after August 2000 and was immunized against measles by use of two (2) doses of a live attenuated measles vaccine given at least thirty (30) days apart, the first on or after that individual's first birthday; or

(3) is or has been enrolled in seventh grade after September 1992 and had two (2) doses of a live attenuated measles vaccine, the first on or after that individual's first birthday; or

(4) has had protection against measles confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

(b) Rubella. An individual shall be considered adequately protected against rubella, if that individual:

(1) was immunized at one (1) year or older with a rubella vaccine; or

(2) has had protection against rubella confirmed in writing by specific blood testing conducted by a certified laboratory.

(c) Poliomyelitis

(1) An individual eighteen (18) months of age or older shall be considered adequately protected against poliomyelitis if that individual has had a minimum of (3) doses of either trivalent oral polio vaccine (TOPV) or inactivated polio vaccine (IPV), two (2) doses of polio vaccine given at least four (4) weeks apart and a third dose given at least two (2) months after the previous dose.

(2) For individuals enrolled in grades kindergarten through twelve (12) and at least forty-eight (48) months of age, at least one (1) dose of polio vaccine must been given on or after the fourth birthday.

(d) Diphtheria, Tetanus, Pertussis (DTP)

(1) An individual eighteen to seventy-one (18-71) months of age shall be considered adequately protected against diphtheria, tetanus and pertussis if such individual was immunized with a minimum of four (4) doses of diphtheria, tetanus, and

pertussis toxoid, three (3) doses given at a minimum of four (4) week intervals followed by a fourth DTP dose at least six (6) months after the third.

(2) For individuals forty eight (48) to seventy-one (48-71) months of age and enrolled in grades kindergarten and above, at least one (1) dose of DTP vaccine must have been given on or after the fourth birthday.

(3) An individual seventy-two (72) months of age or older shall be considered adequately protected if such individual was immunized with a minimum of two (2) doses of tetanus, diphtheria toxoid (td) at a minimum of four (4) week intervals, followed by a third dose of tetanus, diphtheria toxoid at least six (6) months after the second dose and on or after the fourth birthday.

(e) Mumps. An individual shall be considered adequately protected against mumps if such individual:

(1) was immunized at one (1) year of age or older with live mumps vaccine, or

(2) has protection against mumps confirmed in writing by a physician based on specific blood testing by a certified laboratory.

(f) Hemophilus influenzae Type b (Hib). An individual shall be considered adequately protected against Hib invasive disease if such individual:

(1) was immunized before age five (5) years with a single dose of Hib vaccine given at age twelve (12) months or older, or

(2) is currently age five (5) years or older, or

(3) had a natural laboratory confirmed infection with hemophilus influenzae type b at age twenty-four (24) months or older confirmed in writing by a physician.

(g) Hepatitis B (HBV)

(1) An individual born January 1, 1994, or later shall be considered adequately protected against Hepatitis B if that individual:

(A) was immunized with three (3) doses of Hepatitis B vaccine as follows: two (2) doses given at least four (4) weeks apart followed by a third dose at least sixteen (16) weeks after the first dose and at least eight (8) weeks after the second dose, and the third dose shall be given no earlier than twenty-four (24) weeks of age; or

(B) has had protection against Hepatitis B confirmed in writing by a physician based on specific blood testing conducted by a certified laboratory.

(2) An individual born before January 1, 1994, and enrolled in seventh (7th) grade in August 2000 or later, shall have begun vaccination against Hepatitis B to enter seventh (7th) grade. Such individual shall be considered to have begun vaccination against Hepatitis B if that individual:

(A) was immunized with at least one (1) dose of Hepatitis B vaccine at the time of seventh (7th) grade entry; or

(B) has had protection against Hepatitis B confirmed in writing by specific blood testing conducted by a certified laboratory.

(3) An individual born before January 1, 1994 and enrolled in eighth (8th) grade in August 2001 or later, shall be adequately protected against Hepatitis B to enter eighth (8th) grade. Such individual shall be considered adequately protected against Hepatitis B if that individual:

(A) was immunized with at least three (3) doses of Hepatitis B vaccine as follows: two (2) doses given at least four weeks apart followed by a third dose at least sixteen (16) weeks after the first dose and at least eight (8) weeks after the second dose, and the third dose shall be given no earlier than twenty-four (24) weeks of age; or

(B) has had protection against Hepatitis B confirmed in writing by specific blood testing conducted by a certified laboratory.

(h) Varicella. An individual shall be considered adequately protected against Varicella if that individual:

(1) was born January 1, 1997 or later and was immunized with one (1) dose of Varicella vaccine on or after that individual's first birthday and before that

individual's thirteenth birthday or two (2) doses of Varicella vaccine given at least four weeks apart if the first dose was given on or after the individual's thirteenth birthday; or

(2) was born before January 1, 1997 and is enrolled in seventh (7th) grade in August 2000 or later and was immunized with one (1) dose of Varicella vaccine on or after that individual's first birthday and before that individual's thirteenth birthday or two (2) doses of Varicella vaccine given at least four weeks apart if the first dose was given on or after the individual's thirteenth birthday; or

(3) has a written statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating that the individual has already had Varicella based on family and/or medical history; or

(4) has had protection against Varicella confirmed in writing by specific blood testing conducted by a certified laboratory.

(i) Religious exemption. Any individual whose parents or guardian presents a statement that such immunization is contrary to the religious beliefs of such child is exempted from immunization requirements.

(Effective September 25, 1996; amended effective February 25, 2000; amended October 3, 2005.)

## 10-204a-3a. Immunization in progress

(a) In those instances at school entry where a school-aged child is not adequately immunized school attendance shall be permitted only if that child:

(1) has received a dose of each required vaccine for which that child is behind in the month prior to first attendance; and

(2) continues on the following schedule until adequately immunized.

### Primary Immunization for Individuals Not Immunized in Early Infancy

#### Individuals Enrolled in Preschool

| | |
|---|---|
| First visit to physician or local health authority: | DtaP (or DTP), TOPV or IPV, Hib, MMR, HBV* |
| One (1) month after first visit: | DtaP (or DTP), HBV*, VAR |
| Two (2) months after first visit: | DtaP (or DTP), TOPV or IPV |
| Eight (8) months after first visit: | DtaP (or DTP), TOPV or IPV, HBV* |

#### Individuals Enrolled in Kindergarten or Elementary School up to Seventy-one (71) Months of Age

| | |
|---|---|
| First visit to physician or local health authority: | DtaP (or DTP), TOPV or IPV, MMR, HBV* |
| One (1) month after first visit: | DtaP (or DTP), HBV*, VAR |
| Two (2) months after first visit: | DtaP (or DTP), TOPV or IPV, MMR |
| Eight (8) months after first visit: | DtaP (or DTP), TOPV or IPV, HBV* |

#### Individuals Six (6) Years up to Thirteen (13) of Age

| | |
|---|---|
| First visit to physician or local health authority: | Td, TOPV or IPV, MMR, HBV* |
| Two (2) months after first visit: | Td, TOPV or IPV, HBV*, MMR, VAR |

| | |
|---|---|
| Eight (8) months after first visit: | Td, TOPV or IPV, HBV* |

### Individuals Thirteen Years of Age or Older

| | |
|---|---|
| First visit to physician or local health authority: | Td, TOPV or IPV, MMR, HBV*, VAR |
| Two (2) months after first visit: | Td, TOPV or IPV, HBV*, MMR, VAR |
| Eight (8) months after first visit: | Td, TOPV or IPV, HBV* |

*The full three (3) dose schedule for HBV is required only for children born January 1, 1994, or later, or for children entering 8th grade August 2001 or later. In those instances at entry to seventh grade, or at entry to kindergarten August 2000 or later, where an individual has not received a second dose of measles containing vaccine, a second dose shall be given. If an individual has received no measles containing vaccines, the second dose shall be given no less than thirty (30) days after the first.

(Effective September 25, 1996; Amended effective February 25, 2000.)

## 10-204a-4. Procedures for reporting immunization data

(a) Immunization data specific to the individual shall be recorded on a student's health assessment record according to Connecticut General Statutes, Section 10-206 (d).

(b) Annually, the department shall prepare and distribute to all public and non-public schools a school immunization survey summary form. Schools shall complete the survey form and return the completed form to the department at a place and time determined by the department.

(c) All immunization information collected by the department shall be confidential.

(Effective July 26, 1993.)

# School Nurses and Nurse Practitioners

## 10-212-1. Definitions

"School nurse" means a "nurse" or a "nurse practitioner" who meets the requirements set forth in these regulations.

(Effective September 1, 1982.)

## 10-212-2. Qualifications of a school nurse

Except as provided in Section 10-212-3, in order to qualify as a school nurse each nurse or nurse practitioner shall meet the following requirements:

(a) Licensure - Each nurse or nurse practitioner shall be a registered professional nurse, designated as R.N., as defined in Section 20-87a of the General Statutes, and currently licensed in the state of Connecticut.

(b) Experience - Each nurse or nurse practitioner shall have at least the equivalent of one year full time working experience as a registered nurse within five (5) years immediately prior to employment as a school nurse.

(c) Education - Each nurse or nurse practitioner shall have academic preparation to include twelve (12) academic credits at a licensed or accredited institution of higher learning or eighteen (18) continuing education units (CEUs) or one hundred eighty (180) workshop or inservice hours distributed as follows:

(1) Six (6) credits or nine (9) CEUs or ninety (90) workshop hours in at least two of the following subject areas:

(A) Growth and Development
(B) Health Assessment
(C) Public or Community Health or School Health

(2) Six (6) credits or nine (9) CEUs or ninety (90) workshop hours in two or more of the following subject areas:

(A) Administration or Organization of Health or School Services
(B) Child or Adolescent Psychology
(C) Crisis Intervention
(D) Growth and Development
(E) Handicapping Conditions
(F) Health Assessment
(G) Health Education
(H) Mental Health
(I) Public or Community Health or School Health
(J) Sociology
(K) Sports Medicine

(Effective September 1, 1982.)

## 10-212-3. Grandparent clause

A nurse or nurse practitioner who meets the licensure requirements of Subsection (a) of Section 10-212-2 of these regulations, who is employed as a nurse in public or nonpublic elementary or secondary schools on the effective date of these regulations, and who has been employed as a nurse in such schools for the equivalent of five years full time shall be considered to have met all the educational qualifications of a school nurse pursuant to Section 10-212-2.

(Effective September 1, 1982.)

## 10-212-4. Provisional qualifications

A nurse or nurse practitioner who (a) meets the requirements for licensure pursuant to Subsection (a) of Section 10-212-2 of these regulations and (b)who either has (1) the experience required pursuant to Section 10-212-2 or (2) taken three academic credits or four and one-half CEUs or forty-five (45) workshop hours in any area enumerated in Subsection (c) of Section 10-212-2 within five (5) years immediately prior to employment as a school nurse shall be

provisionally qualified to serve as a school nurse. Such provisional qualification shall be valid in Connecticut for no more than three (3) years. Upon completion of the requirements for qualification as school nurse, such nurse or nurse practitioner shall no longer be designated as provisionally qualified.

(Effective September 1, 1982.)

## 10-212-5. Continuing qualification as school nurse

A school nurse qualified pursuant to Sections 10-212-2 or 10-212-3 shall continue to be so qualified, provided that such nurse participates in at least ten hours of professional development programs or activities approved by the local or regional board of education in each two-year period commencing on the effective date of these regulations.

(Effective September 1, 1982.)

## 10-212-6. Authority of a local or regional board of education to appoint a school nurse

A local or regional board of education may require that each registered nurse providing school health services meets the qualifications as set forth in Section 10-212-2 of these regulations whether employed by the board of education or appointed under contract with a local health agency.

(Effective September 1, 1982.)

## 10-212-7. Compliance in a different manner

A local or regional board of education of any town having a population of less than ten thousand, which has appointed a legally qualified practitioner of medicine as school medical advisor, may submit a written proposal, for prior approval by the State Board of Education, to document compliance with any requirement of these regulations in a manner different from that specified in these regulations. Such proposal may be approved if it appears that it will substantially meet the goals of these regulations.

(Effective September 1, 1982.)

# Administration of Medications by School Personnel

## 10-212a-1. Definitions

As used in Sections 10-212a-1 through 10-212a-7 of the Regulations of Connecticut State Agencies:

(1) "Administration of medication" means the direct application of a medication by inhalation, ingestion, or by any other means to the body of a person.

(2) "Advanced practice registered nurse" means an individual licensed in accordance with section 20-94a of the Connecticut General Statutes.

(3) "Authorized prescriber" means a physician, dentist, advanced practice registered nurse or physician assistant.

(4) "Board of education" means a local or regional board of education, a regional educational service center, a unified school district, the regional vocational-technical school system, an approved private special education facility, the Gilbert School, the Norwich Free Academy, Woodstock Academy or a non-public school whose students receive services pursuant to Section 10-217a of the Connecticut General Statutes.

(5) "Commissioner" means the Commissioner of Public Health or any duly authorized representative thereof.

(6) "Controlled drugs" means those drugs as defined in Section 21a- 240, Connecticut General Statutes.

(7) "Cumulative health record" means the cumulative health record of a pupil mandated by Section 10-206, Connecticut General Statutes.

(8) "Dentist" means a doctor of dentistry licensed to practice dentistry in Connecticut in accordance with Chapter 379, Connecticut General Statutes, or licensed to practice dentistry in another state.
(9) "Department" means the Connecticut Department of Public Health or any duly authorized representative thereof.
(10) "Error" means:
  (A) failure to do any of the following as ordered:
    (i) administer a medication to a student;
    (ii) administer medication within the time designated by the prescribing practitioner;
    (iii) administer the specific medication prescribed for a student;
    (iv) administer the correct dosage of medication;
    (v) administer medication by the proper route; and/or
    (vi) administer the medication according to generally accepted standards of practice; or,
  (B) administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student.
(11) "Guardian" means one who has the authority and obligations of guardianship of the person of a minor, and includes:
  (A) the obligation of care and control; and
  (B) the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.
(12) "Investigational drug" means any medication with an approved investigational new drug (IND) application on file with the food and drug administration (FDA) which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.
(13) "Medication" means any medicinal preparation including controlled drugs, as defined in Section 21a-240, Connecticut General Statutes.
(14) "Medication emergency" means an untoward reaction of a student to a medication.
(15) "Medication order" means the authorization by an authorized prescriber for the administration of medication to a student during school hours for no longer than the current academic year.
(16) "Nurse" means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut in accordance with Chapter 378, Connecticut General Statutes.
(17) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut in accordance with Chapters 370 and 371, Connecticut General Statutes, or licensed to practice medicine in another state.
(18) "Physician assistant" means an individual licensed to prescribe in accordance with section 20-12d of the Connecticut General Statutes.
(19) "Principal" means the administrator in the school.
(20) "School" means any educational program which is under the jurisdiction of a board of education as defined by this section.
(21) "School medical advisor" means a physician appointed in accordance with Section 10-205, Connecticut General Statutes.
(22) "School nurse" means a nurse appointed in accordance with Section 10-212, Connecticut General Statutes.
(23) "Self administration of medication" means that a student is able to identify and select the appropriate medication by size, color, amount, or other label identification; knows the frequency and time of day for which the medication is ordered; and consumes the medication appropriately.
(24) "Supervision" means the overseeing of the process of medication administration in a school.
(25) "Teacher" means a person employed full time by a board of education who has met the minimum standards as established by that board of education for performance as a

teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to Sections 10-212a-1 through 10-212a-7 of the Regulations of Connecticut State Agencies.
(Effective August 8, 1995.)

## 10-212a-2. Administration of medications

(a) Administration of medications is not required in schools. The board of education shall determine:
  (1) if medications may be administered in schools under its jurisdiction; and,
  (2) if so, who shall give them--licensed personnel only or, in the absence of such licensed personnel, principals and teachers; and,
  (3) whether to allow self medication by students.

(b) If a board of education chooses to allow the administration of medications in schools within its jurisdiction, the following shall apply:
  (1) The board of education, with the advice and assistance of the school medical advisor and the school nurse supervisor, shall establish specific written policies and procedures concerning the administration of medications by a nurse, or in the absence of a nurse, by a principal or teacher to students within the school system. The board shall submit such policies and procedures to the department for review and approval.
  (2) The board of education with the advice and assistance of the school medical advisor and the school nurse supervisor shall review and revise the policies and procedures concerning the administration of medications as needed, but at least biennially. Whenever revised, these shall be forwarded to the department for review and approval.

(c) No medication may be administered without:
  (1) the written order of an authorized prescriber; and
  (2) the written authorization of the student's parent or guardian.

(d) Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.

(e) In the absence of a licensed nurse, only principals and teachers who have been properly trained may administer medications to students. Principals and teachers may administer oral, topical, or inhalant medications. Injectable medications may be administered by a principal or teacher only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death. Investigational drugs may not be administered by principals or teachers.

(f) Each Board of Education which allows medications to be given shall:
  (1) establish policies and procedures to be followed in the event of a medication emergency; and
  (2) ensure that the following information is readily available in schools in its jurisdiction:
    (A) the local poison information center telephone number; and
    (B) the procedure to be followed in the event of a medication emergency and the individuals or facilities to be contacted in such event; and,
    (C) the name of the person responsible for decision making in the absence of the school nurse.

(g) All controlled drugs currently listed in schedules II through V of the Regulations of Connecticut State Agencies, Section 21a-243-8 through 21a-243-11, may be administered in schools pursuant to board of education policy.
(Effective August 8, 1995.)

## 10-212a-3. Training of school personnel

(a) Each Board of Education which allows principals and teachers, in the absence of a school nurse, to give medications to students shall provide training to designated principals and teachers in the safe administration of medications.

(b) Only principals or teachers who have received such training from the school nurse or physician shall be allowed to administer medications to students. This training shall include, but not be limited to:
  (1) The procedural aspects of medication administration, the safe handling and storage of medications, and recording; and,
  (2) The medication needs of specific students, medication idiosyncrasies, and desired effects, potential side effects or untoward reactions.
(c) The Board of Education shall maintain, and annually update, documentation that such training has been provided and successfully completed.
(d) The Board of Education shall maintain, and annually update, a list of principals and teachers who have been trained in the administration of medications.
(e) The Board of Education shall provide for a review and informational update to be done, at least annually, for principals and teachers trained in the administration of medications.
(f) Licensed practical nurses may administer medications to students under Board of Education policy if they can demonstrate evidence of one of the following:
  (1) Training in administration of medications as part of their basic nursing program;
  (2) Successful completion of a pharmacology course and subsequent supervised experience;
  (3) Supervised experience in medication administration while employed in a health care facility

(Effective June 26, 1989.)

## 10-212a-4. Self administration of medications

If approved by the board of education, students who are able to self administer medication may do so provided:
(a) An authorized prescriber provides a written order for self administration; and,
(b) there is written authorization from the student's parent or guardian; and,
(c) the school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student's cumulative health record; and has developed a plan for general supervision; and,
(d) the principal and appropriate teachers are informed that the student is self administering prescribed medication; and,
(e) such medication is transported to the school and maintained under the student's control in accordance with the board of education's policy on self medication by students.

(Effective August 8, 1995.)

## 10-212a-5. Handling, storage and disposal of medications

(a) All medications, except those approved for transporting by students for self medication, shall be delivered by the parent or other responsible adult and shall be received by the nurse assigned to the school. The nurse must examine on-site any new medication, medication order and permission form and develop a medication administration plan for the student before any medication is given by any school personnel.
(b) All medications, except those approved for keeping by students for self medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication. In the case of controlled substances, they shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.
(c) Access to all stored medications shall be limited to persons authorized to administer medications. Each school shall maintain a current list of those persons authorized to administer medications.
(d) All medications, prescription and nonprescription, shall be stored in their original containers and in such a manner as to render them safe and effective.
(e) Medications requiring refrigeration shall be stored in a refrigerator at no less than 36 degrees F and no more than 46 degrees F.

(f) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, with the permission of the parent or guardian, destroyed:
  (1) noncontrolled drugs shall be destroyed in presence of at least one (1) witness;
  (2) controlled drugs shall be destroyed in accordance with part 1307.21 of the Code of Federal Regulations or by surrender to the commissioner of the department of consumer protection.

(g) No more than a forty-five (45) school day supply of a medication for a student shall be stored at the school.

(h) No medication for a student shall be stored at a school without a current written order from an authorized prescriber.
(Effective August 8, 1995.)

## 10-212a-6. Documentation and record keeping

In addition to those records required for controlled drugs, the following shall apply:

(a) Each school where medications are administered shall maintain a medication administration record for each student who receives medication during school hours.
  (1) Such record shall include:
    (A) the name of the student;
    (B) the name of the medication;
    (C) the dosage of the medication;
    (D) the route of administration;
    (E) the frequency of administration;
    (F) the name of the authorized prescriber;
    (G) the date the medication was ordered;
    (H) the quantity received;
    (I) the date the medication is to be reordered; .
    (J) any student allergies to food and/or medicine;
    (K) the date and time of administration or omission including the reason for the omission;
    (L) the dose or amount of drug administered;
    (M) the full legal signature of the nurse, principal or teacher administering the medication.
  (2) Transactions shall be recorded in ink and shall not be altered.
  (3) The medication administration record shall be made available to the department upon request.

(b) The written order of the authorized prescriber, the written authorization of the parent or guardian, and the completed medication administration record for each student shall be filed in the student's cumulative health record.

(c) An authorized prescriber's verbal order, including a telephone order, for a change in any medication can be received only by a school nurse. Any such verbal order must be followed by a written order within three (3) school days.

(d) Errors in medication administration
  (1) The local board of education shall have a policy regarding notification and documentation of such errors. Such policy shall state:
    (A) the manner in which persons are notified of errors in medication administration;
    (B) any such error shall be reported immediately to the school nurse and the authorized prescriber;
    (C) the procedure to be followed in obtaining medical treatment when required as the result of such error.
  (2) A report shall be completed using the accident/incident report form authorized by the board of education.
  (3) Any error in the administration of a medication shall be documented in the student's cumulative health record.

(Effective August 8, 1995.)

## 10-212a-7. Supervision

The school nurse is responsible for general supervision of administration of medications in the schools to which that nurse is assigned. This shall include, but not be limited to:

(a) availability on a regularly scheduled basis to:
  (1) review orders or changes in orders, and communicate these to the personnel designated to give medication for appropriate follow-up;
  (2) set up a plan and schedule to ensure medications are given;
  (3) provide training to principals, teachers and other licensed nursing personnel in the administration of medications;
  (4) support and assist other licensed nursing personnel, principals, and teachers to prepare for and implement their responsibilities related to the administration of specific medications during school hours;
  (5) provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, a licensed physician or nurse may provide this consultation.

(b) implementation of policies and procedures regarding receipt, storage, and administration of medications;

(c) monthly review of all documentation pertaining to the administration of medications for students;

(d) work-site observation of medication administration by teachers and principals who have been newly trained;

(e) periodic review, as needed, with licensed nursing personnel, principals and teachers regarding the needs of any student receiving medication.

(Effective June 26, 1989.)

# Licensure of Hospitals for Mentally Ill Persons

## 17-227-14a. Definitions

As used in sections 17-227-14a to 17-227-14m, inclusive:

A. "Applicant" means any person, firm, corporation or organization applying for a license or renewal of a license under this section;

B. "Certificate of need" means approval of capital expenditures or functions or services from the commission of hospitals and health care (sections 19- 73a to 19-73t of the general statutes);

C. "Chief administrative officer" means the individual in charge of the overall management of the hospital;

D. "Clinical staff" means that group of professional and paraprofessional personnel of the hospital which is directly involved in the care and treatment programs;

E. "Department" means the department of mental health, 90 Washington Street, Hartford, Connecticut 06115;

F. "Emergency service" means an immediately available service to meet the psychiatric and/or medical needs of individuals who either present themselves or who develop such need for help;

G. "Hospital" means a psychiatric facility which primarily offers medically directed inpatient services for the diagnosis, treatment, care, protection and rehabilitation, as indicated, of individuals admitted with psychiatric disorders.

H. "License" means the certificate issued by the department that signifies compliance with these regulations and other applicable law and authorizes the applicant to conduct a hospital for mental illness;

I. "Licensee" means any person, firm, corporation or organization licensed to conduct a hospital under these regulations;

J. "Organization chart" means a description of the successive delegations of functional authority and assignments of responsibility, listing all position categories and number of budgeted full-time equivalents;

K. "Policies means written statements which define the basic philosophies and instructions required by the staff of the hospital in order for them to participate, effectively in the operation of the hospital;

L. "Population to be served" means the group toward which the hospital directs its services; such groups may be geographical, client type, disability or functional level delineated;

M. "Professional" means an individual who, by custom, training, education or experience, is considered a member of one of the helping professions, e.g., physician, nurse, social worker, psychologist, who is qualified by specific training and experience in mental health care and treatment;

N. "Paraprofessional" means an individual who, through experience, inservice training or formal education, or all three, functions in the hospital under a number of different job titles, such as mental health worker, psychiatric technician, psychiatric aide, psychiatric assistant, etc.;

O. "Staff" means those professional and paraprofessional individuals who are directly involved in the hospital's programs, and includes any volunteer workers;

P. "Statement of ownership" means a written statement as to the actual legal owners of the hospital;

Q. "Treatment" means services related to the reduction of disability or discomfort, amelioration of signs and symptoms and changes in specified physical, mental or social functioning.

(Effective April 18, 1978.)

## 17-227-14b. Licensure

A. License required; penalty: every person, firm, corporation or organization conducting a hospital for mental illness must have a current and valid license issued by the department. Any person, firm, corporation or organization conducting a hospital for

mental illness contrary to the provisions of section 17-227 shall be liable for a fine of not more than one thousand dollars or imprisoned not more than six months or both.

B. Initial application:
  (1) a person, firm, corporation or organization which desires to conduct a hospital for mental illness shall make written application for a license to the department on forms provided by the department.
  (2) Such applicant shall furnish with the application the following:
    (a) Documentation of compliance with local zoning ordinances;
    (b) Documentation of compliance with local building codes;
    (c) The local fire marshall's certificate of inspection of the hospital certifying compliance with the fire code,
    (d) A statement of ownership;
    (e) A current organizational chart;
    (f) An application fee as required by section 17-227, payable to the state treasurer;
    (g) Documentation of approval of the commission on hospitals and health care (where appropriate);
    (h) Such other material as the department may reasonably request.
  (3) The hospital shall be investigated by department personnel after receipt of the application in order to determine compliance with these regulations and applicable state laws.

C. Issuance of license: once compliance has been determined, the department shall issue a license to the applicant for the conducting of a hospital for mental illness. The license shall specify the location of the hospital, the name of the licensee, the name of the chief administrative officer and any limitations placed on the hospital. All licenses shall terminate annually on the 31st of December. The license shall be posted in a conspicuous place in the hospital.

D. Changes in licenses: licenses issued under this section are not transferable. If the licensee wishes to change the location or the hospital, or change the chief administrative officer, or if the ownership of the hospital changes, written application must be made to the department for permission to make such change. Such application shall be acted upon within ten days from the date of its filing.

E. Renewal of license:
  (1) each licensee wishing to continue conducting a hospital for mental illness shall make written application for renewal of the license to the department on forms provided by the department on or before each November 30th.
  (2) Such licensee shall furnish with the application the following:
    (a) The local fire marshall's certificate of annual inspection of the facility certifying compliance with the fire code;
    (b) A statement of ownership;
    (c) A current organizational chart;
    (d) An application fee as required by section 17-227, payable to the state treasurer;
    (e) Documentation of approval of the commission on hospitals and health care (where appropriate);
    (f) Such other material as the department may reasonably request.

F. Limitation, suspension or revocation of licenses: a license issued under these regulations may be limited, suspended or revoked after due notice and hearing by the department upon proof that the licensed hospital is being improperly conducted or for the violation of any of the applicable provisions of section 17-227, or for the violation of these regulations. Such hearing shall be conducted in accordance with the administrative procedures act, sections 4-168, et seq.

G. Miscellaneous:
  (1) each applicant shall receive a copy of these regulations upon request for application forms;
  (2) Department personnel shall have the right to enter and inspect a licensed

hospital at any reasonable time.

H. Effect of Accreditation:

(1) except as provided in subsection (2) of this section; if

(a) A Hospital for mental illness is accredited by the joint commission on accreditation of hospitals as a psychiatric hospital, and

(b) Such hospital authorizes the commission to release to the department (on a confidential basis) upon request a copy of the most current accreditation survey of such hospital made by such commission, then, such hospital shall be deemed to meet the requirements of these regulations; provided

(c) That such hospital provides the department with any and all documentation which the department deems is necessary for determination of compliance with applicable state and local law.

(2) Notwithstanding any other provision of these regulations, if the department finds following an inspection made pursuant to 17-227-14b-G(2) that an accredited hospital has significant deficiencies, such hospital shall not be deemed as meeting the requirements of these regulations under this section.

(3) Any hospital for mental illness which is deemed under this section as meeting the requirements of these regulations must make application for a license to the department in accordance with subsections 17-227-14b-A, -B(1) and -B (2). Renewals of such licenses shall be in accordance with subsection 17-227-14b-E.

(Effective April 18, 1978.)

## 17-227-14c. Management

A. There shall be full disclosure of psychiatric facility ownership and control.

B. A sound system of responsible accounting shall be maintained which produces information reflecting the facility's fiscal experience and its current financial posture.

C. The Chief Administrative Officer shall be the individual in charge of the overall management of the psychiatric hospital. He shall be a physician registered under the laws of this state who is a member of The American Board of Psychiatry and Neurology, or a physician registered under the laws of this state who has had at least three years' full time medical experience in an institution for the care and treatment of mentally ill persons, or a person holding a degree in hospital administration with broad experience in the field.

D. The management shall be cognizant of all pertinent state and federal statutes, laws, regulations, and Public Acts, and shall take all necessary steps to conform to all such legislation.

(Effective April 18, 1978.)

## 17-227-14d. Environment

A. There shall be appropriate and adequate space and equipment for all services to be provided effectively and efficiently in pleasant and functional surroundings, readily accessible to the patients of the hospital.

B. The physical plant shall meet and maintain all the standards of current federal, state and local zoning, building, fire and safety codes and standards.

C. There shall be appropriate and adequate space and equipment for any and all social, educational, rehabilitating, and recreational activities which the hospital may provide.

D. The environment of the hospital shall contribute to establishing and enhancing a positive self-image for the patient, and preserving his human dignity.

E. There shall be clearly delineated and written policies and procedures concerning effective relationships between staff and patients, between staff members, and between patients which shall contribute to the development of therapeutic interpersonal relationships for the patient.

F. The physical plant shall provide facilities for the physical separation of patients, for emotional, behavioral and/or medical reasons. The written procedures, policies and

practices of such isolation shall be within the limits set forth by Sec. 17-206e of the Connecticut General Statutes.

G. The buildings, equipment and surroundings shall be kept clean and in good repair at all times and the management and operation of the hospital shall be such as reasonable to provide a healthy, comfortable and safe environment for the patients.
(Effective April 18, 1978.)

## 17-227-14e. Safety

A. The hospital shall be structurally constituted, equipped, operated and maintained so as to sustain its safe and sanitary characteristics and to prevent or minimize all health hazards in the facility for the protection of patients, personnel and visitors.

B. The hospital 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.

C. The hospital shall have a written plan providing emergency services or arranging for the provision of such services to meet the needs of the patients and the facility.
(Effective April 18, 1978.)

## 17-227-14f. Medical staff

A. There shall be a medical staff consisting of at least one physician licensed in Connecticut and specializing in psychiatry, and said staff shall establish bylaws that are designed to ensure the achievement and maintenance of high standards of professional ethical practice.

B. The medical staff shall assure the patients' rights to physical and psychiatric examinations and treatment according to a specialized treatment plan as guaranteed under Section 17-206c and 17-206f of the Connecticut General Statutes.
(Effective April 18, 1978.)

## 17-227-14g. Nursing

(A) All hospitals providing inpatient care shall have an organized nursing service.

(B) The nursing service shall have a current, written organizational chart.

(C) Written nursing care policies and procedures shall be developed to provide the nursing staff with acceptable methods of meeting its responsibilities and achieving projected nursing care goals.

(D) The service shall be under the direction of a duly qualified registered nurse, and shall have a sufficient number of adequately trained personnel to meet the needs of the patients.

(1) Each hospital shall employ as Director of Nursing Services a nurse, registered in Connecticut, experienced in the care of the mentally ill patients and in the administration of psychiatric nursing services, who shall be responsible for the supervision and assignment of nursing personnel.

(2) There shall be on duty at all times at least one nurse, registered in Connecticut, who shall have had training and experience in the care of mentally ill patients.

(Effective April 18, 1978.)

## 17-227-14h. Pharmacy

A. The scope of pharmaceutical services shall be consistent with the medication needs of the patient and shall include a program for the control and accountability of drug products throughout the hospital which are consistent with all applicable state and federal legislation and regulations.

B. Pharmaceutical services shall be directed by a qualified registered pharmacist, and shall be staffed by a sufficient number of appropriately qualified personnel.

C. Written policies and procedures which govern the safe ordering, dispensing and administration of drugs which are consistent with all federal and state legislation and regulations shall be developed.

D. There shall be adequate equipment, supplies, and information resources provided for the

safe and efficient functioning of the pharmaceutical service.
(Effective April 18, 1978.)

## 17-227-14i. Personnel

A. There shall be employed a sufficient number of appropriately qualified clinical staff and necessary supporting personnel to provide satisfactory care and treatment of its patients.
B. Each hospital shall establish and maintain sound personnel recruitment and selection policies.
C. There shall be a written policy assuring equal opportunity in hiring and employment practices for all personnel without regard to race, color, religion, sex or national origin, which adheres to all federal, state and local legislation concerned with nondiscriminatory practices.
(Effective April 18, 1978.)

## 17-227-14j. Component services

A. The chief administrative officer shall assure that the functions of the hospital are organized through appropriate departmentalization of services.
B. Every hospital shall have a written plan describing the organization of those services which the hospital offers, or the arrangements for the provision of such services to meet the needs of the patients.
C. Each service shall be guided by written current policies and procedures which are readily available to all appropriate personnel.
D. Each collaborating, recognized service shall be supervised by an individual whose qualifications shall be specified in the personnel policies.
(Effective April 18, 1978.)

## 17-227-14k. Support services

A. Each hospital shall have a written plan describing the organization of laboratory, pathology, radiology, nuclear medicine, or arrangements for the provision of such services.
   (1) Each shall have sufficient personnel, equipment, supplies, and suitable environmental conditions to perform the required volume of work with optimal accuracy, precision, efficiency and safety.
   (2) There shall be written policies and procedures that govern each services' activities.
B. Each hospital shall have an organized pastoral service, or shall have a written plan describing the arrangements for the provision of such services, to meet the needs of patients.
C. Each hospital shall have a written plan describing the organization of housekeeping, dietary, laundry, maintenance, and central service departments, or the arrangements for the provision of such services, to meet the needs of the hospital.
   (1) There shall be written policies and procedures that govern each services' activities.
   (2) The service shall be directed by a qualified person and staffed by adequate personnel to carry out its functions.
   (3) There shall be adequate space, equipment and supplies to provide an efficient, safe and sanitary operation of each service.
(Effective April 18, 1978.)

## 17-227-14l. Patient rights

A. Each hospital shall comply with the provisions of the Patient's Bill of Rights (Sections 17-206a to 17-206k, inclusive, of the Connecticut General Statutes).
B. Admission and treatment of patients shall be conducted without regard to race, color, or national origin.
C. The hospital shall give each patient, upon admission, a written copy of the Patient's Bill of

Rights in the language of the patient's understanding.

D. Each hospital should make provision for adequate personnel to assist patients who are members of national origin minorities with language problems.
(Effective April 18, 1978.)

## 17-227-14m. Patient records

A. A single, compiled, written record for each patient shall be kept.

B. All records shall be confidential, current and accurate.

C. The hospital shall maintain a system of identification and filing to facilitate the prompt location of a patient's record.

D. The patient record service shall be adequately directed, staffed and equipped to facilitate the accurate processing, indexing and filing of all patient records.
(Effective April 18, 1978.)

## Reporting Use of Production of Carcinogenic Substances

### 19-2-1. Reports

Reports required by Section 2 of Public Act 77-398 shall be filed annually no later than March 31 based on usage during the preceding calendar year and inventory on hand as of January first.

(Effective August 31, 1978.)

## Minimum Standards for Approval of Public Health Laboratories

### 19-4-1. Minimum standards

Section 19a-36-A33 provides that a registered laboratory may be given a certificate of approval for making certain specified public health laboratory examinations, determinations or tests in a manner conforming with the requirements and standards required by the state department of health. In accepting approval, heads of laboratories shall agree to abide by these minimum standards upon which approval of public health laboratories is based, as follows:

(1) Adequate housing of the laboratory as determined by inspection before the certificate of approval is issued and by reinspection at any time.

(2) Equipment complete and in good order at all times as considered necessary for making each examination, determination or test for which approval is extended according to the method or methods which the person in charge has agreed to follow under subparagraph (b) of subdivision (4).

(3) Operation of the laboratory under the direct supervision of an individual designated by the owner of the laboratory to be in charge of the work for which approval is extended.

(4) Agreement on the part of the person, firm or corporation operating or maintaining the laboratory, or of the duly authorized agent thereof, that the individual designated by the owner to be in charge of the laboratory shall:

(a) Conduct the laboratory strictly in accordance with recognized standards and to carry out the provisions of the general statutes and of the public health code pertaining to the performance and reporting of the examinations, determinations or tests for which approval has been extended;

(b) report no public health laboratory examination, determination or test unless based upon a method or procedure which meets the approval of the state department of health and, upon request, to furnish the state department of health with a complete description of any method used in making any specified examination, determination or test for which approval is extended or requested;

(c) notify the state department of health before undertaking any new type of public health laboratory examination, determination or test not already included in the list for which approval has been extended;

(d) assume responsibility for the reliability of the laboratory findings made by any person employed in the laboratory, and for any interpretation based upon those findings.

(5) Agreement on the part of the person, firm or corporation operating or maintaining the laboratory, or of the duly authorized agent thereof:

(a) To notify the state department of health in writing without delay if the person designated by the owner to be in charge of the laboratory severs or is about to sever connection with the laboratory and to surrender the certificate of approval on or before the day such person leaves; to give notice in writing prior to the taking of a leave-of-absence of more than four weeks' duration by such person; if approval has been conditioned upon the performance of a given type of test by a specified person, to give prompt notice in writing when the specified person severs or is about to sever connection with the laboratory;

(b) to inform the state department of health without delay and in writing;

(i) of any change in the amount of time given to his position by the person designated by the owner to be in charge of the laboratory

(ii) of any contemplated removal of the laboratory to new quarters;
(iii) of any major changes, alterations or additions to the laboratory quarters;
(iv) of any change in ownership of the laboratory;
(v) of any changes in personnel of the laboratory;

(c) to permit the use of no statement, made orally or appearing on any advertising or laboratory forms, which expresses or implies that approval of the state department of health is extended beyond that specified on the certificate of approval.

(Effective October 25, 1989.)

# Public Nuisances

## 19-13-B1. Conditions specifically declared to constitute public nuisances

The following conditions are specifically declared to constitute public nuisances:

(a) Bakeries, restaurants and other places where food is prepared or served that are not kept in a clean and sanitary condition; or in which persons who have any communicable disease are employed; or for which suitable toilet facilities are not provided; or in which there is evidence that rats, mice or vermin are present.

(b) Spoiled or diseased meats, whether exposed and offered for sale or being transported or kept for sale.

(c) Barns or stables, hogpens, chicken yards or manure piles or accumulations of organic material so maintained as to be a breeding place for flies.

(d) The discharge or exposure of sewage, garbage or any other organic filth into or on any public place in such a way that transmission of infective material may result thereby.

(e) Privies not screened against flies in populous districts and privies likely to pollute the ground or surface water from which water supply is obtained.

(f) Transportation of garbage, night soil or other organic filth except in tight, covered wagons which prevent leakage or access of flies.

(g) Stagnant water likely to afford breeding places for mosquitoes within a residential district or within a distance of one thousand feet there from.

(h) Bone boiling, fat rendering establishments, or tallow or soap works, or other trades, when they can be shown to affect public health or produce serious offense.

(i) Buildings or any part thereof which are in a dilapidated or filthy condition which may endanger the life or health of persons living in the vicinity.

## 19-13-B2. Abatement of nuisance

(a) Any local director of health, upon information of the existence of a nuisance or any pollution occurring within his jurisdiction, or when any such nuisance or pollution comes to his attention, shall, within a reasonable time, investigate and, upon finding such nuisance or pollution exists, shall issue his order in writing for the abatement of the same.

(b) Such order shall specify the nature of such nuisance or pollution and shall designate the time within which such abatement or discontinuance shall be accomplished; and if such order is not complied with within the time specified, the facts shall be submitted to the prosecuting authority. Copies of all orders shall be kept on file by the director of health in his office and copies of the same shall be furnished the state commissioner of health on request.

## 19-13-B21. Garbage and refuse

(a) The owner of premises upon which persons reside or which are frequented for pleasure or business shall keep such premises free from accumulations of garbage, rubbish, rags, tin cans, paper, empty barrels, boxes or any material which, because of its character, condition or improper storage, may invite the breeding or collection of flies, mosquitoes or rodents, or which may in any other prejudice the public health.

(b) In populous districts stable manure shall be kept in a covered water-tight pit or chamber and shall be removed at least once a week during the period from May first to October first and during the other months at intervals sufficiently frequent to maintain a sanitary condition satisfactory to director of health. Manure on farms or isolated premises other than dairy farms need not be so protected and removed unless ordered by the director of health.

## 19-13-B22. Manufacturing and other wastes

No materials or waste products from any mill, factory, slaughterhouse, rendering or fertilizing works, junk establishment, common carrier or other industry or utility shall be stored or deposited

so as to cause the surrounding atmosphere, land or water to be contaminated or polluted in such a manner as to injure the public health or create offensive conditions.

## 19-13-B23. Keeping of animals

(a) No pigsty shall be built or maintained on marshy ground or land subject to overflow, nor within three hundred feet of any inhabited house or public meeting house upon property other than that of the proprietor of the pigsty.

(b) The carcass of any dead animal not killed for food shall be removed and disposed of within twenty-four hours after death by burial, incineration or other method approved by the local director of health.

## 19-13-B25. Vacant or abandoned property

No person shall permit any vacant or abandoned property owned or controlled by him to be or to remain in such a condition as to permit or invite the creation of nuisance or other abuses prejudicial to public health.

# Sanitation of Camp Grounds

## 19-13-B26. Sanitation of family campgrounds, including trailer camps, mobile home parks, motels and overnight cabins

No city, town, borough, institution, person, firm or corporation shall operate, maintain or offer for use, or permit to be used, within the state of Connecticut any tract of land on which persons may camp or on which any mobile home park, motel or overnight cabins are maintained except after full and literal compliance with sections 19-13-B26 to 19-13-B29, inclusive and 19a-2a-29 of the Regulations of Connecticut State Agencies.

(Effective June 26, 1972, amended effective December 27, 2005.)

# Youth Camps

## 19-13-B27a. Youth camps

(a) Water supply. A water supply of sanitary quality shall be provided for each youth camp in ample quantity to meet a requirements of the maximum number of persons using such a camp at any time. Whenever water is obtained from other than an approved public water supply, it shall be of safe sanitary quality approved by the state department of health. Any well shall conform with the requirements of sections 19-13-B51a to 19-13-B51l, inclusive. Such water supply shall be easily obtainable from its source or from a distributing system within a distance of not more than three hundred feet of any camping spot within such tract. In cases where it can be shown that the approved water supply is not adequate to satisfy all demands of the camp, chlorinated lake water may be used for toilets and showers but shall not be supplied to the kitchen or to any sinks.

(b) Drinking facilities. Drinking fountains shall be sanitary as prescribed in section 19-13-B35 and no common drinking utensils shall be provided or used.

(c) Toilet facilities. Chemical toilets, fly tight privy pits or water flushed toilets shall be provided and shall be maintained in a clean and sanitary condition. Separate toilets for men and women shall be provided. In a residential camp at least one toilet seat for each fifteen persons or fraction thereof shall be provided. At least one toilet seat for each twenty persons or fraction thereof shall be provided in each day camp. Urinals may be substituted for not more than one-half of the total requirement for male campers. No unit site within a camp shall be at a greater distance than three hundred feet from the toilets. The location of all toilets shall be plainly indicated by signs. Privies shall be located at least two hundred feet from a kitchen or food service area.

(d) Disposal of sewage and refuse. The method of final sewage or refuse disposal utilized in connection with the operation of a camp shall be such as to create no nuisance and shall conform with the requirements of sections 19-13-B20a to 19-13-B20r, inclusive, and plans for such disposal shall be approved by the state department of health.

(e) Plumbing. The plumbing facilities within each camp shall conform with requirements of section 19-13-B45.

(f) Washing facilities. Adequate hand washing facilities shall be provided with at least one facility for each twenty persons or fraction thereof. Wash basins and water shall be readily accessible to the toilet rooms. In a residential camp at least one shower house shall be provided with one shower head for each twenty persons or fraction thereof.

(g) Control of refuse litter. Supervision and equipment sufficient to prevent littering of the grounds with rubbish, garbage or other refuse shall be provided and maintained. Fly tight depositories for such material shall be provided and conspicuously located. Each unit site within a camp shall be within a distance of not over two hundred feet of such depository. Such depositories shall not be permitted to become foul smelling or unsightly or a breeding place for flies.

(h) Facilities for dispensing foods or beverages. Facilities for dispensing foods or beverages shall meet requirements of section 19-13-B42. Day camps shall collect and store potentially hazardous food in appropriate refrigeration facilities.

(i) Swimming and bathing facilities. Swimming and bathing facilities when provided shall comply with the provisions of sections 19-13-B33a, 19-13-B34 and 19-13-B36.

(j) Health care. A physician shall be on call and responsible for all health care including first aid. Annually the physician shall sign and date standing orders to be carried out in his absence by the camp nurse or by a person over age twenty-one having American Red Cross Standard First Aid and Personal Safety Training certification, or the equivalent. Physicians and nurses employed in camps shall hold current Connecticut licenses and registrations. Additional aides under age twenty-one may be employed if they possess American Red Cross Standard First Aid and Personal Safety Training certification or its equivalent but shall not be in charge of health care. All camp health care personnel shall present current proficiency certification in cardiopulmonary resuscitation as evidenced by examination by the American Red Cross or American Heart Association. For residential

camps having two hundred fifty or more campers or staff in residence a registered nurse shall be required to be in charge of first aid and emergency medical care activities. First aid equipment and supplies shall be specified by the camp physician in his standing orders. Only nonprescription drugs shall be available in stock containers in camps. Prescription drugs shall be available only on individual prescription unless locked and in the sole custody of a physician. Proof of use records as required under section 19-461 of the general statutes shall be kept by the physician.

(k) Communicable disease control requirements. Communicable disease control shall meet the requirements of sections 19-13-A2 to 19-13-A24, inclusive.

(l) Records. Records of both staff and campers shall be kept on file at camp and shall include the personal data concerning each member of the staff and camper kept in any reasonable form the camp director may choose, including therein the name, age and address of the individual, the name, address and telephone number including the business telephone number of the parent, guardian, or in the case of an adult next of kin, who shall be notified in an emergency, the date of first attendance at camp and the date of leaving camp permanently in the case of residence camps, or the last date of attendance at camp in the case of day camps, and a physical examination or health status certification by a physician, an advanced practice registered nurse or registered nurse licensed pursuant to chapter 378 or a physician assistant licensed pursuant to chapter 370 dated within thirty-six months prior to the date of arrival at camp. A physical examination, including a complete immunization history, that is required for school purposes may also be used to satisfy this requirement provided it is dated within thirty-six months prior to the date the camper arrives at camp. The physical examination requirement may be waived where such procedure is contrary to the religious beliefs of the camper. A statement requesting such exemption shall be submitted annually and shall be kept on file at the camp. This statement shall be signed by a parent or guardian, shall include affirmation of church membership by an appropriate church authority, and shall grant permission to camp authorities to authorize physical examination or other appropriate measures when medical emergencies occur. The parent or guardian shall certify that he/she accepts complete responsibility for the health of the camper and that to the best of his/her knowledge the camper is in good health. All staff and campers shall be adequately immunized as specified in Sections 10-204a-1-4 of the Regulations of Connecticut State agencies against diphtheria, tetanus, pertussis, polio, measles, rubella, and any other diseases specified in Section 10-204a. The physical examination or health status certification shall include a complete immunization history. Where the individual because of medical or religious reasons does not have such immunizations these reasons shall be so specified in writing in accordance with Section 10-204a(a) of the General Statutes.

(m) Emergency medical care. (1) For resident camps there shall be on file a memorandum of understanding between the camp director and the nearest hospital with regard to arrangements for emergency medical care. (2) There shall be on file a memorandum of understanding with the on-call or resident physician concerning the provision of medical care for emergencies and of routine care to be carried out at camp, including standing orders for the nurse, if there is one, and instructions for the director of first aid in lieu of a resident physician or nurse, for both day and residential camps. (3) There shall be a telephone line available to the first aid area for the use of the first aid staff, with posting of the telephone numbers of the camp physician, camp director, camp nurse, nearest hospital, local director of health in whose jurisdiction the camp falls, local fire department in whose jurisdiction the camp falls, local police department in whose jurisdiction the camp falls, the poison control center, the nearest state police barracks which is the source of snake anti-venom or other emergency assistance, and of ambulance services. (4) An abstract record of all cases treated at camp shall be kept in a bound volume noting the date, the condition, the disposal and the persons responsible for the care. At least once a week these cases shall be reviewed by the camp physician who shall sign and date the bound volume indicating his review of cases. (5) There shall be available a defined area where ill or injured individuals may rest and receive care until they are either

removed to their homes or recovered. This area shall be adequate to provide for the temporary isolation of any suspected communicable diseases and shall have its own toilet facilities not used for other purposes within the camp.

(n) Qualifications of management and staff. (1) No person shall establish, conduct or maintain a youth camp without adequate and competent staff. (2) The camp director shall be over the age of twenty- one and of good character, shall not have been convicted of any offense involving moral turpitude, shall be certified as mentally competent by a physician, shall not use improperly any narcotic or controlled drug, and shall uphold and maintain the standards required under the Youth Camping Act. Except for those persons who have already served at least one summer as a camp director, a camp director shall have had at least sixteen weeks administrative or supervisory experience, in an organized camp or in lieu thereof equivalent training or experience in camping satisfactory to the commissioner. (3)(a) The director of each individual waterfront or swimming area, including areas devoted to the practice of aquatics, shall be over age twenty and shall possess an American Red Cross Lifeguard Training current rating or its equivalent. (b) The director of each small craft waterfront area shall possess current certification in American Red Cross Lifeguard Training or its equivalent and current certification in the small craft safety program of the American Red Cross or its equivalent for the type of small craft used in the camp. Each such director shall comply with the provisions of the Connecticut boating safety laws and laws relating to scuba diving. (4) the director of the Rifle Range shall be at least twenty-one years of age and shall possess a current National Rifle Association Instructor's card or equivalent. (5) The director of the archery range shall be over age eighteen and possess evidence satisfactory to the State Department of Public Health of appropriate training and experience in archery. (6) The director of horseback riding activities shall be over age eighteen and possess evidence satisfactory to the State Department of Public Health of appropriate training and experience. (7) The camp director provided he meets the requirement Section 1, subsection (n)(5) and (n)(6) may serve as director of archery or horseback riding activities in addition to his duties as camp director. Counselors shall be over age sixteen. Counselors in training shall be over age fourteen. (8) In resident camps the ratio of staff, exclusive of cooks, clerical and maintenance personnel, to campers shall be at least one person over age sixteen to six campers under age eight and to eight campers eight years and older. In day camps the ratio shall be at least one person age sixteen or older to each nine children under age six, and to each twelve children over six years.

(o) Safety of grounds and program practices. (1) Fields intended for athletic activities or use shall be maintained free of hazards. (2) The waterfront and aquatic activities shall be laid out and conducted in accordance with the American Red Cross Water Safety Aquatics and Small Craft Activities Standards or equivalent. (3) The rifle range shall be laid out and operated in accordance with standards of the National Rifle Association or its equivalent. (4) Vehicles used for the transport of campers both on and off the camping premises shall have a motor vehicles safety sticker for the current year and shall be licensed including, if necessary, licensure for their specific use. (5) Boats and small crafts shall be licensed or registered under the boating laws, if so required, and this information shall be available upon request to agents of the state department of health. Water safety equipment shall meet United States Coast Guard standards where applicable. (6) When any out of camp outings or trips are planned, advance information shall be kept on file which will include permission of the campers to participate, signed by the parent or guardian, the purpose of the trip and the itinerary, the names of the campers, trip director and staff. The trip director shall be an adult who shall have had experience or hold certification in the activity in which the trip is being conducted, if this is applicable, e.g. Maine Guide's license, Red Cross Water Safety Instructor, etc.

(p) Arrangements for camp inspection. The camp director shall make arrangements either personally or through one of the members of the senior camp staff to conduct the state inspector around the camp premises and to supply him with any information, documents or materials necessary in order to comply with the inspection process.

(q) General sanitation requirements. The camp site shall be owned by the operator or the operator shall have a written lease giving permission to use the site for a youth camp. The location of the camp shall be such as to provide for adequate drainage of all areas occupied by campers, the food preparation and service area and other activity areas. Buildings shall be maintained in a safe and sanitary condition. When the state department of health or the local director of health so directs, a certificate of approval shall be obtained from the local or state fire marshal. All hot water and space heaters shall be properly located and vented.

(r) Trailer coaches. In every camp where space for trailer coaches is rented or offered for rent or on which free occupancy or camping of trailers is permitted to trailer owners or users, sanitary facilities shall be provided for the disposal of wastes from trailer sinks and toilets. Trailer facilities and parking shall comply with the provisions of section 19-14-B44.

(s) Responsibility of management. The camp director shall be responsible at all times for the health, comfort and safety of campers and staff and shall have responsibility for maintaining in good repair all sanitary appliances on the camp ground. He shall promptly prosecute or cause to be ejected from such ground any person who willfully or maliciously damages such appliances.

(t) Exceptions. Exceptions to the requirements of subsection (a), (c) and (f) may be made by the commissioner of health at his discretion in the case of primitive or pioneer camps. Exceptions to the requirements of subsection (l) may be made by the commissioner of health at his discretion in the case of day camps where the requirements of a physical examination or health memorandum for campers would impose a hardship on the administration of such a camp. Application for such exemptions shall be made in writing by the camp director thirty days before the opening of camp.

(u) Accident or illness. Any fatality which occurs at camp or which results from camping activities or any injury or illness which occurs at camp or which results from camping activities and which is attended by a physician, nurse, or person in charge of health care at the camp, and as a result of which the person (1) is sent home, or (2) is admitted to a hospital, or (3) has a clinical report, laboratory analysis, or x-rays performed which result in a positive diagnosis, shall be reported to the state department of health services within twenty-four hours by telephone by the camp director. This verbal report shall be confirmed in writing within seventy-two hours of the verbal report on a form provided by the state department of health services. The original report form shall be maintained at the camp or sponsoring organization for a minimum of two years. A copy shall be forwarded to the state department of health services upon completion of the form. For day camps, such reports are not required for any injury or illness where the individual as a result of such injury or illness is sent home and for which there is no hospital admission or positive diagnosis by clinical report, laboratory analysis, or x-ray.

(v) Administration of Medications and the Monitoring of Diabetes in Youth Camps

(1) Definitions as used in this subsection:

(A) "Administration of medication" means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;

(B) "Advanced practice registered nurse" means an individual licensed pursuant to section 20-94a of the Connecticut General Statutes;

(C) "Authorized prescriber" means a physician, dentist, advanced practice registered nurse, physician assistant, optometrist, or podiatrist;

(D) "Commissioner" means the Commissioner of Public Health or the commissioner's designated representative;

(E) "Department" means the Connecticut Department of Public Health or any duly authorized representative thereof;

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

(G) "Medication error" means failure to administer medication to a child, or failure to administer medication within one (1) hour of the time

designated by the authorized prescriber, or failure to administer the specific medication prescribed for a child, or failure to administer the medication by the correct route, or failure to administer the medication according to generally accepted standards of practice, or failure to administer the correct dosage of medication;

(H) "Optometrist" means an individual licensed pursuant to section 20-127 of the Connecticut General Statutes;

(I) "Parent(s)" means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;

(J) "Pharmacist" means a person with a license to practice as a pharmacist in Connecticut in accordance with section 20-590 of the Connecticut General Statutes;

(K) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;

(L) "Physician assistant" means an individual who has two (2) years of pediatric experience and functions under the direction of the consulting physician for the youth camp and meets the requirements of sections 20-12b of the Connecticut General Statutes;

(M) "Podiatrist" means an individual licensed pursuant to chapter 375 of the Connecticut General Statutes;

(N) "Program staff" means those persons responsible for the direct care of children;

(O) "Registered nurse" means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 of the Connecticut General Statutes;

(P) "Self administration of medication" means that the child is able to identify and select the appropriate medication by size, color, amount, or other label identification; knows the frequency and time of day for which the medication is ordered; and consumes the medication appropriately;

(Q) "Significant medication error" means a medication error, which is potentially serious or has serious consequences for a child, such as, but not limited to, the administration of medication by the wrong route; for which the resident has a known allergy; which was given in a lethal or toxic dosage; or which causes serious medical problems resulting from the error. Refusal of a medication is not considered a significant medication error if appropriate follow up action is taken; and

(R) "Staff" means personnel, including volunteers, who provide a service to a youth camp.

(2) Administration of Medications

Youth camps are not required by this subsection to administer medications to children. If a youth camp permits the administration of medications of any kind by unlicensed program staff, the youth camp shall comply with all requirements of this subsection and shall have a written policy and procedures at the youth camp governing the administration of medications which shall include, but not be limited to, the types of medication that will be administered, parental responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the department during inspections or upon demand and shall reflect current best practice. No program staff member under eighteen (18) years of age shall administer any medication at a youth camp.

Children enrolled at youth camps may self administer medications with documented parental and authorized prescriber's permission. Children may request and receive assistance from staff in opening containers or packages or replacing lids.

(A) Administration of Nonprescription Topical Medications Only

(i) Description
For the purposes of this subparagraph, nonprescription topical medications shall include:
(I) diaper changing or other ointments free of antibiotic, antifungal, or steroidal components;
(II) medicated powders; and
(III) gum or lip medications available without a prescription;

(ii) Nonprescription Topical Medications Administration/Parent Permission Records
The written permission of the parent shall be required prior to the administration of the nonprescription topical medication and a medication administration record shall be written in ink and kept on file at the youth camp for each child administered a nonprescription topical medication. The medication administration record and parent permission shall become part of the child's health record when the course of medication has ended. Any medication error shall be documented in the record. This information shall include:
(I) the name, address, and date of birth of the child;
(II) the name of the medication;
(III) the schedule and site of administration of the medication, as applicable, according to the manufacturer's directions;
(IV) the name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication;
(V) the date and time the medication is started and ended;
(VI) the name of the person who administered the nonprescription topical medication; and
(VII) the signature of the camp director or the camp director's designee receiving the parent permission form.

(iii) Nonprescription Topical Medications, Labeling and Storage
(I) The medication shall be stored in the original container and shall contain the following information on the container or packaging indicating:
(a) the individual child's name;
(b) the name of the medication; and
(c) directions for the medication's administration.
(II) The medication shall be stored away from food and inaccessible to children and unauthorized persons. External and internal medications shall be stored separately from each other.
(III) Any unused portion of the medication shall be returned to the parent. Any expired medication shall be destroyed by the program staff member in a safe manner or returned to the parent.

(B) Administration of Medications Other Than Nonprescription Topical Medications
(i) Training Requirements
(I) Prior to the administration of any medication by program staff members, the program staff members who are responsible for administering the medications shall first be trained by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the

trainer indicating that the trainee has successfully completed a training program as required herein. A program staff member trained and approved to administer medication shall be present whenever a child who has orders to receive medication is enrolled and present at the youth camp, and the youth camp permits the administration of medication by unlicensed program staff.

(II) The training in the administration of medications shall be documented and shall include, but not be limited to, the following:

(a) statement of objectives;

(b) a description of methods of administration including principles and techniques, application and installation of oral, topical, and inhalant medication, including the use of nebulization machines, with respect to specific age groups;

(c) techniques to encourage children who are reluctant or noncompliant to take their medication and the importance of communicating the noncompliance to the child's parent and to the authorized prescriber;

(d) demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly;

(e) recognition of side effects and appropriate follow up action;

(f) avoidance of medication errors and the action to take if a medication error or a significant medication error occurs, or if a dosage is missed or refused;

(g) abbreviations commonly used;

(h) required documentation including parent permission, written orders from the authorized prescriber, and the record of administration;

(i) safe handling, including receiving medication from a parent, safe disposal, and universal precautions; and

(j) proper storage including controlled substances, in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(III) Injectable Medications

In addition to the above training, before program staff members may administer injectable medications, they shall have successfully completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The certifying trainer who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the program staff member understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, the program staff members shall have their skills and competency in the administration of injectable medication validated by a

pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department as specified in section 19-13-B27a(v)(2)(B)(vi).

(IV) A program staff member currently certified by the State of Connecticut Department of Mental Retardation to administer medications shall be considered qualified to administer medications at youth camps.

(ii) Training Approval Documents and Training Outline

(I) Upon completion of the required training program, the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each program staff member who has demonstrated successful completion of the required training. Approval for the administration of oral, topical, inhalant medications shall remain valid for three (3) years.

Approval for the administration of injectable medications shall be valid for one (1) year. A copy of the approval shall be on file at the youth camp where the program staff member is employed and shall be available to the department upon request.

(II) The written approval shall include:

(a) the full name, signature, title, license number, address and telephone number of the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who gave the training;

(b) the location and date(s) the training was given;

(c) a statement that the required curriculum areas listed in Sec. 19-13- B27a(v)(2)(B)(i)(II) and Sec. 19-13-B27a(v)(2)(B)(i)(III) when applicable were successfully mastered, and indicating the route(s) of administration the trainee has been approved to administer;

(d) the name, date of birth, address and telephone number of the program staff member who completed the training successfully; and

(e) the expiration date of the approval.

(III) The trainer shall provide the trainee with an outline of the curriculum content which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the youth camp where the trainee is employed for department review. The department may require at any time that the youth camp licensee obtain the full curriculum from the trainer for review by the department.

(iii) Order From An Authorized Prescriber and Parent's Permission

(I) Except for nonprescription topical medications described in Section 19-13- B27a(v)(2)(A)(i), no medication, prescription or nonprescription, shall be administered to a child without the written order of an authorized

prescriber and the written permission of the child's parent which shall be on file at the youth camp. Such medications may include:

(a) oral medications;
(b) topical medications, including eye and ear preparations;
(c) inhalant medications; and
(d) injectable medications, by a premeasured, commercially prepared syringe, to a child with a medically diagnosed condition who may require emergency treatment.

(II) The written order from an authorized prescriber shall contain the following information which may be on the prescription label or on supplemental information provided by the authorized prescriber or pharmacist;

(a) the name, address and date of birth of the child;
(b) the date the medication order was written;
(c) the medication or drug name, dose and method of administration;
(d) the time of the day the medication is to be administered;
(e) the date(s) the medication is to be started and ended as applicable;
(f) relevant side effects and the authorized prescriber's plan for management should they occur;
(g) notation if the medication is a controlled drug;
(h) a listing of any allergies, reactions to, or negative interactions with foods or drugs;
(i) specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given;
(j) the name, address and telephone number of the parent;
(k) the name, address and telephone number of the authorized prescriber ordering the drug; and
(l) the authorized prescriber's signature.

(III) If the authorized prescriber determines that the training of the program staff member is inadequate to safely administer medication to a particular child, or that the means of administration of medication is not permitted under this subsection, that authorized prescriber may order that such administration be performed by licensed medical staff with the statutory authority to administer medications.

(IV) The program staff member shall administer medication only in accordance with the written order of the authorized prescriber. The parent shall be notified of any medication errors immediately by telephone and in writing within seventy-two (72) hours, and the error shall be documented in the medication administration record.

(iv) Required Records

(I) Except for nonprescription topical medications described in Section 19-13- B27a(v)(2)(A)(i), individual written medication administration records for each child shall be written in ink, reviewed prior to administering each dose

of medication and kept on file at the youth camp. The medication administration record shall become part of the child's health record when the course of medication has ended.

(II) The individual written medication administration record for each child shall include:

(a) the name, address, and date of birth of the child;

(b) the name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the program staff member;

(c) the name of the medication or drug;

(d) the dosage ordered and method of administration;

(e) the date, time, and dosage at each administration;

(f) the signature in ink of the program staff member giving the medication at the time of each administration; and

(g) any refusal by the child in accepting the medication, and any follow-up action taken as a result of the refusal.

(III) Medication errors shall be logged and recorded in the individual written medication administration record of the child. Significant medication errors, identified by the camp director or the camp director's designee, shall be reported in writing within seventy-two hours to the department, by the camp director or the camp director's designee. The camp physician shall review all logs of medication errors on a weekly basis, and a record of the review shall be kept on file at the youth camp.

(v) Storage and Labeling

(I) Medication shall be stored in the original child-resistant safety container. The container or packaging shall have a label which includes the following information:

(a) the child's name;

(b) the name of the medication;

(c) directions for the medication's administration; and

(d) the date of the prescription.

(II) Except for nonprescription topical medications described in Section 19- 13-B27a(v)(2)(A)(i), medication shall be stored in a locked area or a locked container, in a refrigerator in keeping with the label or manufacturer's directions, away from food and inaccessible to children and unauthorized personnel. External and internal medications shall be stored separately from each other. Keys to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(III) All unused or expired medication, except for controlled drugs, shall be returned to the parent or destroyed by the camp director or the camp director's designee if it is

not picked up within one (1) week following the camper's departure at the end of camp. Medications that need to be destroyed shall be flushed into sewerage or a septic system in the presence of at least one witness. The youth camp shall contact the CT Department of Consumer Protection for direction on the proper method of disposing of a controlled drug, and shall carry out the direction as required. The youth camp shall keep a written record of the medications destroyed which shall be signed by the person destroying the medication and the witness to the destruction.

(vi) Petition For Special Medication Authorization

(I) The youth camp licensee may petition the department to administer medications to a child cared for at the youth camp by a modality that is not specifically permitted under this subsection by submitting a written application to the department including the following information:

(a) a written order from an authorized prescriber containing the information for the specific child set forth in Section 19-13-B27a(v)(2)(B)(iii) and a statement that the administration by the requested modality is the only reasonable means of providing medication and that the administration must occur during hours of the child's attendance at the youth camp;

(b) a written training plan including the full name, signature, title, license number, address and telephone number of the physician, advanced practice registered nurse, physician assistant, registered nurse, or pharmacist who will provide the training, a detailed outline of the curriculum areas to be covered in training, and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication will be administered safely and appropriately to the particular child;

(c) the name, date of birth, address and telephone number of the person(s) who shall participate in the training;

(d) written permission from the child's parent; and

(e) such other information that the department deems necessary to evaluate the petition request.

(II) After reviewing the submitted information, if the department determines that the proposed administration of medication for the particular child can be provided in a manner to assure the health, welfare and safety of the child, it may grant the petition. The department may grant the petition with any conditions or corrective measures the department deems necessary to assure the health, safety and welfare of the child. The department will specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the petition. If the department grants the petition, no medication may be administered until after the proposed training program

has been successfully completed and a written approval from the physician, advanced practice registered nurse, physician assistant, registered nurse or pharmacist who provided the training is submitted to the department. The approval shall include:

(a) the full name, signature, title, license number, address and telephone number of the physician, advanced practice registered nurse, physician assistant, registered nurse or pharmacist who provided the training;

(b) the location and date(s) the training was given;

(c) a statement that the curriculum approved by the department was successfully mastered by the participant. The statement shall also include the modality of administration of medication that the participant has been approved to administer; and

(d) the name, date of birth, address and telephone number of the person(s) who successfully completed the training.

(III) Copies of all documentation required under this subsection shall be maintained at the facility. The requirements of Sections 19-13- B27a(v)(2)(B)(iv) and 19-13-B27a(v)(2)(B)(v) shall apply to the administration of medication authorized by petition.

(3) The Monitoring of Diabetes in Youth Camps.

(A) Policy and Procedures

(i) All youth camps at which designated program staff members will be administering finger stick blood glucose tests shall have written policies and procedures governing the administration of finger stick blood glucose tests to children diagnosed with diabetes mellitus. The policies and procedures shall address at least the following areas:

(I) parental responsibilities;

(II) staff training and responsibilities;

(III) proper storage, maintenance, and disposal of test materials and supplies;

(IV) record keeping;

(V) reporting test results, incidents, and emergencies to the child's parent and the child's physician, physician assistant, or advanced practice registered nurse; and

(VI) a location where the tests occur that is respectful of the child's privacy and safety needs.

(ii) Said policies and procedures shall be available for review by the department during inspections or upon demand.

(B) Training

(i) Prior to the administration of finger stick blood glucose tests, the program staff member(s) shall have completed the following training requirements:

(I) a course approved by the department in first aid, as verified by a valid first aid certificate on file at the youth camp; and

(II) additional training given by a physician, physician assistant, advanced practice registered nurse, registered nurse, certified emergency medical technician, or the child's parent according to written guidelines provided by

the child's physician, physician assistant, or advanced practice registered nurse. The additional training shall include, but not be limited to:

(a) the proper use, storage and maintenance of the child's individual monitoring equipment;

(b) reading and correctly interpreting test results; and

(c) appropriate actions to take when test results fail to fall within specified ranges indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse.

(ii) The training shall be updated at least every three years when a child with diabetes mellitus who requires finger stick blood glucose testing is present at the youth camp.

(iii) Documentation that program staff member(s) have been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for review by the department. Such documentation shall indicate:

(I) the subjects covered in training;

(II) the signature and title of the instructor;

(III) the signature and title of the trainee; and

(IV) the date the training was given.

(C) Administration of Finger Stick Blood Glucose Test

(i) Except as provided in subclause (iii) of this subparagraph, only program staff members trained in accordance with subparagraph (B) of this subdivision may administer the finger stick blood glucose test in youth camps. No program staff member under eighteen (18) years of age shall administer finger stick blood glucose tests to another person at a youth camp.

(ii) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the facility, a program staff member designated and trained to administer finger stick blood glucose tests shall be present at the youth camp.

(iii) Upon the written authorization of the child's physician, physician assistant or advanced practice registered nurse, and the child's parent, a child may self administer the finger stick blood glucose test under the direct supervision of the designated staff member who has met the training requirements in subparagraph (B) of this subdivision.

(iv) Only those staff trained to administer injectable medications as described in section 19-13-B27a(v)(2)(B)(i)(III) of the Regulations of Connecticut State Agencies and authorized to do so in writing by the child's parent and physician, physician assistant, or advanced practice registered nurse may administer glucagon in a prefilled syringe in emergency situations only.

(D) Equipment

(i) The child's parent shall supply the youth camp licensee with the necessary equipment and supplies to meet the child's individual needs. Such equipment and supplies shall include at least the following items:

(I) the child's blood glucose meter and strips;

(II) an appropriate retracting lancing device used in accordance with infection control procedures;

(III) tissues or cotton balls; and

(IV) fast acting carbohydrates to be given to the child as indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse for hypoglycemia.

(ii) Such equipment and supplies shall be labeled with the child's name and shall remain in a locked storage area when not in use.

(iii) The youth camp licensee shall obtain a signed agreement from the child's parent that the parent agrees to check and maintain the child's equipment in accordance with manufacturer's instructions, restock supplies, and remove material to be discarded from the facility. All materials to be discarded shall be kept locked until it is given to the child's parent for disposal. The youth camp may dispose of medical waste if it has a contract with a medical waste disposal contractor, in accordance with local, state, and federal laws.

(E) Record Keeping

The youth camp licensee shall keep the following records at the facility as part of the child's medical record, and shall update them annually or when there is any change in the information:

(i) A current, written order signed and dated by the child's physician, physician assistant, or advanced practice registered nurse indicating:

(I) the child's name;

(II) the diagnosis of diabetes mellitus;

(III) the type of blood glucose monitoring test required;

(IV) the test schedule;

(V) the target ranges for test results;

(VI) specific actions to be taken and carbohydrates to be given when test results fall outside specified ranges;

(VII) diet requirements and restrictions;

(VIII) any requirements for monitoring the child's recreational activities; and

(IX) conditions requiring immediate notification of the child's parent, emergency contact, the child's physician, physician assistant, or advanced practice registered nurse.

(ii) An authorization form signed by the child's parent which includes the following information:

(I) the child's name;

(II) the parent's name;

(III) the parent's address;

(IV) the parent's telephone numbers at home and at work;

(V) two adult, emergency contact people including names, addresses and telephone numbers;

(VI) the names of the program staff member(s) designated to administer finger stick blood glucose tests and provide care to the child during testing;

(VII) additional comments relative to the care of the child, as needed;

(VIII) the signature of the parent;

(IX) the date the authorization is signed; and

(X) the name, address and telephone number of the child's physician, physician assistant or advanced practice registered nurse.

(iii) The youth camp director or the youth camp director's designee shall notify the child's parent in writing of the results of all blood

glucose tests and any action taken based on the test results, and shall document the test results and any action taken in the child's medical record.

(w) Emergency Distribution of Potassium Iodide. Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 2 of public act 03-236 and if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a youth camp licensed in accordance with section 19a-421 of the Connecticut General Statutes and located within a 10-mile radius of the Millstone Power Station in Waterford, Connecticut shall permit designated staff members to distribute and administer potassium iodide tablets to adults present or to a child in attendance at the youth camp during such emergency, provided that:

(1) Prior written consent has been obtained by the youth camp for such provision. Written consent forms shall be provided by the youth camp to the parent(s) or guardian(s) of each child currently enrolled or employees currently employed at the youth camp promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the youth camp to the parent(s) or guardian(s) of each minor child upon enrollment and to each new employee upon hire. Such documentation shall be kept at the facility;

(2) Each person providing consent has been advised in writing by the youth camp that the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the youth camp about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;

(B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;

(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,

(D) side effects may include minor upset stomach or rash.

(4) Youth camps shall have designated staff members to distribute and administer potassium iodide to those individuals and minor children for whom prior written consent has been obtained. Such designated staff members shall be eighteen (18) years of age or older and shall have been instructed by the youth camp in the administration of potassium iodide. Such instruction shall include, but not be limited to the following:

(A) the proper use and storage of potassium iodide;

(B) the recommended dosages of potassium iodide to be administered to children and adults as prescribed by the Food and Drug Administration.

(5) Potassium iodide tablets shall be stored in a locked storage area or container, inaccessible to children.

(Effective April 2, 1984; Amended effective August 6, 1996; Amended effective January 30, 2001; Amended effective December 4, 2002; Amended effective January 4, 2005.)

## Motels and Overnight Cabins

### 19-13-B29. Motels and overnight cabins

(a) Registration. The management of a motel or any area where overnight cabins are rented for living purposes shall register in writing, with the local director of health of the town, city or borough in which such motel or area is located, a description of the motel or area with its location, and such registration shall be made annually in January or in advance of the opening of the motel or overnight cabin area for use.

(b) Water supply. A water supply of sanitary quality shall be provided in ample quantity to meet all requirements of the maximum number of persons using such a tract at any time. Wherever water is obtained from other than an approved public water supply, it shall be of safe sanitary quality approved by the state department of health.

(c) Plumbing. The plumbing facilities within each motel or cabin shall conform with the requirements of section 19-13-B45.

(d) Drinking facilities. Multi-use drinking cups or glasses furnished by management shall be thoroughly cleaned and effectively subjected to an approved bactericidal process after each change of occupancy and single service containers shall be protected against contamination by sanitary covering or storage before use.

(e) Emergency sanitary facilities. Sewage disposal facilities for each motel or cabin or group of cabins shall be approved by the local director of health. They shall be laid out on the basis of nonresidential buildings as set forth in sections 19-13-B20h (b) and 19-13-B20l (b), or, if such facilities include complete sanitary facilities for residential use such as cooking and washing, the size and design of such facilities shall be on the basis of number of bedrooms for residential buildings as set forth in sections 19-13-B20a to 19-13-B20r, inclusive. In no case shall septic tanks be installed with a liquid capacity of less than one thousand gallons. The methods of sewage or refuse disposal utilized in connection with a motel or an overnight cabin area, shall be such as to create no nuisance. Where public sewers exist, connection shall be made to such sewers in lieu of private sewage disposal facilities.

(f) Washing and toilet facilities. Adequate washing and toilet facilities shall be provided. If individual washing and toilet facilities are not provided in each rental unit central facilities shall include separate toilets for men and women with at least one toilet seat for each fifteen men or fraction thereof, and at least one toilet seat for each fifteen women or fraction thereof, and at least one wash basin for each twenty men or fraction thereof, and at least one wash basin for each twenty women or fraction thereof. Wash basins and water shall be readily accessible to toilet rooms. Soap and individual towels shall be provided.

(g) Swimming and bathing facilities. Swimming and bathing facilities, if provided, shall comply with the provisions of sections 19-13-B33a, 19-13-B34 and 19-13-B36.

(h) General sanitation requirements. Buildings shall be maintained in a safe and sanitary condition. When the state department of health or the local director of health so directs, a certificate of approval shall be obtained from the local or state fire marshal. All hot water and space heaters shall be properly located and vented.

(i) Responsibility of management. The management of every motel or area for overnight cabins shall assume responsibility for maintaining in good repair all water and sanitary facilities.

(Effective April 11, 1973.)

## Environmental Health

### 19-13-B30. Schoolhouses

In every public, private and parochial school toilet accommodations, water supply, drinking cups, washing facilities, heating, lighting and ventilation shall be maintained in sanitary condition.

## 19-13-B31. Stagnant water

No person shall maintain or permit to be maintained any pond, cesspool, well, cistern, rain barrel or other receptacle containing water or accumulation of stagnant water in such a condition that mosquitoes may breed therein or may injure health or cause offense to other persons.

## 19-13-B32. Sanitation of watersheds

Unless specifically limited, the following regulations apply to land and watercourses tributary to a public water supply including both surface and ground water sources.

(a) As used in this section, "sewage" shall have the meaning found in section 19-13-B20 (a) of the public health code: "Toxic metals" shall be arsenic, barium, cadmium, chromium, lead, mercury and silver and the salts thereof: "high water mark" shall be the upper limit of any land area which water may cover, either standing or flowing, at any time during the year and "watershed" shall mean land which drains by natural or man-made causes to a public drinking water supply intake.

(b) No sewage disposal system, cesspool, privy or other place for the deposit or storage of sewage shall be located within one hundred feet of the high water mark of any reservoir or within fifty feet of the high water mark of any stream, brook, or watercourse, flowing into any reservoir used for drinking purposes.

(c) No sewage disposal system, cesspool, privy or other place for the deposit or storage of sewage shall be located on any watershed, unless such facility is so constructed that no portion of the contents can escape or be washed into the stream or reservoir.

(d) No sewage shall be discharged on the surface of the ground on any watershed.

(e) No stable, pigpen, chicken house or other structure where the excrement of animals or fowls is allowed to accumulate shall be located within one hundred feet of the high water mark of a reservoir or within fifty feet of the high water mark of any watercourse as above mentioned, and no such structure shall be located on any watershed unless provision is made in a manner acceptable to the commissioner of health for preventing manure or other polluting materials from flowing or being washed into such waters.

(f) No toxic metals, gasoline, oil or any pesticide shall be disposed of as a waste into any watercourse tributary to a public drinking water supply or to any ground water identified as supplying a public water supply well.

(g) Where fertilizer is identified as a significant contributing factor to nitrate nitrogen occurring in excess of 8 mg/l in a public water supply, fertilizer application shall be made only under current guidelines established by the commissioner of health in cooperation with the state commissioner of agriculture, the college of agriculture of the University of Connecticut and the Connecticut agricultural experiment station in order to prevent exceeding the maximum allowable limit in public drinking water of 10.0 mg/l for nitrite plus nitrate nitrogen.

(h) Where sodium occurs in excess of 15 mg/l in a public drinking water supply, no sodium chlorine shall be used for maintenance of roads, driveways, or parking areas draining to that water supply except under application rates approved by the commissioner of health, designed to prevent the sodium content of the public drinking water from exceeding 20 mg/l.

(i) The design of storm water drainage facilities shall be such as to minimize soil erosion and maximize absorption of pollutants by the soil. Storm water drain pipes, except for crossing culverts, shall terminate at least one hundred feet from the established watercourse unless such termination is impractical, the discharge arrangement is so constructed as to dissipate the flow energy in a way that will minimize the possibility of soil erosion, and the commissioner of health finds that a discharge at a lesser distance is advantageous to stream quality. Special protections shall be taken to protect stream quality during construction.
(Effective August 2, 1977.)

## Swimming Pools

### 19-13-B33b. Public pools

The following requirements shall apply to any public pool.

(a) Definitions.

(1) "Public Pool" means an artificial basin constructed of concrete, steel, fiberglass or other relatively impervious material intended for recreational bathing, swimming, diving, or therapeutic purposes which is located either indoors or outdoors and is provided with a controlled water supply and which is not used or intended to be used as a pool at a single family residence. The term also includes a pool located at a single family residence which is used or intended to be used for commercial or business purposes. The term "public pool" includes any related equipment, structures, areas, and enclosures that are intended for the use of the pool patrons or pool staff such as toilet, dressing, locker, shower, and pool equipment rooms. Public pools shall be classified as follows:

(A) "Public Swimming Pools" are conventional pools used or intended to be used for recreational bathing, swimming and water recreation activities.

(B) "Public Wading Pools" are pools principally used or intended to be used for wading and recreational bathing by small children.

(C) "Public Spas," "Whirlpools," or "Hot Tubs" are pools used for recreational bathing which are used in conjunction with high velocity air systems, high velocity water recirculation systems, hot water, cold water, mineral baths or any combination of these items.

(D) "Public Diving Pools" are pools used only for diving or the training and practice of diving techniques.

(E) "Special Purpose Public Pools" are pools used exclusively for a particular purpose, including but not limited to water flumes, pools for scuba diving instruction, therapeutic pools, hydrotherapy pools, floatation vessels and pools used in aquatic programs for handicapped persons.

(2) "Commissioner" means the commissioner of health services or his designee.

(3) "Depth Markers" means numerals of four inches minimum height which are of a contrasting color with the background of the pool and denote water depth in the immediately adjacent portion of the pool.

(4) "One Unit of Lifesaving Equipment" shall consist of a ring buoy not more than fifteen inches inside diameter to which shall be attached a fifty foot length of one-quarter inch line, and a life pole or shepard's crook with blunted ends which is a minimum of twelve feet in length.

(b) General requirements for public pools.

(1) Construction. No person shall construct a public pool or shall substantially alter or reconstruct any public pool except after the plans for such have been approved in accordance with the specifications contained in the most recent edition of the Connecticut Public Swimming Pool Design Guide as adopted and amended by the commissioner. Such plans shall be prepared by and bear the seal of an engineer or architect licensed to practice in the State of Connecticut and shall be approved by the commissioner. The applicant shall forward copies of the approved plans to the director of health or his authorized agent. All public pools shall be constructed or substantially altered or reconstructed in accordance with the plans and specifications approved by the commissioner unless prior approval of changes has been granted in writing. The danger of disease, drowning or injury to bathers shall be reduced to a practical minimum. The commissioner may evaluate public pools constructed without the required plan approval to assess conformance with specifications of the Connecticut Public Swimming Pool Design Guide. The commissioner may issue a "certificate of approval for use" to public pools on which construction was completed prior to January 1, 1980 and which are found to comply substantially with the

aforementioned criteria. No such certificate shall be issued where deviations from design criteria may substantially increase the risk to public health and safety.

(2) Supervisory Personnel. A person knowledgeable in the operation of the pool and in pool water chemistry and testing shall be on duty on the premises where the pool is located whenever the pool is open for use. Names of supervisory personnel shall be submitted to the local health department annually and whenever a change in such personnel occurs.

(3) Pool Water Quality. Not more than Fifteen per cent of the samples of pool water covering a consecutive period of one month or more shall either (1) yield more than two hundred bacterial colonies per milliliter, as determined by the standard (35 degrees C) agar plate count, or (2) show positive test (confirmed test) for coliform organisms in any of five 10-mL portions innoculated into fermentation tubes or contain more than 1.0 coliform colonies per 50 mL. when the membrane filter test is used. All samples shall be collected, the residual disinfectant removed, and the examination conducted in accordance with the procedures outlined in the latest edition of "Standard Methods for the Examination of Water and Wastewater" (American Public Health Association, American Water Works Association, and Water Pollution Control Federation).

(4) Pool Water Clarity. At all times when the pool is in use the water shall be sufficiently clear to permit a secchi disc or a black disc six inches in diameter on a white field, placed on the bottom of the pool at the deepest point, to be clearly visible from the pool deck.

(5) Pool Water Disinfection and Test Kits. Pool water shall be disinfected by an automatic disinfectant feeder which imparts a measurable residual at all times when the pool is in use. These chemical feeders shall comply with the standards of the National Sanitation Foundation or other standards approved commissioner of health services. When chlorine is used, a free chlorine residual of at least 0.8 mg/l as measured by an approved method listed in "Standard Methods for the Examination of Water and Wastewater" as described in subsection 3 above shall be maintained throughout the pool whenever it is open or in use. If cyanuric acid is used to stabilize the free available residual chlorine, or if chlorinated isocyanurate compounds are used, the concentration of cyanuric acid in the water shall not exceed 100 mg/l and a free available chlorine residual of at least 1.5 mg/l shall be maintained throughout the pool whenever it is open or in use. If other halogens are used, residuals of equivalent disinfecting strength shall be maintained. Other disinfecting materials or methods may be used when they have been demonstrated to the commissioner to provide satisfactory disinfection. A test kit for measuring the concentration of the disinfectant, accurate within 0.1 mg/l shall be provided, at each pool. If the cyanuric acid or chlorinated isocyanurates are used, proper testing equipment for measuring cyanuric acid concentration shall be provided. Chemicals in test kits shall be replaced yearly unless shown to produce accurate test results.

(6) Pool Water pH and Alkalinity. The pool water shall be maintained at a pH value of not less than 7.2 and not over 7.8. Testing equipment for measuring pH value shall be available at each pool. Caustic alkalinity shall not be present.

(7) Records and Testing. A pool operation record including all test results shall be maintained on a daily basis by the pool operator. Immediately prior to the daily opening of the pool for use, tests shall be made to determine the amount of residual disinfectant and the pH. These tests shall be repeated at sufficient frequency during periods of bather use to assure that an adequate disinfectant level and pH value are maintained. Whenever tests indicate that an inadequate disinfectant level or inappropriate pH value are present, immediate action shall be taken to reestablish an appropriate disinfectant level and pH value.

(8) Decks, Dressing Rooms, Toilet Rooms, Shower Requirements. The dressing rooms, hallways, toilet rooms, shower rooms or other rooms to which patrons of

pools have access shall be kept clean, in good repair, and well ventilated at all times. The floors of the pool deck and all shower rooms and locker rooms shall be treated with a 0.5% chlorine solution, or an equivalent fungicide, daily. Combs or brushes for common use shall not be provided. All persons shall bathe with warm water and soap before entering the pool. Warm water at a temperature of 90 degrees F to 105 degrees F, shall be furnished at showers convenient to the pool for this purpose. Adequate and convenient toilet facilities shall be available for the use of swimmers. Toilet, lavatory sink, and shower fixtures shall be maintained in proper repair so as to be available in ratios required by Design Criteria in effect at the time of plan approval.

(9) Equipment Rooms, Equipment Areas, and Equipment. Equipment rooms, areas, and equipment shall be kept in good repair and in a clean and sanitary condition. Drain grates shall be vandal proof, designed to prevent hand entrapment, and shall be secured in place in a manner that will prevent removal by bathers.

(10) Deck Equipment. Handrails shall be provided at all steps, stepholes, and ladders. When provided diving stands, lifeguard stands, handrails, and ladders shall be properly secured to the pool deck or pool, as appropriate. Deck accessories and equipment shall be properly maintained and stored.

(11) Pool Chemical Storage. Pool chemicals shall be stored in cool, dry, clean, and well ventilated areas and so as to preclude accidental mixing of different chemicals. Containers shall be tightly closed when not in use.

(12) Vacuuming. Pool bottoms shall be vacuumed or mechanically cleaned as frequently as required to maintain pool cleanliness.

(13) Accessibility to Pool Area. All outdoor pools shall be surrounded by a barrier which shall be a minimum of four feet high and designed to discourage access by unauthorized persons. Entry gates shall be self closing and self latching. When the pool is not open for use, access to the pool shall be prevented.

(14) Lifeguards. When no lifeguard service is in effect a warning sign shall be placed in plain view and shall state "Warning - No Lifeguard on Duty" with legible letters, at least four inches high. This warning shall be easily visible from all entry points into the pool area.

(15) First Aid Kit. Every public pool shall be equipped with an American National Red Cross standard 24-unit first aid kit or equivalent. This first aid kit shall be kept filled and ready for use.

(16) Emergency Telephone. There shall be a telephone or other suitable device for emergency communication readily available in the immediate vicinity of each pool. This telephone or device shall be on the premises where the pool is located.

(17) Signs. Signs shall be conspicuously posted at the pool and in public dressing rooms stating the following:

(A) All persons shall bathe with warm water and soap before entering the pool.

(B) Any persons known or suspected of having a communicable disease shall not use the pool.

(C) Spitting or blowing the nose in the pool is prohibited.

(D) Running, boisterous or rough play (except supervised water sports) is prohibited.

(18) Emergency Communications. Instructions regarding emergency calls shall be prominently posted. All pools shall have posted at their entrance (a) directions to the nearest telephone and the nearest first aid unit and resuscitation equipment; (B) the telephone numbers, in print at least one-quarter inches high, of the nearest police and fire departments, emergency medical service provider, hospital and physicians on call in the immediate area. Additionally these telephone numbers shall be posted at the nearest telephone.

(19) Registration. No person, firm, or corporation shall operate or maintain, within any town, city or borough, any public pool without local permits or licenses if such

permits or licenses are required by local ordinance. If such local permits or licenses are not required, the person, firm or corporation shall register the name of the owner or owner's agent, business address, and pool location with the local director of health of the town, city, borough, or district where the public pool is located.

(c) Additional requirements for public swimming pools and public diving pools

(1) Depth Markers. Depth markers shall be provided on the pool rim at points of minimum and maximum depths, at all points where the pool floor changes slope, and at appropriate points in between. Depth markers at these points shall be visible from within the pool and while standing on the pool deck.

(2) Lifeguard Stands. When a lifeguard is on duty, there shall be a raised stand 4 feet minimum height for the lifeguard, located at pool side adjacent to the deep end of the pool, so that all areas of the pool are visible to the lifeguard.

(3) Lifesaving Equipment. Each public Swimming pool and public diving pool shall be provided with one unit of lifesaving equipment for each one hundred feet of perimeter of the pool. Life poles or shepherd's crooks shall be mounted in permanent sockets toward the deep area of the pool. Lifesaving equipment shall be mounted in conspicuous places around the pool such as on lifeguard stands, fences or barriers of outdoor pools, and room walls of indoor pools.

(4) Sign. A sign stating the following shall be conspicuously posted at the pool: "No diving is permitted off the deck into shallow areas of the pool."

(d) Additional requirements for public wading pools. Depth Markers. A minimum of one depth marker shall be provided on the pool rim on each side of public wading pools.

(e) Additional requirements for public spas.

(1) Pool Water Disinfection. When chlorine is used, a free available chlorine residual of at least 1.0 mg/l shall be maintained throughout the public spa whenever it is open or in use. If other halogens are used, residuals of equivalent disinfecting strength shall be maintained.

(2) Pool Water Temperature. Pool water temperature shall not exceed 104 degree F in public spas.

(3) Depth Markers. All public spas shall have a minimum of two depth markers indicating maximum water depth. These depth markers shall be located on the spa rim or deck immediately adjacent to the pool.

(4) Precaution Sign. A precaution sign is to be mounted in a clearly visible location, adjacent to the spa. This precaution sign shall contain the following warnings: CAUTION

(A) Elderly persons and those suffering from heart disease, diabetes, high or low blood pressure should not enter the spa.

(B) Unsupervised use by children is prohibited.

(C) Do not use while under the influence of alcohol, anticoagulants, antihistamines, vasoconstrictors, vasodilators, stimulants, hypnotics, narcotics or tranquilizers.

(D) Do not use alone.

(E) Observe a reasonable time limit, (preferably not longer than 15 minutes) then shower, cool down and, if you wish, return for another brief stay. Long exposures may result in nausea, dizziness or fainting.

(5) Oils, Body Lotions and Soaps. Oils, body lotions and soaps shall be completely removed by the bather prior to use of public spas.

(f) Special purpose public pools. Special purpose public pools shall meet all applicable requirements for public pools.

(g) Responsibility of director of health. When any public pool is found not to meet the requirements of these regulations, or when a condition is found which constitutes a public health or safety hazard or a health nuisance to bathers or pool patrons, the director of health may order such public pool closed until corrections are made. The director of health shall order such closure when there is significant evidence of communicable disease being transmitted through use of the pool, when the public pool is being

operated in such manner as to constitute a significant health nuisance, or when imminent safety hazards exist. Inspections shall be conducted by the director of health or his authorized agent to evaluate conformance with these regulations and to protect the public health and safety. Any person aggrieved by an order issued by a director of health, may within forty-eight hours after the making of such order, appeal to the commissioner of health services in accordance with Section 19a-229 of the General Statutes and Sections 19-2-1 to 19-2-43 inclusive of the Regulations of Connecticut State Agencies.
(Effective October 26, 1984.)

## Artificial Bathing Place

### 19-13-B34. Artificial bathing place without controlled water supply

"Artificial bathing place" means an artificially constructed impounding basin for surface water which is to be used for bathing or swimming by an considerable number of persons other than the immediate family of the owner or proprietor. No artificial bathing place shall be constructed until the location is approved by the local director of health of the town, city or borough in which it is located.

(a) Each such bathing place shall be marked on its rim or otherwise a no greater than eight foot intervals from the shallow end of the area to indicate the depth of the water at such intervals. Where there is a lifeguard on duty there shall also be a raised stand for the life guard, so placed that all areas of the bathing place are visible to the lifeguard on duty.

(b) Each such bathing place shall have minimum equipment consisting of the following: A ring buoy not more than fifteen inches in diameter to which shall be attached a fifty foot length of one-quarter inch line; four pineapple (tightly rolled balls of rope) composed of one-quarter inch line each fifty fee in length; a life pole or shepherd's crook with blunted end, a minimum of twelve feet in length, for each one hundred running feet of perimeter of the area, such poles to be mounted in permanent sockets, on opposite side towards the deep area of the bathing place and attached to the fencing or barrier.

(c) All bathing places have posted at their entrance (1) directions to the nearest telephone and the nearest first aid unit and resuscitation equipment; (2) the telephone numbers, in print at least one-quarter inches high, of the nearest police and fire departments, rescue squad, ambulance service, hospital and physicians on call in the immediate area.

(d) When no lifeguard service is in effect, a warning sign shall be placed in plain view and shall state "Warning - No Lifeguard on Duty" with legible letters, at least four inches high.

(e) The quality of the water shall meet bacterial standards approved by the commissioner and the amount of diluting water shall be not less than 1,000 gallons per day per bather. If the bacterial standard is maintained, the flow requirement may be reduced for short periods of time to no less than 500 gallons per day per bather, with approval of the director of health. This dilution water may be from stream flow or from natural circulation in a large body of impounded water.

(f) The dressing rooms, hallways, toilet rooms, shower rooms or other rooms to which patrons of pools shall have access shall be kept clean and well ventilated at all times. The floors of all shower rooms and locker rooms shall be treated with chlorine solution or other fungicide daily. No combs or brushes for common use shall be provided.
(Effective June 28, 1973.)

## Drinking Cups and Drinking Fountains

### 19-13-B35. Drinking cups and drinking fountains

Sanitary drinking fountains shall be installed or individual drinking cups, stored in such a manner as to be protected from contamination, shall be provided, where drinking water is made generally available upon the premises of any building, hotel, restaurant, theatre, hall, schoolhouse, industrial or mercantile establishment or in any park, street, railroad station, railroad car or ship. Where drinking water facilities are provided by any person, firm or corporation for the use of

employees engaged in outdoor work or construction work, sanitary drinking fountains shall be installed or water storage containers and individual drinking cups shall be provided by such person, firm or corporation and such cups and the contents of such containers shall be protected against contamination. Such drinking fountains shall be constructed with a slanting jet issuing from a nozzle of non-oxidizing impervious material with a non-oxidizing guard to prevent the mouths and noses of persons using the fountain from coming in contact with the nozzle. The jet shall be located so as not to touch the guard and shall be discharged at such an angle that the water can neither fall back nor be forced back on to the point of discharge. The fountain jet and all openings in the water supply piping shall issue above the level of the fountain bowl. The drainage from the bowl shall be adequate and so constructed as to prevent fouling of the bowl. The drain from the fountain shall not have a direct physical connection to a waste pipe unless the drain is trapped. The waste opening and pipe from the fountain shall be of sufficient size to carry off the water promptly. The opening shall be provided with a strainer. All drinking fountains installed after January 12, 1954, shall be provided with their own receiving bowls and shall not be installed over sinks used for hand washing or other purposes.

## Public Bathing Establishments

### 19-13-B36. Public bathing establishments

A public bathing establishment, as used in this section, shall include the grounds, bath houses, toilets and other appurtenances of any bathing establishment on or near any stream, natural or artificial pond, or tidal water where bath houses for the use of the public are maintained either free or for hire. No city, town, borough, institution, person, firm or corporation shall operate or maintain any public bathing establishment except after full and literal compliance with the following requirements:

(a) Adequate numbers of fly-tight privies or water-flushed toilets and sewage disposal systems shall be constructed and located in such a way as not to contaminate the waters used by the bathers. These accommodations shall be installed with the approval of the local director of health and shall be maintained at all times in a sanitary condition. Separate toilets for men and women shall be provided. The location of all toilets shall be plainly indicated by signs.

(b) No water supply shall be available for drinking unless of safe, sanitary quality.

(c) The dressing rooms, hallways, toilet rooms, shower rooms or other rooms to which patrons have access shall be kept clean and well ventilated at all times. The floors shall also be treated with chlorine solution or other fungicide daily. No combs or brushes for common use shall be provided for the use of patrons.

(d) All persons known or suspected of being afflicted with communicable diseases shall be excluded.

(e) No bathing suits or towels shall be furnished to patrons unless such bathing suits or towels have been thoroughly washed with soap and hot water and dried after previous use.

(f) Fly-tight depositories shall be provided where necessary for the reception of rubbish, garbage or other refuse or contaminated material and shall be maintained in a sanitary condition.

(Effective June 28, 1973.)

# Water Supplies

## 19-13-B37. Cross connections between water supplies prohibited

No physical connection between the distribution system of a public water system and that of any other water supply shall be permitted, unless such other water supply is of safe sanitary quality and the interconnection of both supplies is approved by the State Department of Public Health. No officer, board, corporation or other person or group of persons, owning, managing or controlling any public water system, shall provide new water service to a site where any person, firm or corporation either maintains such connection or is not in compliance with Section 19-13-B38a of the Regulations of Connecticut State Agencies at this location. Upon written order by the local health department or the Department of Public Health, an officer, board, corporation or other person or group of persons, owning, managing or controlling any public water system, shall terminate existing water service to a site where any person, firm or corporation either maintains such connection or is not in compliance with Section 19-13-B38a of the Regulations of Connecticut State Agencies at this location.
(Effective June 25, 1985; Amended July 7, 1993; Amended effective December 5, 2001.)

## 19-13-B38a. Permissible arrangements for connections to public water supply lines

(a) Definitions. As used in this section:

(1) "Air gap" means the unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or outlet supplying water to a tank plumbing fixture, or other device, and the flood level rim of the receptacle. The vertical physical separation shall be at least two times the inside diameter of the water inlet pipe above the flood rim level but shall not be less than one inch;

(2) "Air vent type backflow preventer" means a device containing two independently operating check valves separated by a chamber which can automatically vent to the atmosphere if backflow occurs;

(3) "Atmospheric vacuum breaker" means a mechanical device which automatically air vents a pipeline to prevent backsiphonage;

(4) "Double check valve assembly" (DCVA) means a device which contains two independently acting check valves located between two tightly closing shut-off valves and fitted with properly located test cocks;

(5) "Fire sprinkler system" for fire protection purposes means an integrated system of underground and overhead piping designed to provide fire protection for a building or structure. The installation includes one or more automatic water supplies. The portion of the sprinkler system above-ground is a network of specially sized or hydraulically designed piping installed in a building, structure, or area generally overhead, and to which sprinklers are attached in a systematic pattern. The valve controlling each system riser is located in the sprinkler riser or its supply piping. Each sprinkler system riser includes a device for actuating an alarm when the system is in operation. The system is usually activated by heat from a fire and discharges water over the fire area;

(6) "Hose bibb vacuum breaker" means an atmospheric vacuum breaker designed to be attached to an outlet having a hose connection thread;

(7) "Owner" means the customer of a public water system;

(8) "Pressure vacuum breaker" means a device which contains a spring loaded check valve and a spring loaded atmospheric vent which opens when the pressure approaches atmospheric. The unit shall include two tightly closing shut-off valves located at each end of the device and two test cocks properly located for testing the device;

(9) "Reduced pressure principle backflow preventer" (RPD) means a device containing within its structure a minimum of two independently acting, approved

check valves, together with an automatically operating pressure differential relief valve located between the two check valves. The first check valve reduces the system pressure a predetermined amount so that during normal flow and a cessation of normal flow the pressure between the checks shall be less than the system pressure. In case of leakage of either check valve, the differential relief valve, by discharging to atmosphere, shall operate to maintain the pressure between the checks less than the system pressure. The unit shall include tightly closing shut-off valves located at each end of the device and each device shall be fitted with properly located test cocks;

(10) "Siamese connection" means an inlet equipped with one or more couplings to which a fire hose can be attached and through which water can be delivered by a fire department pumper to a sprinkler system; and

(11) "Toxic or objectionable substance" means any compound which could affect the public health, the potability, or the aesthetic quality of the water.

(b) Air Gap. An air gap is required between all potable water lines and equipment or systems which may be subject to contamination.

(c) Reduced pressure principle backflow preventer.

(1) A reduced pressure principle backflow preventer (RPD) is required on a line to all facilities where toxic or objectionable substances are used in addition to the required air gap, vacuum breaker or RPD on individual pieces of equipment unless the public water system has determined that an RPD is not necessary. Where such substances are used in a specific area, an RPD on the line to that area may be used in place of the RPD on the line to the facility.

(2) The owner shall install a reduced pressure principle backflow preventer (RPD) or an air gap in the following instances:

(A) On a line to fire sprinkler systems (including tanks) where chemicals are added or to foam fire fighting systems;

(B) On a line to pressurized water systems on ships;

(C) On a line used to supply car wash facilities where pressure is boosted;

(D) On a line to irrigation or lawn sprinkler systems where chemicals are added;

(E) On a line to all boiler systems where chemicals are added;

(F) On a line to heat exchangers where chemicals are added;

(G) On a line to solar heating systems where chemicals are added;

(H) On a line to plating tanks or areas. No potable water use will be allowed downstream of the device pursuant to section 19-13-B38a(e)(2) of the Regulations of Connecticut State Agencies.

(3) Unless otherwise required by sections 19-13-B38a(b) or 19-13-B38a(c) of the Regulations of Connecticut State Agencies, the owner shall install either an RPD or an air vent type backflow preventer or an air gap in the following instances:

(A) Water supply lines to all boiler systems where chemicals are not added;

(B) Water supply lines to carbonators for beverage machines, water conditioning systems, and commercial ice making equipment;

(C) Water supply lines connected to solar heating systems where chemicals are not added and heat exchangers where chemicals are not added;

(D) Water supply lines to storage tanks used for fire protection where chemicals are not added.

(d) Double Check Valve Assembly. The owner shall install a double check valve assembly (DCVA) on public water supply lines to fire sprinkler systems with siamese connections unless chemicals are added to the fire sprinkler system. Where chemicals are added to such systems, the owner shall install an RPD pursuant to Section 19-13-B38a(c)(2)(A) of the Regulations of Connecticut State Agencies. An owner may install an RPD instead of a DCVA on public water supply lines to fire sprinkler systems with siamese connections.

(e) Vacuum breaker. The owner shall install either an atmospheric vacuum breaker or a pressure vacuum breaker or an air gap in the following instances:

(1) Irrigation or lawn sprinkler systems where chemicals are not added;

(2) Flush valve toilets;
(3) Inlets which are or may become submerged, except where an RPD is required pursuant to section 19-13-B38a(c)(2) of the Regulations of Connecticut State Agencies;
(4) Hemodialysis units;
(5) At marinas and docks on all hose bibbs or other outlets to which a hose may be connected.

(f) Installation and maintenance. The devices required by section 19-13- B38a of the Regulations of Connecticut State Agencies shall be purchased, owned, installed, and maintained by the owner in compliance with the following conditions:
(1) New devices shall conform to the revision of American Water Works Association Standard C510, C511 or the revision of the applicable standard of the American Society of Sanitary Engineering in effect at the time of building permit application.
(2) There shall be no connection made for potable water use downstream of an RPD and upstream of the equipment or systems subject to contamination except where the device is installed on the service line and the required air gap, vacuum breaker, or RPD is provided on all individual pieces of equipment.
(3) Each RPD, DCVA and pressure vacuum breaker shall be located in a room or structure that is well lighted, properly drained, and not subject to flooding. These devices shall be easily accessible for repair, testing and inspection.
(4) There shall not be any bypass around a device without appropriate protection as required by Section 19-13-B38a of the Regulations of Connecticut State Agencies.
(5) If an RPD or DCVA cannot be removed from service for maintenance and testing during normal working hours, then a second device of the same type shall be installed in parallel so as to permit inspection and repair of either unit.
(6) The owner shall notify the public water system prior to the installation of any RPD, DCVA or pressure vacuum breaker required by Section 19-13-B38a of the Regulations of Connecticut State Agencies. Immediately after installation of such devices, the owner shall arrange for the public water system to have each device tested by a person who has met the requirements of Section 25-32-11(e) of the Regulations of Connecticut State Agencies.
(7) The public water system shall have each RPD, DCVA and pressure vacuum breaker tested annually and shall maintain records of the test. Any malfunctioning device shall be promptly restored to proper operating condition by the owner. A summary of the results shall be forwarded to the Department of Public Health as a part of the annual cross connection survey report. All tests must be performed by a person who has met the requirements of Section 25-32-11(e) of the Regulations of Connecticut State Agencies.
(8) Atmospheric vacuum breakers shall be located beyond the last control valve prior to the first outlet. All vacuum breakers shall be installed at an elevation higher than any outlet according to manufacturers instructions.
(9) An atmospheric vacuum breaker shall be installed so that it is not subject to backpressure or continuous operating pressure of more than twelve (12) hours duration. Where vacuum breakers are to be installed under section 19-13-B38a(d) of the Regulations of Connecticut State Agencies and a continuous operating pressure exists, a pressure vacuum breaker shall be used.
(10) An atmospheric vacuum breaker shall be installed in such a fashion that it will not be subject to corrosion which will render it inoperative.
(11) The owner is responsible for complying with all building, plumbing, fire safety or other applicable codes, regulations or requirements.

(g) Civil Penalties.
(1) Notice of violation. When the Commissioner determines that a violation of Section 19-13-B38a(d) of the Regulations of Connecticut State Agencies has occurred or is occurring, the commissioner may so notify the violator and may impose a civil penalty in accordance with this subsection if compliance is not

achieved by the date specified in the notice of violation.

(2) Appeals. Within twenty days (20) after such notice is sent by the commissioner, an owner in receipt of a notice of violation issued pursuant to this subsection may petition the commissioner in writing, by U.S. mail, certified or registered, postage prepaid, return receipt requested, for an opportunity to contest the determination that a violation occurred, the determination a violation has not been corrected, the initial date of the imposition of the penalty, and the imposition of a penalty.

(3) Penalty. Failure to install a device required pursuant to Section 19- 13-B38a(d) of the Regulations of Connecticut State Agencies shall result in a penalty of not more than $2000.

(Effective March 7, 1989; Amended July 7, 1993; Amended effective December 5, 2001.)

## 19-13-B39. Quality of water supplies made available for public and for employees

No water supply shall be used or rendered available for drinking and for other personal or domestic purposes in any industrial plan, mercantile establishment, hotel, lodging or boarding house, tenement house, hospital, theatre, park or public building, or on any outdoor or construction work, unless such supply is of safe sanitary quality approved by the state department of health. If a water supply for industrial or fire protection purposes is obtained entirely or in part from a source not approved for drinking purposes, this supply shall be distributed through an independent piping system having no connection with the systems for drinking and for other domestic use.

## Sanitation of Food, Fair Grounds, Ice Plants and Trailer Coaches

### 19-13-B40. Sanitation of foodstuffs

No person, firm or corporation shall sell, offer for sale or keep for sale any groceries, bakery products, confectioneries, meats, fish, vegetables or fruits except after compliance with the following requirements:

(a) All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption. All food and drink shall be so stored, displayed and served as to be protected from dust, flies, vermin, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage or other contamination. No animals or fowls shall be kept or allowed in any room in which food or drink is prepared or stored. All means necessary for the elimination of flies, roaches and rodents shall be used. All exposed food shall be stored at least eighteen inches above the floor and all food which may be contaminated by exposure when deposited at a food establishment on delivery shall be stored at least eighteen inches above the floor. Food cooking or processing operations shall be conducted in a sanitary manner.

(b) The floors, walls, windows and ceilings of rooms used for the preparation and sale of foods shall be kept clean and in good repair. During the season when flies are prevalent, all openings into the outer air shall be effectively screened and doors shall be provided to prevent the entrance of flies.

(c) All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas. All equipment and utensils shall be kept clean. Equipment and utensils containing or plated with cadmium or lead shall not be used, provided solder containing lead may be used for jointing.

(d) Any food to be eaten without cooking shall not be stored directly in contact with ice. All refrigerators shall be kept in a clean and sanitary condition. All potentially hazardous food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, shall be maintained at safe temperatures at 45 degrees F. or below, or 140 degrees F. or above, except during necessary periods of preparation.

(e) All oysters, clams and mussels shall be from approved sources and, if shucked, shall be kept until sold in the containers in which they were placed at the shucking or packing plant.

(f) All drinking beverages not bottled shall be kept in fly-tight containers, from which the liquid may be removed only by faucets. The pouring lips of bottles or containers of milk or other beverages shall not be submerged for cooling.

(g) No decayed fruits, meats, fish, vegetables or other foods shall be allowed to remain in any receptacle wherein any fruits, meats, fish, vegetables or other foods intended for human consumption are kept for sale or other disposition. All garbage and rubbish containing food wastes shall, prior to disposal, be kept in a leak-proof, non-absorbent container which shall be kept covered with tight fitting lids when filled or stored, or not in continuous use; provided such containers need not be covered when stored in a xermin-proofed room or enclosure, or in a food waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in an approved manner. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(h) Any water supply available for drinking or for washing dishes or food-handling equipment or for hand-washing shall be of safe sanitary quality. Each establishment shall be provided with adequate conveniently located handwashing facilities for its employees

within or immediately adjacent to all toilet rooms, equipped with hot and cold or tempered running water, hand cleansing soap or detergent dispensed in a sanitary manner, and approved sanitary towels or other approved hand drying device. Such facilities shall be kept clean and in good repair. The use of a common towel is prohibited. No employee shall resume work after using the toilet room without first washing his hands. In establishments constructed after October 8, 1963, and establishments which are extensively altered after said date, separate handwashing facilities shall also be located within the room where food is prepared.

(i) Each establishment shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet facilities, including rooms and fixtures, shall be sanitary and readily cleaned and shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-closing. Toilet tissue shall be provided. Easily cleaned receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered.

(j) All parts of the establishment and its premises shall be kept neat, clean and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food contact surfaces. None of the operations connected with a food service establishment shall be conducted in any room used as living or sleeping quarters.

(Effective October 8, 1963.)

## 19-13-B41. Sanitation of public fair grounds, horse shows, horse races, and automobile races

No public fair grounds or grounds for horse shows, horse races and automobile races shall be used except after compliance with the following requirements:

(a) Water supply. Any water supply available for drinking or washing dishes shall be of safe sanitary quality. Any water found unsafe for human consumption on such grounds shall be either eliminated or purified by a process approved by the state department of health or shall be kept posted with placards definitely warning persons against its use. A safe water supply and handwashing and hand drying facilities shall be provided for the public where food is served.

(b) Disposal of excreta. Fly-tight privies or water-flushed toilets with a system of sewage disposal approved by the state department of health shall be provided and shall be maintained in a clean and sanitary condition. Separate installations for men and for women shall be provided and they shall be adequate for the accommodation of all persons attending or using the grounds. The location of all toilets shall be plainly indicated by signs.

(c) Disposal of refuse. Supervision and equipment sufficient to prevent littering of the ground with rubbish, garbage or other refuse shall be provided and maintained. Fly-tight depositories for such materials shall be provided and conspicuously located. Such depositories and any final places of disposition shall not be permitted to become foul-smelling or unsightly or breeding places for flies.

(d) Storage and service of food. All food and drink while being stored, prepared, displayed, served or sold, or during transportation, shall be protected from dust, flies, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage or other contamination. Raw fruits and vegetables shall be washed before use. All single service eating and drinking articles shall be made from nontoxic materials, and shall have been manufactured, packaged, transported, stored, handled and dispensed in a sanitary manner, and shall be used only once. Drinking straws or any other device, hollow in nature, whereby through its use a beverage can be drawn into the mouth shall be separately wrapped either individually or in pairs with a sanitary protective covering for individual use. All multi-use eating and drinking utensils shall be thoroughly washed and rinsed and sanitized after each use.

(e) Drinking beverage. All drinking beverages not bottled shall be kept in fly-tight containers, from which the liquid may be removed only by faucets. The pouring lips of bottles or containers of milk or other beverages shall not be submerged for cooling. (Effective April 11, 1973.)

## 19-13-B42. Sanitation of places dispensing foods or beverages

No person, firm or corporation shall operate or maintain within the State of Connecticut any place where food or beverages are served to the public except in compliance with the following requirements:

(a) Definitions, as used in this section:

(1) "Authorized agent" means any individual certified by the commissioner to inspect food service establishments and enforce the provisions of section 19-13-B42 of the Regulations of Connecticut State Agencies under the supervision and/or authority of the director of health.

(2) "Comminuted" means reduced in size by methods including chopping, flaking, grinding, or mincing and includes fish or meat products that are reduced in size and restructured or reformulated such as gefilte fish, gyros, ground beef and sausage.

(3) "Commissioner" means the commissioner of public health.

(4) "Department" means the state of Connecticut Department of Public Health.

(5) "Director of health" means the director of a local health department or district health department approved by the commissioner as specified in Connecticut general statutes sections 19a-200 and 19a-242, respectively.

(6) "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces.

(7) "Food service establishment" means any place where food is prepared and intended for individual portion service and includes the site at which individual portions are provided. The term includes any such place regardless of whether consumption is on or off the premises and regardless of whether there is a charge for the food. The term does not include a kitchen in a private home where food is prepared or served and not offered for sale, or a bed-and-breakfast operation that prepares and offers food to the guests if such operation is owner occupied and has the total building occupant load of not more than 16 persons including the owner and occupants, and has no provisions for cooking or warming food in the guest rooms, and breakfast is the only meal offered, and placards are posted at the registration area which read "this establishment is exempt from section 19-13-B42 of the regulations of the public health code."

(8) "Full-time position" means thirty (30) hours per week or the number of hours per week that the food service establishment is open for business, whichever is less.

(9) "Hazard analysis" means an evaluation of food handling operations to identify points of potential product contamination and assess the adequacy of hot processing and hot and cold storage methods for foods.

(10) "Potentially hazardous food" means any food or food ingredient, natural or synthetic, that is in a form capable of supporting:

(A) the rapid and progressive growth of infectious or toxigenic microorganisms, or

(B) the slower growth of Clostridium botulism.

(11) "Qualified food operator" means a food operator employed in a full-time position who has demonstrated a knowledge of safe food handling techniques.

(12) "Ready-to-eat food" means food that is in a form that is edible without washing, cooking, or additional preparation by the food service establishment or the consumer and that is reasonably expected to be consumed in that form.

(13) "Supervisory position" means the position of a person who directs and inspects the performance of food service workers.

(14) "Temporary food service establishment" means a food service establishment that

operates at a fixed location for a temporary period of time, not to exceed two (2) weeks, in connection with a carnival, circus, public exhibition, festival, celebration, or similar transitory gathering.

(b) The floor surfaces in kitchens, in all other rooms and areas in which food or drink is stored or prepared, in which multi-use utensils are washed, and in walk-in refrigerators, dressing or locker rooms and toilet rooms, shall be of smooth nonabsorbent materials, and so constructed as to be easily cleaned. The floors of nonrefrigerated dry food storage areas need not be nonabsorbent. All floors shall be kept clean and in good repair. Floor drains shall be provided in all rooms where floors are subjected to flooding type cleaning or where normal operations release or discharge water or other liquid waste on the floor. No sawdust or similar material shall be spread on the floors. All exterior areas where food is served shall be kept clean and properly drained, and the surfaces in such areas shall be finished so as to facilitate maintenance and minimize dust.

(c) The walls and ceilings of all rooms shall be kept clean and in good repair. All walls of rooms or areas in which food or drink is prepared, or multi-use utensils or hands are washed, shall be easily cleanable, smooth, light colored, and shall have washable surfaces up to the level reached by splash or spray.

(d)(1) Effective measures shall be taken to protect against the entrance into the establishment or breeding on the premises of insects, rodents and other animals by:

(A) filling or closing holes and other gaps along floors, walls, and ceilings,

(B) closed, tight-fitting windows, and

(C) solid self-closing, tight-fitting doors; or

(2) if windows or doors are kept open for ventilation or other purposes, the openings shall be protected against the entrance of insects, rodents or other animals by:

(A) 16 mesh to 25.4 mm (16 mesh to 1 inch) screens,

(B) properly designed and installed air curtains, or

(C) other methods which are submitted for review and approval by the local director of health. The submission of an alternative method to those listed in (A) and (B) of this subdivision for review by the director of health shall be accompanied by documentation which the director of health finds demonstrates that the method will be as effective in preventing the entrance of insects and rodents or other animals as those listed in (A) and (B) of this subdivision.

(3) Subdivision (2) of this subsection does not apply if flying insects and other pests are absent due to the location of the establishment, the weather, or other limiting condition.

(e) All areas in which food or drink is prepared or stored or multi-use utensils are washed, handwashing areas, dressing or locker rooms, toilet rooms and garbage and rubbish storage areas shall be well lighted. During all cleanup activities, adequate light shall be provided in the area being cleaned and upon or around equipment being cleaned. All rooms in which food or drink is prepared or served or multi-use utensils are washed, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well ventilated. Ventilation hoods and devices shall be designed to prevent grease or condensate from dripping into food or onto food preparation surfaces. Filters, where used, shall be readily removable for cleaning or replacement. Ventilation systems shall comply with applicable state and local fire prevention requirements and shall, when vented to the outside air, discharge in such a manner as not to create a nuisance.

(f) Each food service establishment serving food or drink shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be sanitary and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-closing. Toilet room walls shall be tight and extend from floor to ceiling. Toilet tissue shall be provided. Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered. Toilet and handwashing facilities accessible

to the public shall be provided in conformance with sections 19-13-B105 through 19-13-B113 of the Regulations of Connecticut State Agencies. Where the use of non-water-carried sewage disposal facilities has been approved by the local director of health, such facilities shall be separate from the food service establishment. All sewage shall be disposed of in a public sewerage system or, in the absence thereof, in a manner approved by the local director of health. Plumbing shall be so sized, installed and maintained as to prevent contamination of the water supply; as to properly convey sewage and liquid wastes from the food service establishment to the sewerage or sewage disposal system; and as not to constitute a source of contamination of food equipment or multi-use utensils, or create an insanitary condition or nuisance.

(g) The water supply shall be adequate, of a safe, sanitary quality, be in conformance with section 19-13-B102 of the Regulations of Connecticut State Agencies and be from an approved source which is in conformance with sections 19-13-B51A through 19-13-B51M of the Regulations of Connecticut State Agencies. Hot and cold running water under pressure shall be provided in all areas where food or drink is prepared or equipment, multi-use utensils or containers are washed. Hot water supplied in all areas where food or drink is prepared and where multi-use utensils and equipment are washed, and for other general purposes shall be maintained at a temperature of at least one hundred and ten (110) degrees F. through a mixing valve or combination faucet. Hot water supplied at hand washing sinks available to the public shall be in conformance with section 19-13-B111 of the Regulations of Connecticut State Agencies. Ice used for any purpose shall be made from water which comes from an approved source; and shall be used only if it has been manufactured, stored, transported, and handled in a sanitary manner.

(h) Each food service establishment serving food or drink shall be provided with handwashing facilities located to allow for convenient use by employees in food preparation, food dispensing, and warewashing areas, and within or immediately adjacent to all toilet rooms. The handwashing facilities shall be equipped with hot and cold or tempered running water, hand cleansing soap or detergent dispensed in a sanitary manner, individual disposable towels or other hand drying device acceptable to the director of health. The use of a common towel is prohibited. A handwashing facility shall not be used for purposes other than handwashing. The handwashing facilities shall be maintained so that they are accessible at all times for employee use. Such facilities shall be kept clean and in good repair. No employee shall resume work after using the toilet room without first washing his hands.

(i) All equipment and multi-use utensils, and all show and display cases or window counters, shelves, tables, chairs, and refrigerating equipment shall be so designed and of such material and workmanship as to be smooth, easily cleanable and durable and shall be in good repair. The food contact surfaces of such equipment and utensils shall, in addition, be easily accessible for cleaning, nontoxic, corrosion-resistant and relatively nonabsorbent. Sinks, dishtables and drainboards shall be constructed of galvanized metal or better, suitably reinforced, of such thickness and design as to resist denting and buckling, and sloped so as to be self-draining. Exceptions approved by the local director of health may be made to the above material requirements for equipment such as cutting boards, blocks and bakers' tables and containers for dry products.

(j)(1) All equipment shall be so installed and maintained as to facilitate the cleaning thereof and of all adjacent areas.

(2) Equipment in use on October 15, 1963, which does not fully meet the above requirements may be continued in use if it is in good repair, capable of being maintained in a sanitary condition and the food contact surfaces are nontoxic. Utensils containing or plated with cadmium or lead shall not be used, provided solder containing lead may be used for jointing. All cloths and towels used by waiters, chefs and other employees shall be clean.

(3) All multi-use eating and drinking utensils shall be thoroughly washed and rinsed and sanitized after each use, in accordance with the following approved sanitizing processes.

(A) When manual dishwashing is used, a three-compartment sink shall be

provided and used wherever washing, rinsing, and sanitization of equipment or utensils are conducted; provided, that in food service establishments where the only utensils to be washed are limited to spatulas, tongs, and similar devices, and when the only equipment to be cleaned is stationary and does not require disassembly for proper cleaning, a two-compartment sink may be approved by the director of health for this purpose. At least a two-compartment sink shall be provided and used for washing kitchenware and equipment which does not require sanitization. A warewashing sink shall not be used for handwashing or dumping mop water. Sinks used to wash or thaw food shall be sanitized before and after using the sink to wash produce or thaw food. Utensils after thorough washing and rinsing, clean to sight and touch, shall be sanitized by:

(i) Immersion for at least one (1) minute in clean, hot water at a temperature of at least one hundred and seventy (170) degrees F. An approved thermometer shall be available convenient to the vat. The pouring of scalding water over the washed utensils shall not be accepted as satisfactory compliance; or

(ii) Immersion for at least one (1) minute in a sanitizing solution containing: at least fifty (50) mg/l of available chlorine at a temperature of not less than seventy-five (75) degrees F. The bath should be made up to a strength of one hundred (100) mg/l or more of available chlorine and shall not be used after its strength has been reduced to fifty (50) mg/l; or at least twelve and one-half (12.5) mg/l of available iodine in a solution having a pH value not higher than five (5.0) and a temperature of not less than seventy- five (75) degrees F.; or any other chemical sanitizing agent that has been demonstrated to the satisfaction of the director of health to be effective and nontoxic under use conditions, and for which a suitable field test is available. Such sanitizing agents, in solutions used, shall provide the equivalent bactericidal effect of a solution containing at least fifty (50) mg/l of available chlorine at a temperature not less than seventy-five (75) degrees F.

(B) When dishwashing is done by machine hot water for sanitizing may be used provided that:

(i) Wash water shall be kept clean, and rinse-water tanks shall be so protected by distance, baffles or other effective means as to minimize the entry of wash water into the rinse water. All water inlets shall be protected against backflow.

(ii) The flow pressure shall be not less than fifteen (15) or more than twenty-five (25) pounds per square inch on the water line at the machine, and not less than ten (10) pounds per square inch at the rinse nozzles. A suitable gauge cock shall be provided immediately upstream from the final rinse sprays to permit checking the flow pressure of the final rinse water.

(iii) The temperature of the wash water shall not be less than:

(a) One hundred and sixty-five (165) degrees F. for a single temperature stationary rack machine;

(b) One hundred and sixty (160) degrees F. for a single tank, conveyor, dual temperature machine;

(c) One hundred and fifty (150) degrees F. for a single tank, stationary rack, dual temperature machine; and

(d) One hundred and fifty (150) degrees F. for a multitank, conveyor, multitemperature machine.

When hot water is relied upon for sanitization in a mechanical

warewashing operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold shall not be less than one hundred and sixty-five (165) degrees F. for a stationary rack, single temperature machine; or one hundred and eighty (180) degrees F. for all other machines. The temperature of the fresh hot water sanitizing rinse shall not be more than one hundred and ninety-four (194) degrees F. as it enters the manifold. The item being sanitized shall attain a temperature of one hundred and sixty (160) degrees F. on its surface during the final rinse. When a pumped rinse is provided, the water shall be at a temperature of at least one hundred and sixty (160) degrees F.

(iv) Conveyors in dishwashing machines shall be accurately timed to assure proper exposure times in wash and rinse cycles.

(v) An easily readable thermometer shall be provided in each tank of the dishwashing machine which will indicate the temperature of the water or solution therein. In addition, a thermometer shall be provided which will indicate the temperature of the final rinse water as it enters the manifold.

(vi) Jets, nozzles and all other parts of each machine shall be maintained free of chemical deposits, debris and other soil. Automatic detergent dispensers, if used, shall be kept in proper operating condition.

(C) Dishwashing may be done by machines using chemicals for sanitization provided:

(i) The machines, chemical sanitizer, and method of drying utensils are approved by the commissioner.

(ii) The temperature of the wash water shall not be less than one hundred and twenty (120) degrees F.; and

(iii) the wash water shall be kept clean; and

(iv) Adequate amounts of chemicals for washing, sanitizing, and drying shall be available. Chemicals added for washing, sanitization, and drying purposes shall be automatically dispensed, compatible, not interfering with the effective purpose of each other; and

(v) Utensils and equipment shall be exposed to the final chemical sanitizing rinse in accordance with the manufacturer's specifications for time and concentration; and

(vi) The chemical sanitizing rinse water temperature shall be not less than seventy-five (75) F. nor less than the temperature specified by the machine's manufacturer; and

(vii) A test kit or other device that accurately measures the parts per million concentration of the solution shall be available and used.

(4) All kitchenware and food contact surfaces of equipment that have been used in the preparation or serving of food and drink, and all multi-use food storage utensils, exclusive of cooking surfaces of equipment, shall be thoroughly cleaned at least every four (4) hours. Cooking surfaces of equipment shall be cleaned at least once a day. All food temperature measuring devices, multi-use utensils and food contact surfaces of equipment used in the preparation or storage of potentially hazardous food shall be thoroughly cleaned and sanitized prior to such use and following: a change from working with raw animal foods to working with ready-to-eat foods; a change in the type of raw animal food such as beef, fish, lamb, pork, or poultry; use with raw fruit or vegetables prior to use with potentially hazardous food; and at any time during the operation when contamination may have occurred. Unless approved by the director of health for a different frequency of cleaning, equipment, food contact surfaces and utensils that have been used with potentially hazardous food shall be cleaned and sanitized at least every four (4) hours.

Non-food contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition.

(5) No article, polish, or other substance containing any cyanide preparation or other poisonous material shall be used for the cleaning or polishing of utensils.

(k) After cleaning and until use, all food contact surfaces of equipment and multi-use utensils shall be so stored and handled as to be protected from contamination. All single-service eating and drinking articles shall be made from nontoxic materials, and shall have been manufactured, packaged, transported, stored, handled and dispensed in a sanitary manner, and shall be used only once. Drinking straws or any other device, hollow in nature, whereby through its use a beverage can be drawn into the mouth shall be separately wrapped either individually or in pairs with a sanitary protective covering for individual use. Food service establishments which do not have adequate and effective facilities for cleaning and sanitizing multi-use utensils shall use single-service articles.

(l) All garbage and rubbish containing food wastes shall, prior to disposal, be kept in a leak-proof, nonabsorbent container which shall be kept covered with tight fitting lids when filled or stored, or not in continuous use; provided such containers need not be covered when stored in a vermin-proofed room or enclosure or in a food waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in a manner approved by the director of health. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(m)(1) Except during necessary periods of preparation and service, potentially hazardous foods shall be maintained at forty-five (45) degrees F. or below, or one hundred forty (140) degrees F. or above, except beef roasts and pork roasts cooked to an internal temperature and time specified below may be held hot at one hundred thirty (130) degrees F. or above. The use of time only, rather than time in conjunction with temperature, may be permitted by the director of health and may be used as a public health control for a working supply of potentially hazardous food before cooking, or for ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption if: the food is marked or otherwise identified with the time within which it shall be cooked, served, or discarded; the food is served or discarded within 4 hours from the point in time when the food is removed from temperature control; the food in unmarked containers or packages, or for which time expires, is discarded; and written procedures that assure compliance are maintained in the food service establishment and are made available to the authorized agent upon request. Except as specified raw food shall be cooked as follows:

(A) Whole roasts, corned beef, and pork roasts shall be cooked to heat all parts of the food to the following minimum temperatures and corresponding minimum holding times: one hundred thirty (130) degrees F. for one hundred twenty-one (121) minutes; or one hundred forty (140) degrees F. for twelve (12) minutes; or one hundred forty-five (145) degrees F. for three (3) minutes;

(B) Shell eggs, fish, meat and pork (other than whole roasts, corned beef, and pork roasts) shall be cooked to heat all parts of the food to at least one hundred forty-five (145) degrees F. for fifteen (15) seconds;

(C) All meat and fish products that are ground or comminuted shall be cooked to heat all parts of the food to at least one hundred and forty-five (145) degrees F. for three (3) minutes, one hundred and fifty (150) degrees F. for one (1) minute, one hundred and fifty-five (155) degrees F. for fifteen (15) seconds, or one hundred and fifty-eight (158) degrees

F. instantaneously;

(D) Game meats, poultry, ground or comminuted poultry, stuffed fish, stuffed meat, stuffed pasta, stuffed poultry, or stuffing containing potentially hazardous food ingredients shall be cooked to heat all parts of the food to at least one hundred sixty-five (165) degrees F. for fifteen (15) seconds;

(E) Raw animal foods cooked in a microwave oven shall be: rotated or stirred throughout or midway during cooking to compensate for uneven distribution of heat; covered to retain surface moisture; heated to a temperature of at least one hundred sixty-five (165) degrees F. in all parts of the food; and allowed to stand covered for two (2) minutes after cooking to obtain temperature equilibrium;

(F) Pasteurized eggs or egg products shall be substituted for raw shell eggs in the preparation of foods that are not thoroughly cooked such as caesar salad, salad dressing; hollandaise or bearnaise sauce, mayonnaise, egg nog, ice cream, egg-fortified beverages, and in recipes requiring pooled eggs that are not cooked immediately. Exempted from the above is a raw animal food such as raw egg, raw fish, raw-marinated fish; raw molluscan shellfish; steak tartare; or partially cooked food such as lightly cooked fish, rare meat, and soft cooked egg that is served or offered for sale in a ready-to-eat form. Pork and poultry products are not exempt from the required cooking times and temperatures. The consumer shall be informed of the risks involved with the consumption of raw or undercooked animal food by means of posters, brochures, menu advisories, label statements, table tents, placards, or other written means available at the food service establishment which state: "thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness." Exemptions to the food temperature requirements shall not be allowed at food service establishments serving highly susceptible populations such as immuno-compromised individuals or older adults in hospitals, nursing homes, or similar health care facilities as listed in Connecticut General Statutes section 19a-490 and that are subject to this section and preschool age children in a facility that provides custodial care and is subject to this section such as child day care centers as defined in the Connecticut General Statutes section 19a-77(a)(1).

(2) Frozen food shall be kept at such temperatures as to remain frozen, except when being thawed for preparation or use. Potentially hazardous frozen food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, shall be thawed at refrigerator temperatures of forty-five (45) degrees F. or below; or under cool, potable running water seventy (70) degrees F. or below; or quick thawed as part of the cooking process; or by any other method satisfactory to the local director of health. Waste water from refrigeration equipment shall be disposed of in a proper manner.

(3) Cooked potentially hazardous foods shall be cooled from one hundred forty (140) degrees F. to seventy (70) degrees F. within two (2) hours, and from seventy (70) degrees F. to forty-five (45) degrees F. or below within four (4) additional hours. Potentially hazardous food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least one hundred sixty-five (165) degrees F. for fifteen (15) seconds, provided that remaining unsliced portions of roasts of beef that are cooked as specified in this subsection may be reheated for hot holding to one hundred forty-five (145) degrees F. for three (3) minutes. Reheating for hot holding shall be done within two (2) hours. Ready-to-eat food taken from a

commercially processed, hermetically sealed container shall be heated to a temperature of at least one hundred forty (140) degrees F. for hot holding. Cooked, cooled, and refrigerated food that is prepared for immediate service in response to an individual consumer order may be served at any temperature.

(4) Food temperature measuring devices shall be provided and be readily accessible for use in ensuring attainment and maintenance of proper food temperatures. Food temperature measuring devices shall be accurate to ± two (2) degrees F.

(n) All food and drink in food service establishments shall be from sources approved or considered satisfactory by the director of health, based on a determination of conformity with principles, practices, and generally recognized standards that protect public health; shall be in compliance with applicable state and local laws and regulations; shall be transported and delivered at required temperatures; and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding and safe for human consumption. Any food or drink considered unsafe for human consumption shall be destroyed or disposed of in a manner satisfactory to the director of health. No hermetically sealed, non-acid or low-acid food which has been processed in a place other than a commercial food processing establishment shall be used.

Molluscan shellfish shall be from sources listed in the most recent publication of the interstate certified shellfish shippers list distributed by the Federal Food and Drug Administration and approved or considered acceptable by the Connecticut Department of Agriculture, Bureau of Aquaculture, and, if shucked, shall be kept until used in the containers in which they were received. Shell stock tags or labels shall be retained for 90 days from the date the container is emptied. Finfish shall be commercially and legally caught or harvested. Fluid milk and milk products shall be pasteurized and conform to Grade A standards, the requirements of the United States Public Health Service, Food and Drug Administration "Grade A Pasteurized Milk Ordinance" and "Grade A Condensed Milk Ordinance." Shell eggs shall be from commercial, regulated sources inspected according to law and shall be received clean and sound, and shall be graded as required by law.

(o)(1) All food and drink while being stored, prepared, displayed, served or sold at food service establishments, or during transportation between such establishments, shall be protected from dust, flies, vermin, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage or other contamination. Raw fruits and vegetables shall be washed before use. If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.

(2) Food once served to the customer shall not be served again. Wrapped non potentially hazardous food which has not been unwrapped and which is wholesome may be re-served.

(3) All means necessary for the elimination of flies, roaches and rodents shall be used. All exposed food shall be stored at least eighteen (18) inches above the floor.

(4) Only such poisonous and toxic materials as are required to maintain sanitary conditions and for sanitization purposes may be used or stored in food service establishments. Poisonous and toxic materials shall be identified and shall be stored and used only in such manner and under such conditions as will not contaminate food and drink or constitute a hazard to employees or customers.

(p)(1) Food employees shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices. Food employees shall keep their fingernails trimmed, filed, and maintained so the edges and surfaces are cleanable and not rough. Food employees shall keep their fingers, nails, hands, and exposed portions of their arms clean by using a cleaning compound to lather hands and arms for at least 20 seconds, followed by thorough rinsing with clean water in a handwashing facility, and hand drying using approved

sanitary towels or other approved hand drying device. Employees shall wash their hands thoroughly in an approved handwashing facility before starting work. Food employees shall clean their hands and exposed portions of their arms as often as may be required to remove soil and contamination; after touching bare human body parts; after using the toilet room; after caring for assistance animals; after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; after handling soiled equipment or utensils; when changing gloves; after handling money; immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles; during food preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; when switching between working with raw foods and ready-to-eat foods; and after engaging in other activities that contaminate the hands. Employees shall not expectorate in rooms in which food is prepared. All persons, while working in direct contact with food preparation, food ingredients or surfaces coming into contact therewith shall wear hairnets, headbands, caps or other effective hair restraints. Employees shall not use tobacco in any form while engaged in food preparation or service, or while in equipment and multi-use utensil washing or food preparation areas. Designated locations in such areas may be approved by the local director of health for smoking, where no contamination hazards will result.

(2) Smoking is prohibited in all indoor public areas of a food service establishment. Signs shall be posted at each entrance stating that smoking is prohibited by state law.

(3) Outdoor seating areas maintained for the service of food that have no roof or other ceiling enclosure and that have a permit to sell alcoholic liquor shall have at least seventy-five per cent of the outdoor seating capacity in an area in which smoking is prohibited and such area shall be designated with written signage as a nonsmoking area.

(4) Outdoor temporary seating areas established for special events and not used on a regular basis shall not be subject to the smoking prohibition or signage requirements of this subsection.

(5) Outdoor seating areas of establishments that do not serve alcohol shall not be subject to the smoking prohibition or signage requirements of this subsection.

(q)(1) All parts of the establishment and its premises shall be kept neat, clean and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food contact surfaces. None of the operations connected with a food service establishment shall be conducted in any room used as living or sleeping quarters. Soiled linens, coats and aprons shall be kept in suitable containers until removed for laundering. No live birds or animals shall be allowed in any area used for the storage, preparation or serving of food, or for the cleaning or storage of utensils, or in toilet rooms or employees' dressing rooms or areas, in vehicles used for transporting food, or in any other area or facility used in the conduct of food service establishment operations; provided guide dogs or assistance dogs accompanying blind, deaf, or mobility impaired persons and dogs accompanying persons training such dogs as guide or assistance dogs as defined pursuant to the Connecticut General Statutes Sections 46a-42 and 46a-44, may be permitted in dining rooms.

(2) Adequate facilities shall be provided for the orderly storage of employees' clothing and personal belongings. Where employees routinely change clothes within the food service establishment, one (1) or more dressing rooms or designated areas shall be provided for this purpose. Such designated areas shall be located outside of the food preparation, storage and serving areas, and the multi-use utensil washing and storage areas. When approved by the local director of health, such an area may be located in a storage room where only completely packaged food is stored. Such designated areas or dressing rooms

shall be equipped with adequate lockers or other suitable facilities. Dressing rooms and lockers shall be kept clean and orderly.

(r) No person while affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores or an acute respiratory infection, shall work in any area of a food service establishment in any capacity in which there is a likelihood of such person contaminating food, drink or food contact surfaces with pathogenic organisms, or transmitting disease to other individuals; and no person known or suspected of being affected with any such disease or condition shall be employed in such an area or capacity. If the management of the food service establishment has reason to suspect that any employee has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the local director of health immediately. When the local director of health has reasonable cause to suspect possibility of disease transmission from any food service establishment employee, such director shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The director of health may require any or all of the following measures:

(1) the immediate exclusion of the employee from all food service establishments;

(2) the immediate closure of the food service establishment concerned until, in the opinion of the director of health, no further danger of disease outbreak exists;

(3) restriction of the employee's services to some area of the food service establishment where there would be no danger of transmitting disease; and

(4) adequate medical and laboratory examinations of the employee, or other employees, and of his and their body discharges; and

(5) food employees shall not contact exposed ready-to-eat food with bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single use disposable gloves or dispensing equipment, except when washing raw fruits and vegetables to remove soil and other contaminants. Food employees shall minimize bare hand contact with exposed food that is not in a ready-to-eat form. Ready-to-eat food includes: unpackaged potentially hazardous food that is cooked to the temperatures and time required for the specific food under section 19-13-B42(m)(1); raw, washed, cut fruits and vegetables; whole, raw fruits and vegetables that are presented for consumption without the need for further washing, such as at a buffet; and other food presented for consumption for which further washing or cooking is not required and from which rinds, peels, husks, or shells are removed.

(s)(1) No person, firm or corporation shall operate or maintain any place where food or beverages are served to the public within any town, city or borough, without a local permit or license, or otherwise without registration of the name and business address with the local director of health of the town, city or borough in which the business is conducted, if such permit or license is required by local ordinance. Permits for temporary food service establishments shall be issued for a period of time not to exceed fourteen (14) days.

(2) A temporary food service establishment serving food or drink shall comply with all provisions of this section which are applicable to its operation. The local director of health may augment such requirements when needed to assure the service of safe food, may prohibit the sale of potentially hazardous food or drink consisting in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, or may modify specific requirements for physical facilities when in his opinion no health hazard will result.

(3) Food service establishment classification. The director of health, registered sanitarian, or authorized agent shall classify each food service establishment by using the criteria outlined in this subdivision. Establishments shall be classified at the time of licensure, where licensure is required by local ordinance, or otherwise at the time of registration with the local director of health. The classification shall be reviewed by the director of health, registered sanitarian, or authorized agent during each inspection and in no case less than annually. The food service establishment

shall be placed into the highest classification that describes any of the food operations conducted. When it comes to the attention of the director of health, registered sanitarian, or authorized agent that the food service establishment has changed to a different class the director of health, registered sanitarian, or authorized agent shall reclassify that food service establishment. No food service establishment shall change operations to a different classification without prior written approval by the director of health, registered sanitarian, or authorized agent. The classes of food service establishments are as follows:

(A) Class I is a food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours.

(B) Class II is a food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours, and commercially precooked hot dogs, kielbasa and soup may be heated if transferred directly out of the original package and served within four (4) hours.

(C) Class III is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

(D) Class IV is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

(4) Qualified food operator required. Each person owning, operating or managing any food service establishment designated either as class III or class IV shall be a qualified food operator or shall employ on-site at least one (1) qualified food operator who is in a supervisory position at said establishment. Each food service establishment shall be in compliance with this subdivision by August 1, 1997. Satisfactory evidence of compliance with this subdivision shall be documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, or other documentation satisfactory to the department attesting to the individual's knowledge of safe food handling techniques as specified in subdivision (6) of this subsection. Said documentation shall be maintained on file at the food service establishment and provided to the local director of health, registered sanitarian, or authorized agent on request. Any person who serves meals to individuals at registered congregate meal sites funded under Title III of the Older Americans Act of 1965, as amended, which were prepared under the supervision of a qualified food operator, shall be exempt from the examination requirement for qualified food operators. Any volunteer who serves meals for a nonprofit organization shall be exempt from the examination requirement for qualified food operators. Exempt from the requirements of this subdivision are: temporary food service establishments and special events sponsored by non-profit civic organizations such as, but not limited to, school sporting events, little league food booths, church suppers, and fairs. Soup kitchens that rely exclusively on services provided by volunteers are also exempt from the requirements of this subdivision.

(5) Criteria for approval of testing organizations. To be approved, a testing organization shall make application to the department on forms provided by the department and therein demonstrate responsibility for all aspects of the testing system from the development of the test, through test administration including test security system, documentation of successful test completion and record maintenance. Testing

organizations must reapply for approval every five (5) years. Testing organizations shall demonstrate responsibility for all of the following areas:

(A) Test development. The test shall be based on an objective job analysis to determine content areas and shall include, but not be limited to, elements that test the qualified food operator's knowledge of food allergies. The test shall be developed based on generally accepted standards of test development. A passing score study to set the required passing scores shall be conducted. Content validation and examination field test studies shall be conducted.

(B) Test security. The testing organization shall have test security systems to ensure the integrity of the test during all phases of test development and handling. Test administrators must be trained in test security procedures. Where client based testing is conducted, proctoring agreements that establish examination handling and proctoring procedures are required between the testing organization and the proctor. Different forms of the test shall be maintained.

(C) Test administration. The testing organization shall serve as the primary contact for individuals interested in the test. Explanatory test materials shall be available to interested parties. Guidelines for test administration shall be developed. The test shall be readily available to meet the needs of Connecticut.

(D) Documentation and record keeping. All individuals taking the test shall be provided documentation indicating whether they passed or failed the test. Statistics on the test including an item analysis shall be maintained. A registry of all individuals who have taken the test shall be maintained. Statistical and registry information shall be made available to the department and local health departments upon request.

(6) Other documentation satisfactory to the department. In the absence of documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, a signed statement by the owner/operator of the food service establishment attesting that the qualified food operator has demonstrated knowledge of food safety as specified in subparagraphs (A) and (B) of this subdivision shall constitute satisfactory evidence of compliance with subdivision (4) of this subsection. The local director of health may require documentation to support the signed statement. The following specific elements of knowledge and competence are required:

(A) Elements of knowledge

(i) Identify foodborne illness--define terms associated with foodborne illness; recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination; define and recognize potentially hazardous foods; define and recognize illness that can be associated with chemical and physical contamination; define and recognize the major contributing factors for foodborne illness; recognize how microorganisms cause foodborne disease.

(ii) Identify time/temperature relationship with foodborne illness--recognize the relationship between time/temperature and microorganisms (survival, growth, and toxin production); describe the use of thermometers in monitoring food temperatures.

(iii) Describe the relationship between personal hygiene and food safety-- recognize the association between hand contact and foodborne illness; recognize the association between personal habits and behaviors and foodborne illness; recognize the association between health of a foodhandler and foodborne

illness; recognize how policies, procedures and management contribute to improved food hygiene practices.

(iv) Describe methods for preventing food contamination from purchasing to serving-define terms associated with contamination; identify potential hazards prior to delivery and during delivery; identify potential hazards and methods to minimize or eliminate hazards after delivery.

(v) Identify and apply correct procedures for cleaning and sanitizing equipment and utensils-define terms associated with cleaning and sanitizing; apply principles of cleaning and sanitizing; identify materials, equipment, detergent, sanitizer; apply appropriate methods of cleaning and sanitizing; identify frequency of cleaning and sanitizing.

(vi) Recognize problems and potential solutions associated with facility, equipment and layout--identify facility, design, and construction suitable for food service establishments; identify equipment and utensil design and location.

(vii) Recognize problems and potential solutions associated with, temperature control, preventing cross contamination, housekeeping and maintenance-implement self inspection program; implement pest control program; implement cleaning schedules and procedures; implement equipment and facility maintenance program.

(viii) Identify and recognize the foods most commonly associated with food allergies.

(B) Demonstrable elements of competency

(i) Assess the potential for foodborne illness in a food service establishment--perform operational food safety assessment; recognize and develop standards, policies and procedures; select and train employees; implement self audit/inspection program; revise policy and procedure (feedback loop); implement crisis management program.

(ii) Assess and manage the process flow-identify approved source; implement and maintain a receiving program; implement and maintain storage procedures; implement and maintain preparation procedures; implement and maintain holding/service/display procedures; implement and maintain cooling and post preparation storage procedures; implement and maintain re-service procedures; implement and maintain transportation procedures.

(7) Replacement of qualified food operator. Whenever the qualified food operator terminates employment, is terminated or is transferred, the person owning, operating or managing the food service establishment shall notify the local health department in writing. A replacement qualified food operator shall be employed within sixty (60) days from the date of termination or transfer of the qualified food operator. The local health department may grant an extension not to exceed an additional sixty (60) days to comply with this subdivision if deemed necessary.

(8) Responsibilities of qualified food operators

(A) The qualified food operator is responsible for operating the food service establishment in compliance with all the provisions of section 19-13-B42 of the Regulations of Connecticut State Agencies. The qualified food operator of each food service establishment is responsible for ensuring training of food preparation personnel. The following are exempt from the examination requirement for qualified food operators but shall receive training from any qualified food operator:

(i) volunteers who serve meals for a nonprofit organization; and

(ii) persons who serve meals at registered congregate meal sites funded under Title III of the Older Americans Act of 1965, as amended, which were prepared under the supervision of a qualified food operator. All such personnel shall receive training that shall include but not necessarily be limited to: instruction in proper food temperature control; food protection; personal health and cleanliness; and sanitation of the facility, equipment, supplies and utensils. The qualified food operator of each food service establishment shall maintain written documentation of a training program, and training records of individual employees, and shall make these records available to the local health department upon request. The owner, operator, manager or qualified food operator of a food service establishment at a nonprofit organization or registered congregate meal site for senior citizens shall maintain such documentation and make such records available to the local health department upon request.

(B) The owner or manager of the food service establishment shall designate an alternate person who has complied with section 19-13-B42(s)(6) to be in charge at all times when the qualified food operator cannot be present. This alternate person in charge shall be responsible for: ensuring that all employees comply with the requirements of this section, and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing the inspection report.

(t) Inspection of food service establishments. All food service establishments shall be inspected by the director of health, registered sanitarian, or an authorized agent of the director of health, if such director, sanitarian or agent has been certified by the commissioner. Candidates for certification must be sponsored by a local director of health, and possess as minimum requirements a bachelors degree or three years experience in a food safety or regulatory food protection program acceptable to the department. Candidates shall not be involved in the ownership or management of a food establishment located within his jurisdiction. The certification program shall consist of a two stage process: (1) successful completion of classroom training and passing score on a final written exam; and (2) completion of a series of inspections with a certification officer from the department food protection program. Upon completion of the certification process, the department shall notify the department of health and the candidate in writing specifying the issuance of certification and expiration date. The commissioner shall have the authority to renew certification of each persons conducting such inspections every three years. Recertification may be granted upon the successful completion of sixteen (16) hours of approved food protection training every three (3) years. The department shall be responsible for approving and assuring the provision of such training. Failure to comply with recertification requirements shall result in the certification to conduct inspections not being renewed. The department shall notify the director of health and the chief elected official of the affected food service jurisdiction when a certification is not renewed. All food service establishments shall be inspected in accordance with this subsection.

(1) Class I food service establishments shall be inspected at intervals not to exceed three hundred and sixty (360) days.

(2) Class II food service establishments shall be inspected at intervals not to exceed one hundred and eighty (180) days.

(3) Class III food service establishments shall be inspected at intervals not to exceed one hundred and twenty (120) days.

(4) Class IV food service establishments shall be inspected at intervals not to exceed ninety (90) days, except that an interval not to exceed one hundred and twenty (120) days may be allowed where one (1) of the inspections is a hazard

analysis inspection.

(5) Access to establishments. The director of health, registered sanitarian or authorized agent after proper identification, shall be permitted to enter, at any reasonable time, any food service establishment for the purpose of making inspections to determine compliance with this section. He shall be permitted to examine the records of the establishment to obtain information pertaining to food and supplies purchased, received, or used, and persons employed, but not including financial records.

(6) (6) Inspection records. Weighted values. Rating scores. Whenever the director of health, registered sanitarian or authorized agent makes an inspection of a food service establishment, he shall record his findings on an inspection report form included in this section and shall furnish a copy of such inspection report form to the owner or operator. Such form shall summarize the requirements of this section and shall set forth weighted point values for each such requirement. Forms, such as computer forms, which are substantially equivalent to the inspection form included in this section may be approved by the commissioner. Upon completion of an inspection, the director of health, registered sanitarian or authorized agent shall total the weighted point values for all requirements in compliance, such total becoming the rating score for the food service establishment. The total weighted point value shall be scored for each item in violation. The maximum rating shall be one hundred (100).

## 19-13-B42. Food Service Inspection Form

Food Inspection Form Rev. 06/01

(u) Enforcement

(1) Every food service establishment shall maintain a rating score of eighty (80) or higher and shall not have one (1) or more four (4) demerit point items in violation, regardless of the rating score. The four (4) demerit point items include: Food from approved source, wholesome, nonadulterated; potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation; unwrapped or potentially hazardous food not re-served; toxic material properly stored, labeled, used; personnel with infections restricted; adequate handwashing facilities, convenient, accessible, designed, installed, personnel hands washed, clean; water source, adequate, safe; sewage disposal approved and no nuisance; no cross-connection, back-siphonage, backflow; and adequate toilet facilities, convenient, accessible, designed, installed. If the rating score is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation at the time of inspection, the director of health, registered sanitarian or authorized agent shall order correction of the items in violation within two (2) weeks. After the two (2) weeks, the director of health, registered sanitarian or authorized agent shall make a reinspection and determine the new rating score.

(2) If the rating score at the time of the reinspection is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation, the director of health, shall take immediate steps to have the food service establishment closed.

(3) However, if there are insanitary or other conditions in the operation of a food service establishment which, in the judgment of the director of health, constitutes an immediate and substantial hazard to the public health, he may immediately issue a written notice to the permit holder or operator citing such conditions, specifying the corrective action to be taken, and specifying the time period within which such action shall be taken, and, if deemed necessary order immediate correction. If correction is not made in the stated time, a written order shall be issued to close the food service establishment.

(4) If the rating score is eighty (80) or above or if there are any three (3) demerit

point items in violation, the director of health, registered sanitarian or authorized agent shall order correction of any violations and specify time for correction. If a qualified food operator is not employed on-site, except as provided by the qualified food operator replacement provision in section 19-13-B42(s)(7), the food service establishment has thirty (30) days to comply. If correction has not been made after thirty (30) days, the director of health shall take immediate steps to close the food service establishment. The food service establishment shall also be reinspected as frequently as necessary in the determination of the local director of health to ensure compliance with this section.

(5) The owner or operator of any food service establishment may at any time request an inspection for the purpose of improving the rating score of the food service establishment. Within ten (10) days following receipt of a request including a signed statement that the violations have, in the applicant's opinion, been corrected, the director of health, registered sanitarian or authorized agent shall make an inspection and thereafter as many additional inspections as he may deem necessary to assure himself that the applicant is complying with the requirements of this section.

(6) The owner or operator of a food service establishment aggrieved by an order, may, within forty-eight (48) hours after such order, appeal to the director of health, who shall thereupon immediately examine into the merits of such case and may vacate, modify or affirm such order. The owner or operator of a food service establishment who is aggrieved by such action of the director of health may, no later than three (3) business days after receipt of the order, appeal to the commissioner who shall thereupon immediately notify the authority from whose order the appeal was taken and examine into the merits of such case and may vacate, modify or affirm such action.

(Effective August 24, 1977; Amended effective April 25, 1994; April 25, 1997; August 15, 2000; July 6, 2001; October 3, 2005; July 3, 2007.)

## 19-13-B43a. Artificial ice plants

No city, town, borough, institution, person, firm or corporation shall operate within the state any plant for the manufacture, processing or packaging of artificial ice for sale for domestic use or for any commercial use where the manufactured ice may be directly consumed or come in contact with food or drink, except after compliance with the following regulations:

(a) Water used in the manufacture of ice, including that used to clean surfaces that come in contact with the ice, shall be of a safe, sanitary quality from a public supply or from a private source approved by the state department of health or local director of health. Cross connections between water supply systems of approved quality with unapproved water supplies are prohibited, and piping and water supplied fixtures shall comply with section 19-13-B45.

(b) The manufacture, processing or packaging of ice shall be conducted in an area which is adequately lighted and ventilated and of proper construction. This area shall be used for no other purpose than the manufacture, processing or packaging of ice or for food storage, preparation, or service, and shalt be physically separated from any other activity. All surfaces which come in contact with the ice must be maintained in a clean and sanitary condition at all times. All precautions must be taken to prevent contamination of surfaces which come into contact with the ice.

(c) All sewage shall be disposed of in a public sewer or in accordance with sections 19-13-B20a through 19-13-B20r, inclusive, of the Public Health Code of the state of Connecticut. There shall be no direct waste connection between any ice making or storage unit and a sewer. Overhead sewers shall be located so as not to directly or indirectly contaminate the ice.

(d) Air used in the processing of ice shall be free of dust, dirt, insects or other contaminants.

(e) All utensils and equipment used to handle or otherwise manufacture ice, must be kept in a clean and sanitary condition. These items must be made of such materials as to be smooth, impervious, nontoxic, and easily cleaned.

(f) At all times during manufacture, storage, transportation and sale, ice shall be protected from contamination by dust, dirt or any other source of contamination.

(g) Toilet facilities shall be adequate and conveniently located. Toilet rooms shall be adequately lighted and ventilated to the outside air. Doors shall be of the self-closing type and all openings to the exterior shall be properly screened to prevent the entrance of flies. Lavatories shall be conveniently located near the toilet facility. They shall be provided with hot and cold running water, a dispensed type soap and hand drying facilities. All toilet rooms and handwashing facilities shall be maintained in a clean and sanitary manner.

(h) All necessary measures must be taken to prevent the entrance of flies and vermin into ice manufacturing plants and transportation vehicles.

(i) No person while affected with any disease in a communicable form, or while a carrier of such disease, shall work in any area of an ice plant in any capacity in which there is a likelihood of such person contaminating water, ice or ice-contact surfaces with pathogenic organisms, or transmitting disease to other individuals. All employees shall wear clean outer garments, maintain a high degree of personal cleanliness, and conform to good hygiene practices while on duty. They shall wash their hands thoroughly with soap and warm water in an approved handwashing facility before starting work and as often as may be necessary to remove soil contamination. No employee shall resume work after visiting the toilet room without having washed his hands. Employees shall not use tobacco in any form in any room used for the manufacture, processing, packaging, or storage of ice.

(j) This section shall be printed and kept posted in it conspicuous place in the plant.

(k) No city, town, borough, institution, person, firm, or corporation shall operate within the state any plant for the manufacture of artificial ice for sale where the manufactured ice may be directly consumed or come in contact with food or drink without local, permits or licenses if such permits or licenses are required by local ordinances or otherwise without registration of the name and business address with the local director of health of the town, city or borough in which the business is conducted.
(Effective March 6, 1974.)

## 19-13-B44. Sanitation of trailer coaches

"Trailor coach" is defined as any of the various types of vehicles with motor power or designed to be towed with an automobile and adapted to human habitation either for the purpose of sleeping or eating or preparation of meals or both or designed or adapted to the use of an office or for the purpose of carrying on business.

(a) All toilets in trailer coaches shall be provided with fly-tight, leak-proof receptacles for containing excrement. Toilet vents shall be screened. Trailer coaches equipped with flush toilets shall be provided with suitable underneath holding tanks of adequate capacity for storage of trailer discharges between emptyings.

(b) No liquid wastes, garbage, refuse matter or other waste material from any trailer coach shall be deposited on or within the limits of public highways.

(c) No trailer coach shall be parked on land within two hundred fifty feet of, and draining toward, any source of public drinking water supply.

(d) Cleansing of receptacles for wastes and excreta from trailer coaches by dipping or rinsing in the water of any lake, pond or steam is prohibited.

(e) No liquid wastes or excreta from any trailer coach shall be disposed of other than by emptying into a public or camp sewerage system, a septic or chemical tank system or a cesspool, provided, in isolated localities remote from camps or habitations, such wastes may be disposed of by burying in the soil with an earth covering of not less than six inches. No wastes shall be thus disposed of at a point less than two hundred and fifty feet of, and draining toward, any source of public drinking water supply, nor within fifty feet from the banks of any lake, pond, stream or watercourse not a source of public drinking supply, nor within fifty feet from any highway gutter.

## Plumbing and Drainage, Water Supply Emergencies and Disinfection

### 19-13-B45. Minimum requirements for drainage and toilet systems

(a) Plumbing and drainage systems shall be so constructed as to avoid contamination of safe drinking water supplies in houses or buildings. There shall be no cross connections between such safe water supplies and unsafe water supplies nor shall such safe supplies be piped to refrigeration, air conditioning or other mechanical equipment provided with direct connections to drains or constructed in such a manner as to permit contaminated water to be siphoned or drawn into the water supply pipes. Storage of drinking water in buildings shall be only in covered tanks so constructed as to avoid any possible contamination of the water in the tanks. Sewer or waste lines located above storage tanks and direct overflows and drains to sewer systems are expressly prohibited.

(b) Buildings in which water closets and other plumbing fixtures exist shall be provided with a supply of water adequate in volume and pressure for flushing purposes.

(c) The pipe system shall be of sufficient size to supply water for adequate flushing of toilet fixtures without unduly reducing the pressure at other fixtures.

(d) Devices for heating water and storing it in "boilers" or hot water tanks shall be so designed and installed as to prevent all dangers from explosion.

(e) Each tenement, lodging or boarding house located on premises abutting any street or alley where running water is available and through which there is a sewer with which connection may be had shall be provided with water closets connected with such sewer. All other buildings used or intended to be used for human habitation or occupancy on premises abutting a street in which there is a public sewer shall be connected with such sewer whenever required by the local authorities having jurisdiction.

(f) Tenement houses erected prior to September 1, 1930, and provided with house drainage systems shall be furnished with at least one water closet for each two apartments of three rooms or less each, and one such closet for each apartment of four or more rooms. Tenement houses erected after August 31, 1930, and prior to July 1, 1941, shall have a water closet in each apartment of three or more rooms and at least one water closet for each two apartments of less than three rooms each. In each tenement house erected or subdivided after June 30, 1941, there shall be a water closet in each apartment of two or more rooms.

(g) Plumbing fixtures shall be made of smooth non absorbent material, shall be free from concealed fouling surfaces and shall be set free of enclosures.

(h) The entire house drainage system shall be so designed, constructed and maintained as to conduct the waste water or sewage quickly from the fixture to the place of disposal with velocities which will guard against fouling and the deposit of solids and will prevent clogging.

(i) The drainage pipes shall be so designed and constructed as to be proof for a reasonable life of the building against leakage of water or drain air due to defective materials, imperfect connections, corrosion, settlements or vibrations of the ground or building, temperature changes, freezing or other causes.

(j) The drainage system shall be provided with an adequate number of cleanouts so arranged that in case of stoppage the pipes may be readily accessible.

(k) Each fixture or combination fixture shall be provided with a separate, accessible, self-scouring, reliable water-seal trap placed as near to the fixture as possible.

(l) The house-drainage system shall be so designed that there will be an adequate circulation of air in all pipes and no danger of siphonage, aspiration or forcing of trap seals under conditions of ordinary use.

(m) The soil stack shall extend full size upward through the roof and have a free opening, the roof terminal being so located that there will be no danger of air passing from it to any window and no danger of clogging of the pipe by frost or by articles being thrown into it or of roof water draining into it.

(n) The plumbing system shall be subjected to a water or air-pressure test and to a final air-pressure, smoke or peppermint test in such a manner as to disclose all leaks and imperfections in the work.

(o) No substances which will clog the pipes, produce explosive mixtures or destroy the pipes or their joints shall be allowed to enter the house drainage system.

(p) Refrigerators, ice boxes or receptacles for storing food shall not be connected directly with the drainage system.

(q) No water closet shall be located in a room or compartment which is not properly lighted and ventilated to the outer air.

(r) If water closets or other plumbing fixtures exist in buildings where there is no public sewer accessible, suitable provision shall be made for disposing of the sewage without nuisance. The location and construction of private sewage disposal systems shall conform to the requirements of sections 19-13-B20a to 19-13-B20r, inclusive.

(s) Where a house-drainage system may be subjected to back flow of sewage, suitable provision shall be made to prevent its overflow in the building.

(t) No plumbing fixture nor waste outlet shall be installed which will provide a cross connection between a distributing system of water for drinking and domestic purposes and a drainage system, soil or waste pipe and permit or make possible the back flow or siphonage of sewage or waste into the water supply.

**Note:** Attention is directed to the danger from under-rim water inlet fixtures and flushometer valves without adequate vacuum breakers.

(u) All drinking fountain installations or replacements after January 12, 1954, shall be constructed with a slanting jet issuing from a nozzle of non-oxidizing impervious material with a non-oxidizing guard to prevent the mouths and noses of persons using the fountain from coming In contact with the nozzle. The jet shall be located so as not to touch the guard and shall be discharged at such an angle that the water can neither fall back nor be forced back on to the point of discharge. The fountain jet and all openings in the water supply piping shall issue above the level of the fountain bowl. The drainage from the bowl shall be adequate and so constructed as to prevent fouling of the bowl. The drain from the fountain shall not have a direct physical connection to a waste pipe unless the drain is trapped. The waste opening and pipe from the fountain shall be of sufficient size to carry off the water promptly. The opening shall be provided with a strainer. All drinking fountains installed after January 12, 1954, shall be provided with their own receiving bowls and shall not be installed over sinks used for hand washing or other purposes.

(v) Plumbing systems shall be maintained in a sanitary condition.
(Effective December 21, 1978.)

## 19-13-B46. Notification by water officials in water supply emergencies

Whenever the security of a public water system is threatened or suspicious activities are observed on or near water company land or the treatment of a public water supply is interrupted or the source of supply is damaged so as to impair the quality or the sufficiency of the supply, the person, firm or corporation in charge of such public water system shall immediately notify the state department of Public health and the local directors of health of all cities, towns and boroughs where water from such systems is supplied. Such notification shall be made immediately either by telephone or messenger or whatever other means of rapid communication is available.
(Amended effective March 30, 2004.)

## 19-13-B47. Disinfection of water mains, valves and structures

After November 15, 1948, in the case of construction of or repairs to any system of water supply furnished to the public, precautions shall be exercised in the handling, laying or installing of water pipe, valves or other structures through which water for potable purposes is delivered, so as to reduce to a minimum the entrance of foreign material and contamination, before such pipe, valves or other structures are placed in service. After said date no new main, standpipe,

reservoir, tank or other pipe or structure through which water is delivered to consumers for potable purposes shall be put into service on any system of water supply furnished to the public, nor shall the use of any such structure or main be resumed after it has been cleaned or repaired, until such structure or main has been effectively disinfected; provided this shall not apply to mains, tanks, reservoirs or structures, the waters from which are subsequently adequately treated or purified.

# Itinerant Food Vending and Catering Food Service

## 19-13-B48. Itinerant food vending

No person, firm or corporation shall operate or maintain within the state an itinerant food vending establishment serving food or drink from any establishment or conveyance without fixed location and without connections to water supply and sewage disposal systems, except in compliance with the following requirements:

(a) Definitions, as used in this section:

(1) "Authorized agent" means any individual certified by the commissioner to inspect itinerant food vending establishments and enforce the provisions of section 19-13-B48 of the Regulations of Connecticut State Agencies under the supervision and/or authority of the director of health.

(2) "Commissioner" means the commissioner of public health.

(3) "Department" means the State of Connecticut Department of Public Health.

(4) "Director of health" means the director of a local health department or district health department approved by the commissioner as specified in Connecticut General Statutes sections 19a-200 and 19a-242, respectively.

(5) "Full-time position" means thirty (30) hours per week or the number of hours per week that the itinerant food vending establishment is open for business, whichever is less.

(6) "Hazard analysis" means an evaluation of food handling operations to identify points of potential product contamination and assess the adequacy of hot processing and hot and cold storage methods for foods.

(7) "Itinerant food vending establishment" means a food vending business serving food or drink from any establishment or conveyance without fixed location and without connection to water supply and sewage disposal systems.

(8) "Potentially hazardous food" means any food or food ingredient, natural or synthetic, that is in a form capable of supporting:

(A) the rapid and progressive growth of infectious or toxigenic microorganisms, or

(B) the slower growth of Clostridium botulism.

(9) "Qualified food operator" means a food operator employed in a full-time position who has demonstrated a knowledge of safe food handling techniques.

(10) "Supervisory position" means the position of a person who directs and inspects the performance of itinerant food vending workers.

(b) All food and drink while being stored, prepared, displayed, served or sold or during transportation shall be protected from dust, flies, vermin, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage or other contamination, provided that the making of sandwiches or heating food to be placed in sandwiches or in single-service containers may be permitted by the local director of health with such sanitary provisions as he may require. All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption. All oysters, clams and mussels shall be from approved sources and, if shucked, shall be kept until used in the containers in which they were received.

(c) All single-service eating and drinking articles shall be made from non-toxic materials, and shall have been manufactured, packaged, transported, stored, handled and dispensed in a sanitary manner, and shall be used only once. Drinking straws or any other device, hollow in nature, whereby through its use a beverage can be drawn into the mouth shall be separately wrapped, either individually or in pairs, with a sanitary protective covering for individual use.

(d) All perishable food and drink shall be stored at such temperatures as will protect against spoilage. All potentially hazardous food and drink which consist in whole or in part of milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms, shall be maintained at safe temperatures at forty-five (45) degrees F. or below, or one hundred

and forty (140) degrees F. or above, except during necessary periods of preparation and service. The pouring lips of bottles or containers of milk or other beverages shall not be submerged for cooling.

(e) This section shall not prevent an operator from preparing and dispensing drinking beverages from flytight and dustproof containers from which the liquid may be removed only by faucets or other sanitary methods and served in single-service containers.

(f) No employee shall resume work after using a toilet without first washing his hands. All employees shall wear clean outer garments and maintain a high degree of personal cleanliness, and conform to hygienic practices while on duty. They shall wash their hands thoroughly in an approved handwashing facility before starting work. Employees shall not use tobacco in any form while engaged in food preparation or service.

(g) Adequate provision shall be made to collect, store and dispose of, without nuisance, all used containers, wrappings and other disposables connected with the operation, and all other wastes or waste materials.

(h) All vehicles shall have the name and address of the person, firm or corporation responsible for the operation legibly printed on both sides of the vehicle. Such vehicles shall be kept in a clean and sanitary condition at all times.

(i) No person while affected with any disease in a communicable form or while a carrier of such disease, or while afflicted with boils, infected wounds, sores or an acute respiratory infection, shall work in any itinerant food vending establishment nor shall any such person or persons suspected of being affected with any disease in a communicable form or of being a carrier of such disease to be employed. If the management of an itinerant food vending establishment has reason to suspect that any employee has contracted any disease in a communicable form or has become a carrier of such a disease, he shall notify the local director of health immediately. When the local director of health has reasonable cause to suspect possibility of disease transmission from any food service employee, he shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The director of health may require any or all of the following measures: (1) The immediate exclusion of the employee from all food service; (2) the immediate closure of the food service concerned until, in the opinion of the director of health, no further danger of disease outbreak exists; and (3) adequate medical and laboratory examinations of the employee, or other employees, and of his and their body discharges.

(j) (1) No person shall conduct an itinerant food vending establishment in any town, city or borough without a local permit or license, or otherwise without registration of the name and business address with the local director of health of the town, city or borough in which the business is conducted; if such permit or license is required by local ordinance.

(2) Itinerant food vending establishment classification. The director of health, registered sanitarian, or authorized agent shall classify each itinerant food vending establishment by using the criteria outlined in this subdivision. Establishments shall be classified at the time of licensure, where licensure is required by local ordinance, or otherwise at the time of registration with the local director of health. The classification shall be reviewed by the director of health, registered sanitarian, or authorized agent during each inspection and in no case less than annually. The itinerant food vending establishment shall be placed into the highest classification that describes any of the food operations conducted. When it comes to the attention of the director of health, registered sanitarian, or authorized agent that the operation has changed to a different class the director of health, registered sanitarian, or authorized agent shall reclassify the itinerant food vending establishment. No itinerant food vending establishment shall change food operations to a different classification without prior approval by the director of health, registered sanitarian, or authorized agent. The classes of itinerant food vending establishments are as follows:

(A) Class I is an itinerent food vending establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included, except

that commercially packaged precooked foods may be heated and served in the original package within four (4) hours.

(B) Class II is an itinerent food vending establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours and commercially precooked hot dogs, kielbasa, and soup may be heated if transferred directly out of the original package and served within four (4) hours.

(C) Class III is an itinerent food vending establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

(D) Class IV is an itinerent food vending establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

(3) Qualified food operator required. Each person owning, operating or managing any itinerant food vending establishment designated as class III or class IV shall be a qualified food operator or shall employ on-site at least one (1) qualified food operator who is in a supervisory position at said establishment. Each itinerant food vending establishment shall be in compliance with this subdivision by August 1, 1997. Satisfactory evidence of compliance with this subdivision shall be documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, or other documentation satisfactory to the department attesting to the individual's knowledge of safe food handling techniques as specified in subdivision (5) of this subsection. Said documentation shall be maintained on file at the itinerant food vending establishment and provided to the local director of health, registered sanitarian, or authorized agent on request. Exempt from the requirements of this subdivision are special events sponsored by non-profit civic organizations such as, but not limited to, school sporting events, little league, and fairs.

(4) Criteria for approval of testing organizations. To be approved, a testing organization shall make application to the department and therein demonstrate responsibility for all aspects of the testing system from the development of the test, through test administration including test security system, documentation of successful test completion and record maintenance. Testing organizations must reapply for approval every five (5) years. Testing organizations shall demonstrate responsibility for all of the following areas.

(A) Test development. The test shall be based on an objective job analysis to determine content areas and shall include, but not be limited to, elements that test the qualified food operator's knowledge of food allergies. The test shall be developed based on generally accepted standards of test development. A passing score study to set the required passing scores shall be conducted. Content validation and examination field test studies shall be conducted.

(B) Test security. The testing organization shall have test security systems to ensure the integrity of the test during all phases of test development and handling. Test administrators must be trained in test security procedures. Where client based testing is conducted, proctoring agreements that establish examination handling and proctoring procedures are required between the testing organization and the proctor. Different forms of the test shall be maintained.

(C) Test administration. The testing organization shall serve as the primary contact for individuals interested in the test. Explanatory test materials shall be available to interested parties. Guidelines for test administration

shall be developed. The test shall be readily available to meet the needs of Connecticut.

(D) Documentation and record keeping. All individuals taking the test shall be provided documentation indicating whether they passed or failed the test. Statistics on the test including an item analysis shall be maintained. A registry of all individuals who have taken the test shall be maintained. Statistical and registry information shall be made available to the department and local health departments upon request.

(5) Other documentation satisfactory to the department. In the absence of documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, a signed statement by the owner/operator of the itinerant food vending establishment attesting that the qualified food operator has demonstrated knowledge of food safety as specified in subparagraphs (A) and (B) of this subdivision shall constitute satisfactory evidence of compliance with subdivision (3) of this subsection. The local director of health may require documentation to support the signed statement. The following specific elements of knowledge and competence are required.

(A) Elements of knowledge

(i) Identify foodborne illness--define terms associated with foodborne illness; recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination; define and recognize potentially hazardous foods; define and recognize illness that can be associated with chemical and physical contamination; define and recognize the major contributing factors for foodborne illness; recognize how microorganisms cause foodborne disease.

(ii) Identify time/temperature relationship with foodborne illness--recognize the relationship between time/temperature and microorganisms (survival, growth, and toxin production); describe the use of thermometers in monitoring food temperatures.

(iii) Describe the relationship between personal hygiene and food safety-- recognize the association between hand contact and foodborne illness; recognize the association between personal habits and behaviors and foodborne illness; recognize the association between health of a foodhandler and foodborne illness; recognize how policies, procedures and management contribute to improved food hygiene practices.

(iv) Describe methods for preventing food contamination from purchasing to serving--define terms associated with contamination; identify potential hazards prior to delivery and during delivery; identify potential hazards and methods to minimize or eliminate hazards after delivery.

(v) Identify and apply correct procedures for cleaning and sanitizing equipment and utensils--define terms associated with cleaning and sanitizing; apply principles of cleaning and sanitizing; identify materials, equipment, detergent, sanitizer; apply appropriate methods of cleaning and sanitizing, identify frequency of cleaning and sanitizing.

(vi) Recognize problems and potential solutions associated with facility, equipment, and layout--identify facility, design, and construction suitable for food establishments; identify equipment and utensil design and location.

(vii) Recognize problems and potential solutions associated with temperature control, preventing cross contamination,

housekeeping and maintenance-- implement self inspection program; implement pest control program; implement cleaning schedules and procedures; implement equipment and facility maintenance program.

(viii) Identify and recognize the foods most commonly associated with food allergies.

(B) Demonstrable elements of competency

(i) assess the potential for foodborne illness in a food establishment--perform operational food safety assessment; recognize and develop standards, policies and procedures; select and train employees; implement self audit/inspection program; revise policy and procedure (feedback loop); implement crisis management program.

(ii) Assess and manage the process flow--identify approved source; implement and maintain a receiving program; implement and maintain storage procedures; implement and maintain preparation procedures; implement and maintain holding/service/display procedures; implement and maintain cooling and post preparation storage procedures; implement and maintain re-service procedures; implement and maintain transportation procedures.

(6) Replacement of qualified food operator. Whenever the qualified food operator terminates employment, is terminated or is transferred, the person owning, operating or managing the itinerant food vending establishment shall notify the local health department in writing. A replacement qualified food operator shall be employed within sixty (60) days from the date of termination or transfer of the qualified food operator. The local health department may grant an extension not to exceed an additional sixty (60) days to comply with this subdivision if deemed necessary.

(7) Responsibilities of qualified food operators

(A) The qualified food operator is responsible for operating the itinerant food vending establishment in compliance with all the provisions of section 19-13-B48 of the Regulations of Connecticut State Agencies. The qualified food operator of each itinerant food vending establishment shall be responsible for training of food preparation personnel. All such personnel shall receive training which shall include but not necessarily be limited to: instruction in proper food temperature control; food protection; personal health and cleanliness; and sanitation of the facility, equipment, supplies and utensils. The qualified food operator shall maintain written documentation of a training program, and training records of individual employees, and shall make these records available to the local health department upon request.

(B) The owner or manager of the itinerant food vending establishment shall designate an alternate person to be in charge at all times when the qualified food operator cannot be present. This alternate person in charge shall be responsible for: ensuring that all employees comply with the requirements of this section and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing the inspection report.

(k) Nothing in this section shall prevent the manufacture and sale of frozen desserts in mobile units operating under licenses issued by the commissioner of consumer protection.

(l) Inspection of itinerant food vending establishments. All itinerant food vending establishments shall be inspected by the director of health, registered sanitarian, or authorized agent, if such director, sanitarian or agent has been certified by the commissioner. Certification of each person conducting such inspections may be

renewed every three (3) years by the commissioner. All itinerant food vending establishments shall be inspected in accordance with this subsection.

(1) Class I food vending establishments shall be inspected at intervals not to exceed three hundred and sixty (360) days.

(2) Class II food vending establishments shall be inspected at intervals not to exceed one hundred and eighty (180) days.

(3) Class III food vending establishments shall be inspected at intervals not to exceed one hundred and twenty (120) days.

(4) Class IV food vending establishments shall be inspected at intervals not to exceed ninety (90) days, except that an interval not to exceed one hundred and twenty (120) days may be allowed where one (1) of the inspections is a hazard analysis inspection.

(5) Access to establishments. The director of health, registered sanitarian or authorized agent after proper identification, shall be permitted to enter, at any reasonable time, any itinerant food vending establishment for the purpose of making inspections to determine compliance with this section. He shall be permitted to examine the records of the establishment to obtain information pertaining to food and supplies purchased, received, or used, and persons employed, but not including financial records.

(6) Inspection records. Weighted value. Rating scores. Whenever the director of health, registered sanitarian or authorized agent makes an inspection of an itinerant food vending establishment, he shall record his findings on an inspection report form included in this section and shall furnish a copy of such inspection report form to the owner or operator. Forms, such as computer forms, which are substantially equivalent to the inspection form included in this section may be approved by the commissioner. Such form shall summarize the requirements of this section and shall set forth weighted point values for each such requirement. Upon completion of an inspection, the director of health, registered sanitarian or authorized agent shall total the weighted point values for all requirements in compliance, such total becoming the rating score for the itinerant food vending establishment. The total weighted point value shall be scored for each item in violation.

## 19-13-B48. Food Service Inspection Form

Food Inspection Form Rev. 06/01

(m) Enforcement

(1) Every itinerant food vending establishment shall maintain a rating score of eighty (80) or higher and shall not have one (1) or more four (4) demerit point items in violation, regardless of the rating score. The four (4) demerit point items include: food from approved source, wholesome, nonadulterated; potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation; unwrapped and potentially hazardous food not re-served; toxic material properly stored, labeled, used; personnel with infections, restricted; personnel hands washed, clean; water source, adequate, safe; sewage disposal approved and no nuisance; no cross-connection, back-siphonage, backflow; and adequate toilet and handwashing facilities, convenient, accessible, designed, installed. If the rating score is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation at the time of inspection, the director of health, registered sanitarian or authorized agent shall order correction of the items in violation within two (2) weeks. After the two (2) weeks, the director of health, registered sanitarian or authorized agent shall make a reinspection and determine the new rating score.

(2) If the rating score at the time of the reinspection is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation, the director of health

shall take immediate steps to have the itinerant food vending establishment closed.

(3) However, if there are insanitary or other conditions in the operation of an itinerant food vending establishment which in the judgment of the director of health constitutes an immediate and substantial hazard to the public health, he may immediately issue a written notice to the permit holder or operator citing such condition, specifying the corrective action to be taken, and specifying the time period within which such action shall be taken, and, if deemed necessary order immediate correction. If correction is not made in the stated time, a written order shall be issued to close the itinerant food vending establishment.

(4) If the rating score is eighty (80) or above, the director of health, registered sanitarian or authorized agent shall order correction of any violations and specify time for correction. The itinerant food vending establishment shall also be reinspected as frequently as necessary in the determination of the local director of health to ensure compliance with this section.

(5) The owner or operator of any itinerant food vending establishment may at any time request an inspection for the purpose of improving the rating score of the establishment. Within ten (10) days following receipt of a request including a signed statement that the violations have in the applicant's opinion, been corrected, the director of health, registered sanitarian or authorized agent shall make an inspection and thereafter as many additional inspections as he may deem necessary to assure himself that the applicant is complying with requirements of this section.

(6) The owner or operator of an itinerant food vending establishment aggrieved by an order may, within forty-eight (48) hours after such order, appeal to the director of health, who shall thereupon immediately examine into the merits of such case and may vacate, modify or affirm such order. The owner or operator of an itinerant food vending establishment who is aggrieved by such action of the director of health may, no later than three (3) business days after receipt of the order, appeal to the commissioner who shall thereupon immediately notify the authority from whose order the appeal was taken and examine into the merits of such case and may vacate, modify or affirm such action.

(Effective January 27, 1975; Amended effective April 25, 1994; October 3, 2005; July 3, 2007.)

## 19-13-B49. Catering food service

No person, firm or corporation shall operate or maintain within the state a catering food service establishment, which involves the sale or distribution of food and drink prepared in bulk at one (1) geographic location for service in individual portions at another or which involves preparation and service of food on public or private premises not under the ownership or control of the operator of such service except in compliance with the following requirements:

(a) Definitions, as used in this section:

(1) "Authorized agent" means any individual certified by the commissioner to inspect catering food service establishments and enforce the provisions of section 19-13-B49 of the Regulations of Connecticut State Agencies under the supervision and/or authority of the director of health.

(2) "Catering food service establishment" means a business involved in the sale or distribution of food and drink prepared in bulk in one (1) geographic location for service in individual portions at another or which involves preparation and service of food on public or private premises not under the ownership or control of the operator of such service.

(3) "Comminuted" means reduced in size by methods including chopping, flaking, grinding, or mincing and includes fish or meat products that are reduced in size and restructured or reformulated such as gefilte fish, gyros, ground beef, and sausage.

(4) "Commissioner" means the commissioner of public health.
(5) "Department" means the state of Connecticut Department of Public Health.
(6) "Director of health" means the director of a local health department or district health department approved by the commissioner as specified in Connecticut General Statutes sections 19a-200 and 19a-242, respectively.
(7) "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces.
(8) "Full-time position" means thirty (30) hours per week or the number of hours per week the catering food service establishment is open for business, whichever is less.
(9) "Hazard analysis" means an evaluation of food handling operations to identify points of potential product contamination and assess the adequacy of hot processing and hot and cold storage methods for foods.
(10) "Potentially hazardous food" means any food or food ingredient, natural or synthetic, that is in a form capable of supporting:
(A) the rapid and progressive growth of infectious or toxigenic microorganisms, or
(B) the slower growth of Clostridium botulinum.
(11) "Qualified food operator" means a food operator employed in a full-time position who has demonstrated a knowledge of safe food handling techniques.
(12) "Ready-to-eat food" means food that is in a form that is edible without washing, cooking, or additional preparation by the catering food service establishment or the consumer and that is reasonably expected to be consumed in that form.
(13) "Supervisory position" means the position of a person who directs and inspects the performance of catering food service workers.

(b) The floor surfaces in kitchens, in all other rooms and areas in which food or drink is stored or prepared, in which multi-use utensils are washed, and walk-in refrigerators, dressing or locker rooms and toilet rooms, shall be of smooth nonabsorbent materials, and so constructed as to be easily cleaned. The floors of nonrefrigerated dry food storage areas need not be nonabsorbent. All floors shall be kept clean and in good repair. Floor drains shall be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid waste on the floor. No sawdust or similar material shall be spread on the floors. All exterior areas where food is served shall be kept clean and properly drained, and the surfaces in such areas shall be finished so as to facilitate maintenance and minimize dust.

(c) The walls and ceilings of all rooms shall be kept clean and in good repair. All walls of rooms or areas in which food or drink is prepared, or multi-use utensils or hands are washed, shall be easily cleanable, smooth, light-colored, and shall have washable surfaces up to the level reached by splash or spray.

(d)(1) Effective measures shall be taken to protect against the entrance into the establishment or breeding on the premises of insects, rodents and other animals by:
(A) filling or closing holes and other gaps along floors, walls, and ceilings,
(B) closed, tight-fitting windows, and
(C) solid self-closing, tight-fitting doors; or
(2) if windows or doors are kept open for ventilation or other purposes, the openings shall be protected against the entrance of insects, rodents or other animals by:
(A) 16 mesh to 25.4 mm (16 mesh to 1 inch) screens,
(B) properly designed and installed air curtains, or
(C) other methods which are submitted for review and approval by the local director of health. The submission of an alternative method to those listed in (A) and (B) of this subdivision for review by the director of health shall be accompanied by documentation which the director of health finds demonstrates that the method will be as effective in preventing the entrance of insects and rodents or other animals as those listed in (A)

and (B) of this subdivision.

(3) Subdivision (2) of this subsection does not apply if flying insects and other pests are absent due to the location of the establishment, the weather, or other limiting condition.

(e) All areas in which food or drink is prepared or stored or multi-use utensils are washed, handwashing areas, dressing or locker rooms, toilet rooms and garbage and rubbish storage areas shall be well lighted. During all cleanup activities, adequate light shall be provided in the area being cleaned, and upon or around equipment being cleaned. All rooms in which food or drink is prepared or served or multi-use utensils are washed, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well ventilated. Ventilation hoods and devices shall be designed to prevent grease or condensate from dripping into food or onto food preparation surfaces. Filters, where used, shall be readily removable for cleaning or replacement. Ventilation systems shall comply with applicable state and local fire prevention requirements and shall, when vented to the outside air, discharge in such a manner as not to create a nuisance.

(f) Each catering food service establishment preparing food or drink shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be sanitary and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-closing. Toilet room walls shall be tight and extend from floor to ceiling. Toilet tissue shall be provided. Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered. Toilet and handwashing facilities accessible to the public shall be provided in conformance with sections 19-13-B105 through 19-13-B113 of the Regulations of Connecticut State Agencies. Where the use of non-water-carried sewage disposal facilities has been approved by the local director of health, such facilities shall be separate from the catering food service establishment. All sewage shall be disposed of in a public sewerage system or, in the absence thereof, in a manner approved by the local director of health. Plumbing shall be so sized, installed and maintained as to prevent contamination of the water supply; as to properly convey sewage and liquid wastes from the catering food service establishment to the sewerage or sewage disposal system; and as not to constitute a source of contamination of food equipment or multi-use utensils, or create an insanitary condition or nuisance.

(g) The water supply shall be adequate, of a safe, sanitary quality, be in conformance with section 19-13-B102 of the Regulations of Connecticut State Agencies and be from an approved source which is in conformance with sections 19-13-B51A through 19-13-B51M of the Regulations of Connecticut State Agencies. Hot and cold running water under pressure shall be provided in all areas where food or drink is prepared or equipment, multi-use utensils or containers are washed. Hot water supplied in all areas where food or drink is prepared and where multi-use utensils and equipment are washed, and for other general purposes shall be maintained at a temperature of at least one hundred and ten (110) degrees F. through a mixing valve or combination faucet. Hot water supplied at hand washing sinks available to the public shall be in conformance with public health code section 19-13-B111 of the Regulations of Connecticut State Agencies. Ice used for any purpose shall be made from water which comes from an approved source; and shall be used only if it has been manufactured, stored, transported, and handled in a sanitary manner.

(h) Each catering food service establishment serving food or drink shall be provided with handwashing facilities located to allow for convenient use by employees in food preparation, food dispensing, and warewashing areas, and within or immediately adjacent to all toilet rooms. The handwashing facilities shall be equipped with hot and cold or tempered running water, hand cleansing soap or detergent dispensed in a sanitary manner, and individual disposable towels or other hand drying device acceptable to the director of health. The use of a common towel is prohibited. A handwashing facility shall not be used for purposes other than handwashing. The handwashing facilities shall be maintained so that they are accessible at all times for

employee use. Such facilities shall be kept clean and in good repair. No employee shall resume work after using the toilet room without first washing his hands.

(i) All equipment and multi-use utensils, and all show and display cases or window counters, shelves, tables, chairs and refrigerating equipment shall be so designed of such material and workmanship as to be smooth, easily cleanable and durable and shall be in good repair; and the food contact surfaces of such equipment and utensils shall, in addition, be easily accessible for cleaning, nontoxic, corrosion-resistant and relatively nonabsorbent. Sinks, dishtables and drainboards shall be constructed of galvanized metal or better, suitably reinforced, of such thickness and design as to resist denting and buckling, and sloped so as to be self-draining. Exceptions approved by the local director of health may be made to the above material requirements for equipment such as cutting boards, blocks and bakers' tables and containers for dry products.

(j)(1) All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

(2) Equipment in use on October 15, 1963, which does not fully meet the above requirements may be continued in use if it is in good repair and capable of being maintained in a sanitary condition, and if the food contact surfaces are nontoxic. Utensils containing or plated with cadmium or lead shall not be used, provided solder containing lead may be used for jointing. All cloths and towels used by waiters, chefs and other employees shall be clean.

(3) All multi-use eating and drinking utensils shall be thoroughly washed and rinsed and sanitized after each use, in accordance with the following approved sanitizing process.

(A) When manual dishwashing is used, a three-compartment sink shall be provided and used wherever washing, rinsing, and sanitization of equipment or utensils are conducted; provided, that in catering food service establishments where the only utensils to be washed are limited to spatulas, tongs, and similar devices, and when the only equipment to be cleaned is stationary and does not require disassembly for proper cleaning, a two-compartment sink may be approved by the director of health for this purpose. At least a two-compartment sink shall be provided and used for washing kitchenware and equipment which does not require sanitization. A warewashing sink shall not be used for handwashing or dumping mop water. Sinks used to wash or thaw food shall be sanitized before and after using the sink to wash produce or thaw food. Utensils after thorough washing and rinsing, clean to sight and touch, shall be sanitized by:

(i) Immersion for at least one (1) minute in clean, hot water at a temperature of at least one hundred and seventy (170) degrees F. An approved thermometer shall be available convenient to the vat. The pouring of scalding water over the washed utensils shall not be accepted as satisfactory compliance; or

(ii) immersion for at least one (1) minute in a sanitizing solution containing: at least fifty (50) mg/l of available chlorine at a temperature of not less than seventy-five (75) degrees F. The bath should be made up to a strength of one hundred (100) mg/l or more of available chlorine and shall not be used after its strength has been reduced to fifty (50) mg/l; or at least twelve and one-half (12.5) mg/l of available iodine in a solution having a pH value not higher than five (5.0) and a temperature of not less than seventy-five (75) degrees F.; or any other chemical sanitizing agent which has been demonstrated to the satisfaction of the director of health to be effective and non-toxic under conditions of use hereunder and for which a suitable field test is available. Such sanitizing agents shall provide a bactericidal

effect equivalent to a solution containing at least fifty (50) mg/l of available chlorine at a temperature not less than seventy-five (75) degrees F.

(B) When dishwashing is done by machine:

(i) Wash water shall be kept reasonably clean, and rinse-water tanks shall be so protected by distance, baffles or other effective means as to minimize the entry of wash water into the rinse water. All water inlets shall be protected against backflow.

(ii) The flow pressure shall be not less than fifteen (15) or more than twenty-five (25) pounds per square inch on the water line at the machine, and not less than ten (10) pounds per square inch at the rinse nozzles. A suitable gauge cock shall be provided immediately upstream from the final rinse sprays to permit checking the flow pressure of the final rinse water.

(iii) The temperature of the wash water shall not be less than:

(a) one hundred and sixty-five (165) degrees F. for a single temperature stationary rack machine;

(b) one hundred and sixty (160) degrees F. for a single tank, conveyor, dual temperature machine:

(c) one hundred and fifty (150) degrees F. for a single tank, stationary rack, dual temperature machine; and

(d) one hundred and fifty (I5O) degrees F. for a multitank, conveyor, multitemperature machine.

When hot water is relied upon for sanitization in a mechanical warewashing operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold shall not be less than one hundred and sixty-five (165) degrees F. for a stationary rack, single temperature machine; or one hundred and eighty (180) degrees F. for all other machines. The temperature of the fresh hot water sanitizing rinse shall not be more than one hundred and ninety-four (194) degrees F. as it enters the manifold. The item being sanitized shall attain a temperature of one hundred and sixty (160) degrees F. on its surface during the final rinse. When a pumped rinse is provided, the water shall be at a temperature of at least one hundred and sixty (160) degrees F.

(iv) Conveyors in dishwashing machines shall be accurately timed to assure proper exposure times in wash and rinse cycles.

(v) An easily readable thermometer shall be provided in each tank of the dishwashing machine which will indicate the temperature of the water or solution therein. In addition, a thermometer shall be provided which will indicate the temperature of the final rinse water as it enters the manifold.

(vi) Jets, nozzles and all other parts of each machine shall be maintained free of chemical deposits, debris and other soil. Automatic detergent dispensers, if used, shall be kept in proper operating condition.

(C) Dishwashing may be done by machines using chemicals for sanitization, provided:

(i) The machines, chemical sanitizer and method of drying utensils are approved by the commissioner.

(ii) The temperature of the wash water shall not be less than one hundred and twenty (120) degrees F.; and

(iii) The wash water shall be kept clean; and

(iv) Adequate amounts of chemicals for washing, sanitizing and drying shall be available. Chemicals added for washing, sanitization and drying purposes shall be automatically

dispensed, compatible, not interfering with the effective purpose of each other; and

(v) Utensils and equipment shall be exposed to the final chemical sanitizing rinse in accordance with the manufacturer's specifications for time and concentration; and

(vi) The chemical sanitizing rinse water temperature shall be not less than seventy-five (75) degrees F. nor less than the temperature specified by the machine's manufacturer; and

(vii) A test kit or other device that accurately measures the parts per million concentration of the solution shall be available and used.

(4) All kitchenware and food contact surfaces of equipment that have been used in the preparation or serving of food and drink, and all multi-use food storage utensils, exclusive of cooking surfaces of equipment, shall be thoroughly cleaned at least every four (4) hours. Cooking surfaces of equipment shall be cleaned at least once a day. All food temperature measuring devices, multi-use utensils and food contact surfaces of equipment used in the preparation or storage of potentially hazardous food shall be thoroughly cleaned and sanitized prior to such use and following: a change from working with raw animal foods to working with ready-to-eat foods; a change in the type of raw animal food such as beef, fish, lamb, pork, or poultry; use with raw fruit or vegetables prior to use with potentially hazardous food; and at any time during the operation when contamination may have occurred. Unless approved by the director of health for a different frequency of cleaning, equipment, food contact surfaces and utensils that have been used with potentially hazardous food shall be cleaned and sanitized at least every four (4) hours. Non-food contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition.

(5) No article, polish or other substance containing any cyanide preparation or other poisonous material shall be used for the cleansing or polishing of utensils.

(k) After cleaning and until use, all food contact surfaces of equipment and multi-use utensils shall be so stored and handled as to be protected from contamination. All single-service eating and drinking articles shall be made from nontoxic materials, and shall have been manufactured, packaged, transported, stored, handled and dispensed in a sanitary manner, and shall be used only once. Drinking straws or any other device, hollow in nature, whereby through its use a beverage can be drawn into the mouth shall be separately wrapped either individually or in pairs with a sanitary protective covering for individual use. Catering food service establishments which do not have adequate and effective facilities for cleaning and sanitizing multi-use utensils shall use single-service articles.

(l) All garbage and rubbish containing food wastes shall, prior to disposal, be kept in a leak-proof, nonabsorbent container which shall be kept covered with tight fitting lids when filled or stored, or not in continuous use; provided such containers need not be covered when stored in a vermin-proofed room or enclosure or in a food waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in an approved manner. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(m)(1) Except during necessary periods of preparation and service, potentially hazardous foods shall be maintained at forty-five (45) degrees F. or below, or one hundred forty (140) degrees F. or above, except beef roasts and pork roasts cooked to an internal temperature and time specified below may be held hot at one hundred thirty (130) degrees F. or above. The use of time only, rather than

time in conjunction with temperature, may be permitted by the director of health and may be used as a public health control for a working supply of potentially hazardous food before cooking or for ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption if: the food is marked or otherwise identified with the time within which it shall be cooked, served, or discarded; the food is served or discarded within 4 hours from the point in time when the food is removed from temperature control; the food in unmarked containers or packages, or for which time expires, is discarded; and written procedures that assure compliance are maintained in the catering food service establishment and are made available to the authorized agent upon request. Except as specified raw food shall be cooked as follows:

(A) whole roasts, corned beef, and pork roasts shall be cooked to heat all parts of the food to the following minimum temperatures and corresponding minimum holding times: one hundred thirty (130) degrees F. for one hundred twenty-one (121) minutes; or one hundred forty (140) degrees F. for twelve (12) minutes; or one hundred forty-five (145) degrees F. for three (3) minutes;

(B) shell eggs, fish, meat and pork (other than whole roasts, corned beef, and pork roasts) shall be cooked to heat all parts of the food to at least one hundred forty-five (145) degrees F. for fifteen (15) seconds;

(C) all meat and fish products that are ground or comminuted shall be cooked to heat all parts of the food to at least one hundred and forty-five (145) degrees F. for three (3) minutes, one hundred and fifty (150) degrees F. for one (1) minute, one hundred and fifty-five (155) degrees F. for fifteen (15) seconds, or one hundred and fifty-eight (158) degrees F. instantaneously;

(D) game meats; poultry; ground or comminuted poultry; stuffed fish; stuffed meat; stuffed pasta; stuffed poultry; or stuffing containing potentially hazardous food ingredients shall be cooked to heat all parts of the food to at least one hundred sixty-five (165) degrees F. for fifteen (15) seconds;

(E) raw animal foods cooked in a microwave oven shall be: rotated or stirred throughout or midway during cooking to compensate for uneven distribution of heat; covered to retain surface moisture; heated to a temperature of at least one hundred sixty-five (165) degrees F. in all parts of the food; and allowed to stand covered for two (2) minutes after cooking to obtain temperature equilibrium;

(F) pasteurized eggs or egg products shall be substituted for raw shell eggs in the preparation of foods that are not thoroughly cooked such as caesar salad, salad dressing; hollandaise or béarnaise sauce, mayonnaise, egg nog, ice cream, egg-fortified beverages, and in recipes requiring pooled eggs that are not cooked immediately.

Exempted from the above is a raw animal food such as raw egg, raw fish, raw-marinated fish; raw molluscan shellfish; steak tartare; or partially cooked food such as lightly cooked fish, rare meat, and soft cooked egg that is served or offered for sale in a ready-to-eat form. Pork and poultry products are not exempt from the required cooking times and temperatures. The consumer shall be informed of the risks involved with the consumption of raw or undercooked animal food by means of posters, brochures, menu advisories, label statements, table tents, placards, or other written means available at the catering food service establishment which state: "thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness". Exemptions to the food temperature requirements shall not be allowed at catering food service establishments serving highly susceptible populations such as

immunocompromised individuals or older adults in hospitals, nursing homes, or similar health care facilities as defined in Connecticut General Statutes section 19a-490 and that are subject to this section and preschool age children in a facility that provides custodial care and is subject to this section such as child day care centers as defined in Connecticut General Statutes section 19a-77(a)(1).

(2) Frozen food shall be kept at such temperatures as to remain frozen, except when being thawed for preparation or use. Potentially hazardous frozen food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, shall be thawed at refrigerator temperatures of forty-five (45) degrees F. or below; or under cool, potable running water seventy (70) degrees F. or below; or quick thawed as part of the cooking process; or by any other method satisfactory to the local director of health. Waste water from refrigeration equipment shall be disposed of in a proper manner.

(3) Cooked potentially hazardous foods shall be cooled from one hundred forty (140) degrees F. to seventy (70) degrees F. within two (2) hours, and from seventy (70) degrees F. to forty-five (45) degrees F. or below within four (4) additional hours. Potentially hazardous food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least one hundred sixty- five (165) degrees F. for fifteen (15) seconds, provided that remaining unsliced portions of roasts of beef that are cooked as specified in this subsection may be reheated for hot holding to one hundred forty-five (145) degrees F. for three (3) minutes. Reheating for hot holding shall be done within two (2) hours. Ready-to-eat food taken from a commercially processed, hermetically sealed container shall be heated to a temperature of at least one hundred forty (140) degrees F. for hot holding. Cooked, cooled, and refrigerated food that is prepared for immediate service in response to an individual consumer order may be served at any temperature.

(4) Food temperature measuring devices shall be provided and be readily accessible for use in ensuring attainment and maintenance of proper food temperatures. Food temperature measuring devices shall be accurate to ± two (2) degrees F.

(n) All food and drink in catering food service establishments shall be from sources approved or considered satisfactory by the director of health, based on a determination of conformity with principles, practices, and generally recognized standards that protect public health; shall be in compliance with applicable state and local laws and regulations; shall be transported and delivered at required temperatures; and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding and safe for human consumption. Any food or drink considered unsafe for human consumption shall be destroyed or disposed of in a manner satisfactory to the director of health. No hermetically sealed, non-acid or low-acid food which has been processed in a place other than a commercial food processing establishment shall be used. Molluscan shellfish shall be from sources listed in the most recent publication of the interstate certified shellfish shippers list distributed by the federal food and drug administration and approved or considered acceptable by the Connecticut Department of Agriculture, Bureau of Aquaculture, and, if shucked, shall be kept until used in the containers in which they were received. Shell stock tags or labels shall be retained for 90 days from the date the container is emptied. Finfish shall he commercially and legally caught or harvested. Fluid milk and milk products shall be pasteurized and conform to grade A standards, the requirements of the United States Public Health Service, Food and Drug Administration "grade A pasteurized milk ordinance" and "grade A condensed milk ordinance." Shell eggs shall be from commercial, regulated sources inspected according to law and shall be received clean and sound, and shall be graded as required by law.

(o)(1) All food and drink while being stored, prepared, displayed, served or sold at catering food service establishments, or during transportation between such establishments, shall be protected from dust, flies, vermin, depredation and

pollution by rodents, unnecessary handling, droplet infection, overhead leakage, or other contamination. Raw fruits and vegetables shall be washed before use. If used, single use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.

(2) Food once served to the customer shall not be served again. Wrapped non potentially hazardous food which has not been unwrapped and which is wholesome may be re-served.

(3) All means necessary for the elimination of flies, roaches and rodents shall be used. All exposed food shall be stored at least eighteen (18) inches above the floor.

(4) Only such poisonous and toxic materials as are required to maintain sanitary conditions and for sanitization purposes may be used or stored in food service establishments. Poisonous and toxic materials shall be identified and shall be stored and used only in such manner and under such conditions as will not contaminate food and drink or constitute a hazard to employees or customers.

(p) Food employees shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices. They shall wash their hands thoroughly in an approved handwashing facility before starting work. Food employees shall keep their fingernails trimmed, filed, and maintained so the edges and surfaces are cleanable and not rough. Food employees shall keep their fingers, nails, hands, and exposed portions of their arms clean by using a cleaning compound to lather hands and arms for at least 20 seconds, followed by thorough rinsing with clean water in a handwashing facility, and hand drying using approved sanitary towels or other approved hand drying device. Employees shall wash their hands thoroughly in an approved handwashing facility before starting work. Food employees shall clean their hands and exposed portions of their arms as often as may be required to remove soil and contamination; after touching bare human body parts; after using the toilet room; after caring for assistance animals; after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; after handling soiled equipment or utensils; when changing gloves; after handling money; immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles; during food preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; when switching between working with raw foods and ready-to-eat foods; and after engaging in other activities that contaminate the hands. Employees shall not expectorate in rooms in which food is prepared. Employees shall not use tobacco in any form while engaged in food preparation or service, or while in equipment and multi-use utensil washing or food preparation areas. Designated locations in such areas may be approved by the local director of health for smoking, where no contamination hazards will result.

(q)(1) All parts of the establishment and its premises shall be kept neat, clean and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food contact surfaces. None of the operations connected with a catering food service establishment shall be conducted in any room used as living or sleeping quarters. Soiled linens, coats and aprons shall be kept in suitable containers until removed for laundering. No live birds or animals shall be allowed in any area used for the storage or preparation of food or for the cleaning or storage of utensils, or in toilet rooms or employees' dressing rooms or areas, in vehicles used for transporting food, or in any other area or facility used in the conduct of catering food service establishment operations; provided guide dogs or assistance dogs accompanying blind, deaf, or mobility impaired persons and dogs accompanying persons training such dogs as guide or assistance dogs as defined pursuant to the Connecticut General Statutes sections 46a-42, and 46a-44, may be permitted in dining rooms.

(2) Adequate facilities shall be provided for the orderly storage of employees'

clothing and personal belongings. Where employees routinely change clothes within the catering food service establishment, one (1) or more dressing rooms or designated areas shall be provided for this purpose. Such designated areas shall be located outside of the food preparation, storage and serving areas, and the multi-use utensil washing and storage areas. When approved by the local director of health, such an area may be located in a storage room where only completely packaged food is stored. Such designated areas or dressing rooms shall be equipped with adequate lockers or other suitable facilities. Dressing rooms and lockers shall be kept clean and orderly.

(r) All vehicles used in the transportation of food or food products of all kinds shall be kept in a clean and sanitary condition.

(s) No person while affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or any acute respiratory infection, shall work in any area of a catering food service establishment in any capacity in which there is likelihood of such person contaminating food, drink or food contact surfaces with pathogenic organisms, or transmitting disease to other individuals; and no person known or suspected of being affected with any such disease or condition shall be employed in such an area or capacity. If the management of the catering food service establishment has reason to suspect that any employee has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the local director of health immediately. When the local director of health has reasonable cause to suspect possibility of disease transmission from any catering food service establishment employee, the director of health shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The director of health may require any or all of the following measures:

(1) the immediate exclusion of the employee from all catering food service establishments;

(2) the immediate discontinuance of the catering food service operations concerned until, in the opinion of the director of health, no further danger of disease outbreak exists;

(3) restriction of the employees' services to some area of the catering food service establishment where there would be no danger of transmitting disease;

(4) adequate medical and laboratory examinations of the employee, or other employees, and of his and their body discharges; and

(5) food employees shall not contact exposed ready-to-eat food with bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single use disposable gloves or dispensing equipment, except when washing raw fruits and vegetables to remove soil and other contaminants. Food employees shall minimize bare hand contact with exposed food that is not in a ready-to-eat form. Ready-to-eat food includes: unpackaged potentially hazardous food that is cooked to the temperatures and time required for the specific food under section 19-13-B49(m)(1); raw, washed, cut fruits and vegetables; whole, raw fruits and vegetables that are presented for consumption without the need for further washing, such as at a buffet; and other food presented for consumption for which further washing or cooking is not required and from which rinds, peels, husks, or shells are removed.

(t) (1) No person, firm or corporation shall operate or maintain a catering business for preparation or service of food within any town, city or borough without a local permit or license, or otherwise without registration of the name and business address with the local director of health of the town, city or borough in which the business is conducted, if such permit or license is required by local ordinance.

(2) Catering food service establishment classification. The director of health, registered sanitarian, or authorized agent shall classify each catering food service establishment by using the criteria outlined in this subdivision. Catering food service establishments shall be classified at the time of licensure, where licensure is

required by local ordinance, or otherwise at the time of registration with the local director of health. The classification shall be reviewed by the director of health, registered sanitarian, or authorized agent during each inspection and in no case less than annually. The catering food service establishment shall be placed into the highest classification that describes any of the food operations conducted. When it comes to the attention of the director of health, registered sanitarian, or authorized agent that the operation has changed to a different class the director of health, registered sanitarian, or authorized agent shall reclassify the catering food service establishment. No catering food service establishment shall change food operations to a different classification without prior approval by the director of health, registered sanitarian, or authorized agent. The classes of catering food service establishments are as follows:

(A) Class I is a catering food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included, except that commercially packaged pre-cooked foods may be heated and served in the original package within four (4) hours.

(B) Class II is a catering food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours and commercially precooked hot dogs, kielbasa, and soup may be heated if transferred directly out of the original package and served within four (4) hours.

(C) Class III is a catering food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

(D) Class IV is a catering food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

(3) Qualified food operator required. Each person owning, operating or managing any catering food service establishment designated as class III or class IV shall be a qualified food operator or shall employ on-site at least one (1) qualified food operator who is in a supervisory position at said establishment. Each catering food service establishment shall be in compliance with this subdivision by August 1, 1997. Satisfactory evidence of compliance with this subdivision shall be documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, or other documentation satisfactory to the department attesting to the individual's knowledge of safe food handling techniques as specified in subdivision (5) of this subsection. Said documentation shall be maintained on file at the catering food service establishment and provided to the local director of health, registered sanitarian, or authorized agent on request. Exempt from the requirements of this subdivision are special events sponsored by non-profit civic organizations such as, but not limited to, school sporting events, little league, and fairs. Any volunteer who serves meals for a nonprofit organization shall be exempt from the examination requirement for qualified food operators.

(4) Criteria for approval of testing organizations. To be approved, a testing organization shall make application to the department and therein demonstrate responsibility for all aspects of the testing system from the development of the test, through test administration including test security system, documentation of successful test completion and record maintenance. Testing organizations must reapply for approval every five (5) years. Testing organizations shall demonstrate responsibility for all of the following areas:

(A) Test development. The test shall be based on an objective job analysis to determine content areas and shall include, but not be limited to,

elements that test the qualified food operator's knowledge of food allergies. The test shall be developed based on generally accepted standards of test development. A passing score study to set the required passing scores shall be conducted. Content validation and examination field test studies shall be conducted.

(B) Test security. The testing organization shall have test security systems to ensure the integrity of the test during all phases of test development and handling. Test administrators must be trained in test security procedures. Where client based testing is conducted, proctoring agreements that establish examination handling and proctoring procedures are required between the testing organization and the proctor. Different forms of the test shall be maintained.

(C) Test administration. The testing organization shall serve as the primary contact for individuals interested in the test. Explanatory test materials shall be available to interested parties. Guidelines for test administration shall be developed. The test shall be readily available to meet the needs of Connecticut.

(D) Documentation and record keeping. All individuals taking the test shall be provided documentation indicating whether they passed or failed the test. Statistics on the test including an item analysis shall be maintained. A registry of all individuals who have taken the test shall be maintained. Statistical and registry information shall be made available to the department and local health departments upon request.

(5) Other documentation satisfactory to the department. In the absence of documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, a signed statement by the owner/operator of the catering food service establishment attesting that the qualified food operator has demonstrated knowledge of food safety as specified in subparagraphs (A) and (B) of this subdivision shall constitute satisfactory evidence of compliance with subdivision (3) of this subsection. The local director of health may require documentation to support the signed statement. The following specific elements of knowledge and competence are required.

(A) Elements of knowledge

(i) Identify foodborne illness--define terms associated with foodborne illness; recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination; define and recognize potentially hazardous foods; define and recognize illness that can be associated with chemical and physical contamination; define and recognize the major contributing factors for foodhorne illness; recognize how microorganisms cause foodborne disease.

(ii) Identify time/temperature relationship with foodborne illness--recognize the relationship between time/temperature and microorganisms (survival, growth, and toxin production); describe the use of thermometers in monitoring food temperatures.

(iii) Describe the relationship between personal hygiene and food safety-- recognize the association between hand contact and foodborne illness; recognize the association between personal habits and behaviors and foodborne illness; recognize the association between health of a foodhandler and foodborne illness; recognize how policies, procedures and management contribute to improved food hygiene practices.

(iv) Describe methods for preventing food contamination from purchasing to serving--define terms associated with

contamination: identify potential hazards prior to delivery and during delivery; identify potential hazards and methods to minimize or eliminate hazards after delivery.

(v) Identify and apply correct procedures for cleaning and sanitizing equipment and utensils--define terms associated with cleaning and sanitizing: apply principles of cleaning and sanitizing; identify materials, equipment, detergent, sanitizer; apply appropriate methods of cleaning and sanitizing: identify frequency of cleaning and sanitizing.

(vi) Recognize problems and potential solutions associated with facility, equipment, and layout--identify facility, design, and construction suitable for food establishments; identify equipment and utensil design and location.

(vii) Recognize problems and potential solutions associated with, temperature control, preventing cross contamination, housekeeping and maintenance-- implement self inspection program: implement pest control program; implement cleaning schedules and procedures: implement equipment and facility maintenance program.

(viii) Identify and recognize the foods most commonly associated with food allergies.

(B) Demonstrable elements of competency

(i) Assess the potential for foodborne illness in a food establishment--perform operational food safety assessment: recognize and develop standards, policies and procedures; select and train employees: implement self audit/inspection program; revise policy and procedure (feedback loop): implement crisis management program.

(ii) Assess and manage the process flow--identify approved source: implement and maintain a receiving program: implement and maintain storage procedures: implement and maintain preparation procedures; implement and maintain holding service/display procedures; implement and maintain cooling and post preparation storage procedures. Implement and maintain re-service procedures. Implement and maintain transportation procedures.

(6) Replacement of qualified food operator. Whenever the qualified food operator terminates employment, is terminated or is transferred, the person owning, operating or managing the catering food service establishment shall notify the local health department in writing. A replacement qualified food operator shall be employed within sixty (60) days from the date of termination or transfer of the qualified food operator. The local health department may grant an extension not to exceed an additional sixty (60) days to comply with this subdivision if deemed necessary.

(7) Responsibilities of qualified food operators

(A) The qualified food operator is responsible for operating the catering food service establishment in compliance with all the provisions of section 19-13-B49 of the Regulations of Connecticut State Agencies. The qualified food operator of each catering food service establishment shall be responsible for ensuring training of food preparation personnel. All such personnel shall receive training which shall include but not necessarily be limited to: instruction in proper food temperature control; food protection; personal health and cleanliness; and sanitation of the facility, equipment, supplies and utensils. Volunteers who serve meals for a nonprofit organization shall be exempt from the examination requirement for qualified food operators but shall receive training from

any qualified food operator. The qualified food operator of each catering food service establishment shall maintain written documentation of a training program, and training records of individual employees, and shall make these records available to the local health department upon request. The owner, operator, manager or qualified food operator of a catering food service establishment at a nonprofit organization shall maintain such documentation and make such records available to the local health department upon request.

(B) The owner or manager of the catering food service establishment shall designate an alternate person who has complied with section 19-13-B49 (t)(5) to be in charge at all times when the qualified food operator cannot be present. This alternate person in charge shall be responsible for: ensuring that all employees comply with the requirements of this section and that foods are safely prepared: handling emergencies; admitting the inspector; and receiving and signing the inspection report.

(u) Inspection of catering food service establishments. All catering food service establishments shall be inspected by the director of health, registered sanitarian, or an authorized agent of the director of health if such director, sanitarian or agent has been certified by the commissioner. Candidates for certification must be sponsored by a local director of health, and possess as minimum requirements a bachelors degree or three years experience in a food safety or regulatory food protection program acceptable to the department. Candidates shall not be involved in the ownership or management of a food establishment located within his jurisdiction. The certification program shall consist of a two stage process: (1) successful completion of classroom training and passing score on a final written exam; and (2) completion of a series of inspections with a certification officer from the Department Food Protection Program. Upon completion of the certification process, the department shall notify the director of health and the candidate in writing specifying the issuance of certification and expiration date. The commissioner shall have the authority to renew certification of each person conducting such inspections every three (3) years. Recertification may be granted upon the successful completion of sixteen (16) hours of approved food protection training every three years. The department shall be responsible for approving and assuring the provision of such training. Failure to comply with recertification requirements shall result in the certification to conduct inspections not being renewed. The department shall notify the director of health and the chief elected official of the affected food service jurisdiction when a certification is not renewed. All catering food service establishments shall be inspected in accordance with this subsection.

(1) Class I catering food service establishments shall be inspected at intervals not to exceed three hundred and sixty (360) days.

(2) Class II catering food service establishments shall be inspected at intervals not to exceed one hundred and eighty (180) days.

(3) Class III catering food service establishments shall be inspected at intervals not to exceed one hundred and twenty (120) days.

(4) Class IV catering food service establishments shall be inspected at intervals not to exceed ninety (90) days, except that an interval not to exceed one hundred and twenty (120) days may be allowed where one (1) of the inspections is a hazard analysis inspection.

(5) Access to establishments. The director of health, registered sanitarian or authorized agent after proper identification, shall be permitted to enter, at any reasonable time, any catering food service establishment for the purpose of making inspections to determine compliance with this section. He shall be permitted to examine the records of the catering food service establishment to obtain information pertaining to food and supplies purchased, received, or used, and persons employed, but not including financial records.

(6) Inspection records. Weighted values. Rating scores. Whenever the director of health, registered sanitarian or authorized agent makes an inspection of a

catering food service establishment, he shall record his findings on an inspection report form included in this section and shall furnish a copy of such inspection report form to the owner or operator. Such form shall summarize the requirements of this section and shall set forth weighted point values for each such requirement. Forms, such as computer forms, that are substantially equivalent to the inspection form included in this section may be approved by the commissioner. Upon completion of an inspection, the director of health, registered sanitarian or authorized agent shall total the weighted point values for all requirements in compliance, such total becoming the rating score for the catering food service establishment. The total weighted point value shall be scored for each item in violation.

## 19-13-B49. Food Service Inspection Form

Food Inspection Form Rev. 06/01

(v) Enforcement

(1) Every catering food service establishment shall maintain a rating score of eighty (80) or higher and shall not have one (1) or more four (4) demerit point items in violation, regardless of the rating score. The four (4) demerit point items include: food from approved source, wholesome, nonadulterated; potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation; unwrapped or potentially hazardous food not re-served; toxic material properly stored, labeled, used; personnel with infections restricted; adequate handwashing facilities convenient, accessible, designed, installed, personnel hands washed, clean; water source, adequate, safe; sewage disposal approved and no nuisance; no cross-connection, back-siphonage, backflow; and adequate toilet facilities, convenient, accessible, designed, installed. If the rating score is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation at the time of inspection, the director of health, registered sanitarian or authorized agent shall order correction of the items in violation within two (2) weeks. After the two (2) weeks, the director of health, registered sanitarian or authorized agent shall make a reinspection and determine the new rating score.

(2) If the rating score at the time of the reinspection is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation, the director of health shall take immediate steps to have the catering food service establishment closed.

(3) However, if there are insanitary or other conditions in the operation of a catering food service establishment which in the judgment of the director of health constitutes an immediate and substantial hazard to the public health, he may immediately issue a written notice to the permit holder or operator citing such condition, specifying the corrective action to be taken, and specifying the time period within which such action shall be taken, and, if deemed necessary order immediate correction. If correction is not made in the stated time, a written order shall be issued to close the catering food service establishment.

(4) If the rating score is eighty (80) or above, the director of health, registered sanitarian or authorized agent shall order correction of any violations and specify time for correction. If a qualified food operator is not employed on-site, except as provided by the qualified food operator replacement provision in section 19-13-B49(t)(6), the catering food service establishment has thirty (30) days to comply. If correction has not been made after thirty (30) days, the director of health shall take immediate steps to close the catering food service establishment. The catering food service establishment shall also be reinspected as frequently as necessary in the determination of the local director of health to maintain compliance with this section.

(5) The owner or operator of any catering food service establishment may at any

time request an inspection for the purpose of improving the rating score of the catering food service establishment. Within ten (10) days following receipt of a request including a signed statement that the violations have in the applicant's opinion, been corrected, the director of health, registered sanitarian or authorized agent shall make an inspection and thereafter as many additional inspections as he may deem necessary to assure himself that the applicant is complying with the requirements of this section.

(6) The owner or operator of a catering food service establishment aggrieved by an order may, within forty-eight (48) hours after such order, appeal to the director of health, who shall thereupon immediately examine into the merits of such case and may vacate, modify or affirm such order. The owner or operator of a catering food service establishment who is aggrieved by such action of the director of health may, no later than three (3) business days after receipt of the order, appeal to the commissioner of health who shall thereupon immediately notify the authority from whose order the appeal was taken and examine into the merits of such case and may vacate, modify or affirm such action.

(Effective January 27, 1975; Amended effective April 25, 1994; April 25, 1997; July 6, 2001; October 3, 2005; July 3, 2007.)

# Water Supply Wells and Springs

## 19-13-B50. Public and semi-public water supplies

In the case of public or semi-public water supplies or water supplies developed for a considerable number of persons necessitating higher rates of pumpage than for residential use, separating distances between wells or springs and sewage disposal systems or drains shall be established in accordance with the provisions of section 25-33 of the general statutes and of section 19-13-B39.

## 19-13-B51a. Effective date

The provisions of section 19-13-B51a to 19-13-B51l, inclusive, shall be applicable to all water supply wells constructed after the effective date.

(Effective January 12, 1971.)

## 19-13-B51b. Definitions

As used in sections 19-13-B51a to 19-13-B51l, inclusive:

(1) "Water supply well" means an artificial excavation, constructed by any method, for the purpose of getting water for drinking or other domestic use;

(2) "Well contractor" means any person, firm or corporation drilling or constructing a water supply well;

(3) "Aquifer" means a water-bearing earth material which can transmit water in significant quantity. It can be either consolidated rock (ledge rock) or unconsolidated material (sand, gravel, soil with boulders, etc.);

(4) "Dug well" means a well excavated into a shallow aquifer;

(5) "Spring" means a place where, without planned intervention of man, water flows from consolidated rock or unconsolidated material on land or into a body of surface water such as a lake, stream, or river. A spring shall have the same protection requirements as a dug well.

(6) "Driven well" means a well which is constructed by driving a permanent casing with a screen area into unconsolidated material. Driven wells do not penetrate consolidated rock;

(7) "Gravel well" means a well constructed into unconsolidated material. In the zone immediately surrounding the well screen more permeability is obtained by hydraulic action or by removing the finer formation material and replacing it with artificially graded coarser material;

(8) "Drilled well" means a well constructed by drilling a hole and inserting a casing to support the sides of the hole. The portion of the well which is in consolidated rock may not require support of a casing;

(9) "Annular space" means the space between two objects, one of which is surrounded by the other. This includes space between the wall of an excavation and the wall of a pit; between the wall of an excavation and the casing of a well; or between two casings;

(10) "Casing" means an impervious, durable pipe or sidewall placed in a well to prevent the walls from caving, or to seal off surface drainage or undesirable water, gas, or other fluids so they cannot enter the well;

(11) "Established grade" means the elevation of the finished ground surface at the point of intersection of the well casing;

(12) "Pollution" means the adverse effect on water quality created by the introduction of any matter;

(13) "Sewer" means a conduit or pipe used or intended for conveying sewage or other contaminated wastes, or such conduit or pipe into which sewage or wastes may backup;

(14) "Source of pollution" means any place or condition which may result in pollution of a ground water supply; it may include a stream, pond, sewer, privy, septic tank, the field, cesspool, sewage, sewage treatment unit, industrial waste, industrial waste disposal unit, location where animal excrement is allowed to accumulate, or disposal site for refuse, industrial waste, sewage sludge or industrial waste sludge;

(15) "Well top seal" means an arrangement used to establish a watertight junction at the top of the casing of a well with special regard to the piping or equipment installed therein;
(16) "Well vent" means a piped outlet at the upper end of a well to allow maintenance of atmospheric pressure within the well casing;
(17) "Well pit" means a structure built wholly or partly underground to house the well top or well appurtenances or both;
(18) "Yield" means the quantity of water delivered per unit of time which may flow or be pumped continuously from the well;
(19) "Public supply well" means a water supply well used or made available by a water company to two or more consumers, as defined in section 25-32a of the 1969 supplement to the general statutes.
(Effective January 12, 1971.)

## 19-13-B51c. Interconnections

No physical connection between piping carrying water from a public water supply and piping carrying water from any other source shall be permitted unless such other water supply is of safe, sanitary quality and the interconnection is approved by the commissioner of health.
(Effective January 12, 1971.)

## 19-13-B51d. Location

All separating distances are to be measured horizontally.

(a) Wells with a required withdrawal rate of under ten gallons per minute.
  (1) Each such well shall be located at a relatively high point on the premises consistent with the general layout and surroundings; be protected against surface wash; be as far removed from any known or probable source of pollution as the general layout of the premises and the surroundings will permit; and, so far as possible, be in a direction away from ground water flow from any existing or probable source of pollution.
  (2) No such well shall be located within seventy-five feet of a system for disposal of sewage or other source of pollution. Greater separating distances shall be required for certain industrial wastes or certain rock formations. If a sewer is constructed of extra heavy cast iron pipe with leaded joints or equal approved type of tight joint, a minimum separating distance of twenty-five feet shall be maintained.
  (3) No such well shall be located within twenty-five feet of the high water mark of any surface water body, nor within twenty-five feet of a drain carrying surface water or of a foundation drain.

(b) Wells with a required withdrawal rate of from ten to fifty gallons per minute.
  (1) Each such well shall be located at a relatively high point on the premises consistent with the general layout and surroundings; be protected against surface wash; be as far removed from any known or probable source of pollution as the general layout of the premises and the surroundings will permit; and, so far as possible, be in a direction away from ground water flow from any existing or probable source of pollution.
  (2) No such well shall be located within one hundred fifty feet of a system for disposal of sewage or other source of pollution. Greater separating distance shall be required for certain industrial wastes or certain rock formations. If a sewer is constructed of extra heavy cast iron pipe with leaded joints or equal approved type of tight joint, a minimum separating distance of seventy-five feet shall be maintained.
  (3) No such well shall be located within fifty feet of high water mark of any surface water body, nor within fifty feet of a drain carrying surface water or of a foundation drain.

(c) Wells with a required withdrawal rate of more than fifty gallons per minute.

(1) Location of such well shall be approved by the state department of health in accordance with the provisions of section 25-33 of the 1969 supplement to the general statutes and section 19-13-B39 of the public health code.
(2) Each such well shall be located at a relatively high point on the premises consistent with the general layout and surroundings; be protected against surface wash; be as far removed from any known or probable source of pollution as the general layout of the premises and the surroundings will permit; and, so far as possible, be in a direction away from ground water flow from any existing or probable source of pollution.
(3) No such well shall be located within two hundred feet of a system for disposal of sewage or other source of pollution. If conditions warrant, greater distance shall be required. Sanitary conditions in the area within the radial distance required shall be under control of the well owner by ownership, easement, or other arrangement approved by the commissioner of health. If a sewer is constructed of extra heavy cast iron pipe with leaded joints or equal approved type of tight joint, a minimum separating distance of one hundred feet shall be maintained.
(4) No such well shall be located within fifty feet of the high water mark of any surface water body nor within fifty feet of a drain carrying surface water or of a foundation drain.

(Effective January 12, 1971.)

## 19-13-B51e. Precautions

A well under construction shall be protected so that there can be no drainage or surface wash into the well. Workmen employed in such construction shall exercise sanitary precautions in disposal of wastes and handling of construction materials so as to avoid contamination of the well and aquifer. All water used in constructing a well shall be disinfected with fifty milligrams per liter (parts per million) of chlorine in order to protect the well from contamination. No polluted water shall be used in connection with the construction of a well.

(Effective January 12, 1971.)

## 19-13-B51f. Construction

(a) Materials. Pipe used for casing a well other than a dug well shall be made of steel or other material approved by the commissioner of health. They shall be free from flaws or defects and shall have watertight connections.
(b) Dug well. The casing or side walls of a dug well shall be constructed of watertight concrete at least four inches thick to a depth of at least ten feet below the ground surface. Below the depth of the watertight casing, loosely laid stone, concrete block, brick or other materials approved by the commissioner of health may be used. The annular space between the face of the excavation and the watertight section of casing shall be filled with clean clay or other impervious material.
(c) Gravel well. The casing of a gravel well shall be surrounded with concrete grout to a depth of at least ten feet below the ground surface. The annular space between the casings of a gravel well with artificially placed gravel shall be protected at the top by a watertight covering to prevent any foreign matter entering the well through the gravel.
(d) Drilled well. The construction of a drilled well shall provide for shutting out all water except that from the water bearing formations which are intended to supply water to the well. The casing shall extend at least ten feet below ground surface. Any annular space surrounding the casing pipe needed for drilling shall be filled with concrete grout to a depth of at least ten feet below the ground surface. Below ten feet, any clean fill material can be used. Where the unconsolidated material above consolidated rock is less than twenty feet deep and the casing ends in the consolidated rock, the casing shall be effectively sealed in the rock.
(e) Upper terminal of casing. The casing of every well shall project not less than six inches above the established grade at the well or above the pump house floor. The well contractor shall ascertain the established grade before completion of the well. Where a

pitless adapter is used, it shall be designed to, and made of materials that will, keep soil and water from entering the well during the life of the casing. A below-ground connection shall not be submerged in water at the time of installation. Where a pump is not installed immediately following the construction of the well, the well shall be tightly sealed and suitably vented.
(Effective January 12, 1971.)

## 19-13-B51g. Covering

The cover of the dug well shall be made of substantial reinforced concrete at least four inches thick. Other material approved by the commissioner of health may be used. It shall be of sufficient diameter to overlap the casing or side walls by at least two inches. A tight joint shall be provided between the casing and cover. If a pump is set on the slab, the top of the slab shall be sloped to drain away from the pump or drop pipe sleeve.

(b) A manhole shall be installed if the cover slab cannot be readily removed, and such manhole shall be provided with a curb extending at least two inches above the slab and equipped with a watertight overlapping cover. The manhole cover shall be locked or bolted in place in such manner as to prevent tampering or shall be located in a locked housing.
(Effective January 12, 1971.)

## 19-13-B51h. Well pits

(a) The use of a well pit shall be avoided whenever practical. When used, it shall be large enough to permit ready access to equipment.

(b) A well pit and its juncture with any other structure shall be watertight, or suitably drained to insure dryness as provided in section 19-13-B51i.

(c) Every conduit or similar connection with a well pit shall be made watertight.
(Effective January 12, 1971.)

## 19-13-B51i. Well pit drains

(a) Where there is no danger of flood or back flow, the water from a pit shall be drained onto the surface of the ground. The pipe used shall be at a grade of not less than one-eighth inch per foot toward the outlet. The junction between the pit floor and the drain pipe shall be made watertight. The drain pipe and joints shall be watertight to a distance of twenty-five feet from the pit. Any drain to the ground surface shall be screened to prevent entrance of animals and insects.

(b) No well pit drain shall be connected directly with any sewer, house drain or storm drain. The drainage of any well pit shall not be dependent on the operation of any pumping system except where gravity drainage at the location cannot be secured, in which case automatic sump pumps may be installed with the concurrence of the approving authority.

(c) When a well pit is constructed in impervious soil, no porous material shall be used as a base under the well pit floor. If fill is required, it shall be clean, impervious earth, well tamped.
(Effective January 12, 1971.)

## 19-13-B51j. Permanent appurtenances

(a) Any equipment, piping or appurtenance, permanently installed in a well, shall be joined watertight to the well casing at the point of entrance to the well by a well top seal or equally effective means.

(b) Every well in which the drawdown is ten feet or more shall be fitted with an adequate air vent. Such vent shall be extended to the height of at least twelve inches above any possible high water level. The vent shall be shielded and screened in such manner as to permit the entrance of air but keep out foreign matter.

(c) The foundation for a reciprocating pump shall be constructed with sufficient clearance around the well casing and the base of the power head to permit the assembly in place of a watertight well top seal. The well casing shall extend at least six inches above the floor.

(d) The foundation for a turbine pump may be of concrete upon which the power head may rest directly. It shall be so constructed that the well opening is adequately covered and all openings through the base shall be sealed watertight. The well casing shall be installed at least six inches above the floor.

(e) A hand pump shall be constructed so that a stuffing box or other arrangement prevents entrance of contamination around the pump rod. The pump spout shall be of covered type. The base shall be of the one-piece flange type. Provision shall be made for leading waste water away from the top of the well. A hand pump shall be frostproof and shall not require priming. A hand pump shall be mounted:

(1) When a well is cased with iron pipe, upon a base flange which is attached rigid and watertight to the well casing;

(2) on a concrete platform or similar structure when a well is not cased with iron pipe. A metal sleeve shall be used through the concrete platform or cover slab and extend above the slab into the pump base; or

(3) by other sanitary method approved by the commissioner of health.

(Effective January 12, 1971.)

## 19-13-B51k. Post-construction

(a) On completion of the well, the well contractor shall pump or otherwise flush the well sufficiently to clear the water of cuttings.

(b) The well contractor shall make a yield test to determine the quantity and stability of flow of water from the well. The date of the test and the maximum drop in water level in the well during the test shall also be recorded (drawdown). The rate of test pumping shall equal or exceed the rate of withdrawal required for the particular installation. In the case of nonpublic water supply wells with a required withdrawal rate less than ten gallons per minute, the period during the drilling and clearing may be included in the time of the yield test. The minimum length of such yield test shall be four hours for a well with a required withdrawal rate of less than ten gallons per minute; * thirty-six hours for a well with the required withdrawal rate of from ten to fifty gallons per minute; and seventy-two hours for a well with a required withdrawal rate of more than fifty gallons per minute. Test pumping shall be continuous at a constant rate for the period required. In the case of a public well, drawdown shall have held essentially stable for the last twelve hours prior to the completion of the test. The well contractor or tester shall record the date of the yield test; the water level in the well shortly before the yield test begins; the length of the pumping period; the constant pumping rate; the water level in the well at reasonable intervals after pumping begins and within five minutes before the pumping ends; and the water level in the well at reasonable intervals thereafter for a sufficient time to allow recovery to the water level prior to the yield test. He shall furnish a copy of such record to the owner.

(c) The pump installer shall disinfect each new well system before use. Disinfection shall be accomplished by treating the water in the well, storage tank and connected piping with a chlorine solution of fifty milligrams per liter (parts per million) strength so as to obtain a residual of ten milligrams per liter (parts per million) of chlorine after three hours detention. The side walls and piping shall be rinsed with the chlorine solution. The chlorinated water shall not be removed from the water system until after a detention period of at least three hours.

*An alternate test for low yield wells serving a single family: Remove all water from the completed well and measure rate of recovery.

1. If the recovery is observed for twelve hours or more, the actual amount of water recovered in the first twelve hours shall be the yield, expressed in gallons.

2. If at least three hundred gallons are recovered in less than twelve hours, the yield expressed as gallons/day shall be computed by the formula $\frac{\text{twelve}}{\text{hours recovery}}$ times gallons recovered.

(Effective January 12, 1971.)

## 19-13-B51l. Testing

Public water supply wells shall be sampled by the state department of public health or local director of health for bacteriological, physical and sanitary chemical examination. Approval of the commissioner of public health shall be obtained before the well water is made available for use.

(Effective January 12, 1971; Amended effective December 30, 1996.)

## 19-13-B51m. Well permits

(a) Subject to subsections (b) and (c) below no water supply well permit shall be given until it has been demonstrated to the satisfaction of the director of health that public sewers are available or a subsurface sewage disposal system can be installed on the lot in compliance with Sections 19-13-B103a to 19-13-B104d, inclusive of the Regulations of Connecticut State Agencies.

(b) No water supply well permit shall be given by the director of health:

(1) To premises used for human occupancy when a community water supply system having at least fifteen service connections or regularly serving at least twenty-five individuals is deemed available if the boundary of the parcel of property in which the premises is on or will be located on is within two hundred feet, measured along a street, alley or easement, of the approved water supply: or

(2) To non-residential premises, where the water may be used for human consumption, when a community water supply system having at least fifteen service connections or regularly serving at least twenty-five individuals is deemed available if the boundary of the parcel of property in which the premises is on or will be located on is within two hundred feet, measured along a street, alley or easement, of the approved water supply.

(c) The commissioner of health services, or his or her designee, may grant an exception to subsection (b) above upon a finding that such exception will not adversely affect the purity and adequacy of the supply nor the service of the system or it is determined that:

(1) The community water system which serves the premises is unable to provide such premises with a pure and adequate supply of water: or

(2) If construction problems warrant such action.

(Effective February 2, 1988.)

# Food or Beverage Vending Machine Operations

## 19-13-B52. Food or beverage vending machine operations

No person, firm or corporation shall operate or maintain within the state any self-service vending machine offered for public use which, upon insertion of a coin, coins or token or by other means, dispenses unit servings of food or beverages, either in bulk or package, without replenishing the device between each vending operation, except after compliance with the following requirements:

(a) All foods, beverages and ingredients offered for sale through vending machines shall be manufactured, processed and prepared in establishments which comply with all applicable local, state and federal laws and regulations. All packaged foods or beverages shall be labeled in compliance with the Uniform Food, Drug and Cosmetic Act * as to contents and source. A clearly identifiable plate or tag indicating the name and address of the person, firm or corporation responsible for service shall be attached in a conspicuous place to any vending machine in use.

(b) All foods, beverages and ingredients offered for sale through vending machines shall be wholesome and free from spoilage, contamination and adulteration.

(c) Prior to sanitary storage in a vending machine, all foods, beverages, and ingredients, including accessory foods and implements, shall be stored or packaged in clean protective containers and shall be handled, transported and vended in a sanitary manner. Wet storage of package products is prohibited.

(d) * * * Potentially hazardous food or drink (examples are custard-fill and cream-filled pastries, milk and milk products, egg products, meat, fish, fowl, shellfish, gravy, and those sauces, dressings, stuffing and salads, which contain meat, fish, fowl, eggs, milk or milk products) offered for sale through vending machines shall be dispensed to the consumer in the individual original container or wrapper into which it was placed at the plant of the manufacturer, processor or distributor, or such products shall be dispensed into single service containers. In those vending machines dispensing * * * potentially hazardous foods, beverages or ingredients in bulk, the bulk supplies of such foods, beverages or ingredients shall be transferred only to a bulk vending machine container and appurtenances which are clean and have been subjected to an approved * * * sanitizing process. * * * Potentially hazardous foods or ingredients within the vending machine shall be maintained at a temperature * * * of 45 degrees F., or below or a temperature of 140 degrees F. or above. Vending machines dispensing * * * potentially hazardous foods shall be provided with controls which insure the maintenance of said temperatures at all times; provided an exception may be made for the actual time required to fill or otherwise service the machine and for a maximum recovery period of thirty minutes following completion of filling or servicing operations and for the period of heating refrigerated foods to be served hot. Such controls shall also place the machine in an inoperative condition until serviced by the operator, in the event of power failure or other condition which permits the food storage compartment to attain a temperature above 45 degrees F. or below 140 degrees F., whichever is applicable. Vending machines dispensing * * * potentially hazardous food shall be provided with a thermometer which, to an accuracy of plus or minus 2 degrees F., indicates the air temperature of the food storage compartment. In case of any shut-down of the temperature-regulating equipment for a period longer than two hours or in any case where * * * potentially hazardous food has been adversely affected by change of temperature following a shut-down, * * * potentially hazardous food shall be removed from the vending machine and discarded. * * * Potentially hazardous foods and beverages while in transit shall be maintained at a temperature not higher than 45 degrees F. or not lower than 140 degrees F., whichever is applicable.

(e) Milk and fluid milk products offered for sale through vending machines shall be dispensed only in individual, original containers or from bulk containers into which such product was placed at the milk plant; provided, in the case of vending machines that use fluid milk products as an ingredient in hot liquid foods or beverages, such milk product

may be transferred at the machine location from the individual, original container of not more than one-half gallon capacity to a vending machine bulk container which is clean and has been subjected to an approved * * * sanitizing process in accordance with subsection (g), * * * and provided in such transfer the entire contents of the individual, original container shall be used.

(f) All multi-use parts of any bulk milk vending machine which come into direct contact with the milk or milk product shall be effectively cleaned and * * * sanitized at the milk plant; provided single-service dispensing tubes which receive * * * sanitizing treatment at the fabricating plant and which are individually packaged in such manner as to preclude contamination are exempted from this provision. The can or other bulk milk container shall be filled only at the milk plant and shall be sealed with two seals in such manner as to make it impossible to withdraw any part of its contents without breaking one seal and make it impractical to introduce any substance without breaking the other seal. The delivery tube and any milk contact parts of the dispensing device shall be attached at the milk plant and shall be protected by a moisture-proof covering or housed in a compartment with a moisture-tight closure, which shall not be removed until after the container is placed in the refrigerated compartment of the vending machine.

(g) With the exception of product contact surfaces of bulk milk vending machines for which separate provisions for cleaning and sanitizing are specified in subsection (f), all multi-use containers or parts of vending machines which come into direct contact with * * * potentially hazardous foods, beverages or ingredients shall be removed from the machine daily and shall be thoroughly cleaned and effectively subjected to an approved * * * sanitizing process at the plant of the producer or distributor or other approved facility; provided the requirement for daily cleaning and * * * sanitizing treatment may be waived for those contact surfaces which are maintained at all times at a temperature of not higher than 45 degrees F. or at a temperature of not lower than 140 degrees F., whichever is applicable. * * * Contact surfaces shall receive such periodic cleaning and sanitizing treatment as may be necessary. All parts, after cleaning and * * * sanitizing treatment, shall be protected from contamination.

(h) All parts of vending machines which come into direct contact with other than * * * potentially hazardous foods shall be thoroughly cleaned and subjected to * * * sanitizing treatment.

(i) All single service containers, which receive food or beverage from machines dispensing such products in bulk, shall be purchased in sanitary cartons or packages which protect the containers from contamination, shall be stored in a clean dry place until used and shall be handled in a sanitary manner. Such containers shall be stored in the original carton or package in which they were placed at the point of manufacture until introduced into the container magazine or dispenser of the vending machine. Single service containers stored within the vending machine shall be protected from manual contact, dust, insects, rodents and other contamination.

(j) Each vending machine shall be located in a well-lighted room, area, or space which can be maintained in a clean condition and which is protected from overhead leakage from drains and piping or other contamination. Each vending machine shall be located so that the space around and under the machine can be readily cleaned and so that insect and rodent harborage is not created.

(k) The floor area upon which vending machines are located shall be in good repair, reasonably smooth and of cleanable construction, and be capable of withstanding repeated washing and scrubbing. This space and the immediate surroundings of each vending machine shall be maintained in a clean condition.

(l) The exterior construction of the vending machine shall be such as to facilitate cleaning and to minimize the entrance of insects and rodents, and the exterior of the machine shall be kept clean. Service connections shall be such as to protect against unintentional or accidental interruption of service to the machine.

(m) All interior surface and component parts of the vending machine shall be so designed and constructed as to permit easy cleaning, and shall be kept clean. All product contact surfaces of the machine shall be of smooth, nontoxic, corrosion resistant, and relatively

nonabsorbent material, and shall be capable of withstanding repeated cleaning and * * * sanitizing treatment by normal procedures. Such surfaces shall be protected against contamination.

(n) Water used in vending machines shall be of a safe and sanitary quality.

(o) In all vending machines which dispense carbonated beverages and which are connected to a water supply system, the ingredient water contact surfaces from the check valves or other protective device downstream, including the device itself, shall be of such materials as to preclude the production of toxic substances which might result from interaction with carbon dioxide or carbonated water. Materials such as copper, lead, zinc or cadmium are not acceptable.

(p) All wastes shall be properly disposed of and, pending disposition, shall be kept in suitable containers so as to prevent creating a nuisance.

(q) Foods, beverages and ingredients, and product contact surfaces of containers, equipment and supplies, shall be protected from contamination while in transit to machine location.

(r) Employees shall keep their hands clean and shall wear clean outer garments while engaged in handling foods or beverages or product contact surfaces of utensils or equipment. No such employee shall resume work after using the toilet room without first washing his hands.

(s) No person, firm or corporation shall operate vending machines as herein described in any town, city or borough without local permits or licenses if such permits or licenses are required by local ordinances, or otherwise without notification of local directors of health of towns, cities or boroughs in which vending machines are located of the name and business address of the operator and the location of the machines. Machines vending only beverages in sealed cans or bottles, other than milk or milk products, are excepted from such notification.

(t) The operator of any food or beverage vending machine shall make provision for the local director of health or his representative to have access, either in company with an employee or otherwise, to the interior of all vending machines operated by him. The operator shall promptly comply with a request from the local director of health for such access or inspection.

(u) When so ordered by a local director of health, a vending machine failing to meet the requirements of this regulation shall be removed by any person, firm or corporation operating or maintaining such vending machine.

(Effective October 8, 1963.)

APPENDIX APPROVED * * * SANITIZING PROCESSES

When manual dishwashing is used, utensils after thorough washing and rinsing, clean to sight and touch, shall be sanitized by:

(a) Immersion for at least one minute in clean, hot water at a temperature of at least 170 degrees F. * * * An approved thermometer shall be available convenient to the vat. The pouring of scalding water over the washed utensils shall not be accepted as satisfactory compliance; or

(b) Immersion for at least one minute in a * * * sanitizing solution containing (1) at least 50 * * * mg/l of available chlorine * * * at a temperature of not less than 75 degrees F. The bath should be made up to a strength of 100 mg/l or more of * * * available chlorine and shall not be used after its strength has been reduced to 50 * * * mg/l; or (2) at least 12.5 mg/1 of available iodine in a solution having a pH value not higher than 5.0 and a temperature of not less than 75 degrees F.; or (3) any other chemical sanitizing agent which has been demonstrated to the satisfaction of the director of health to be effective and nontoxic under use conditions, and for which a suitable field test is available. Such sanitizing agents, in use solutions, shall provide the equivalent bactericidal effect of a solution containing at least 50 mg/l, of available chlorine at a temperature not less than 75 degrees F.

(see 1963 Supp. 19-193h.)

(Effective October 8, 1963.)

## Sanitation for Agricultural and Migratory Farm Workers

### 19-13-B53. Water supplies and privies for field workers.

(a) Water shall be readily available to both shed and field workers in covered containers with sanitary drinking fountains or with individual paper cups, in accordance with section 19-13-B35.

(b) Water for drinking and handwashing shall be obtained from a public water supply or from a properly protected and located ground water supply approved by the local director of health.

(c) No common drinking cup shall be permitted.

(d) Handwashing facilities shall be available for shed and field workers.

(e) Water containers shall be cleaned daily. At the start of the season and at other times when necessary, water barrels or other water containers shall be disinfected with steam or chlorine. The plug for filling the hole shall be kept tightly in place except during the time for filling. (It is desirable to chain the plug to the barrel to avoid losing it.)

(f) A sanitary method of filling water barrels shall be provided. Overhead hoses shall be short enough so that they will swing clear of ground surface. Flange guards should be provided for the hose so that it will not enter more than four inches into water barrels.

(g) Portable or permanent privies shall be provided in adequate numbers and shall be readily accessible to all workers.

(h) Separate privies shall be provided for men and women and shall be so arranged as to secure privacy for both sexes and shall be clearly marked "Men" and "Women" at the entrance to each. These words shall be printed or painted on signs not less than six by eighteen inches.

(i) Privies shall be provided with inside hook and eye latches and toilet tissue.

(j) Privies shall be located at least one hundred feet from kitchen and dining rooms, living quarters or source of water supply.

(k) Privies shall be of fly and vermin-proof construction and shall consist of a pit at least three feet deep and constructed so as to exclude surface water. Cracks shall be battened and openings shall be screened with sixteen mesh wire screening. The door shall be well fitted to exclude flies and shall close automatically by means of a spring or spring hinges. Seat covers shall be hinged and shall be so constructed that they drop automatically into place when the seat is not occupied.

(l) Privies shall be adequately lighted and ventilated.

(m) No privy pit shall be filled with excreta to nearer than one foot from the surface of the ground. When this occurs, privies shall be moved or vaults cleaned out. The hole shall be filled up when privies are moved. Material removed from the privy or vaults or containers shall be disposed of by burial in such a manner as not to create a nuisance.

(n) Privies shall be maintained in clean condition and such maintenance shall include daily washing of seats with a disinfectant solution. (Use of earth, ashes or lime in the pits will help to keep down odors.)

(See 1963 Supp. 22-17a; Peg. 22-17a-1.)

### 19-13-B54. First aid kits for field workers.

Standard first aid kits shall be kept in every shed where work is going on and shall be readily available to all workers.

(See Reg. 22-17a-2.)

### 19-13-B55. Sanitary requirements for housing of workers.

(a) Housing shall be constructed in such a manner as to be structurally safe, adequate in size and reasonably easy to keep clean. *

* Note: It is important that the provisions of the state statutes relating to fire prevention and safety and all regulations made pursuant thereto be complied with.

(b) For new construction after June 7, 1960, the window area of each room for living quarters, sleeping quarters, preparation of food or mess halls shall be at least one-eighth

of the floor area and so constructed that at least one-half of the window area may be opened for ventilation. When buildings existing on said date are converted for housing purposes, window area and ventilation shall conform as nearly as possible to the above, but in any case shall meet with the approval of the local director of health.

(c) All exterior openings shall be screened with sixteen mesh wire screening on frames except where self-closing devices on doors are maintained in service.

(d) Artificial lighting shall be provided on the basis of one forty watt bulb per one hundred square feet of the floor area and shall be reasonably well distributed.

(e) The floors of buildings shall be constructed in such a manner as to avoid dampness. Wooden floors shall be elevated not less than twelve inches above the normal ground level.

(f) No tents shall be used for housing, except when provided with wood platforms and with prior approval by the local director of health.

(g) Adequate lighting shall be provided for all toilets, hallways, main entrances and fire exits.

(h) Premises shall be kept clean and free of litter and rubbish.
(See Reg. 22-17a-3.)

## 19-13-B56. Sleeping quarters for workers

(a) Sleeping quarters shall be in good structural condition and constructed so as to provide shelter to the occupants against the elements and to exclude dampness.

(b) Beds shall be furnished to all employees; a separate bed shall be provided for each person; single beds shall be set at a minimum of three feet apart; double-deck beds shall be set at a minimum of four and one-half feet apart; ceiling height above the top mattress shall be not less than thirty-six inches in rooms used prior to June 7, 1960, for this purpose and not less than forty-two inches in the case of new construction.

(c) If a room in a lodging or boarding house is overcrowded, the local director of health may order the number of persons sleeping or living in such room to be so reduced that there shall not be less than five hundred cubic feet of air to each person over twelve years of age and three hundred cubic feet of air to each child under twelve years of age occupying such room.

(d) Male and female boarders or lodgers shall not be housed in the same building, except that female cooks may be allowed to lodge in the same building with boys if suitable privacy can be arranged as to sleeping quarters and bathing and toilet facilities. This may also apply to camp directors and their families.

(e) Sleeping shall not be permitted in kitchens or eating quarters.

(f) Adequate lockers or storage space shall be provided for clothing and personal effects of lodgers. Regular inspections shall be made of the lockers and storage facilities to keep them clean and free from soiled clothing.

## 19-13-B57. Bedding in sleeping quarters for workers

(a) Blankets, sheets, pillow cases, pillows and mattresses or mattress bags shall be provided.

(b) All bedding shall be maintained in a clean and sanitary condition and its condition shall be the responsibility of the management. The sheets and pillow cases shall be laundered at least once a week. Blankets shall be washed at sufficiently frequent intervals to insure cleanliness and, in any case, shall be washed at least every three months. Blankets shall be washed before use by a new worker. When mattresses, mattress bags or pillows become dirty or discolored, they shall be discarded or cleaned. If mattress bags are provided, the bags shall be washed at least every six months and, in any case, before use by a new worker. The mattress filling shall be changed at the time the bags are washed.

(c) Regular inspections of beds and bedding shall be made for vermin and periodic extermination service provided when necessary.

## 19-13-B58. Kitchen and mess hall or dining room for workers

(a) The kitchen and dining room shall be separated from sleeping quarters and toilet rooms. Walls, floors and ceilings shall be in good repair and so constructed as to permit reasonable ease in cleaning. Walls and ceilings shall be painted in light color. The kitchen and dining room shall be adequately equipped for the preparation and serving of food to the number of people involved.

(b) Adequate refrigeration shall be provided and all refrigerators or ice chests shall be maintained in good order and kept in a clean condition. Refrigeration temperatures shall be kept below 45 degrees F. Adequate, ventilated and vermin-proof food storage space shall be provided. All food shall be stored at least eighteen inches above the floor.

(c) Dishes, knives, forks and other utensils shall be of nontarnishable materials and shall be kept in good condition. Cracked and chipped dishes shall be discarded. All eating and cooking utensils shall be protected from flies, vermin and dust.

(d) A scullery sink or other satisfactory means, together with ample facilities for furnishing hot water, shall be provided for washing kitchen utensils and dishes. (A three compartment sink is recommended.) All glasses, cups, knives, forks, spoons and dishes shall be thoroughly washed after each use by cleaning with hot water and soap and sanitized by a bactericidal process approved by the director of health. * All multi-use utensils used in the preparation or serving of food and drink shall be thoroughly cleaned and effectively subjected to an approved bactericidal process immediately following the day's operation. After cleansing, all equipment shall be stored in such a manner as not to become contaminated before being used.

(e) Stoves, work tables, shelves and accessories in adequate number shall be provided. Ample dish and food storage space shall be provided for the number of people to be accommodated.

(f) Tables, chairs or benches, sinks, counters, preparation and/or serving tables, cabinets and shelves shall be kept clean. Cutting boards shall be provided. Dining tables and counters shall be covered with solid top non-absorbent, easily washed material.

(g) All windows, doors and exterior openings in kitchen and eating quarters shall be completely screened with sixteen mesh wire screening frames. All doors shall be self-closing.

(h) Provision shall be made for collecting garbage in an adequate number of covered fly-tight metal containers and disposing of the same at least every two days. Disposal may be by burial not nearer than one hundred feet from the kitchen or water supply, or by hauling away and otherwise disposing of the same so as not to create a nuisance. All garbage cans shall be thoroughly cleaned after each time they are emptied. Garbage cans shall be stored either on concrete platforms, at least eight inches above ground and with footings around the entire edge at least eighteen inches deep or on platforms eighteen inches above the ground and open underneath for raking.

(Effective April 11, 1973.)

APPENDIX Approved Sanitizing Processes

When manual dishwashing is used, utensils after thorough washing and rinsing, clean to sight and touch, shall be sanitized by:

(a) Immersion for at least one minute in clean, hot water at a temperature of at least 170 degrees F. An approved thermometer shall be available convenient to the vat. The pouring of scalding water over the washed utensils shall not be accepted as satisfactory compliance; or

(b) Immersion for at least one minute in a * * * sanitizing solution containing (1) At least 50 * * * mg/l of available chlorine * * * at a temperature of not less than 75 degrees F. The bath should be made up to a strength of 100 * * * mg/l or more of * * * available chlorine and shall not be used after its strength has been reduced to 50 * * * mg/l; or (2) at least 12.5 mg/l of available iodine in a solution having pH value not higher than 5.0 and a temperature of not less than 75 degrees F.; or (3) an other chemical sanitizing agent which has been demonstrated to the satisfaction of the director of health to be effective

and nontoxic under use conditions, and for which a suitable field test is available. Such sanitizing agents, in use solutions, shall provide the equivalent bactericidal effect of a solution containing at least 50 mg/l of available chlorine at a temperature not less than 75 degrees F.
(Effective October 22, 1963.) (See Reg. 22-17a-7.)

## 19-13-B59. Food for workers.

(a) Food handlers shall be persons in good health, free from open sores and lesions on the body and free from communicable diseases. (See section 19-13-B42 (q), relating to employment of persons with communicable diseases.) All employees shall wear clean outer garments and shall keep their hands clean at all times while engaged in handling food, drink, utensils or equipment. Employees shall not expectorate in rooms in which food is prepared. No employee shall resume work after using the toilet room without first washing his hands.
(see Reg. 19-13-A23.)

(b) All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption. It shall be protected from dust, flies and vermin at all times. All oysters, clams and mussels shall be from approved sources.

(c) Lunches for consumption in the fields shall be put up in securely wrapped waxed paper or other nonabsorbent material. Readily perishable food shall be kept at a temperature at or below 45 degrees F. until served.

(d) Milk shall be handled and served in a sanitary manner and not exposed to dust, flies or vermin. Milk shall be kept under satisfactory refrigeration. Only pasteurized or canned milk shall be served.

(e) All meat served shall be from an inspected source.

(f) Sugar shall be stored in a covered container and shall be placed in covered dispensers.
(Effective October 22, 1963; See Reg. 22-17a-8.)

## 19-13-B60. Water supply for workers' quarters.

(a) The supply shall be adequate to furnish at least thirty gallons of water per day per person. Adequate storage to handle peak loads shall be provided. Running water under pressure shall be provided.

(b) Any water supply used or rendered available for drinking and for other personal or domestic purposes shall be obtained from a public water supply or from a properly protected and located ground water supply approved by the local director of health.

(c) All wells, whether drilled and cased, dug or driven, shall be so located, constructed and covered, and the pump so attached, as to prevent pollution of the well. All surface and near surface water shall be excluded from the well, preferably by a concrete platform curb. Provision shall be made for proper drainage of pump pits.

(d) If ground water supply is used, the source shall be not nearer than one hundred feet to privy vaults, cesspools or other sewage disposal systems.

(e) Springs shall not be considered satisfactory unless amply protected against pollution and so constructed as to meet the requirements of the local director of health.

(f) The bacteriological quality of the water shall be determined by analysis of samples in those cases where the supply has been out of use or where it otherwise appears necessary.

(g) No common drinking cups shall be permitted. Individual paper drinking cups or approved type drinking fountains, conveniently located, shall be provided.

(h) No pipe connections shall be made between a potable water supply and any other water supply.
(See Reg. 22-17a-9.)

## 19-13-B61. Sewage disposal for workers' quarters.

(a) Where no municipal disposal system is available, all kitchen, lavatory, toilet, bathhouse and laundry wastes shall be disposed of by running through covered drains to a

subsurface disposal system or otherwise disposed of in a manner approved by the local director of health. In unfavorable seepage soil it may be desirable to install separate systems for toilet wastes and other wastes.

(b) Toilet facilities shall be provided on the basis of one seat for each ten women, or one seat plus one standing urinal or three feet of trough type urinal for each twenty men. If privies are used, standards shall be not less than those required under section 19-13-B53. Toilet seats shall be of the open front type.
(See Reg. 22-17a-10.)

## 19-13-B62. Lavatory, bathing and laundry facilities for workers' quarters.

(a) Adequate handwashing, bathing and laundry facilities, with running water of approved quality, shall be provided. Hot water shall be available in adequate quantities.

(b) There shall be provided one lavatory or its equivalent for each fifteen persons or fraction thereof.

(c) Showers shall be provided in these ratios: One shower head for one to ten persons, except that, in case of quarters for less than five workers, a bathtub may be used in place of showers with the approval of the local director of health; two shower heads for eleven to forty persons; one shower head for each twenty person or fraction thereof where over forty persons are housed.

(d) There shall be provided one laundry tub for each twenty-five men or one laundry tub for each twenty women, plus adequate facilities for clothes drying.

(e) Shower room floors shall be scrubbed daily with soap and hot water. Swabbing with a chlorine solution having a strength of not less than 0.5% available chlorine is an additional safeguard.

(f) Mats, cloth or other absorbent materials shall not be placed on bathroom floors or shower room floors.

(g) Duck boards shall not be used in shower rooms.

(h) Each shower room or bathroom shall be adequately ventilated by freely opening windows that shall be screened with sixteen mesh wire screen.

(i) Use of common towels shall not be permitted. (See Reg. 22-17a-11.)

## 19-13-B63. Refuse disposal for workers' quarters.

Metal cans with tight fitting covers or other method of storage approved by the local director of health shall be provided to store rubbish pending collection and final disposal. Refuse shall be hauled away as necessary and disposed of so as not to create a nuisance. Rubbish cans shall be stored in the manner outlined for storage of garbage cans.
(See regs. 19-13-B58 (n), 22-17a-12.)

## Shellfish

### 19-13-B64. Shellfish defined. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B65. Sale of shellfish - Approved areas. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B66. Commercial dealers. Requirements for certificates and records of shellfish purchases and sales. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B67. Transplanting of shellfish. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B68. Water storage of shellfish. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B69. Cleanliness of shellfish boats. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B70. Sewage disposal on shellfish boats. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B71. Sewage disposal from boats near shellfish areas.
The discharge of human waste from any boat into the waters directly over or adjacent areas on which shellfish are being produced for market is prohibited.

### 19-13-B72. Contamination of shellfish prohibited.
Shellfish held in wet or dry storage shall be so kept at all times that they will not become contaminated.

### 19-13-B73. Approval of shellfish plants. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B74. Construction requirements for plants handling shellfish. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B75. Minimum equipment. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B76. Operation of plant. [Repealed]
(Repealed effective October 28, 2005.)

### 19-13-B77. Shipping of shellfish. [Repealed]
(Repealed effective October 28, 2005.)

## Sanitation of Slaughterhouses

### 19-13-B78. Slaughterhouses regulated.

Every slaughterhouse or place where the business of slaughtering beef, poultry or swine, or preparing the same for market, is carried on, and the implements, utensils and appliances used therein, shall at all times be kept in a clean and sanitary condition.

(a) Hogs prohibited. No hogs shall be kept in connection with or within five hundred feet of such slaughterhouse.

(b) Disposal of offal and refuse. All offal, refuse and waste material shall be disposed of in a sanitary manner within twenty-four hours after slaughtering.

(c) Water supply. An adequate water supply, both hot and cold, shall be provided and arranged so as to permit a thorough washing of walls, floors and equipment of the slaughterhouse.

(d) Disposal of fat and bones. All bones and fat shall be placed in covered containers and removed from the slaughtering room within twenty-four hours.

(e) Hides and pelts. Hides or pelts shall not be stored on the floor of any room used for slaughtering, storing or preparing meats or meat food products.

### 19-13-B79. Construction and sanitary requirements.

(a) Construction rooms and floors.

(1) The floors shall be of brick, concrete or other hard impervious material and properly sloped to outlets covered with removable grating, the bars of which shall not be more than one-half inch apart;

(2) the walls shall be covered or made to a height of seven feet with concrete at least three inches thick or other approved impervious material;

(3) all rooms shall be properly ventilated and well lighted;

(4) properly ventilated and refrigerated cooling and storage rooms shall be provided and kept in a clean and sanitary condition. They shall be screened so as to prevent the entrance of flies and insects.

(b) Sterilization of apparatus. All apparatus, containers and implements used shall be thoroughly cleansed daily after using, with boiling water, live steam or other efficient sterilizing agent subject to the approval of the director of health.

(c) Meat to be kept off floor. Meat shall be placed on racks, hooks, tables or in suitable containers and shall never be placed on the floor.

(d) Sterilization of offal and flesh. All offal or flesh fed to swine shall be sterilized by cooking before feeding.
(See Reg. 22-320f-1 et seq.)

(e) Sanitation of yards. The yards, fences, pens, chutes and alleys on the premises, whether they are used or not, shall be maintained in a sanitary condition.

(f) Disposal of wastes. Proper facilities shall be provided for the collection and disposal of all liquid wastes, including blood, floor washings and other materials.

(g) Toilets to be provided. Toilets shall be provided for the use of the employees, the type and location to be approved by the director of health.

## Public Water Supplies

### 19-13-B80. Chemical substances in public water supplies.

No chemical substances other than those used on September 1, 1964, with the approval of the commissioner of health shall be added to public water supplies designed for human consumption whether in the course of filtration, for control of plant or animal life, or for any other purpose without prior approval by the commissioner of health. Before installation of equipment for such addition, plans and specifications shall be submitted to and approved by the commissioner of health. These plans shall provide procedures necessary for the satisfactory operation of the installation, including the proper testing of the water for chemical content, which procedures shall be followed by any person, firm, corporation or municipality having jurisdiction over the supply.

(Effective September 1, 1964.)

## Mass Gatherings

### 19-13-B81. Application

The provisions of sections 19-13-B81 to 19-13-B96, inclusive, shall be applicable to any mass gathering.

(Effective December 7, 1971.)

### 19-13-B82. Definitions

As used in sections 19-13-B81 to 19-13-B96, inclusive:

(1) "Mass gathering" means an assembly which is attended by three thousand or more persons at a stated location for a period of eighteen or more consecutive hours;

(2) "drinking water" means water of a safe sanitary guilty approved by the commissioner of health;

(3) "sewage" means all human excretions and liquid domestic wastes including toilet, lavatory, shower, dishwashing or laundry, and other water-carried wastes from any other fixture;

(4) "solid wastes" means all putrescible and nonputrescible solid wastes, including garbage, refuse and ashes.

(Effective December 7, 1971.)

### 19-13-B83. Prerequisite

Water, toilet, handwashing and shower facilities shall be constructed and operational not later than seven days before the first day of the mass gathering. Plans necessary to show full compliance with the requirements of sections 19-13-B81 to 19-13-B96 shall be submitted to the local director of health 30 days in advance of such assembly. The plans shall provide for adequate and satisfactory water supply and sewage facilities, adequate drainage, adequate toilet, handwashing and shower facilities, adequate sleeping areas and facilities, adequate facilities for proper food storage, preparation and service, insect and noxious weed control, adequate refuse storage, collection and disposal facilities, adequate first aid, nursing and medical facilities, and such other matters as may be appropriate for security of life or health.

(Effective December 7, 1971.)

### 19-13-B84. Drainage

Sleeping areas and other places where occupants congregate shall be adequately drained.

(Effective December 7, 1971.)

### 19-13-B85. Interior roads

A mass gathering site shall be provided with a network of interior roads to be kept clear at all times for service and emergency vehicles, as well as to make the sanitary, food and medical facilities available to the occupants.

(Effective December 7, 1971.)

## 19-13-B86. Illumination

A mass gathering shall be provided with illumination sufficient to light the entire area of the assembly at the rate of at least five foot candles, but not to shine unreasonably beyond the boundaries of the location of the assembly, and with adequate light for toilet areas, service areas, roads and walkways.

(Effective December 7, 1971.)

## 19-13-B87. Medical services

Physicians licensed and currently registered in Connecticut shall be available at all times on the site in a convenient location in the proportion of one physician to each one thousand persons or fraction thereof attending to administer or supervise the administration of emergency care. They shall be assisted by nurses licensed or registered currently in Connecticut in such numbers as to provide at least one such nurse for every fifteen hundred persons. An enclosed covered structure where treatment may be rendered, containing a separately enclosed treatment room for each physician, shall be provided. Records shall be maintained of all prescription drugs administered and all such drugs shall be in the custody of a Connecticut licensed physician or pharmacist. Records of persons so treated shall specify the name and address of the patient, tentative diagnosis and other pertinent information. There shall be adequate provisions for emergency ambulance service, and at least one emergency ambulance available for use at all times. There shall be on file a memorandum of understanding with a nearby general hospital concerning the provision of hospital care, and the management of the mass gathering shall be responsible for payment for such care for illnesses or injuries occurring on the premises. There shall be telephone service available to the medical director in the first aid area.

(Effective December 7, 1971.)

## 19-13-B88. Drinking water

The drinking water shall be from a public water supply approved by the state commissioner of health or from a source which conforms with the requirements of sections 19-13-B51a to 19-13-B51l, inclusive, shall be of a safe, sanitary quality, adequate in pressure and quantity, sufficient to provide drinking water for the maximum number of people to be assembled at the rate of at least one gallon per person per day, and shall be readily available to occupants of the mass gathering. Only drinking water shall be available for drinking or other domestic use.

(Effective December 7, 1971.)

## 19-13-B89. Drinking fountains

Approved drinking fountains as prescribed in section 19-13-B35 shall be located within a distance of not more than five hundred feet of any sleeping spot or other area where occupants congregate within such tract and there shall be one drinking fountain for each one hundred persons.

(Effective December 7, 1971.)

## 19-13-B90. Toilet facilities, sewage disposal

Fly-tight privies or water-flushed toilets with a system of sewage disposal which conforms with the requirements of sections 19-13-B20a to 19-13-B20r, inclusive, shall be provided and shall be maintained in a clean and sanitary condition. Any privy or sewage disposal system shall be so constructed and located as not to pollute any source of drinking water or watercourse or to create a public health nuisance.

(Effective December 7, 1971.)

## 19-13-B91. Toilet facilities, location

Separate toilets for men and women shall be provided, with at least one toilet seat for every two hundred females and at least one toilet seat for every three hundred males. No sleeping spot

shall be located at a distance greater than five hundred feet from both men's and women's toilets. The location of all toilets shall be plainly indicated by signs.
(Effective December 7, 1971.)

## 19-13-B92. Handwashing facilities

Handwashing facilities, with running water under pressure and soap and paper towels or other approved hand drying method, shall be available near each group of toilets and near each food service area. At least one handwashing facility shall be provided with each toilet.
(Effective December 7, 1971.)

## 19-13-B93. Bathing facilities

Suitable and adequate shower bathing facilities separate for men and women shall be provided. There shall be at least one shower for each three hundred persons with hot and cold water and adequate subsurface sewage disposal in accordance with section 19-13-B20a to 19-13-B20r, inclusive.
(Effective December 7, 1971.)

## 19-13-B94. Dispensing food or beverages

Facilities for dispensing foods or beverages shall meet the requirements of sections 19-13-B42, 19-13-B48 and 19-13-B49 and shall be adequate to serve the maximum number of persons.
(Effective December 7, 1971.)

## 19-13-B95. Depositories

Adequate and sanitary facilities shall be provided and maintained for the storage, collection, and disposal of solid wastes and shall comply with sections 19-13-B21 and 19-13-B24a. Sufficient depositories with covers shall be provided throughout the area with at least daily collection.
(Effective December 7, 1971.)

## 19-13-B96. Noxious weeds

The entire area to be used for the mass gathering shall be cleared of all poison ivy and other noxious weeds at least seven days in advance of the mass gathering.
(Effective December 7, 1971.)

# Family Campgrounds

## 19-13-B97. Family campgrounds [Repealed transferred to 19a-2a-29]

(Effective June 26, 1972., Repealed, effective December 27, 2005)

# Control of Fumigation

## 19-13-B99. Control of fumigation

(a) No person, firm or corporation, or the agent, employee or servant thereof, shall use or cause to be used, any substance for the purpose of fumigating any building, vessel, special room, vault, tank or enclosed space in the state of Connecticut without compliance with this section. This section shall not apply to fumigation of greenhouses or mushroom houses, horticultural or farm fumigation or the control of burrowing animals outside of buildings. Substances commonly known as insecticides and disinfectants, which are essentially destructive in the solid or liquid phase, are excluded from this section. A person, firm or corporation or the agent, employee or servant conducting fumigation is hereafter designated as a fumigator.

(b) A fumigator shall be licensed by the state department of environmental protection and shall be qualified by special training and experience to conduct fumigations in such manner as to be effective and to protect life and property. He shall be able to read and understand regulations governing fumigation operations, shall know the basic facts concerning the fumigant he is using, shall have general knowledge of all fumigants commonly used as pest control and shall know the hazards involved and the safety precautions and first aid measures necessary to safeguard human life. He shall have proper equipment to carry out fumigations and necessary safety precautions.

(c) No person shall conduct fumigation in any town, city or borough without a local permit or license if such permit or license is required by local ordinance, or otherwise without registration of his qualifications with the local director of health of the town, city or borough and submission of information as to qualifications. No person found by the local director of health to be unqualified for the purpose of conducting fumigation shall conduct any fumigation.

(d) Written notice of fumigation shall be served upon the owner of the building to be fumigated or his authorized agent and written or verbal notice shall be served upon all occupants of the building. Written notice shall also be served upon the local director of health and officials in charge of the local fire and police departments. All notifications shall be served at least twenty-four hours in advance of fumigation unless this required time is reduced by direction of the local director of health. If there is no organized local fire or police department, notification shall be made upon the first selectman of the town or the warden of the borough, as the case may be.

(e) The fumigator shall take steps to effect removal, from the premises to be fumigated or adjacent buildings which may be affected by fumigation, of all food, drink or drugs which may absorb any poisonous substances used in the process of fumigation.

(f) If any part of a building, other than a special room or vault especially designed for this purpose and having proper ventilation, is to be fumigated, the entire building shall be vacated during the fumigation and ventilation periods. All persons occupying or living in premises to be fumigated shall vacate such premises upon request of the fumigator. If anyone fails to comply with such a request, the director of health may declare the premises unfit for human habitation and may issue necessary orders for vacation of the premises, if in his opinion fumigation is necessary to eliminate insanitary conditions.

(g) If inspection shows the possibility of gas gaining entrance to separate adjacent buildings, the fumigator shall warn in advance the occupants of such separate adjacent buildings and take any steps necessary to safeguard the lives and health of all persons occupying such buildings.

(h) All crevices, cracks or openings in the building or portion thereof to be fumigated, except the exit, shall be effectively sealed before fumigation material is distributed. All workers shall be accounted for before the final exit is closed and sealed.

(i) Warning signs, printed in red with headline letters at least two inches in height, shall be placed at all exits of the premises and kept there during fumigation and ventilation. They shall comply with the pertinent United States Department of Labor Occupational Safety and Health Standards.

(j) During periods of fumigation and ventilation the fumigator shall employ locks or barricades to prevent unauthorized entrance and shall provide for one or more watchmen who shall remain on duty until such time as the premises have been declared by the fumigator to be safe for human occupancy.

(k) Persons conducting fumigation shall wear masks of a suitable type while in the enclosed space during and after liberation of gas and until the space after ventilation is declared safe by the fumigator. The fumigator shall provide an extra canister for the mask at each fumigating job and shall keep an accurate record of the length of time during which the gas canister been used in order that it may be replaced as required. In handling sulphuric acid, cyanide or other material likely to be injurious, rubber gloves shall be used. Employees of the fumigator shall comply with pertinent United States Department of Labor Occupational Safety and Health Standards.

(l) A minimum of twelve hours shall be required for ventilation, except for rooms, vaults and chambers equipped with a special exhaust system. During ventilation (1) all windows, doors and other means of ventilation shall be kept open; (2) all drawers, closets and similar enclosures shall be kept open; (3) all mattresses and bedding shall be taken from beds and thoroughly aired; (4) the temperature of living quarters shall be elevated to a minimum of 60 decree F.

(m) Prior to allowing any other persons to enter, the fumigator shall, at the conclusion of ventilation of the premises, inspect and make appropriate tests of the interior of the building and certify that it is safe for persons to enter without special protection.

(n) Proper arrangements shall be made and carried out for the disposal of residue fumigation material.

(o) Special rooms, tanks, vaults or other enclosed spaces in which articles are fumigated shall meet with the approval of the local director of health in regard to the construction and location of premises

(Effective January 2, 1975.)

## 19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

(a) Definitions. As used in this section:

(1) "Accessory structure" means a permanent non-habitable structure which is not served by a water supply and is used incidental to residential or non-residential buildings. Accessory structures include, but are not limited to, detached garages, open decks, tool and lawn equipment storage sheds, gazebos, and barns.

(2) "Building conversion" means the act of winterizing a seasonal use building into year round use by providing one or more of the following:

(A) a positive heating supply to the converted area; or,

(B) a potable water supply which is protected from freezing; or,

(C) energy conservation in the form of insulation to protect from heat loss.

(3) "Change in use" means any structural, mechanical or physical change to a building which allows the occupancy to increase; or the activities within the building to expand or alter such that, when the building is fully utilized, the design flow or required effective leaching area will increase.

(4) "Code-complying area" means an area on a property where a subsurface sewage disposal system can be installed which meets all requirements of Section 19-13-B103 of the Regulations of Connecticut State Agencies, and the Technical Standards except for the one hundred percent reserve leaching area referred to in Section VIII A of the Technical Standards.

(5) "Design flow" means the anticipated daily discharge from a building as determined in accordance with Sections IV and VIII F of the Technical Standards.

(6) "Potential repair area" means an area on a property which could be utilized to repair or replace an existing or failed septic system and includes areas on the property where exceptions to Section 19-13-B103 of the Regulations of Connecticut State Agencies could be granted by the local director of health or the Commissioner of Public Health but does not include areas beyond those necessary for a system repair and areas of exposed ledgerock.

(7) "Technical Standards" means those standards established by the Commissioner of Public Health in the most recent revision of the publication entitled "Technical Standards for Subsurface Sewage Disposal Systems" prepared pursuant to Section 19-13-B103d(d) of the Regulations of Connecticut State Agencies. These standards can be obtained from the Department of Public Health, 410 Capitol Avenue, MS #51SEW, P.O. Box 340308, Hartford, CT. 06134-0308, or by calling (860) 509-7296.

(b) Building conversion, change in use. If public sewers are not available, no building or part thereof shall be altered so as to enable its continuous occupancy by performing any building conversion, nor shall there be a change in use unless the local director of health has determined that after the conversion or change in use, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. The determination by the local director of health of whether a code-complying area exists on the property shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of the change in use for those properties whenever the proposed change in use results in a more than 50% increase in the design flow.

(c) Building additions. If public sewers are not available, no addition to any building shall be permitted unless the local director of health has determined that after the building addition a code-complying area exists on the lot for the installation of a subsurface sewage disposal system. Once a code-complying area is identified, portions of the property outside this designated area may be utilized for further development of the property. This determination by the local director of health shall be based upon analysis of existing soil data to determine if a code-complying area exists. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the building addition shall be permitted, provided:

(1) The size of the replacement system shown on design plans or sketch provides a minimum of 50% of the required effective leaching area per the Technical Standards,

(2) The replacement system shown on the plans or sketch provides a minimum of 50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards,

(3) The proposed design does not require an exception to Section 19-13-B103d(a)(3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells,

(4) The addition does not reduce the potential repair area, and

(5) The building addition does not increase the design flow of the building. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of building addition whenever the proposed addition results in a more than 50% increase in the design flow. The separation distance from an addition to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.

(d) Attached or detached garages, accessory structures, below or above ground pools. If public sewers are not available, no attached garage, detached garage, accessory structure, below or above ground pool shall be permitted unless the local director of health has determined that after construction of the attached garage, detached garage, accessory structure, below or above ground pool, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the attached or detached garage, below or above ground pool, or accessory structure shall be permitted, provided the structure does not reduce the potential repair area. The separation distance from the attached or detached garage, below or above ground pool, or accessory structure to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.

(e) Sewage disposal area preservation. If public sewers are not available, no lot line shall be relocated or any other activity performed that affects soil characteristics or hydraulic conditions so as to reduce the potential repair area, unless the local director of health has determined that after the lot line relocation or disturbance of soils on the lot a code-complying area exists for the installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. In no case shall a relocated lot line violate Subsection (d) of

Section 19-13-B103(d) of the Regulations of Connecticut State Agencies that requires that each subsurface sewage disposal system shall be located on the same lot as the building served.

(f) Decision by Director of Health. Any final decision of the local director of health made in regard to this section shall be made in writing and sent to the applicant. Any decision adverse to the applicant or which limits the application shall set forth the facts and conclusions upon which the decision is based. Such written decision shall be deemed equivalent to an order, and may be appealed pursuant to Section 19a-229 of the Connecticut General Statutes.

(Effective August 3, 1998.)

## Private Water Supply Systems

### 19-13-B101. Testing of water quality in private water supply systems

(a) Definitions. As used in this section:

(1) "Approved laboratory" means a laboratory facility issued a certificate of approval by the Department of Public Health pursuant to sections 19-4-1, 19a-36-a25 through 19a-36-a33, and 19a-36-a57 through 19a-36-a63 of the regulations of Connecticut State Agencies.

(2) "Consumer" means any private dwelling, hotel, motel, boarding house, apartment building, store, office building, institution, mechanical or manufacturing establishment or other place of business or industry to which water is supplied by a source of private water supply.

(3) Department" means the Connecticut Department of Public Health.

(4) "Disinfected" means pathogenic organisms in the water have been deactivated by chemical oxidants such as chlorine or equivalent agents.

(5) "Domestic purposes" means drinking, bathing, washing of clothes and dishes, cooking, and other common household uses.

(6) "Local director of health" means and includes the city, town, borough, or district director of health and any person legally authorized to act for the local director of health.

(7) "Maximum contaminant level (MCL)" means the maximum permissible level of a biological or chemical substance in water for a private water supply system.

(8) "Organic chemicals" means all substances listed in section 19-13-B102(e) (4) of the regulations of Connecticut State Agencies.

(9) "Private water supply system" means any source of private water supply serving a single consumer and less than twenty five (25) persons, and used for drinking or other domestic purposes.

(10) "Qualified individual" means a licensed sanitarian, local director of health, employee of the department, employees of local or state agencies as part of their regulatory or statutory responsibilities, or a person, including an owner or general contractor of a residential construction on which a private water supply system is located, found to be qualified by an approved laboratory to collect water samples from a private water supply system for submission to that laboratory.

(11) "Source of private water supply" means any surface water, spring, well, or underground water source from which water is available by a private water supply system for domestic purposes.

(b) A sample of water collected from a private water supply by a qualified individual shall not be analyzed by the approved laboratory unless it is accompanied by a statement signed by the qualified individual indicating the location of the sample and the address of the private water supply.

(c) MCLS for a private water supply system shall conform to those specified in subdivisions (2), (3) and (4) of subsection (e) of section 19-13-B102 of the regulations of Connecticut State Agencies. The MCL for total coliform bacteria in a private water system is exceeded if the analytical result of the water sample is positive for total coliform bacteria.

(d) The owner of a private water supply system shall have the source of the private water supply sampled directly or sampled from a cold water faucet supplying water for domestic purposes that is located within the building. If water treatment is provided the owner shall have the sample collected prior to any treatment. The sample shall be at a minimum analyzed for total coliform, nitrate, nitrite, sodium, chloride, iron, manganese, hardness, turbidity, pH, sulfate, apparent color and odor. The local director of health shall require a sample to be analyzed for organic chemicals when reasonable grounds exist to suspect that organic chemicals may be present in the private water supply system. For purposes of organic chemical analyses reasonable grounds means any information that is known by the local director of health that indicates that at the time of sampling the particular

private water supply system is located on or in proximity to land associated with the past or present production, storage, use, or disposal of organic chemicals or such information as derived from a phase I environmental site assessment. In the event nitrate is at or greater than 10 milligrams per liter and the local director of health has reasonable grounds to suspect such pesticides or herbicides are present the sample shall also be tested for alachlor, atrazine, dicamba, ethylene dibromide (EDB), metolachlor, simazine and 2, 4-D. For purposes of these seven pesticide or herbicide analyses, reasonable grounds includes but is not limited to any information that is known by the director of health at the time of sampling that the particular private water supply is located on or in proximity to land where any of these seven pesticides or herbicides are or were applied on or in proximity to land used for the production, storage, use or disposal of any of these seven pesticides or herbicides or such information as derived from a phase I environmental site assessment. Compliance with this section shall conform to the following conditions as applicable:

(1) The water quality of a newly constructed source of private water supply shall be sampled by a qualified individual and analyzed by an approved laboratory. The private water supply system shall have been disinfected and the system shall not be sampled until all disinfectant has dissipated. The results of such analyses and a statement signed by a qualified individual attesting to the exact address and location of sampling shall be reported by the approved laboratory to the local director of health of the municipality where the property is located within thirty (30) days of the completion of such analyses. Approval by the local director of health that the results of the laboratory analyses comply with MCLS applicable to this section shall be obtained before the private water supply is used for domestic purposes.

(2) If an existing private water supply system is sampled within six (6) months of the sale of the property on which the private water supply system is located, it must be sampled by a qualified individual and analyzed by an approved laboratory. The results of the analyses conducted shall be reported by the approved laboratory to the local director of health of the municipality where the property is located within thirty (30) days of the completion of the analyses. A test of a private water supply system shall not be required by this section as a consequence or condition of sale, exchange, transfer, purchase or rental of the real property on which the private water supply system is located.

(e) This section shall apply to purchase agreements or contracts for the sale of real estate executed on or after December 30, 1996 where title to real estate has not yet passed and to transfers of real estate occurring between December 30, 1996 and the effective date of these regulations where the tests or analyses described in this section were not performed prior to the transfer.

(Effective June 21, 1985; Amended December 30, 1996; Amended December 23, 1997.)

# Public Drinking Water Quality Standards

## 19-13-B102. Standards for quality of public drinking water

The following standards for the quality of drinking water, minimum treatment methods, and requirements for the design and operation of treatment works and water sources shall be met by all public water systems.

(a) Definitions. As used in Section 19-13-B102:

(1) "Action level" means the concentration of lead or copper in water specified in subsection (j)(6)(B) of this section which determines, in some cases, the treatment requirements contained in subsection (j)(6) of this section that a water system is required to complete;

(2) "Active source of supply" means all springs, streams, watercourses, brooks, rivers, lakes, ponds, wells, or underground water from which water is taken on a regular or periodic basis for water supply purposes. A number of wells drawing water from a single aquifer or more than one surface water body or a combination of surface water and groundwater sources connected to a common distribution system may, at the discretion of the department, be considered a single source of supply;

(3) "Annual average" means the arithmetic average of the quarterly averages of four (4) consecutive quarters of monitoring;

(4) "CFR" means Code of Federal Regulations;

(5) "Certified distribution system operator" means an operator who has met the education, experience, and examination requirements specified in section 25-32-11 of the Regulations of Connecticut State Agencies;

(6) "Certified treatment plant operator" means an operator who has met the education, experience, and examination requirements of section 25-32-9 of the Regulations of Connecticut State Agencies;

(7) "Coagulation" means a process using coagulant chemicals and mixing by which colloidal and suspended materials are destabilized and agglomerated into flocs;

(8) "Community water system" or "(CWS)" means a public water system that serves at least twenty-five (25) residents;

(9) "Complete conventional treatment" means coagulation, sedimentation or dissolved air flotation, rapid granular filtration, and disinfection unless approved otherwise by the department;

(10) "Compliance period" means a three (3) calendar-year period within a compliance cycle. Each compliance cycle has three (3) three-year compliance periods. Within the first compliance cycle, the first compliance period runs from January 1, 1993 to December 31, 1995; the second from January 1, 1996 to December 31, 1998; the third from January 1, 1999 to December 31, 2001;

(11) "Compliance cycle" means the nine (9) calendar-year cycle during which public water systems shall monitor. Each compliance cycle consists of three (3) three-year compliance periods. The first calendar year cycle begins January 1, 1993 and ends December 31, 2001; the second begins January 1, 2002 and ends December 31, 2010; the third begins January 1, 2011 and ends December 31, 2019;

(12) "Composite correction program" or "(CCP)" means a program consisting of two (2) elements: a comprehensive performance evaluation and comprehensive technical assistance;

(13) "Comprehensive performance evaluation" or "(CPE)" means a thorough review and analysis of a treatment plant's performance-based capabilities and associated administrative, operation and maintenance practices. It is conducted to identify factors that may be adversely impacting a plant's capability to achieve compliance and emphasizes approaches that can be implemented without significant capital improvements. The comprehensive performance evaluation shall comprise a written report consisting of at least the following components:

(A) Assessment of plant performance;
(B) Evaluation of major unit processes;
(C) Identification and prioritization of performance limiting factors;
(D) Assessment of the applicability of comprehensive technical assistance;
(E) Identification of improvements selected by a public water system to enhance the treatment plant's capability to achieve compliance; and
(F) A schedule of dates for the implementation of the improvements;

(14) "Comprehensive technical assistance" means a performance improvement phase that is implemented using results from the comprehensive performance evaluation;

(15) "Confluent growth" means a continuous bacterial growth covering the entire filtration area of a membrane filter, or a portion thereof, in which bacterial colonies are not discrete;

(16) "Consecutive public water system" means a public water system that purchases all of its water from one or more public water systems;

(17) "Consultation" means a telephone call at which the public water system reports to the department the nature of the violation and the department, in turn, determines the action that shall be taken by the public water system;

(18) "Consumer" means one that meets the requirements of section 25-32a of the Connecticut General Statutes;

(19) "Contaminant" means any physical, chemical, biological, or radiological substance or matter in water as in section 1401 Title XIV of the Federal Public Health Service Act;

(20) "Conventional filtration treatment" means a series of processes including coagulation, flocculation, sedimentation or dissolved air flotation, and filtration resulting in substantial particulate removal;

(21) "Corrosion inhibitor" means a substance capable of reducing the corrosivity of water toward metal plumbing materials, especially lead and copper, by forming a protective film on the interior surface of those materials;

(22) "CT" or "CT CALC" means the product of the "residual disinfectant concentration" (C) in milligrams per liter (mg/l) determined before or at the first customer, and the corresponding "disinfectant contact time" (T) in minutes (i.e., "C" X "T"). If a public water system applies disinfectants at more than one point prior to the first customer, it shall determine the CT of each disinfectant sequence before or at the first customer to determine the total percent inactivation;

(23) "Customer" means consumer as defined in section 25-32a of the Connecticut General Statutes;

(24) "Department" means Connecticut Department of Public Health;

(25) "Diatomaceous earth filtration" means a process resulting in substantial particulate removal in which a pre-coat cake of diatomaceous earth filter media is deposited on a support membrane (septum), and while the water is filtered by passing through the cake on the septum, additional filter media known as body feed is continuously added to the feed water to maintain the permeability of the filter cake;

(26) "Direct filtration" means a series of processes including coagulation and filtration, but excluding sedimentation, resulting in substantial particulate removal;

(27) "Disinfectant contact time" ("T" in CT calculations) means the time in minutes that it takes for water to move from the point of disinfectant application or the previous point of disinfectant residual measurement to a point before or at the point where residual disinfectant concentration ("C") is measured;
(A) Where only one "C" is measured (single application point), "T" is the time in minutes that it takes for water to move from the point of disinfectant application to a point before or at which residual disinfectant concentration ("C") is measured;
(B) Where more than one "C", is measured (multiple application points), "T" is:

(i) for the first measurement of "C", the time in minutes that it takes for water to move from the first point of disinfectant application to a point before or at the point where the first "C" is measured; and

(ii) for subsequent measurements of "C", the time in minutes that it takes for water to move from the previous "C" measurement point to the "C" measurement point for which the subsequent "T" is being calculated;

(C) Disinfectant contact time in pipelines shall be calculated by dividing the internal volume of the pipe by the maximum hourly flow rate through that pipe (plug flow); and

(D) Disinfectant contact time within mixing basins, clearwells, and storage reservoirs shall be determined by tracer studies or an equivalent demonstration;

(28) "Disinfection" means a process which inactivates pathogenic organisms in water by chemical oxidants or equivalent agents;

(29) "Disinfection profile" means a summary of daily giardia lamblia inactivation through the treatment plant;

(30) "Domestic or other non-distribution system plumbing problem" means a coliform contamination problem in a public water system with more than one service connection that is limited to the specific service connection from which the coliform-positive sample was taken;

(31) "EC medium/mug tests" means analytical tests for waterborne bacteria as specified in 40 CFR 141.21(f);

(32) "Effective corrosion inhibitor residual" means a concentration sufficient to form a passivating film on the interior walls of a pipe;

(33) "End of distribution system" means the last service connection on a dead-end water main;

(34) "Enhanced coagulation" means the addition of sufficient coagulant for improved removal of disinfection byproduct precursors by conventional filtration treatment;

(35) "Enhanced softening" means the improved removal of disinfection byproduct precursors by precipitative softening;

(36) "EPA" means the United States Environmental Protection Agency;

(37) "Filter profile" means a graphical representation of individual filter performance, based on continuous turbidity measurements or total particle counts versus time for an entire filter run, from startup to backwash inclusively, that includes an assessment of filter performance while another filter is being backwashed;

(38) "Filtration" means a process for removing particulate matter from water by passage through porous media;

(39) "First draw sample" means a one-liter sample of tap water, collected in accordance with subsection(e)(8)(B)(ii) of this section, that has been standing in plumbing pipes at least six (6) hours and is collected without flushing the tap;

(40) "Flocculation" means a process to enhance agglomeration or collection of smaller floc particles into larger, more easily settleable particles through gentle stirring by hydraulic or mechanical means;

(41) "GAC10" means granular activated carbon filter beds with an empty-bed contact time of 10 minutes based on average daily flow and a carbon reactivation frequency of every 180 days;

(42) "Groundwater under the direct influence of surface water" or "(GWUDI)" means any water beneath the surface of the ground with either significant occurrence of insects or other macroorganisms, algae, or large-diameter pathogens such as giardia lamblia or cryptosporidium, or significant and relatively rapid shifts in water characteristics such as turbidity, temperature, conductivity, or pH which closely correlate to climatological or surface water conditions. Direct influence shall be determined for individual sources in accordance with criteria established by the department. The department determination of direct influence may be

based on site-specific measurements of water quality and/or documentation of well construction characteristics and geology with field evaluation according to "Department of Health Services criteria-determination of groundwater under the direct influence of surface water";

(43) "Haloacetic acid five" or "(HAA5)" means the sum of the concentrations in milligrams per liter of the haloacetic acid compounds (monochloroacetic acid, dichloroacetic acid, trichloroacetic acid, monobromoacetic acid, and dibromoacetic acid), rounded to two (2) significant figures;

(44) "Initial compliance period" means the first full three-year compliance period which begins at least eighteen (18) months after promulgation. Initial compliance period runs from January 1, 1993 to December 31, 1995;

(45) "Large water system" means a water system that serves more than fifty thousand (50,000) persons;

(46) "Lead service line" means a service line made of lead that connects the water main to a building inlet and any lead pigtail, gooseneck or other fitting connected to such lead line;

(47) "Legionella" means a genus of bacteria, some species of which have caused a type of pneumonia called legionnaires' disease;

(48) "Local director of health" means a city, town, borough, or district director of health or his authorized agent;

(49) "mg/L" means milligrams per liter;

(50) "Maximum contaminant level" or "(MCL)" means the maximum permissible level of a contaminant in water that is delivered to any consumer of a public water system;

(51) "Maximum contaminant level goal" or "MCLG" means the maximum level of a contaminant in drinking water at which no known or anticipated adverse effect on the health of persons would occur; and which allows an adequate margin of safety. Maximum contaminant level goals are non-enforceable health goals;

(52) "Maximum residual disinfectant level" or "(MRDL)" means a level of a disinfectant added for water treatment that may not be exceeded at the consumer's tap without an unacceptable possibility of adverse health effects. MRDL is enforceable in the same manner as maximum contaminant level;

(53) "Maximum residual disinfectant level goal" or "(MRDLG)" means the maximum level of a disinfectant added for water treatment at which no known or anticipated adverse effect on the health of persons would occur, and which allows an adequate margin of safety. MRDLG is a non-enforceable health goal and does not reflect the benefit of the addition of the chemical for control of waterborne microbial contaminants;

(54) "Medium-size water system" means a water system that serves greater than three thousand three hundred (3,300) and less than or equal to fifty thousand (50,000) persons;

(55) "Method detection limit" or "(MDL)" means the minimum concentration of a substance that can be measured and reported with ninety-nine percent (99%) confidence that the true value is greater than zero (0);

(56) "Near the first service connection" means at one of the twenty percent (20%) of all service connections in the entire system that are nearest the water supply treatment facility, as measured by water transport time within the distribution system;

(57) "Non-community water system" means a public water system that serves at least twenty-five (25) persons at least sixty (60) days out of the year and is not a community water system;

(58) "Non-transient non-community water system" or "(NTNC)" means a public water system that is not a community system and that regularly serves at least twenty-five (25) of the same persons over six (6) months per year;

(59) "Notification level" means the level of a contaminant that if exceeded shall require public notification by a public water system to its consumers;

(60) "Optimal corrosion control treatment" means the corrosion control treatment that minimizes the lead and copper concentrations at users' taps while ensuring that the treatment does not cause the water system to violate any drinking water statutes or regulations;

(61) "Other unregulated contaminants" means contaminants that meet or exceed the department's action level or contaminant level for which the maximum contaminant goal has been proposed for drinking water by EPA;

(62) "Physical parameters" means color, turbidity, ph and odor;

(63) "Point of disinfectant application" is the point where the disinfectant is applied and water downstream of that point is not subject to recontamination by surface water;

(64) "Point of entry" means a location on an active source of supply that is after any treatment and before entrance to the distribution system;

(65) "Public water system" or "System" means any water company supplying water to fifteen (15) or more consumers or twenty-five (25) or more persons, based on the "Design Population" as defined in section 16-262m-8(a)(3) of the Regulations of Connecticut State Agencies, jointly administered by the department and the Department of Public Utility Control, daily at least sixty days (60) of the year. A system is not a public water system if it meets all of the following conditions:

(A) consists only of distribution and storage facilities;

(B) does not have any treatment facilities, other than those for non-potable use;

(C) obtains all of its water from, but is not owned or operated by, a public water system;

(D) does not separately bill the consumers for water use or consumption; and

(E) is not a carrier which conveys passengers in interstate commerce;

(66) "Practical quantification level" or "(PQL)" means the lowest concentration that can be reliably measured within specific limits of precision and accuracy during routine laboratory operating conditions;

(67) "Repeat compliance period" means any subsequent compliance period after the initial compliance period;

(68) "Repeat sample" means a sample that is collected as a result of a total coliform-positive routine sample;

(69) "Residual disinfectant concentration" ("C" in CT calculations) means the concentration of disinfectant measured in mg/L in a representative sample of water;

(70) "Routine sample" means a sample that is collected at a location and frequency as specified in the approved sample siting plan;

(71) "Sanitarian" means a person who is trained in environmental health and who is qualified to carry out educational and investigational duties in the fields of environmental health such as investigation of air, water, sewage, foodstuffs, housing and refuse by observing, sampling, testing and reporting; and who is licensed pursuant to section 20-361 of the Connecticut General Statutes;

(72) "Sanitary survey" means an onsite inspection of the water source, treatment, distribution system, finished water storage, pumping facilities and controls, monitoring and reporting data, system management and operation, and operator compliance with department requirements. Components of the sanitary survey may be completed as part of a staged or phased review process by the department within the established frequency;

(73) "Second compliance period" means the second full three-year compliance period in the first compliance cycle. Second compliance period runs from January 1, 1996 to December 31, 1998;

(74) "Sedimentation" means a process for removal of solids before filtration by gravity or separation;

(75) "Self assessment" means an assessment which shall comprise a written report

consisting of at least the following components:
(A) Assessment of filter performance;
(B) Development of a filter profile;
(C) Identification and prioritization of factors limiting filter performance;
(D) Assessment of the applicability of improvements;
(E) Identification of improvements selected by a public water system to nhance filtration and achieve compliance; and
(F) A schedule of dates for the implementation of the improvements;

(76) "Service line sample" means a one (1) liter sample of water, collected in accordance with subsection (e)(8)(B)(iii) of this section, that has been standing for at least six (6) hours in a service line;

(77) "Significant deficiency" means a violation of section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies;

(78) "Single family structure" means a building constructed as a single-family residence that is currently used as either a residence or a place of business;

(79) "Slow sand filtration" means a process involving passage of raw water through a bed of sand at low velocity (generally less than 0.16 gallons per minute per square foot, gpm/sq. ft.) resulting in substantial particulate removal by physical and biological mechanisms;

(80) "Small water system" means a water system that serves three thousand three hundred (3,300) persons or fewer;

(81) "Source water" means raw water before any kind or type of treatment at the source of supply;

(82) "Special purpose sample" means a sample that is taken to determine whether disinfection practices are sufficient following routine maintenance work on the distribution system;

(83) "Surface water" means all water that is open to the atmosphere and subject to surface runoff;

(84) "SUVA" means specific ultraviolet absorption at 254 nanometers (nm), an indicator of the humic content of water. It is a calculated parameter obtained by dividing a sample's ultraviolet absorption at a wavelength of 254 nm (UV254) (in M-1) by its concentration of dissolved organic carbon (DOC) in mg/L;

(85) "System with a single service connection" means a system that supplies drinking water to consumers via a single service line;

(86) "Tier 1 notice" means a notice that is required when a public water system has failed to comply with requirements for any of the following:
(A) The maximum contaminant level (MCL) for total coliforms when fecal coliform or E.coli are present in the water distribution system, or when the public water system fails to test for fecal coliforms or E.coli when any repeat sample tests positive for coliform;
(B) The MCL for nitrate, nitrite, or total nitrate and nitrite, or when the public water system fails to take a confirmation sample within twenty-four (24) hours of the system's receipt of the first sample showing an exceedance of the nitrate or nitrite MCL;
(C) The maximum residual disinfectant level (MRDL) for chlorine dioxide when one or more samples taken in the distribution system the day following an exceedance of the MRDL at the entrance of the distribution system exceed the MRDL, or when the public water system does not take the required samples in the distribution system;
(D) The MCL for turbidity as specified in sections 19-13-B102(e)(7)(H)(ii) and 19-13-B102(j)(2)(D) of the Regulations of Connecticut State Agencies, where the department determines after consultation that the violation of the MCL for turbidity combined with other site-specific information indicate that potential pathogens may have passed the point of entry to the water distribution system, or where consultation does not take place within twenty-four (24) hours after the public water system learns of the

violation;

(E) The MCL for turbidity as specified in section 19-13-B102(j)(4) of the Regulations of Connecticut State Agencies, where the department determines after consultation that the violation of the MCL for turbidity combined with other site-specific information indicate that potential pathogens may have passed the point of entry to the water distribution system, or where consultation does not take place within twenty-four (24) hours after the public water system learns of the violation;

(F) Occurrence of a waterborne disease outbreak, as defined in section 19-13-B102(a) of the Regulations of Connecticut State Agencies; or

(G) Any chemical listed in sections 19-13-B102(e)(2) to 19-13- B102(e)(4), inclusive of the Regulations of Connecticut State Agencies is found at a level that is determined in writing by the department to have serious adverse effects on human health as a result of short term exposure based on available scientific and epidemiological findings.

(87) "Tier 2 notice" means a notice that is required when a public water system has failed to comply with requirements for any of the following:

(A) The MCL, MRDL, or treatment technique requirements, except where a tier 1 notice is required under section 19-13-B102(a) of the Regulations of Connecticut State Agencies;

(B) Monitoring or testing procedure requirements for total coliforms, nitrate, nitrite, total nitrate and nitrite, or chlorine dioxide, except where a tier 1 notice is required under section 19-13-B102(a) of the Regulations of Connecticut State Agencies; or

(C) The terms and conditions of any variance, consent order, consent agreement or exemption in place.

(88) "Tier 3 notice" means a notice that is required when a public water system has:

(A) Violated a monitoring requirement, except where a tier 1 notice or a tier 2 notice is required under section 19-13-B102(a) of the Regulations of Connecticut State Agencies;

(B) Violated a testing procedure requirement, except where a tier 1 notice or a tier 2 notice is required under section 19-13-B102(a) of the Regulations of Connecticut State Agencies;

(C) Operated under an administrative order, variance, or an exemption;

(D) Failed to provide the notice of the availability of unregulated contaminant monitoring results, as required under 40 CFR 141.207; or

(E) Exceeded the fluoride secondary maximum contaminant level (SMCL), as required under 40 CFR 141.208.

(89) "Too numerous to count" means that the total number of bacterial colonies exceeds two hundred (200) on a forty-seven (47) mm diameter membrane filter used for coliform detection;

(90) "Total organic carbon" or "(TOC)" means total organic carbon in mg/L measured using heat, oxygen, ultraviolet irradiation, chemical oxidants, or combinations of these oxidants that convert organic carbon to carbon dioxide, rounded to two (2) significant figures;

(91) "Total trihalomethanes" or "(TTHM)" means the sum of the concentrations in milligrams per liter of bromodichloromethane, dibromochloromethane, tribromoethane (bromoform) and trichloromethane (chloroform) rounded, to two (2) significant figures;

(92) "Transient non-community water system" or "(TNC)" means a noncommunity water system that does not meet the definition of a non-transient noncommunity water system;

(93) "Uncovered finished water clearwell, tank or basin" means a container that stores water shall undergo no further treatment except disinfection and is open to the atmosphere.

(94) "Virus" means a microorganism of fecal origin which is infectious to humans by

waterborne transmission;

(95) "Water company" means one that meets the requirements of section 25- 32a of the Connecticut General Statutes;

(96) "Water system" means all community water systems and non-transient non-community water systems;

(97) "Waterborne disease outbreak" means the significant occurrence of acute infectious illness, epidemiologically associated with the ingestion of water from a public water system as determined by the department; and

(98) "Zone of influence" means the land area that directly overlies and has the same horizontal extent as the part of the water table or other potentiometric surface that is perceptibly lowered by the withdrawal of water. The zone of influence delineated by the use of modeling is that area of land in which the water table or potentiometric surface is lowered by at least one-half (0.5) foot. In the event of inadequate information and data to delineate the zone of influence, a radius of one (1) mile shall be utilized for unconsolidated aquifer groundwater sources and a radius of one thousand (1000) feet shall be utilized for confined and bedrock aquifer groundwater sources.

(b) Watershed survey. A public water system using surface water as an active source of supply shall make a sanitary survey of the watershed to the intake at least annually. A report on the survey shall be submitted to the Department by March 1 each year covering the preceding calendar year.

(c) Standards for quality of untreated water prior to treatment. All parameters shall be tested for each surface source at least annually, except bacteriological and physical tests which shall be done quarterly.

Groundwater sources shall be tested for these parameters when the department determines that the source is vulnerable to contamination.

| ***Parameter*** | ***Disinfection and Chemical Treatment*** | ***Degree of Treatment Filtration*** |
|---|---|---|
| (1) BACTERIOLOGICAL | | |
| Coliform Organisms* | Not to exceed 100/100 ml monthly monthly average, based on a running arithmetic average for the most recent twelve month period. No individual sample is to exceed 500/100 ml | Not to exceed 20,000/100 ml ml as measured by a monthly geometric mean. |

*If coliform organisms are demonstrated to be not associated with a fecal source on the basis sanitary survey and differential tests, exception may be made.

| | | |
|---|---|---|
| (2) PHYSICAL | | |
| Color | Not to exceed twenty (20) standard units in more than ten percent (10%) of samples for most recent twelve (12) month period. | Not to exceed two hundred fifty (250) standard units as measured by a monthly geometric mean. |
| Turbidity | The turbidity level as specified in 40 CFR 141.74 (a) (4), in a representative sample of the source water immediately prior to the first or only point of disinfection application shall not exceed (5) Nephelometric Turbidity Units (NTU). | Not to exceed two hundred fifty (250) standard units as measured by a monthly geometric mean. |

(3) INORGANIC CHEMICALS

| | | |
|---|---|---|
| Arsenic[(a)] | .01 | .01 |
| Barium | 1 | 1 |
| Cadmium | .01 | .01 |
| Chloride | 250 | 250 |
| Chromium | .05 | .05 |
| Copper | .05 | 1.0 |
| Cyanide | .01 | 0.2 |
| Flouride | 2.0 | 2.0 |
| Lead | .05 | .05 |
| MBAS (methylen blue active substance) | 0.5 | 0.5 |
| Mercury | .002 | .005 |
| Nitrate plus Nitrite as N | 10 | 10 |
| Selenium | .01 | .01 |
| Silver | .05 | .05 |

[(a)] The MCL for arsenic is effective January 23, 2006. Until then the MCL is 0.05 mg/L.

| (4) PESTICIDES | All Degrees of Treatment Level mg/L |
|---|---|
| Endrin | 0.002 |
| Lindane | 0.0002 |
| Methoxychlor | 0.04 |
| Toxaphene | 0.003 |
| 2,4-D | 0.07 |
| 2,4,5-TP (silvex) | 0.05 |

(d) Facility location. Such as but not limited to treatment plants, pumping stations, storage tanks, etc., but not including water intakes and connecting pipelines.

(1) New facilities are to be located:

(A) Above the level of the one hundred year flood.

(B) Where chlorine gas will not be stored or used within three hundred feet of any residence.

(C) Where the facility is not likely to be subject to fires or other natural or manmade disasters.

(2) The state health department must be notified before entering into a financial commitment for a new public water system or increasing the capacity of an existing public water system, and the approval of the state health department must be obtained before any construction is begun. This includes construction of supply and treatment works, transmission lines, storage tanks, pumping stations and other works of sanitary significance. It does not include the routine extension of laterals or tapping of new service connections.

(e) Water ready for consumption.

(1) Physical Tests. Color is not to exceed fifteen (15) standard units leaving the treatment plant nor at representative sampling points in the distribution system. Turbidity is not to exceed five (5) standard units at representative sampling points in the distribution system.

Odor is not to exceed a value of two (2) in the treatment plant effluent on a scale of 0-5 as follows:

| | |
|---|---|
| 0-None | 3-Distinct |
| 1-Very Faint | 4-Decided |

2-Faint 5-Strong

The pH value is not to be less than 6.4 nor to exceed 10.0 at a point of entry to the distribution system or in the distribution system. A system conducting water quality parameter monitoring for pH in accordance with section 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies shall comply with the pH requirements pursuant to section 19-13-B102(j)(8)(G) of the Regulations of Connecticut State Agencies.

(2) Inorganic Chemicals
Community and non-transient non-community water systems shall test for inorganic chemicals specified below. Transient non-community water systems shall test for nitrate and nitrite only.

Inorganic chemicals[(a)] and their limits

| **Chemical** | **Maximum Contaminant Level (mg/L)** |
|---|---|
| Antimony | 0.006 |
| Arsenic[(b)] | 0.01 |
| Asbestos | 7 MFL[1] |
| Barium | 2 |
| Beryllium | 0.004 |
| Cadmium | 0.005 |
| Chromium | 0.1 |
| Cyanide | 0.2 |
| Fluoride | 4.0 |
| Mercury | 0.002 |
| Nickel | 0.1 |
| Nitrate nitrogen | 10(as N) |
| Nitrite nitrogen | 1(as N) |
| Nitrate nitrogen plus nitrite nitrogen | 10(as N) |
| Selenium | 0.05 |
| Silver | 0.05 |
| Sulfate | ** |
| Chloride | 250 |
| Thallium | 0.002 |
| Lead | *** |
| Copper | *** |
| Sodium | * |

Notes
(a) The method detection limits for inorganic chemicals shall conform to those accepted and approved by EPA as described in 40 CFR 141.23(a), as amended January 22, 2001.
(b) The MCL for arsenic is effective January 23, 2006. Until then the MCL is 0.05 mg/L.
* Sodium has no MCL, but has a notification level of 28 mg/L. See section 19-13-B102(i)(5)(B) of the Regulations of Connecticut State Agenciesfor the notification requirements.
** MCL has not been established for this chemical.
*** See Section 19-13-B102(j)(6) of the Regulations of Connecticut State Agencies. The MCLG for lead is zero (0) and for copper is 1.3 mg/L.
1 MFL = million fibers per liter longer than ten (10) micrometers.

(3) Pesticides, Herbicides and PCBs. Community and non-transient non-community water systems shall test for pesticides, herbicides and PCB specified below.

Pesticides, Herbicides, PCB, and their limits

| Chemical[1] | Maximum Contaminant Level (mg/l) |
|---|---|
| Alachlor | 0.002 |
| Aldicarb | ** |
| Aldicarb sulfoxide | ** |
| Aldicarb sulfone | ** |
| Aldrin | ** |
| Atrazine | 0.003 |
| Benzo(A)pyrene | 0.0002 |
| Butachlor | ** |
| Carbaryl | ** |
| Carbofuran | 0.04 |
| Chlordane | 0.002 |
| Dalapon | 0.2 |
| Di(2-ethylhexyl)adipate | 0.4 |
| Di(2-ethylhexyl)phthalates | 0.006 |
| Dicamba | ** |
| Dieldrin | ** |
| Dinoseb | 0.007 |
| Diquat | 0.02 |
| Dibromochloropropane (DBCP) | 0.0002 |
| 2, 4-D | 0.07 |
| Ethylene dibromide (EDB) | 0.00005 |
| Endrin | 0.002 |
| Endothall | 0.1 |
| Glyphosate | 0.7 |
| Heptachlor | 0.0004* |
| Heptachlor epoxide | 0.0002* |
| Hexachlorobenzene | 0.001 |
| Hexachlorocyclopentadiene | 0.05 |
| 3-Hydroxycarbofuran | ** |
| Lindane | 0.0002 |
| Methoxychlor | 0.04 |
| Methomyl | ** |
| Metolachlor | ** |
| Metribuzin | ** |
| Oxamyl (vydate) | 0.2 |
| Picloram | 0.5 |
| Propachlor | ** |
| Simazine | 0.004 |
| 2,3,7,8-TCDD (dioxin) | 0.00000003 |
| Polychlorinated biphenyls (PCB) | 0.0005 |
| Pentachlorophenol | 0.001 |
| Toxaphene | 0.003 |
| 2,4,5-TP (silvex) | 0.05 |

Notes:

[1] The method detection limits for all pesticides, herbicides and PCB shall conform to those accepted and approved by EPA.

** MCL has not been established for this chemical.

* If monitoring results in detection of one (1) or more of these contaminants, then subsequent monitoring shall analyze for all these contaminants.

(4) Organic Chemicals. Community and non-transient non-community water systems shall test for organic chemicals specified below.

Organic chemicals[(a)] and their limits.

| **Chemical[(b)]** | **Maximum Contaminant Level (mg/l)** |
|---|---|
| Benzene | 0.005 |
| Bromobenzene | ** |
| Bromomethane | ** |
| n-Butyl Benzene | ** |
| Carbon Tetrachloride | 0.005 |
| Chlorobenzene | 0.1 |
| Chloroethane | ** |
| Chloromethane | ** |
| o-Chlorotoluene | ** |
| p-Chlorotoluene | ** |
| Dibromomethane | ** |
| m-Dichlorobenzene | ** |
| o-Dichlorobenzene | 0.6 |
| p-Dichlorobenzene | 0.075 |
| 1, 1-Dichloroethane | ** |
| 1, 2-Dichloroethane (EDC) | 0.005 |
| 1, 1-Dichloroethylene | 0.007 |
| cis-1, 2-Dichloroethylene | 0.07 |
| Trans-1, 2-Dichloroethylene | 0.1 |
| Dichloromethane (Methylene chloride) | 0.005 |
| 1, 2-Dichloropropane | 0.005 |
| 1, 3-Dichloropropane | ** |
| 2, 2-Dichloropropane | ** |
| 1, 1-Dichloropropene | ** |
| 1, 3-Dichloropropene | ** |
| Ethylbenzene | 0.7 |
| Methyl Tert Butyl Ether (MTBE) | ** |
| Naphthalene | ** |
| n-Propyl Benzene | ** |
| Styrene | 0.1 |
| 1, 1, 1, 2-Tetrachloroethane | ** |
| 1, 1, 2, 2-Tetrachloroethane | ** |
| Tetrachloroethylene | 0.005 |
| Toluene | 1 |
| Total Trihalomethanes (TTHM) | 0.100 |
| Bromodichloromethane | * |
| Bromoform | * |
| Chlorodibromomethane | * |
| Chloroform | * |
| 1, 1, l-Trichloroethane | 0.2 |
| 1, 1, 2-Trichloroethane | 0.005 |
| 1, 2, 4-Trichlorobenzene | 0.07 |
| Trichloroethylene | 0.005 |
| 1, 2, 3-Trichloropropane | ** |
| 1, 2, 4-Trimethylbenzene | ** |
| 1, 3, 5-Trimethylbenzene | ** |
| Vinyl Chloride [(c)] | 0.002 |
| Xylenes (total) | 10 |
| m-Xylene | *** |

| | |
|---|---|
| o-Xylene | *** |
| p-Xylene | *** |

Notes:

* The MCL for Total Trihalomethanes (TTHM) is 0.100 mg/l, which is the sum of the four (4) constituent Trihalomethanes. This level applies to any CWS until the following dates, on which the MCL for TTHM is lowered to 0.080 MG/L. All systems using surface water and GWUDI in whole or in part and serving at least 10,000 persons shall comply with the TTHM MCL of 0.080 MG/L and all other public water systems shall comply with the MCL for TTHM of 0.080 MG/L by January 1, 2004.

** MCL has not been established for this chemical.

*** The MCL for Xylenes (total) is 10 mg/l, which is the sum of the three (3) constituent Xylenes.

(a) The method detection limit (MDL) for all organic chemicals is 0.0005 mg/l with the exception of MTBE which has an MDL of 0.002 mg/l.

(b) The department may require the testing of other chemicals for which a Maximum Contaminant Level Goal has been proposed by EPA or which the department has reason to believe may be health threatening.

(c) Quarterly analysis for vinyl chloride is required for ground water systems only when one or more of the following compounds are detected: trichloroethylene, 1, 2, Tetrachloroethylene, 1, 2 Dichloroethane, 1, 1, 1 Trichloroethane, Cis 1,2 Dichloroethylene, Trans 1, 2 Dichloroethylene, or 1, 1 Dichloroethylene.
If the first analysis does not detect vinyl chloride, the Department may reduce the frequency of vinyl chloride monitoring to once every three (3) years.

(5) Radioactivity.

(A) Analysis for the contaminants listed in the table in 40 CFR 141.25(a), as amended January 22, 2001, shall be conducted to determine compliance with section 19-13-B102(e)(5)(I) to (L), inclusive, of the Regulations of Connecticut State Agencies in accordance with the methods described in 40 CFR 141.25(a), as amended January 22, 2001, or their equivalent determined by EPA in accordance with 40 CFR 141.27, as amended August 27, 1980.

(B) When the identification and measurement of radionuclides other than those listed in 40 CFR 141.25(a), as amended January 22, 2001, is required, the references listed in 40 CFR 141.25(b)(1), as amended January 22, 2001, and 40 CFR 141.25(b)(2), as amended January 22, 2001, are to be used, except in cases where alternative methods have been approved in accordance with 40 CFR 141.27, as amended August 27, 1980.

(C) For the purpose of monitoring radioactivity concentrations in drinking water, the required sensitivity of the radioanalysis is defined in terms of a detection limit. The detection limit shall be that concentration which can be counted with a precision of plus or minus 100 percent at the 95 percent confidence level (1.96 σ where σ is the standard deviation of the net counting rate of the sample).

(i) To determine compliance with section 19-13-B102(e)(5)(I) of the Regulations of Connecticut State Agencies, the detection limit shall not exceed the concentrations in Table 1.

**Table 1.**
**Detection Limits for Gross Alpha Particle Activity, Radium 226, Radium 228, and Uranium**

| Contaminant | Detection limit |
|---|---|
| Gross alpha particle activity | 3 pCi/L |

| | |
|---|---|
| Radium 226 | 1 pCi/L |
| Radium 228 | 1 pCi/L |
| Uranium | 1 µg/L |

(ii) To determine compliance with Section 19-13-B102(e)(5)(J) of the Regulations of Connecticut State Agencies, the detection limits shall not exceed the concentrations listed in Table 2.

**Table 2.**
**Detection Limits for Man-Made Beta Particle and Photon Emitters**

| Radionuclide | Detection limit |
|---|---|
| Tritium | 1,000 pCi/L |
| Strontium-89 | 10 pCi/L |
| Strontium-90 | 2 pCi/L |
| Iodine-131 | 1 pCi/L |
| Cesium-134 | 10 pCi/L |
| Gross beta | 4 pCi/L |
| Other radionuclides | 1/10 of the applicable limit |

(D) To judge compliance with the maximum contaminant levels listed in section 19-13-B102(e)(5)(I) to (L), inclusive, of the Regulations of Connecticut State Agencies, averages of data shall be used and shall be rounded to the same number of significant figures as the maximum contaminant level for the substance in question.

(E) The department may determine compliance or initiate enforcement action based upon analytical results or other information compiled by their sanctioned representatives and agencies.

(F) Monitoring and compliance requirements for gross alpha particle activity, radium-226, radium-228, and uranium.

(i) Community water systems (CWS) shall conduct initial monitoring to determine compliance with section 19-13-B102(e)(5)(I) of the Regulations of Connecticut State Agencies by December 31, 2007. For the purposes of monitoring for gross alpha particle activity, radium-226, radium-228, uranium, and beta particle and photon radioactivity in drinking water, "detection limit" is defined as in section 19-13-B102(e)(5)(C) of the Regulations of Connecticut State Agencies.

(I) Applicability and sampling location for existing community water systems or sources. All existing CWS using ground water, surface water or systems using both ground and surface water (for the purpose of this section hereafter referred to as systems) shall sample at every entry point to the distribution system that is representative of all sources being used (hereafter called a sampling point) under normal operating conditions. The system shall take each sample at the same sampling point unless conditions make another sampling point more representative of each source.

(II) Applicability and sampling location for new community water systems or sources. All new CWS or CWS that use a new source of water shall begin to conduct initial monitoring for the new source within the first quarter after initiating use of the source. CWS shall conduct more frequent monitoring when ordered by the

department in the event of possible contamination or when changes in the distribution system or treatment processes occur which may increase the concentration of radioactivity in finished water.

(ii) Initial monitoring: systems shall conduct initial monitoring for gross alpha particle activity, radium-226, radium-228, and uranium as follows:

(I) Systems shall collect four consecutive quarterly samples at all sampling points before December 31, 2007.

(II) For gross alpha particle activity, uranium, radium-226, and radium-228 monitoring, the department may waive the final two quarters of initial monitoring for a sampling point if the results of the samples from the previous two quarters are below the detection limit specified in Table 1 of section 19-13-B102(e)(5)(C)(i) of the Regulations of Connecticut State Agencies.

(III) If the average of the initial monitoring results for a sampling point is above the MCL, the system shall collect and analyze quarterly samples at that sampling point until the system has results from four consecutive quarters that are at or below the MCL, unless the system enters into another schedule as part of a formal compliance agreement with the department.

(iii) Reduced monitoring: the department may grant permission to a community water system to reduce the future frequency of monitoring from once every three years to once every six or nine years at each sampling point, based on the following criteria:

(I) If the average of the initial monitoring results for each contaminant (i.e., gross alpha particle activity, uranium, radium-226, or radium-228) is below the detection limit specified in Table 1, in section 19-13- B102(e)(5)(c)(i) of the Regulations of Connecticut State Agencies, the system shall collect and analyze for that contaminant using at least one sample at that sampling point every nine years.

(II) For gross alpha particle activity and uranium, if the average of the initial monitoring results for each contaminant is at or above the detection limit but at or below 1/2 the MCL, the system shall collect and analyze for that contaminant using at least one sample at that sampling point every six years. For combined radium-226 and radium-228, the analytical results shall be combined. If the average of the combined initial monitoring results for radium-226 and radium-228 is at or above the detection limit but at or below 1/2 the MCL, the system shall collect and analyze for that contaminant using at least one sample at that sampling point every six years.

(III) For gross alpha particle activity and uranium, if the average of the initial monitoring results for each contaminant is above 1/2 the MCL but at or below the MCL, the system shall collect and analyze at least one sample at that sampling point every three years. For combined radium-226 and radium-228, the analytical results shall be combined. If the average of the combined initial monitoring results for radium-226 and

radium-228 is above 1/2 the MCL but at or below the MCL, the system shall collect and analyze at least one sample at that sampling point every three years.

(IV) Systems shall use the samples collected during the reduced monitoring period to determine the monitoring frequency for subsequent monitoring periods (e.g., if a system's sampling point is on a nine year monitoring period, and the sample result is above 1/2 MCL, then the next monitoring period for that sampling point is three years).

(V) If a system has a monitoring result that exceeds the MCL while on reduced monitoring, the system shall collect and analyze quarterly samples at that sampling point until the system has results from four consecutive quarters that are below the MCL, unless the system enters into another schedule as part of a formal compliance agreement with the department.

(iv) A gross alpha particle activity measurement may be substituted for the required radium-226 measurement provided that the measured gross alpha particle activity does not exceed 5 pCi/L. A gross alpha particle activity measurement may be substituted for the required uranium measurement provided that the measured gross alpha particle activity does not exceed 15 pCi/L. The gross alpha measurement shall have a confidence interval of 95% (1.65 σ, where σ is the standard deviation of the net counting rate of the sample) for radium-226 and uranium. When a system uses a gross alpha particle activity measurement in lieu of a radium-226 and/or uranium measurement, the gross alpha particle activity analytical result shall be used to determine the future monitoring frequency for radium-226 and/or uranium. If the gross alpha particle activity result is less than detection, 1/2 the detection limit shall be used to determine compliance and the future monitoring frequency.

(G) Monitoring and compliance requirements for beta particle and photon radioactivity. To determine compliance with the maximum contaminant levels in Section 19-13-B102(e)(5)(J) of the Regulations of Connecticut State Agencies for beta particle and photon radioactivity, a system shall monitor at a frequency as follows:

(i) Community water systems (both surface and ground water) designated by the department as vulnerable shall sample for beta particle and photon radioactivity. Systems shall collect quarterly samples for beta emitters and annual samples for tritium and strontium-90 at each entry point to the distribution system (hereafter called a sampling point), beginning within one quarter after being notified by the department. Systems already designated by the department shall continue to sample until the department reviews and either reaffirms or removes the designation.

(I) If the gross beta particle activity, or the gross beta particle activity minus the naturally occurring potassium-40 beta particle activity at a sampling point has a running annual average (computed quarterly) less than or equal to 50 pCi/L (screening level), the department may reduce the frequency of monitoring at that sampling point to once every 3 years. Systems shall collect all samples required in paragraph (G)(i) of this section

during the reduced monitoring period.

(ii) Community water systems (both surface and ground water) designated by the department as utilizing waters contaminated by effluents from nuclear facilities shall sample for beta particle and photon radioactivity. Systems shall collect quarterly samples for beta emitters and iodine-131 and annual samples for tritium and strontium-90 at each entry point to the distribution system (hereafter called a sampling point), beginning within one quarter after being notified by the department. Systems already designated by the department as systems using waters contaminated by effluents from nuclear facilities shall continue to sample until the department reviews and either reaffirms or removes the designation.

(I) Quarterly monitoring for gross beta particle activity shall be based on the analysis of monthly samples. The quarterly result is an average of the three monthly results.

(II) For iodine-131, a composite of five consecutive daily samples shall be analyzed once each quarter. As ordered by the department, and in consultation with the community water system, more frequent monitoring shall be conducted when iodine-131 is identified in the finished water.

(III) Annual monitoring for strontium-90 and tritium shall be conducted by means of the analysis of four quarterly samples. The annual result is an average of the four quarterly results.

(IV) If the gross beta particle activity beta minus the naturally occurring potassium-40 beta particle activity at a sampling point has a running annual average (computed quarterly) less than or equal to 15 pCi/L (screening level), the department may reduce the frequency of monitoring at that sampling point to every 3 years. Systems shall collect all samples required in subparagraph (G)(ii) of this subdivision during the reduced monitoring period.

(iii) Community water systems designated by the department to monitor for beta particle and photon radioactivity may not apply to the Department for a waiver from the monitoring frequencies specified in Section 19-13-B102(e)(5)(G)(i) or (ii) of the Regulations of Connecticut State Agencies.

(iv) Community water systems may analyze for naturally occurring potassium-40 beta particle activity from the same or equivalent sample used for the gross beta particle activity analysis. Systems may subtract the potassium-40 beta particle activity value from the total gross beta particle activity value to determine if the screening level is exceeded. The potassium-40 beta particle activity shall be calculated by multiplying elemental potassium concentrations (in mg/L) by a factor of 0.82.

(v) If the gross beta particle activity minus the naturally occurring potassium-40 beta particle activity exceeds the screening level, an analysis of the sample shall be performed to identify the major radioactive constituents present in the sample and the appropriate doses shall be calculated and summed to determine compliance with Section 19-13-B102(e)(5)(J) of the Regulations of Connecticut State Agencies, using the formula in 40 CFR

141.66(d)(2), as amended December 7, 2000. Doses shall also be calculated and combined for measured levels of tritium and strontium to determine compliance.

(vi) Systems shall monitor monthly at the sampling point(s) which exceed the maximum contaminant level in Section 19-13-B102(e)(5)(J) of the Regulations of Connecticut State Agencies, beginning the month after the exceedance occurs. Systems shall continue monthly monitoring until the system has established, by a rolling average of 3 monthly samples, that the MCL is being met. Systems who establish that the MCL is being met shall return to quarterly monitoring until they meet the requirements set forth in Section 19-13- B102(e)(5)(G)(i)(I) or section 19-13-B102(e)(5)(G)(ii)(I) of the Regulations of Connecticut State Agencies.

(H) General monitoring and compliance requirements for radionuclides.

(i) The Department may require more frequent monitoring than specified in Section 19-13-B102(e)(5)(F) or (G) of the Regulations of Connecticut State Agencies, or may require confirmation samples for positive and negative results when the department determines that the source of supply is vulnerable or subject to contamination. The results of the initial and confirmation samples shall be averaged for use in compliance determinations.

(ii) Each public water systems shall monitor at the time designated by the department during each compliance period.

(iii) Compliance: Compliance with Section 19-13-B102(e)(5)(I) and (J) of the Regulations of Connecticut State Agencies, shall be determined based on the analytical result(s) obtained at each sampling point. If one sampling point is in violation of an MCL, the system is in violation of the MCL.

(I) For systems monitoring more than once per year, compliance with the MCL is determined by a running annual average at each sampling point. If the average of any sampling point is greater than the MCL, then the system is out of compliance with the MCL.

(II) For systems monitoring more than once per year, if any sample result causes the running average to exceed the MCL at any sample point, the system is out of compliance with the MCL immediately.

(III) Systems shall include all samples taken and analyzed under the provisions of this section in determining compliance, even if that number is greater than the minimum required.

(IV) If a system does not collect all required samples when compliance is based on a running annual average of quarterly samples, compliance shall be based on the running average of the samples collected.

(V) If a sample result is less than the detection limit, zero shall be used to calculate the annual average, unless a gross alpha particle activity is being used in lieu of radium-226 and/or uranium. If the gross alpha particle activity result is less than detection, 1/2 the detection limit shall be used to calculate the annual average.

(iv) If the department determines there has been an error in the methods applied to the collection or analysis of the sample, the department shall invalidate the sample result.

(v) If the MCL for radioactivity set forth in Section 19-13-B102(e)(5)(I) and (J) of the Regulations of Connecticut State Agencies, is exceeded, the community water system shall give notice to the department pursuant to section 19-13-B102(h) and (i), of the Regulations of Connecticut State Agencies and shall conform to public notification and consumer confidence reporting requirements pursuant to section 19-13-B102(i) of the Regulations of Connecticut State Agencies.

(I) MCL for uranium, combined radium-226 and radium-228, and gross alpha particle activity (excluding radon and uranium). The maximum contaminant levels for uranium, combined radium-226 and radium-228 and gross alpha particle activity (including radium-226 but excluding radon and uranium) are listed in Table 3.

**Table 3**

| Contaminant | Maximum Contaminant Level |
|---|---|
| Combined radium-226 and radium-228 | 5 Picouries Per Liter (pCi/L) |
| Gross alpha particle activitiy (including radium-226 but excluding radon and uranium) | 15 pCi/L |
| Uranium | 30 ug/L (Micrograms/Liter) |

NOTE: The combined radium-226 and radium-228 value is determined by the addition of the results of the analysis for radium-226 and the analysis for radium-228.

(J) MCL for beta particle and photon radioactivity. The average annual concentration of beta particle and photon radioactivity from man-made radionuclides in drinking water shall not produce an annual dose equivalent to the total body or any internal organ greater than 4 millirem/year (mrem/yr), as listed in Table 4. Except for radionuclides listed in Table 5, the concentration of man-made radionuclides causing 4 mrem total body or organ dose equivalents shall be calculated as described in 40 CFR 141.66(d)(2), as amended December 7, 2000. If two or more radionuclides are present, the sum of their annual dose equivalent to the total body or to any organ shall not exceed 4 mrem/yr.

**Table 4**

| Contaminant | Maximum Contaminant Level |
|---|---|
| Beta particle and photon radioactivity. | Concentration shall not produce an annual dose equivalent to the total body or any internal organ greater than 4 mrem/yr |

**Table 5**

TABLE 5 -- average annual concentrations assumed to produce: a total body or organ dose of 4 mrem/yr

| Contaminant | Critical Organ | Level |
|---|---|---|
| Tritium | Total Body | 20,000 pCi/L |
| Strontium-90 | Bone Marrow | 8 pCi/L |

(K) Compliance dates. Compliance dates for combined radium-226 and-radium-228, gross alpha particle activity, gross beta particle and photon radioactivity, and uranium: Community water systems shall comply with the MCLS listed in paragraphs (I) and (J) of this section and compliance shall be determined in accordance with the requirements of paragraphs (A) to (H), inclusive, of this section. Compliance with reporting requirements for the radionuclides under section 19-13-B102(i) of the Regulations of Connecticut State Agencies is required.

(L) The best available technologies (BATS) for compliance with the MCLS for radionuclides shall conform to those approved by the U.S. EPA and specified in 40 CFR 141.66, as amended December 7, 2000.

(6) Total coliforms.

(A) The MCLG for microbiological contaminants which includes E. coli and fecal coliforms is zero (0).

(B) The maximum contaminant level (MCL) is based on the presence or absence of total coliforms in a sample, rather than coliform density. Compliance shall be based on a monthly MCL for total coliforms.

(i) For a system which collects at least forty (40) samples per month, if more than five percent (5.0%) of the samples collected during a month are total coliform-positive, the system is in violation of the MCL for total coliforms.

(ii) For a system which collects fewer than forty (40) samples per month, if more than one (1) sample collected during a month is total coliform-positive, the system is in violation of the MCL for total coliforms.

(C) A system shall determine compliance with the MCL for total coliforms for each month in which it is required to monitor for total coliforms.

(D) Analytical methodology.

(i) Analytical methods for total coliform. The analysis for total coliform should be conducted using either the membrane filter (MF) technique, or the 10-tube multiple tube fermentation (MTF) technique (five (5) tubes may be utilized provided they collectively equal one hundred (100) ml), or the presence-absence (P-A) coliform test, or the colilert system as approved and specified in 40 CFR 141.21 (f). The standard sample volume required for total coliform analysis, regardless of analytical method used, is one hundred (100) ml.

(ii) Analytical methods for fecal coliforms. The use of EC medium for determining the presence of fecal coliform in a total coliform-positive culture is required. The procedure for fecal coliform analysis shall conform to those approved by EPA.

(iii) Analytical methods for E. Coli. The analysis for E. Coli shall be conducted using either the EC medium plus MUG (4-methylumbelliferyl-B-D-glucoronice), the nutrient agar plus MUG test or other testing methods which conform to those approved by EPA.

(7) Monitoring requirements

(A) The monitoring frequency for total coliforms and physical parameters for a community water system (CWS) and a consecutive public water system is based on the population served by the system, and the

frequency is as follows:

Table 1

| Population Served | Minimum Number Of Routine Samples Per Month |
|---|---|
| 25 to 1,000 | 1 |
| 1,001 to 2,500 | 2 |
| 2,501 to 3,300 | 3 |
| 3,301 to 4,100 | 4 |
| 4,101 to 4,900 | 5 |
| 4,901 to 5,800 | 6 |
| 5,801 to 6,700 | 7 |
| 6,701 to 7,600 | 8 |
| 7,601 to 8,500 | 9 |
| 8,501 to 12,900 | 10 |
| 12,901 to 17,200 | 15 |
| 17,201 to 21,500 | 20 |
| 21,501 to 25,000 | 25 |
| 25,001 to 33,000 | 30 |
| 33,001 to 41,000 | 40 |
| 41,001 to 50,000 | 50 |
| 50,001 to 59,000 | 60 |
| 59,001 to 70,000 | 70 |
| 70,001 to 83,000 | 80 |
| 83,001 to 96,000 | 90 |
| 96,001 to 130,000 | 100 |
| 130,001 to 220,000 | 120 |
| 220,001 to 320,000 | 150 |
| 320,001 to 450,000 | 180 |
| 450,001 to 600,000 | 210 |
| 600,001 to 780,000 | 240 |
| 780,001 to 970,000 | 270 |

If a CWS serving twenty-five (25) to one-thousand (1,000) persons has no history of total coliform violation in its current configuration, and a sanitary survey conducted in the past five (5) years shows that the system is supplied solely by a protected ground water source, and is free of sanitary defects pursuant to sections 19-13-B51a through 19-13-B51m of the Regulations of Connecticut State Agencies; the department may, if it is satisfied that this water is safe for consumption, reduce the monitoring frequency specified to no less than one (1) sample per quarter. Department approval of the reduced monitoring frequency shall be in writing. Water samples shall be collected by technical personnel employed by an environmental laboratory approved by the department under section 25-40 of the Connecticut General Statutes, or a certified distribution system operator, or a certified treatment plant operator, or a sanitarian, or an employee of the department, or a person under the direct supervision of either a certified distribution system operator, or a certified treatment plant operator.

The residual disinfectant concentration shall be measured at the same point in the distribution system and at the same time as total coliforms are sampled, as specified in this subparagraph and subparagraph (G) of this subdivision. The presence of a residual disinfectant concentration in

a sample from a system that is not approved for continuous chlorination shall invalidate the sample.

(B) The monitoring frequency for total coliforms and physical parameters for non-community water systems is as follows:

(i) A non-community water system using only ground water sources that are not under the direct influence of surface water and serving one thousand (1,000) persons or fewer shall monitor during each calendar quarter that the system provides water to the public, except that the department may reduce this monitoring frequency, in writing, to no less than once a year if a sanitary survey shows that the system is free of sanitary defects pursuant to sections 19-13-B51a through 19-13-B51m of the Regulations of Connecticut State Agencies.

(ii) A non-community water system using only ground water sources that are not under the direct influence of surface water and serving more than one thousand (1,000) persons shall monitor as specified in Table I. Monitoring shall begin no later than December 31, 1990.

(iii) A non-community water system using surface water, in total or in part, shall monitor at the frequency specified in Table 1, regardless of the number of persons it serves. Monitoring shall begin no later than December 31, 1990.

(iv) A non-community water system using groundwater under the direct influence of surface water, shall monitor at the frequency specified in Table I. Monitoring shall begin six (6) months after the department determines that the ground water is under direct influence of surface water.

(v) The residual disinfectant concentration shall be measured at the same point in the distribution system and at the same time as total coliforms are sampled, as specified in this subparagraph and subparagraph (G) of this subdivision. The presence of a residual disinfectant concentration in a sample from a system that is not approved for continuous chlorination shall invalidate the sample.

(C) Community and non-transient non-community water systems shall conduct monitoring beginning in the initial compliance period to determine compliance with the MCLS specified in subdivisions 2, 3, and 4 of subsection 19-13-B102(e) of the Regulations of Connecticut State Agencies. Systems serving fewer than one hundred and fifty (150) service connections shall begin monitoring in the second compliance period for the following chemicals: Benzo(a)pyrene, Dalapon, Di(2-ethylhexyl) adipate, Di(2-ethylhexyl)phthalate, Dinoseb, Diquat, Endothall, Endrin, glyphosate, Hexachlorobenzene, Hexachlorocyclopentadiene, oxamyl(vydate), Picloram, Simazine, 2,3,7,8-TCDD(Dioxin).

(i) Monitoring frequency for community and non-transient non-community water systems

| Contaminant | BASE SAMPLING REQUIREMENT | | REDUCED SAMPLING REQUIREMENT[5] | |
|---|---|---|---|---|
| | Ground Water Systems | Surface Water Systems[4] | Ground Water Systems | Surface Water Systems |
| Asbestos | Every 9 yrs. | Every 9 yrs. | Not Applicable | Not Applicable |
| Nitrate[1] | Annually | Quarterly | Not Applicable | Annually[2] |

| | | | | |
|---|---|---|---|---|
| Nitrite[1] | | | | |
| Inorganic Chemicals | Every 3 yrs. | Annually | Not Applicable | Not Applicable |
| Organic chemicals | Quarterly[6] | Quarterly[6] | Annually*[3] | Annually[3] |
| Pesticides Herbicides And PCBs | Quarterly[6] | Quarterly[6] | Systems serving more than 3300 persons: two quarters per year every 3 years[3]. Systems serving 3300 persons or less; every 3 years[3] | |

Notes:

[1] Each transient non-community water system shall monitor annually for nitrate and nitrite beginning January 1, 1993.

[2] Applicable only if all analytical results from four consecutive quarters are less than fifty percent (50%) of the MCL.

[3] Applicable only if no single contaminant is detected in the results of the four (4) consecutive quarters of the base sampling requirement.

* Reduce to once every three (3) years after three (3) years of no detection of any contaminant in annual sampling.

[4] Or groundwater under the influence of surface water systems.

[5] Applicable only if granted in writing by the department.

[6] See sections 19-13-B102(e)(7)(C)(x), (xiv) and (xvi) of the Regulations of Connecticut State Agencies for exception.

(ii) A system shall monitor quarterly beginning in the next quarter, if in any one sample Inorganic chemical, with the exception of nitrate and nitrite, exceeds the MCL; organic chemical, pesticide, herbicide or PCB is detected at a level exceeding the MDL; or nitrate or nitrite exceeds or equals fifty percent (50%) of the MCL.

(iii) The department may decrease the quarterly monitoring requirement of section 19-13-B102(e)(7)(C)(ii) of the Regulations of Connecticut State Agencies for inorganic chemicals, with the exception of nitrate and nitrite, to the base sampling requirement and organic chemicals along with pesticides, herbicides and PCB to annual sampling provided it has determined that the system is reliably and consistently below the MCL for a minimum of two (2) consecutive quarters for a groundwater system and a minimum of four(4) consecutive quarters for a surface water system. The department may decrease the quarterly monitoring requirement for systems which violated the MCL for organic chemicals, pesticides, herbicides and PCB to annual sampling provided that the system is reliably and consistently below the MCL for a minimum of four (4) consecutive quarters. The department may decrease the quarterly monitoring requirement for systems, which exceeded the MDL for a contaminant that does not have an established MCL, to the reduced sampling requirement.

(iv) After three (3) consecutive annual samples as required in section 19-13-B102(e)(7)(C)(iii) of the Regulations of Connecticut State Agencies are less than the MDL the department may allow a system to reduce the sampling frequency for organic chemicals, pesticides, herbicides and PCB

to the reduced sampling requirement.

(v) After four (4) consecutive quarterly samples as required in section 19- 13-B102(e)(7)(C)(ii) of the Regulations of Connecticut State Agencies are reliably and consistently less than the MCL for a groundwater system and less than fifty percent (50%) of the MCL for a surface water system, the department may allow a system to reduce the sampling frequency for nitrate and nitrite to annually.

(vi) After the initial round of quarterly sampling is completed, a system that is monitoring annually shall take subsequent samples during the quarter(s) that resulted in the highest analytical result.

(vii) The department may increase the required monitoring frequency to detect variations within the system.

(viii) Each public water system shall monitor at the time designated by the department within each compliance period.

(ix) The department may determine compliance or initiate enforcement action based upon analytical results or other information compiled by its representatives.

(x) With the exception of nitrate, nitrite and TTHM, the department may allow the use of monitoring data collected after January 1, 1990 to satisfy the base sampling requirement provided the data is generally consistent with subsection 19-13-B102(e) of the Regulations of Connecticut State Agencies for pesticides, herbicides, PCBs, organic chemicals and inorganic chemicals. Systems which use grandfathered samples of organic chemicals and did not detect any contaminant listed in subsection 19-13-B102(e)(4) of the Regulations of Connecticut State Agencies shall monitor annually beginning January 1, 1993.

(xi) Public water systems utilizing surface water or groundwater under the direct influence of surface water as a source of supply and serving less than 10,000 persons and community water systems that serve 10,000 or more persons shall analyze for total trihalomethanes (TTHM) at quarterly intervals on at least four (4) water samples for each entry point to the system.

Samples shall be collected in the distribution system at a location(s) approved by the department. The monitoring frequency of (TTHM) may be reduced pursuant to 40 CFR 141.30. The reduced monitoring frequency shall be approved in writing by the department. When trihalomethanes are detected in water entering the distribution system as a result of disinfection, the department may exempt public water systems serving less than 10,000 people and utilizing groundwater from the quarterly testing requirement of section 19-13-102(e)(7)(C)(ii) of the Regulations of Connecticut State Agencies provided the department determines that such testing is not necessary for the protection of the public health.

CWS that detects TTHM above 0.080 mg/L, but below 0.100 mg/L, as an annual average monitored and calculated under this subclause shall include health effects language prescribed in appendix A to 40 CFR 141 subpart O to their annual consumer confidence report.

Revised requirements detailed in subdivision (11) of this

subsection take precedence over these requirements beginning on the effective date of this section. After December 31, 2003, this subclause is no longer applicable.

(xii) The department may grant a public water system a waiver from monitoring for dioxin if the department determines that the watershed or zone of influence has not been or is not being used for any of the following land uses: pesticides and herbicides manufacturer, pulp and paper manufacturer, plastics manufacturer, wood preservative manufacturer, landfill and domestic waste transfer station, or hazardous waste disposal facility: and that the public water system has no water quality history indicating the presence of dioxin. The waiver shall be in writing and is subject to renewal for each compliance period.

(xiii) The department may grant a public water system a waiver from monitoring for endothall if the department determines that within the past year treatment with endothall has not been applied to any body of water, turf on sod farms or golf courses within the watershed or zone of intluence of the source of supply. The waiver shall be in writing and is subject to renewal for each compliance period.

(xiv) The department may grant a public water system a waiver from the monitoring requirement for pesticides, herbicides and PCB if the department determines that the public water systems previous analytical results, collected from the source of supply and analyzed in accordance with the EPA's approved testing techniques and methodologies, showed no detectable limit of the contaminant to be waived and the source of supply is constructed and protected pursuant to sections 19-13-B32 and 19-13-B51d of the Regulations of Connecticut State Agencies. The waiver shall be in writing and is subject to renewal for each compliance period.

(xv) Instead of performing the monitoring requirements for the chemicals in section 19-13-B102(c)(3) of the Regulations of Connecticut State Agencies that do not have an established MCL, systems serving fewer than one hundred and fifty (150) service connections may send a letter to the department stating that the system is available for sampling. This letter shall be sent to the department by January 1, 1994. The system shall not send such samples to the department, unless requested to do so by the department.

(xvi) The department may grant a public water system a waiver from the monitoring requirement for organic chemicals (VOCs) if the department determines that the contaminant has not been previously used within the watershed or zone of influence and that the system's initial monitoring results showed no detectable limit of the contaminant to be waived. The waiver shall be in writing and is subject to renewal for each compliance period. As a condition of the waiver, the system shall take one (1) sample at each sampling point during the time the waiver is effective.

(xvii) All systems that use a new source of water that began operation after January 22, 2004, shall demonstrate compliance with the MCL for inorganic chemicals, organic chemicals, pesticides, herbicides, and PCBS. The system shall also comply with the initial sampling frequencies specified by the department to ensure a system can demonstrate compliance with the MCL.

Routine and increased monitoring frequencies shall be conducted in accordance with the requirements in this section.

(D) Sampling sites.

(i) Systems shall collect total coliform and physical samples at sites that are representative of water throughout the distribution system, according to that system's written sample siting plan. These plans are subject to department review, revision and approval. Systems shall collect the monthly samples at regular intervals throughout the month, except that a system that uses ground water sources that are not under the direct influence of surface water and serves one thousand (1,000) persons or fewer, may collect all required samples on a single day if they are taken from different sites. The siting plan is to be reviewed as necessary and is subject to approval by the department, usually in conjunction with the sanitary surveys.

(ii) Samples for organic chemicals, inorganic chemicals, pesticides, herbicides and PCB shall be collected after treatment, if any, at every entry point to the distribution system which is representative of each active source of supply. If the system draws water from more than one active source of supply and the sources are blended before distribution, and the system elects to sample the blended water, the system shall then sample at an entry point to the system during periods when water representative of these sources is being used. The department may designate additional sampling points within the distribution system or at consumers' taps, which more accurately determine consumer exposure. All samples shall be taken at the same sampling point unless the department determines that conditions make another sampling point more representative of each source, treatment plant or the distribution system. If a source is not active, it shall be tested when activated and subject to approval by the department prior to being put into service.

(iii) Systems shall collect the asbestos sample(s) from the distribution system at a location that is representative of each entry point. When applicable, the sample(s) shall be collected from a tap served by an asbestos cement pipe and under conditions where asbestos contamination is most likely to occur.

(iv) The department may reduce the total number of samples a system shall analyze for asbestos, organic chemicals, pesticides, herbicides and PCB by allowing the use of compositing. Composite samples from a maximum of five (5) sampling points within a single system for all public water systems and from different systems for systems serving three thousand three hundred (3,300) persons or less are allowed, provided that the method detection limit (MDL) used for analysis multiplied by the number of composite samples is less than the MCL (e.g., MDL multiplied by the number of samples is less than the MCL). Compositing of samples shall be done in a state approved laboratory and analyzed within fourteen (14) days of sample collection, If the concentration in the composite sample is greater than or equal to the method detection limit of any contaminant listed in subsections (e)(2) through (e)(4) of this section, then a follow-up sample shall be taken and analyzed within fourteen (14) days from each sampling point included in the composite. These samples shall be analyzed for the contaminants that were detected in the composite sample. If

duplicates of the original sample taken from each sampling point used in the composite are available, then the system may use these instead of resampling. The duplicates shall be analyzed and the results reported to the department within fourteen (14) days of collection.

(E) Sanitary surveys.

(i) Frequency of sanitary surveys for a public water system collecting fewer than five (5) total coliform samples/month is as follows:

| System Type | Initial Survey Completed By | Frequency Of Subsequent Surveys |
|---|---|---|
| Community Water System | 6/29/94 | Every 5 Years |
| Non-community Water | 6/29/99 | Every five years[1] |

Note:
[1] For a non-community water system which uses only protested and disinfected groundwater in accordance with sections 19-13-B51a through 19-13-B51(1) of the regulations of Connecticut State Agencies, the sanitary survey may be repeated ever ten (10) years, instead of every five (5) years.

(ii) Only the department or an agent approved by the department may conduct a sanitary survey. The department shall review the sanitary survey results to determine the adequacy of the system, including the existing monitoring frequency. The system is responsible for ensuring that the survey takes place.

(iii) In conducting a sanitary survey of a system using groundwater, information on sources of contamination within the delineated wellhead protection area shall be considered. If such information had been collected since the last sanitary survey, a special study to collect new information is not necessary.

(iv) A system that provides water from a surface water source or a groundwater source under the direct influence of surface water, and that provides and operates treatment pursuant to section 19-13-B102 (j)(2) of the Regulations of Connecticut State Agencies, shall respond in writing to a significant deficiency stated in a department's sanitary survey report no later than forty- five (45) days after the system's receipt of such a report. The system's response shall indicate how and on what schedule the system will address the significant deficiency as defined in subsection (a) of this section. The department, or an agent approved by the Department, shall perform a sanitary survey of community water systems every three (3) years. The department, or an agent approved by the department, shall perform a sanitary survey of non- community water systems every five (5) years.

(F) Invalidation of total coliform-positive samples. The department may invalidate a total coliform-positive sample only if:

(i) The department approved laboratory establishes and verifies in writing that improper sample analysis caused the total coliform-positive result.

(ii) The system determines that the contamination is a domestic or other non- distribution system plumbing problem on the basis that one (1) or more repeat sample(s) taken at the same tap as the original total coliform-positive sample is total coliform-

positive, but all repeat samples at nearby sampling locations are total coliform-negative. (The department cannot invalidate a total coliform-positive sample on the basis of repeat samples if all the repeat samples are total coliformnegative, or if the system has only one (1) service connection.)

(iii) The department has substantial grounds to believe that a total coliformpositive result is due to some circumstance or condition that does not reflect water quality in the distribution system, if the basis for this determination with the rationale for the decision is documented in writing, this document is signed and approved by the supervisor of the department official who makes this determination, and the documentation is made available to EPA and the public. In this case, the system shall still collect all repeat samples as required in subparagraph (G) of subsection 19-13-B102(e)(7) of the regulations of Connecticut State Agencies. The department may not invalidate a total coliform-positive sample solely on the grounds that all repeat samples are total coliform-negative.

(G) Repeat monitoring/additional routine samples:

(i) If a routine sample is confirmed total coliform-positive, the system shall collect a set of repeat samples within twenty-four (24) hours of the confirmed positive result according to Table 2.

Table 2 - Monitoring Requirements Following A Total Coliform-Positive Routine Sample:

| Routine Samples/Mo | Repeat Samples[1] | Routine Samples Next Month[2] |
|---|---|---|
| 1/Mo. or fewer | 4 | 5/Mo. |
| 2/Mo. | 3 | 5/Mo. |
| 3/Mo. | 3 | 5/Mo. |
| 4/Mo. | 3 | 5/Mo. |
| 5/Mo. or more | 3 | Table 1[3] |

[1] Number of repeat samples in the same month for each total coliform-positive routine sample.
[2] Except where the department has invalidated the original routine sample.
[3] System need not take any additional samples beyond those it is required to take according to Table 1.

The department shall extend the twenty-four (24) hour limit to no more than ninety-six (96) hours provided the system verifies that their contract laboratory is closed for the weekend or holidays or their sample sites are unavailable. (Waiver shall he requested and granted before the original twenty-four(24) hour period elapses.)

(ii) The system shall collect at least one (1) repeat sample from the sampling tap where the original total coliform-positive sample was taken and at least one (1) repeat sample at a tap within five (5) service connections upstream and at least one repeat sample at a tap within five (5) service connections downstream of the original sampling site. For those systems that shall collect four (4) repeat samples, the fourth repeat sample can be collected from any distribution sampling point within the system. If a total coliform-positive sample is at the end or at the beginning of the distribution system, the system shall collect one

(1) repeat sample at the original sampling point and the other required repeat samples at sampling points within five (5) service connections upstream or downstream from the original sampling point.

(iii) The system shall collect all repeat samples on the same day, except that the department may allow a system with a single service connection to collect the required set of repeat samples over a four-day period or to collect a larger volume repeat sample(s) in one (1) or more sample containers of any size, as long as the total volume collected is at least 400 ml (300 ml for systems that collect more than one (1) routine sample/month) provided four (4) separate sampling locations are not available.

(iv) If a system collecting fewer than five (5) routine samples per month has one (1) or more total coliform-positive samples and the department does not invalidate the sample(s), it shall collect at least five (5) routine samples during the next month the system provides water to the public.

(v) If after a system collects a routine sample and before it learns the results of the analysis of that sample, it collects another routine sample(s) from within five (5) adjacent service connections of the initial sample, and the initial sample after analysis is found to contain total coliforms; then the system may count the subsequent sample(s) as a repeat sample instead of as a routine sample.

(vi) If one (1) or more repeat samples in the set is confirmed total coliformpositive, the system shall collect an additional set of repeat samples. The system shall collect the additional samples within twenty-four (24) hours of the confirmed positive result, unless the department extends the limit as noted in subparagraph (7)(G)(i) of this subsection. The system shall repeat this process until either total coliforms are not detected in one (1) complete set of repeat samples or the system determines that the MCL for total coliforms has been exceeded and notifies the department.

(vii) Results of all routine and repeat samples not invalidated by the department shall be included in determining compliance with the MCL for total coliforms. Special purpose samples shall not be used to determine compliance with the MCL for total coliforms.

(H) A system that uses a groundwater source under the direct influence of surface water, and that does not provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, shall collect and test for total coliform and turbidity levels as specified in the following subclauses:

(i) The system shall collect at least one (1) total coliform sample which shall be collected near the first service connection each day the turbidity level of the source water exceeds one (1) nephelometric turbidity unit (NTU). The system shall collect this coliform sample within twenty-four (24) hours of the first exceedance of one (1) NTU, unless the department waives this requirement as noted in subparagraph (7)(G)(i) of this subsection. Sample results from this coliform monitoring shall be included along with the results of all acceptable, as determined by the department, routine and repeat samples in determining compliance with the MCL for total coliforms.

(ii) The system shall perform tests for turbidity on samples collected, at least daily, at a point or points representative of water entering

the distribution system. The system shall conduct such tests in accordance with the method as specified in 40 CFR 141.74(a)(1). When the turbidity of any such sample exceeds one (1) nephelometric turbidity unit (NTU), the sampling shall be repeated and a new test made for turbidity within one hour of the original test or as soon as practical. If the repeat test also exceeds the turbidity limit of one (1) NTU, this shall be reported to the department within twenty-four (24) hours. If the monthly average exceeds one (1) NTU, or if the average of two (2) samples taken on consecutive days exceeds five (5) NTU, it shall be reported to the department within twenty-four (24) hours.

(I) Fecal coliform and Ecoli requirements.

(i) If any routine or repeat sample is total coliform-positive, the system shall analyze that total coliform-positive culture medium to determine if fecal coliforms or Ecoli are present. The system shall notify the department by the end of the day on which the system is notified of the positive test result but no later than ninety-six (96) hours from the time of sample collection. If the department office is closed, notification shall be made before the end of the next business day.

(ii) If any repeat sample is fecal coliform-positive or Ecoli-positive, or if a fecal coliform-positive or Ecoli-positive routine sample is followed by a total coliformpositive repeat sample and the repeat sample is not invalidated, the system is in violation of the MCL for total coliforms. This is an acute risk violation of the MCL for total coliforms.

(J) Heterotrophic bacteria interference (HBI). The department approved laboratory shall invalidate any total coliform sample which produces: a turbid culture in the absence of gas production using the multiple tube fermentation (MTF) technique, or a turbid culture in the absence of an acid reactionusing the presence-absence (P-A) coliform test, or confluent growth or a colony number that is "too numerous to count" using the membrane filter (MF) technique (unless total coliforms are detected). The system shall collect another sample from the same location within twenty-four (24) hours of the confirmed interference problem, and have it analyzed for total coliforms. If HBI occurs in replacement samples, the system shall continue to resample the same location within twenty-four (24) hours until an acceptable sample is obtained. The results of the acceptable sample shall be included in compliance calculations.

(K) Sampling protocol.

(i) Where a different schedule is prescribed pursuant to federal regulations, as they may be amended from time to time, the more stringent testing schedule shall apply.

(ii) Laboratory analyses shall be conducted using EPA sampling and testing methods and by an environmental laboratory approved by the department under section 25-40 of the Connecticut General Statutes.

(iii) Water samples shall be collected by technical personnel employed by an environmental laboratory approved by the department under section 25-40 of the Connecticut General Statutes, or a certified distribution system operator, or a certified treatment plant operator, or a sanitarian, or an employee of the department, or a person under the direct supervision of either a certified laboratory, a certified distribution system operator or a certified treatment plant operator.

(iv) Analytical methods for all inorganic chemicals, organic

chemicals, pesticides, herbicides and PCB shall conform to those approved by EPA and described in 40 CFR 141.23(k), and 141.24(e), as amended October 29, 2002. Analyses for lead, copper, pH, conductivity, calcium, alkalinity, orthophosphate, silica, and temperature shall be conducted pursuant to 40 CFR 141.89.

(v) Inorganic samples shall be collected and handled in accordance with 40CFR 141.23(k)(2), as amended March 25, 2003. Samples shall be collected, handled, and tested in accordance with the latest edition of "standard methods for the examination of water and wastewater" or in accordance with EPA guidelines as specified in the most current edition of the "handbook for sampling and sample preservation of water and wastewater" (EPA--600/4-82--029).

(vi) Arsenic sampling results shall be reported to the nearest 0.001 mg/L.

(L) Where the fluoride content is artificially adjusted, tests for fluoride shall be made on each source so adjusted at least daily. The fluoride content of such supplies shall be maintained between 0.8 mg/l and 1.2 mg/l. If the monthly average of the daily tests does not fall within these limits it shall be reported as a failure to comply with this subparagraph. If warranted by conditions that may be detrimental to the health of consumers, samples from each fluoridated source shall be submitted to the department for testing.

(M) Where the water is chlorinated, at least daily tests shall be made for residual chlorine. A system that uses a groundwater source under the direct influence of surface water, and that does not provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, shall disinfect in accordance with section 19-13-B102(j)(3)(B) of the Regulations of Connecticut State Agencies. When groundwater source not under the direct influence of surface water is chlorinated, a free chlorine residual of at least 0.2 mg/l after ten (10) minutes contact, or the equivalent thereof, shall be used.

(N) pH and phosphate monitoring.

(i) Where the pH value is artificially adjusted, tests for pH value shall be made of the treated water daily, or as required by the department.

(ii) Where phosphate or other corrosion control chemicals are used, tests shall be made for the phosphate level or for other chemicals involved in the corrosion control treatment at least once every two weeks, or as required by the department. The tests shall be done at a location(s) approved by the department.

(O) In cases where one (1) system supplies water to a consecutive public water system, tests for inorganic chemicals, organic chemicals, pesticides, herbicides, PCB and radioactive substances need not be made by the consecutive public water system except for lead, copper and asbestos which shall be tested in both systems according to subsection (e)(8) and (e)(7)(C) of this section. Bacteriological and physical tests shall be performed at the required frequencies by both systems. The department may waive asbestos testing for consecutive public water systems if the system can verify that it does not have any asbestos cement pipes in its distribution system.

(P) Confirmation samples.

(i) Where the results of sampling for inorganic chemicals, organic chemicals, pesticides, herbicides and PCB, with the exception of nitrate, nitrite and TTHM exceed the MCL, the department may

require that one additional sample be collected no later than two (2) weeks after the first sample is taken. The confirmation sample shall be collected at the same sampling point as the first sample.

(ii) Where nitrate or nitrite sampling results exceed the MCL, the system shall take a confirmation sample within twenty-four (24) hours of the system's receipt of notification of the analytical results of the first sample. Systems unable to comply with the twenty-four (24) hour sampling requirement shall immediately notify the consumers in accordance with subsection 19-13-B 102(i) of the regulations of Connecticut State Agencies. Systems exercising this option shall take and analyze a confirmation sample within two (2) weeks of notification of the analytical results of the first sample.

(iii) The results of the initial and confirmation sample shall be averaged. The resulting average shall be used to determine the system's compliance in accordance with subpagraph (Q) of this subsection. The department has the discretion to delete results of obvious sampling errors.

(iv) The department may require more frequent monitoring than specified or may require confirmation samples for positive and negative results when the department determines that the source of supply is vulnerable and subject to contamination.

(Q) Compliance.

(i) For systems that are conducting monitoring at a frequency greater than annual compliance with the MCL, with the exception of THHM, nitrate and nitrite shall be determined based on the results of a running annual average of quarterly sampling for each sampling location. If more than one (1) sample is collected at a location during a quarter, the results of the samples shall be averaged to obtain a single result of that quarter. If one (1) location's running annual average is greater than the MCL, then the system shall be deemed to be out of compliance. A system deemed out of compliance shall be subject to a departmental enforcement action. If any one (1) positive sample result would cause the annual average to be exceeded, then the system shall be deemed to be out of compliance immediately. The department may also require a resample of a negative result when the validity of the results, as determined by the department, may be inaccurate. All sample results shall be compiled in determining compliance. When calculating results for compliance, any chemical result that is reported as being below the MDL for that chemical shall be counted as a zero (0). If a system fails to collect the required number of samples, compliance shall be based on the average concentration of the total number of samples collected. The system shall not be considered in violation of the MCL until it has completed one year of quarterly sampling. If a confirmation sample is required by the department the determination of compliance shall be based on the average of the two (2) samples.

(ii) If any sample exceeds the MCL for nitrate or nitrite, the system shall take a confirmation sample. The compliance determination is based on the average of the results of the initial and confirmation samples of each sampling point.

(iii) If a system has a distribution system that is physically or hydraulically isolated from other parts of the distribution system,

only that part of the system that exceeds an MCL shall be deemed out of compliance. The department shall apply the public notice requirement to that portion of the system, which is out of compliance. Public notice shall be effected pursuant to subsection 19-13-B102(i) of the Regulations of Connecticut State Agencies.

(iv) The best available technologies for compliance with the MCL shall conform to those approved by EPA and specified in 40 CFR 141.61(b), 40 CFR 141.62(c), as amended June 29, 2004, and 40 CFR 141.64(c). Control of treatment processes to reduce disinfectant demand and control of disinfection treatment processes to reduce disinfectant levels is identified as the best means available for achieving compliance with maximum residual disinfectant levels. For surface water and GWUDI systems using conventional treatment, enhanced coagulation or enhanced softening are identified as treatment techniques for controlling disinfection byproduct precursors in drinking water treatment and distribution systems.

(R) Monitoring requirements for systems with a groundwater source under the direct influence of surface water.

For a groundwater source under the direct influence of surface water that is required to provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, the department shall be guided by its document entitled, "Determination Of Groundwater Under The Direct Influence Of Surface Water." Interim monitoring requirements shall be required prior to installation of filtration. Specific requirements shall be determined pursuant to subsections (j)(2)(D), (j)(3)(A), (e)(7)(H), and(e)(7)(M) of this section.

(S) Monitoring requirements for systems that use a surface water source or a groundwater source under the direct influence of surface water, and that provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies.

(i) Turbidity measurements as required by section 19-13-B102(j)(4) of the Regulations of Connecticut State agencies shall be performed on representative samples of the system's combined filtered water at a point prior to entering a distribution system using a continuous turbidimeter for the time period the filter(s) contribute(s) water to the system, and the system shall record a turbidity result at least every four (4) hours.

Additionally, if a system serves 10,000 or more persons and uses conventional or direct filtration, the system shall perform turbidity measurements on samples representative of effluent water from each individual filter, using a continuous turbidimeter during the time period the filter contributes water to the combined filter water or serves water to the public. The system shall record the turbidity result at least every fifteen (15) minutes during this period.

Additionally, beginning on January 1, 2005, if a system serves fewer than 10,000 persons and uses conventional or direct filtration, the system shall perform turbidity measurements on samples representative of effluent water from each individual filter, using a continuous turbidimeter during the time period the filter contributes water to the combined filter water or serves

water to the public. The system shall record the turbidity result at least every fifteen (15) minutes during this period. If the system only consists of two or fewer filters, the system may conduct continuous monitoring of combined filter effluent turbidity in lieu of individual filter effluent turbidity monitoring. Combined filter effluent turbidity monitoring shall meet the same requirements set forth in this subclause.

If there is a failure in the continuous monitoring equipment, grab sampling every four (4) hours shall be conducted in lieu of continuous monitoring, but for no more than five (5) working days following the failure of the equipment for systems serving 10,000 or more persons and for no more than 14 calendar days for systems serving fewer than 10,000 people. A system shall validate the continuous measurement on a daily basis using the appropriate procedure in the latest edition of "Standard Methods For The Examination Of Water And Wastewater" and shall calibrate the turbidimeters using a procedure specified by the equipment manufacturer. A copy of this publication can be obtained by request to the American Public Health Association in Washington, DC.

The system shall conduct all turbidity measurements in accordance with a method specified in 40 CFR 141.74(a)(1).

(ii) The residual disinfectant concentration of the water entering the distribution system shall be monitored continuously, and the lowest value shall be recorded each day, except that if there is a failure in the continuous monitoring equipment, grab sampling every four (4) hours may be conducted in lieu of continuous monitoring, but for no more than five (5) working days following the failure of the equipment.

(iii) The residual disinfectant concentration shall be measured at least at the same points in the distribution system and at the same time as total coliforms are sampled, as specified in section 19-13-B102(e)(7) of the Regulations of Connecticut State Agencies. Heterotrophic bacteria, measured as heterotrophic plate count (HPC) as specified in 40 CFR 141.74 (a)(1), may additionally be measured and used in conjunction with the measurement for residual disinfectant concentration when determining compliance pursuant to section 19-13-B102(j)(3)(B)(iii) of the Regulations of Connecticut State Agencies.

(iv) A system serving 10,000 or more persons, having a TTHM annual average of greater than or equal to 0.064 mg/L or a HAA5 annual average of greater than or equal to 0.048 mg/L, shall develop a disinfection profile in accordance with 40 CFR 141.172(b) and submit the disinfection profile pursuant to section 19-13-B102(h)(6)(B)(iv) of the Regulations of Connecticut State Agencies.

TTHM and HAA5 annual averages under this subclause, as defined in subsection (a) of this section, shall be based on the monitoring requirement of 40 CFR 141.172(a)(1) through (5) for each respective treatment plant with a surface water source or a groundwater source under the direct influence of surface water.

A system shall monitor and calculate logs of inactivation in accordance with 40 CFR 141.172(b) when developing a disinfection profile, and inactivation values achieved by various disinfectants for giardia lamblia cysts and viruses.

(v) A system serving fewer than 10,000 persons, having a TTHM annual average of greater than or equal to 0.064 mg/L or a HAA5 annual average of greater than or equal to 0.048 mg/L, shall develop a disinfection profile in accordance with 40 CFR 141.532, as amended January 14, 2002, 40 CFR 141.533, as amended January 14, 2002, 40 CFR 141.534, as amended January 14, 2002, 40 CFR 141.535, as amended January 14, 2002 and 40 CFR 141.536, as amended January 14, 2002, and submit the disinfection profile pursuant to section 19-13-B102(h)(6)(B)(iv) of the Regulations of Connecticut State Agencies.

TTHM and HAA5 annual averages under this subclause, as defined in subparagraph (a) of this section, shall be based on samples collected, during the month of the warmest water temperature and at the point of maximum residence time in the distribution system for each respective treatment plant with a surface water source or a groundwater source under the direct influence of surface water.

A system shall monitor and calculate logs of inactivation in accordance with 40 CFR 141.532, as amended January 14, 2002, 40 CFR 141.533, as amended January 14, 2002, 40 CFR 141.534, as amended January 14, 2002, 40 CFR 141.535, as amended January 14, 2002, and 40 CFR 141.536, as amended January 14, 2002, when developing a disinfection profile, and inactivation values achieved by various disinfectants for giardia lamblia cysts and viruses.

(8) Monitoring requirements for lead and copper in tap water.

(A) Sample site location.

(i) By the applicable date for commencement of monitoring under subparagraph (D)(i) of this subdivision, each water system shall complete a materials evaluation of its distribution system in order to identify a pool of targeted sampling sites that meets the requirements of this subdivision, and that is sufficiently large to ensure that the water system can collect the number of lead and copper tap samples required in subparagraph (C) of this subdivision. All sites from which first draw samples are collected shall be selected from this pool of targeted sampling sites. Sampling sites shall not include faucets that have point-of-use or point-of-entry treatment devices designed to remove inorganic contaminants.

(ii) A water system shall use the information on lead, copper, and galvanized steel that it is required to collect under 40 CFR 141.42(d) (special monitoring for corrosivity characteristics) when conducting a materials evaluation. When an evaluation of the information collected pursuant to 40 CFR 141.42(d) is insufficient to locate the requisite number of lead and copper sampling sites to meet the targeting criteria of this subparagraph, the water system shall review the sources of information listed

below in order to identify a sufficient number of sampling sites. In addition, the system shall collect such information where possible in the course of its normal operations (e.g., checking service line materials when reading water meters or performing maintenance activities): all plumbing codes, permits, and records in the files of the building department(s) that indicate the plumbing materials that are installed within publicly and privately owned structures connected to the distribution system; all inspections and records of the distribution system that indicate the material composition of the service connections that connect a structure to the distribution system; and all existing water quality information, which includes the results of all prior analyses of the system or individual structures connected to the system, indicating locations that may be particularly susceptible to high lead or copper concentrations.

(iii) The sampling sites selected for a community water system's sampling pool (tier 1 sampling sites) shall consist of single family structures that: contain copper pipes with lead solder installed after 1982 or contain lead pipes; or are served by a lead service line. When multiple-family residences comprise at least twenty percent (20%) of the structures served by a water system, the system may include this type of structures in its sampling pool.

(iv) Any community water system with insufficient tier 1 sampling sites shall complete its sampling pool with tier 2 sampling sites, consisting of buildings, including multiple-family residences that: contain copper pipes with lead solder installed after 1982 or contain lead pipes; or are served by a lead service line.

(v) Any community water system with insufficient tier 1 and tier 2 sampling sites shall complete its sampling pool with tier 3 sampling sites, consisting of single family structures that contain copper pipes with lead solder installed before 1983. A community-water system with insufficient tier 1, tier 2, and tier 3 sampling sites shall complete its sampling pool with representative sites throughout the distribution system. For the purpose of this subclause, a representative site is a site in which the plumbing materials used at that site would be commonly found at other sites served by the water system.

(vi) The sampling sites selected for a non-transient non-community water system (tier 1 sampling sites) shall consist of buildings that: contain copper pipes with lead solder installed after 1982 or contain lead pipes; or are served by a lead service line.

(vii) A non-transient non-community water system with insufficient tier 1 sites to meet the targeting criteria in subparagraph (A)(vi) of this subdivision shall complete its sampling pool with sampling sites that contain copper pipes with lead solder installed before 1983. If additional sites are needed to complete the sampling pool, the non-transient non-community water system shall use representative sites throughout the distribution system. For the purpose of this subclause, a representative site is a site in which the plumbing materials used at that site would be commonly found at other sites served by the water system.

(viii) Any water system having a distribution system containing lead service lines shall draw fifty percent (50%) of the samples it collects during each monitoring period from sites that contain lead pipes, or copper pipes with lead solder, and fifty percent (50%) of those samples from sites served by a lead service line.

A water system that cannot identify a sufficient number of sampling sites served by a lead service line shall collect first draw samples from all of the sites identified as being served by such lines.

(B) Sample collection methods.

(i) All tap samples for lead and copper collected in accordance with this subsection, with the exception of lead service line samples collected pursuant to sections 19-13-B102(e)(8)(B)(iii) and (v) of the Regulations of Connecticut State Agencies, shall be first-draw samples.

(ii) Each first-draw tap sample for lead and copper shall be one (1) liter in volume and have stood motionless in the plumbing system of each sampling site for at least six (6) hours. First-draw samples from residential housing shall be collected from the cold-water kitchen tap or bathroom sink tap. First-draw samples from a non-residential building shall be one (1) liter in volume and shall be collected at an interior tap from which water is typically drawn for consumption. Non-first-draw samples collected in lieu of first-draw samples pursuant to section 19-13-B102(e)(8)(B)(v) of the Regulations of Connecticut State Agencies shall be one (1) liter in volume and shall be collected at an interior tap from which water is typically drawn for consumption. First-draw samples may be collected by the system or the system may allow residents to collect first-draw samples after instructing the residents of the sampling procedures specified in this subparagraph. To avoid problems of residents handling nitric acid, acidification of first-draw samples may be done up to fourteen (14) days after the sample is collected. After acidification to resolubilize the metals, the sample shall stand in the original container for the time specified in the approved EPA method, pursuant to section 19-13-B102(e)(7)(k) of the Regulations of Connecticut State Agencies, before the sample is analyzed.

(iii) Each service line sample shall be one (1) liter in volume and have stood motionless in the lead service line for at least six (6) hours. Lead service line samples shall be collected in one (1) of the following three (3) ways: at the tap after flushing the volume of water between the tap and the lead service line (the volume of water shall be calculated based on the interior diameter and length of the pipe between the tap and the lead service line); tapping directly into the lead service line; or if the sampling site is a building constructed as a single-family residence, allowing the water to run until there is a significant change in temperature which would be indicative of water that has been standing in the lead service line.

(iv) A water system shall collect each first-draw tap sample from the same sampling site from which it collected a previous sample. If the water system cannot gain entry to a sampling site in order to collect a follow-up tap sample, the system may collect the follow-up tap sample from another sampling site in its sampling pool as long as the new site meets the same targeting criteria, and is within reasonable proximity of the original site.

(v) A non-transient non-community water system, or a community water system whose operation mandates continuous daily flow, such as a prison or hospital, that does not have enough taps that can supply first-draw samples, as defined in section 19-13-

B102(a) of the Regulations of Connecticut State Agencies, shall notify the Department in writing when it substitutes non-first-draw samples, pursuant to section 19-13-B102(h)(5)(A)(vii) of the Regulations of Connecticut State Agencies. Such systems shall collect as many first-draw samples from appropriate taps as possible and identify sampling times and locations that would likely result in the longest standing time for the remaining sites.

(C) Number of samples. Water systems shall collect at least one (1) sample during each monitoring period specified in subparagraph (D) of this subdivision from the number of sites listed ("Standard Monitoring") in the table in this subparagraph. A system conducting reduced monitoring under subparagraph (G) of this subdivision shall collect at least one (1) sample from the number of sites specified "Reduced Monitoring" in the table in this subparagraph during each monitoring period specified in subparagraph (G) of this subdivision. Such reduced monitoring sites shall be representative of the sites required for standard monitoring. The Department may specify sampling locations when a system is conducting reduced monitoring.

| **System Size (# People Served)** | **# of Sites (Standard Monitoring)** | **# of Sites (Reduced Monitoring)** |
|---|---|---|
| Greater than 100,000 | 100 | 50 |
| 10,001-100,000 | 60 | 30 |
| 3,301 to 10,000 | 40 | 20 |
| 501 to 3,300 | 20 | 10 |
| 101 to 500 | 10 | 5 |
| Less than or equal to 100 | 5 | 5 |

In the case of a consecutive public water system, the number of sampling sites shall be based on the total population of the consecutive system and the supplier's system. The number of sites for each system shall then be apportioned according to the percentage of the total population served by each system.

(D) Initial tap sampling.
The first six (6) month monitoring period for small, medium-size and large systems shall begin on the following dates:

| **System Size (# People Served)** | **First Six (6) Month Monitoring Period Begins** |
|---|---|
| Greater than 50,000 | January 1, 1992 |
| 3,301 to 50,000 | July 1, 1992 |
| Less than or equal to 3,300 | July 1, 1993 |

All large systems shall monitor during two (2) consecutive six (6) month periods.

All small and medium-size systems shall monitor during each six (6) month monitoring period until: the system exceeds the lead or copper action level and is therefore required to implement the corrosion control treatment requirements under subsection (j)(7) of this section, in which case the system shall continue monitoring in accordance with subparagraph (E) of this subdivision, or the system meets the lead and copper action levels during two (2) consecutive six (6) month monitoring

periods, in which case the system may reduce monitoring in accordance with subparagraph (G) of this subdivision.

(E) Monitoring after installation of corrosion control and source water treatment. Any large system that installs optimal corrosion control treatment pursuant to subsection (j)(7)(D)(iv) of this section shall monitor during two (2) consecutive six (6) month monitoring periods by the date specified in subsection (j)(7)(D)(v)of this section. Any small or medium-size system that installs optimal corrosion control treatment pursuant to subsection (j)(7)(E)(v) of this section shall monitor during two (2) consecutive six (6) month monitoring periods by the date specified in subsection (j)(7)(E)(vi) of this section. Any system that installs source water treatment pursuant to subsection (j)(9)(A)(iii) of this section shall monitor during two (2) consecutive six (6) month monitoring periods by the date specified in subsection (j)(9)(A)(iv) of this section.

(F) Monitoring after the department specifies water quality parameter values for optimal corrosion control.

After the department specifies the values for water quality control parameters under subsection (j)(8)(F) of this section, the system shall monitor during each subsequent six (6)month monitoring period, with the first monitoring period to begin on the date the department specifies the optimal values under subsection (j)(8)(F) of this section.

(G) Reduced monitoring.

(i) A small or medium-size water system that meets the lead and copper action levels during each of two (2) consecutive six (6) month monitoring periods may reduce the number of samples in accordance with subparagraph (c) of this subdivision, and reduce the frequency of sampling to once per year.

(ii) Any water system that maintains the range of values for the water quality control parameters reflecting optimal corrosion control treatment specified by the department under subsection (j)(8)(F) of this section during each of two (2) consecutive six (6) month monitoring periods may reduce the frequency of monitoring to once per year and reduce the number of lead and copper samples in accordance with subparagraph (C) of this subdivision if it receives written approval from the department. The department shall review monitoring, treatment and other relevant information submitted by the water system in accordance with section 19-13-B102(h)(5) of the Regulations of Connecticut State Agencies and shall notify the system in writing, when it determines the system is eligible to commence reduced monitoring pursuant to this subclause. The department shall review, and where appropriate, revise its determination when the system submits new monitoring or treatment data, or when other data relevant to the number and frequency of tap sampling becomes available.

(iii) A small or medium-size water system that meets the lead and copper action levels during three (3) consecutive years of monitoring may reduce the frequency of monitoring for lead and copper from annually to once every three (3) years. Any water system that maintains the range of values for the water quality control parameters reflecting optimal corrosion control treatment specified by the department under subsection (j)(8)(F) of this section during three (3) consecutive years of monitoring may reduce the frequency of monitoring from annually to once every three (3) years if it receives written approval from the

department. The department shall review monitoring, treatment, and other relevant information submitted by the water system in accordance with section 19-13-B102(h)(5) of the Regulations of Connecticut State Agencies, and shall notify the system in writing, when it determines the system is eligible to reduce the frequency of monitoring to once every three (3) years. The department shall review, and where appropriate, revise its determination when, the system submits new monitoring or treatment data, or when other data relevant to the number and frequency of tap sampling becomes available.

(iv) A water system that reduces the number and frequency of sampling shall collect these samples from representative sites included in the poo1 of targeted sampling sites identified in subparagraph (A) of this subdivision. Systems sampling annually or less frequently shall conduct the lead and copper tap sampling during the months of June, July, August or September unless the department has approved a different sampling period in accordance with this subclause.

The Department, in its discretion, may approve a different period for conducting the lead and copper tap sampling for systems collecting a reduced number of samples. Such a period shall be no longer than four (4) consecutive months and shall represent a time of normal operation when the highest levels of lead are most likely to occur. For a non-transient, non-community water system that does not operate during the months of June through September, and for which the period of normal operation when the highest levels of lead are most likely to occur is not known, the department shall designate a period that represents a time of normal operation for the system.

Systems monitoring annually, that have been collecting samples during the months of June through September and that receive department approval to alter their sample collection period under this subclause, shall collect their next round of samples during a time period that ends no later than twenty-one (21) months after the previous round of sampling. Systems monitoring once every three (3) calendar years that have been collecting samples during the months of June through September and that receive department approval to alter their sampling collection period under this subclause, shall collect their next round of samples during a time period that ends no later than forty-five (45) months after the previous round of sampling. Subsequent rounds of sampling shall be collected annually or once every three (3) calendar years, as required by this section.

(v) Any water system that demonstrates for two (2) consecutive six (6) month monitoring periods that the tap water lead level computed under section 19- 13-B102(j)(6)(B)(iii) of the Regulations of Connecticut State Agencies is less than or equal to 0.005 mg/l and the tap water copper level computed under section 19-13-B102(j)(6)(B)(iii) of the Regulations of Connecticut State agencies is less than or equal to 0.65 mg/l may reduce the number of samples in accordance with section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies and reduce the frequency of sampling to once every three (3) calendar years.

(vi) A small or medium-size water system subject to reduced monitoring that exceeds the lead or copper action level shall resume sampling in accordance with section 19-13-B102(e)(8)(F) of the Regulations of Connecticut State Agencies and collect the number of samples specified for standard monitoring under subparagraph (C) of this subdivision. Such system shall also conduct water quality parameter monitoring in accordance with subdivision (9) (B), (C) or (D) of this subsection (as appropriate) during the designated four (4) consecutive month monitoring period in which it exceeded the action level. Any such system may resume annual monitoring for lead and copper at the tap at the reduced number of sites specified in section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies after it has completed two (2) subsequent consecutive six (6) month rounds of monitoring that meet the criteria of section 19-13-B102(e)(8)(G)(i) of the Regulations of Connecticut State Agencies and may resume monitoring once every three (3) calendar years for lead and copper at the reduced number of sites after it demonstrates through subsequent rounds of monitoring that it meets the criteria of either section 19-13-B102(e)(8)(G)(iii) or (v) of the Regulations of Connecticut State Agencies.

(vii) Any water system subject to the reduced monitoring frequency that fails to operate, at or above the minimum value or within the range of values for the water quality parameters specified by the department under section 19-13- B102(j)(8)(F) of the Regulations of Connecticut State Agencies, for more than nine (9) days in any six (6) month period specified in section 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies, shall conduct tap water sampling for lead and copper at the frequency specified in section 19-13-B102(e)(8)(F) of the Regulations of Connecticut State Agencies, collect the number of samples specified for standard monitoring in section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies and shall resume monitoring for water quality parameters within the distribution system in accordance with section 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies. Such a system may resume reduced monitoring for lead and copper at the tap and for water quality parameters within the distribution system under the following conditions:

(I) The system may resume annual monitoring for lead and copper at the tap at the reduced number of sites specified in section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies after it has completed two (2) subsequent six (6) month rounds of monitoring that meet the criteria of section 19-13-B102(e)(8)(G)(ii) of the Regulations of Connecticut State Agencies and the system has received written approval from the department that it is appropriate to resume reduced monitoring on an annual frequency;

(II) The system may resume monitoring once every three (3) calendar years for lead and copper at the tap at the reduced number of sites after it demonstrates through subsequent rounds of monitoring that it meets the criteria of either section 19-13-B102(e)(8)(G)(iii) or (iv) of the Regulations of Connecticut State Agencies and the

system has received written approval from the department that it is appropriate to resume monitoring once every three (3) calendar years; and

(III) The system may reduce the number of water quality parameter tap water samples required in accordance with section 19-13-B102(e)(9)(E)(i) of the Regulations of Connecticut State Agencies and the frequency with which it collects such samples in accordance with section 19-13-B102(e)(9)(E)(ii) of the Regulations of Connecticut State Agencies. Such a system may not resume monitoring once every three (3) calendar years for water quality parameters at the tap until it demonstrates, in accordance with the requirements of section 19-13-B102(e)(9)(E)(ii) of the Regulations of Connecticut State Agencies, that it has re-qualified for monitoring once every three (3) calendar years.

(viii) Any water system subject to a reduced monitoring frequency under this subparagraph shall obtain the approval of the department in writing, pursuant to section 19-13-B102(d)(2) of the Regulations of Connecticut State Agencies, prior to any change in treatment or the addition of a new source. The department may require the system to resume routine sampling in accordance with subparagraph (F) of this subdivision and collect the number of samples specified for standard monitoring under section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies or take other appropriate steps, such as increased water quality parameter monitoring or re-evaluation of its corrosion control treatment given the potentially different water quality considerations.

(H) Additional monitoring by systems. The results of any monitoring conducted in addition to the minimum requirements of this subsection shall be considered by the system and the department in making any determinations (i.e., calculating the 90th percentile lead or copper level) under this subsection.

(I) Invalidation of lead or copper tap water samples. A sample invalidated under this subparagraph does not count toward determining lead or copper 90th percentile levels under section 19-13-B102(j)(6)(B)(iii) of the Regulations of Connecticut State Agencies or toward meeting the minimum monitoring requirements of section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies.

(i) The department may invalidate a lead or copper tap water sample if at least one of the following conditions is met:

(I) The laboratory establishes that improper sample analysis caused erroneous results;

(II) The department determines that the sample was taken from a site that did not meet the site selection criteria of this section;

(III) The sample container was damaged in transit;

(IV) There is substantial reason to believe that the sample was subject to tampering; or

(V) There is substantial reason to believe that the sample was collected improperly.

(ii) The system shall report the results of all samples to the department and all, supporting documentation for samples the system believes should be invalidated.

(iii) To invalidate a sample under this subparagraph, the department

shall document, in writing, the decision and the rationale for the decision. The department may not invalidate a sample solely on the grounds that a follow-up sample result is higher or lower than that of the original sample.

The water system shall collect replacement samples for any samples invalidated under this section if, after the invalidation of one or more samples, the system has too few samples to meet the minimum requirements of section 19- 13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies. Any such replacement samples shall be taken as soon as possible, but no later than twenty (20) days after the date the department invalidates the sample or by the end of the applicable monitoring period, whichever occurs later. Replacement samples taken after the end of the applicable monitoring period shall not also be used to meet the monitoring requirements of a subsequent monitoring period. The replacement samples shall be taken at the same locations as the invalidated samples or, if that is not possible, at locations other than those already used for sampling during the monitoring period.

(9) Monitoring requirements for water quality parameters.
All large water systems and all small and medium-size systems that exceed the lead or copper action level shall monitor water quality parameters in addition to lead and copper in accordance with this subdivision. The requirements of this subdivision are summarized in the table at the end of this subdivision.

(A) General requirements.

(i) Sample collection methods.
Tap samples shall be representative of water quality throughout the distribution system taking into account the number of persons served, the different sources of water, the different treatment methods employed by the system, and seasonal variability. Tap sampling under this subdivision is not required to be conducted at taps targeted for lead and copper sampling under subdivision (8)(A)(i) of this subsection. Samples collected at the entry point(s) to the distribution system shall be from locations representative of each source after treatment. If a system draws water from more than one (1) source and the sources are combined before distribution, the system shall sample at an entry point to the distribution system during periods of normal operating conditions (i.e., when water is representative of all sources being used).

(ii) Number of samples.
Systems shall collect two (2) tap samples for applicable water quality parameters during each monitoring period specified under subparagraphs (B) through (E) of this subdivision from the following number of sites.

| ***System Size (Number People Served)*** | ***Number of Sites For Water Quality Parameters*** |
|---|---|
| Greater than 100,000 | 25 |
| 10,001-100,000 | 10 |
| 3,301 to 10,000 | 3 |
| 501 to 3,300 | 2 |
| 101 to 500 | 1 |
| Less than or equal to 100 | 1 |

Systems shall collect two (2) samples for each applicable water quality parameter at each entry point to the distribution system during each monitoring period specified in subparagraph (B) of this subdivision. During each monitoring period specified in subparagraphs (C) through (E) of this subdivision, systems shall collect one (1) sample for each applicable water quality parameter at each entry point to the distribution system.

(B) Initial sampling. All large water systems shall measure the applicable water quality parameters as specified in this subparagraph at taps and at each entry point to the distribution system during each six (6) month monitoring period specified in subdivision (8)(D) of this subsection. All small and medium-size systems shall measure the applicable water quality parameters at the locations specified in this subparagraph during each six (6) month monitoring period specified in subdivision (8)(D) of this subsection during which the system exceeds the lead or copper action level.

(i) Monitoring at taps shall include: PH; alkalinity; orthophosphate when an orthophosphate compound is used; orthophosphate and hydrolyzable phosphate when a condensed or blended phosphate is used; silica, when a silicate compound is used; calcium; conductivity; and water temperature.

(ii) At each entry point to the distribution system all of the applicable parameters listed in subparagraph (B)(i).

(C) Monitoring after installation of corrosion control. Any large system that installs optimal corrosion control treatment pursuant to subsection (j)(7)(D)(iv) of this section shall measure the water quality parameters at the locations and frequencies specified in this subparagraph during each six (6) month monitoring period specified in subdivision (8)(E) of this subsection. Any small or medium-size system that installs optimal corrosion control treatment shall conduct such monitoring during each six-month monitoring period specified in subdivision (8)(E) of this subsection in which the system exceeds the lead or copper action level.

(i) Monitoring at taps, two (2) samples for: pH; alkalinity; orthophosphate, when an inhibitor containing an orthophosphate compound is used; orthophosphate and hydrolyzable phosphate when an inhibitor containing condensed or blended phosphate compounds is used; silica, when an inhibitor containing a silicate compound is used; calcium, when calcium carbonate stabilization is used as part of corrosion control.

(ii) At each entry point to the distribution system, at least one (1) sample no less frequently than every two (2) weeks for: PH; when alkalinity is adjusted as part of optimal corrosion control, a reading of the dosage rate of the chemical used to adjust alkalinity, and the alkalinity concentration; and when a corrosion inhibitor is used as part of optimal corrosion control, a reading of the dosage rate of the inhibitor used, and the concentration of orthophosphate or orthophosphate and hydrolyzable phosphate or silica (whichever is applicable).

(D) Monitoring after the department specifies water quality parameter values for optimal corrosion control. After the department specifies the values for applicable water quality control parameters reflecting optimal corrosion control treatment under section 19-13-B102 (j)(8)(F) of the Regulations of Connecticut State Agencies, all large systems shall measure the applicable water quality parameters in accordance with subparagraph (C) of this subdivision and determine compliance with the

requirements of section 19-13- B102(j)(8)(G) of the Regulations of Connecticut State Agencies every six (6) months with the first six (6) month period to begin on the date the department specifies the optimal values under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies. Any small or medium-size system shall conduct such monitoring during each six (6) month period specified in this subparagraph in which the system exceeds the lead or copper action level. For any such small and medium-size system that is on a reduced monitoring frequency pursuant to section 19-13-B102(e)(8)(G) of the Regulations of Connecticut State Agencies at the time of the action level exceedance, the end of the applicable monitoring period under this subparagraph shall coincide with the end of the applicable monitoring period under section 19-13- B102(e)(8)(G) of the Regulations of Connecticut State Agencies. Compliance with department-designated optimal water quality parameter values shall be determined as specified under section 19-13-B102(j)(8)(G) of the Regulations of Connecticut State Agencies.

(E) Reduced monitoring.

(i) Any water system that maintains the range of values for the water quality parameters reflecting optimal corrosion control treatment during each of two (2) consecutive six (6) month monitoring periods under subparagraph (D) of this subdivision shall continue monitoring at the entry point(s) to the distribution system as specified in subparagraph (C) (ii) of this subdivision. Such system may collect two (2) tap samples for applicable water quality parameters from the following reduced number of sites during each six (6) month monitoring period.

| ***System Size (Number People Served)*** | ***Reduced Number of Sites For Water Quality Parameters*** |
|---|---|
| Greater than 100,000 | 10 |
| 10,001 to 100,000 | 7 |
| 3,301 to 10,000 | 3 |
| 501 to 3,300 | 2 |
| 101 to 500 | 1 |
| Less than or equal to 100 | 1 |

(ii) Any water system that maintains the range of values for the water quality parameters reflecting optimal corrosion control treatment specified by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies during three (3) consecutive years of monitoring may reduce the frequency with which it collects the number of tap samples for applicable water quality parameters specified in this subparagraph from every six (6) months to annually. Any water system that maintains the range of values for the water quality parameters reflecting optimal corrosion control treatment specified by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies during three (3) consecutive years of annual monitoring under this paragraph may reduce the frequency with which it collects the number of tap samples for applicable water quality parameters specified in subclause (i) of this subparagraph from annually to every three (3) years.

(iii) A water system may reduce the frequency with which it collects

tap samples for applicable water quality parameters specified in subclause (i) of this subparagraph to every three (3) years if it demonstrates during two (2) consecutive monitoring periods that its tap water lead level at the 90th percentile is less than or equal to the PQL for lead of 0.005 milligrams per liter, that its tap water copper level at the 90th percentile is less than or equal to the PQL for copper of 0.65 mg/l, and that it also has maintained the range of values for the water quality parameters reflecting optimal corrosion control treatment specified by the department under section 19-13- B102(j)(8)(F) of the Regulations of Connecticut State Agencies.

(iv) A water system that conducts sampling annually shall collect these samples evenly throughout the year so as to reflect seasonal variability.

(v) Any water system subject to reduced monitoring frequency that fails to operate at or above the minimum value or within the range of values for the water quality parameters specified by the department under Section 19-13- B102(j)(8)(F) of the Regulations of Connecticut State Agencies for more than nine (9) days in any six (6) month period specified in section 19-13-B102(j)(8)(G) of the Regulations of Connecticut State Agencies shall resume distribution system tap water sampling for water quality parameters in accordance with the number and frequency requirements in subparagraph (D) of this subdivision, shall conduct tap water sampling for lead and copper at the frequency specified in section 19-13-B102(e)(8)(F) of the Regulations of Connecticut State Agencies, and shall collect the number of samples specified for standard monitoring in section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies. Such a system may resume annual monitoring for water quality parameters at the tap, at the reduced number of sites specified in subclause (i) of this subparagraph, after it has completed two (2) subsequent consecutive six (6) month rounds of monitoring that meet the criteria of subclause (I) of this subparagraph and may resume monitoring once every three (3) calendar years for water quality parameters at the tap at the reduced number of sites, after it demonstrates through subsequent rounds of monitoring that it meets the criteria of either subclause (ii) or (iii) of this subparagraph.

(F) Additional monitoring by systems. The results of any monitoring conducted in addition to the minimum requirements of this subdivision shall be considered by the system and the department in making any determinations (i.e. determining concentrations of water quality parameters) under this subdivision or section 19-13-B102(j)(8) of the Regulations of Connecticut State Agencies.

**SUMMARY OF MONITORING REQUIREMENTS FOR WATER QUALITY PARAMETERS[1]**

| Monitoring Period | Parameters[2] | Location | Frequency |
|---|---|---|---|
| Initial Monitoring | pH, alkalinity, orthophosphate or silica [3] calcium, conductivity, temperature | Taps and at entry points to distribution system | Every six (6) months |
| After Installation | pH, alkalinity, | Taps | Every six (6) |

| | | | |
|---|---|---|---|
| of Corrosion Control | orthophosphate or silica,[3] calcium[4] | | months |
| | pH, alkalinity dosage rate concentration (if alkalinity adjusted as part of corrosion control), inhibitor dosage rate and inhibitor residual[5] | Entry point(s) to distribution system | No less frequently than every two (2) weeks |
| After Department Specifies Parameter Values for Optimal Corrosion Control | pH, alkalinity, orthophosphate or silica,[3] calcium[4] | Taps | Every six (6) months |
| | pH, alkalinity dosage rate and concentration (if alkalinity adjusted as part of corrosion control), inhibitor dosage rate and inhibitor residual[5] | Entry point(s) to distribution system | No less frequently than every two (2) weeks |
| Reduced Monitoring | pH, alkalinity, orthophosphate or silica,[3] calcium[4] | Taps | Every six (6) Months, annually[6], or every three (3) years[7], at reduced number of sites |
| | pH, alkalinity dosage rate and concentration (if alkalinity adjusted as part of corrosion control), inhibitor dosage rate and inhibitor residual[5] | Entry point(s) to distribution system | No less frequently than every two (2) weeks |

Notes:

(1) Table is for illustrative purposes. Consult the text of this section for detailed regulatory requirements.

(2) Small and medium-size systems shall monitor for water quality parameters only during monitoring periods in which the system exceeds the lead or copper action level.

(3) Orthophosphate shall be measured only when an inhibitor containing phosphate compound is used. Silica shall be measured only when an inhibitor containing silicate compound is used.

(4) Calcium shall be measured only when calcium carbonate stabilization is used as part of corrosion control.

(5) Inhibitor dosage rates and inhibitor residual concentrations (orthophosphate or silica) shall be measured only when an inhibitor is used.

(6) A water system may reduce frequency of monitoring for water quality parameters at the tap, from every six (6) months to annually, if it has maintained the range of values for water quality parameters reflecting optimal corrosion control during three (3) consecutive years of monitoring.

(7) A water system may further reduce the frequency of monitoring for water quality parameters at the tap, from annually to once every three (3) years, if it has maintained the range of values for water quality parameters reflecting optimal corrosion control during three (3) consecutive years of annual monitoring. Water system may reduce monitoring from every six (6) months to once every three (3) calendar years for water quality parameters at the tap if it has maintained all of the following 90th percentile lead levels less than or equal to 0.005 mg/l, 90th percentile copper levels less than or equal to 0.65 mg/l, and the range of water quality parameters designated by the department under Section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies, as representing optimal corrosion control, during two (2) consecutive six (6) month monitoring periods.

(10) Monitoring requirements for lead and copper in source water.

(A) Sample location, collection methods, and number of samples.

(i) A water system that fails to meet the lead or copper action level on the basis of tap samples collected in accordance with subdivision (8) of this subsection shall collect lead and copper source water samples in accordance with the following requirements regarding sample location, number of samples, and collection methods:

Groundwater systems shall take a minimum of one sample, at every point of entry to the distribution system which is representative of each active source of supply after treatment, unless conditions make another location more representative of each source or treatment plant. Surface water systems and systems with a combination of active surface and groundwater sources shall take a minimum of one sample, at every point of entry to the distribution system after any application of treatment or in the distribution system at a point which is representative of each active source after treatment, unless conditions make another location more representative of each source or treatment plant.

If a system draws water from more than one source and the sources are combined before distribution, the system shall sample at a point of entry to the distribution system during periods of normal operating conditions (i.e., when water is representative of all sources being used).

(ii) Where the results of sampling exceed the maximum permissible source water levels established under subsection (j)(9)(B)(iv) of this section, the department may require that one (1) additional sample be collected as soon as possible after the initial sample was taken (but not to exceed two (2) weeks) at the same sampling point. If a department-required confirmation sample is taken for lead or copper, then the results of the initial and confirmation sample shall be averaged in determining compliance with the department- specified maximum permissible levels. Any sample value below the detection limit shall be considered to be zero. Any value above the detection limit but below the PQL shall be considered as either the measured value or one-half the PQL.

(B) Monitoring frequency after system exceeds tap water action level. Any system which exceeds the lead or copper action level at the tap shall collect one source water sample from each entry point to the distribution system within six (6) months after the end of the tap monitoring period, pursuant to sections 19-13-B102(e)(8)(D) through (G) of the Regulations of Connecticut State Agencies, in which the exceedance occurred.

(C) Monitoring frequency after installation of source water treatment. Any system that installs source water treatment pursuant to subsection (j)(9)(A)(iii) of this section, shall collect an additional source water sample from each entry point to the distribution system during two (2) consecutive six (6) month monitoring periods by the deadline specified in subsection (j)(9)(A)(iv) of this section.

(D) Monitoring frequency after the department specifies maximum permissible source water levels or determines that source water treatment is not needed.

(i) A system shall monitor at the frequency specified in this subparagraph in cases where the department specifies

maximum permissible source water levels under subsection (j)(9)(B)(iv) of this section or determines that the system is not required to install source water treatment under subsection (j)(9)(B)(ii) of this section. A water system using only groundwater shall collect samples once during the three-year compliance period in effect when the applicable department determination under this subparagraph is made. Such systems shall collect samples once during each subsequent compliance period. A water system using surface water or a combination of surface water and groundwater shall collect samples once during each year, the first annual monitoring period to begin on the date on which the applicable department determination is made under this subparagraph.

(ii) A system is not required to conduct source water sampling for lead or copper if the system meets the action level for the specific contaminant in tap water samples during the entire source water sampling period applicable to the system under this subparagraph.

(11) Monitoring requirements for disinfection byproducts, residuals, and precursors

(A) Compliance dates and applicability

(i) Chlorine, chloramines, and ozone
CWS or NTNC that uses at least one of these chemicals in any part of the treatment process, uses surface water or GWUDI as a source in whole or in part and serves at least 10,000 persons shall comply with the requirements of this subdivision. Any other CWS and NTNC that uses at least one of these chemicals in any part of the treatment process shall comply with the requirements of this subdivision beginning January 1, 2004. Additionally, any CWS or NTNC that purchases water from a system that uses at least one of these chemicals and is not part of the supplying system's monitoring plan, developed in accordance with subsection 19-13-B102(e)(11)(F), shall comply with the requirements of this subdivision if it serves at least 10,000 persons, and beginning January 1, 2004 if it serves fewer than 10,000 persons or uses only groundwater not under the direct influence of surface water.

(ii) Chlorine Dioxide
Any public water system that uses chlorine dioxide as a disinfectant or oxidant, or purchases water from a system that uses chlorine dioxide and is not part of the supplying system's monitoring plan developed in accordance with section 19-13-B102(e)(11)(F), shall comply with any requirements for chlorine dioxide in this subdivision if it serves at least 10,000 persons, or beginning January 1, 2004 if it serves fewer than 10,000 persons.

(iii) A system that is installing granular activated carbon or membrane technology to comply with this subdivision may apply to the department for an extension of up to twenty-four (24) months past the dates in subclauses (i) and (ii) of this subparagraph but not later than December 31, 2003. In granting the extension, the department shall set a schedule for compliance and may specify any interim measures that the system shall take.

(B) General Requirements

(i) A system that is required to monitor for disinfection byproducts in accordance with subparagraph (A) of this subdivision shall test

for the following disinfectant residuals and disinfection byproducts according to the requirements of this subdivision.

**DISINFECTANTS AND THEIR LIMITS**

| DISINFECTANT RESIDUAL | MRDLG (MG/L) | MRDL (MG/L) | COMPLIANCE BASED ON |
|---|---|---|---|
| Chlorine | 4 (AS $Cl_2$) | 4.0 (AS $Cl_2$) | Annual Average [1] |
| Chloramine | 4 (AS $Cl_2$) | 4.0 (AS $Cl_2$) | Annual Average [1] |
| Chlorine Dioxide | 0.8(AS $ClO_2$) | 0.8 (AS $ClO_2$) | Consecutive Daily Samples [2] |

NOTES:
[1] See Subparagraph (G)(vii) of this subdivision.
[2] See Subparagraph (G)(viii) of this subdivision.

**DISINFECTION BYPRODUCTS AND THEIR LIMITS**

| DISINFECTION BYPRODUCTS | MCLG (MG/L) | MCL (MG/L) | COMPLIANCE BASED ON |
|---|---|---|---|
| Total Trihalomethanes | N/A | 0.080 | Running Annual Average |
| Bromodichloromethane | ZERO | * | |
| Dibromochloromethane | 0.06 | * | |
| Bromoform | ZERO | * | |
| Chloroform | NOT AVAILABLE | * | |
| Haloacetic acids (five)<br>-dichloracetic acid<br>-trichloroacetic acid | N/A<br>ZERO<br>0.3 | 0.060<br>*<br>* | |
| Bromate | ZERO | 0.010 | |
| Chlorite | 0.8 | 1.0 | 3 Sample Set |

N/A Not applicable.
* No individual MCL for TTHM and HAA5 constituents

(ii) A system shall take all samples during normal operating conditions.

(iii) A system may use previously collected data to qualify for reduced monitoring if the data meets the location and frequency requirements of this subdivision.

(iv) A system shall use only the analytical method(s) specified in 40 CFR 141.131 for monitoring under this subdivision.

(v) All samples, including those described in subclause (iii), shall be analyzed by a department approved laboratory pursuant to section 19-13- B102(g) of the Regulations of Connecticut State Agencies. The department may grant an exemption, in writing, for the daily chlorite samples when the chlorite analysis is conducted by a certified treatment operator using a method approved by the department.

(C) Disinfection byproducts

(i) Routine monitoring for TTHM and HAA5
A system shall conduct routine monitoring at the locations and frequencies indicated in the following table:

| TYPE OF SYSTEM | MINIMUM MONITORING FREQUENCY[1] | SAMPLE LOCATION IN THE DISTRIBUTION SYSTEM[2] |
|---|---|---|
| A system using surface water or GWUDI in whole or in part and serving 10,000 or more persons | Four (4) samples per quarter per treatment plant | At least 25% of all samples collected each quarter at locations representing maximum residence time. remaining samples taken at locations representative of at least average residence time in the distribution system and representing the entire distribution system. |
| A system using surface water or GWUDI in whole or in part and serving fewer than 10,000 persons | One (1) sample per quarter per treatment plant | Location representing maximum residence time |
| A system using only groundwater not under the direct influence of surface water and serving 10,000 or more persons | One (1) sample per quarter per treatment plant | Location representing maximum residence time |
| A system using only groundwater not under the direct influence of surface water and serving fewer than 10,000 persons | One (1) sample per year per treatment plant during the third calendar quarter | Location representing maximum residence time[3] |

Notes:

(1) Multiple wells drawing water from a single aquifer may be considered one treatment plant for determining the minimum number of samples required, with written approval from the department.

(2) If a system elects to sample more frequently than the minimum required, at least twenty-five (25) percent of all samples collected each quarter, including those taken in excess of the required frequency, shall be taken at locations that represent the maximum residence time of the water in the distribution system. The remaining samples shall be taken at locations representative of at least average residence time in the distribution system.

(3) If the sample, or average of annual samples if more than one sample is taken, exceeds the MCL, the system shall increase monitoring to one sample per treatment plant per quarter, taken at a point reflecting the maximum residence time in the distribution system. Systems on increased monitoring may return to routine monitoring if, after at least one year of monitoring, their TTHM annual average is <0.060 mg/l and haa5 annual average is <0.045 mg/l and the system is granted approval by the department in writing.

(ii) Reduced monitoring for TTHM and HAA5

A system may reduce monitoring in accordance with the following table with the written approval of the department:

| TYPE OF SYSTEM | CRITERIA FOR MONITORING REDUCTION[1] | MINIMUM MONITORING FREQUENCY | SAMPLE LOCATION IN THE DISTRIBUTION SYSTEM |
|---|---|---|---|
| A system using surface water or GWUDI in whole or in part and serving at least 10,000 persons | Source water annual average TOC level, before any treatment, <4.0 mg/l; TTHM annual average <0.040 mg/l; and HAA5 annual average <0.030 mg/l | One (1) sample per quarter per treatment plant | Location representing maximum residence time |

| | | | |
|---|---|---|---|
| A system using surface water or GWUDI in whole or in part and serving fewer than 10,000 persons | Source water annual average TOC level, before any treatment, <4.0 mg/l; TTHM annual average <0.040 mg/l; and HAA5 annual average <0.030 mg/l | One (1) sample per year per treatment plant during the third calendar quarter | Location representing maximum residence time |
| A system using only groundwater not under the direct influence of surface water and serving at least 10,000 persons | TTHM annual average <0.040 mg/l; and HAA5 annual average <0.030 mg/l | One (1) sample per year per treatment plant during the third calendar quarter | Location representing maximum residence time |
| A system using only groundwater not under the direct influence of surface water and serving fewer than 10,000 persons | TTHM annual average <0.040 mg/l; and haa5 annual average <0.030 mg/l[(2)] | One (1) sample every three (3) years per treatment plant during the third calendar quarter[(3)] | Location representing maximum residence time |

Notes:

(1) A System shall have monitored for at least one (1) year.

(2) Averages for two (2) consecutive years, or TTHM annual average <0.020 mg/l and HAA5 annual average <0.015 mg/l for one year.

(3) Three (3) year cycle begins January 1 following quarter in which system qualifies for reduced monitoring.

A system on a reduced monitoring schedule may remain on that reduced schedule as long as the average of all samples taken in the year (for systems which shall monitor quarterly) or the result of the sample (for systems which shall monitor no more frequently than annually) is no more than 0.060 mg/l and 0.045 mg/l for TTHM and HAA5, respectively. Systems that do not meet these levels shall resume routine monitoring in the quarter immediately following the quarter in which the system exceeds either of these levels. For a system using only groundwater not under the direct influence of surface water and serving fewer than 10,000 persons, if either the TTHM annual average is >0.080 mg/l or the HAA5 annual average is >0.060 mg/l, the system shall begin increased monitoring, as indicated in section 19-13-B102(e)(11)(C)(i), in the quarter immediately following the monitoring period in which the system exceeds 0.080 mg/l or 0.060 mg/l for TTHM or HAA5 respectively.

(iii) Routine monitoring for chlorite

A system using chlorine dioxide for disinfection or oxidation, shall conduct monitoring for chlorite. The, system shall take daily chlorite samples at the entrance to the distribution system and shall also take a three (3) sample set for chlorite each month in the distribution system. The system shall take one sample at each of the following locations: near the first customer, at a location representative of average residence time and at a location reflecting maximum residence time in the distribution system. Any additional routine sampling shall be conducted in the same manner (as three-sample sets, at the specified locations). The system may use the results of additional monitoring conducted according to subclause (iv) of this subparagraph to meet their monthly requirement.

(iv) Additional monitoring for chlorite

On each day following a routine sample monitoring result that exceeds the chlorite MCL at the entrance to the distribution system, the system is required to take three (3) chlorite distribution system samples at the following locations: as close to the first customer as possible, in a location representative of average residence time and as close to the end of the distribution system as possible (reflecting maximum residence time in the distribution system).

(v) Reduced monitoring for chlorite
Routine chlorite monitoring at the entrance to the distribution system may not be reduced. Chlorite monitoring in the distribution system may be reduced to one three (3) sample set per quarter after one year of monitoring where no routine individual chlorite sample taken in the distribution system has exceeded the chlorite MCL and the system has not been required to conduct additional monitoring in accordance with subclause (iv) of this subparagraph. The system may remain on the reduced monitoring schedule until (1) any of the three (3) individual chlorite samples taken quarterly in the distribution system exceeds the chlorite MCL; or (2) the system is required to conduct additional monitoring according to subclause (iv) of this subparagraph, at which time the system shall revert to routine monitoring.

(vi) Routine monitoring for bromate
A system using ozone in any part of the treatment process shall take one bromate sample each month at the entrance to the distribution system for each treatment plant in the system using ozone.

(vii) Reduced monitoring for bromate
A system required to analyze for bromate may reduce monitoring from monthly to once per quarter, if the system demonstrates that the average source water bromide concentration is less than 0.05 mg/l based upon representative monthly bromide measurements for one year. The system may remain on reduced bromate monitoring until the running annual average source water bromide concentration, computed quarterly, is equal to or greater than 0.05 mg/l based upon representative monthly measurements. The system shall continue bromide monitoring to remain on reduced bromate monitoring. If the running annual average source water bromide concentration is equal to or greater than 0.05 mg/l, the system shall resume routine monitoring for bromate in accordance with subclause (vi) of this subparagraph. Public water systems that purchase water from systems that are eligible for reduced bromate monitoring are also eligible for reduced bromate monitoring.

(viii) A system required to comply with this subdivision shall determine their minimum monitoring frequency for disinfection byproducts using:

(I) Their own sources of water, if any, as well as each seller's source(s) of water to determine if they use surface water or GWUDI, in whole or in part, or if they use only groundwater not under the direct influence of surface water;

(II) Their own population, without considering the population of any system that purchases water from or sells water to their system; and

(III) A sum for the number of treatment plants calculated as the number of treatment plants in their own system plus one (1) for each applicable system that sells water to their system.

(D) Disinfectant residuals

(i) Routine monitoring for chlorine and chioramines
CWS and NTNC that uses chlorine or chloramines in any part of the treatment process shall measure the residual disinfectant level in the distribution system, at the same point in the distribution system and at the same time as total coliforms are sampled in accordance with subdivision (7) of this subsection. Surface water or GWUDI systems may use the results of residual disinfectant concentration sampling conducted under 40 CFR 141.74(c)(3)(i) in lieu of taking separate samples. Monitoring may not be reduced.

(ii) Routine monitoring for chlorine dioxide
A system using chlorine dioxide for disinfection or oxidation shall take daily chlorine dioxide samples at the entrance to the distribution system. For any daily sample that exceeds the MRDL, the system shall take chlorine dioxide samples in the distribution system the following day at the locations required by subclause (iii) of this subparagraph, in addition to the sample required at the entrance to the distribution system. Systems that purchase water from a system that is required to conduct additional monitoring shall also comply with subclause (iii) of this subparagraph. Routine monitoring may not be reduced.

(iii) Additional monitoring for chlorine dioxide
On each day following a routine sample monitoring result that exceeds the MRDL, the system shall take three (3) chlorine dioxide distribution system samples. If chlorine dioxide or chloramines are used to maintain a disinfectant residual in the distribution system, or if chlorine is used to maintain a disinfectant residual in the distribution system and there are no disinfection addition points after the entrance to the distribution system (i.e., no booster chlorination), the system shall take three (3) samples as close to the first customer as possible, at intervals of at least six (6) hours. If chlorine is used to maintain a disinfectant residual in the distribution system and there are one or more disinfection addition points after the entrance to the distribution system (i.e., booster chlorination), the system shall take one sample at each of the following locations: as close to the first customer as possible, in a location representative of average residence time, and as close to the end of the distribution system as possible (reflecting maximum residence time in the distribution system).

(E) Disinfection byproduct precursors

(i) Routine monitoring
A surface water or GWUDI system, which uses conventional treatment, shall monitor each treatment plant for TOC, no later than the point of combined filter effluent turbidity monitoring and representative of the treated water. The system shall also monitor for TOC in the source water, prior to any treatment, at the same time as monitoring for TOC in the treated water. These samples (source water and treated water) are referred to as paired samples. At the same time as the source water sample is taken, all systems shall monitor for alkalinity in the

source water prior to any treatment. System shall take one paired sample and one source water alkalinity sample each month for each plant, at a time representative of normal operating conditions and influent water quality.

(ii) Reduced monitoring
A Surface water or GWUDI system with an average treated water TOC of less than 2.0 mg/l for two consecutive years, or less than 1.0 mg/l for one year, may reduce monitoring for both TOC and alkalinity to one paired sample and one source water alkalinity sample for Each plant for each quarter. The system shall revert to routine monitoring in the month following the quarter when the annual average treated water TOC is 2.0 mg/l or greater.

(F) Monitoring plans
Each system required to monitor under this subdivision shall develop and implement a monitoring plan. The system shall maintain the plan and make it available for inspection by the department and the general public no later than thirty (30) days following the applicable compliance dates in subparagraph (a) of this subdivision. Any surface water or GWUDI system serving more than 1000 persons shall submit a copy of the monitoring plan to the department no later than the date of the first report required under section 19-13-B102(h)(7) of the Regulations of Connecticut State Agencies. The department may also require any other system to submit a monitoring plan. After review, the department may require changes in any plan elements. Failure by a system to monitor in accordance with its monitoring plan is a monitoring violation. The plan shall include the following elements:

(i) Specific locations and schedules for collecting samples for any parameters included in this subdivision. Sample locations that represent a point of average or maximum residence time for multiple treatment plants may be used to satisfy the requirements of subparagraph (C) of this subdivision for each applicable treatment plant, with the department's written approval; and

(ii) How the system will calculate compliance with MCL, MRDL, and treatment techniques.

(G) Compliance

(i) Where compliance is based on a running annual average of monthly or quarterly samples or averages and the system fails to monitor for TTHM, HAA5, or bromate, this failure to monitor will be treated as a monitoring violation for the entire period covered by the annual average. Where compliance is based on a running annual average of monthly or quarterly samples or averages and the system's failure to monitor makes it impossible to determine compliance with MRDL for chlorine and chloramines, this failure to monitor will be treated as a monitoring violation for the entire period covered by the annual average.

(ii) All samples taken and analyzed under the provisions of this subdivision shall be included in determining compliance, even if that number is greater than the minimum required.

(iii) If, during the first year of monitoring, any individual quarter's average will cause the running annual average of that system to exceed the MCL, the system is out of compliance at the end of that quarter.

(iv) TTHM and HAA5

For a system monitoring quarterly, compliance with MCL shall be based on a running annual average, computed quarterly, of quarterly averages of all samples collected by the system as prescribed by this subdivision. If a system fails to complete four (4) consecutive quarters of monitoring, compliance with the MCL for the last four (4) quarter compliance period shall be based on an average of the available data.

For a system monitoring less frequently than quarterly, the system shall demonstrate MCL compliance if the average of samples taken under the provisions of section 19-13-B102(e)(11)(C)(i) do not exceed any MCL. If the average of these samples exceeds the MCL, the system shall increase monitoring to once each quarter for each treatment plant and such a system is not in violation of the MCL until it has completed one (1) year of quarterly monitoring, unless the result of fewer than four (4) quarters of monitoring will cause the running annual average to exceed the MCL, in which case the system is in violation at the end of that quarter. Systems required to increase monitoring frequency to quarterly monitoring shall calculate compliance by including the sample which triggered the increased monitoring plus the following three (3) quarters of monitoring.

If the running annual arithmetic average of quarterly averages covering any consecutive four (4) quarter period exceeds the MCL, the system is in violation of the MCL.

(v) Bromate
Compliance shall be based on a running annual average, computed quarterly, of monthly samples (or, for months in which the system takes more than one sample, the average of all samples taken during the month) collected by the system as prescribed by section 19-13-B102(e)(11)(C) of the Regulations of Connecticut State Agencies. If the average of samples covering any consecutive four- quarter period exceeds the MCL, the system is in violation of the MCL. If a system fails to complete twelve (12) consecutive months' monitoring, compliance with the MCL for the last four-quarter compliance period shall be based on an average of the available data.

(vi) Chlorite
Compliance shall be based on an arithmetic average of each three-sample set taken in the distribution system as prescribed by sections 19-13- B102(e)(11)(C)(iii) and (e)(11)(C)(iv) of the Regulations of Connecticut State Agencies. If the arithmetic average of any three (3) sample set exceeds the MCL, the system is in violation of the MCL.

(vii) Chlorine and chloramines
Compliance shall be based on a running annual average, computed quarterly, of monthly averages of all samples collected by the system under subparagraph (D) of this subdivision. If the average of quarterly averages covering any consecutive four (4) quarter period exceeds the MRDL, the system is in violation of the MRDL.

In cases where systems switch between the use of chlorine and chloramines for residual disinfection during the year, compliance

shall be determined by including together all monitoring results of both chlorine and chloramines in calculating compliance. Reports submitted pursuant to section 19-13- B102(h)(7) of the Regulations of Connecticut State Agencies shall clearly indicate which residual disinfectant was analyzed for each sample.

Notwithstanding the MRDL in subparagraph (B) of this subdivision, systems may increase residual disinfectant levels in the distribution system of chlorine or chloramines, but not chlorine dioxide, to a level and for a time necessary to protect public health, to address specific microbiological contamination problems caused by circumstances such as, including but not limited to, distribution line breaks, storm run-off events, source water contamination events, or cross-connection events.

(viii) Chlorine dioxide

Tier 1 notice. Compliance shall be based on consecutive daily samples collected by the system under subparagraph (D) of this subdivision. If any daily sample taken at the entrance to the distribution system exceeds the MRDL and, on the following day, one (or more) of the three (3) samples taken in the distribution system exceed the MRDL, the system is in violation of the MRDL and shall take immediate corrective action to lower the level of chlorine dioxide below the MRDL and shall notify the public pursuant to the procedures for a tier 1 notice in section 19-13-B102(i)(1) of the Regulations of Connecticut State Agencies. Failure to take samples in the distribution system the day following an exceedance of the chlorine dioxide MRDL at the entrance to the distribution system will also be considered an MRDL violation and the system shall notify the public of the violation in accordance with the procedures for tier 1 notices in section 19-13-B102(i)(1) of the Regulations of Connecticut State Agencies.

Tier 2 notice. Compliance shall be based on consecutive daily samples collected by the system under subparagraph (D) of this subdivision. If any two (2) consecutive daily samples taken at the entrance to the distribution system exceed the MRDL and all distribution system samples taken are below the MRDL, the system is in violation of the MRDL and shall take corrective action to lower the level of chlorine dioxide below the MRDL at the point of sampling and will notify the public pursuant to the procedures for a tier 2 notice in section 19-13-B102(i)(2) of the Regulations of Connecticut State Agencies. Failure to monitor at the entrance to the distribution system the day following an exceedance of the chlorine dioxide MRDL at the entrance to the distribution system is also an MRDL violation and the system shall notify the public of the violation in accordance with the procedures for tier 2 notice in section 19- 13-B102(i)(2) of the Regulations of Connecticut State Agencies.

(ix) Disinfection byproduct precursors

Compliance shall be determined as specified by section 19-13-B102(j)(11) of the Regulations of Connecticut State Agencies. Systems may begin monitoring to determine whether Step 1 TOC removals can be met twelve (12) months prior to the compliance date for the system. This monitoring is not required and failure to monitor during this period is not a violation.

However, any system that does not monitor during this period, and then determines in the first twelve (12) months after the compliance date that it is not able to meet the Step 1 requirements in section 19-13-B102(j)(11)(B)(i) of the Regulations of Connecticut State Agencies and shall therefore apply for alternate minimum TOC removal (Step 2) requirements, is not eligible for retroactive approval of alternate minimum TOC removal (Step 2) requirements as allowed pursuant to section 19-13-B102(j)(11)(B)(ii) of the Regulations of Connecticut State Agencies and is in violation. Systems may apply for alternate minimum TOC removal (Step 2) requirements any time after the compliance date. For systems required to meet step 1 TOC removals, if the value calculated under Section 19-13-B102(j)(11)(C)(iv) of the Regulations of Connecticut State Agencies is less than 1.00, the system is in violation of the treatment technique requirements.

(f) Protection of distribution system.

(1) All service connections shall have a water pressure at the main of at least 25 psi under normal conditions. Where pressure is normally less than 25 psi, special provision as approved by the department, shall be made to furnish adequate service to the consumer.

(2) Each public water system which serves water to any of the consumer premises listed in subparagraph (a) of this subdivision shall report the following information to the Department by March 1 of each year covering the preceding calendar year, or upon notification by the department.

(A) A list of all consumer premises where the following categories of concern are known to exist:

(1) Any water supply source other than that of the public water system is known to exist.

(2) Toxic or objectionable chemical or biological substances are used in water solution on public, commercial or industrial premises.

(3) Water pressure is raised by pumping on other than residential premises above that furnished by the supplier.

(4) There is a water storage tank, public swimming pool or water filter, for other than residential use.

(5) There is known to be a sprinkler system for either fire protection or irrigation. This list shall identify the category or categories of concern for each premise listed.

(B) Date of last inspection of each consumer premises listed in item (A). Also, the number of violations detected of the Public Health Code regulations relating to water distribution systems, and the status of correction of these violations, listings under item (A)(2) shall be inspected at least once each year and the remaining items shall be inspected at least once every five years. At premises where the public water system has determined a reduced pressure principle backflow preventer, double check valve assembly or pressure vacuum breaker is required, the type(s) of device(s) shall be specified and a summary of test results shall be included.

(3) Each public water system which serves water to any of the consumer premises listed in subdivision (2)(a) of this subsection shall have those premises inspected for cross connections by a person who has met the requirements of section 25-32-11(h) of the Regulations of Connecticut State Agencies.

(4) Each public water system which does not serve water to any of the consumer premises listed in subdivision (2)(a) of this subsection shall verify to the department that it does not serve water to any of those premises. The system

shall provide such verification on a form provided by the department by March 1, 2002, and every five years thereafter.

(5) Finished water storage tanks, basins and clearwells.

(A) All finished water storage tanks, basins and clearwells connected to a public water distribution system shall be constructed and located so as to adequately protect the water from contamination. Finished water storage tanks, basins and clearwells shall be properly constructed in a sanitary manner to prevent stormwater and precipitation from entering; and vents and overflows shall be provided and suitably protected and screened to prevent entry of insects, birds or other foreign matter. Overflow pipes shall not be directly connected to sanitary sewers or to storm drainage systems.

(B) In-ground finished water clearwells, basins or tanks shall be at least fifty feet from any part of the nearest subsurface sewage disposal system and twenty-five feet from the nearest watercourse or storm drain or other source of pollution. They shall be at least fifty feet from the nearest sanitary sewer unless the sewer is constructed in accordance with the technical standards for subsurface sewage disposal systems pursuant to section 19-13-B103d of the Regulations of Connecticut State Agencies, in which case it may be no closer than twenty-five (25) feet. Exemptions may be sought for existing structures which do not conform to these requirements.

(C) All atmospheric finished water storage tanks, basins and clearwells shall be inspected at a minimum of once every ten years for sanitary conditions and structural integrity. The inspection report shall be retained for reference and submitted to the department upon request.

(D) Uncovered finished water clearwells, tanks and basins are prohibited.

(6) An annual distribution system flushing program shall be conducted to maintain the distribution system free from excessive accumulation of sediment, organic growths, products of corrosion and erosion, and other extraneous matter. The program shall be made available to the department upon request.

(g) Laboratory and operating tests. The water samples taken to conform with the monitoring requirements of these regulations must be analyzed and reported to the public water system by a laboratory approved by the department for the parameters tested. Laboratory techniques shall conform to those approved by the federal environmental protection agency. The department may grant an exemption from this requirement in writing for chlorine, pH, temperature, turbidity, fluoride and color when the analysis is conducted by a certified treatment operator using a method approved by the department. Continuous analyzers may be used provided the instruments used are approved by the department and are maintained by a certified treatment plant operator or technical personnel employed by an environmental laboratory approved by the department under section 25-40 of the Connecticut General Statutes.

(h) Reporting of tests.

(1) A system that has exceeded the MCL for total coliforms shall report the violation to the department and the local director of health of each city, town, borough, or district served by the system no later than the end of the next business day after it learns of the violation, and notify the public in accordance with subsection (i) of this section.

(2) A system that has failed to comply with a monitoring requirement, pursuant to subsections 19-13-B102 (e) (6) and (e) (7) of the Regulations of Connecticut State Agencies, shall report the monitoring violation to the department within ten (10) days after the system discovers the violation, and notify the public in accordance with subsection (i) of this section.

(3) Except where a different reporting period is specified in this section, the supplier of water must report to the department and the local director of health of each

city, town, borough, or district served by the system within forty-eight (48) hours the failure to comply with any established MCL.

(4) The system shall ensure that the department receives a report no later than nine (9) calendar days following the end of each month. The report shall be in a format and manner prescribed by the department and shall contain the results of required samples that are collected during the month in compliance with Section 19-13-B102 of the Regulations of Connecticut State Agencies.

(5) Lead and copper. All water systems shall report all of the following information to the department.

(A) Reporting requirements for tap water monitoring for lead and copper and for water quality parameter monitoring. Unless the department has specified a more frequent reporting requirement, a water system shall report the information specified in this subparagraph for all tap water samples specified in section 19-13-B102(e)(8) of the Regulations of Connecticut State Agencies and for all water quality parameter samples specified in section 19-13- B102(e)(9) of the Regulations of Connecticut State Agencies no later than nine (9) calendar days following the end of each applicable monitoring period specified in sections 19-13-B102(e)(8) and 19-13-B102(e)(9) of the Regulations of Connecticut State Agencies:

(i) The results of all tap samples for lead and copper including the location of each site and the criteria under subsection (e)(8)(A) of this section under which the site was selected for the system's sampling pool; upon request of the department, a certification that each first-draw sample collected by the water system is one (1) liter in volume and, has stood motionless in the service line, or in the interior plumbing of a sampling site, for at least six (6) hours; where residents collected samples, a certification that each tap sample collected by the residents was taken after the water system informed them of proper sampling procedures specified in section 19-13- B102(e)(8)(B)(ii) of the Regulations of Connecticut State Agencies;

(ii) Documentation for each tap water lead or copper sample for which the water system requests invalidation pursuant to section 19-13- B102(e)(8)(I)(i) of the Regulations of Connecticut State Agencies;

(iii) The 90th percentile lead and copper concentrations measured from among all lead and copper tap water samples collected during each monitoring period (calculated in accordance with section 19-13-B102(j)(6)(B)(iii) of the Regulations of Connecticut State Agencies);

(iv) With the exception of initial tap sampling conducted pursuant to section 19-13-B102(e)(8)(D) of the Regulations of Connecticut State Agencies, the system shall designate any site which was not sampled during previous monitoring periods, and include an explanation of why sampling sites have changed;

(v) The results of all tap samples for pH, and where applicable, alkalinity, calcium, conductivity, temperature, and orthophosphate or silica collected under sections 19-13-B102(e)(9)(B) through (E) of the Regulations of Connecticut State Agencies;

(vi) The results of all samples collected at the entry point(s)to the distribution system for applicable water quality parameters under sections 19-13-B102(e)(9)(B) through (E) of the Regulations of Connecticut State Agencies; and

(vii) For a non-transient non-community water system, or a community water system whose operation mandates continuous

daily flow, such as a prison or hospital, that does not have enough taps that can provide first-draw samples, the system shall identify, in writing, each site that did not meet the six (6) hour minimum standing time and the length of standing time for that particular substitute sample collected pursuant to section 19-13-B102(e)(8)(B)(v) of the Regulations of Connecticut State Agencies and include this information with the lead and copper tap sample results required to be submitted pursuant to subclause (i) of this subparagraph.

(B) Source water reporting requirements:

(i) A water system shall report the sampling results for all source water samples collected in accordance with section 19-13-B102(e)(10) of the Regulations of Connecticut State Agencies within the first ten (10) days following the end of each source water monitoring period (i.e., annually, per compliance period) specified in subsection(e)(10)(A) through (D) of this section.

(ii) With the exception of the first round of source water sampling conducted pursuant to section 19-13-B102(e)(10)(B) of the Regulations of Connecticut State Agencies, the system shall specify any site which was not sampled during previous monitoring periods, and include an explanation of why the sampling point has changed.

(C) Corrosion control treatment reporting requirements. By the applicable dates under section 19-13-B102(j)(7) of the Regulations of Connecticut State Agencies, systems shall report the following information:

(i) For systems demonstrating that they have already optimized corrosion control, information required in section 19-13-B102(j)(7)(B) of the Regulations of Connecticut State Agencies;

(ii) For systems required to optimize corrosion control, their recommendation regarding optimal corrosion control treatment under section 19-13- B102(j)(8)(A) of the Regulations of Connecticut State Agencies;

(iii) For systems required to evaluate the effectiveness of corrosion control treatments under section 19-13-B102(j)(8)(C) of the Regulations of Connecticut State Agencies, the information required by that subparagraph; and

(iv) For systems required to install optimal corrosion control approved by the department under section 19-13-B102(j)(8)(D) of the Regulations of Connecticut State Agencies, a letter certifying that the system has completed installing that treatment.

(D) Source water treatment reporting requirements; By the applicable dates in section 19-13-B102(j)(9) of the Regulations of Connecticut State Agencies, systems shall provide the following information to the department:

(i) If required under section 19-13-B102(j)(9)(B)(i) of the Regulations of Connecticut State Agencies, their proposal regarding source water treatment; and

(ii) For systems required to install source water treatment under section 19-13-B102(j)(9)(B)(ii) of the Regulations of Connecticut State Agencies, a letter certifying that the system has completed installing the treatment approved by the department within twenty four (24) months after the department approved the treatment.

(E) Lead service line replacement reporting requirements. Systems shall report the following information to the department to demonstrate compliance with the requirements of section 19-13-B102(j)(10) of the

Regulations of Connecticut State Agencies:

(i) Within twelve (12) months after a system exceeds the lead action level in sampling referred to in section 19-13-B102(j)(10)(A) of the Regulations of Connecticut State Agencies, the system shall demonstrate in writing to the department that it has conducted a materials evaluation, including but not necessarily limited to the evaluation in section 19-13-B102(e)(8)(A)(i) of the Regulations of Connecticut State Agencies, to identify the initial number of lead service lines in its distribution system, and shall provide the department with the system's schedule for annually replacing at least seven percent (7%) of the initial, number of lead service lines in its distribution system.

(ii) Within twelve (12) months after a system exceeds the lead action level in sampling referred to in section 19-13-B102(j)(10)(A) of the Regulations of Connecticut State Agencies, and every twelve (12) months thereafter, the system shall demonstrate in writing to the department that the system has either: replaced in the previous twelve (12) months at least seven percent (7%) of the initial lead service lines or a greater number of lines specified by the department under section 19-13-B102(j)(10)(E) of the Regulations of Connecticut State Agencies in its distribution system, or conducted sampling that demonstrates that the lead concentration in all service line samples from individual line(s),taken pursuant to section 19-13-B102(e)(8)(B)(iii) of the Regulations of Connecticut State Agencies, is less than or equal to 0.015 mg/l. In such cases, the total number of lines replaced and those that meet the criteria in section 19-13-B102(j)(10)(C) of the Regulations of Connecticut State Agencies equals at least seven percent (7%) of the initial number of lead lines identified under subparagraph (A) of this subdivision or the number of lines specified by the department under section 19-13- B102(j)(10)(E) of the Regulations of Connecticut State Agencies.

(iii) The letter submitted annually to the department under subparagraph (E)(ii) of this subdivision shall contain the following information: the number of lead service lines that were scheduled to have been replaced during the previous year of the system's replacement schedule; the number and location of each lead service line replaced during the previous year of the system's replacement schedule; if measured, the water lead concentration and location of each lead service line sampled, the sampling method, and the date of sampling.

(iv) Any system which collects lead service line samples following partial lead service line replacement, required by section 19-13-B102(j)(10) of the Regulations of Connecticut State Agencies, shall report the results, to the department no later than nine (9) calendar days following the end of the month in which the system receives the laboratory results, or as specified by the department. Systems shall also report any additional information as specified by the department, in a time and manner prescribed by the department, to verify that all partial lead service line replacement activities have taken place.

(F) Public education program reporting requirements. Any water system that is subject to the public education requirements in section 19-13-B102(i)(6) of the Regulations of Connecticut State Agencies shall, no

later than nine (9) calendar days after the end of each period in which the system is required to perform public education tasks in accordance with 40 CFR 141.85(c), send written documentation to the department that contains:

(i) A demonstration that the system has delivered the public education materials that meet the content requirements in paragraphs (a) to (b) inclusive, of 40 CFR 141.85 and the delivery requirements in 40 CFR 141.85(c); and

(ii) A list of all the newspapers, radio stations, television stations, and facilities and organizations to which the system delivered public education materials during the period in which the system was required to perform public education tasks.

(G) Reporting of additional monitoring data. Any system that collects sampling data in addition to that required by this subsection shall report the results to the department by the end of the applicable monitoring period under sections 19-13-B102(e)(8) through (10) of the Regulations of Connecticut State Agencies during which the samples are collected.

(6) Reporting requirements--Surface water source and groundwater source under the direct influence of surface water.

(A) For a system with a groundwater source under the direct influence of surface water and that does not provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, interim reporting shall be required prior to installation of treatment. Specific requirements shall be determined on a case-by-case basis depending on raw water quality, proficiency of existing treatment, and adequate watershed protection. In addition, total coliform test results, turbidity measurements and daily test for residual chlorine as required by sections 19-13- B102(e)(7)(H) and (M) of the Regulations of Connecticut State Agencies, respectively, shall be reported to the department no later than nine (9) calendar days after the end of each month the system serves water to the public.

(B) A system that uses a surface water source or a groundwater source under the direct influence of surface water, and that provides and operates treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, shall report monthly to the department the information specified in the following sub clauses.

(i) Combined filtered water turbidity measurements as required by section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies shall be reported to the department within nine (9) calendar days after the end of each month the system serves water to the public. Information that shall be reported includes: the total number of measurements taken during the month; the maximum daily measurement; the number and percentage of measurements taken during the month that are less than or equal to the turbidity limits specified in section 19-13-B102(j)(4) of the Regulations of Connecticut State Agencies, for the filtration technology being used; the date and value of any measurements taken during the month that exceed one (1) NTU. In addition, for any system using conventional filtration treatment or direct filtration and required to monitor the turbidity of each individual filter (or the turbidity of combined filter effluent for systems serving fewer than 10,000 persons and having two or fewer filters) under section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies:

(I) The system shall submit a report to the department, no later than nine (9) calendar days following the end of

each month, indicating that the system has conducted individual filter monitoring or combined filter effluent (CFE) for systems serving fewer than 10,000 persons that have 2 or fewer filters as required under section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies;

(II) If any individual filter or combined filter effluent (CFE) for systems serving fewer than 10,000 persons that have 2 or fewer filters has a measured turbidity level of greater than 1.0 NTU in two (2) consecutive measurements taken fifteen (15) minutes apart, the system shall submit a report to the department, no later than nine (9) calendar days following the end of each month. The report shall indicate the filter number, the turbidity measurements and date(s) on which an exceedance occurred.

For systems serving 10,000 or more persons, the report shall also include either a filter profile, as defined in section 19-13-B102(a) of the Regulations of Connecticut State Agencies, which shall be produced no later than seven (7) days of an exceedance, or a reason for the exceedance.

For systems serving fewer than 10,000 persons, the report shall also include the cause of the exceedance(s), if known;

(III) For systems serving 10,000 or more persons, if any individual filter has a measured turbidity level of greater than 0.5 NTU in two (2) consecutive measurements, taken fifteen (15) minutes apart at the end of the first four (4) hours of continuous filter operation, after the filter has been backwashed or otherwise taken off line, the system shall submit a report to the department, no later than nine (9) calendar days following the end of each month. The report shall indicate the filter number, the turbidity measurements, date(s) on which an exceedance occurred, and provide either a filter profile, as defined in subsection (a) of this section, which shall be produced no later than seven (7) days of an exceedance, or a reason for the exceedance;

(IV) If any individual filter or combined filter effluent (CFE) for systems serving fewer than 10,000 persons that have 2 or fewer filters has a measured turbidity level of greater than 1.0 NTU in two (2) consecutive measurements, taken fifteen (15) minutes apart at any time in each of three (3) consecutive months, the system shall submit a report to the department, no later than nine (9) calendar days following the end of each month. The report shall indicate the filter number, the turbidity measurements, and date(s) on which an exceedance occurred. In addition, the system shall produce a self assessment of the filter (if monitoring CFE in lieu of monitoring each individual filter, the system shall produce a self-assessment of both filters), as defined in section 19-13-

B102(a) of the Regulations of Connecticut State Agencies, within fourteen (14) days of the exceedance and provide it to the department within 9 days of the end of the month in which the exceedance occurred or within 14 days of the exceedance, whichever is sooner. Systems serving fewer than 10,000 persons shall not be required to complete a filter self-assessment if a comprehensive performance evaluation (CPE) is required under section (V) of this subclause; and

(V) If any individual filter or combined filter effluent (CFE) for systems serving fewer than 10,000 persons that have 2 or fewer filters has a measured turbidity level of greater than 2.0 NTU in two (2) consecutive measurements, taken fifteen (15) minutes apart at any time in each of two (2) consecutive months, the system shall submit a report to the department, no later than nine (9) calendar days following the end of each month. The report shall indicate the filter number, the turbidity measurements, dates on which an exceedance occurred, and that a comprehensive performance evaluation (CPE) is required. In addition the system shall arrange to have a comprehensive performance evaluation conducted by a third party, approved by the department, no later than thirty (30) days following an exceedance for systems serving 10,000 or more persons and no later than sixty (60) days following an exceedance for systems serving fewer than 10,000 persons and have the evaluation completed and submitted to the department no later than ninety (90) days following the exceedance for systems serving 10,000 or more persons and no later than one-hundred-twenty (120) days following an exceedance for systems serving fewer than 10,000 persons.

(ii) Disinfection information specified in subsections (e)(7)(S)(ii) and (e)(7)(S)(iii) shall be reported to the department within nine (9) calendar days after the end of each month the system serves water to the public. Information that shall be reported includes: for each day, the lowest measurement of residual disinfectant concentration in mg/L in the water entering the distribution system, the dates and duration of each period when the residual disinfectant concentration in water entering the distribution system fell below 0.2 mg/L and when the department was notified of the occurrence. The following information shall be submitted on the samples taken in the distribution system in conjunction with total coliform monitoring pursuant to section 19-13B102(e)(7) of the Regulations of Connecticut State Agencies: number of instances where the residual disinfectant concentration is measured, number of instances where the residual disinfection concentration is not measured but heterotrophic bacteria plate count (HPC) is measured, number of instances where the residual disinfectant concentration is measured but not detected and no HPC is measured, number of instances where no residual disinfectant concentration is detected and where HPC is greater than (500)/ml, number of instances where the residual disinfectant concentration is not measured and HPC is greater than (500)/ml and for the current and previous month the system serves water to the public the

value of "V" in the formula specified in section 19-13-B102(j)(3)(B)(iii) of the Regulations of Connecticut State Agencies.

(iii) Each system, upon discovering that a waterborne disease outbreak potentially attributable to that water system has occurred, shall report that occurrence to the department as soon as possible, but no later than by the end of the next business day. If at any time the combined filtered water turbidity exceeds one (1) NTU, the system shall inform the department as soon as possible, but no later than the end of the next business day. If at any time the residual falls below 0.2 mg/L in the water entering the distribution system, the system shall notify the department as soon as possible, but no later than by the end of the next business day. The system also shall notify the department by the end of the next business day whether the residual was restored to at least 0.2 mg/L within four (4) hours from the time of discovery of insufficient chlorine residual.

(iv) A system required to develop a disinfection profile pursuant to section 19-13-B102(e)(7)(S)(iv) or (v) of the Regulations of Connecticut State Agencies shall submit the disinfection profile to the department no later than nine (9) calendar days following the end of each month.

(v) A system required to develop a disinfection profile and which decides to make a significant change to its disinfection practice, as defined in 40 CFR 141.172(c)(1), and in 40 CFR 141.541, as amended January 14, 2002, shall submit to the department the following: (1) a description of the proposed disinfection practice change; (2) a disinfection benchmark in accordance with paragraphs (2) to (3) inclusive, of 40 CFR 141.172(c), 40 CFR 141.543, as amended January 14, 2002 and 141.544, as amended January 14, 2002; (3) disinfection profiling data used to determine the disinfection benchmark as monitored pursuant to sections 19-13-B102(e)(7)(S)(iv) or 19-13- B102(e)(7)(S)(v) of the Regulations of Connecticut State Agencies, and; (4) an analysis of how the proposed change will affect current levels of disinfection. Prior to implementing the proposed disinfection practice change, the system shall consult with and obtain approval from the department.

(7) Reporting and recordkeeping requirements -- disinfectants and disinfection byproducts

Disinfectant residual, disinfection byproduct, and disinfection byproduct precursor information collected under section 19-13-B102(e) of the Regulations of Connecticut State Agencies shall be reported to the department no later than nine (9) calendar days after the end of each monitoring period in which samples were collected.

(A) Disinfectants.

(i) A system monitoring for chlorine or chioramines as required by section 19-13-B102(e)(11)(D)(i) of the Regulations of Connecticut State Agencies shall report:

(I) The number of samples taken during each month of the last quarter;

(II) The monthly arithmetic average of all samples taken in each month for the last 12 months;

(III) The arithmetic average of all monthly averages for the last 12 months; and

(IV) Whether, based on section 19-13-B102(e)(11)(G), the

MRDL was violated.

(ii) A system monitoring for chlorine dioxide as required by sections 19- 13-B102(e)(11)(D)(ii) and (iii) of the Regulations of Connecticut State Agencies shall report:

(I) The dates, results, and locations of samples taken during the last quarter;

(II) Whether, based on section 19-13-B102(e)(11)(G), the MRDL was violated;

(III) Whether the MRDL was violated in any two consecutive daily samples; and

(IV) Whether the resulting violation was a tier 1 or tier 2 notice.

(B) Disinfection byproducts.

A system monitoring for disinfection byproducts as required by section 19- 13-B102(e)(11)(C) of the Regulations of Connecticut State Agencies shall report the following information to the department.

(i) A system monitoring for TTHM and HAA5 on a quarterly or more frequent basis shall report:

(I) The number of samples taken during the last quarter;

(II) The location, date, and result of each sample taken in the last quarter;

(III) The arithmetic average of all samples taken in the last quarter;

(IV) The annual arithmetic average of the quarterly arithmetic averages for the last four (4) quarters; and

(V) Whether, based on section 19-13-B102(e)(11)(G), the MCL was violated.

(ii) A system monitoring for TTHM and HAA5 less frequently than quarterly (but at least annually) shall report:

(I) The number of samples taken during the last monitoring period;

(II) The location, date, and result of each sample taken during the last monitoring period;

(III) The arithmetic average of all samples taken over the last year; and

(IV) Whether, based on section 19-13-B102(e)(11)(G), the MCL was violated.

(iii) A system monitoring for TTHM and HAA5 less frequently than annually shall report the location, date, and result of each sample taken as well as whether, based on section 19-13-B102(e)(11)(G), the MCL was violated.

(iv) A system monitoring for chlorite shall report:

(I) The number of entry point samples taken each month for the last three months;

(II) The location, date, and result of each sample (both entry point and distribution system) taken during the last quarter;

(III) For each month in the reporting period, the individual arithmetic averages of each three (3) sample set taken in the distribution system; and

(IV) Whether, based on section 19-13-B102(e)(11)(G), the MCL was violated and in which month it was violated.

(v) A system monitoring for bromate shall report:

(I) The number of samples taken during the last quarter;

(II) The location, date, and result of each sample taken during the last quarter;

(III) The arithmetic average of the monthly arithmetic averages of all samples taken in the last year; and

(IV) Whether, based on section 19-13-B102(e)(11)(G), the MCL was violated.

(C) Disinfection byproduct precursors and enhanced coagulation or enhanced softening.

(i) Systems monitoring monthly or quarterly for TOC under the requirements of section 19-13-B102(e)(11)(E) of the Regulations of Connecticut State Agencies and required to meet the enhanced coagulation or enhanced softening requirements in section 19-13-B102(j)(11)(B)(i) or (ii) of the Regulations of Connecticut State Agencies shall report the following to the department:

(I) The number of paired samples taken during the last quarter;

(II) The location, date, and result of each paired sample and associated alkalinity taken during the last quarter;

(III) For each month in the reporting period that paired samples were taken, the arithmetic average of the percent reduction of toc for each paired sample and the required TOC percent removal;

(IV) Calculations for determining compliance with the TOC percent removal requirements, as provided in section 19-13-B102(j)(11)(C) of the Regulations of Connecticut State Agencies; and

(V) Whether the system is in compliance with the enhanced coagulation or enhanced softening percent removal requirements in section 19-13- B102(j)(11)(B) of the Regulations of Connecticut State Agencies for the last four (4) quarters.

(ii) Systems monitoring monthly or quarterly for TOC under the requirements of section 19-13-B102(e)(11)(E) of the Regulations of Connecticut State Agencies and meeting one or more of the alternative compliance criteria in section 19-13-B102(j)(11)(A) of the Regulations of Connecticut State Agencies shall report the following to the department:

(I) The alternative compliance criterion that the system is using;

(II) The number of paired samples taken during the last quarter;

(III) The location, date, and result of each paired sample and associated alkalinity taken during the last quarter;

(IV) The running annual average based on monthly averages, or quarterly samples, of source water TOC for systems meeting a criterion in section 19- 13-B102(j)(11)(A)(i) or (ii) of the Regulations of Connecticut State Agencies or of treated water TOC for systems meeting the criterion in subsection (j)(11)(A)(i) of this section;

(V) The running annual average based on monthly samples, or quarterly samples, of source or finished water SUVA for systems meeting the criterion in section 19-13-B102(j)(11)(A)(iv) of the Regulations of Connecticut State Agencies;

(VI) The running annual average of source water alkalinity for systems meeting the criterion in section 19-13-

B102(j)(11)(A)(ii) of Regulations of Connecticut State Agencies and of treated water alkalinity for systems meeting the criterion in section 19-13-B102(j)(A)(v) of the Regulations of Connecticut State Agencies;

(VII) The running annual average for both TTHM and HAA5 for systems meeting the criterion in section 19-13-B102(j)(11)(A)(iii) of the Regulations of Connecticut State Agencies;

(VIII) The running annual average of the amount of magnesium hardness removal (as CaCO3, in mg/l) for systems meeting the criterion in section 19-13-B102(j)(11)(A)(vi) of the Regulations of Connecticut State Agencies; and

(IX) Whether the system is in compliance with the particular alternative compliance criterion in section 19-13-B102(j)(11)(A) of the Regulations of Connecticut State Agencies.

(8) Reporting and recordkeeping requirements -- filter backwash recycling

(A) A system shall notify the department in writing by December 8, 2003, if the system recycles spent filter backwash water, thickener supernatant, or liquids from dewatering processes. This notification shall include the following:

(i) A plant schematic showing the origin of all flows, which are recycled including, but not limited to, spent filter backwash water, thickener supernatant, and liquids from dewatering processes, the hydraulic conveyance used to transport them, and the location where they are reintroduced back into the treatment plant; and

(ii) Typical recycle flow in gallons per minute (gpm), the highest observed plant flow experienced in the previous year in gpm, design flow for the treatment plant in gpm, and the approved operating capacity for the plant where the department has made such determinations.

(B) A system shall collect and retain on file for review and evaluation by the department beginning June 8, 2004, the following recycle flow information:

(i) A copy of the recycle notification and information submitted to the department pursuant to subparagraph (A) of this subdivision;

(ii) A list of all recycle flows and the frequency with which they are returned;

(iii) Average and maximum backwash flow rates through the filters and the average and maximum duration of the filter backwash process in minutes;

(iv) Typical filter run length and a written summary of how filter run length is determined;

(v) The type of treatment provided for the recycle flow; and

(vi) Data on the physical dimensions of the equalization and treatment units, typical and maximum hydraulic loading rates, type of treatment chemicals used and average dose and frequency of use, and frequency at which solids are removed, if applicable.

(i) Public notification and consumer confidence report requirements.

(1) A public water system that has a tier 1 notice shall do the following:

(A) Provide a public notice to its customers as soon as practical but no later than twenty four (24) hours after the system learns of the violation in one or more of the following forms of delivery:

(i) Appropriate broadcast media, such as radio and television;
(ii) Posting of the notice in conspicuous location(s) throughout the area served by the public water system;
(iii) Hand delivery of the notice to persons served by the public water system; or
(iv) Another delivery method approved in writing by the department.

(B) Initiate consultation with the department as soon as practical but no later than twenty-four (24) hours after the public water system learns of the violation or situation, to determine additional public notice requirements. The system shall, comply with any additional public notification requirements that are established as a result of the consultation with the department. Such requirements may include the timing, form, manner, frequency, and content of repeat notices (if any) and other actions designed to reach all persons served.

(2) A public water system that has a tier 2 notice shall do the following:

(A) Provide a public notice to its customers as soon as practical but no later than thirty (30) days after the system learns of the violation in one or more of the following forms of delivery:
(i) Mail or other direct delivery to each customer receiving a bill and to other service connections to which water is delivered by the system; and publication in a local newspaper or newsletter;
(ii) Posting the notice in conspicuous locations throughout the distribution system and frequented by persons served by the system; or
(iii) Any other delivery method approved in writing by the department.

(B) After the initial notice, the public water system shall repeat the notice every three (3) months for as long as the violation or situation persists.

(C) If the public notice is posted, the notice shall remain in place for as long as the violation or situation persists, but in no case for less than seven (7) days, even if the violation or situation is resolved.

(3) A public water system that has a tier 3 notice shall do the following:

(A) Provide a public notice no later than one (1) year after the system learns of the violation or situation or begins operating under a variance or exemption in one or more of the following forms of delivery:
(i) Mail or other direct delivery to each customer receiving a bill and to other service connections to which water is delivered by the system; and
(ii) Publication in a local newspaper or newsletter; or
(iii) Posting the notice in conspicuous locations throughout the distribution system frequented by persons served by the system; or
(iv) Any other delivery method approved in writing by the department.

(B) After the initial notice, the notice shall be repeated annually for as long as the violation, variance, exemption or other situation persists. If the notice is posted, the notice shall remain in place for as long as the violation, variance, exemption or other situation persists, but in no case less than seven (7) days even if the violation or situation is resolved.

(C) The consumer confidence report (CCR) required under section 19-13-B102(i)(10) of the Regulations of Connecticut State Agencies may be used as a vehicle for the initial public notice of a tier 3 notice and all required repeat notices, provided:
(i) The CCR is provided to persons served no later than twelve (12) months after the system learns of the violation or situation, as required under section 19-13-B102(i)(3)(A) of the Regulations of

Connecticut state agencies;

(ii) The tier 3 notice contained in the CCR follows the content requirements under section 19-13-B102(i)(4) of the Regulations of Connecticut State Agencies; and

(iii) The CCR is distributed following the delivery requirements under section 19-13-B102(i)(3)(A) of the Regulations of Connecticut State Agencies.

(4) General content of public notice for tier 1, tier 2 or tier 3 notice. Each notice required by this section shall be approved by the department.

(A) Each public notice for a tier 1, tier 2 or tier 3 notice shall contain the following information:

(i) a description of the violation or situation, including the contaminant(s) of concern, and when applicable the contaminant level(s);

(ii) any potential adverse health effects from the violation or situation, including, but not limited to, any applicable standard language required by 40 CFR 141.205 as amended from time to time;

(iii) the population at risk, including any subpopulation particularly vulnerable if exposed to the contaminant in their drinking water;

(iv) what the system is doing to correct the violation or situation;

(v) whether alternative water supplies should be used;

(vi) what action the consumer should take, including when the consumer should seek medical help, if known;

(vii) the name, business address, and the telephone number of the owner, operator or designee of the public water system as a source of additional information concerning the notice;

(viii) when the violation or situation occurred;

(ix) when the water system expects to return to compliance or resolve the situation; and

(x) a statement to encourage the recipient of notice to distribute the public notice to other persons served, using the following language, where applicable: "please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail."

(B) Each notice for public water systems operating under a variance, administrative order or an exemption shall contain the following information:

(i) an explanation of the reasons for the variance, order or exemption;

(ii) the date on which the variance, order or exemption was issued;

(iii) a brief status report on the steps the system is taking to install treatment, find alternative sources of water, or otherwise comply with the terms and schedules of the variance, order or exemption; and

(iv) a notice of any opportunity for public input in the review of the variance, order or exemption.

(C) Each public notice required by this section:

(i) shall be displayed in a conspicuous way when printed or posted;

(ii) shall not contain overly technical language or very small print;

(iii) shall not be formatted in a way that defeats the purpose of the notice; and

(iv) shall not contain language that nullifies the purpose of the notice.

(D) For systems serving a large proportion of non-english speaking consumers, as determined in writing by the department, the notice shall also contain information in the appropriate foreign language regarding the importance of the notice or contain a telephone number or address where persons served may contact the water system to obtain a translated copy of the notice or to request assistance in the appropriate foreign language.

(5) General notice requirements for other than tier 1, tier 2 or tier 3 notice.

(A) A water system that exceeds the copper action level, based on tap water samples collected in accordance with section 19-13-B102(e)(8), shall notify consumers of the concentration by direct mail, no later than thirty (30) days after the system learns of the exceedance. The form and manner of the public notice shall follow the requirements for a tier 2 notice as prescribed in section 19-13-B102(i)(2). At a minimum, the notice shall include the following mandatory language: "if you have been diagnosed with copper intolerance due to a genetic deficiency, please inform your physician that the 90th percentile level of copper in our water is (BLANK) milligrams per liter." (the blank space should contain the 90th percentile level of copper in the water).

(B) When the sodium concentration for water ready for consumption exceeds twenty eight (28.0) mg/l consumers of the public water system shall be notified of the concentration by direct mail or in the next billing cycle, and such notification shall be repeated annually for as long as the exceedance exists. At a minimum the notice shall include the following mandatory language: "If you have been placed on a sodium-restricted diet, please inform your physician that our water contains (BLANK) mg/l of sodium." (the blank ___ should contain the level of sodium in the water.)

(C) A public water system that is required to monitor for the unregulated contaminants, pursuant to 40 CFR 141.40, shall notify persons served by the system of the availability of the results of such sampling no longer than twelve (12) months after the monitoring results are known. The form and manner of the public notice shall follow the requirements for a tier 3 notice prescribed in section 19-13-B102(i)(3). The notice shall also identify a person and provide a telephone number for information on the monitoring results.

(D) A public water system with fluoride concentration between 2 mg/l and 4.1 mg/l shall provide public notice to persons served as soon as practical, but no later than twelve (12) months from the day the water system learns of the fluoride level. The notice shall be repeated annually for as long as the fluoride level remains between 2 mg/l and 4.1 mg/l. If the notice is posted, it shall remain in place for as long as the fluoride level remains between 2 mg/l and 4.1 mg/l, but in no case for less than seven (7) days. The notice shall follow the requirements for a tier 3 notice as specified in section 19-13-B102(i)(3), and shall contain at a minimum, the language required in 40 CFR 141.208(c).

(6) Public education requirements. A water system that exceeds the head action level based on tap water samples collected in accordance with subsection (e)(8) of this section shall deliver the public education materials contained in 40 CFR 141.85(a) and 40 CFR 141.85(b) in accordance with the requirements in 40 CFR 141.85(c) within sixty (60) days after the end of the monitoring period in which the exceedance occurs and shall offer to sample the tap water of any customer who requests it according to 40 CFR 141.85(d) as amended from time to time.

(7) A public water system that sells or otherwise provides drinking water to a consecutive public water system is required to give public notice to the owner or operator of the consecutive public water system. The consecutive public water

system is responsible for providing public notice to the persons it serves.

(8) A public water system, no later than ten (10) days after completing the public notification requirements of this section for the initial public notice and any repeat notices, shall submit to the department a certification that it has fully complied with the requirements of section 19-13-B102(i). The public water system shall include with this certification a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system and to the media.

(9) Notice to new customers or billing units.

(A) A community water system shall give a copy of the most recent public notice for any continuing violation or for the existence of a variance, order, exemption, or other ongoing situations requiring a public notice, to all new billing units or new customers, prior to or at the time service begins.

(B) A non-community water system shall continuously post the public notice in conspicuous locations in order to inform new customers of any continuing violation, variance, order exemption, or other situation requiring a public notice, for as long as the violation, variance, order, exemption, or other situation persists.

(10) Consumer confidence report requirements.

(A) A community water system shall annually prepare a consumer confidence report that contains data collected during the previous calendar year and includes the information specified in 40 CFR 141.153 and 40 CFR 141.154.

(B) No later than July 1st of each year, a community water system serving 10,000 or more persons shall mail or directly deliver the report to its customers, a good faith effort to reach the customers who do not get water bills, using methods acceptable to the department, shall be made. Systems serving 100,000 persons or more shall post the report to a publicly accessible site on the internet. A new community water system shall deliver its first report by July 1st of the year after its first full calendar year in operation and annually thereafter.

(C) A community water system that sells water to another community water system shall deliver the applicable information required in 40 CFR 141.153 to the buyer system by April 1st of each year.

(D) Community water systems serving more than 500 persons and fewer than 10,000 persons shall, by July 1st of each year, do the following:

(i) publish the report in one or more local newspapers serving the area in which the system's customers are located;

(ii) inform the customers, by mail or door-to-door delivery, that the report is available upon request; and

(iii) make copies of the report available to the public upon request.

(E) Community water systems serving 500 or fewer persons shall, by July 1st of each year, do the following:

(i) inform the customers, by mail, door-to-door delivery, or by posting in a location approved by the department that the report is available upon request; and

(ii) make copies of the report available to the public upon request.

(F) No later than July 1st of each year, a community water system shall mail three (3) copies of the report to the department and one (1) copy to the local director of health of each city, town, borough or district served by the community water system.

(G) No later than August 9th of each year a community water system shall submit to the department a certification that the report has been distributed or, when applicable, made available to customers, and that the information is correct and consistent with the compliance monitoring

data previously submitted to the department. The certification shall be on a form provided by the department.

(H) Each community water system shall make its reports available to the public upon request.

(I) For the purpose of section 19-13-B102(i)(10) of the Regulations of Connecticut State Agencies, the term "detected" is defined in 40 CFR 141.151(d).

(J) Each community water system serving one thousand or more persons or two hundred fifty consumers or more shall include in its consumer confidence report educational materials or information on:

(i) water conservation;

(ii) water supply source protection methods, including methods to reduce contamination; and

(iii) health effects and sources of lead and copper.

(j) Treatment techniques.

(1) A MCLG of zero (0) is set for the following microbiological contaminants: Giardia lamblia, cryptosporidium, viruses and legionella.

(2) General Requirements--Surface Water source and groundwater source under the direct influence of surface water.

(A) Each system with a surface water source or a groundwater source under the direct influence of surface water shall install and properly operate water treatment processes that reliably achieve:

(i) At least 99.9 percent (3-LOG) removal and/or inactivation of Giardia lamblia cysts between a point where the raw water is not subject to recontamination by surface water runoff and a point downstream before or at the first customer;

(ii) At least 99.99 percent (4-LOG) removal and/or inactivation of viruses between a point where the raw water is not subject to recontamination by surface water runoff and a point downstream before or at the first customer; and

(iii) For systems serving 10,000 or more persons, and for systems serving fewer than 10,000 persons, at least 99 percent (2-log) removal of cryptosporidium between a point where the raw water is not subject to recontamination by surface water runoff and a point downstream before or at the first customer.

(B) A system using a surface water source or a groundwater source under the direct influence of surface water is considered to be in compliance with the requirements of subparagraph (A) of this subdivision if it meets the filtration requirements in subsection (j)(4) and the disinfection requirements in subsection (j)(3)(B) of this section.

(C) Each system using a surface water source or a groundwater source under the direct influence of surface water shall be operated by qualified personnel pursuant to sections 25-32-7a through 25-32-14 of the Regulations of Connecticut State Agencies.

(D) A system shall install and have operational treatment consisting of disinfection and filtration in accordance with section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies within eighteen (18) months following the department's determination that treatment is required for a groundwater source. Such determination shall be made if that groundwater source is at risk of contamination from surface water. In making this determination, the department shall be guided by its document entitled "Determination Of Groundwater Under The Direct Influence of Surface Water." As an interim requirement until such treatment is operational, turbidity shall not exceed a monthly average of one (1) NTU or a two (2) consecutive day average of five (5) NTUS as monitored pursuant to section 19-13-B102(e)(7)(H) of the Regulations of

Connecticut State Agencies and the system supplied by this source shall be free of any waterborne disease outbreak.

(3) Disinfection.

(A) A system that uses a groundwater source under the direct influence of surface water, and that does not provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, shall provide interim disinfection pursuant to section 19-13-B102(e)(7)(M) of the Regulations of Connecticut State Agencies.

(B) A system that uses a surface water source or a groundwater source under the direct influence of surface water, and that provides and operates treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut state agencies, shall provide disinfection treatment as specified in the following subchauses of this subparagraph.

(i) The disinfection treatment shall be sufficient to ensure that the total treatment processes of that source achieve at least 99.9 percent (3-LOG) inactivation and/or removal of Giardia lamblia cysts and at least 99.99 percent (4-LOG) inactivation and/or removal of viruses. Disinfection effectiveness shall be determined by the calculation of "CT" values as specified in the most recent edition of the EPA "Guidance Manual For Compliance With The Filtration And Disinfection Requirements For Public Water Systems Using Surface Water Sources."

(ii) The residual disinfectant concentration in the water entering the distribution system, measured as specified in 40 CFR 141.74(a)(2) and section 19-13-B102(e)(7)(S)(ii) of the Regulations of Connecticut State Agencies shall not be less than 0.2 mg/l for more than four (4) hours.

(iii) The residual disinfectant concentration in the distribution system, measured as free chlorine, combined chlorine, or chlorine dioxide, as specified in 40 CFR 141.74(a)(2) and section 19-13-B102(e)(7)(S)(ii) of the Regulations of Connecticut state Agencies, shall not be undetectable in more than five percent (5%) of the samples each month, for any two (2) consecutive months that the system serves water to the public. Water in the distribution system with a heterotrophic bacteria concentration less than or equal to five hundred (500)/ML, measured as heterotrophic plate count (HPC) as specified in 40 CFR 141.74(a)(1) is deemed to have a detectable disinfectant residual for purposes of determining compliance with this requirement. The value "V" in the following formula shall not exceed five percent (5%) in one (1) month, for any two (2) consecutive months.

$$V = \frac{C + D + E}{A + B} \times 100$$

Where:

A = Number of instances where the residual disinfectant concentration is measured;

B = Number of instances where the residual disinfectant concentration is not measured but heterotrophic bacteria plate count (HPC) is measured;

C = Number of instances where the residual disinfectant concentration is measured but not detected and no HPC is measured;

D = Number of instances where no residual disinfectant concentration is detected and where the HPC is greater than five

hundred (500)/ml; and
E = Number of instances where the residual disinfectant concentration is not measured and HPC is greater than five hundred (500)/ml.

(4) Filtration.
A system that uses a surface water source or a groundwater source under the direct influence of surface water, and that provides and operates treatment pursuant to section 19-13-B102(j)(2), shall provide filtration which complies with the requirements of subparagraphs (A), (B), (C), or (D) of this subdivision.

(A) Conventional filtration treatment or direct filtration.

(i) For systems serving 10,000 or more persons and using conventional or direct filtration, and for systems serving fewer than 10,000 persons and using conventional or direct filtration, the turbidity level of representative samples of a system's combined filtered water shall be less than or equal to 0.3 NTU in at least ninety five percent (95%) of the measurements taken each month pursuant to section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies.

(ii) The turbidity level of representative samples of a system's combined filtered water (treatment effluent) shall at no time exceed one (1) NTU, measured pursuant to section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies.

(iii) A system required to submit a report to the department for a self assessment or comprehensive performance evaluation, pursuant to section 19- 13-B102(h)(6)(B)(i) of the Regulations of Connecticut State Agencies, shall implement the improvements identified in accordance with a schedule as approved in writing by the department.

(B) Slow sand filtration.
For systems using slow sand filtration, the turbidity level of representative samples of a system's combined filtered water shall be less than or equal to one (1) NTU in all of the measurements taken each month, measured as specified in 40 CFR 141.74(a)(4) and subsection (e)(7)(S)(i) of this section.

(C) Diatomaceous earth filtration.
For systems using diatomaceous earth filtration, the turbidity level of representative samples of a system's combined filtered water shall be less than or equal to one (1) NTU in all of the measurements taken each month, measured as specified in 40 CFR 141.74(a)(4) and subsection (e)(7)(S)(i) of this section.

(D) Other filtration technologies.
A system may use filtration technology not listed in subparagraphs (A) through (C) of this subdivision if it demonstrates to the department, using pilot plant studies or other means, that the alternative filtration technology, in combination with disinfection treatment that meets the requirements of subdivision (3)(13) of this subsection, consistently achieves ninety nine and nine tenths percent (99.9%) removal and/or inactivation of Giardia lamblia cysts and ninety nine and ninety nine hundredths percent (99.99%) removal and/or inactivation of viruses. For a system that makes this demonstration, the requirements of subparagraphs (3)(13) and (4)(A) of this subsection apply.

(E) A system serving 10,000 or more persons shall achieve ninety nine percent (99%) removal of cryptosporidium. Systems serving fewer than 10,000 persons shall achieve ninety nine percent (99%) removal of cryptosporidium. A system is deemed to be in compliance with this

requirement if it meets the combined filtered water turbidity level requirements of subparagraphs (4)(A) through (4)(D) of this subsection.

(F) Any system that recycles spent filter backwash water, thickener supernatant, or liquids from dewatering processes shall return these flows through the processes of a system's existing conventional or direct filtration or at an alternate location approved by the department by June 8, 2004. If capital improvements are required to modify the recycle location to meet this requirement, all capital improvements shall be completed, as approved by the department, no later than June 8, 2006.

(5) Treatment techniques for acrylamide and epichlorohydrin. Each public water system shall certify annually in writing to the department that when acrylamide and epichlorohydrin are used in drinking water systems, the combination of dose and monomer level does not exceed the levels specified in 40 CFR 141.111.

(6) General Requirements - control of lead and copper.

(A) Applicability and effective dates.

(i) The requirements of this subsection constitute the drinking water regulations for lead and copper. Unless otherwise indicated, each of the provisions of this subsection applies to community water systems and non- transient, non-community water systems (hereinafter referred to as "water systems" or "systems").

(ii) The requirements set forth in subsections (e) (7) (L), (e) (8) through (e) (10), (h) (5) and (l) (1) (G) of this section shall take effect July 7, 1991. The requirements in subdivisions (7) through (10) of this subsection and subsection (i) (6) of this section shall take effect December 7, 1992.

(B) Lead and copper action levels.

(i) The lead action level is exceeded if the concentration of lead in more than ten percent (10%) of tap water samples collected during any monitoring period conducted in accordance with subsection (e) (8) of this section is greater than 0.015 mg/l (i.e., if the "90th percentile" lead level is greater than 0.015 mg/l).

(ii) The copper action level is exceeded if the concentration of copper in more than ten percent (10%) of tap water samples collected during any monitoring period conducted in accordance with subsection (e) (8) of this section is greater than 1.3 mg/l (i.e., if the "90th percentile" copper level is greater than 1.3 mg/l).

(iii) The 90th percentile lead and copper levels shall be computed as follows:

The results of all lead or copper samples taken during a monitoring period shall be placed in ascending order from the sample with the lowest concentration to the sample with the highest concentration. Each sampling result shall be assigned a number, ascending by single integers beginning with the number one (1) for the sample with the lowest contaminant level. The number assigned to the sample with the highest contaminant level shall be equal to the total number of samples taken. The number of samples taken during the monitoring period shall be multiplied by 0.9. The contaminant concentration in the numbered sample yielded by the calculation above is the 90th percentile contaminant level. For water systems serving fewer than one hundred (100) people that collect five (5) samples per monitoring period, the 90th percentile is computed by taking the average of the highest and second highest concentrations.

(C) Corrosion control treatment requirements
(i) All water systems shall install and operate optimal corrosion control treatment as defined in subsection (a) (44) of this section.
(ii) Any public system that complies with the applicable corrosion control treatment requirements approved by the department under subdivisions (7) and (8) of this subsection shall be deemed to be in compliance with the treatment requirement contained in subparagraph (D) (i) of this subdivision.

(D) Source water treatment requirements. Any system exceeding the lead or copper action level shall implement all applicable source water treatment requirements approved by the department under subdivision (9) of this subsection.

(E) Lead service line replacement requirements. Any system exceeding the lead action level after implementation of applicable corrosion control and source water treatment requirements shall complete the lead service line replacement requirements contained in subdivision (10) of this subsection.

(F) Public education requirements.
(i) Any system exceeding the lead action level shall implement the public education requirements contained in 40 CFR 141.85 as amended within sixty (60) days after the end of the monitoring period in which the exceedance occurs.
(ii) Any system exceeding the copper action level shall notify consumers as required in section 19-13-B102(i)(5)(A) of the Regulations of Connecticut State Agencies.

(G) Monitoring and analytical requirements. Tap water monitoring for lead and copper, monitoring for water quality parameters, source water monitoring for lead and copper, and analyses of the monitoring results under this subsection shall be completed in compliance with subsections (e) (7) (L) and (e) (8) through (e) (10) of this section.

(H) Reporting requirements. Systems shall report to the department any information required by the treatment provisions of this subsection and subsection (h) (5) of this section.

(I) Recordkeeping requirements. Systems shall maintain records in accordance with subsection (l) (1) (G) of this section.

(J) Violation of drinking water regulations. Failure to comply with the applicable requirements of subsections (e) (7) (L), (e) (8) through (e) (10), (h) (5) (i) (6), (j) (6) through (j) (10) and (l) (1) (G) of this section, including requirements established by the department pursuant to these provisions, shall constitute a violation of the drinking water regulations for lead and/or copper.

(7) Applicability of corrosion control treatment steps to small, medium-size and large water systems.

(A) Systems shall complete the applicable corrosion control treatment requirements described in subdivision (8) of this subsection by the deadlines established in this subdivision.
(i) A large system (serving greater than fifty thousand (50,000) persons) shall complete the corrosion control treatment steps specified in subparagraph (D) of this subdivision, unless it is deemed by the department to have optimized corrosion control under subparagraph (B) (ii) or (B) (iii) of this subdivision.
(ii) A small system (serving less than or equal to 3,300 persons) and a medium-size system (serving greater than 3,300 and less than or equal to 50,000 persons) shall complete the corrosion control treatment steps specified in subparagraph (E) of this subdivision,

unless it is deemed to have optimized corrosion control under subparagraph (B) (i), (B) (ii), or (B) (iii) of this subdivision.

(B) A system is deemed to have optimized corrosion control and is not required to complete the applicable corrosion control treatment steps identified in this subdivision if the system satisfies one (1) of the criteria specified in subclauses (i) through (iii) of this subparagraph. Any such system deemed to have optimized corrosion control under this subparagraph, and which has treatment in place, shall continue to operate and maintain optimal corrosion control treatment and meet any requirements that the department determines appropriate to ensure optimal corrosion control treatment is maintained.

(i) A small or medium-size water system is deemed to have optimized corrosion control if the system meets the head and copper action levels during each of two (2) consecutive six (6) month monitoring periods conducted in accordance with section 19-13-B102(e)(8) of the Regulations of Connecticut State Agencies.

(ii) Any water system may be deemed by the department to have optimized corrosion control treatment if the system demonstrates to the satisfaction of the department that it has conducted activities equivalent to the corrosion control steps applicable to such system under this subdivision. If the department makes this determination, it shall provide the system with written notice explaining the basis for its decision and shall specify the water quality control parameters representing optimal corrosion control in accordance with subdivision (8)(F) of this subsection. Water systems deemed to have optimized corrosion control under this subclause shall operate in compliance with the department-designated optimal water quality control parameters in accordance with section 19-13-B102(j)(8)(G) of the Regulations of Connecticut State Agencies and continue to conduct lead and copper tap and water quality parameter sampling in accordance with sections 19-13- B102(e)(8)(F) and 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies, respectively. A system shall provide the department with the following information in order to support a determination under this subparagraph: the results of all test samples collected for each of the water quality parameters in subdivision (8)(C)(iii) of this subsection; a report explaining the test methods used by the water system to evaluate the corrosion control treatments listed in subdivision (8)(C)(i) of this subsection, the results of all tests conducted, and the basis for the system's selection of optimal corrosion control treatment, a report explaining how corrosion control has been installed and how it is being maintained to insure minimal lead and copper concentrations at consumers taps; and the results of tap water samples collected in accordance with section 19-13-B102(e)(10)(B) of the Regulations of Connecticut State Agencies at least once every six (6) months for one (1) year after corrosion control has been installed.

(iii) Any water system is deemed to have optimized corrosion control if it submits results of tap water monitoring conducted in accordance with section 19-13-B102(e)(8) of the Regulations of Connecticut State Agencies and source water monitoring conducted in accordance with section 19-13-B102(e)(10) of the Regulations of Connecticut State Agencies that demonstrate for

two (2) consecutive six (6) month monitoring periods that the difference between the 90th percentile tap water lead level computed under subdivision (6)(C)(iii) of this subsection and the highest source water head concentration, is less than the practical quantification level for lead of 0.005 mg/l.

Those systems whose highest source water lead level is below the method detection limit may also be deemed to have optimized corrosion control under this subclause if the 90th percentile tap water lead level is less than or equal to the practical quantification level for lead for two consecutive six (6) month monitoring periods.

Any water system deemed to have optimized corrosion control in accordance with this subclause shall continue monitoring for lead and copper at the tap, no less frequently than once every three calendar years using the reduced number of sites specified in section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies and collecting the samples at times and locations specified in section 19-13-B102(e)(8)(G) of the Regulations of Connecticut State Agencies.

Any water system deemed to have optimized corrosion control pursuant to this subclause shall obtain the approval of the department in writing, pursuant to section 19-13-B102(d)(2) of the Regulations of Connecticut State Agencies, prior to any change in treatment or the addition of a new source. The department may require any such system to conduct additional monitoring or to take other action the department deems appropriate to ensure that such system maintains minimal levels of corrosion in its distribution system.

A system is not deemed to have optimized corrosion control under this subclause unless it meets the copper action level.

Any system that is required to implement corrosion control because it is no longer deemed to have optimized corrosion control under this subclause shall implement corrosion control treatment in accordance with the deadlines in section 19-13-B102(j)(7)(E) of the Regulations of Connecticut State Agencies. Any such large system shall adhere to the schedule specified in that subparagraph for medium-size systems, with the time periods for completing each step being determined as of the date the system is no longer deemed to have optimized corrosion control under this subclause.

(C) Any small water system or medium-size water system that is required to complete the corrosion control steps because it exceeded the lead or copper action level may cease completing the treatment steps whenever the system meets both action levels during each of two (2) consecutive monitoring periods conducted pursuant to section 19-13-B102(e)(8) of the Regulations of Connecticut State Agencies and submits the result to the department. If any such water system thereafter exceeds the lead or copper action level during any monitoring period, the system (or the department, as the case may be) shall recommence completion of the applicable treatment steps, beginning with the first treatment step that was not previously completed in its entirety. The department may

require a system to repeat treatment steps previously completed by the system where the department determines that this is necessary to properly implement the treatment requirements of this subdivision. The department shall notify the system in writing of such a determination and exphain the basis for its decision. The requirement for any small or medium- size system to implement corrosion control treatment steps in accordance with section 19-13-B102(j)(7)(E) of the Regulations of Connecticut State Agencies, including systems deemed to have optimized corrosion control under section 19-13-B102(j)(7)(B) of the Regulations of Connecticut State Agencies, is triggered whenever any small or medium-size system exceeds the lead or copper action level.

(D) Treatment steps and deadlines for large systems. Except as provided in subparagraphs (B)(ii) and (B)(iii) of this subdivision, large water systems shall complete the following corrosion control treatment steps (described in the referenced portions of subdivision (8)(A) of this subsection and sections 19-13-B102(e)(8) and (9) of the Regulations of Connecticut State Agencies by the indicated dates.

(i) Step 1: The system shall conduct initial monitoring (sections 19-13- B102(e)(8)(D) and (e)(9)(B) of the Regulations of Connecticut State Agencies) during two (2) consecutive six (6) month monitoring periods by January 1, 1993.

(ii) Step 2: The system shall complete and submit corrosion control studies and proposed treatment to the department (subdivision (8)(c) of this subsection) by July 1, 1994.

(iii) Step 3: The department shall review and either approve or reject, with written reasons, the proposed optimal corrosion control treatment in accordance with subdivision (8)(D) of this subsection by January 1, 1995. If rejected, the system shall revise proposed treatment and resubmit to the department for review by July 1, 1995.

(iv) Step 4: The system shall install the approved optimal corrosion control treatment in accordance with subdivision (8)(E) of this subsection by January 1, 1997.

(v) Step 5: The system shall complete follow-up sampling (sections 19-13- B102(e)(8)(E) and (e)(9)(C) of the Regulations of Connecticut State Agencies) by January 1, 1998.

(vi) Step 6: The department shall review installation of treatment and designate optimal water quality control parameters in accordance with subdivision (8)(F) of this subsection by July 1, 1998.

(vii) Step 7: The system shall operate in compliance with the department- specified optimal water quality control parameters (subdivision (8)(G) of this subsection) and continue to conduct tap sampling (sections 19-13- B102(e)(8)(F) and (e)(9)(D) of the Regulations of Connecticut State Agencies).

(E) Treatment steps and deadlines for small water systems and medium-size water systems. Except as provided in subparagraph (B) of this subdivision, small water systems and medium-size water systems shall complete the following corrosion control treatment steps (described in the referenced portions of subdivision (8) of this subsection and sections 19-13-B102(e)(8) and (9) of the Regulations of Connecticut State Agencies) by the indicated time periods.

(i) Step 1: The system shall conduct initial tap sampling in accordance with sections 19-13-B102(e)(8)(D) and (e)(9)(B) of the Regulations of Connecticut State Agencies until the system either exceeds the lead or copper action level or becomes

eligible for reduced monitoring under section 19-13-B102(e)(8)(G) of the Regulations of Connecticut State Agencies. A water system exceeding the lead or copper action level shall propose optimal corrosion control treatment in accordance with subdivision (8)(A) of this subsection within six (6) months after the end of the tap monitoring period, pursuant to section 19-13-B102(e)(8)(D) through (G) of the Regulations of Connecticut State Agencies, in which the exceedance occurred.

(ii) Step 2: Within twelve (12) months after a water system exceeds the lead or copper action level, the department may require the system to perform corrosion control studies in accordance with subdivision (8)(B) of this subsection. If the department does not require the system to perform such studies, the department shall review and either approve or reject with written reasons the optimal corrosion control treatment in accordance with subdivision (8)(D) of this subsection proposed in step 1 and the system shall obtain department approval for its proposed optimal corrosion control treatment within the following time frames: for medium-size systems, within eighteen (18) months after it exceeds the lead or copper action level; for small systems, within twenty-four (24) months after such system exceeds the head or copper action level.

(iii) Step 3: If the department requires a water system to perform corrosion control studies under (ii) of this subparagraph, the system shall complete the studies in accordance with subdivision (8)(C) of this subsection and propose optimal corrosion control treatment within eighteen (18) months after the department requires that such studies be conducted.

(iv) Step 4: If the water system has performed corrosion control studies under (ii) of this subparagraph, the department shall review and either approve or reject with written reasons optimal corrosion control treatment in accordance with subdivision (8)(D) of this subsection. The system shall obtain department approval for its proposed optimal corrosion control treatment within six (6) months after completion of (iii) of this subparagraph.

(v) Step 5: The water system shall install and have operational the approved optimal corrosion control treatment (subdivision (8)(E) of this subsection) within twenty-four (24) months after the department approves such treatment.

(vi) Step 6: The water system shall complete follow-up sampling in accordance with sections 19-13-B102(e)(8)(E) and (e)(9)(C) of the Regulations of Connecticut State Agencies within thirty-six (36) months after the department approves optimal corrosion control treatment.

(vii) Step 7: The department shall review the water system's installation of treatment and designate optimal water quality control parameters in accordance with subdivision (8)(F) of this subsection within six (6) months after completion of (vi), of this subparagraph.

(viii) Step 8: The water system shall operate in compliance with the department-designated optimal water quality control parameters (subdivision (8)(G) of this subsection) and continue to conduct tap sampling in accordance with sections 19-13-B102(e)(8)(F) and (e)(9)(D) of the Regulations of Connecticut State Agencies.

(8) Description of corrosion control treatment requirements. Each system shall complete the corrosion control treatment requirements described in this

subdivision that are applicable to such system under subdivision (7) (A) of this subsection.

(A) Water system's proposal regarding corrosion control treatment. Based upon the results of lead and copper tap monitoring and water quality parameter monitoring, small water systems and medium-size water systems exceeding the lead or copper action level shall propose installation of one (1) or more of the corrosion control treatments in subparagraph (C) (i) of this subdivision. The department may require the system to conduct additional water quality parameter monitoring in accordance with subsection (e) (9) (B) of this section to assist the department in reviewing the system's proposal.

(B) Department's decision to require studies of corrosion control treatment (applicable to small water systems and medium-size water systems). The department may require any small water systems or medium-size water system that exceeds the lead or copper action level to perform corrosion control studies under subparagraph (C) of this subdivision to identify optimal corrosion control treatment for the water system.

(C) Performance of corrosion control studies.

(i) Any public water system performing corrosion control studies shall evaluate the effectiveness of each of the following treatments, and, if appropriate, combinations of the following treatments to identify the optimal corrosion control treatment for that system, alkalinity and pH adjustment calcium hardness adjustment, and the addition of a phosphate or silicate-based corrosion inhibitor at a concentration sufficient to maintain an effective residual concentration in all test tap samples.

(ii) The water system shall evaluate each of the corrosion control treatments using either pipe rig/loop tests, metal coupon tests, partial-system tests, or analyses based on documented analogous treatments with other systems of similar size, water chemistry and distribution system configuration.

(iii) The water system shall measure the following water quality parameters in any tests conducted under this subparagraph before and after evaluating the corrosion control treatments listed above: lead, copper, pH, alkalinity, calcium, conductivity, orthophosphate (when an inhibitor containing a phosphate compound is used), silicate (when an inhibitor containing a silicate compound is used), water temperature.

(iv) The water system shall identify all chemical or physical constraints that limit or prohibit the use of a particular corrosion control treatment and document such constraints with at least one (1) of the following: data and documentation showing that a particular corrosion control treatment has adversely affected other water treatment processes when used by another water system with comparable water quality characteristics; and/or data and documentation demonstrating that the water system has previously attempted to evaluate a particular corrosion control treatment and has found that the treatment is ineffective or adversely affects other water quality treatment processes.

(v) The water system shall evaluate the effect of the chemicals used for corrosion control treatment on other water quality treatment processes.

(vi) On the basis of an analysis of the data generated during each evaluation, the water system shall propose to the department in

writing the treatment option that the corrosion control studies indicate constitutes optimal corrosion control treatment for that system. The water system shall provide a rationale for its proposal along with all supporting documentation specified in this subparagraph.

(D) Department review of optimal corrosion control treatment.

(i) Based upon consideration of available information including, where applicable, studies performed under subparagraph (C) of this subdivision and a water system's proposed treatment alternative, the department shall either approve or reject with written reasons the corrosion control treatment option proposed by the system. If rejected, the water system shall propose an alternative corrosion control treatment(s) from among those listed in subparagraph (c)(i) of this subdivision, or revise the original proposal based on the department's recommendations, and then resubmit for department review in consideration for approval.

(ii) The department shall notify the system of its decision on optimal corrosion control treatment in writing and explain the basis for this determination. If the department requests additional information to aid its review, the water system shall provide the information.

(E) Installation of optimal corrosion control. Each system shall properly install and operate throughout its distribution system the optimal corrosion control treatment approved by the department under subparagraph (D) of this subdivision.

(F) Department review of treatment and specification of optimal water quality control parameters. The department shall evaluate the results of all lead and copper tap samples and water quality parameter samples submitted by the water system and determine whether the system has properly installed and operated the optimal corrosion control treatment approved by the department in accordance with subparagraph (D) of this subdivision. After the department reviews the results of tap water and water quality parameter monitoring by the system, both before and after the system installs optimal corrosion control treatment, the system shall operate in accordance with specific parameter values defined by the department that are within the following water quality parameter ranges, unless the water system can demonstrate to the satisfaction of the department that other measurable parameter values are necessary for optimal corrosion control treatment:

(i) For pH measured at each entry point to the distribution system, a range of seven (7.0) to ten (10.0) must be maintained;

(ii) A minimum pH value, measured in all tap samples. Such value shall be equal to or greater than seven (7.0), unless the department determines that meeting a pH level of 7.0 is not technologically feasible or is not necessary for the system to optimize corrosion control;

(iii) If a corrosion inhibitor is used, concentrations for the inhibitor, measured at each entry point to the distribution system and in all tap samples, shall be maintained within the following ranges:

| **Corrosion Inhibitor** | **Range (mg/l)** |
|---|---|
| Silicates | 2.0 - 12.0 |
| Orthophosphate | 0.1 - 10.0 |

(iv) If alkalinity is adjusted as part of optimal corrosion control

treatment, a range of concentrations for alkalinity, measured at each entry point to the distribution system and in all tap samples, shall be determined based on the results of tap water and water quality parameter monitoring;

(v) If calcium carbonate stabilization is used as part of corrosion control, a range of concentrations for calcium, measured in all tap samples, shall be determined based on the results of tap water and water quality parameter monitoring.

(vi) The values for the applicable water quality control parameters listed in this subparagraph shall be those that the department determines to reflect optimal corrosion control treatment for the system. The department may designate values for additional water quality control parameters determined by the department to reflect optimal corrosion control for the system. The department shall notify the system in writing of these determinations and explain the basis for its decisions.

(G) All systems optimizing corrosion control shall continue to operate and maintain optimal corrosion control treatment, including maintaining water quality parameters at or above minimum values or within ranges designated by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies, in accordance with this subparagraph for all samples collected under sections 19-13-B102(e)(9)(D) through (F), inclusive, of the Regulations of Connecticut State Agencies. Compliance with the requirements of this subparagraph shall be determined every six months, as specified under section 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies. A water system is out of compliance with the requirements of this subparagraph for a six (6) month period if it has excursions for any department-specified parameter on more than nine (9) days during the period. An excursion occurs whenever the daily value for one or more of the water quality parameters measured at a sampling location is below the minimum value or outside the range designated by the department. Daily values are calculated as indicated in subclauses (i) through (iii) of this subparagraph. The department has discretion to delete results of obvious sampling errors from this calculation.

(i) On days when more than one measurement for the water quality parameter is collected at the sampling location, the daily value shall be the average of all results collected during the day, regardless of whether they are collected through continuous monitoring, grab sampling, or a combination of both.

(ii) On days when only one measurement for the water quality parameter is collected at the sampling location, the daily value shall be the result of that measurement.

(iii) On days when no measurement is collected for the water quality parameter at the sampling location, the daily value shall be the daily value calculated on the most recent day on which the water quality parameter was measured at the sample site.

(H) Modification of department treatment decisions. Upon its own initiative or in response to a request by a water system or other interested party, the department may modify its determination of the optimal corrosion control treatment under subparagraph (D) of this subdivision or optimal water quality control parameters under subparagraph (F) of this subdivision. A request for modification by a system or other interested party shall be in writing, explain why the modification is appropriate, and provide supporting documentation. The department may modify its determination where it concludes that such change is necessary to ensure that the

system continues to optimize corrosion control treatment. A revised determination shall be made in writing, set forth the new treatment requirements, explain the basis for the department's decision, and provide an implementation schedule for completing the treatment modifications.

(9) Source water treatment requirements. Systems shall complete the applicable source water monitoring and treatment requirements by the following deadlines.

(A) Deadlines for completing source water treatment steps.

(i) Step 1: A system exceeding the lead or copper action level shall complete lead and copper source water monitoring in accordance with section 19-13- B102(e)(10)(B) of the Regulations of Connecticut State Agencies and make a treatment proposal to the department in accordance with subparagraph (9)(B)(i) of this subsection within six (6) months after exceeding the lead or copper action level.

(ii) Step 2: The department shall make a determination regarding source water treatment in accordance with subparagraph (9)(B)(ii) of this subsection within six (6) months after submission of monitoring results in (i).

(iii) Step 3: If the department requires installation of source water treatment, the system shall install the treatment in accordance with subparagraph (9)(B)(iii) of this subsection within twenty four (24) months after completion of (ii).

(iv) Step 4: The system shall complete follow-up tap water monitoring in accordance with section 19-13-B102(e)(8)(E) of the Regulations of Connecticut State Agencies and source water monitoring in accordance with section 19-13-B102(e)(10)(C) of the Regulations of Connecticut State Agencies within thirty six (36) months after completion of (ii).

(v) Step 5: The department shall review the system's installation and operation of source water treatment and specify maximum permissible source water levels in accordance with subparagraph (9)(B)(iv) of this subsection within six (6) months after completion of (iv).

(vi) Step 6: The system shall operate in compliance with the department- specified maximum permissible lead and copper source water levels in accordance with subparagraph (9)(B)(v) of this subsection and continue source water monitoring in accordance with section 19-13-B102(e)(10)(D) of the Regulations of Connecticut State Agencies.

(B) Description of source water treatment requirements.

(i) Water system treatment proposal. Any water system that exceeds the lead or copper action level shall propose in writing to the department the installation and operation of one (1) of the source water treatments listed in subparagraph (B) (ii) of this subdivision. A water system may propose that no treatment be installed based upon a demonstration that source water treatment is not necessary to minimize lead and copper levels at users' taps.

(ii) Department determination regarding source water treatment. The department shall complete an evaluation of the results of all source water samples submitted by the water system to determine whether source water treatment is necessary to minimize lead or copper levels in water delivered to users' taps. If the department determines that treatment is needed, the department shall review and either approve or reject

with written reasons the installation and operation of the source water treatment proposed by the system. If rejected, the water system shall propose, in consideration for approval, the installation and operation of another source water treatment from among the following: ion exchange, reverse osmosis, lime softening or coagulation/filtration; or revise the original proposal based upon the department's recommendations and resubmit this to the department for review in consideration for approval. If the department requests additional information to aid in its review, the water system shall provide the information by the date specified by the department in its request. The department shall notify the water system in writing of its determination and set forth the basis for its decision.

(iii) Installation of source water treatment. Each water system shall properly install and operate the source water treatment approved by the department under subparagraph (B) (ii) of this subdivision.

(iv) Department review of source water treatment and specification of maximum permissible source water levels. The department shall review the source water samples taken by the system both before and after the system installs source water treatment, and determine whether the water system has properly installed and operated the source water treatment approved by the department. Based upon its review, the department shall designate the maximum permissible lead and copper concentrations for finished water entering the distribution system. Such levels shall reflect the contaminant removal capability of the treatment properly operated and maintained. The department shall notify the water system in writing and explain the basis for its decision.

(v) Continued operation and maintenance. Each water system shall maintain lead and copper levels below the maximum permissible concentrations designated by the department at each sampling point monitored in accordance with subsection (e) (10) of this section. The system is out of compliance with this subparagraph if the level of lead or copper at any sampling point is greater than the maximum permissible concentration designated by the department.

(vi) Modification of department treatment decisions. Upon its own initiative or in response to a request by a water system or other interested party the department may modify its determination of the source water treatment under subparagraph (B) (ii) of this subdivision, or maximum permissible lead and copper concentrations for finished water entering the distribution system under subparagraph (B) (iv) of this subdivision. A request for modification by a system or other interested party shall be in writing, explain why the modification is appropriate, and provide supporting documentation. The department may modify its determination where it concludes that such change is necessary to ensure that the system continues to minimize lead and copper concentrations in source water. A revised determination shall be made in writing, set forth the new treatment requirements, explain the basis for the department's decision, and provide an implementation schedule for completing the treatment modifications.

(10) Lead service line replacement requirements.

(A) Water systems that fail to meet the head action level in tap samples taken pursuant to section 19-13-B102(e)(8)(E) of the Regulations of Connecticut State Agencies, after installing corrosion control or source water treatment, whichever sampling occurs later, shall replace lead service lines in accordance with the requirements of this subdivision. If a water system is in violation of subdivisions (7) or (9) of this subsection for failure to install source water or corrosion control treatment, the department may require the water system to commence lead service line replacement under this subdivision after the date by which the water system was required to conduct monitoring under section 19-13-B102(e)(8)(E) of the Regulations of Connecticut State Agencies has passed.

(B) A water system shall annually replace at least seven percent (7%) of the initial number of lead service lines in its distribution system. The initial number of lead service lines is the number of lead lines in place at the time the replacement program begins. The water system shall identify the initial number of lead service lines in its distribution system, including an identification of the portion(s) owned by the system, based on a materials evaluation, including the evaluation required under section 19-13- B102(e)(8)(A) of the Regulations of Connecticut State Agencies and relevant legal documents such as, contractual agreements, local land records and local land ordinances regarding the portion owned by the system. The first year of lead service line replacement shall begin on the date the action level has exceeded in tap sampling referenced in subparagraph (A) of this subdivision.

(C) A water system is not required to replace an individual lead service line if the lead concentration in all service line samples from that line, taken pursuant to section 19-13-B102(e)(8)(B)(iii) of the Regulations of Connecticut State Agencies, is less than or equal to 0.015 mg/l.

(D) A water system shall replace that portion of the lead service line that it owns. In cases where the system does not own the entire lead service line, the system shall notify the owner of the line, or the owner's authorized agent, that the system will replace the portion of the service line that it owns and shall offer to replace the owner's portion of the line. A system is not required to bear the cost of replacing the privately-owned portion of the line, nor is it required to replace the privately-owned portion where the owner chooses not to pay the cost of replacing the privately-owned portion of the line, or where replacing the privately-owned portion would be precluded by state, local or common law. A water system that does not replace the entire length of the service line also shall complete the following tasks.

(i) at least forty-five (45) days prior to commencing with the partial replacement of a head service line, the water system shall provide notice to the resident(s) of all buildings served by the line, explaining that they may experience a temporary increase of lead levels in their drinking water, along with guidance on measures consumers can take to minimize their exposure to head. The department may allow the water system to provide notice less than forty-five (45) days prior to commencing partial lead service line replacement where such replacement is in conjunction with emergency repairs. In addition, the water system shall inform the resident(s) served by the line that the system will, at the system's expense, collect a sample, from each partially- replaced lead service line that is representative of the water in the service line for, analysis of lead content, as prescribed under section 19-13- B102(e)(8)(B)(iii) of the

Regulations of Connecticut State Agencies, no later than seventy-two (72) hours after the completion of the partial replacement of the service line. The system shall collect the sample and report the results of the analysis to the owner and the resident(s) served by the line no later than three (3) business days after receiving the results. Mailed notices post- marked no later than three (3) business days after receiving the results shall be considered "on time."

(ii) the water system shall provide, by mail or by other methods approved by the department, the information required by section 19-13-B102(j)(10)(D)(11) of Regulations of Connecticut State Agencies, to the residents of individual dwellings. In instances where multi-family dwellings are served by the line, the water system shall have the option to post the information at a conspicuous location.

(E) The department shall require a system to replace lead service lines on a shorter schedule than that required by this subdivision, taking into account the number of lead service lines in the water system, where such a shorter replacement schedule is feasible. The department shall make this determination in writing and notify the system of its finding within six (6) months after the system is triggered into lead service line replacement based on monitoring referenced in subparagraph (A) of this subdivision.

(F) Any system may cease replacing lead service lines whenever first-draw samples collected pursuant to section 19-13-B102(e)(8)(F) of the Regulations of Connecticut State Agencies meet the lead action level during each of two (2) consecutive monitoring periods and the system submits the results to the department. If first-draw tap samples in any such water system thereafter exceed the lead action level, the system shall recommence replacing lead service lines, pursuant to subparagraph (B) in this subdivision.

(G) To demonstrate compliance with subparagraphs (A) through (D) of this subdivision, a system shall report to the department the information specified in section 19-13-B102(h)(5)(E) of the Regulations of Connecticut State Agencies.

(11) Treatment technique for control of disinfection byproduct precursors

For systems using conventional filtration treatment that are required to comply with subdivision (2) of this subsection, enhanced coagulation or enhanced softening are identified as treatment techniques to control the level of disinfection byproduct precursors in drinking water treatment and distribution systems.

(A) Applicability

Systems using conventional filtration treatment that are required to comply with subdivision (2) of this subsection shall operate with enhanced coagulation or enhanced softening to achieve the TOC percent removal levels specified in subparagraph (C) of this subdivision, unless the system meets at least one of the alternative compliance criteria listed in this subparagraph. Systems may use the alternative compliance criteria listed in subclauses (i) through (vi) of this subparagraph to comply with this subdivision and in lieu of complying with subparagraph (B) of this subdivision. In all cases Systems shall still comply with monitoring requirements specified in section 19-13-B102(e)(11)(E) of the Regulations of Connecticut State Agencies.

(i) The system's source or treated water TOC level is less than 2.0 MG/L, calculated quarterly as a running annual average.

(ii) The system's source water TOC level is less than 4.0 MG/L, calculated quarterly as a running annual average; the source

water alkalinity is greater than 60 MG/L (as CaCO3), calculated quarterly as a running annual average; and either the TTHM and HAA5 running annual averages are no greater than 0.040 MG/L and 0.030 MG/L, respectively or prior to the effective date for compliance in section 19-13-B102(e)(11)(A) of the Regulations of Connecticut State Agencies, the system has made a clear and irrevocable financial commitment to use technologies that will limit the levels of TTHM and HAA5 to no more than 0.040 MG/L and 0.030 MG/L, respectively, as described in 40 CFR 141.135(a)(2)(iii).

(iii) The TTHM and HAA5 running annual averages are no greater than 0.040 MG/L and 0.030 MG/L, respectively, and the system uses only chlorine for primary disinfection and maintenance of a residual in the distribution system.

(iv) The system's source water (prior to any treatment) or finished water SUVA is less than or equal to 2.0 L/MG-M, measured monthly and calculated quarterly as a running annual average.

(v) the treated water alkalinity of a system with an enhanced softening is less than 60 MG/L (as CaCO3), measured monthly and calculated quarterly as a running annual average.

(vi) The treated water of a system with an enhanced softening demonstrates a removal of at least 10 MG/L of magnesium hardness (as CaCO3), measured monthly and calculated quarterly as a running annual average.

(B) Enhanced coagulation and enhanced softening performance requirements

Systems shall achieve the percent reduction of TOC specified in subclause (i) of this subparagraph between the source water and the combined filter effluent, unless the state approves in writing a system's request for alternate minimum TOC removal (Step 2) requirements under subclause (ii) of this subparagraph.

(i) Required Step 1 TOC reductions, indicated in the following table, are based upon specified source water parameters. Systems practicing softening are required to meet the Step 1 TOC reductions in the far-right column (Source water alkalinity >120 MG/L) for the specified source water TOC:

| Step 1 required removal of TOC by enhanced coagulation and enhanced softening | | | |
|---|---|---|---|
| | **Source Water Alkalinity, mg/l as $CaCO_3$** | | |
| **Source Water TOC, mg/l** | **0-60** | **>60-120** | **>120[1]** |
| >2.0-4.0 | 35.0% | 25.0% | 15.0% |
| >4.0-8.0 | 45.0% | 35.0% | 25.0% |
| >8.0 | 50.0% | 40.0% | 30.0% |

[1] Systems practicing softening shall meet the TOC removal requirements in this column.

(ii) A system that cannot achieve the Step 1 TOC removals required by subclause (i) of this subparagraph due to water quality parameters or operational constraints shall apply to the department, no later than three (3) months after failure to achieve the TOC removals required by subclause (i) of this subparagraph, for approval of alternative minimum TOC (Step 2) removal requirements submitted by the system. If the department approves the alternative minimum TOC removal (Step 2) requirements, the department may make those requirements retroactive for the purposes of determining compliance. Until the department approves the alternate

minimum TOC removal (Step 2) requirements, the system shall meet the Step 1 TOC removals contained in subclause (i) of this subparagraph. Alternate minimum TOC removal (Step 2) requirements shall be determined in accordance with 40 CFR 141.135(b)(4).

(C) Compliance calculations

Systems using conventional filtration treatment that are required to comply with subdivision (2) of this subsection, other than those identified in subparagraph (A) of this subdivision, shall comply with requirements contained in subparagraph (B) of this subdivision. Systems shall calculate compliance quarterly, beginning after the system has collected twelve (12) months of data, by determining an annual average using the following method:

(i) Determine actual monthly TOC percent removal, equal to: (1-(treated water TOC/source water TOC)) x 100;

(ii) Determine the required monthly TOC percent removal, from either the table in subparagraph (B)(i) of this subdivision or from subparagraph (B)(ii) of this subdivision;

(iii) Divide the value in (i) by the value in (ii);

(iv) Add together the results of (iii) for the last twelve (12) months and divide by 12; and

(v) If the value calculated in (iv) is less than 1.00, the system is not in compliance with the TOC percent removal requirements.

(D) Systems may use the provisions in subclauses (i) through (v) of this subparagraph in lieu of the calculations in subparagraph (C) of this subdivision to determine compliance with TOC percent removal requirements.

(i) In any month that the system's treated or source water TOC level is less than 2.0 MG/L, the system may assign a monthly value of 1.0 (in lieu of the value calculated in subparagraph (C)(iii) of this subdivision) when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(ii) In any month that a system practicing softening removes at least 10 MG/L of magnesium hardness (as CaCO3), the system may assign a monthly value of 1.0 (in lieu of the value calculated in subparagraph (C)(iii) of this subdivision) when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(iii) In any month that the system's source water SUVA, prior to any treatment, is less than or equal to 2.0 L/MG-M, the system may assign a monthly value of 1.0 (in lieu of the value calculated in subparagraph (C)(iii) of this subdivision) when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(iv) In any month that the system's finished water SUVA is less than or equal to 2.0 L/MG-M, the system may assign a monthly value of 1.0 (in lieu of the value calculated in subparagraph (c)(iii) of this subdivision) when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(v) In any month that a system practicing enhanced softening lowers alkalinity below 60 MG/L (as CaCO3), the system may assign a monthly value of 1.0 in lieu of the value calculated in subparagraph (C)(iii) of this subdivision when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(vi) Systems may also comply with the requirements of this section

by meeting the criteria in subparagraph (A) of this subdivision.

(k) Variances and exemptions. Variances and Exemptions from the MCL for total coliforms of subparagraph 19-13-B102 (e) (6) (B) of the Regulations of Connecticut State Agencies may be granted by the department for systems that demonstrate to the satisfaction of the department that the violation of the total coliform MCL is due to a persistent growth of total coliforms in the distribution system rather than fecal or pathogenic contamination, a treatment lapse or deficiency, or a problem in the operation or maintenance of the distribution system. The department shall use the following criteria to identify systems that could operate under a variance without posing an unreasonable risk to health:

(1) Over the past thirty (30) days, water entering the distribution system is shown to:

(A) Be free from fecal coliform or E. coli occurrence based on at least daily sampling;

(B) Contain less than one (1) total coliform per hundred (100) milliliters of influent water in at least ninety five percent (95%) of all samples based on at least daily sampling;

(C) Comply with the total turbidity requirements of Section 19-13-B102 (j);

(D) Contain a continuous disinfection residual of at least 0.2 mg/l;

(2) The system has had no waterborne disease outbreak while operated in its present configuration;

(3) The system maintains biweekly contact with the department and local health departments to assess illness possibly attributable to microbial occurrence in the public drinking water system;

(4) The system has evaluated, on a monthly basis, at least the number of samples specified in Section 19-13-B102 (e) and has not had an E. coli-positive compliance sample within the last six months, unless the system demonstrates to the department that the occurrence is not due to contamination entering the distribution system;

(5) The system has undergone a sanitary survey conducted by a party approved by the department within the past twelve (12) months;

(6) The system has a cross connection control program acceptable to the department and performs an audit of the effectiveness program;

(7) The system agrees to submit a biofilm control plan to the department within twelve (12) months of the granting of the first request for a variance;

(8) The system monitors general distribution system bacterial quality by conducting heterotrophic bacteria plate counts on at least a weekly basis at a minimum of ten percent (10%) of the number of total coliform sites specified for that system size in Section 19-13-B102 (e); and

(9) The system conducts daily monitoring at distribution system sites approved by the department and maintains a detectable disinfectant residual at a minimum of ninety five percent (95%) of those points and a heterotrophic plate count of less than five hundred (500) colonies per ml at sites without a disinfectant residual.

(l) Record maintenance.

(1) Any owner or operator of a public water system subject to the provisions of this section shall retain on its premises or at a convenient location near its premises the following records,

(A) Records of all bacteriological analyses shall be kept for not less than five (5) years. Records of chemical analyses shall be kept for not less than ten (10) years. Actual laboratory reports may be kept; or data may be transferred to tabular summaries, provided that the following information is included:

(i) the date, place and time of sampling, and the name of the person who collected the sample;

(ii) identification of the sample as to whether it was a routine distribution system sample, check sample, raw or processed water sample or other special purpose sample;

(iii) date of analysis;

(iv) laboratory and person responsible for performing analysis;
(v) the analytical technique/method used; and
(vi) the results of the analysis.

(B) Records of action taken by the system to correct violations of primary drinking water regulations, shall be kept for a period not less than three (3) years after the last action taken with respect to the particular violation involved.

(C) Copies of any written reports, summaries or communications relating to sanitary surveys of the system conducted by the system itself, by a private consultant, or by any local, state or federal agency, shall be kept for a period not less than ten (10) years after completion of the sanitary survey involved.

(D) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than five (5) years following the expiration of such variance or exemption.

(E) Accurate and up-to-date maps and records showing the location of all mains, valves, hydrants, service connections, and other facilities including pumps, tanks and treatment plants shall be maintained for each community water system. An integrated map of the system showing supply, treatment, pumping and storage facilities and major mains shall be filed with the department and updated at least every five (5) years.

(F) Records of each complaint received about water quality or adequacy shall be retained for each community water system and made available for inspection by the department on request. A record of the original complaint shall be kept for a period of three (3) years subsequent to the final resolution of the complaint.

(G) Recordkeeping requirements for lead and copper. Any water system subject to the requirements of this section shall retain on its premises original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, department determinations and any other information required by subsections (e)(7)(L),(e)(8) through (e)(10),(i)(6), and (j)(7) through (j)(10) of this section. Each water system shall retain the records required by this subsection for no fewer than twelve (12) years.

(H) Records of any reports, test results, correspondence or other records collected as part of the system's cross connection control program, pursuant to subsection (f) of this section, shall be kept for a period of not less than five (5) years.

(I) The system shall keep a copy of the consumer confidence report for no less than five (5) years.

(J) The system shall keep a copy of the public records for combined and individual filter turbidity measurements, as required in subsection (e)(7)(S), for not less than three (3) years.

(K) The system shall keep a copy of the public notice and certification of compliance pursuant to section 19-13-B102 (i)(8) of the Regulations of Connecticut State Agencies for no less than three (3) years.

(2) Records of each of the following decisions shall be retained by the department for five (5) years:

(A) Any decision to waive the twenty four (24) hour time limit for collecting repeat samples after a total coliform-positive routine sample; and

(B) Any decision to invalidate a total coliform-positive sample.

(3) Records of each of the following decisions shall be retained by the department in such a manner so that each system's current status may be determined by the department:

(A) Any decision to reduce the total coliform and physical parameters

monitoring frequency for a community water system serving one thousand (1,000) persons or fewer to less than once per month;

(B) Any decision to reduce the total coliform and physical parameter monitoring frequency for a non-community water system using only ground water and serving one thousand (1,000) persons or fewer to less than once per quarter;

(C) Any decision to waive the twenty four (24) hour limit for taking a total coliform sample near the first service connection when the source water turbidity level exceeds one (1) NTU pursuant to section 19-13-B102(e)(7)(H)(i) of the Regulations of Connecticut State Agencies;

(D) Any decision that a non-community water system is using only protected and disinfected groundwater and therefore may reduce the frequency of its sanitary survey to less than once every five (5) years;

(E) Any decision made on records of consultation by a system concerning the modification to a disinfection practice under 40 CFR 141.172 (c), or 40 CFR 141.542, as amended January 14, 2002, with respect to disinfection benchmarking;

(F) Any decision allowing a system to use an alternative filtration technology in accordance with section 19-13-B102(j)(4)(D) of the Regulations of Connecticut State Agencies; and

(G) Any decision made on records for systems required to do a filter self assessment, comprehensive performance evaluation, or composite correction program.

(4) The department shall maintain a copy of the consumer confidence reports required pursuant to section 19-13-B102(i)(10)(F) of the Regulations of Connecticut State Agencies for a period of one (1) year and the certification required pursuant to section 19-13-B102(i)(10)(G) for a period of five (5) years.

(5) The department shall retain the following records for the duration indicated:

(A) Records for turbidity measurements and other information, which are required to be reported in accordance with section 19-13-B102(h)(6)(B)(i) of the Regulations of Connecticut State Agencies, shall be retained for not less than one (1) year; and

(B) Records for disinfection residual and other parameters necessary to document disinfection effectiveness, which are required to be reported in accordance with section 19-13-B102(h)(6)(B)(ii) of the Regulations of Connecticut State Agencies, shall be retained for not less than one (1) year.

(6) The department shall maintain a copy of the public notice and the certification of compliance required to be submitted pursuant to section 19- 13-B102(i)(8) for a period of three (3) years.

(m) Emergency powers. The state commissioner of public health may, upon receipt of information that the security of a public water system is threatened or suspicious activities are observed on or near water company land or the treatment of a public water supply is interrupted or the source of supply is damages so as to impair the quality or the sufficiency of the supply or a contaminant is present in or is likely to enter a public water system which constitutes an imminent and substantial danger to health, take such actions and issue such orders as the commissioner may deem necessary in order to protect the health of any persons that may be affected.

(n) Reservoir, ground water and water use monitoring. Meters shall be provided at all sources of water supply for community water systems so that the amount of water delivered to the distribution system can be measured. Representative weekly readings of instantaneous flow rate and total quantity of water delivered over the previous week shall be taken, recorded and retained for reference. Such records shall be submitted to the department upon request. More frequent readings shall be taken upon request of the department. Any water company maintaining a reservoir shall submit records of reservoir status to the department according to a schedule specified by the department which shall

include at least weekly measurements of water elevation, instantaneous usable storage capacity, reservoir withdrawals and amount of precipitation. Any water company with a ground water source in an unconsolidated unconfined aquifer shall submit records of groundwater status to the department according to a schedule specified by the department which shall include at least weekly measurements of instantaneous pumping rates and ground water elevations. A system of observation wells, approved by the department, shall be maintained to provide sufficient information on ground water elevations and ground water quality. Any water company serving more than 1,000 people or 250 service connections, and any other water company notified by the department, shall submit to the department according to a schedule specified by the department records of water use which shall include at least weekly measurements of the volume of water withdrawn from each source and for the total system. The volume of water bought from or sold to another water company and the type of restrictions, if any, imposed on water use and at least annual records of the volume of water used and average number of customers. Forms provided by the department shall be utilized when available.

(o) The supply capacity of each community water system shall be maintained in excess of the demand of the system, with sufficient margin of safety to properly allow for:
(1) Sudden increases in consumption which may occur during a dry period.
(2) The time required to bring new sources of supply on line.
(3) Increases or growth in the service area which may be reasonably expected.
A plan shall be prepared for each community water system relating the safe yield and available water, as defined in sections 25-32d-1a(4) and 25- 32d-1a(30) of the regulations of Connecticut State Agencies, of the supply system to the existing and protected demands of the service area. The plan shall be updated on a regular basis. If for any reason it becomes evident that the demands of the service area will exceed the supply capability of the system for a significant period of time, measures to effectively reduce consumption shall be promptly instituted for the system, and a program to provide sufficient supply capacity to meet existing and projected demands shall be implemented.

(p) Sources of supply, treatment, pumping, transmission and storage facilities of sufficient capacity shall be maintained to provide flows in excess of the maximum flows experienced in the community water system, and in individual service zones within integrated systems. Whenever peak period consumption interrupts water service to consumers under normal conditions conservation measures that effectively reduce consumption shall be promptly instituted for the community water supply, and a program to provide sufficient supply, treatment, pumping, transmission and storage capacity to meet existing and projected peak period consumption shall be implemented.

(q) Essential water supply valves shall be maintained in operating condition.

(r) All customers served by a community water system shall be notified at least annually of an emergency telephone number which is continuously available for personal contact and reporting service problems. A crew shall be available to deal with emergencies within each community water system or a working arrangement or contract shall exist with others, such as pump installers, pipe layers, electricians or another water system for such coverage. Sufficient spare parts and clean up and disinfectant equipment shall be available. On or before January 1 of each year, or upon any change, the continuously available emergency telephone number and other methods of contact shall be reported in writing to the department.

(s) A program to reduce the amount of water which cannot be accounted for, shall be established and filed with the Department for review and approval. Such program shall include a schedule of implementation and consideration of the following elements:
(1) Calibration of supply and main line meters.
(2) Calibration of consumers' meters.
(3) Pipeline flow measurements.
(4) Leakage surveys.
(5) Inspection of bleeders.

(Effective June 23, 1986; Amended effective December 27, 1990; April, 91; February 6, 1992; August 23, 1994; September 4, 1997; July 26, 2001; December 5, 2001; May 2, 2003; March 30, 2004; August 1, 2005.)

# On-Site Sewage Disposal Systems with Design Flows of 5,000 Gallons per Day or Less and Non-Discharging Toilet Systems

## 19-13-B103a. Scope

These regulations establish minimum requirements for household and small commercial subsurface sewage disposal systems with a capacity of 5,000 gallons per day or less, non-discharging toilet systems and procedures for the issuance of permits or approvals of such systems by the director of health or registered sanitarian, as required by Section 25-54i (g) of the General Statutes.

(Effective August 16, 1982)

## 19-13-B103b. Definitions

The following definitions shall apply for the purposes of Sections 19-13-B103c to 19-13-B103f, inclusive:

(a) "Sewage" means domestic sewage consisting of water and human excretions or other waterborne wastes incidental to the occupancy of a residential building or a non-residential building, as may be detrimental to the public health or the environment, but not including manufacturing process water, cooling water, waste water from water softening equipment, blow down from heating or cooling equipment, water from cellar or floor drains or surface water from roofs, paved surface or yard drains.

(b) "Septic tank" means a water-tight receptacle which is used for the treatment of sewage and is designed and constructed so as to permit the settling of solids, the digestion of organic matter by detention and the discharge of the liquid portion to a leaching system;

(c) "Subsurface sewage disposal system" means a system consisting of a house sewer; a septic tank followed by a leaching system, any necessary pumps and siphons, and any ground water control system on which the operation of the leaching system is dependent.

(d) "Residential building" means any house, apartment, trailer or mobile home, or other structure occupied by individuals permanently or temporarily as a dwelling place but not including residential institutions;

(e) "Residential institution" means any institutional or commercial building occupied by individuals permanently or temporarily as a dwelling, including dormitories, boarding houses, hospitals, nursing homes, jails, and residential hotels or motels;

(f) "Nonresidential building" means any commercial, industrial, institutional, public or other building not occupied as a dwelling, including transient hotels and motels;

(g) "Impervious soil" means soil that has a minimum percolation rate slower than one inch in sixty minutes when the ground water level is at least eighteen inches below the bottom of the percolation test hole;

(h) "Suitable soil" means soil having a minimum percolation rate of one inch in one to sixty minutes when the ground water level is at least eighteen inches below the bottom of the percolation test hole;

(i) "Maximum ground water level" means the level to which ground water rises for a duration of one month or longer during the wettest season of the year;

(j) "Open watercourse" means a well defined surface channel, produced wholly or in part by a definite flow of water and through which water flows continuously or intermittently and includes any ditch, canal, aquaduct or other artificial channel for the conveyance of water to or away from a given place, but not including gutters for storm drainage formed as an integral part of a paved roadway; or any lake, pond, or other surface body of water, fresh or tidal; or other surface area intermittently or permanently covered with water.

(k) "Local director of health" means the local director of health or his authorized agent;

(l) "Technical Standards" means the standards established by the commissioner of health services in the most recent revision of the publication entitled "Technical Standards for Subsurface Sewage Disposal Systems" available from the State Department of Health Services;

(m) "Department" means the State Department of Health Services;

(n) "Gray water" means domestic sewage containing no fecal material or toilet wastes.

(o) "Drawdown area" means the area adjacent to a well in which the water table is lowered by withdrawal of water from the well by pumping at a rate not exceeding the recharge rate of the aquifer.
(Effective August 16, 1982)

## 19-13-B103c. General provisions

(a) All sewage shall be disposed of by connection to public sewers, by subsurface sewage disposal systems, or by other methods approved by the Commissioner of Health Services, in accordance with the following requirements.

(b) All sewers, subsurface sewage disposal systems, privies and toilet or sewage plumbing systems shall be kept in a sanitary condition at all times and be so constructed and maintained as to prevent the escape of odors and to exclude animals and insects.

(c) The contents of a septic tank, subsurface sewage disposal system or privy vault shall only be disposed of in the following manner.

(1) If the contents are to be disposed of on the land of the owner, disposal shall be by burial or other method which does not present a health hazard or nuisance; or

(2) if the contents are to be disposed of on land of other than the owner;

(A) The contents shall be transferred and removed by a cleaner licensed pursuant to Connecticut General Statutes 20-341, and

(B) Only on the application for and an issuance of a written permit from the local director of health in accordance with the provisions of this section;

(3) if the contents are to be dispersed on a public water supply watershed, only on the application and issuance of a written permit by the Commissioner of Health Services in accordance with the provisions of this section. Each application for a permit under (c) (2) and (3) shall be in writing and designate where and in what manner the material shall be disposed of.

(d) All material removed from any septic tank, privy, sewer, subsurface sewage disposal system, sewage holding tank, toilet or sewage plumbing system shall be transported in water-tight vehicles or containers in such a manner that no nuisance or public health hazard is presented. All vehicles used for the transportation of such material shall bear the name of the company or licensee and shall be maintained in a clean exterior condition at all times. No defective or leaking equipment shall be used in cleaning operations. All vehicles or equipment shall be stored in a clean condition when not in use. Water use rinsing such vehicles or equipment shall be considered sewage and shall be disposed of in a sanitary manner approved by the local director of health.

(e) Septic tanks shall be cleaned by first lowering the liquid level sufficiently below the outlet to prevent sludge or scum from overflowing to the leaching system where it could cause clogging and otherwise damage the system. Substantially all of the sludge and scum accumulation shall be removed whenever possible, and the inlet and outlet baffles shall be inspected for damage or clogging. Cleaners shall use all reasonable precaution to prevent damaging the sewage disposal system with their vehicle or equipment. Accidental spillages of sewage, sludge or scum shall be removed or otherwise abated so as to prevent a nuisance or public health hazard.

(f) No sewage shall be allowed to discharge or flow into any storm drain, gutter, street, roadway or public place, nor shall such material discharge onto any private property so as to create a nuisance or condition detrimental to health. Whenever it is brought to the attention of the local director of health that such a condition exists on any property, he shall investigate and cause the abatement of this condition.
(Effective August 16, 1982)

## 19-13-B103d. Minimum requirements

(a) Each subsurface sewage disposal system shall be constructed, repaired, altered or extended pursuant to the requirements of this section unless an exception is granted in accordance with the following provisions:

(1) A local director of health may grant an exception, except with respect to the requirements of Section 19-13-B103d (d) and Technical Standard IIA, for the repair, alteration, or extension of an existing subsurface sewage disposal system where he determines the repair, alteration or extension cannot be affected in compliance with the requirements of this section and upon a finding that such an exception is unlikely to cause a nuisance or health hazard. All exceptions granted by the local director of health shall be submitted to the Commissioner Health Services within thirty days after issuance on forms provided by the Department.

(2) The Commissioner of Health Services may grant an exception to the requirements of Section 19-13-B103d (d) upon written application and upon a ending that:

(A) A central subsurface sewage disposal system serving more than one building is technically preferable for reasons of site limitations, or to facilitate construction, maintenance or future connection to public sewers, or;

(B) A subsurface sewage disposal system not located on the same lot as the building served is located on an easement attached thereto. Such easement shall be properly recorded on the land records and shall be revocable only by agreement of both property owners and the Commissioner of Health Services.

(3) The Commissioner of Health Services may grant an exception to the requirements of Technical Standard IIA, upon written application and upon a finding that such an exception is unlikely to pollute the well in such a manner as to cause a health hazard.

(b) Technical standards. Subsurface sewage disposal systems within the scope of this regulation shall be designed, installed and operated in accordance with the technical standards established in the "Technical Standards for Subsurface Sewage, Disposal Systems" published by the Commissioner of Health Service Technical Standards shall be reviewed annually and changes to the Technical Standards shall be available on January 1st of each year.

(c) Large subsurface disposal systems. The Commissioner of Health Services shall approve clans for subsurface sewage disposal systems serving a building with a designed sewage flow of two thousand gallons per day or greater, and no such systems shall be constructed, repaired, altered or extended unless the plans or such systems are approved by the Commissioner in accordance with the following:

(1) Plans for the system are submitted at least twenty days prior to approval to construct by the local director of health.

(2) The plans are designed by a professional engineer registered in the State of Connecticut.

(3) The plans submitted contain:

(A) The basis of design,

(B) Soil conditions and test pit locations.

(C) Maximum ground water and ledge rock elevations,

(D) Original and finished surface contours and elevations,

(E) Property lines, and

(F) Locations of buildings, open water, courses, ground and surface water drains, nearby wells and water service lines.

(d) Location. Each building shall be served by a separate subsurface sewage disposal system. Each such system shall be located on the same lot as the building served.

(e) Disposal of sewage in areas of special concern.

(1) Disposal system for areas of special concern shall merit particular investigation and special design, and meet the special requirements of this subsection. The following are determined to be areas of special concern:

(A) A minimum soil percolation rate faster than one inch per minute, or

(B) Slower than one inch in thirty minutes, or

(C) Maximum ground water less than three feet below ground surface, or
(D) Ledge rock less than five feet below ground surface, or
(E) Soils with slopes exceeding twenty-five per cent, or
(F) Consisting of soil types interpreted as having severe limitations for on-site sewage disposal by most recent edition of the National Cooperative Soil Survey of the Soil Conservation Service, or
(G) Designated as wetland under the provisions of Sections 22a-36 through 22a-45 of the Connecticut General Statutes, as amended.
(H) Located within the drawdown area of an existing public water supply well with a withdrawal rate in excess of fifty gallons per minute, or within five hundred feet of land owned by a public water supply utility and approved for a future well site by the Commissioner of Health Services.

(2) In such areas of special concern, the local director of health may require investigation for maximum ground water level to be made between February 1 and May 31, or such other times when the ground water level is determined by the Commissioner of Health Services to be near its maximum level.

(3) (A) Plans for new subsurface systems in areas of special concern shall:
(i) Be prepared by a professional engineer registered in the State of Connecticut;
(ii) Include all pertinent information as to the basis of design, and soil conditions, test pit locations, ground water and ledge rock elevations, both original and finished surface contours and elevation, property lines, building locations, open water courses, ground and surface water drains, nearby wells and water service lines;
(iii) Demonstrate an ability to solve the particular difficulty or defect associated with the area of special concern and which caused its classification. The Commissioner or local director of health, as the case may be, may require a study of the capacity of the surrounding natural soil to absorb or disperse the expected volume of sewage effluent without overflow, breakout, or detrimental effect on ground or surface waters if in their opinion such may occur.

(B) The plans for new subsurface disposal systems in areas of special concern shall be submitted to the local director of health and the Commissioner of Health Services for a determination as to whether the requirements of the subsection have been met, except that such submission need not be made to the Commissioner of Health Services if the local director or authorized agent has been approved to review such plans by the Commissioner of Health Services in accordance with Section B103e (b). All submissions to the Commissioner of Health Services shall be made at least 20 days prior to issuance of an approval to construct by the local director of health.

(4) If application is made for the repair, alteration or extension of an existing subsurface disposal system in an area of special concern, the local director of health may require that the applicant comply with the requirement of Subdivision (3) if he determines that the contemplated repair, alteration or extension involves technical complexities which cannot reasonably be addressed by himself, his authorized agent or the system installer.

(5) While a sewage disposal system in an area of special concern is under construction, the local director of health may require that the construction be supervised by a professional engineer registered in the State of Connecticut, if in the opinion of the local director of health it is necessary to insure conformance to the plans approved or because of the difficulties likely to be encountered. The engineer shall make a record drawing of the sewage disposal system, as

installed, which he shall submit to the local director of health prior to issuance of a discharge permit.

(6) In such areas of special concern, the Commissioner of Health Services or the local director of health who has been approved by the Commissioner to review engineering plans in areas of special concern pursuant to Section 19-13-B103e (b) may require a study of the capacity of the surrounding natural soil to absorb or disperse the expected volume of sewage effluent without overflow, breakout, or detrimental effect on ground or surface waters.

(f) Gray water systems. Disposal systems for sinks, tubs, showers, laundries and other gray water from residential buildings, where no water flush toilet fixtures are connected, shall be constructed with a septic tank and leaching system at least one-half the capacity specified for the required residential sewage disposal system.
(Effective August 16, 1982)

## 19-13-B103e. Procedures and conditions for the issuance of permits and approvals.

No subsurface sewage disposal system shall be constructed, altered, repaired or extended without an approval to construct issued in accordance with this section. No discharge shall be initiated to a subsurface sewage disposal system without a discharge permit issued in accordance with this section. Such permits and approvals shall be issued and administered by the local director of health.

(a) No permit or approval shall be issued:

(1) For any subsurface sewage system which is designed to discharge or overflow any sewage or treated effluent to any watercourse;

(2) For any new subsurface sewage disposal system until it is demonstrated to the satisfaction of the local director of health that there is a public water supply available or a satisfactory location for a water supply well complying with Sections 19-13-B51a through 19-13-B51m of the Public Health Code;

(3) For any new subsurface sewage disposal system where the soil conditions in the area of the leaching system are unsuitable for sewage disposal purposes at the time of the site investigation made pursuant to this section. Unsuitable conditions occur where the existing soil is impervious, or where there is less than four feet depth of suitable existing soil over ledge rock, two feet of which is naturally occurring soil, or where there is less than 18 inches depth of suitable existing soil over impervious soil, or where the round water level is less than 18 inches below the surface of the ground for a duration of one month or longer during the wettest season of the year;

(4) For any new subsurface sewage disposal system where the surrounding naturally occurring soil cannot adequately absorb or disperse the expected volume of sewage effluent without overflow, breakout or detrimental effect on ground or surface water.

(b) Approval of agents by commissioner of health services.

(1) A local director of health shall authorize only persons approved by the Commissioner of Health Services to investigate, inspect and approve plans relating to subsurface sewage disposal systems.

(2) The Commissioner of Health Services shall approve agents of the local director of health whose qualifications to investigate, inspect and approve plans relating to subsurface sewage disposal systems have been established by attending training courses and passing examinations given by the Department of Health Services, as follows:

(A) Agents who have attended training courses and passed examinations relative to Sections 19-13-B100, 19-13-B103 and 19-13-B104 of the Public Health Code and the Technical Stand shall be approved to investigate, inspect and approve all plans for subsurface sewage disposal systems except those prepared by a professional engineer

registered in the State of Connecticut pursuant to Sections 19-13-B103d (c) or (e).

(B) Agents who have attended training courses and passed examinations relative to the engineering design of subsurface sewage disposal systems shall be approved to investigate, inspect and approve plans for such systems prepared by a professional engineer registered in the State of Connecticut pursuant to Section 19-13-B103d (e).

(c) Application for permit or approval.

(1) No investigation, inspection or approval of a subsurface sewage disposal system shall be made, or permit issued without an application by the owner in accordance with the following requirements.

(2) Applications for permits shall:

(A) Be on forms identical to Form #1 in the Technical Standards; or

(B) Be on forms prepared by the local director of health and deemed by the Commissioner of Health Services as equivalent to Form #1 in the Technical Standards; and

(C) Have attached a plot plan of the lot, which shall be a surveyor's plan if available or one prepared from information on the deed or land records.

(3) All the requested information shall be provided. If the information is not provided, it shall be indicated why it is not available or the application may be determined incomplete, and be rejected.

(d) Site investigation.

(1) The local director of health or a professional engineer registered in the State of Connecticut representing the applicant shall make an investigation of the site proposed for the subsurface sewage disposal system and report the findings and recommendations of the investigation on a form identical to Form #2 in the Technical Standards to include:

(A) A record of soil test location, measures and observations.

(B) Soil percolation results.

(C) Observations of ground water and ledge rock.

(D) A conclusion as to the suitability of the site for subsurface sewage disposal.

(E) Special requirements for design of the system, or further testing which shall be in accordance with the most recent edition of the Technical Standards.

(2) Prior to the site investigation, the applicant shall:

(A) Provide for the digging of a suitable number of percolation test holes, and deep observation pits in the area of the proposed leaching system and extending at least four feet below the bottom of the proposed leaching system, at the direction of the local director of health;

(B) Provide water for performing the percolation tests;

(C) If required by the local director of health, locate by field stakes or markers the sewage disposal system, house, well or property lines.

(3) The site investigation shall be made within ten working days of application unless otherwise required by subsection 19-13-B103d (e).

(4) The local director of health shall:

(A) Assure the accuracy of the findings of soil tests and deep observation pits; and

(B) When the maximum ground water level is in doubt the local director of health shall investigate pursuant to Section 19-13-B103d (e).

(5) The size of the leaching system shall be based on the results of soil percolation tests made in the area of the proposed leaching system or on other methods of determining the soil absorption capacity in accordance with the Technical Standards.

(6) In areas of special concern, or for leaching systems with a design sewage flow of 2,000 gallons per day or greater, the local director of health may require from the

applicant whatever further testing or data necessary to assure that the sewage disposal system will function properly. Further testing may be required prior to or subsequent to issuance of the approval to construct. Such tests may include permeability tests, sieve analysis or compaction tests of natural soil or fill materials, and the installation of ground water level monitoring wells, or pipes, as well as additional observation pits and soil percolation tests.

(e) Submission of plan.

(1) Every plan for a subsurface sewage disposal system shall be submitted to the local director of health.

(2) Every plan for a subsurface sewage disposal system shall include all information necessary to assure compliance with the requirements of Section 19-13-B103d of these regulations, and contain as a minimum the following information: the location of the house sewer, the location and size of the septic tank, the location and description of the leaching system, property lines, building locations, watercourses, ground and surface water drains, nearby wells and water service lines.

(3) Where required by the local director of health under subsections 19-13-B103d (c) and (e) of these regulations, the plan shall be prepared by a professional engineer, registered in the State of Connecticut, and shall be prepared by a forwarded by the local director to the Commissioner of Health Services, together with his comments and recommendations.

(4) No plan shall be submitted directly by the applicant or engineer to the Commissioner of Health Services, unless requested by the local director of health.

(f) Approval to construct.

(1) Upon determination that the subsurface sewage disposal system has been designed in compliance with the requirements of Section 19-13-B103d of these regulations, the local director of health shall issue an approval to construct. Approvals to construct shall be valid for a period of one year from the date of their issuance and shall terminate and expire upon a failure to start construction within that period. Approvals to construct may be renewed for an additional one year period by the local director of health upon a demonstration of reasonable cause for the failure to start construction within the one year period.

(2) Each subsurface sewage disposal system shall be constructed by a person licensed Pursuant to section 20-341 of the General Statutes. Such person shall notify the local director of health at least twenty-four hours prior to commencement of construction.

(3) The Commissioner of Health Services shall approve in accordance with Subsection 19-13-B103d (c) plans for a subsurface sewage disposal system to serve a building, the design sewage flow from which is two thousand gallons a day or greater prior to issuance of an approval to construct by the local director of health.

(4) Approval to construct a subsurface sewage disposal system in an area of special concern shall not be issued until twenty days following submission of the plans to the Commissioner of Health Services in accordance with subsection 19-13-103d (e), unless earlier approved by the Commissioner.

(g) Inspection.

(1) The local director of health shall inspect all subsurface sewage disposal system for compliance with Subsection 19-13-B103d and the approved plans for construction prior to covering and at such other times as deemed necessary.

(2) After construction, and prior to covering, the subsurface sewage disposal system installer shall notify the local director of health the site is prepared for inspection. Such inspection shall take place as soon thereafter as feasible, but not later than two (2) working days after receipt of the request unless the owner agrees to an extension.

(3) A final inspection report shall be prepared by the local director of health on forms deemed by the Commissioner of Health Services as equivalent to Form #3 in the Technical Standards.

(4) A record plan of the sewage disposal system, as built, shall be required by the local director of health.

(h) Permit to discharge.

(1) Upon determination that the subsurface sewage disposal system has been installed in compliance with the requirements of Section 19-13-B103d of these regulations and the approved plans, the local director of health shall issue a permit to discharge. A copy of such permit shall be sent to the local building official. No permit to discharge shall be issued until all required forms are completed and an approved as-built plan or record drawing is received.

(2) Any permit to discharge issued by the Commissioner of Health Services or a local director of health for a household or small commercial subsurface sewage disposal system with a capacity of five thousand gallons per day or less shall be deemed equivalent to a permit issued under subsection 25-54i (b) of the Connecticut General Statutes. Such permits shall:

(A) specify the manner, nature and volume of discharge;

(B) require proper operation and maintenance of any pollution abatement facility required by such permit;

(C) be subject to such other requirements and restrictions as the commissioner deems necessary to comply fully with the purposes of this chapter and the Federal Water Pollution Control Act; an and

(D) be issued on forms approved by the Commissioner of Health Services.

(3) The local director of health shall record the granting of an exception from any requirement of Section 19-13-B108d on the permit to discharge.

(i) Enforcement.

(1) A permit to discharge to a subsurface sewage disposal system shall not be construed to permit any sewage overflow, nuisance or similar condition or the maintenance thereof.

(2) If such a condition is found to exist, the Permit to discharge may be revoked, suspended, modified or otherwise limited and any such condition is subject to a order to abate the condition pursuant to Connecticut General Statutes Section 19-79.

(j) Records. Copies of completed applications, investigation reports, review and inspection forms and as-built plans or record drawings of each sewage disposal system, certified as complying with this Section, shall be kept in the files of the town or health district for a minimum of ten years.

(k) Rights of applicant.

(1) All site investigations, inspections, review of plans and issuance of permits or approvals by the local director of health shall be made without unreasonable delay.

(2) When requested in writing by the applicant, the local director of health shall designate in writing within 20 working days the requirement(s) of Section 19-13-B103d or 19-13-B103e of these regulations which prevents such investigation, inspection, review, permit or approval.

(3) Any final decision of the local director of health made in regard to these sections shall be made in writing and sent to the applicant. Any decision adverse to the applicant or which limits the application shall set forth the facts and conclusions upon which the decision is based. Such written decision shall be deemed equivalent to an order, and may be appealed pursuant to Section 19-108 of the General Statutes.

(Effective August 16, 1982)

## 19-13-B103f. Non-discharging sewage disposal systems

### *19-13-B103f. Non-discharging sewage disposal systems*

(a) All non-discharging sewage disposal systems shall be designed, installed and operated in accordance with the Technical Standards and the requirements of this section, unless an exception is granted by the Commissioner upon a determination that system shall provide for the proper and complete disposal and treatment of toilet wastes or gray water.

(b) Composting toilets.

(1) The local director of health may approve the use of a large capacity composting toilet or a heat-assisted composting toilet for replacing an existing privy or failing subsurface sewage disposal system, or any single-family residential where application is made by the owner and occupant, and the lot on which the building will be located is tested by the local director of health and found suitable for a subsurface sewage disposal system meeting all the requirements of Section 19-13-B103d of these regulations.

(2) All wastes removed from composting toilets shall be disposed of by burial or other methods approved by the local director of health.

(c) Incineration toilets. The local director of health may approve the use of incineration toilets for non-residential buildings or for existing single-family dwellings for the purpose of abating existing sewage problems or replacing the existing non-water carriage toilets.

(d) Chemical flush toilets and chemical privies.

(1) The local director health may approve chemical flush toilets or chemical privies for nonresidential use where they are located outside of buildings used for human habitation. Chemical flush toilets or chemical privies located inside human habitations shall he approved by the Commissioner of Health Services and the local director of health.

(2) Liquid waste from chemical flush toilets or chemical privies shall be disposed of in a location and manner approved by the local director of health. Such liquid shall not be disposed of on a public water supply watershed or within hundred feet of any water supply well unless approved by the Commissioner of Health Services.

(e) Dry Vault Privies.

(1) The local director of health may approve dry vault privies for nonresidential use where they are located outside of buildings used as human habitation.

(2) Wastes removed from dry privy vaults shall be disposed of by burial or other methods approved by the local director of health.

(Effective August 16, 1982)

# On-Site Sewage Disposal Systems with Design Flows Greater than 5,000 Gallons per Day

## 19-13-B104a. Scope

These regulations set standards for domestic sewage disposal systems receiving flows greater than 5,000 gallons per day; community sewage systems as defined in Section 7-245, Connecticut General Statutes, which utilize land treatment and disposal, alternative on-site sewage treatment systems; and septage disposal systems which utilize land treatment and disposal.

(Effective August 16, 1982)

## 19-13-B104b. Definitions

(a) "Alternative on-site sewage treatment systems" means a system serving one or more buildings on one property which utilizes a method of treatment other than a subsurface sewage disposal system and which involves a discharge to the waters of the state.

(b) "Domestic sewage" means sewage that consists of water and human excretions or other waterborne waste incidental to the occupancy of the residential buildings or a nonresidential building but not including manufacturing process water, cooling water, wastewater from water softening equipment, commercial laundry wastewater, blowdown from heating or cooling equipment, water from cellars or floor drains or surface water from roofs, paved surfaces or yard drains.

(c) "House sewer" means a tight sewer pipe extending from the building served by a subsurface sewage disposal system.

(d) "Land treatment and disposal" means a system which utilizes soil materials for the treatment of domestic sewage and disposes of the treated effluent by percolation into underlying soil and mixing with the groundwater.

(e) "Local Director of Health" means the local director of health or his authorized agent.

(f) "Person" means any individual, partnership, association, firm, corporation or other entity, except a municipality, and includes the federal government, the state or any instrumentality of the state and any officer or governing or managing body of any partnership, association, firm or corporation.

(g) "Septage" means any water of material withdrawn from a septic tank used to treat domestic sewage.

(h) "Subsurface sewage disposal system" means a system consisting of a house or collection sewer, a septic tank followed by a leaching system, any necessary pumps or siphons, and any groundwater control system on which the operation of the leaching system is dependent.

(Effective August 16, 1982)

## 19-13-B104c. General provisions

(a) All sewers, sewage disposal systems, toilets, or sewage plumbing systems shall be kept in a sanitary condition at all times and be so constructed and maintained as to prevent the escape of odors and to exclude animals and insects. All such systems shall adhere to the requirements set forth in section 25-54i of the Connecticut General Statutes.

(b) The contents of the septic tank, subsurface sewage disposal system or privy vault shall only be disposed of in the following manner.

- (1) If the contents are to be disposed of on the land of the owner, disposal shall be by burial or other method which does not present a health hazard or nuisance; or
- (2) If the contents are to he disposed of on land of other than the owner;
  - (A) The contents shall be transferred and removed by a cleaner licensed pursuant to Connecticut General Statutes 20-341, and
  - (B) Only on the application for and an issuance of a written permit from the local director of health in accordance with the provisions of this section;
- (3) If the contents are to be disposed of on a public water supply watershed, only on the application and issuance of a written permit by the Commissioner of Health Services in accordance with the provisions of this section. Each application for a

permit under subdivisions (2) and (3) of subsection (b) shall be in writing and designate where and in what manner the material shall be disposed of.

(c) All material removed from any septic tank, privy, sewer, subsurface sewage disposal system, sewage holding tank, toilet or sewage plumbing system shall be transported in watertight vehicles or containers in such a manner that no nuisance or public health hazard is presented. All vehicles used for transportation of such material shall bear the name of the company or licensee and shall be maintained and a clean exterior conditions at all times. No defective or leaking equipment shall be used in cleaning operations. All vehicles or equipment shall be stored in a clean condition when not in use. Water used for rinsing such vehicles or equipment shall be considered sewage and shall be disposed of in a sanitary manner approved by the local director of health.

(d) Septic tanks shall be cleaned by first lowering the liquid level sufficiently below the outlet to prevent sludge or scum from overflowing to the leaching system where it could cause clogging or otherwise damage the system. Substantially all of the sludge or scum accumulation shall be removed whenever possible, and the inlet and outlet baffles shall be inspected for damage or clogging. Cleaners shall use all reasonable precautions to prevent damaging the sewage disposal system with vehicles or equipment. Accidental spillages of sewage, sludge, or scum be promptly removed or otherwise abated so as to prevent a nuisance or public health hazard.

(e) No sewage shall be allowed to discharge or flow into any storm drain gutter, street, roadway or public place, nor shall such material discharge onto any private property so as to create a nuisance or condition detrimental to health. Whenever it is brought to the attention of the local director of health that such a condition exists on any property, he shall investigate and cause the abatement of this condition.

(f) Persons who intend to conduct site investigations for the purpose of designing or constructing any septage or sewage disposal system within the scope of these regulations shall notify the local director of health of the time and place of such site investigations. Notice shall be provided to the local director of health in a timely manner to allow attendance at such site investigations by the director of health.

(g) Persons who propose sewage or septage disposal systems within the scope of this regulation shall submit plans for such systems to the Commissioner of Health Services and the local director of health. Plans shall be submitted in a timely manner to allow review and comment on such plans to be directed to the Commissioner of Environmental Protection. Such plan shall be prepared by a professional engineer registered in the State of Connecticut and shall include a report of the findings of all site investigations the basis of design, a preliminary or final design and other information necessary for the preservation and improvement of public health.

(h) Persons who intend to construct sewage or septage disposal system within the scope of these regulations shall file final construction plans with the local director of health at least two working days prior to the start of construction. All such systems shall be inspected during construction by the local director of health. Persons constructing such systems shall give prior notification to the local director of health of any changes which are proposed or required during construction. Persons constructing such systems shall provide the local director of health with a record drawing of the system, as built, prior to utilizing the system.
(Effective August 16, 1982)

## 19-13-B104d. Minimum requirements

(a) All sewage or septage disposal systems under the scope of these regulations shall meet the following minimum requirements necessary for the preservation and improvement of public health, unless an exception is granted by the Commissioner of Health Services upon his determination that public health shall not be impaired by such exception.

(b) All structures or facilities for the treatment or disposal of sewage or septage shall be located at least 50 feet from any open water source and 100 feet from any public supply

reservoir; unless designed and constructed to prevent the leakage or overflow of raw or treated sewage to the ground or surface water.

(c) All structures, facilities or locations containing sewage or septage which is exposed to the atmosphere shall be located at least 150 feet from any school residential building or institution, and shall be fenced or otherwise made inaccessible to the public.

(d) The following minimum separating distances shall be maintained between any discharge or overflow of raw or treated sewage or septage to the ground waters and any drinking water supply well or spring.

| *Required Withdrawal Rate* | *Minimum Separating Distance* |
|---|---|
| Under 10 gal. per minute | 75 feet |
| 10 to 50 gal. per minute | 150 feet |
| Over 50 gal. per minute | 200 feet |

(e) The following minimum separating distances shall be maintained between any sewer, structure or facility for the conveyance or treatment of sewage or septage and any drinking water supply well or spring.

| *Required Withdrawal Rate* | *Minimum Separating Distance* |
|---|---|
| Under 10 gal. per minute | 25 feet |
| 10 to 50 gal. per minute | 75 feet |
| Over 50 gal. per minute | 100 feet |

(Effective August 16, 1982)

# Toilet and Handwashing Facilities at Public Buildings, Places of Public Assembly, Places Dispensing Food and Beverages for Consumption on the Premises, and for the Patrons of Large Stores and Shopping Centers

## 19-13-B105. Definitions

The following definitions shall apply for the purposes of sections 19-13-B106 to 19-13-B113, inclusive:

(a) "Public Building" means any building owned, leased or occupied by the state or any of its subdivisions, or by any town, city or borough in the state such as a courthouse, town or city hall, statehouse, or offices used for public transactions.

(b) "Places of Public Assembly" means structures where fifty (50) or more persons assemble for the purpose of discussing and acting upon some matters in which they have a common interest, transaction of some business of a common interest, religious worship, or attending a recreational, entertainment or educational event. The term shall include but not be limited to churches, chapels, meeting houses, auditoriums, assembly halls, theaters, sports complexes.

(c) "Places Dispensing Food and Beverages for Consumption on the Premises" means any place where food is prepared and intended for individual portion service to patrons, and includes the site at which individual portions are provided. The term includes but is not limited to restaurant, luncheonette and delicatessen-type operations that prepare sandwiches for individual portion service.

(d) "Large Store" (Mercantile) means a commercial establishment where goods are kept for sale, having five thousand (5,000) sq. ft. or more of space for the display of goods for patrons to purchase.

(e) "Shopping Center" or "Shopping Mall" means more than one store forming a central retail market, and situated within the same basic structure having common ownership.

(f) "Patron" means a client or customer of a large store or shopping center or place dispensing food and beverages for consumption on the premises.

(g) "Easily Cleanable" means that surfaces are readily accessible and made of such materials and finish as to be smooth and impervious to water and cleaning agents.

(Effective March 27, 1985)

## 19-13-B106. Toilet and handwashing facilities

Toilet and handwashing facilities accessible to the public and separated for each sex, shall be provided at new or extensively renovated public buildings, places of public assembly, places dispensing food and beverage for consumption on the premises, and for the patrons of large stores and shopping centers in accordance with the State of Connecticut Basic Building Code, except that this regulation shall not apply to establishments constructed or altered pursuant to plans and specifications approved or building permits issued prior to October 1, 1977.

(Effective March 27, 1985)

## 19-13-B107. Construction materials for fixtures

All toilets, urinals and lavatories shall be constructed of durable, easily cleanable materials and installed so that the fixture and space around it can be easily cleaned. All toilets, urinals and lavatories shall be kept in good repair, maintained in a clean condition and disinfected as necessary.

(Effective March 27, 1985)

## 19-13-B108. Accommodations required

Each toilet shall occupy a separate compartment which shall be equipped with a door, inside latch, and clothes hook. Toilet rooms at places dispensing food and beverages for consumption on the premises shall have self-closing doors. Toilet paper in a holder shall be provided at all times for each toilet.

(Effective March 27, 1985)

## 19-13-B109. Construction requirements

The walls of compartments, doors, or partitions between toilets may be less than the height of room walls but the top shall not be less than six feet (1830 mm) from the floor and the bottom not be more than one foot (305 mm) from the floor. The walls, floors, doors, and partitions shall be constructed of durable, easily cleanable materials. They shall be maintained in good repair and in a clean condition.

(Effective March 27, 1985)

## 19-13-B110. Lighting, heating and ventilating

All toilet rooms shall be properly lighted, heated and ventilated in accordance with the requirements of the State of Connecticut Basic Building Code.

(Effective March 27, 1985)

## 19-13-B111. Water requirements

The toilet room shall be provided with an adequate supply of cold and hot or tempered (warm) water. The temperature of the water shall not exceed 115 degrees F (46 degrees C).

(Effective March 27, 1985)

## 19-13-B112. Prevention of flies and vermin

Toilet room outer openings shall be screened to prevent the entrance of flies and vermin.

(Effective March 27, 1985)

## 19-13-B113. Waste receptacles

Easily cleanable receptacles shall be provided in toilet rooms for waste materials, and such receptacles in toilet rooms for women shall be covered. Individual hand towels or warm air blowers and soap shall be available at all times.

(Effective March 27, 1985)

# Institutions, Classifications and Definitions

## 19-13-D1. Institutions, classifications and definitions

Institutions licensed under sections 19a-490 to 19a-503 inclusive and 19a- 507a(3) of the Connecticut General Statutes, as amended, are classified and defined as follows:

(a) Classifications.
- (1) *Short-term hospitals:
  - (A) General; Children's general hospitals;
  - (B) special;
- (2) *long-term hospitals:
  - (A) Chronic disease;
- (3) other institutions:
  - (A) Residential care homes;
  - (B) rest homes with nursing supervision;
  - (C) chronic and convalescent nursing homes;
  - (D) multi-care institutions;
  - (E) infirmaries operated by educational institutions for the care by a licensed physician or licensed osteopath of students enrolled in, and faculty and employees, of such institutions;
  - (F) industrial health facilities;
  - (G) private freestanding mental health day treatment facilities for adults;
  - (H) private freestanding mental health intermediate treatment facilities for adults;
  - (I) private freestanding mental health psychiatric outpatient clinics for adults;
  - (J) private freestanding mental health residential living centers;
  - (K) private freestanding community residences;
  - (L) private freestanding facilities for the care or treatment of substance abusive or dependent persons.

(b) Definitions:
- (1) short-term hospitals:
  - (A) General Hospital--a short-term hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions, including injuries; Children's general hospital--a short-term hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions among children, including injuries;
  - (B) Special hospital--a short-term hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a limited special group of acute conditions;
  - (C) Hospice--A short-term hospital having facilities, medical staff and necessary personnel to provide medical, palliative, psychological, spiritual, and supportive care and treatment for the terminally ill and their families including outpatient care and services, home based care and services and bereavement services;
- (2) Long-term hospitals: chronic disease hospital--a long-term hospital having facilities, medical staff and all necessary personnel for the diagnosis, care and treatment of a wide range of chronic diseases;
- (3) Other institutions:
  - (A) Residential care home--an institution having facilities and all necessary personnel to furnish food, shelter and laundry for two or more persons unrelated to the proprietor and in addition, providing services of a personal nature which do not require the training or skills of a licensed nurse. Additional services of a personal nature may include assistance with bathing, help with dressing, preparation of special diets and

supervision over medications which are self-administered;

(B) Rest home with nursing supervision--an institution having facilities and all necessary personnel to provide, in addition to personal care required in a home for the aged, nursing supervision under medical director twenty-four hours per day;

(C) Chronic and convalescent nursing home--a long-term institution having facilities and all necessary personnel to provide skilled nursing care under medical supervision and direction to carry out simple, non-surgical treatment and dietary procedures for chronic diseases, or convalescent stages of acute diseases or injuries;

(D) Multi-care institutions--an institution owned and operated by the same licensee having in single or multiple facilities segregated units each of which are devoted to a complexity of patient care defined in this subsection;

(E) Infirmary--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 hospital;

(F) Industrial health facility--a facility established, conducted, operated or maintained by a commercial or industrial establishment primarily for the ambulatory care of its employees where health services in addition to first aid are provided. First aid means emergency treatment given by a non-medical person until medical aid is obtained;

(G) Private freestanding mental health day treatment facility--a facility providing evaluation, diagnosis, and ambulatory treatment services for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the diagnostic and statistical manual of the American Psychiatric Association as it may be revised from time to time and whose unit of service to each client is a minimum of four hours and a maximum of twelve hours;

(H) Private freestanding mental health intermediate treatment facility for adults--a facility providing evaluative, diagnostic, and treatment services in a residential setting for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the diagnostic and statistical manual of the American Psychiatric Association, as it may be revised from time to time, which do not require a hospital level of treatment;

(I) Private freestanding mental health psychiatric outpatient clinic for adults--a facility providing evaluation, diagnosis, and ambulatory treatment, to individuals who have mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the diagnostic and statistical manual of the American Psychiatric Association, as it may be revised from time to time;

(J) Private freestanding mental health residential living center--a facility providing a supervised, structured and supportive group living arrangement which includes psychosocial rehabilitation services and may also provide assistance in obtaining necessary community services to persons in need of mental health services;

(K) Private freestanding community residence--a residence for up to eight mentally ill adults as defined in section 19a-507a(3) of the Connecticut General Statutes;

(L) Private freestanding facility for the care or treatment of substance abusive or dependent persons--a facility providing either ambulatory chemical detoxification treatment, or care and rehabilitation, or chemical maintenance treatment, or day or evening treatment, or intensive treatment, or intermediate and long term treatment, or medical triage, or outpatient treatment or residential detoxification and evaluation to substance abusive or dependent persons.

*Short-term and long-term classified by average length of stay (under or over thirty days).

(Effective September 25, 1990; Amended effective September 13, 2001.)

## 19-13-D1a. Deemed status

(a) Any institution as defined by sections 19-576(b) through 19-576 (f) of the Connecticut General Statutes may apply to the department of health services to be deemed licensable without additional inspection or investigation if said institution:

(1) Has been certified as a provider of services by the United States Department of Health and Human Services within the immediately preceding 12 month period, except that with respect to institutions defined in subsection 19-576 (b) of the Connecticut General Statutes, the institution need only be currently so certified;

(2) Has not been denied a license or renewal thereof or has not had a condition of participation found to be out of compliance at any time during the three years immediately preceding such application;

(3) Has been inspected and investigated pursuant to ordinary license renewal procedures at least once in the immediately preceding four years and no less than a total of two times;

(4) Has agreed to allow the department of health services to inspect and review any reports issued by the reviewing or accrediting agency or by the subject institution related to the subject institution concerning certification as a provider by the department of health and human services; and

(5) With respect to institutions as defined in subsections (c), (d), (e) and (f) of section 19-576 of the Connecticut General Statutes, has not experienced a change in the personnel serving as chief administrative officer or licensed administrator, medical director, or director of nurses since the date of the immediately preceding department of health and human services provider survey.

(b) Applications for deemed status shall be on forms provided by the department and shall contain sufficient documentation to establish the satisfaction of the conditions set forth in subsection (a) hereof.

(c) In addition to the review of all material submitted in support of an application for deemed status, the department of health services may take the following actions or consider the following facts and circumstances in granting or denying said application:

(1) Joint inspections with certifying agencies or direct observation of certification procedures;

(2) Verification of compliance with Public Health Code standards not included in the federal conditions of participation;

(3) Review of departmental records or records of any other state department relating to accidents, incidents, complaints, and periodic reports;

(4) With respect to institutions as defined in subsection (b) of section 19-576 of the Connecticut General Statutes, whether such institution has experienced a change in its chief executive officer.

(d) If the applicant fully complies with the conditions set forth in section (a) and department of health services validation does not provide a basis for denial, the department shall grant the application for deemed status, and the license renewal for such institution shall be issued without further inspection or verification.

(e) Nothing contained in these regulations shall be interpreted or applied so as to limit or interfere with the right and duty of the department of health services to enforce the Public Health Code as provided by law.

(Effective April 24, 1981)

## 19-13-D2. Operation and maintenance

All hospitals licensed under sections 19-32 to 19-42 of the general statutes, as amended, shall comply with the requirements set forth in sections 19-13-D2 to 19-13-D12, inclusive, before a license is issued.

# Short-term Hospitals

## 19-13-D3. Short-term hospitals, general and special

(a) Physical plant.
- (1) The hospital buildings shall be of sound construction and shall provide adequate space and equipment for patient accommodations and for service and other areas, in accordance with the requirements of the Department of Public Health. Properly equipped diagnostic and therapeutic facilities shall be provided.
- (2) The hospital buildings and equipment shall meet the requirements of the most current Fire Safety Code pursuant to section 29-292 of the Connecticut General Statutes. Annually, the licensee shall submit a current certificate of inspection by the local fire marshal to the Department of Public Health.
- (3) Areas in which explosive gases are used, and areas in which radioactive materials are used, shall meet the requirements of the Department of Public Health for adequate protection of patients and personnel.
- (4) The hospital buildings and equipment shall be maintained in a good state of repair and shall be kept clean at all times.
- (5) Each hospital that provides maternity service shall have appropriate space available and equipment for labor, delivery, recovery and post-partum care. The hospital may configure the physical space and composition of maternity service through:
  - (A) traditional obstetrical components (various rooms and locations used for each patient); or,
  - (B) labor/delivery/delivery units (birthing room with separate post-partum care); or,
  - (C) labor/delivery, recovery/post-partum units (single room); or,
  - (D) a combination of the configurations listed in subparagraphs (A) to (C) inclusive of this subdivision.

(b) Administration.
- (1) The hospital shall be managed by a governing board whose duties shall include, as a minimum:
  - (A) Adoption of bylaws, rules and regulations, including medical staff bylaws;
  - (B) annual or biennial appointment of the medical staff;
  - (C) appointment of a competent hospital administrator who shall be qualified as a result of either (i) the completion of a Master's level or doctoral level degree and at least three years of experience in hospital management or administration, or (ii) at least five years in hospital management or administration. These requirements shall not apply to an administrator already in place as of the effective date of this regulation.
- (2) The administrator shall be responsible to the governing board for the management and operation of the hospital and for the employment of personnel. The administrator may attend meetings of the governing board and meetings of the medical staff.
- (3) Personnel shall be employed in sufficient numbers and of adequate qualifications that the functions of the hospital may be performed efficiently.

(c) Medical staff.

(1) There shall be an organized medical staff of not fewer than five physicians, one of whom shall serve as a chief or president of the medical staff.

(2) The medical staff shall adopt written rules and regulations governing its own activities, subject to approval by the governing board of the hospital. As a minimum, these shall include:

(A) Method of control of privileges granted to members of the medical staff;

(B) method of control of clinical work;

(C) provision for regular staff conferences;

(D) appointment of a medical executive committee, or its equivalent, and other committees as appropriate;

(E) procedure for recommending appointments to the medical staff and for hearing complaints regarding the conduct of members and referring the same, with recommendations, to the governing board.

(3) Medical staff conferences shall be held at least once each quarter, either as general medical staff meetings or through departments. Minutes and a record of attendance shall be kept for each such meeting.

(4) Each hospital shall have, as a minimum, the following departments: medicine, pathology and radiology. Hospitals may operate other departments. If surgery or obstetrics is performed in the hospital, there shall be a department of anesthesia. If a hospital operates departments in surgery, obstetrics, psychiatry, or anesthesia, each such department shall have a chief.

(A) Each chief shall be a licensed physician; responsible for supervising the overall quality of his department; and qualified on the basis of postgraduate education, equivalent training, or Board certification in the area for which the licensed physician is chief.

(B) If there is a maternity service or if there are eight hundred or more children under age twelve admitted to the hospital annually, there shall be a department of pediatrics to include on the active staff at least two physicians who have completed a residency training program approved by either the American Board of Pediatrics or the American Board of Family Medicine and one such physician shall be designated chief of that service.

(5) Psychiatric services. There shall be at least one registered nurse or licensed practical nurse with specialized psychiatric experience and training on duty at all times on the service. There shall be available a licensed clinical social worker, a registered nurse and at least one additional staff person who is qualified by education and professional discipline to assess and develop care plan interventions pertinent to the individual patient's needs.

(d) Medical records.

(1) There shall be a medical record department with adequate space, equipment and qualified personnel, including a records manager or director who possesses sufficient training and experience to oversee the medical records department.

(2) A medical record shall be started for each patient at the time of admission with complete identification data and a nurse's or other licensed practitioner's notation of condition on admission. Upon admission, an admission note and orders of the attending or admitting physician shall be added to the medical record. The medical record of every patient shall contain a complete history and physical examination which, except in emergencies, shall have been completed no more than seven days prior to admission or within forty-eight hours after admission. This requirement is satisfied if a history and physical examination was performed within thirty days prior to the admission and updated no more than seven days prior to, or within forty-eight hours after, the admission. The recording of the history and physical examination shall be, except in emergencies, placed in the record prior to any surgery and within the timeframe set forth in the hospital's policies in all other cases.

(3) All medical records shall include proper identification data; the clinical records shall be prepared accurately and completed promptly and shall include sufficient information including progress notes to justify the diagnosis and warrant the treatment; doctor's orders, nurse's notes and all entries shall be signed or initialed by the person making the entry. The medical records created or maintained by a hospital do not have to comply with the requirements of section 19a-14-40 to 19a-14-44, inclusive, of the Regulations of Connecticut State Agencies.

(4) If obstetrics is performed, a complete record of each case shall be kept which shall include such items of information as may be required by the Commissioner of Public Health and shall include all items necessary to fill out a death certificate for the mother and all items necessary to fill out a birth certificate or a death certificate for the baby.

(5) With respect to obstetrics, attending physicians shall provide to the hospital an adequate summary of the patient's office prenatal record or a copy of the prenatal record by the time of admission or, in the case of a precipitous admission, as soon as practicable thereafter.

(6) Medical records shall be filed in an accessible manner and shall be kept for a minimum of ten years after discharge of patients, except that original medical records may be destroyed sooner if they are preserved by a process consistent with current hospital industry standards. The hospital shall provide the Department of Public Health with a list of the process or processes it uses.

(7) Medical records shall be completed within thirty days after discharge of the patient except in unusual circumstances which shall be specified in the medical staff rules and regulations. One of these specified circumstances shall be that the hospital discharge summary shall be completed and shall accompany patients at the time of discharge to another health care facility. Persistent failure by a physician to maintain proper records of his patients, promptly prepared and completed, shall constitute grounds for disciplinary action with respect to medical staff privileges.

(8) Informed consent. It shall be the responsibility of each hospital to assure that the bylaws or rules and regulations of the medical staff include the requirement that, except in emergency situations, the responsible physician shall obtain proper informed consent as a prerequisite to any procedure or treatment for which it is appropriate and provide evidence of consent by a form signed by the patient or a written statement signed by the physician on the patient's hospital record. The extent of information to be supplied by the physician to the patient shall include the specific procedure or treatment, or both, the reasonably foreseeable risks, and reasonable alternatives for care or treatment.

(9) In addition to record requirements specified for general hospitals, the medical records for psychiatric patients shall also include an examination that shall be recorded not more than sixty hours after admitting the patient.

(e) Nursing service.

(1) There shall be a competent nurse, licensed in Connecticut, as director of nursing service or an equivalent position, who shall be responsible to the administrator for nursing service in the hospital.

(2) The ratio of patients to registered nurses on duty throughout the hospital shall at no time exceed twenty-five patients or fraction thereof to one registered nurse.

(3) The ratio of patients to all nursing staff, registered nurses, licensed practical nurses and other nursing attendants on duty in the hospital shall not exceed seven patients, or fraction thereof, to one from 7 a.m. to 7 p.m., and fifteen patients, or fraction thereof, to one from 7 p.m. to 7 a.m.

(4) If there is an in-patient obstetrical department, the following shall apply:

(A) The ratio of all nursing staff to patients for obstetrical services shall be no less than one nurse to each ten patients, or fraction thereof, on the 7am to 3pm shift; no less than one nurse to each fifteen patients, or fraction

thereof, on the 3pm to 11pm shift; and no less than one nurse to each twenty patients, or fraction thereof, on the 11pm to 7 am shift;

(B) there shall be at least one registered nurse on duty at all times. For obstetrical services with a census of twenty or more patients, there shall also be a registered nurse on duty for overall supervision of the unit;

(C) these ratios shall be calculated without inclusion of newborns or pediatric patients.

(f) Diagnostic and therapeutic facilities.

The hospital shall maintain or have available facilities, equipment and qualified personnel, under competent medical supervision, appropriate to the needs of the hospital in serving its patients. These shall include, as a minimum, a clinical laboratory, blood bank, pathological services, a radiology department and an operating room.

(g) Pharmacy.

(1) There shall be a competent pharmacist, licensed in Connecticut, who shall be responsible to the administrator for all pharmaceutical services in the hospital. In general and special hospitals of one hundred beds or more, he shall serve on a full-time basis.

(2) The hospital pharmacy shall be operated in compliance with all applicable state and federal drug laws and regulations.

(3) The premises shall be kept clean, adequately lighted, and ventilated and the equipment and facilities appropriate for compounding, dispensing, manufacturing, producing or processing of drugs shall be maintained in good order.

(4) Drugs used in the hospital shall meet standards established by the United States Pharmacopoeia, The National Formulary or the Federal Food and Drug Administration and shall be stored and kept so as to insure their proper purity and strength. A medical staff pharmacy committee in conference with the pharmacist shall formulate policies to control the administration of drugs. All drugs, disinfecting solution and other preparations shall be distinctly and correctly labeled and kept readily available in a location approved by the Commissioner of Public Health.

(h) Dietary service.

(1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to patients at regularly scheduled hours.

(2) Menus shall be prepared and shall meet basic nutritional needs.

(3) Methods of dishwashing and sanitizing, food handling and garbage disposal shall comply with the requirements of the Department of Public Health.

(i) General.

(1) The hospital shall have an adequate laundry service.

(2) Adequate housekeeping and maintenance services shall be provided.

(3) Proper heat, hot water, lighting and ventilation shall be maintained at all times.

(4) There shall be a system of communication sufficient to meet the needs of the hospital.

(5) Periodic licensure inspection shall be for the purpose of verifying that a hospital is in compliance with state requirements for licensure. The inspection focuses on, but is not limited to, the performance of the facility since the prior licensure inspection. Additional inspections shall be performed as necessary to address specific concerns or complaints relating to hospital performance or patient care. Any article which presents evidence of any crime being committed therein may be removed and delivered to the appropriate law enforcement official or the state agency having jurisdiction according to law.

(6) The management, personnel, equipment, facilities, sanitation and maintenance of the hospital shall be such as reasonably to ensure the health, comfort and safety of the patients at all times.

(7) When a patient appears to have ceased all vital bodily functions irreversibly, the body shall be moved promptly to an otherwise unoccupied room in the same institution pending pronouncement of death pursuant to section 7-62b of the Connecticut General Statutes. The facility shall make available a room which will provide for the dignified holding of the body of the deceased person, where it will not be exposed to the view of patients or visitors. The room so designated may be used for other purposes when not required for this purpose.

(8) Services may be furnished under contract, including but not limited to shared services.

(j) Emergencies.

(1) Provision shall be made to maintain essential services during disaster and similar emergency situations.

(2) Each general hospital shall be organized in such a way as to provide adequate care for persons with acute emergencies at all hours.

(3) In a city or town with two or more hospitals, the operation by one such hospital, under a mutual agreement, acceptable to the Connecticut Department of Public Health, of an emergency room twenty-four hours a day shall be considered satisfactory compliance with this section; in other hospitals arrangements shall be made to operate an emergency room twenty-four hours a day with a physician to be available within twenty minutes of the call to the physician.

(k) Maternity service.

The following procedures shall be carried out for each case admitted to a maternity service.

(1) For each maternity patient, her attending physician shall provide to the hospital a statement of compliance with Section 19a-90 of the Connecticut General Statutes.

(2) Before removal from the delivery room, each newborn infant shall be marked using an appropriate identification method which shall remain with the child at all times while the child is in the hospital.

(3) Subject to the exceptions provided in Section 19a-219 of the Connecticut General Statutes, the physician in attendance at the birth of any infant, or the physician's designated agent, shall instill into the eyes of such infant, immediately after birth, one or two drops of a prophylactic solution approved by the Department of Public Health for the purpose of preventing inflammation of the eyes of the newborn.

(4) Any indication of postpartum maternity infection shall be reported immediately to the physician responsible for the care of the patient, and in addition, to the physician responsible for the care of the newborn infant of such maternity patient. Any obstetrical patient with any infection which may be contagious shall be isolated from other maternity patients. Any infant showing evidence of infection of any kind or any infant exposed to an infected mother shall be isolated from other infants, in a manner approved by the Commissioner of Public Health.

(l) Infection control. The hospital shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There shall be an active program for the surveillance, prevention, control and investigation of infections and communicable diseases.

(1) The hospital shall designate a person or persons as infection control officer(s) who is a physician, or an individual qualified in infection control through education or experience to develop and implement policies governing control of infections and communicable diseases:

(A) The infection control officer(s) shall develop a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel;

(B) The infection control officer(s) shall maintain a log of incidents related to infections and communicable diseases.

(2) The infection control officer(s), in conjunction with the hospital administrator, medical staff, and director of nursing, shall:
  (A) ensure that the hospital-wide quality assurance program and training programs address problems identified by the infection control officer(s); and
  (B) be responsible for the implementation of corrective action plans in identified problem areas.
(3) The infection control program shall hold monthly meetings, chaired by a physician qualified in and with a special interest in infection control to:
  (A) review information obtained from day-to-day surveillance activities of the program;
  (B) review and revise existing standards; and
  (C) report to the medical executive committee and/or other hospital committees as appropriate about its activities.
(4) The minutes of the meetings shall document the review and evaluation of the data and the development and revision of measures for control of infection. These records shall be available to the State Department of Public Health for review.

(Amended, effective March 18, 1971; Amended, effective October 7, 1971; Amended, effective March 19, 1987; Amended effective March 30, 2004; Amended, effective August 3, 2007.)

## 19-13-D4a. Short-term hospitals, Children's General

(a) Physical plant.
  (1) The hospital buildings shall be of sound construction and shall provide adequate space and equipment for patient accommodations and for service and other areas, in accordance with the requirements of the state department of health. Properly equipped diagnostic and therapeutic facilities shall be provided.
  (2) The hospital buildings and equipment shall meet the requirements of the state fire safety code. (Reg. 29-40-1 et seq.) Annual application for a license shall be accompanied by a certificate of inspection by the local fire marshal.
  (3) Areas in which explosive gases are used, and areas in which radioactive materials are used, shall meet the requirements of the state department of health for adequate protection of patients and personnel.
  (4) The hospital buildings and equipment shall be maintained in a good state of repair and shall be kept clean at all times.

(b) Administration.
  (1) The hospital shall be managed by a governing board whose duties shall include, as a minimum:
    (A) Adoption of bylaws, rules and regulations, including medical staff bylaws;
    (B) annual appointment of the medical staff;
    (C) appointment of an administrator who shall be qualified as a result of the completion of postgraduate training approved by the Association of University Programs in Hospital Administration or three years experience as an assistant administrator under an administrator whose qualifications for such training are approved by the public health council;
    (D) establishment of a joint conference committee composed of all equal number of representatives of the governing board and of the medical staff, and the administrator of the hospital.
  (2) The administrator shall be responsible to the governing board for the management and operation of the hospital and for the employment of personnel. He shall attend meetings of the governing board and meetings of the medical staff and shall be a member of the joint conference committee.
  (3) Personnel shall be employed in sufficient numbers and of adequate qualifications that the functions of the hospital may be performed efficiently.

(c) Medical staff.

(1) There shall be an organized medical staff of not fewer than five physicians, one of whom shall serve as a chief or president of the medical staff.

(2) The medical staff shall adopt written rules and regulations governing its own activities, subject to approval by the governing board of the hospital. As a minimum, these shall include:

(A) Method of control of privileges granted to members of the medical staff;

(B) method of control of clinical work;

(C) provision for regular staff conferences;

(D) regulations for preparation of medical records;

(E) appointment of committees, to include medical record committee (or medical audit committee), representatives to joint conference committee and others as necessary;

(F) procedures for recommending appointments to the medical staff and for hearing complaints regarding the conduct of members and referring the same, with recommendations, to the governing board.

(3) Medical staff conferences shall be held once each month or more frequently. If all clinical groups hold departmental conferences at least monthly, general staff conferences may be less frequent but there shall be a minimum of four each year, and each physician on the active staff shall be required to attend a minimum of ten departmental or general staff meetings or a combination thereof each year. Conferences shall be planned to implement improved service to patients and shall be devoted primarily to thorough review and analysis of clinical work and discussion of interesting cases. All meetings shall be attended by at least fifty percent of the active staff members. Minutes and a record of attendance shall be kept.

(4) Qualifications of certain department heads:

(A) If surgery is performed in the hospital, there shall be a department of surgery under the overall direction of a chief who shall be responsible for supervising the quality of all surgical procedures performed. Such chief shall be a physician qualified on the basis of postgraduate approved training or equivalent experience or a combination of both;

(B) if surgery is performed, there shall be a department of anesthesiology under the overall direction of a chief who shall be responsible for supervising the adequacy of anesthesia given. Such chief shall be a physician qualified on the basis of approved postgraduate training or equivalent experience or a combination of both;

(C) there shall be departments of pathology, pediatrics and radiology, each of which will be under the overall direction of a chief who shall be responsible for supervising the quality of service given. Such chief shall be a physician qualified, on the basis of postgraduate approved training or experience, or a combination of both:

(D) Psychiatric services: When there is an in-patient psychiatric service there shall be a department of psychiatry under the overall supervision of a chief who shall be a physician qualified on the basis of certification by the American Board of Psychiatry or with sufficient postgraduate psychiatric residency training or experience or combination thereof to be eligible to take the examinations of that board. In addition to record requirements specified for general hospitals, the medical records for psychiatric patients shall also include a psychiatric examination recorded within seven days of admission of the patient. The ratio of registered nurses and other nursing personnel on duty shall conform to the requirements in the rest of the hospital, provided where possible there shall be at least one nurse with specialized psychiatric experience and provided there shall not be less than one registered nurse or one licensed practical nurse on duty at all times on the service. If the nurse in

charge is a licensed practical nurse, such nurse shall have had specialized psychiatric training. There shall be available a qualified social worker, a qualified psychologist and at least one activity worker, preferably a registered occupational therapist wherever possible. Statistical reports of psychiatric admissions and discharges and any sudden deaths shall be made to the department of mental health.

(c) Medical records.

(1) There shall be a medical record department with adequate space, equipment and qualified personnel, to include at least one registered record librarian or a person with equivalent training and experience, in a hospital of one hundred beds or over.

(2) A medical record shall be started for each patient at the time of admission with complete identification data and a nurse's notation of condition on admission. To this shall be added immediately an admission note and orders by the attending or a resident physician. A complete history and physical examination shall be recorded by the physician within twenty-four hours of admission and always before surgery, except in cases of unusual emergency.

(3) All medical records shall include proper identification data; the clinical records shall be prepared accurately and completed promptly by the physicians and shall include sufficient information to justify the diagnosis and warrant the treatment; doctor's orders, nurse's notes and charts shall be kept current in an acceptable manner; all entries shall be signed by the person responsible for them.

(4) Medical records other than nurse's notes shall be filed in an accessible manner in the hospital and shall be kept for a minimum of twenty-five years after discharge of patients, except that original medical records may be destroyed sooner if they are microfilmed by a process approved by the state department of health.

(5) Medical records shall be completed within thirty days after discharge of the patient except in unusual circumstances which shall be specified in the medical staff rules and regulations. Persistent failure by a physician to maintain proper records of his patients, promptly prepared and completed, shall constitute grounds for suspending or withdrawing his medical staff privileges.

(6) For patients transferred to a nursing home a transcript of the medical examination and a summary of significant laboratory and x-ray findings, diagnosis and suggested treatment shall accompany the patient.

(d) Nursing service.

(1) There shall be a competent nurse as director of nursing service, registered in Connecticut, with specialized training or experience in pediatric nursing, who shall be responsible to the administrator for nursing service in the hospital.

(2) The ratio of patients to registered nurses on duty on an individual nursing unit shall be one to twenty patients or fraction thereof.

(3) The ratio of patients to all nursing staff, registered nurses, licensed practical nurses and other nursing attendants on duty in the hospital shall not exceed seven patients, or fraction thereof, to one from 7 a.m. to 3 p.m., seven patients, or fraction thereof, to one from 3 p.m. to 11 p.m., and fifteen patients, or fraction thereof, to one from 11 p.m. to 7 a.m.

(f) Diagnostic and therapeutic facilities. Facilities, equipment and qualified personnel, under competent medical supervision, shall be provided for necessary diagnostic and therapeutic procedures, adequate for the needs of the hospital. These shall include, as a minimum, a clinical laboratory, pathology services, a radiology department and an operating room.

(g) Pharmacy.

(1) There shall be a competent pharmacist, registered in Connecticut, who shall be responsible to the administrator for all pharmaceutical services in the hospital. In general and special hospitals of one hundred beds or more, he shall serve on a full-time basis.

(2) The hospital pharmacy shall be operated in compliance with all applicable state and federal drug laws and regulations.
(3) The premises shall be kept clean, adequately lighted, and ventilated, and the equipment and facilities necessary for compounding, dispensing, manufacturing, producing or processing of drugs shall be maintained in good order.
(4) Drugs used in the hospital shall meet standards established by the United States Pharmacopeia, The National Formulary or the Federal Food and Drug Administration and shall be stored and kept so as to insure their proper purity and strength. A medical staff pharmacy committee in conference with the pharmacist shall formulate policies to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage.

(h) Dietary Service.
(1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to patients at regularly scheduled hours.
(2) Menus shall be posted and shall meet state department of health requirements for basic nutritional needs.
(3) Methods of dishwashing and sanitizing, food handling and garbage disposal shall comply with the requirements of the state department of health.

(i) General.
(1) The hospital shall have an adequate laundry service. This may be provided within the hospital or purchased outside the hospital.
(2) Adequate housekeeping and maintenance services shall be provided.
(3) Proper heat, hot water, lighting and ventilation shall be maintained at all times.
(4) There shall be a system of communication sufficient to meet the needs of the hospital.
(5) Other departments, professional and service, shall be provided as necessary to the size and scope of the hospital.
(6) The management, personnel, equipment, facilities, sanitation and maintenance of the hospital shall be such as reasonably to ensure the health, comfort and safety of the patients at all times.
(7) Reports of suicides or accidents or injuries which may result in a permanent defect, scar or handicap shall be made to the state department of health within twenty-four hours.

(j) Emergencies. Provision shall be made to maintain essential services during disaster and similar emergency situations.
(Effective April 4, 1972, Amended effective August 27, 2004)

## 19-13-D4b. Short-term hospitals, special, hospice

(a) Physical plant:
1. General
(A) A free standing hospice facility or a distinct hospice unit constructed after the effective date of these regulations shall provide all the elements described herein and shall be built in accordance with the construction requirements outlined. Appropriate modifications or deletions in space and other physical requirements may be made to these requirements when services are permitted by the department of health services to be shared or purchased, or waived because of a distinct unit's size. Distinct units of hospice facilities, including outpatient, in-patient and hospice-based care programs, shall include the provisions described herein, to the extent that the structure physically permits; that existing services are provided within the facility, and the particular hospice program requirements of each facilities. Services provided by a short-term hospital, general will not be considered to constitute a hospice program

of care unless such hospital establishes a free-standing or distinct hospice unit to provide such services in which case these regulations shall apply only to such free-standing or distinct hospice units.

(B) Construction plans and specifications, as well as program details, shall be submitted to and approved by the department of health services prior to the start of construction.

(C) The buildings shall be of sound construction.

(D) Each application for license or renewal thereof shall be accompanied by a certificate of satisfactory inspection by the local fire marshal.

(E) Areas in which medical gases are used, shall meet the requirements of the National Fire Protection Association, Standards 56A, 56B, 56F and such other rules, regulations, or standards which may apply.

(F) The buildings and equipment shall be maintained in good state of repair. An adequate maintenance program shall be established to insure that the interior, the exterior and the grounds of the buildings are kept clean and orderly.

2. Site.

(A) The site of new hospice facilities shall be away from uses detrimental to hospice patients such as industrial development and facilities that produce noise, air pollution, obnoxious odors, or toxic fumes.

(B) Adequate roads and walks shall be provided within the property lines to the appropriate entrances to serve patients, visitors, staff and for receiving goods and produce. The walks and roads shall be maintained in a clear and safe condition.

3. Provisions for handicapped. Facilities shall be accessible to and usable by the physically handicapped.

4. Design. The design of a hospice facility shall provide comfort, warmth and safety, privacy and dignity for the patients. Every possible accommodation shall be made to avoid creating an institutional atmosphere. The facility shall provide as homelike an atmosphere as practicable.

5. Waivers. Each service provided by a hospice facility shall conform to the appropriate requirements set forth below and each service shall be provided unless a written waiver is obtained from the department of health services for good cause. All request for waivers shall be in written form and accompanied by a narrative description of the hospice program. The waiver request shall identify the facility's needs and the rational for such request.

6. Nursing unit.

(A) A nursing unit shall consist of not more than thirty (30) beds.

(B) Each patient room shall meet the following requirements.

(1) No patient room entrance shall be located more than one hundred twenty (120'0") from the nurses' station, clean workroom and soiled workroom.

(2) Maximum room capacity shall be four patients.

(3) To provide ample room for patients, families and visitors; the minimum room area exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules shall be one hundred twenty (120) square feet in single-bedrooms and one hundred (100) square feet per bed in multibedrooms. In multibedrooms, a clearance of three feet, ten inches (3'-10") shall be available at the foot of each bed and six feet (6'0") between the beds to permit the passage of beds.

(4) Each room shall have a window which can be opened without the use of tools. The windowsill shall not be higher than three feet (3'0") above the finished floor. If insulated glass windows are not used, storm windows shall be installed. All windows used for ventilation shall be provided with screens.

(5) Each room shall be located on an outside wall of the building.
(6) A nurse calling button shall be provided within easy access of each bed.
(7) Room furnishings for each patient shall include an adjustable hospital bed with gatch spring, side rails, an enclosed bedside stand, an overbed table, an overbed light and a comfortable chair.
(8) All floors shall be above the outside grade at the outside wall.
(9) Each patient shall have a lockable wardrobe, locker or closet that is suitable for hanging full length garments and for storing personal effects.
(10) Each patient shall have access to a toilet room without entering the general corridor area. One toilet room shall serve no more than four beds and no more than two patient rooms. The toilet room shall contain a water closet, a lavatory, grab bar and an emergency call station.
(11) Cubicle curtains shall be installed for each bed in a multibedroom.

7. Service area requirements for each nursing unit shall provide.
(A) Storage space for office supplies.
(B) Handwashing facilities conveniently located to each nurses' station and drug distribution station.
(C) Charting facilities for nurses and doctors at each nurses' station.
(D) Individual closets or compartments for the safekeeping of personal effects of nursing personnel at each nurse's station.
(E) A multipurpose room for conference and consultation with a minimum floor space of 100 square feet.
(F) A clean workroom which contains a work counter, handwashing sink, locked storage facilities, covered waste receptacles and ready access to an autoclave.
(G) A soiled workroom for receiving and cleanup of equipment which contains a clinical sink or equivalent flushing rim fixture, sink equipped for handwashing, work counter, covered waste receptacle, covered linen receptacles and locked storage facilities.
(H) A drug distribution station with a locked room for the storage of medications and biologicals. The medication storage room shall be located so as to be under the visual control of the nursing or pharmacy staff. The medication storage and preparation area shall be of adequate size for proper storage, handling, preparation, and record keeping of all medications and shall contain a work counter, refrigerator, handsink with hot water, and necessary equipment such as a locked cabinet containers or medication carts.
(I) Clean linen storage in a separate closet or room sized to meet needs of the unit. If a closed cart system is used, storage may be in an alcove.
(J) A nourishment station in a room which contains a stove, sink, equipment for serving nourishment between scheduled meals, refrigerator, storage cabinets, counter space and an icemaker-dispenser unit to provide ice for patients' service and treatment. This area is for patient, family and staff use and provisions shall be made for small appliance use and storage.
(K) An equipment storage room for I.V. stands, inhalators, air mattresses, walkers, and other Patient equipment.
(L) Parking for stretchers and wheelchairs in an area out of the path of normal traffic sized to accommodate two wheelchairs and one stretcher.
(M) At least one bathtub or shower for each fifteen (15) beds and one (1) bathtub per nursing unit must be of the free standing type with a

clearance of three feet (3') on three sides. Each tub or shower shall be located in an individual room or enclosure which provides space for a wheelchair and an attendant as well as dressing.

(N) A janitor's closet with a minimum size of twenty (20) sq. ft. which contains a floor receptor or service sink and locked storage space for housekeeping equipment and supplies.

(O) An isolation room for isolation medical treatment and control within the facility or through equivalent services in connection with a hospital. Facility located rooms may be utilized as a regular patient room when not required for isolation purposes. Each facility located isolation room shall be a single patient room except as follows:

(1) Entrance shall be through a vestibule which contains a lavatory or sink equipped for handwashing, storage spaces for clean and soiled materials, and gowning facilities.

(2) Provision shall be made for nursing observation of the patient from the vestibule.

(3) A private toilet room containing a water closet and a bathtub or shower shall be provided for the exclusive use of the patient with direct entry from the patient bed area without passing through the vestibule.

(4) A lavatory shall be provided for the exclusive use of the patient either in the patient room or in the private toilet room.

(P) A room for the examination of patients with a minimum floor area of one hundred ten (110) square feet with a minimum dimension of nine (9) feet excluding space for the vestibule, toilet, closets, and work counters (whether fixed or movable.) The room shall contain a sink equipped for handwashing, work counter, storage facilities, a desk, or counter or shelf space for writing.

(Q) A sitting room with a minimum of two hundred twenty-five (225) square feet per each thirty beds.

(R) A Patient dining area with fifteen (15) square feet per patient to accommodate the total patient capacity of the facility which may be combined with the recreation area.

(S) A single recreation area of fifteen (15) square feet per patient, an office for the director of arts and provisions for storage.

(T) An office for clergy and a chapel or space for religious purposes which shall be appropriately equipped and furnished.

(U) A separate room for the viewing of a deceased patient's body during bereavement until released to the responsible agent.

(V) A separate locked room or rooms for use as a pharmacy. This area shall be of adequate size to allow for efficient performance of all functions necessary for the provision of proper pharmaceutical services in the facility. The pharmacy shall be constructed so that it is not necessary to enter the pharmacy area to get to areas not directly related to the provision of pharmaceutical services. Proper lighting, a hand sink with hot water, refrigeration, humidity and separate temperature control in the pharmacy area shall be installed. Adequate space to accommodate specialized functions such as I.V. additive preparation, unit dose dispensing, drug information, manufacturing, as well as adequate storage space for bulk supplies, and office space for administrative functions shall be provided. Drug storage equipment such as a completely enclosed masonry room with a vault type steel door, alarm system, safe, or locked cabinets as may be required to secure controlled substances and other medications in compliance with applicable federal and state drug regulations, shall be located in the pharmacy area.

(W) A physical therapy area which includes a sink, cubicle curtains around treatment areas, storage space for supplies and equipment, a separate toilet room and office space.

(X) A dietary service area of adequate size which includes a breakdown and receiving area, storage space for four days food supply including cold storage, food preparation facilities with a lavatory, meal service facilities, dishwashing space in a room or alcove separate from food preparation and serving areas with commercial-type dishwashing equipment and space for receiving, scraping, sorting, and stacking soiled tableware, potwashing facilities, storage areas for supplies and equipment, waste storage facilities in a separate room easily accessible to the outside for direct pickup or disposal, office space(s) for dietitian and the food service manager, an icemaker-dispenser unit and a janitor's closet which contains a floor receptor or service sink and locked storage space for housekeeping equipment and supplies.

(Y) An entrance at grade level, sheltered from the weather, and able to accommodate wheelchairs.

(Z) A lobby with a reception and information counter or desk, waiting space, public toilet facilities, public telephones and a drinking fountain.

(AA) Offices for general business and storage, medical and financial records, and administrative and professional staffs with individual offices for administration, director of nursing, social services, and the medical director and separate spaces for private interviews relating to credit and admissions.

(BB) A medical records librarian's office or space, record review and dictating space, work area for sorting and recording, and a locked storage area for records.

(CC) A laundry area which may be located either on site of the facility or off the site for processing of linen.

(1) On-site processing requires the following:

(a) A laundry processing room with commercial-type equipment.

(b) A soiled linen receiving, holding and sorting room with handwashing facilities.

(c) Storage for laundry supplies.

(d) Deep sink for soaking clothes.

(e) Clean linen storage, holding room and ironing area.

(f) Janitor's closet containing a floor receptor or service sink and locked storage space for housekeeping equipment and supplies.

(2) Off-site processing requires the following:

(a) A soiled linen holding room with handwashing facilities.

(b) A clean linen receiving, holding, inspection and storage room.

(3) Each facility shall have a domestic type washer and dryer, located in a separate room, for patients' personal use.

(DD) A separate room or building for furnaces, boilers, electrical and mechanical equipment and building maintenance supplies.

(EE) A separate toilet room for employees of each sex with one water-closet and one lavatory for each twenty (20) employees of each sex.

(FF) Separate locker rooms for each sex containing individual lockers of adequate size for employee clothing and personal effects. The lockers shall be in an area divided from the waterclosets and lavatories.

(GG) Separate employee dining space in the ratio of fifteen (15) square feet per employee dining at one time which shall not be included in the space requirement for any other area.

8. Construction requirements.
   (A) Fixtures such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width.
   (B) Room's containing bathtubs, showers, and water closets, for use by patients, shall be equipped with doors and hardware which provide access from the outside in any emergency.
   (C) The minimum width of all doors to rooms needing access for beds or stretchers shall be three feet, eight inches (3'-8"). Doors to patients' toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of two feet, ten inches (2'-10").
   (D) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be of the swing type. Openings to showers, baths, patient toilets and other small wet-type areas not subject to fire hazard are exempt from this requirement.
   (E) Doors, except those to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the corridor width.
   (F) Windows and outer doors shall be provided with insect screens. Windows shall either be designed to prevent accidental falls when they are open, or shall be provided with security screens.
   (G) Dumbwaiters, conveyors, and material handling systems shall not open directly into a corridor or exitway but shall open into a room enclosed by construction having a fire-resistance of not less than two hours and provided with class B one and one-half hour labeled fire doors. Service entrance doors to vertical shafts containing dumbwaiters, conveyors, and material handling systems shall be not less than class B one and one-half hour labeled fire doors. Where horizontal conveyors and material handling systems penetrate fire-rated walls or smoke partitions, such openings must be provided with class D one and one-half hour labeled fire doors for two hour walls.
   (H) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts.
   (I) Grab bars shall be provided at all patient toilets, showers, and tubs. The bars shall have one and one-half inch clearance to walls and shall have sufficient strength and anchorage to sustain a load of two-hundred fifty pounds.
   (J) Recessed soap dishes or an adequate soap dispensing system shall be provided at showers and bath tubs.
   (K) Mirrors shall not be installed at handwashing fixtures in food preparation areas or in clean and sterile supply areas.
   (L) Paper towel and soap dispensers and covered waste receptacles shall be provided at all handwashing facilities used by patients, medical, nursing or food handling staff.
   (M) Lavatories and handwashing facilities shall be securely anchored to withstand an applied vertical load of not less than two hundred and fifty pounds on the front of the fixture.
   (N) Handrails shall be provided on both sides of the corridor in patient occupied areas at a height of 32" above the floor.
   (O) Ceiling heights shall be as follows:
      (1) Rooms shall be at least eight feet (8') in height except that storage rooms, toilet rooms, and other minor rooms shall be at least seven feet, eight inches (7'-8") in height. Suspended tracks, rails, and pipes located in the path of normal traffic shall be at least six feet, eight inches (6'-8") above the floor.
      (2) Corridors shall be at least eight feet (8') in height.

(P) Enclosures for stairways, elevator shafts and vestibules, chutes and other vertical shafts, boiler rooms, and storage rooms of one hundred square feet or greater area shall be of a construction having a fire-resistance rating of not less than two hours.

(Q) Interior finish materials shall comply with the flame spread limitations and the smoke production limitations of the State Fire Safety Code. If a separate underlayment is used with any floor finish materials, the underlayment and finish materials shall be tested as a unit or equivalent provisions made to determine the effect of the underlayment on the flammability characteristics of the floor finish material.

(R) Building insulation materials, unless sealed on all sides and edges, shall have a flame spread rating of twenty-five or less and a smoke developed rating of one hundred and fifty or less when tested in accordance with ASTM Standard E 84.

(S) Toxicity of materials. Materials which do not generate toxic products of combustion shall be given preference in selecting insulation and furnishings.

(T) Elevators.

(1) All floors within the facility, other than the main entrance floor shall be accessible by elevator.

(a) At least one hospital-type elevator shall be installed where one to sixty patient beds are located on any floor other than the main entrance floor.

(b) At least two hospital-type elevators shall be installed where sixty-one to two hundred patient beds are located on any floor other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds.

(2) The cars of hospital-type elevators shall have inside dimensions that will accommodate a patient bed and attendants.

9. Mechanical system requirements.

(A) General. Prior to the opening of the facility, all mechanical systems shall be tested, balanced and operated to insure that the installation and performance of these systems conform to the requirements of the plans and specifications and are safe for patients and staff.

(B) Steam and hot water systems.

(1) Boilers shall have the capacity, based upon the net ratings published by the Hydronics Institute, 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 routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the system shall be sufficient to provide hot water service for clinical, dietary, and patient use.

(2) Boiler feed pumps, heating circulating pumps, condensate return pumps, and fuel oil pumps shall be connected and installed to provide normal and standby service.

(C) Air conditioning, heating and ventilating systems.

(1) All occupied areas shall be maintained at an inside temperature of 75 degrees F. (24 degrees C) by heating and 80 degrees F. (27 degrees C) by cooling.

(2) All air-supply and air-exhaust systems shall be mechanically operated. Fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in table I are the minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(3) Outdoor intakes shall be located as far as practical from exhaust outlets of ventilating systems, combustion equipment stack, medical-surgical vacuum systems, plumbing vents stacks, or areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical.

(4) Corridor plenums shall not be used to supply air to or exhaust air from any room.

(D) Plumbing and other piping systems.

(1) Plumbing fixtures.

(a) The water supply spout for lavatories and sinks in patient care areas shall be mounted so that its discharge point is a minimum distance of five inches above the rim of the fixture. All fixtures used by medical and nursing staff and all lavatories used by food handlers shall be trimmed with valves which can be operated without the use of hands.

(b) Shower bases and tubs shall provide nonslip surfaces for standing patients.

(2) Water supply systems.

(a) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(b) Each water service main, branch main, riser, and branch to a group fixture shall be valved. Stop valves shall be provided at each fixture.

**Table I**
**General Pressure Relationships and Ventilation of Certain Hospice Areas**

| *Area Designation* | *Pressure Relationship to Adjacent Areas* | *Minimum Air Changes of Outdoor Air per Hour Supplied to Room* | *Minimum Total Air Changes per Hour Supplied to Room* | *All Air Exhausted Directly to Outdoors* | *Recirculated within Room Units* |
|---|---|---|---|---|---|
| Patient Room | E | 2 | 2 | Optional | Optional |
| Patient Room Corridor | E | 2 | 4 | Optional | Optional |
| Isolation Room | E | 2 | 6 | Yes | No |
| Isolation Room – Alcove or Anteroom | E | 2 | 10 | Yes | No |
| Examination Room | E | 2 | 6 | Optional | Optional |
| Medication Room | P | 2 | 4 | Optional | Optional |
| Pharmacy | P | 2 | 4 | Optional | Optional |
| Treatment Room | E | 2 | 6 | Optional | No |
| X-ray, Treatment Room | E | 2 | 6 | Optional | Optional |
| Physical Therapy | N | 2 | 6 | Optional | Optional |
| Soiled Workroom | N | 2 | 10 | Yes | No |
| Clean Workroom | P | 2 | 4 | Optional | Optional |
| Workroom | N | Optional | 10 | Yes | No |
| Viewing Room | N | Optional | 10 | Yes | No |
| Toilet Room | N | Optional | 10 | Yes | No |
| Bedpan Room | N | Optional | 10 | Yes | No |
| Bathroom | N | Optional | 10 | Yes | No |
| Janitors' Closet | N | Optional | 10 | Yes | No |
| Sterilizer Equipment Room | N | Optional | 10 | Yes | No |
| Linen and Trash Chute Rooms | N | Optional | 10 | Yes | No |
| Laboratory, General | N | 2 | 6 | Optional | Optional |
| Food Preparation Centers | E | 2 | 10 | Yes | No |
| Warewashing | N | Optional | 10 | Yes | No |
| Dietary Day Storage | E | Optional | 2 | Optional | No |
| Laundry, General | E | 2 | 10 | Yes | No |
| Soiled Linen Sorting and Storage | N | Optional | 10 | Yes | No |
| Clean Linen Storage | P | 2 | 2 | Optional | Optional |
| Clean Workroom | P | 2 | 4 | Optional | Optional |
| Unsterile Supply Storage | E | 2 | 2 | Optional | Optional |

P = Positive
N = Negative
E = Equal

(c) Backflow preventers shall be installed on hose bibbs, laboratory sinks, janitors' sinks, bedpan flushing attachments, equipment which can be directly piped, and on all other fixtures to which hoses or tubing can be attached.

(d) Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing and handwashing facilities personal use shall not exceed 120 degrees F (49 degrees C.)

(3) Hot water heaters and tanks.

(a) The hot water heating equipment shall have sufficient capacity to supply water at the temperatures and amounts indicated below. Water temperatures to be taken at hot water point of use or inlet to processing equipment.

| | | Use | | |
|---|---|---|---|---|
| | | *Clinical* | *Dietary* | *Laundry* |
| Gallons (per hour per bed) | | 6 ½ | 4 | 4 1/2 |
| Temperature | (°F) | 110-120 | Wash 160° | 180° |
| | (°C) | 43-49 | 71° | 82° |
| | (°F) | | Rinse 180° | |
| | (°C) | | 82° | |

(E) Medical gas and vacuum systems.

(1) Nonflammable medical gas systems. Nonflammable medical gas system installations shall be in accordance with the requirements of NFPA 56 F and such other rules, regulations or standards which may apply.

(2) Clinical vacuum (suction) systems. Clinical vacuum system installations shall be in accordance with the requirements of NFPA 56 F and such other rules, regulations or standards which may apply. The vacuum system may either be a central system or a portable system.

(3) One outlet of oxygen and one of vacuum of each bed shall be provided in each patient room.

10. Electrical system requirements.

(A) General. All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system and shall comply with most recent available standards of Underwriters Laboratories, Inc., or other nationally recognized standards which may apply.

(B) Switchboards and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboard's and 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 switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(C) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits.

(D) Lighting.
- (1) All spaces occupied by people, machinery, and equipment within buildings, approaches to buildings, and parking lots shall have lighting.
- (2) Patients' rooms shall have general lighting and night lighting. A reading light shall be provided for each patient. General room illuminaries shall be switched at the entrance to the patient room. All switches for control of lighting in patient areas shall be of the quiet operating type. Night light circuits for each nursing unit shall be controlled at the nurses' stations.

(E) Receptacles or outlets.
- (1) Patients' rooms. Each patient room shall have duplex grounding type receptacles as follows: Three duplex for each bed; two on one side and one on opposite side of the head of each bed; one for television and one on another wall.
- (2) Corridors. Duplex receptacles for general use shall be installed approximately fifty feet (50') apart in all corridors and within twenty-five feet (25') of ends of corridors.

(F) Nurses' calling system. In general patient areas, each room shall be served by at least one calling station and each bed shall be provided with a call button. Two call buttons serving adjacent beds may be served by one calling station. Calls shall register with floor staff and shall actuate a visible signal in the corridor at the patient's door, in the clean workroom, the soiled workroom, and the nourishment station of the nursing unit. In multi-corridor 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 station. Nurses' calling systems shall be audio visual and provide two-way voice communication and shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating. A nurses' call emergency button shall be provided at each patient's toilet, bath, shower room, dining room and sitting room.

(G) Emergency electric service.
- (1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. The source of this emergency electric service shall be an emergency generating set including the prime mover and generator which is located on the premises and shall be reserved exclusively for supplying the emergency electrical system.
- (2) The emergency generating set shall provide electricity.
  - (a) To illuminate means of egress and exit signs and directional signs.
  - (b) To operate all essential alarm systems including fire alarms activated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire and smoke detecting systems, and alarms required for non-flammable medical gas systems.
  - (c) To operate paging or speaker systems intended for communication during emergency.
  - (d) For the general illumination and selected receptacles in the vicinity of the generator set.
  - (e) For specific task illumination and selected receptacles in medicine dispensing areas; treatment rooms; and nurses' stations.
  - (f) To one duplex receptacle at each patient bed.

(g) To the nurses' calling system.
(h) To operate equipment necessary for maintaining telephone service.
(i) To the fire pump, if any.
(j) To circuits which serve necessary equipment as follows:
(i) Equipment for heating patient occupied rooms, except that service for heating of general patient rooms will not be required if the facility is served by two or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the hospital and the generating sources will not likely cause an interruption of the facility service feeders.
(ii) Elevator service that will reach every patient floor. Transfer devices shall be provided to allow temporary operation of any elevator for the release of persons who may be trapped between floors.
(iii) Central suction systems serving medical functions.
(iv) Laboratory fume hoods.

(H) The connection to the emergency electric services shall be of the delayed automatic type except for heating, ventilation, and elevators which may be either delayed automatic or manual.

(3) The emergency electrical system shall insure that after interruption of the normal electric power supply the generator is brought to full voltage and frequency and connected within ten seconds through one or more primary automatic transfer switches to emergency lighting systems; alarm systems; blood banks; nurses' calling systems; equipment necessary for maintaining telephone service; and task illumination and receptacles in operating, delivery, emergency, recovery, and cardiac catherization rooms, intensive care nursing areas, nurseries, and other critical patient areas. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switches or through other automatic or manual transfer switches. Receptacles connected to the emergency system shall be distinctively marked. 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 stored fuel is required for emergency generator operation, the storage capacity shall be sufficient for not less than forty-eight hour continuous operation. When the generator is operated by fuel which is normally piped underground to the site from a utility distribution system, fuel storage facilities on the site will not be required.

11. Maintenance of systems and equipment. All electrical, gas, life safety, life support and critical systems shall be tested to insure satisfactory performance prior to placing them into service and tested annually thereafter. Permanent records of all tests shall be maintained.

(b) Administration:

(1) The hospice shall be managed by a governing board with full legal authority and responsibility for the conduct of the hospice and the quality of medical care provided at the facility. Duties of the governing board shall include, as a minimum:

(A) Adoption of the following in writing and upon adoption enforcing compliance with:

(1) admission criteria defining eligibility for hospice services;

(2) guidelines for community relations;

(3) a patient bill of rights;

(4) medical by-laws after considering the recommendations, if any, of the medical staff;

(5) rules and by-laws which include the following:

(a) the purpose of the hospice;

(b) annual review of the rules and by-laws which shall be dated and signed by the chairman of the board;

(c) the powers and duties of the officers and committees of the governing body;

(d) the qualifications, method of selection and terms of office of members and chairmen of committees;

(e) a mechanism for approval of the appointments to the medical staff;

(f) qualifications for appointment to the medical staff based upon background, competence, adherence to the ethics of the profession and physical and mental status;

(g) a schedule of at least ten (10) regular meetings per calendar year;

(h) a specific policy governing conflict of interest of members.

(B) Establishment of a joint practice committee composed of representatives of medical staff, nursing staff, pharmacy staff, social work staff, arts and pastoral care staff, volunteer staff and the administrator or designee.

(C) Appointment of the administrator who shall have one of the following:

(1) completed postgraduate training approved by the Association of University Programs in hospital administration;

(2) attained three years experience as an assistant administrator;

(3) served three years as a hospice administrator under a state approved hospice program;

(4) qualified by other experience approved by the state department of health services upon written application to the commissioner.

(2) The administrator shall be responsible to the governing board for the management and operation of the hospice and for the employment of personnel. He shall attend meetings of the governing board and of the medical staff, employ personnel of good character and suitable temperament in sufficient numbers to provide satisfactory care for the patients.

(3) Outside services or resources as required by the facility or ordered by the physician shall be utilized only pursuant to written agreements. The responsibilities, function and terms of each agreement, including financial arrangements and charges, shall be specified therein and signed and dated by the chairman of the board, or administrator of the hospice and the person or duly authorized official of the agency providing the service or resource.

(4) Any person or his family may request hospice in-Patient, out-patient and hospice-based home care services with the concurrence of a member of the medical staff of the facility.

(c) Medical staff:

(1) There shall be a medical staff of not fewer than five physicians, one of whom shall serve as a chief, president, or medical director of the medical staff and all of whom shall be licensed to practice medicine and surgery in Connecticut. The medical staff shall be composed of active medical staff, associate medical staff, courtesy medical staff, consulting medical staff and honorary medical staff.

(2) The medical staff shall adopt written by-laws and rules governing its own activities not inconsistent with any rule, regulation, or policy of the governing board, which by-laws and rules shall not become effective until approved by the governing board and shall be subject to recession by the governing board, which shall include:

(A) requirements for admission to staff and for the delineation and retention of clinical privileges;

(B) method of control of clinical work, including written consultations for all clinical services which shall be properly entered onto the patient's chart;

(C) analysis, review and evaluation of clinical practices within hospice in-patient, out-patient and hospice-based home care programs, to promote and maintain high quality care;

(D) a framework to insure twenty-four hour, seven-day-a-week on-call availability, including physician home visits, and eight-hour-a-day on-site medical staff coverage;

(E) provision for monthly staff conferences unless clinical groups hold departmental or service conferences at least monthly, then general staff conferences shall be held at least four times each year, and each active staff member shall attend a minimum of ten departmental or general staff meetings or a combination thereof each year;

(F) establishment of committees including infection control, safety, quality assurance, pharmacy and therapeutics, medical record audit, patient care, and others as necessary;

(G) procedure for recommending appointments to the medical staff, hearing complaints regarding the conduct of members and referring the same, with recommendations, to the governing board.

(3) Any patient's primary care community physician who is not a member of the hospice medical staff may request hospice provided services for the patient with the concurrence of a hospice medical staff member.

(4) Medical staff and departmental meetings must be attended by at least fifty percent of the active staff members to be counted toward the mandatory meeting quotas. Minutes and a record of attendance shall be kept.

(5) There shall be a department of medicine under the direction of a physician licensed to practice medicine and surgery in Connecticut, who shall be responsible for supervising the quality of medical service.

(6) The chief, president, or medical director of the medical staff shall supervise the bereavement team which shall consist of himself, a consulting psychiatrist and one representative from each of the following services: volunteer, pastoral care, arts, social work and nursing.

(7) The medical staff shall provide and participate in a continuing program of professional education which shall include hospice-based home care programs scheduled on a regular basis with appropriate documentation of these activities.

(d) Medical records:

(1) There shall be a medical record department with adequate space, equipment and qualified personnel including a medical record librarian or a person with training, experience and consultation from a medical record librarian.

(2) A medical record shall be maintained for every individual who is evaluated or treated as a hospice in-patient, out-patient or who received patient services in a hospice-based home care program.

(3) An in-patient record shall be started at the time of admission with identification, date, and a nurse's notation of condition on admission. To this shall be added immediately an admission note and orders by the attending member of the active medical staff. A complete history and physical examination shall be recorded by a staff physician within twenty-four hours of admission, unless the patient is being followed by his primary physician who performed the patient's last history and physical examination within forty-eight hours and the referral to the hospice program is made within the same institution. A problem oriented medical record shall be completed by the primary care nurse within twenty-four hours of admission.

(4) All medical records shall be prepared accurately and physicians' entries completed promptly with sufficient information and progress notes to justify the diagnosis and warrant the treatment and palliation. Doctors' orders, nurses' notes and notes from other disciplines, shall be kept current in a professional manner and all entries shall be signed with a legally acceptable signature by the person responsible for them.

(5) The medical records shall be kept confidential and secured. Written consent of the patient or his legally appointed representative shall be required for release of medical information except as provided in Section 19-13-D4b (t).

(6) The records shall be filed and stored in a manner providing easy retrievability and shall be kept for a minimum of twenty-five years after discharge of patients, except that original medical records may be destroyed sooner if they are microfilmed by a process approved by the state department of health services.

(7) Completion of the medical records shall be accomplished within one day after discharge to a hospice-based home care program or within seven days of death.

(8) Persistent failure by a physician to maintain proper records of his patients, promptly prepared and completed, shall constitute grounds for suspending or withdrawing his medical staff privileges.

(e) Nursing Service:

(1) The nursing service shall be directed by the director of hospice patient care services shall be a registered nurse with baccalaureate degree in nursing and an active Connecticut license, is further qualified by one of the following:

(A) a master's degree from a program approved by the National League of Nursing or the American Public Health Association with a minimum of two (2) years' full-time clinical experience under qualified supervision, in a hospice or home health agency related community health program which included care of the sick;

(B) a minimum of four (4) years of full-time clinical experience in nursing, at least two (2) of which were under qualified supervision in a hospice or home health agency or community health program which included care of the sick;

(C) employment as a supervisor in a hospice or home health agency as of January 1, 1979, but effective January 1, 1982 no person shall be such supervisor who does not satisfy the requirements of subparagraphs (A) or (B) of this regulation.

(2) A registered nurse with a baccalaureate degree in nursing and an active Connecticut license and one of the following shall serve as a supervisor of hospice in-patient, out-patient and hospice-based home care program under the direction of the director of hospice patient care services:

(A) a master's degree from a program approved by the National League for Nursing or the American Public Health Association with a minimum of two (2) years' full-time clinical experience under qualified supervision, one of which shall be in a health care institution and one of which shall

be in a hospice or home health agency or a related community health program.

(B) a minimum of four (4) years' full-time clinical experience in nursing under qualified supervision, one of which shall be in a health care institution and one of which shall be in a hospice or home health agency or related community health program.

(C) employment as a supervisor of clinical services in a hospice or home health agency as of January 1, 1979, but effective January 1, 1982 no person shall be such supervisor who does not satisfy the requirements of sub-paragraphs (A) or (B) of this regulation.

(3) The ratio of patients to registered nurses in the hospice shall not be less than one nurse to six patients per eight hour shift.

(4) The ratio of all nursing staff and nurses aides to patients shall not be less than one nurse or nurse aide to three patients.

(5) An organization plan of the nursing service shall be established which shall delineate its mechanism for cooperative planning and decision making.

(6) Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with practical methods of meeting its responsibilities and achieving projected goals. Policies shall include, but not be limited to, the following:

(A) assigning the nursing care of patients to a primary care provider who develops a written pertinent care plan;

(B) standardized procedures for evaluation and study;

(C) a program of systematic professional and administrative review and evaluation of the services effectiveness in relation to stated objectives;

(D) patient and family teaching programs;

(E) the development and implementation of staffing patterns that will assure efficient performance of departmental activities;

(F) participation in the joint practice committee for the improvement of patient care including equal representation of practicing nurses and physicians, and continuous redefining of the scope of medical and nursing practice in the light of experience and patient care needs.

(7) There shall be staff development programs and educational opportunities for nursing personnel which include orientation and in-service education.

(f) Pharmaceutical service:

(1) The institution shall maintain an organized pharmaceutical service that is conducted in accordance with current standards of practice and all applicable laws and regulations.

(2) The pharmaceutical service shall be directed by licensed pharmacist trained in the specialized functions of institutional pharmacy who shall serve the institution:

(A) on a full-time basis in a free-standing facility;

(B) in a distinct unit identified as hospice on a part-time basis consonant with the size and scope of services of the institution.

(3) The scope of pharmaceutical services shall be consistent with the drug therapy needs of the patients as determined by the medical staff.

(4) There shall be an active medical staff committee, composed of a physician, the director of pharmacy, the director of patient care services, and a representative from administration which shall serve in an advisory capacity to the professional staff on matters relating to drugs and drug practices. Specific functions of this committee, which shall meet at least quarterly, shall include:

(A) development of board professional policies regarding the evaluation, selection, procurement, distribution, use, safe-practices and other matters pertinent to drugs in the institutions;

(B) development of basic formulary system of drugs for use in the institutions;

(C) monitoring and reporting adverse drug reactions in the institution, and introducing proper measures to minimize their incidence;
(D) reviewing and analyzing medication incidents in the institution and taking appropriate action to minimize the recurrence of such incidents;
(E) determining drug-use patterns and assisting in the setting of drug-use criteria relative to the institution's drug utilization review program.

(5) There shall be a current, written policy and procedures manual approved by the medical staff, pertaining to the drug control system in the institution.

(g) Social work service:

(1) There shall be a written Plan with clearly defined written Policies governing the delivery of social work services in the hospice in-patient, out-Patient and hospice-bed home care program which shall include a procedure for reporting Problem areas to the administrator, recommended solutions, and identify action taken. These policies shall incorporate the current standards, guidelines, and code of ethics determined by the National Association of Social Workers. Effective January 1, 1982 the person having responsibility for the direction and supervision of the delivery of such services shall be a social worker with a master's degree from a school accredited by the Council of Social Work Education, and has a minimum of four years social work experience in a health care setting including one year in a supervisory capacity.

(2) The social work staff may include baccalaureate social workers with at least one year of social work experience in a health care setting.

(3) Hospice shall have a social work department with an adequate staff to meet the medically related social and emotional needs of the Patient and family.

(4) Social work services shall be provided in accordance with the plan for treatment. The social worker shall assist and work with the interdisciplinary team in identifying significant social and emotional factors related to care. The scope of social work services shall include as a minimum: assisting in pre-admission and discharge planning; conducting medico-social assessment; counseling the patient and family on an individual and group basis; identifying, utilizing, and working to develop appropriate community resources; and maintaining adequate records relating to social work services which shall be included in the patient's medical record.

(5) There shall be continuing staff development programs and educational opportunities for social work personnel which include orientation and in service education.

(h) Pastoral care service:

(1) The hospice shall have adequate Pastoral care services in the in-patient, outpatient and hospice-bed home care program, twenty-four hour on-call availability, and a well defined written plan and policies for pastoral care services available at the request of the patient.

(2) The plan for pastoral care services shall insure the supervision of the delivery of such services by an ordained and a qualified individual with a graduate theological degree and at least five years pastoral and clinical experience. The method for providing pastoral care to a patient or family shall be planned and developed in consultation with representatives of administration, medical staff, nursing staff, other departments and services that are involved in direct patient care, and representatives of the community. The director of pastoral care services shall be considered a member of the health care team, with Participation in all staff meetings.

(3) There shall be continuing staff development programs and educational opportunities for the Pastoral care staff including orientation and in-service education.

(i) The arts:

(1) The hospice shall provide extensive opportunities for experiences in the arts to patient/family and for staff consultation as appropriate. The arts shall be available

to hospice patients both on a scheduled and intermittent basis. Designated staff Providing such service shall be available on a schedule on call basis.

(2) These artistic experiences shall be directed and coordinated by a qualified representative of the arts with a graduate degree and clinical experience in a hospital based setting in the arts or Pastoral care and a minimum of five years supervisory experience in the arts and education who, in consultation with hospice staff members and community artist representatives, will define the need, choose an appropriate art form and select the artist or means to provide this experience.

(3) The director of the arts shall be considered a full-fledged member of the health care team, with participation in all staff meetings. Written Policies for the arts shall be developed and reviewed at least annually. Adequate records relating to artistic services rendered must be included in the Patient's medical record.

(4) The arts staff shall complete a program of orientation to hospice and shall have appropriate in-service education programs on a quarterly basis.

(j) Volunteer service:

(1) A director of volunteers shall be employed full time to plan, organize and direct a comprehensive volunteer services program for the inpatient, out-Patient and hospice-based home care program. The director shall have a bachelor's degree in psychology, sociology, therapeutic recreation, or a related field and one year of employment in a supervisory capacity in a volunteer services program or an associate's degree and three years of supervisory experience in a volunteer services program.

(2) The director shall:

(A) Plan, direct and implement the recruitment of volunteers;

(B) orient and provide for a program of training which includes, direct involvement, on-call service and staff support;

(C) evaluate performances and effectiveness of each volunteer annually;

(D) periodically review and revise policies and procedures;

(E) coordinate the utilization of volunteers with other directors as appropriate.

(3) There shall be continuing staff development programs and educational opportunities for the volunteer services staff to include at least the following: orientation and in-service education.

(k) Diagnostic and palliative services: Services, under competent medical supervision, shall be Provided for necessary diagnostic and Palliative Procedures to meet the needs of the hospice, in-Patient, out-patient, and hospice-based home care program. This shall include the services of a clinical laboratory and radiological services which shall meet all applicable standards of the state department of health services. In addition there may be written agreements for other services including blood bank and pathological services as determined by Patient needs. All contracts shall specify twenty-four hour on-call availability.

(l) Respiratory care services: There shall be a written plan with clearly defined written policies and procedures governing the delivery of respiratory care services which shall include a procedure for reporting problem areas to the administrator, recommendations, solutions, and identify action taken. Services, under direct medical supervision, shall be provided as necessary to meet the needs of the hospice programs, which shall meet all applicable standards of the state department of health services. Any contract for such services shall specify twenty-four hour on-call availability for hospice in-patient, out-patient, and hospice-based home care programs.

(m) Specialized rehabilitative services: There shall be a written plan with clearly defined written policies and procedures governing the delivery of rehabilitative services which shall include a procedure for reporting problem areas to the administrator, recommendations, solutions, and identify action taken. Any contracts for such services shall specify twenty-four hour on-call availability for hospice in-patient, out-patient, and hospice-based home care programs.

(n) Dietary service:

(1) There shall be an organized dietetic service, directed by a full-time food service supervisor. The food service supervisor shall be an experienced cook knowledgeable in food service administration and therapeutic diets. The service shall employ an adequate number of individuals to perform its duties and responsibilities.

(2) There shall be written policies and procedures governing all dietetic activities.

(3) The service must have at least one qualified part-time dietitian, with a baccalaureate degree and major studies in food and nutrition who is qualified for membership in and registration by the American Dietetic Association. The administration of the nutritional aspects of patient care shall be under the direction of said dietitian whose duties shall include:

(A) recording nutritional histories of in-patients;

(B) interviewing Patients regarding their food habits and Preferences;

(C) counseling patient and family concerning normal or modified diets and encouraging Patients to participate in planning their own modified diets and instructing Patient and family in food Preparation;

(D) participating in appropriate hospice rounds and medical conferences;

(E) coordinating activities with food service supervisor.

(4) Educational programs shall be offered to dietetic service employees including orientation, on-the-job training, personal hygiene, the inspection, handling, preparation, and serving of food, and the proper cleaning and safe operation of equipment.

(o) Hospice-based home care program:

(1) The health care services of the hospice-based home care program shall be of the highest quality and shall be provided by the multi-disciplinary, interactive qualified hospice team members. The program of care shall provide medical and health care services for the palliative and supportive care and treatment only for the terminally ill and their families. The hospice-based home care program encompasses the physical, social, psychological and spiritual needs of patient/family and consists of 24 hour a day, seven (7) day a week service. The Services of hospice-based home care program shall include bereavement service, medical nursing, homemaker home health aide, pharmaceutical, dietary, pastoral care, arts, volunteers, diagnostic and palliative, social work, respiratory care, specialized rehabilitative, infection control and, as needed, in-patient and out-patient hospice services shall be available to hospice-based home care patients and their families.

(2) An organizational structure designed to effectively implement the requirements as stated in (o) (1). The medical director and director of patient care services shall be vested with the overall coordination of the hospice-based home care program. The hospice-based home care program shall have a supervisor who shall meet the requirements of subsection (e) (2) (A), (B) or (C).

(3) The Patient's primary care community physician, who is not a member of the hospice medical staff, shall be granted the privilege of requesting services provided by the hospice-based home care program in concurrence with a member of the hospice medical staff and on condition that he will continue to be the primary care provider for the patient while said patient is at home under the auspices of the home care program.

(4) There shall be twenty-four hour, seven-day-a-week on-call availability of the hospice medical director or his designee and the hospice home care nurse whether or not community service agency nurses are available. All physicians who Provide medical services to Patients in the hospice-based home care program, whether or not such physicians are members of the hospice medical staff, shall be evaluated as part of the regular hospice medical care evaluation program.

(5) There shall be a written policy and procedure manual implementing the objectives of the hospice-based home care program which shall include definition and scope of services, criteria for admission and discharge and follow-up policies, and uniform standards to be adopted by the patient's primary care community physician.

(6) The hospice-based home care program shall have necessary personnel to meet the needs of patients, including: registered nurses, licensed practical nurses, and homemaker-home health aides. Personnel assigned by community service agencies to provide services to the program's patients shall meet qualification standards equivalent to those required by hospice for employees in its home care program. When volunteer services are used, volunteers shall be trained and supervised by the hospice director of volunteers or other appropriate hospice directors, and those who provide professional services shall meet the requirements of qualification and performance applied to paid staff and functions. Hospice-based home care program personnel shall be involved in educational programs relating to their activities, including orientation, regularly scheduled in service training programs, workshops, institutes, or continuing education courses to the same extent as other hospice personnel.

(7) There shall be a program of systematic, professional and administrative review and evaluation of the program's effectiveness in relation to its stated objectives

(8) An accurate medical record shall be maintained for every patient receiving services provided through the home care program.

(9) Arrangements for the provision of basic or major services by a participating community agency or individual provider shall be documented by means of a written agreement or contract. All hospice services available to patients in the in-patient and out-patient program shall be readily available to the home care program patients.

(p) Infection control:

(1) Each hospice shall develop an infection prevention, surveillance and control program which shall have as its purpose the protection of patient, family and personnel from hospice or community associated infections in patients admitted to the hospice in-patient, out-patient, and home care program.

(2) The infection Prevention, surveillance, and control program of each hospice shall be approved by the medical staff and adopted by the governing board. The program shall become Part of the bylaws of the medical staff.

(3) A hospice infection control committee shall be established to supervise infection control and report on its activities with recommendations on a regular basis to the medical director. The membership of the committee shall include a physician who shall be chairman, a representative from nursing service, hospital administration, pharmacy, dietary service, laundry, housekeeping and the local health director.

(4) The infection control committee shall:

(A) adopt working definitions of hospice-associated infections;

(B) develop standards for surveillance of incidence of hospice related infection and conditions predisposing to infection;

(C) monitor and report infections in all patients, including home care program, and environmental conditions with infection potential;

(D) ensure evaluation environmental infection potential, including identification whenever possible of hospice-associated infections and periodic review of the clinical use of antibiotics in patient care;

(E) develop preventive measures including aseptic techniques, isolation policy, and a personnel health program.

(5) There shall be an individual employed by the hospice who is qualified by education or experience in infection prevention, surveillance, and control to conduct these aspects of the program as directed by the infection control committee. He shall be directly responsible to, and be a member of, the infection

control committee. He shall make a monthly written report to the committee at its monthly meeting.

(6) The infections control committee shall meet at least monthly and:
- (A) review information obtained from day-to-day surveillance activities of the program;
- (B) review and revise existing standards;
- (C) report to the medical director.

(7) There shall be regular in-service education programs regarding infection prevention, surveillance and control for hospice personnel. Documentation of these programs shall be available to the state department of health services for review.

(q) General
- (1) The hospice shall have an adequate laundry service, housekeeping and maintenance services.
- (2) Proper heat, hot water, lighting and ventilation shall be maintained at all times.
- (3) The hospice shall ensure the health, comfort and safety of the patients at all times.
- (4) When a patient ceases to breathe and has no detectable pulse or blood pressure, the body shall be moved to the bereavement room in the same institution pending pronouncement of death by a physician who has personally viewed the body as required in section 7-62 of the Connecticut General Statutes. The facility shall make available a room which shall provide for the dignified holding of the body of the deceased person where it will not be exposed to the view of patients or visitors, but where the family and friends of the deceased may view the body.

(r) Out-patient services:
- (1) The hospice out-patient service shall meet the same standards of quality as applied to in-patient care, considering the inherent differences between in-patients and out-patients with respect to their needs and modes of treatment.
- (2) The out-patient service shall be provided with services and personnel necessary to meet the needs of patient and family.
- (3) There shall be a policy and procedure manual developed for the effective implementation of the objectives of the out-patient service including criteria for eligibility for out-patient care.
- (4) There shall be a program of systematic professional and administrative review and evaluation of the service's effectiveness.
- (5) Facilities for the out-patient service shall be conducive to the effective care of the patient.
- (6) An accurate medical record shall be maintained for every patient receiving care provided by the outpatient service.

(s) Emergencies: Provision shall be made to maintain essential services during emergency situations.

(t) Record availability: It is an explicit condition for the initial issuance of or the retention or renewal of a license to any person to operate and maintain a hospice that all records, memos and reports, medical or otherwise be maintained on the premises of the facility and that said records shall be subject to inspection review and copying by the department of health services upon demand, including personnel and payroll records. Failure to grant access to the department of health services shall result in the denial of, revocation of, or a determination not to renew the license.
(Effective January 18, 1979)

# Long-term Hospitals

## 19-13-D5. Long-term hospitals: Chronic disease hospital

(a) Physical plant.

(1) The hospital buildings shall be of sound constitution and shall provide adequate space and equipment for patient accommodations and for service and other areas, in accordance with the requirements of the state department of health. Properly equipped diagnostic and therapeutic facilities shall be provided.

(2) The hospital buildings and equipment shall meet the requirements of the state fire safety code. (Reg. 29-40-1 et seq.) Annual application for a license shall be accompanied by a certificate of inspection by the local fire marshal.

(3) Areas in which explosive gases are used, and areas in which radioactive materials are used, shall meet the requirements of the state department of health for adequate protection of patients and personnel.

(4) The hospital buildings and equipment shall be maintained in a good state of repair and shall be kept clean at all times.

(b) Administration.

(1) The hospital shall be managed by a governing board whose duties shall include, as a minimum:

(A) Adoption of bylaws, rules and regulations, including medical staff bylaws;

(B) annual appointment of the medical staff;

(C) appointment of a competent hospital administrator;

(A) establishment of a joint conference committee composed of an equal number of representatives of the governing board and of the medical staff, and the administrator of the hospital.

(2) The administrator shall be responsible to the governing board for the management and operation of the hospital and for the employment of personnel. He shall attend meetings of the governing board and meetings of the medical staff and shall be a member of the joint conference committee.

(3) Personnel shall be employed in sufficient numbers and of adequate qualifications that the functions of the hospital may be performed efficiently.

(c) Medical staff.

(1) There shall be an organized medical staff of not fewer than five physicians, one of whom shall serve as a chief or president of the medical staff.

(2) The medical staff shall adopt written rules and regulations governing its own activities, subject to approval by the governing board of the hospital. As a minimum, these shall include:

(A) Method of control of privileges granted to members of the medical staff;

(B) method of control of clinical work;

(C) provision for regular staff conferences;

(D) regulations for preparation of medical records;

(E) appointment of committees, to include medical record committee (or medical audit committee), representatives to joint conference committee and others as necessary;

(F) procedure for recommending appointments to the medical staff and for hearing complaints regarding the conduct of members and referring the same, with recommendations, to the governing board.

(3) Medical staff conferences shall be held once each month or more frequently. If all clinical groups hold departmental conferences at least monthly, general staff conferences may be less frequent, but there shall be a minimum of four each year. Conferences shall be planned to implement improved service to Patients and shall be devoted primarily to thorough review and analysis of clinical work and discussion of interesting cases. All meetings shall be attended by at least seventy-five per cent of the active staff members. Minutes and a record of attendance shall be kept.

(d) Medical records.

(1) There shall be a medical record department with adequate space, equipment and qualified personnel, to include at least one registered record librarian or a person with equivalent training and experience, in a hospital of one hundred beds or over.

(2) A medical record shall be started for each patient at the time of admission with complete identification data and a nurse's notation of condition on admission. To this shall be added immediately an admission note and orders by the attending or a resident Physician. A complete history and physical examination shall be recorded by the physician within twenty-four hours of admission and always before surgery, except in cases of unusual emergency.

(3) All medical records shall include proper identification data; the clinical records shall be prepared accurately and completed promptly by physicians and shall include sufficient information to justify the diagnosis and warrant the treatment; doctors' orders, nurses' notes and charts shall be kept current in an acceptable manner; all entries shall be signed by the person responsible for them.

(4) Medical records shall be filed in an accessible manner in the hospital and shall be kept for a minimum of twenty-five years after discharge of patients, except that original medical records may be destroyed sooner if they are microfilmed by a process approved by the state department of health.

(5) Medical records shall be completed within fourteen days after discharge of the patient except in unusual circumstances which shall be specified in the medical staff rules and regulations. Persistent failure by a physician to maintain proper records of his patients, promptly prepared and completed, shall constitute grounds for suspending or withdrawing his medical staff privileges.

(e) Nursing service.

(1) There shall be a competent nurse as director of nursing service, registered in Connecticut, who shall be responsible to the administration for nursing service in the hospital.

(2) The ratio of patients to registered nurses on duty throughout the hospital shall at no time exceed thirty patients, or fraction thereof, to one registered nurse from 7 a.m. to 3 p.m.; thirty-five patients, or fraction thereof, to one registered nurse from 3 p.m. to 11 p.m.; and forty-five patients, or fraction thereof, to one registered nurse from 11 p.m. to 7 a.m.

(3) The ratio of patients to all nursing staff, registered nurses, licensed practical nurses and other nursing attendants on duty in the hospital, shall not exceed ten patients, or fraction thereof, to one from 7 a.m. to 3 p.m.; twelve patients, or fraction thereof, to one from 3 p.m. to 11 p.m.; and fifteen patients, or fraction thereof, to one from 11 p.m. to 7 a.m.

(f) Diagnostic and therapeutic facilities. Facilities, equipment and qualified personnel, under competent medical supervision, shall be provided for necessary diagnostic and therapeutic procedures, adequate for the needs of the hospital. These shall include, as a minimum, a clinical laboratory and radiological services as approved by the state department of health. Provision for surgical and pathological services, if not available in the hospital, shall be made by affiliation with a hospital qualified to render such services.

(g) Pharmacy:

(1) There shall be a competent pharmacist, registered in Connecticut, who shall be responsible to the administrator for all pharmaceutical services in the hospital. In chronic disease and rehabilitation hospitals with more than one hundred beds, he shall serve on a full-time basis.

(2) The hospital pharmacy shall be operated in compliance with all applicable state and federal drug laws and regulations.

(3) The premises shall be kept clean, adequately lighted, and ventilated and the equipment and facilities necessary for compounding, dispensing, manufacturing, producing or processing of drugs shall be maintained in good order.

(4) Drugs used in the hospital shall meet standards established by the United States Pharmacopeia, The National Formulary or the Federal Food and Drug Administration and shall be stored and kept so as to insure their proper purity and strength. A medical staff pharmacy committee in conference with the pharmacist shall formulate policies to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and dosage.

(h) Dietary service.

(1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to patients at regularly scheduled hours.

(2) Menus shall be prepared and posted and shall meet state department of health requirements for basic nutritional needs.

(3) Methods of dishwashing and sanitizing, food handling and garbage disposal shall comply with the requirements of the state department of health.

(i) General.

(1) The hospital shall have an adequate laundry service. This may be provided within the hospital or purchased outside the hospital.

(2) Adequate housekeeping and maintenance services shall be provided.

(3) Proper heat, hot water, lighting and ventilation shall be maintained at all times.

(4) There shall be a system of communication sufficient to meet the needs of the hospital.

(5) Other departments, professional and service, shall be provided as necessary to the size and scope of the hospital.

(6) The management, personnel, equipment, facilities, sanitation and maintenance of the hospital shall be such as reasonably to ensure the health, comfort and safety of the patients at all times.

(7) When a patient ceases to breathe and has no detectable pulse or blood pressure, the body shall be moved promptly to an otherwise unoccupied room in the same institution pending pronouncement of death by a physician who has personally viewed the body as required in section 7-62 of the General Statutes. The facility shall make available a room which will provide for the dignified holding of the body of the deceased person where it will not be exposed to the view of patients or visitors. The room so designated may be used for other purposes when not required for this purpose.

(j) Emergencies. Provision shall be made to maintain essential services during emergency situations.

(k) Special conditions.

(1) Adequate facilities, equipment and qualified personnel under competent medical supervision shall be provided for diagnostic and therapeutic procedures necessary for the care of patients with a wide range of chronic diseases.

(2) Provision shall be made for physical and occupational therapy and for supervised recreational activities.

(l) Infection control.

(1) Purpose. Each long-term hospital, chronic disease hospital including state facilities shall develop an infection prevention, surveillance, and control program which shall have as its purpose the protection of patients and personnel from hospital-associated infections and community-associated infections in patients admitted to the hospital.

(2) Authority. The hospital's regulations governing the structure and function of this program shall be approved by, and become a part of the bylaws or rules and regulations of, the medical staff of the hospital. The authority for this program shall be delegated to a hospital infection control committee which shall report on its activities with recommendations on a regular basis to the medical executive committee for its consideration and action.

(3) Committee membership. The membership of this committee shall include physicians from each major clinical department, representatives from the nursing

service, pharmacy, laboratory, hospital administration, inhalation and physical therapy departments; and as appropriate a representative of the departments of central supply, dietary, laundry, housekeeping and the local health director.

(4) Committee function. The infection control committee shall
- (a) adopt working definitions of hospital-associated infections;
- (b) develop standards for surveillance of incidence of nosocomial infection and conditions predisposing to infection;
- (c) develop a mechanism for monitoring and reporting infections in patients and environmental conditions with infection potential;
- (d) develop a mechanism for evaluation of infection and environmental infection potential, including identification wherever possible of hospital-associated infections and periodic review of the clinical use of antibiotics in patient care;
- (e) develop control measures including isolation policy, aseptic techniques, and a personnel health program.

(5) Chairman. The chairman of the hospital infection control committee shall be a physician or health care professional qualified by education or experience and with a special interest in, infection control.

(6) Coordinator. There shall be an individual employed by the hospital qualified by education or experience in infection prevention, surveillance, and control who shall conduct these aspects of the program as directed by the hospital infection control committee. This individual shall be directly responsible to, and be a member of, the infection control committee. This individual shall make a monthly report to this committee. The time allotted to this position shall be in accordance with current national and professional standards.

(8) Meetings. The infection control committee shall meet at least monthly. As a minimum, it shall
- (a) review information obtained from day-to-day surveillance activities of the program;
- (b) review and revise existing standards;
- (c) report to the medical executive committee.

(8) Education. There shall be regular in-service education programs regarding infection prevention, surveillance, and control for all appropriate hospital personnel, documentation of these programs shall be available to the state department of health for review.

(9) Records. The minutes of the committee shall document the review and evaluation of these data and the development and revision of measures for control of infection. These records shall be available to the state department of health for review.

(Effective December 1, 1977)

## 19-13-D6. Residential Care Homes (Homes for the aged and rest homes)

(a) Definitions as used in this section.

(1) "Administration of medication" means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;

(2) "Advanced practice registered nurse" means an individual licensed pursuant to subsection (b) of section 20-94a of the Connecticut General Statutes;

(3) "Authorized prescriber" means a physician, dentist, physician assistant or advanced practice registered nurse;

(4) "Certification" means written authorization issued by the Connecticut League For Nursing or other department approved certifying organization to a person to administer medications.

(5) "Certified unlicensed personnel" means any program staff person who has completed a training program and successfully completed a written examination and practicum administered by the Connecticut League For Nursing or other

department approved certifying organization;

(6) "Commissioner" means the Commissioner of Public Health or the Commissioner's designated representative;

(7) "Continuing education" means attendance at classes, seminars, workshops, conferences or forums, or other documented activities that improve one's knowledge, skills and abilities;

(8) "Department" means the Department of Public Health or any duly authorized representative thereof;

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

(10) "Medication error" means failure to administer medication to a person, or failure to administer medication within one (1) hour of the time designated by the prescribing practitioner, or failure to administer the specific medication prescribed for a person, or failure to administer the medication by the correct route, or failure to administer the medication according to generally accepted medical practices, or failure to administer the correct dosage of medication;

(11) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;

(12) "Physician assistant" means an individual licensed pursuant to section 20-12b of the Connecticut General Statutes;

(13) "Program staff" means those persons responsible for the direct care of the residents;

(14) "Registered nurse" means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 of the Connecticut General Statutes;

(15) "Registered pharmacist" means a person with a license to practice as a registered pharmacist in Connecticut in accordance with Section 20-590 of the Connecticut General Statutes;

(16) "Resident" means any person receiving care in the residential care home;

(17) "Residential Care Home" means an institution that is licensed pursuant to section 19a-490(c) of the Connecticut General Statutes having facilities and all necessary personnel to furnish food, shelter and laundry for two or more persons unrelated to the proprietor and in addition, providing services of a personal nature which do not require the training or skills of a licensed nurse. Additional services of a personal nature may include assistance with bathing, help with dressing, preparation of special diets and supervision over medications which are self-administered, or the administration of medications pursuant to subsection 19-13-D6(m)(2) of the Regulations of Connecticut State Agencies;

(18) "Significant medication error" means a medication error, which is potentially serious or has serious consequences for a resident, such as, but not limited to, the administration of medication by the wrong route; for which the resident has a known allergy; which was given in a lethal or toxic dosage; or which causes serious medical problems resulting from the error; and

(19) "Staff" means personnel including volunteers who provide a service at a residential care home.

(b) Physical plant.

A. General. Newly constructed facilities shall contain all the elements described herein and shall be built in accordance with the construction requirements outlined. Should there be a change of ownership of the facility, these standards shall be applicable insofar as existing structures physically permit. New additions and renovations to existing facilities shall be built in accordance with these standards. A safe, sanitary, and comfortable environment is a basic requirement for residents in the facility. If day care programs are to be incorporated in this building, additional supportive facilities shall be provided to accommodate the program. At no time shall any program reduce the minimum services required for this licensed facility.

(1) Site.
- (a) The site shall be away from nuisances or foreseeable future nuisances detrimental to the proposed project's program, such as industrial development, or other types of facilities that produce noise, air pollution or foreign odors.
- (b) No facility of more than one-hundred and twenty (120) beds shall be constructed without public water and sanitary sewers.
- (c) The building shall be of sound construction and provide an adequate maintenance program to ensure that the interior, the exterior and the grounds of the building are clean and orderly. All essential mechanical, plumbing, and electrical equipment for resident accommodations shall be in accordance with the requirements of the state department of health.
- (d) All plans and specifications for new construction and/or alterations shall be submitted to and approved by the state department of health prior to the start of construction.
- (e) Roads and walks shall be provided within the property lines to the main entrance and for service, including loading and unloading space for delivery trucks. Adequate off-street paved and lined parking stalls shall be provided at the ratio of one for each three residents.
- (f) There shall be open outdoor area adjacent to the facility with a minimum of one-hundred (100) square feet per resident. This area shall consist of lawn and plantings and shall not be obstructed by other structures or paved parking areas, roads or sidewalks.

(2) Code.
- (a) Every building hereafter constructed or converted for use, in whole or in part, as a home for aged and rest home shall comply with the requirements of the Basic Building Code, as prepared by the Public Works Department, State of Connecticut; except as such matters are otherwise provided in the rules and regulations authorized for promulgation under the provisions of the Basic Building Code.
- (b) In addition to the state of Connecticut Basic Building Code, all homes for aged and rest homes must comply with the State of Connecticut Fire Safety Code, the National Fire Protection Association - 101 Life Safety Code, the State of Connecticut Labor Laws, local fire safety codes, zoning ordinances, and in cases where private water supply and/or sewerage is required, written approval of the local health officer and environmental health services division of the state .of Connecticut department of health must be obtained. Only the most current code or regulation and the most stringent shall be used.

(3) Minimum services required.
- (a) Lobby, with visitors' toilet rooms (to include facilities for each sex) and public telephone.
- (b) Business or administration office.
- (c) Resident rooms (see Sec. 19-13-D6(b), B.)
- (d) Resident baths (see Sec. 19-13-D6(b), C.)
- (e) Resident toilet rooms (see Sec. 19-13-D6(b), D.)
- (f) Resident lounge or sitting room (see Sec. 19-13-D6(b), E.)
- (g) Resident dining and recreation rooms (see Sec. 19-13-D6(b), F.)
- (h) Resident recreation area (see Sec. 19-13-D6(b), G.)
- (i) Dietary facilities (see Sec. 19-13-D6(b), H.)
- (j) Central storage room (see Sec. 19-13-D6(b), I.)

(k) Laundry (see Sec. 19-13-D6(b), J.)
(l) Employees' facilities (see Sec. 19-13-D6(b), K.)
(m) Details of construction (see Sec. 19-13-D6(b), L.)
(n) Mechanical system (see Sec. 19-13-D6(b), M.)
(o) Electrical system (see Sec. 19-13-D6(b), N.)
(p) Emergency electric service (see Sec. 19-13-D6(b), O.)
(q) Provision for holding expired persons (adequately sized and ventilated space in unobjectionable location).

B. Resident rooms. Each resident room shall meet the following minimum requirements:
(1) Net minimum room clear floor area exclusive of closets, toilet rooms, lockers or wardrobes and vestibule shall be one-hundred and fifty (150) square feet in single rooms and one-hundred and twenty-five (125) square feet per bed in multi-bed rooms. Minimum dimensions of rooms shall not be less than eleven feet (11').
(2) No resident room shall be designed to permit more than two (2) beds.
(3) Windows. Sills shall not be higher than three feet (3') above the finished floor. Insulated window glass or approved storm windows shall be provided.
(4) The room furnishing for each resident room shall include a bed with a firm water-proof mattress, bedside stand, reading light, dresser or bureau with mirror and one (1) comfortable chair.
(5) Each resident's wardrobe or closet shall have a minimum clear dimension of one foot-ten inches deep by one foot-eight inches wide (1' 10" deep by 1' 8" wide) with full length hanging space, clothes rod and shelf.
(6) All resident rooms shall open to a common corridor (sheltered path of egress) which leads directly to the outside.
(7) Doors shall be three feet (3') wide and swing into the room.
(8) Ceiling height shall not be less than eight feet (8') above the finished floor.
(9) A resident unit shall be twenty-five (25) beds or fraction thereof.

C. Resident baths. Resident baths shall have one (1) separate shower or one (1) separate bathtub for each eight (8) beds not individually served. There shall be at least one (1) separate bathtub and one (1) separate shower in each resident unit. Grab bars shall be provided at all bathing fixtures. Each bathtub or shower enclosure in a central bathing area shall provide space for the private use of the bathing fixture and for dressing. Showers in central bathing areas shall not be less than four (4) square feet without curbs. Soap dishes in showers and bathrooms shall be recessed.

D. Resident toilet rooms.
(1) A toilet room with lavatory shall be directly accessible from each resident room and from each central bathing area without going through the general corridor. One (1) toilet room may serve two (2) resident rooms but not more than four (4) beds.
(2) Grab bars shall be provided at all waterclosets.
(3) Doors to toilet rooms shall have a minimum clear width of three feet (3').

E. Resident lounge or sitting room. Each resident wing and/or floor shall contain at least one (1) lounge area of two-hundred and twenty-five (225) square feet or nine (9) square feet per resident, whichever is greater.

F. Resident dining and recreation rooms.
(1) The total area designed for combined residents' dining and recreation purposes shall not be less than thirty (30) square feet per resident bed. Additional space shall be provided for non-residents if they participate in day care programs.
(2) Areas appropriate for an activities program shall be provided which shall:

(a) be readily accessible to wheelchair visitors.
(b) be of sufficient size to accommodate equipment and permit unobstructed movement of residents and personnel responsible for instructing and supervising residents.
(c) have storage space to store equipment and supplies convenient or adjacent to the area or areas.
(d) have toilet and handwashing facilities readily accessible.

G. Resident recreation area.
(1) Recreation areas are required.
(2) Space for recreation, if separated from dining area, shall contain fifteen (15) square. feet per resident. This space shall be provided in one area. Lobby area shall not be included in recreation space.
(3) Ten (10) square feet per resident shall be provided for outdoor porches or paved patio areas.

H. Dietary facilities. The food service shall include space and equipment for receiving, storage, preparation, assembling and serving food; cleaning or disposal of dishes and garbage and space for a food service office in a facility of fifty (50) beds or more. In addition, the following shall apply:
(1) Kitchens shall be centrally located, segregated from other areas and large enough to allow for adequate equipment to prepare and care for food properly.
(2) Floors shall be waterproof, greaseproof, smooth and resistant to heavy wear, with coved corners and wall junctions. There shall be floor drains located where the most cleaning is required as in the dishwashing machine room, near the cooking area, etc.
(3) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them.
(4) A commercial dishwashing machine shall be provided in any facility with twenty-five (25) or more beds. A commercial dishwashing machine shall be in a separate room or in an area separated from the main kitchen by a partition of five feet (5') minimum height. There shall be adequate openings for entrance and exit of carts. There shall be space for trucks with dirty dishes at the beginning of the counter. For facilities of less than twenty-five (25) beds, a dishwasher is still required.
(5) Outside ventilation openings shall be screened and provide at least ten (10) air changes per hour. A working ventilating fan is required. A strong exhaust fan in the hood over the range and steam equipment is required. The hood shall be a box type with straight sides and provided with a fire extinguishing system.
(6) Service pipes and lines in food cooking and preparation areas must be enclosed and insulated.
(7) A dining section within the kitchen area is prohibited.
(8) A hand washing sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area for the exclusive use of kitchen personnel.
(9) A janitor's closet shall be provided with a floor receptor or service sink, storage space for housekeeping equipment and supplies, and shall be located within the dietary department.
(10) Food service equipment shall be arranged for efficient, safe work flow, a separation of clean and contaminated functions and shall provide:
(a) Potwashing facilities.
(b) Refrigerated storage for at least a three-day supply of food.
(c) Dry storage for at least a three-day supply of food.
(d) Enclosed waste disposal facilities.
(e) A toilet room with lavatory conveniently accessible for dietary staff.

I. Central storage room.
   (1) A central storage room of not less than ten (10) square feet per resident bed concentrated in one area shall be provided, including shelving.
   (2) Storage should be located according to use and demand, but not in residents' rooms.

J. Laundry.
   (1) This service, if provided, shall be used exclusively for laundry and shall be remote from resident and food service areas, be self-contained, and shall not be accessible through any other room. The design shall provide for the separation of clean and soiled functions and shall include:
      (a) Basic mechanical services required for the installation of the laundry.
      (b) A soiled linen room.
      (c) A clean linen room separated from the soiled linen
      (d) Linen cart storage space.
      (e) A laundry processing room with equipment, including ironing, sufficient to process seven days' needs within the workweek.
      (f) A janitor's closet with storage space for housekeeping supplies and equipment, and a floor receptor or service sink for the laundry area.
      (g) Storage area for laundry supplies.
   (2) If laundry is processed outside the facility, the facilities in subdivisions (e) (f) and (g) need not be provided although space shall be designed in the laundry area for future installation of these areas as needed.
   (3) Each facility shall have a separate area easily accessible to the resident for a domestic type washer and dryer for residents' personal clothing and equipped for ironing. Coin-operated equipment shall not be provided.
   (4) Facilities without city water or sanitary sewers shall not provide for commercial laundry processing on the well or leaching system serving the domestic needs of the facility.

K. Employees facilities.
   (1) Toilet rooms. A separate room for each sex shall be provided for employees' use only. One (1) watercloset and one (1) lavatory shall be provided for each twenty (20) employees of each sex up to one hundred (100) employees, and one (1) watercloset and (1) lavatory for each additional twenty-five (25) employees over one-hundred (100) employees. Provide one (1) urinal for nine (9) or more males up to forty (40) employees.
   (2) Locker rooms. Separate locker rooms for each sex shall be provided, with adequate segregated space for employees' clothing and personal effects. These lockers shall be installed in a completely divided area from the waterclosets and lavatories.
   (3) Dining room. A separate dining room shall be provided for employee use in the amount of fifteen (15) square feet per employee dining at one time. This dining room shall not be included in the space requirement for any other area nor shall serve any other purpose.

L. Details of construction. 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:
   (1) Corridors shall be at least six feet (6') wide.
   (2) No door shall swing into the corridor.
   (3) Handrails shall be provided on both sides of all corridors used by residents. They shall have ends rounded and returned to the walls, a clear distance of one and one-half inches (1 1/2") between handrail and wall and a height of thirty-two inches to thirty-four inches (32" to 34") above the finished floor.

(4) Thresholds and expansion joint covers shall be flush with the finished floor.

(5) Such items as drinking fountains, telephone booths, and vending machines shall be located so as not to project into the required width of exit corridors.

(6) All doors to resident toilet rooms, bathrooms and shower rooms shall be equipped with hardware which will permit access in any emergency.

(7) All doors opening to corridors shall be swing-type. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

(8) Grab bars and accessories in resident toilet rooms, shower rooms, and bathrooms shall have sufficient strength and anchorage to sustain a load of two-hundred and fifty (250) pounds for five (5) minutes.

(9) If linen and refuse chutes are used, they shall be designed as follows:

(a) Service openings to chutes shall have approved Class "B," one and one-half (1 1/2) hour fire rated doors.

(b) Service openings to chutes shall be located in a room or closet of not less than two (2) hour fire resistive construction, and the entrance door to such room or closet shall be a Class "B," one and one-half (1 1/2) hour fire rated door.

(c) Minimum diameter of gravity-type chutes shall be two feet (2') with washdown device.

(d) Chutes shall terminate in or discharge directly into collection rooms separate from laundry or other services. Separate collection rooms shall be provided for refuse and linen. Such rooms shall he of not less than two (2) hour fire-resistive construction and the entrance door shall be a Class "B," one and one-half (1 1/2) hour fire rated door with hardware as required by NFPA.

(e) Chutes shall extend at least four feet (4') above the roof and shall be covered by an explosive type hatch.

(f) Chutes shall be protected internally by automatic sprinklers. This will require a sprinkler-head at the top of the chute and, in addition, a sprinkler-head shall be installed within the chute at alternate floor levels in buildings over two (2) stories in height. The room into which the chute discharges shall also be protected by automatic sprinklers.

(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 two (2) hour fire-resistive construction. The entrance door to such room shall be a Class "B," one and one-half (1 1/2) hour fire rated door.

(11) Janitor's closet. This room shall contain a floor receptor or service sink and storage space for housekeeping supplies and equipment. One (1) janitor's closet may serve a fifty (50) bed unit on each floor.

(12) Ceiling heights:

(a) Boiler room shall be not less than two feet-six inches (2' 6") above the main boiler header and connecting piping with adequate headroom under piping for maintenance and access.

(b) Storage rooms, residents' toilet rooms, and other minor rooms shall be not less than seven feet-eight inches (7' 8") above the finished floor.

(c) All other rooms and corridors shall be not less than eight feet (8') above the finished floor.

(13) Boiler rooms, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a

temperature of ten degrees (100) Fahrenheit above the ambient room temperature.

(14) Approved fire extinguishers shall be provided in recessed locations throughout the building not more than five feet (5') above the floor.

(15) For flame spread requirements, see the State of Connecticut Fire Safety Code.

(16) 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 non-slip finish.

(17) Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

(18) Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moisture proof. Wall bases in dietary areas shall be free of spaces that can harbor insects.

(19) 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.

(20) Ceilings shall be acoustically treated in corridors and resident occupied areas.

(21) All resident occupied rooms shall be provided with at least a one and three-quarter inch (1 3/4"), three-quarter (3/4) hour wood or metal door equal to "C" label construction with metal frame and positive latching.

(22) All operable windows shall be provided with screens.

M. Mechanical system.

(1) Elevators.

(a) At least one elevator shall be installed where one to fifty (1 to 50) resident beds are located on any floor other than the main entrance floor, or where resident facilities are located on a floor other than those containing resident beds.

(b) At least two (2) elevators shall be installed where fifty-one to one-hundred and fifty (51 to 150) resident beds are located on floors other than the main entrance floor, or where resident facilities are located on a floor other than those containing resident beds.

(c) At least three (3) elevators shall be installed where one-hundred and fifty to three-hundred and fifty (150 to 350) resident beds are located on floors other than the main entrance floor or where resident facilities are located on a floor other than those containing resident beds.

(d) For facilities with more than three-hundred and fifty (350) beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(e) An elevator vestibule shall be provided on each floor meeting the requirements of two (2) hour fire-resistant construction with self-closing one and one-half (1 1/2) hour fire rated doors held open by electro-magnetic hold open devices connected to an automatic alarm system.

(2) Steam and hot water systems.

(a) 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. If the licensed capacity of the facility exceeds one-hundred (100) beds, a second boiler shall be required.

(b) 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.

(c) 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.

(d) Boilers and smoke breeching stacks, all steam supply piping and high pressure steam return piping and hot water space heating supply and return piping shall be insulated.

(3) Air conditioning, heating and ventilating systems:

(a) A minimum temperature of seventy-five degrees Fahrenheit (75 degrees F.) shall be provided for all occupied areas at winter design conditions.

(b) 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.

(1) Outdoor ventilation air intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five feet (25') from exhausts from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight feet (8') above the ground level or, if installed through the roof, three feet (3') above roof level.

(2) The ventilation systems shall be designed and balanced to conform to accepted standards and/or applicable codes.

(3) Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than three (3") inches above the floors.

(4) Corridors shall not be used to supply air to or exhaust air from any room. All interior rooms shall be mechanically ventilated.

(5) An approved fire damper shall be provided on each opening through each fire or smoke wall partition and on each opening through the floor of a vertical shaft.

(6) Cold air ducts shall be insulated where necessary to maintain the efficiency of the system or to minimize condensation problems.

(7) Exhaust hoods in food preparation centers shall have a minimum exhaust rate of one-hundred (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 twenty feet (20') in horizontal exhaust duet systems serving hoods.

(8) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and reasonable temperatures in the room and in adjoining areas.

(4) Plumbing and other piping systems.

(a) Plumbing fixtures.

(1) The material used for plumbing fixtures shall be of non-absorptive acid-resistant material.

(b) Water supply systems.

(1) Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

(2) 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.

(3) Hot, cold and chilled water piping and waste piping on which condensation or unnecessary heat loss may occur shall be insulated.

(4) 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.

(5) Flush valves installed on plumbing fixtures shall be of a quiet operating type.

(6) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times.

(7) Plumbing fixtures which require hot water and which are intended for resident use shall be supplied with water which is controlled to provide a water temperature ranging between one-hundred and ten degrees to one-hundred and twenty degrees Fahrenheit (110 degrees to 120 degrees F.) at the fixture.

(c) Hot water heaters and tanks. The hot water heating equipment shall have sufficient capacity to supply the water at the temperatures and amounts as required.

(d) Drainage systems. 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.

(e) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as: Central soiled linen holding rooms, maintenance shops, refuse collection rooms, bulk storage rooms, and adjacent corridors, attics accessible for storage, and refuse chutes. Storage rooms of less than one-hundred (100) square feet in area and spaces used for storage of non-hazardous materials are excluded from this requirement if construction is non-combustible.

N. Electrical system.

(1) 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 free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(2) Lighting and appliance panelboards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

(3) All spaces occupied by people, machinery, and equipment within the building, and the approaches thereto, and parking lots shall have electric lighting.

(a) Residents' bedrooms shall have general lighting.
(b) One lighting fixture for general lighting shall be exclusively wired to a switch at the entrance to each resident room.
(c) A reading light shall be provided for each resident.
(d) Residents' reading lights shall not be switched at the door.
(e) All switches for control of lighting in resident areas shall be of the quiet operating type.

(4) Each resident bedroom shall have duplex receptacles at least eighteen inches (18") above the floor as follows: One on each side of the head of each bed, for parallel beds. Only one duplex receptacle is required between beds, and one on at least one other wall. Single receptacles for equipment, such as floor cleaning machines, shall be installed approximately fifty feet (50') apart in all corridors. Duplex receptacles for general use shall be installed approximately fifty feet (50') apart in all corridors and within twenty-five feet (25') of ends of corridors.

(5) A calling station shall be installed in each resident room to meet the following requirements: Each resident room shall be equipped with at least an audible call bell system connected to an annunciator panel in the manager's office and employees' sleeping area where there is staff twenty-four (24) hours a day. If the office is not staffed twenty-four (24) hours a day, the call system shall indicate the source of the call, both audibly and visually. In addition to activating the annunciator panel, the call bell shall turn on a light located directly over the door of the resident room. In lieu of this requirement, a telephone system may be used if the same functions are accomplished when the received is lifted.

(6) A manually-operated, electrically-supervised fire alarm system shall be installed in each, facility. In multi-story buildings, the signal shall be coded or otherwise arranged to indicate the location of the station operated. The fire alarm system should be connected to a municipal system, if possible. Pre-signal systems will not be permitted. In multi-story buildings, with more than twenty-five (25) residents, an annunciator panel shall be provided.

O. Emergency electric service.

(1) To provide electricity during an interruption of the normal electric supply that could affect the care and safety of the occupants, an emergency source of electricity shall be provided and connected to all circuits for lighting and power.

(2) The source of this emergency electric service shall be as follows:

(a) An emergency generating set, including the prime mover and generator, equipped with an automatic transfer switch, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. The emergency generator set shall be of sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system and shall have an automatic transfer switch which will start the emergency generator within ten (10) seconds. The power factor rating of the generator shall be not less than eighty percent (80%). Where fuel is normally stored on the site, the storage capacity shall be sufficient for three (3) days 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.

(3) Emergency electric service shall be provided to circuits as follows:

(a) Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of all resident bedrooms and resident service areas such as

dining rooms, day rooms and recreation areas. Emergency heating of resident bedrooms will not be required in areas where the home is supplied by at least two (2) utility service feeders, or a network distribution system fed by two (2) or more generating sources, with the feeders so routed, transfer switch connected, and protected that a fault any place between the sources and the facility will not likely cause an interruption of more than one of the service feeders.

(b) Where more than one (1) elevator is provided, at least one (1) shall be connected to the emergency electrical system.

P. If residents are housed in two (2) or more buildings not directly connected one with another, each such building shall be treated as a separate unit.

Q. Each resident room shall be numbered; the number, together with the licensed capacity of each room, shall be posted by each door. The census shall not exceed the number for which the license is issued, nor shall the number of residents in any room exceed the licensed capacity of that room.

R. The buildings, equipment and precautions taken to provide for the safety of residents and employees shall be approved by the state department of health. An annual certificate from the local fire marshal that fire precautionary measures meet his approval shall be submitted with the annual application for license.

S. The buildings, equipment and site shall be maintained in a good state of repair and shall be kept clean at all times.

(c) Administration.

(1) The proprietor or licensee of the residential care home shall be responsible for operation of the residential care home in compliance with these regulations.

(2) The proprietor or licensee of the residential care home shall be responsible for submitting every two years to the department an application for license and such reports as may be required.

(3) The licensee shall furnish, with his initial application, character references from three responsible people not related to him. He shall also furnish, every two years with his initial and each subsequent application, a certificate of physical and mental health signed by a physician.

(4) Sufficient capable personnel of good character and suitable temperament shall be employed to provide satisfactory care for the residents.

(A) The residential care home shall maintain records on file at the residential care home documenting that all new staff received an initial orientation prior to being allowed to work independently including, but not limited to, safety and emergency procedures for staff and residents, the policies and procedures of the residential care home, and resident rights. Such records shall be kept at the residential care home for not less than two (2) years after the termination of employment of the staff person or service as a volunteer.

(B) Continuing education for program staff shall be required for one (1) percent of the total annual hours worked (to a maximum of twelve (12) hours) per year. Such education shall include, but is not limited to, resident rights, behavioral management, personal care, nutrition and food safety, and health and safety in general.

(C) The licensee of the residential care home shall develop, implement and maintain a written plan for continuing education for program staff at the residential care home.

(D) The licensee shall have records of continuing education for each program staff member at the residential care home which is available to the department for review upon request. Such records shall be kept for not less than two (2) years after the termination of employment of an employee.

(5) The management, personnel, equipment, facilities, sanitation and maintenance

of the home shall be such as reasonably to ensure the health, comfort and safety of the residents at all times.

(c) Medical supervision. In case of illness of a resident the licensee of the home or the person in charge is responsible for obtaining the services of a physician.

(d) Records. A record of each resident, to include the name, residence, age, sex, nearest relative, religion and other necessary information, shall be kept on forms approved by the state department of health.

(e) Dietary service.

(1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to residents at regularly scheduled hours.

(2) Menus shall be prepared, posted and filed and shall meet state department of health requirements for basic nutritional needs.

(3) The time scheduling of regular meals and snacks shall be approved by the state department of health.

(4) Methods of dishwashing and dish sanitizing, food handling and garbage disposal shall comply with section 19-13-B42.

(f) Recreation. Recreational activities shall be provided in homes for the aged. Space and equipment provided for recreational activities shall be approved by the state department of health.

(g) General conditions.

(1) Residents shall be admitted only on referral from a responsible source. No residents may be admitted on an emergency basis except in the event of a major disaster, in which case the state department of health shall be notified at the earliest possible time.

(2) Provisions for visiting hours shall be as liberal as may be consistent with good resident care. Personnel shall treat both residents and their visitors with courtesy and consideration at all times.

(3) Any accident, disaster or other unusual occurrence in the institution shall be reported within seventy-two hours to the state department of health.

(4) Proper heat, hot water, lighting and ventilation shall be maintained at all times.

(5) There shall be a system of communication sufficient to meet the needs of the institution and the requirements of the state department of health.

(6) Adequate housekeeping, laundry and maintenance services shall be provided.

(7) Licenses are not transferable and are in effect only for the operation of the institution as it is organized at the time the license is issued. The state department of health shall be immediately notified if the licensee plans any structural changes, plans to sell the institution or plans to discontinue operation.

(8) When an institution changes ownership, the new licensee shall not only comply with all the requirements of these regulations but shall, in addition, comply with the requirements for new structures.

(9) Institutions caring for more than four persons shall comply with the state fire safety code. (Reg. 29-40-1 et seq.)

(10) The site of new institutions shall be approved by the state department of health.

(11) Private water supplies and/or sewerage if installed shall be in accordance with the state public health code (Reg. 19-13-A1 et seq.) and with written approval by the local director of health.

(12) All plans and specifications for new construction or alterations shall be submitted to the state department of health, the local fire marshal, the local building inspector, if any, and the local zoning authorities for approval before construction is undertaken.

(13) No person shall be admitted to or housed in the institution if such person is not under the direct supervision of the licensee.

(14) When a patient ceases to breathe and has no detectable pulse or blood pressure, the body shall be moved promptly to an otherwise unoccupied room in the same institution pending pronouncement of death by a Physician who has

personally viewed the body as required in section 7-62 of the General Statutes. The facility shall make available a room which will provide for the dignified holding of the body of the deceased person where it will not be exposed to the view of patients or visitors. The room so designated may be used for other purposes when not required for this purpose.

(i) Special Conditions.

(1) Egress passages from each resident floor of the institution shall be such that all occupants of the floor can safely travel to a place of safety outside the building.

(2) In combustible buildings the third floor above the basement shall not be converted to resident use after January 1, 1960, unless a passenger elevator is installed to serve each floor.

(j) Attendants required. At no time shall there be less than one attendant on duty for each twenty-five residents or fraction thereof from 7 a.m. to 10 p.m. and one attendant in residence for each twenty-five residents from 10 p.m. to 7 a.m.

(k) Classification of civil penalty violations for Homes for the Aged and Rest Homes. Any home for the aged and rest home as defined in Section 19a-521 Connecticut General Statutes found by the Commissioner of Health Services to be in violation of one of the following provisions of the Regulations of Connecticut State Agencies known as the Public Health Code shall be subject to the class of violation indicated below and penalties indicated in Section 19a-527 Connecticut General Statutes:

(1) A violation of any of the following provisions shall result in a Class A violation:

(A) 19-13-D6(b) N (6);

(B) 19-13-D6(b) R;

(C) 19-13-D6(f) (4);

(2) A violation of any of the following provisions shall result in a Class B violation:

(A) 19-13-D6(b) A (2) (b);

(B) 19-13-D6(b) M (4) (b) (7);

(C) 19-13-D6(b) O (1); (2);

(D) 19-13-D6(c) (1); (4);

(E) 19-13-D6(d);

(F) 19-13-D6(f) (1);

(G) 19-13-D6(h) (4);

(H) 19-13-D6(i) (1); (2);

(I) 19-13-D6(j).

(l) Exemption - No civil penalty shall be imposed for an existing structural condition not in conformance with the Public Health Code, which is authorized to continue to exist in accordance with provisions of Section 19-13-D6(b) A of the Regulations of Connecticut State Agencies.

(m) Administration of Medications.

Residents of licensed residential care homes may self administer medications, and may request assistance from staff with opening containers or packages and replacing lids. If the residential care home permits the administration of medications of any kind by unlicensed personnel, unlicensed personnel who administer medications in the residential care home must be certified and comply with all requirements of subsection (m) of this section and have written policies and procedures at the residential care home governing the administration of medications which shall include, but not be limited to, the types of medication that will be administered, resident responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the department during inspections or upon demand and shall reflect best practice. Except as provided in subsection (m) of this section, unlicensed personnel who have not been certified shall not administer medication. Only program staff persons who are eighteen (18) years of age shall administer any medication at the residential care home.

(1) Administration of Non Prescription Topical Medications Only

(A) Description

For the purposes of subsection (m) of this section, non-prescription

topical medications are:
(i) ointments free of antibiotic, antifungal, or steroidal components;
(ii) medicated powders; and
(iii) gum or lip medications available without a prescription.

(B) Non Prescription Topical Medications Administration/Resident Permission Records
The written permission of the resident (or resident's conservator, guardian, or legal representative) shall be required prior to the administration of the non prescription topical medication(s) and a medication administration record shall be written in ink and kept on file at the residential care home for each resident administered a non prescription topical medication(s). The medication administration record and resident's permission shall become part of the resident's record when the course of medication has ended. Any medication administration error shall be documented in the record. This information shall include:
(i) the name of the resident;
(ii) the name of the medication;
(iii) the schedule and site of administration of the medication, as applicable, according to the manufacturer's directions;
(iv) the signature of the resident, or the name, address, telephone number, signature and relationship to the resident of the resident's conservator, guardian, or legal representative, authorizing the administration of the medication(s); and
(v) the name of the person who administered the non-prescription topical medication.

(C) Non Prescription Topical Medications/Labeling and Storage
(i) The medication shall be stored in the original container and shall contain the following information on the container or packaging indicating:
(I) the individual resident's name;
(II) the name of the medication; and
(III) directions for the medication's administration.
(ii) The medication shall be stored away from food and inaccessible to unauthorized persons.
(iii) Any expired medication shall be destroyed by the resident (or resident's conservator, guardian, or legal representative) or the program staff member in a safe manner.

(2) Administration of Medications Other Than Non Prescription Topical Medications

(A) Description
For the purposes of subsection (m) of this section, medications other than nonprescription topical medications are medications which are not described in subsection 19-13-D6(m)(1)(A) and are:
(i) oral medications
(ii) topical medications, including eye and ear preparations;
(iii) inhalant medications
(iv) injectable medications, by a pre-measured, commercially prepared syringe, to a resident with a diagnosed medical condition who may require emergency treatment.

(B) Training Requirements
(i) Prior to the administration of any medication by program staff members, the program staff members who are responsible for administering the medications shall first be trained by a registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall have received written

verification from the trainer which indicates that the trainee has completed a training program as required herein and shall have successfully complete a written examination and practicum administered by the Connecticut League For Nursing or other department approved certifying organization. If the residential care home permits the administration of medication by certified program staff, a program staff member trained and certified to administer medication by the route ordered by the authorized prescriber shall be present at all times whenever a resident has orders to receive medication.

(ii) The training in the administration of medications shall be documented and shall include, but not be limited to the following:

(I) objectives;

(II) a description of methods of administration including principles and techniques, application and installation of oral, topical, and inhalant medication, including the use of nebulization machines;

(III) techniques to encourage residents who are reluctant or noncompliant to take their medication and the importance of communicating this information to the prescriber;

(IV) demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly, including medications that are ordered PRN (as needed);

(V) recognition of side effects and appropriate follow up action;

(VI) avoidance of medication errors and the action to take if an error occurs, or if a dosage is missed or refused;

(VII) abbreviations commonly used;

(VIII) documentation including resident (or resident's conservator, guardian, or legal representative) permission, written orders from the authorized prescriber, and the record of administration;

(IX) safe handling, including receiving medication from a resident (or resident's conservator, guardian, or legal representative), safe disposal, and universal precautions; and

(X) proper storage including the storage of controlled substances in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) Injectable Medications

In addition to the above training, before a program staff member may administer injectable medications, he shall have completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The trainer who shall be a registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the program staff member understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, program staff members shall have their skills and competency in the administration of injectable medication recertified by the Connecticut League For Nursing or other department approved certifying organization. Injectable

medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department.

(iv) The trainer shall provide the trainee with an outline of the curriculum content, which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the residential care home where the trainee is employed for department review. The department may require at any time that the licensee obtain the full curriculum from the trainer for review by the department.

(v) A program staff member currently certified by the State of Connecticut Department of Mental Retardation or other state agency to administer non- injectable medications shall be considered qualified to administer such medications at residential care homes.

(C) Certification

(i) In order to administer medication, unlicensed program staff shall be certified as applicable, in the administration of:

(I) oral, topical, and inhalant medications, or;

(II) oral, topical, inhalant, and pre-measured commercially prepared injectable medications.

(ii) Upon completion of training in the administration of medication and prior to the administration of any medication, program staff must successfully complete a written examination and practicum administered by the Connecticut League for Nursing or other Department approved certifying organization.

(iii) The written examination and practicum for oral, topical, and inhalant medications, shall include, but not be limited to the following:

(I) the elements in subsection 19-13-D6(m)(2)(B)(ii)(I) through 19-13- D6(m)(2)(B)(ii)(III), inclusive, and subsection 19-13-D6(m)(2)(B)(ii)(V) through 19-13-D6(m)(2)(B)(ii)(X), inclusive; The examination shall be graded PASS or FAIL. A numerical grade of at least 70% shall be considered passing; and

(II) the practicum shall consist of a return demonstration by the program staff person in which the program staff person shall complete three medication pour and passes which represent each route of administration; and shall demonstrate to a representative of the Connecticut League For Nursing or other Department approved certifying organization, that he can accurately understand and interpret orders of the authorized prescriber and carry them out correctly, including medications that are ordered PRN (as needed.) To pass the practicum for oral, topical, and inhalant medications, the program staff person must successfully complete each medication pour and pass with 100% accuracy.

(iv) The written examination and practicum for oral, topical, inhalant, and premeasured commercially prepared injectable medications, shall include, but not be limited to the following:

(I) the elements in subsection 19-13-D6(m)(2)(B)(ii)(I) through 19-13- D6(m)(2)(B)(ii)(III), inclusive, and subsection 19-13-D6(m)(2)(B)(ii)(V) through 19-13-D6(m)(2)(B)(ii)(X), inclusive, and subsection 19-13-

D6(m)(2)(B)(iii).; The examination shall be graded PASS or FAIL. A numerical grade of at least 70% shall be considered passing; and

(II) the practicum shall consist of a return demonstration by the program staff person in which the program staff person shall complete three medication pour and passes which represent each route of administration and one demonstration using a premeasured commercially prepared injectable medication; and shall demonstrate to a representative of the Connecticut League For Nursing or other department approved certifying organization, that he can accurately understand and interpret orders of the authorized prescriber and carry them out correctly, including premeasured commercially prepared injectable medications and medications that are ordered PRN (as needed.) To pass the practicum for oral, topical, inhalant, and premeasured commercially prepared injectable medications, the program staff person must successfully complete each medication pour and pass with 100% accuracy; and one demonstration using a premeasured commercially prepared injectable medication with 100% accuracy.

(v) Upon completion of the written test and practicum, the Connecticut League For Nursing or other department approved certifying organization shall certify each program staff member who has demonstrated successful completion of the required written test and practicum for the administration of oral, topical, inhalant medications or for the administration of oral, topical, inhalant, pre- measured commercially prepared injectable medications. Certification for the administration of oral, topical, inhalant medications shall be valid for three (3) years. Certification for the administration of injectable medications shall be valid for one (1) year. Certification shall be in writing. A copy of the certification shall be on file at the residential care home where the program staff member is employed and shall be available to department staff upon request.

(vi) Each individual who completes the required training program specified in subsection 19-13-D6(m)(2)(B)(ii), and where certification is sought in injectable medications, subsection 19-13-D6(m)(2)(B)(iii); and successfully completes a written examination and practicum as specified in subsection 19-13-D6(m)(2)(C)(iii) or subsection 19-13-D6(m)(2)(C)(iv), shall be given written certification authorizing him to administer medications to residents, as permitted in subsection (m) of this section. Written certification shall include:

(I) the full name, signature, title, license number, address and telephone number of the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who gave the written test and practicum;

(II) the location where and date(s) the test and practicum were given;

(III) a statement that the required curriculum areas listed in Section 19-13- D6(m)(2)(B)(ii) and Sec. 19-13-D6(m)(2)(B)(iii) when applicable were successfully mastered, and indicating the route(s) of administration

the program staff has been approved to administer;
(IV) the name, date of birth, address, and telephone number of the program staff member who successfully completed the test and practicum; and
(V) the expiration date of the approval.

(D) Order From An Authorized Prescriber and Resident's Permission
(i) No medication, prescription or non prescription, shall be administered to a resident without the written order of an authorized prescriber and the written permission of the resident (or resident's conservator, guardian, or legal representative). Permission shall be maintained on file at the residential care home.
(ii) The written order from an authorized prescriber shall contain the following information which may be on the prescription label or on supplemental reference information approved or provided by the prescriber or pharmacist;
(I) the name of the resident;
(II) the date the medication order was written;
(III) the medication or drug name, dose and method of administration;
(IV) the time the medication is to be administered;
(V) the date(s) the medication is to be started and ended as applicable;
(VI) relevant side effects;
(VII) notation if the medication is a controlled drug;
(VIII) a listing of any allergies, reactions to, or negative interactions with foods or drugs;
(IX) specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given; and
(X) the name, address and telephone number of the authorized prescriber ordering the drug.
(iii) If the authorized prescriber determines that the training of the program staff member is inadequate to safely administer medication to a particular resident, that authorized prescriber may order that such administration be performed by licensed medical personnel with the statutory authority to administer medications.
(iv) The program staff member shall administer medication only in accordance with the written order of the authorized prescriber. The resident (or resident's conservator, guardian, or legal representative) shall be notified of any medication administration errors immediately. The error and the notification of the error shall be documented in the record.

(E) Required Records
(i) Individual written medication administration records for each resident shall be written in ink, reviewed prior to administering each dose of medication and maintained on file at the residential care home. The medication administration record shall become part of the resident's health record when the course of medication has ended.
(ii) The individual written administration record for each resident shall include:
(I) the name of the resident;
(II) the name of the medication or drug;
(III) the dosage ordered and method of administration;

(IV) the date, time, and dosage at each administration;
(V) the signature or initials in ink, or a secured computerized document indicating the program staff member giving the medication; and
(VI) any refusal by the resident in accepting the medication.

(iii) Medication administration errors shall be recorded in the individual written administration record of the resident. Significant medication errors shall be reported in writing within seventy-two hours to the department.

(F) Storage and Labeling

(i) Medication shall be stored in the original container. The container or packaging shall have a label, which includes the following information:
(I) the resident's name;
(II) the name of the medication;
(III) directions for the medication's administration; and
(IV) the date of the prescription.

(ii) Medications shall be stored in a locked area or a locked container, in a refrigerator in keeping with the label or manufacturer's directions, away from food and inaccessible to unauthorized personnel. External medications shall be stored separately from internal medications. Keys to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) All expired medication, except for controlled drugs, shall be destroyed within one (1) week following the expiration date by flushing into sewerage or a septic system. The residential care home shall contact the Connecticut Department of Consumer Protection for direction.

(iv) on the proper method of disposing of a controlled drug, and shall carry out the direction as required. The residential care home shall keep a written record of any medications destroyed.

(G) Petition for Special Medication Authorization

(i) The licensee of a residential care home may petition the department to administer medications to a resident by a modality which is not specifically permitted under these regulations by submitting a written application to the department, including the following information:
(I) a written order from an authorized prescriber containing the information for the specific resident set forth in subsection 19-13-D(6)(m)(2)(D) and a statement that the administration by the requested modality is the only reasonable means of providing medication;
(II) a written training plan including the full name, signature, title, license number, address and telephone number of the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who will provide the training, a detailed outline of the curriculum areas to be covered in training, and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication will be administered safely and appropriately to the particular resident;
(III) the name, date of birth, address and telephone number

of the person(s) who shall participate in the training;

(IV) written permission from the resident (or resident's conservator, guardian, or legal representative); and

(V) such other information that the department deems necessary to evaluate the petition request.

(ii) After reviewing the submitted information, if the department determines that the proposed administration of medication for the particular resident can be provided in a manner to assure the health, safety and welfare of the resident, it may grant the petition. The department may grant the petition with any conditions or corrective measures, which the department deems necessary to assure the health, safety and welfare of the resident. The department will specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the petition. If the department grants the petition, no medication may be administered until after the proposed training program has been successfully completed and a written approval from the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training is submitted to the department. The approval shall include:

(I) the full name, signature, title, license number, address and telephone number of the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training;

(II) the location and date(s) the training was given;

(III) a statement that the curriculum approved by the department was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

(IV) the name, date of birth, address and telephone number of the person(s) who successfully completed the training.

(iii) Copies of all documentation required under this subsection shall be maintained at the residential care home. The requirements of subsection 19-13- D6(m)(2)(E) and 19-13-D6(m)(2)(F) shall apply to the administration of medication authorized by petition.

(3) Department Action

The Licensee shall comply with the policies and procedures adopted pursuant to subsection (m) of this section. Any failure to comply with such policies or procedures or any other provisions of this section shall constitute a Class B violation under Section 19a-527 of the Connecticut General Statutes.

(Effective March 1, 1988; Amended effective December 4, 1998; Amended effective April 2, 2002.)

## 19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

(a) Definitions. As used in this subsection:

(1) "Attending physician" means the physician attending the patient at the time of treatment;

(2) "By-Laws" means a set of rules adopted by the facility for governing its operation;

(3) "Certified Nurse's Aide" means a nurse's aide issued a certificate--from January 1, 1982 through January 31, 1990--of satisfactory completion of a training program which has been approved by the department;

(4) "Commissioner" means the Commissioner of the Connecticut Department of Public Health;

(5) "Curriculum" means the plan of classroom and clinical instructions for training and skills assessment leading to registration as a nurse's aide, which has been approved by the commissioner;

(6) "Department" means the Connecticut Department of Public Health;

(7) "Facility" means a chronic and convalescent nursing home and/or a rest home with nursing supervision;

(8) "Feeding assistant" means an individual who has successfully completed a state approved training program and who is paid or under contract with a facility to orally feed patients who do not have complicated feeding problems as provided in section 19-13-D8t (*l*)(9)(D) of the Regulations of Connecticut State Agencies, but does not include an individual who is a licensed practical nurse, registered nurse or other health professional otherwise licensed or certified by the department, or volunteers who provide such services without monetary compensation or a family member assisting a relative;

(9) "Full time" means a time period of not less than 32 hours, established as a full working week by a facility;

(10) "Job description" means a written list developed for each position in the facility, containing the qualifications, duties, responsibilities, and accountability required of all employees in that position;

(11) "Licensed nursing personnel" means registered nurses or licensed practical nurses licensed in Connecticut;

(12) "Nurse's aide" means an individual providing nursing or nursing-related services to residents in a chronic and convalescent nursing home or rest home with nursing supervision, but does not include an individual who is a health professional otherwise licensed or certified by the Department of Public Health, or who volunteers to provide such services without monetary compensation;

(13) "Patient care plan" means an overall, interdisciplinary written plan documenting an evaluation of the individual patient's needs, short and long term goals, and care and treatment;

(14) "Personal physician" means the physician indicated on the patient's medical record as being responsible for the medical care of that patient;

(15) "Reportable Event" means a happening, occurrence, situation or circumstance which was unusual or inconsistent with the policies and practices of the facility;

(16) "Supervision" means the direction, inspection, and on-site observation of the functions and activities of others in the performance of their duties and responsibilities;

(17) "Therapeutic recreation" means individual and group activities designed to improve the physical and mental health and condition of each patient.

(b) Licensure procedure.

(1) Commission on hospitals and health care. A facility shall not be constructed, expanded or licensed to operate except upon application for, receipt of, and compliance with all limitations and conditions required by the commission on

hospitals and health care in accordance with Connecticut General Statutes, Sections 19-73l through 19-73n inclusive.

(2) Application for licensure.

(A) No person shall operate a facility without a license issued by the department in accordance with the Connecticut General Statutes, sections 19-576 through 19-586 inclusive.

(B) Application for the grant or renewal of a license to operate a facility shall be made in writing on forms provided by the department; shall be signed by the person seeking authority to operate the facility; shall be notarized; and shall include the following information if applicable:

(i) Application for Owner's Certificate of Compliance, as required by subsection (v) (1) of these regulations;

(ii) Names and titles of professional and nurse's aide staff;

(iii) Upon initial appointment only, signed acknowledgement of duties for the administrator, medical director, and director of nurses;

(iv) Patient capacity;

(v) Total number of employees, by category;

(vi) Services provided;

(vii) Evidence of financial capacity;

(viii) Certificates of malpractice and public liability insurance;

(ix) Local Fire Marshal's annual certificate.

(3) Issuance and renewal of license.

(A) Upon determination by the department that a facility is in compliance with the statutes and regulations pertaining to its licensure, the department shall issue a license or renewal of license to operate the facility for a period not to exceed one year.

(h) Each building which is not physically connected to a licensed facility shall be treated as a distinct facility for purposes of licensure;

(ii) A facility which contains more than one level of care within a single building shall be treated as a single facility for purposes of licensure;

(B) A license shall be issued in the name of the person who signs the application for the license for a specific facility. The license shall not be transferable to any other person or facility.

(C) Each license shall specify the maximum licensed bed capacity for each level of care, and shall list on its face the names of the administrator, medical director, and director of nurses, and notations as to waivers of any provision of this code. No facility shall have more patients than the number of beds for which it is licensed.

(4) Notice to public. The license shall be posted in a conspicuous place in the lobby by reception room of the facility.

(5) Change in status. Change of ownership, level of care, number of beds or location shall require a new license to be issued. The licensee shall notify the department in writing no later than 90 days prior to any such proposed change.

(6) Change in personnel. The licensee shall notify the department immediately, to be confirmed in writing within five days, of both the resignation or removal and the subsequent appointment of the facility's administrator, medical director, or director of nurses.

(7) Failure to grant the department access to the facility or to the facility's records shall be grounds for denial or revocation of the facility's license.

(8) Surrender of license. The facility shall directly notify each patient concerned, the next of kin and/or guardian, the patient's personal physician, and any third party payors concerned at least 30 days prior to the voluntary surrender of the facility's license or surrender of license upon the department's order of revocation, refusal

to renew or suspension of license. In such cases, the license shall be surrendered to the department within seven days of the termination of operation.

(c) Waiver.

(1) The commissioner or his/her designee, in accordance with the general purpose and intent of these regulations, may waive provisions of these regulations if the commissioner determines that such waiver would not endanger the life, safety or health of any patient. 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 a finding that the health, safety, or welfare of any patient has been jeopardized.

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

(A) The specific regulations for which the waiver is requested;

(B) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;

(C) The specific relief requested; and

(D) Any documentation which supports the application for waiver.

(3) In consideration of any application for waiver, the commissioner or his/her designee may consider the following:

(A) The level of care provided;

(B) The maximum patient capacity;

(C) The impact of a waiver on care provided;

(D) Alternative policies or procedures proposed.

(4) The Department reserves the right to request additional information before processing an application for waiver.

(5) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and department regulations.

(d) General Conditions.

(1) Patient admission.

(A) Patients shall be admitted to the facility only after a physician certifies the following:

(i) That a patient admitted to a chronic and convalescent nursing home has uncontrolled and/or unstable and/or chronic conditions requiring continuous skilled nursing services and/or nursing supervision or has chronic conditions requiring substantial assistance with personal care, on a daily basis;

(ii) That a patient admitted to a rest home with nursing supervision has controlled and/or stable chronic conditions which require minimal skilled nursing services, nursing supervision, or assistance with personal care on a daily basis.

(B) Nothing in subparagraph (A) above shall require the transfer of any patient admitted to the facility prior to October 1, 1981.

(C) No patient shall be admitted to a facility without compliance with the above requirements except in the event of an emergency, in which case the facility shall notify the Department within 72 hours after such admission.

(2) Visiting hours shall be as liberal as is consistent with good patient care but shall in no event be less than eight hours per day.

(3) Patient Identification.

(A) Each chronic and convalescent nursing home shall ensure that all patients wear, at all times, identification bracelets or some other form of visible identification.

(B) A method for identification of all patients at all times shall be established by rest homes with nursing supervision.

(4) All areas used by patients shall have temperatures of not less than 75° F. All other occupied areas shall have temperatures of not less than 70° F.

(5) When a patient ceases to breathe and has no detectable pulse or blood pressure, the patient shall be screened from view of other patients. Upon pronouncement of death in accordance with Section 7-62b of the Connecticut General Statutes or Sections 7-62-1 through 7-62-3 of the Regulations of Connecticut State Agencies, the body shall be moved promptly to the facility's holding room, as required by subsection (v) (13) (B) of these regulations.

(6) All medications shall be administered only by licensed nursing personnel, qualified physician assistants or other health care practitioners with statutory authority to administer medications and/or in accordance with Section 19-13-D8v (b) (5) (B) of the Regulations of Connecticut State Agencies.

(e) Governing body.

(1) The facility shall have a governing body, which shall have the general responsibilities to:

(A) set policy;

(B) oversee the management and operation of the facility; and

(C) assure the financial viability of the facility.

(2) Specific responsibilities of the governing body necessary to carry out its general responsibilities shall include, but not necessarily be limited to, the following:

(A) adoption and documented annual review of written facility by-laws and budget;

(B) annual review and update of the facility's institutional plan, including anticipated needs, income and expenses;

(C) review of facility compliance with established policy;

(D) appointment of a qualified administrator;

(E) provision of a safe physical plant equipped and staffed to maintain the facility and services in accordance with any applicable local and state regulations and any federal regulations that may apply to federal programs in which the facility participates;

(F) approval of an organizational chart which establishes clear lines of responsibility and authority in all matters relating to management and maintenance of the facility and patient care;

(G) annual review of personnel policies;

(H) adoption of written policies assuring the protection of patients' rights and patient grievance procedures, a description of which shall be posted conspicuously in the facility and distributed personally to each patient;

(I) determination of the frequency of meetings of the governing body and documentation of such meetings through minutes;

(J) written confirmation of all appointments made or approved by the governing body; and

(K) adoption of a written policy concerning potential conflict of interest on the part of members of the governing body, the administration, medical and nursing staff and other employees who might influence corporate decisions.

(f) Administrator.

(1) The administrator of any facility shall be licensed in accordance with Connecticut General Statutes, sections 19-593 through 19-599 inclusive.

(2) Application for licensure. The following shall be submitted with the administrator's initial application for licensure:

(A) Three references evaluating his/her suitability to administer a facility, as follows:

(i) One from a nursing home administrator, licensed physician, or registered nurse, attesting to the applicant's professional qualifications and degree of experience;

(ii) Two character references from persons not related to the applicant;

(B) A certificate of physical and mental health signed by a licensed physician.

(C) Educational background.

(3) The administrator shall be responsible for the overall management of the facility and shall have the following powers and responsibilities:

(A) Enforcement of any applicable local and state regulations, any federal regulations that may apply to federal programs in which the facility participates, and facility by-laws;

(B) Appointment, with the approval of the governing body, of a qualified medical director and director of nurses and, if required, an assistant director of nurses;

(C) Liaison between the governing body, medical and nursing staff, and other professional and supervisory staff;

(D) Protection of patients' personal and property rights;

(E) Appointment, in writing and with the approval of the governing body, of a responsible employee to act in his/her behalf in temporary absences;

(F) With the advice of the medical director and director of nurses, employment of qualified personnel in sufficient numbers to assess and meet patient needs;

(G) Written definition of the duties and responsibilities of all personnel classifications;

(H) Maintenance of a patient roster and annual census of all patients admitted and/or discharged by the facility. Such census shall be submitted to the department no later than October 31 for each year ending September 30;

(I) Submission to the department of the facility's annual license application and required reports, including, but not limited to, submission within 72 hours of reports on all accidents, or incidents, and any unusual or suspicious deaths in connection with subsection (g) of these regulations;

(J) Together with the medical director and director of nurses, development of a coordinated program for orientation to the facility, in-service training, and continuing education for all categories of staff in order to develop skills and increase knowledge so as to improve patient care;

(K) Establishment of procedures for notification of the patient, next of kin or sponsor in the event of a change in a patient's charges, billing status and other related matters.

(4) In a chronic and convalescent nursing home with 45 or more licensed beds, the administrator shall serve full time on the premises of the facility and shall be on 24 hour call.

(5) In a rest home with nursing supervision with 60 or more licensed beds, the administrator shall serve full time on the premises of the facility, and shall be on 24 hour call.

(6) Except for a facility with 29 beds or less, the administrator may not serve as director of nurses.

(g) Reportable event(s)

(1) Classification. All reportable events shall be classified as follows:

Class A: an event that has caused or resulted in a patient's death or presents an immediate danger of death or serious harm;

Class B: an event that indicates an outbreak of disease or foodborne outbreaks as defined in section 19a-36-A1 of the Regulations of Connecticut State Agencies; a complaint of patient abuse or an event that involves an abusive act to a patient by any person; for the purpose of this classification, abuse means a verbal, mental, sexual, or physical attack on a patient that may include the

infliction of injury, unreasonable confinement, intimidation, or punishment;

Class C: an event (including but not limited to loss of emergency electrical generator power, loss of heat, loss of water system) that will result in the evacuation of one (1) or more patients within or outside of the facility and all fires regardless of whether services are disrupted;

Class D: an event that has caused or resulted in a serious injury or significant change in a patient's condition, an event that involves medication error(s) of clinical significance, or an adverse drug reaction of clinical significance which for the purpose of this classification, shall mean an event that adversely alters a patient's mental or physical condition, or

Class E: an event that has caused, or resulted in minor injury, distress or discomfort to a patient.

(2) All reportable events shall be documented in a format required by the Department. All documentation of reportable events shall be maintained at the facility for not less than three (3) years.

(3) Report. The licensed administrator or his/her designee shall report any reportable event to the Department as follows:

Classes A, B and C: immediate notice by telephone to the Department, to be confirmed by written report as provided herein within seventy-two (72) hours of said event;

Class D: written report to the Department as provided herein within seventy-two (72) hours of said event; and

Class E: written report of event at time of occurrence or discovery shall be maintained on file at the facility for review by the Department.

(4) Each written report required by subdivision (3) of this subsection shall contain the following information:

(A) date of report and date of event;

(B) licensed level of care and bed capacity of the facility;

(C) identification of the patient(s) affected by the event including:

i. name;

ii. age;

iii. injury;

iv. distress or discomfort;

v. disposition;

vi. date of admission;

vii. current diagnosis;

viii. physical and mental status prior to the event; and

ix. physical and mental status after the event;

(D) the location, nature and brief description of the event;

(E) the name of the physician consulted, if any, and time of notification of the physician and a report summarizing any subsequent physical examination, including findings and orders;

(F) the names of any witnesses to the event;

(G) any other information deemed relevant by the reporting authority or the licensed administrator; and

(H) the signatures of the person who prepared the report and the licensed administrator.

(5) All reportable events, which have occurred in the facility, shall be reviewed on a monthly basis by the administrator and director of nurses. All situations which have a potential for risk shall be identified. A determination shall be made as to what preventative measures shall be implemented by the facility staff. Documentation of such determination shall be submitted to the active organized

medical staff. This documentation shall be maintained for not less than three years.

(6) An investigation shall be initiated by the facility within twenty-four (24) hours of the discovery of a patient(s) with an injury of suspicious or unknown origin or receipt of an allegation of abuse. The investigation and the findings shall be documented and submitted to the facility's active organized medical staff for review. This document shall be maintained at the facility for a period of not less than three (3) years.

(7) Numbering. Each report shall be identified on each page with a number as follows: the number appearing on the facility license, the last two digits of the year and the sequential number of the report during the calendar year.

(8) Subsequent Reports. The licensed administrator shall submit subsequent reports relevant to any reportable event as often as is necessary to inform the Department of significant changes in the status of affected individuals or changes in material facts originally reported. Such reports shall be attached to a photocopy of the original reportable event report.

(h) Medical director.

(1) The medical director shall be a physician licensed to practice medicine in Connecticut and shall serve on the facility's active organized medical staff, shall have at least one year of prior clinical experience in adult medicine and shall be a member of the active medical staff of a general hospital licensed in Connecticut.

(2) The medical director shall have the following powers and responsibilities:

(A) Enforce the facility's by-laws governing medical care;

(B) Assure that quality medical care is provided in the facility;

(C) Serve as a liaison between the medical staff and administration;

(D) Approve or disapprove a patient's admission based on the facility's ability to provide adequate care for that individual in accordance with the facility's by-laws. The medical director shall have the authority to review any patient's record or examine any patient prior to admission for such purpose;

(E) Assure that each patient in the facility has an assigned personal physician;

(F) Provide or arrange for the provision of necessary medical care to the patient if the individual's personal physician is unable or unwilling to do so;

(G) Approve or deny applications for membership on the facility's active organized staff in accordance with subsection(i) (2) of these regulations;

(H) In accordance with the facility's by-laws, suspend or terminate the facility privileges of a medical staff member if that member is unable or unwilling to adequately care for a patient in accordance with standards set by any applicable local and state statutes and regulations, any federal regulations that may apply to a federal program in which the facility participates or facility by-laws;

(I) Visit the facility between the hours of 7 a.m. and 9 p.m. to assess the adequacy of medical care provided in the facility.

(i) A medical director of a chronic and convalescent nursing home shall visit the facility at least once every 7 days for such purpose.

(ii) A medical director of a rest home with nursing supervision shall visit the facility at least once every 30 days for such purpose;

(J) Receive reports from the director of nurses on significant clinical developments;

(K) Recommend to the administrator any purchases of medical equipment and/or services necessary to assure adequate patient care;

(L) Assist in the development of and participate in a staff orientation and training program in cooperation with the administrator and the director of nurses, as required by subsection (f) (3) (J) of these regulations.

(3) A record shall be kept by the facility of the medical director's visits and statements for review by the department. Such record shall minimally include the date of visit, the names of the patients audited by the medical director, and a summary of problems discussed with the staff.

(i) Medical staff.

(1) Each facility shall have an active organized medical staff. All members of such staff shall possess a full and unrestricted Connecticut license for the practice of medicine. The active organized medical active staff at a chronic and convalescent nursing home shall include no less than three (3) physicians.

(2) The medical director shall approve or deny applications for membership on the active organized medical staff after consultation with the existing active organized medical staff, if any, and subject to the ratification of the governing body. In reviewing an applicant's qualifications for membership, the medical director shall consider whether the applicant:

(A) satisfies specific standards and criteria set in the medical by-laws of the facility; and

(B) is available by phone twenty-four (24) hours per day; is available to respond promptly in an emergency; and is able to provide an alternate physician or coverage whenever necessary.

(3) All appointments shall be made in writing and shall delineate the physician's duties and responsibilities. The letter of appointment shall be signed by the medical director and the applicant.

(4) Requirements for active organized medical staff members.

(A) Members shall meet at least once every ninety (90) days. Minutes shall be maintained for all such meetings. The regular business of the medical staff meetings shall include, but not be limited to, the hearing and consideration of reports and other communications from physicians, the director of nurses and other health professionals on:

(i) patient care topics, including all deaths, accidents, complications, infections;

(ii) medical quality of care evaluations; and

(iii) interdisciplinary care issues, including nursing, physical therapy, therapeutic recreation, social work, pharmacy, podiatry, or dentistry.

(B) Members shall attend at least fifty (50) percent of medical staff meetings per year. If two (2) or more members of the active medical staff are members of the same partnership or incorporated group practice, one (1) member of such an association may fulfill the attendance requirements for the other members of that association provided quorum requirements are met. In such case, the member in attendance shall be entitled to only one (1) vote.

(C) The active organized medical staff shall adopt written by-laws governing the medical care of the facility's patients. Such by-laws shall be approved by the medical director and the governing body. The by-laws shall include, but not necessarily be limited to:

(i) acceptable standards of practice for the medical staff;

(ii) criteria for evaluating the quality of medical care provided in the facility;

(iii) criteria by which the medical director shall decide the admission or denial of admission of a patient based on the facility's ability to provide care;

(iv) standards for the medical director to grant or deny privileges and to discipline or suspend the privileges of members of the medical

staff, including assurance of a due process of appeal in the event of such actions;

(v) quorum requirements for staff meetings, provided a quorum may not be less than fifty (50) percent of the physicians on the active medical staff;

(vi) specific definition of services, if any, which may be provided by nonphysician health professionals such as physician's assistants or nurse practitioners;

(vii) standards to assure that members of the medical staff request medical consultants where the diagnosis is obscure, or where there is doubt as to the serious nature of the illness or as to treatment. Such standards shall minimally mandate that the consultant be qualified to render an opinion in the field in which the opinion is sought, and that the consultation include examination of the patient and medical record;

(viii) standards to assure that, in the event of the medical director's absence, inability to act, or vacancy of the medical director's office, another physician on the facility's active organized medical staff is temporarily appointed to serve in that capacity; and

(ix) conditions for privileges for the medical staff other than the active organized medical staff.

(5) Each member of the facility's medical staff shall sign a statement attesting to the fact that such member has read and understood the facility's medical and facility policies and procedures, and applicable statutes and regulations, and that such member will abide by such requirements to the best of his/her ability.

(j) Director of nurses.

(1) Qualifications.

(A) For a chronic and convalescent nursing home, the director of nurses, or any person acting in such capacity, shall be a nurse registered in Connecticut with at least one (1) year of additional education or experience in rehabilitative or geriatric nursing and one (1) year of nursing service administration.

(B) For a rest home with nursing supervision, the director of nurses, or any person acting in such capacity, shall be a nurse registered in Connecticut with at least one (1) year of additional education or experience in nursing service administration.

(2) The director of nurses shall be responsible for the supervision, provision, and quality of nursing care in the facility. The director of nurses' powers and duties shall include, but not necessarily be limited to, the following:

(A) development and maintenance of written nursing service standards of practice, to be ratified by the governing body; including but not necessarily limited to:

(i) definition of routine nursing care to be rendered by licensed nursing personnel, and determination of when more than routine care is needed; and

(ii) definition of routine care to be rendered by nurse's aides, and determination of when more than routine care is needed;

(B) coordination and integration of nursing services with other patient care services through periodic meetings or written reports;

(C) development of written job descriptions for nurses and nurse's aides;

(D) development and annual review of nursing service procedures;

(E) coordination and direction of the total planning for nursing services, including recommending to the administrator the number and levels of nurses and nurse's aides to be employed;

(F) selection, with the administrator's approval, of all nurses and nurse's aides;
(G) appointment of nurse supervisors as required by subsection (k) of section 19-13-D8t of the Regulations of Connecticut State Agencies;
(H) designation of a nurse in charge of each unit for all shifts;
(I) development of a schedule of daily rounds and assignment of duties for all nurses and nurse's aides to assure twenty-four (24) hour coverage sufficient to meet state regulatory requirements;
(J) assistance in the development of and participation in a staff orientation and training program, in cooperation with the administrator and medical director, as required by subsection (f) (3) (J) of section 19-13-D8t of the Regulations of Connecticut State Agencies;
(K) ensuring yearly written evaluation of nurses and nurse's aides;
(L) reporting significant clinical developments to the patient's personal physician and to the medical director; and
(M) appointment, with the approval of the administrator, of a nurse employed at the facility to act in the director's behalf in temporary absences.

(3) The director of nurses shall serve full-time and shall serve his/her entire shift between the hours of 7 a.m. and 9 p.m.

(3) An assistant director of nurses shall be appointed in any facility of one hundred and twenty (120) beds or more.

(k) Nurse supervisor. A nurse supervisor shall be a nurse registered in Connecticut. The responsibilities of the nurse supervisor shall include:

(1) Supervision of nursing activities during his/her tour of duty;

(2) Notification of a patient's personal physician if there is a significant change in the condition of the patient or if the patient requires immediate medical care, or notification of the medical director if the patient's personal physician does not respond promptly.

(l) Nurse's Aide and Feeding Assistant Training and Employment

(1) On and after February 1, 1990, no person shall be employed for more than 120 days as a nurse's aide in a licensed chronic and convalescent nursing home or rest home with nursing supervision unless such person has successfully completed a training and competency evaluation program approved by the department and has been entered on the nurse's aide registry maintained by the department. No such facility shall employ such person as a nurse's aide without making inquiry to the registry pursuant to subdivision (2).

(A) Effective October 1, 2000, the commissioner shall adopt, and revise as necessary, a nurse's aide training program of not less than 100 hours and competency evaluation program for nurse's aides. The standard curriculum of the training program shall include, a minimum of seventy-five (75) hours including but not limited to, the following elements: Basic nursing skills, personal care skills, care of cognitively impaired residents, recognition of mental health and social service needs, basic restorative services and residents' rights presented in both lecture and clinical settings. An additional twenty-five (25) hours of the standard nurse's aide lecture and clinical setting curriculum shall include, but not be limited to specialized training in understanding and responding to physical, psychiatric, psychosocial and cognitive disorders. An individual enrolled in a nurse's aide training program prior to October 1, 2000, may complete such program in accordance with the requirements in effect at the time of enrollment. A trainee's successful completion of training shall be demonstrated by the trainee's performance, satisfactory to the nurse's aide primary training instructor, or the elements required by the curriculum. Each licensed chronic and convalescent nursing home and rest home with nursing supervision that elects to conduct a nurse's aide training program shall submit such information on its nurse's aide training

program as the commissioner may require on forms provided by the department. The department may re-evaluate the facility's nurse's aide training program and competency evaluation program for sufficiency at any time.

(B) The commissioner shall adopt, and revise as necessary, a nurse's aide competency evaluation program including, at least, the following elements: basic nursing skills, personal care skills, care of cognitively impaired residents, recognition of mental health and social service needs, basic restorative services and residents' rights and the procedures for determination of competency which may include a standardized test.

(C) Any person employed as a nurse's aide by a chronic and convalescent nursing home or a rest home with nursing supervision as of January 30, 1990 shall be entered on the nurse's aide registry if they meet the requirements set forth in OBRA in accordance with the current Federal Omnibus Budget Reconciliation Act of 1987 (OBRA, 87) [FN1] as it may be amended from time to time. The facility shall provide such person with the initial preparation necessary to successfully complete a competency evaluation program, as may be required by OBRA '87. This competency evaluation program shall be approved and administered in accordance with this subsection.

(D) Qualifications of nurse's aide instructors

(i) The training of nurse's aides shall be performed by or under the general supervision of a registered nurse who possesses a minimum of two years of nursing experience, at least one year of which shall be in a chronic and convalescent nursing home or rest home with nursing supervision.

(ii) Instructors shall have completed a course in teaching adults or have experience in teaching adults or supervising nurse's aides.

(iii) Qualified personnel from the health field may serve as trainers in the nurse's aide training program under the supervision of the nurse's aide primary training instructor provided they have a minimum of one year of experience in a facility for the elderly or chronically ill of any age within the immediately preceding five years. These health field personnel may include: Registered nurses, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists therapeutic recreation specialists, speech/language/hearing therapists. All trainers should be, where applicable, licensed, registered and/or certified in their field.

(iv) Licensed practical nurses, under the supervision of the nurse's aide primary training instructor, may serve as trainers in the nurse's aide training program provided the licensed practical nurse has two years experience in caring for the elderly or chronically ill of any age.

(v) The training of nurse's aides may be performed under the general supervision of the director of nurses. The director of nurses is prohibited from performing the actual training of nurse's aides.

(E) The State Department of Education and the Board of Trustees of Community-Technical Colleges may offer such training programs and competency evaluation programs in accordance with these regulations.

(F) In accordance with this subsection any person who has not yet satisfactorily completed training as provided for herein, and who is employed by a facility for a period of one-hundred-twenty days or less,

as a nurse's aide may be utilized only to perform tasks for which such person has received training and demonstrated competence to the satisfaction of the employer and shall perform such tasks only under the supervision of licensed nursing personnel. Record of any such training and competence demonstration shall be maintained in the facility for the department's review for three years from the date of completion thereof. The employer may not use such person to satisfy staffing requirements as set forth in the Public Health Code.

(G) In accordance with this subsection a facility may use any person who has satisfactorily completed training, but has not yet satisfactorily completed the competency evaluation program as provided for herein, and who is employed by a facility for a period of 120 days or less as a nurse's aide to satisfy staffing requirements as set forth in the Public Health Code. Record of such training shall be maintained by the facility for the departments review for three years from the date of completion thereof.

(H) On and after February 1, 1990 any chronic and convalescent nursing home or rest home with nursing supervision that utilizes nurse's aides from a placement agency or from a nursing pool shall develop a mechanism to verify that such nurse's aide has been entered on the nurse's aide registry maintained by the department in accordance with subdivision (2).

(2) The department shall establish and maintain a registry of nurse's aides. Information in the nurse's aide registry shall include but not be limited to: name, address, date of birth, social security number, training site and date of satisfactory completion. It shall also contain any final determination by the department, after a hearing conducted pursuant to Chapter 54 [FN2] of the Connecticut General Statutes, relative to a complaint against a nurse's aide, as well as any brief statement of such person disputing such findings, including resident neglect or abuse or misappropriation of resident property.

(3) If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual performed nursing or nursing-related services for monetary compensation, such individual shall complete a new training and competency evaluation program, or a new competency evaluation program.

(4) Any person who successfully completes or has successfully completed prior to January 1, 1989 the state-sponsored Nurse Assistant Training Program provided through the State Department of Education or through the Connecticut Regional Community College system shall be deemed to have completed a nurse's aide training and competency evaluation program approved by the commissioner in accordance with this subsection.

(5) Any person who has successfully completed a course or courses comprising not less than one-hundred hours of theoretical and clinical instruction in the fundamental skills of nursing in a practical nursing or registered nursing education program approved by the department with the advice and assistance of the State Board of Examiners for Nursing shall be deemed to have completed a nurse's aide training program approved by the commissioner in accordance with this subsection, if the curriculum meets the minimum requirements as set forth in this subsection.

(6) The department shall, upon receipt of an application and such supporting documents as the commissioner may require, place on the registry a nurse's aide who shows to the satisfaction of the department completion of a department approved:

(A) Nurse's aide training program, and

(B) Competency Evaluation program.

(7) A nurse's aide registered in another state or territory of the United States may be entered on the registry, provided the department is satisfied that such nurse's aide has completed a training and competency evaluation program equal to or better than that required for registration in this state as of the date the nurse's aide was first registered in another state or territory of the United States.

(8) Subject to the provisions of section 20-102ff of the Connecticut General Statutes, a registered nurse or licensed practical nurse licensed in a state other than Connecticut whose license has been verified by the chronic and convalescent nursing home or rest home with nursing supervision as in good standing in the state in which he or she is currently licensed, or a registered nurse trained in another country who has satisfied the certification requirements of the Commission on Graduates of Foreign Nursing Schools, may be utilized as a nurse's aide in Connecticut for not more than a single one hundred-twenty (120) day period. Said licensed registered nurse or licensed practical nurse shall be deemed to have completed a nurse's aide training and competency evaluation program approved by the commissioner in accordance with this section. The department shall, upon receipt of an application and such supporting documents as the commissioner may require, enter said licensed registered nurse or licensed practical nurse on the nurse's aide registry.

(9) Feeding assistants may be utilized in a licensed chronic and convalescent nursing home or rest home with nursing supervision, provided:

(A) Such facility's training program for feeding assistants is currently approved by the department as provided in section 19-13-D8t (*l*)(10) of the Regulations of Connecticut State Agencies.

(B) The feeding assistant has successfully completed at least ten hours of training in a state-approved feeding assistant training program, which shall include:

(i) A minimum of eight (8) hours of classroom instruction, including but not limited to:

(a) feeding techniques;

(b) safety and emergency procedures including immediate reporting to a licensed practical nurse or registered nurse in an emergency and emergency measures for choking, including the Heimlich Manuever;

(c) assistance with feeding and hydration;

(d) infection control;

(e) recognizing changes in resident behavior;

(f) appropriate responses to patient behavior;

(g) the importance of reporting behavioral and physical changes to a licensed practical nurse or registered nurse;

(h) communication and interpersonal skills; and,

(i) resident rights.

(ii) At least two (2) hours of clinical practicum under the direct supervision of a registered nurse.

(C) A record of individuals who have successfully completed the training program for feeding assistants is maintained by the training facility and shared with other nursing homes upon request should the feeding assistant seek employment in another nursing home. If the facility hires a feeding assistant who has been trained at another facility, a record of such individual's successful completion of training shall be obtained and maintained.

(D) Feeding assistants shall only assist patients who are fed orally and do not have any complicated feeding problems identified in the individual's medical record. Feeding assistants shall not perform any other nursing or nursing-related tasks.

(i) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations and tube or parenteral/IV feedings.

(E) At no time shall a feeding assistant provide services above the following ratios:

(i) One (1) feeding assistant to feed two (2) residents at one (1) time; or,

(ii) One (1) feeding assistant to assist to cue no more than four (4) residents at one (1) time.

(F) Any patient who is to be fed by a feeding assistant shall be initially and periodically assessed regarding the ability to be fed by a feeding assistant pursuant to sections 19-13-D8t (n)(1)(C) and 19-13-D8t (o)(2)(H) of the Regulations of Connecticut State Agencies and all assessments shall be documented in the patient's individual care plan.

(G) Feeding assistants shall function under the supervision of a licensed practical nurse or registered nurse and shall not be included in nurse staffing requirements and shall not be a substitute for nurse aide staffing pursuant to subsection (m) of section 19-13-D8t of the Regulations of Connecticut State Agencies.

(10) Each licensed chronic and convalescent nursing home and rest home with nursing supervision that elects to conduct a feeding assistant training program shall submit for approval by the department such information on its feeding assistant training program as the commissioner may require, on forms provided by the department. No feeding assistant training program shall commence without the approval of the department. Training conducted pursuant to such training program shall be performed by or under the general supervision of a registered nurse. Licensed practical nurses and certified dieticians may serve as trainers in the feeding assistant training program, under the supervision of the registered nurse.

(m) Nursing staff:

(1) Each facility shall employ sufficient nurses and nurse's aides to provide appropriate care of patients housed in the facility 24 hours per day, seven days per week.

(2) The number, qualifications, and experience of such personnel shall be sufficient to assure that each patient:

(A) receives treatment, therapies, medications and nourishments as prescribed in the patient care plan developed pursuant to subsection (o) (2) (I) of these regulations;

(B) is kept clean, comfortable and well groomed;

(C) is protected from accident, incident, infection, or other unusual occurrence.

(3) The facility's administrator and director of nurses shall meet at least once every 30 days in order to determine the number, experience and qualifications of staff necessary to comply with this section. The facility shall maintain written and signed summaries of actions taken and reasons therefore.

(4) There shall be at least one registered nurse on duty 24 hours per day, seven days per week.

(A) In a chronic and convalescent nursing home, there shall be at least one licensed nurse on duty on each patient occupied floor at all times.

(B) In a rest home with nursing supervision, there shall be at least one nurse's aide on duty on each patient-occupied floor at all times and intercom communication shall be available with a licensed nurse.

(5) In no instance shall a chronic and convalescent nursing home have staff below the following standards:

(A) Licensed nursing personnel:
7 a.m. to 9 p.m.: .47 hours per patient

9 a.m. to 7 a.m.: .17 hours per patient

(B) Total nursing and nurse's aide personnel:
7 a.m. to 9 p.m.: 1.40 hours per patient
9 a.m. to 7 a.m.: .50 hours per patient

(6) In no instance shall a rest home with nursing supervision staff below the following standards:

(A) Licensed nursing personnel:
7 a.m. to 9 p.m.: .23 hours per patient
9 a.m. to 7 a.m.: .08 hours per patient

(B) Total nursing and nurse's aide personnel:
7 a.m. to 9 p.m.: .70 hours per patient
9 a.m. to 7 a.m.: .17 hours per patient

(7) In facilities of 61 beds or more, the director of nurses shall not be included in satisfying the requirements of subdivisions (5) and (6) of this subsection.

(8) In facilities of 121 beds or more, the assistant director of nurses shall not be included in satisfying the requirements of subdivisions (5) and (6) of this subsection.

(n) Medical and professional services.

(1) A comprehensive medical history and medical examination shall be completed for each patient within forty-eight (48) hours of admission; however, if the physician who attended the patient in an acute or chronic care hospital is the same physician who will attend the individual in the facility, a copy of a hospital discharge summary completed within five (5) working days of admission and accompanying the patient may serve in lieu of this requirement. A patient assessment shall be completed within fourteen (14) days of admission and a patient care plan shall be developed within seven (7) days of completion of the assessment.

(A) The comprehensive history shall include, but not necessarily be limited to:

(i) chief complaints;
(ii) history of present illness;
(iii) review of systems;
(iv) past history pertinent to the total plan of care for the patient;
(v) family medical history pertinent to the total plan of care for the patient; and
(vi) personal and social history.

(B) The comprehensive examination shall include, but not necessarily be limited to:

(i) blood pressure;
(ii) pulse;
(iii) weight;
(iv) rectal examination with a test for occult blood in stool, unless done within one (1) year of admission;
(v) functional assessment; and
(vi) cognitive assessment, which for the purposes of these regulations shall mean an assessment of a patient's mental and emotional status to include the patient's ability to problem solve, decide, remember, and be aware of and respond to safety hazards.

(C) The patient assessment and patient care plan shall be developed in accordance with subparagraphs (H) and (I) of subsection (o) (2) of this section.

(2) Transferred Patients. When the responsibility for the care of a patient is being transferred from one health care institution to another, the patient must be accompanied by a medical information transfer document, which shall include the following information:

(A) name, age, marital status, and address of patient, institution transferring the patient, professional responsible for care at that institution, person to contact in case of emergency, insurance or other third party payment information;
(B) chief complaints, problems, or diagnoses;
(C) other information, including physical or mental limitations, allergies, behavioral and management problems;
(D) any special diet requirements;
(E) any current medications or treatments, and
(F) prognosis and rehabilitation potential.

(3) The attending physician shall record a summary of findings, problems and diagnoses based on the data available within seven (7) days after the patient's admission, and shall describe the overall treatment plan, including dietary orders and rehabilitation potential and, if indicated, any further laboratory, radiologic or other testing, consultations, medications and other treatment, and limitations on activities.

(4) The following tests and procedures shall be performed and results recorded in the patient's medical record within thirty (30) days after the patient's admission:
(A) unless performed within one (1) year prior to admission;
(i) hematocrit, hemoglobin and red blood cell indices determination;
(ii) urinalysis, including protein and glucose qualitative determination and microscopic examination;
(iii) dental examination and evaluation;
(iv) tuberculosis screening by skin test or chest X-ray;
(v) blood sugar determination; and
(vi) blood urea nitrogen or creatinine;
(B) unless performed within two (2) years prior to admission:
(i) visual acuity, grossly tested, for near and distant vision; and
(ii) for women, breast and pelvis examinations, including Papanicolau smear, except the Papanicolau smear may be omitted if the patient is over sixty (60) years of age and has had documented repeated satisfactory smear results without important atypia performed during the patient's sixth decade of life, or who has had a total hysterectomy;
(C) unless performed within five (5) years prior to admission:
(i) tonometry on all sighted patients forty (40) years or older; and
(ii) screening and audiometry on patients who do not have a hearing aid; and
(D) unless performed within ten (10) years prior to admission:
(i) tetanus-diphtheria toxoid immunization for patients who have completed the initial series, or the initiation of the initial series for those who have not completed the initial series; and
(ii) screening for syphilis by a serological method.

(5) Physician Visits.
(A) Each patient in a chronic and convalescent nursing home shall be examined by his/her personal physician at least once every thirty (30) days for the first ninety (90) days following admission. After ninety (90) days, alternative schedules for visits may be set if the physician determines and so justifies in the patient's medical record that the patient's condition does not necessitate visits at thirty (30) day intervals. At no time may the alternative schedule exceed sixty (60) days between visits.
(B) Each patient in a rest home with nursing supervision shall be examined by his/her personal physician at least once every sixty (60) days, unless the physician decides this frequency is unnecessary and justifies the reason for an alternate schedule in the patient's medical record. At no

time may the alternative schedule exceed one hundred and twenty (120) days between visits.

(6) No medication or treatments shall be given without the order of a physician or a health care practitioner with the statutory authority to prescribe medications or treatments. If orders are given verbally or by telephone, they shall be recorded by an on duty licensed nurse or on duty health care practitioner with the statutory authority to accept verbal or telephone orders with the physician's name, and shall be signed by the physician on the next visit.

(7) Annually, each patient shall receive a comprehensive medical examination, at which time the attending physician shall update the diagnosis and revise the individual's overall treatment plan in accordance with such diagnosis. The comprehensive medical exam shall minimally include those services required in subdivision (1) (B) of this subsection.

(8) Professional services provided to each patient by the facility shall include, but not necessarily be limited to, the following:

(A) monthly:

(i) blood pressure, and

(ii) weight check;

(B) yearly:

(i) hematocrit, hemoglobin and red blood cell indices determination;

(ii) urinalysis, including determination of qualitative protein glucose and microscopic examination of urine sediment;

(iii) immunization against influenza in accordance with the recommendations of the Advisory Committee on Immunization Practices, established by the United States Secretary of Health and Human Services;

(iv) blood urea nitrogen or creatinine;

(v) dental examination and evaluation;

(vi) rectal examination, including a determination for occult blood in stool, on patients forty (40) years or over; and

(vii) breast examination on all women;

(C) every two (2) years, visual acuity, grossly tested, for near and distant vision for sighted patients;

(D) every five (5) years:

(i) screening audiometry for patients without a hearing aid; and

(ii) tonometry for sighed patients forty (40) years or over; and

(E) every ten (10) years, tetanus-diphtheria toxoid immunization following completion of initial series.

(F) Immunization against pneumococcal disease in accordance with the recommendations of the National Advisory Committee on Immunization Practices, established by the Secretary of Health and Human Services.

(9) The requirements in this subsection for tests, procedures and immunizations need not be repeated if previously done within the time period prescribed in this subsection and documentation of such is recorded in the patient's medical record. Tests and procedures shall be provided to the patient given the patient's consent provided no medical reason or contraindication exists, or the attending physician determines that the test or procedure is not medically necessary. Immunizations against influenza and pneumoccal disease shall be provided in accordance with the recommendations of the Advisory Committee on Immunization Practices, established by the United States Secretary of Health and Human Services unless medically contraindicated or the patient objects on religious grounds. Documentation of tests, procedures and immunizations provided or reasons for not providing said tests, procedures and immunization shall be so noted by the attending physician in the patient's medical record.

(o) Medical records.

(1) Each facility shall maintain a complete medical record for each patient. All parts of the record pertinent to the daily care and treatment of the patient shall be maintained on the nursing unit in which the patient is located.

(2) The complete medical record shall include, but not necessarily be limited to:

(A) patient identification data, including name, date of admission, most recent address prior to admission, date of birth, sex, marital status, religion, referral source, Medicare/Medicaid number(s) or other insurance numbers, next of kin or guardian and address and telephone number;

(B) name of patient's personal physician;

(C) signed and dated admission history and reports of physical examinations;

(D) signed and dated hospital discharge summary, if applicable;

(E) signed and dated transfer form, if applicable;

(F) complete medical diagnosis;

(G) all initial and subsequent orders by the physician;

(H) a patient assessment that shall include but not necessarily be limited to, health history, physical, mental and social status evaluation of problems and rehabilitation potential, completed within fourteen (14) days of admission by all disciplines involved in the care of the patient and promptly after a change in condition that is expected to have lasting impact upon the patient's physical, mental or social functioning, conducted no less than once a year, reviewed and revised no less than once every ninety (90) days in order to assure its continued accuracy;

(I) a patient care plan, based on the patient assessment, developed within seven (7) days of the completion of the assessment by all disciplines involved in the care of the patient and consistent with the objectives of the patient's personal physician, that shall contain the identification of patient problems and needs, treatments, approaches and measurable goals, and be reviewed at least once every ninety (90) days thereafter;

(J) a record of visits and progress notes by the physician;

(K) nurses notes to include current condition, changes in patient condition, treatments and responses to such treatments;

(L) a record of medications administered including the name and strength of drug, date, route and time of administration, dosage administered, and, with respect to PRN medications, reasons for administration and patient response/result observed;

(M) documentation of all care and ancillary services rendered;

(N) summaries of conferences and records of consultations;

(O) record of any treatment, medication or service refused by the patient including the visit of a physician, signed by the patient, whenever possible, including a statement by a licensed person that such patient was informed of the medical consequences of such refusal; and

(P) discharge plans, as required by Section 19a-535 of the Connecticut General Statutes and subsection (p) of this section.

(3) All entries in the patient's medical record shall be typewritten or written in ink and legible. All entries shall be verified according to accepted professional standards.

(4) Medical records shall be safeguarded against loss, destruction or unauthorized use.

(5) All medical records, originals or copies, shall be preserved for at least ten (10) years following death or discharge of the patient.

(p) Discharge planning.

(1) All discharge plans for patients transferred or discharged from a facility shall be in writing and shall be signed by the person preparing the plan, the medical director or the patient's personal physician, and the administrator of the discharging facility.

(2) Receipt of the discharge plan and acknowledgement of consultation with respect thereto shall be evidenced by the signature of the patient, or that patient's legally liable relative, guardian or conservator.

(3) All discharge plans shall be maintained as a part of the patient's medical record.

(4) In addition to the requirements of the Connecticut General Statutes Section 19a-535 (c), the following information shall be included in a written notice of discharge or transfer:

(A) In the case of residents with developmental disabilities, the name, mailing address and telephone number of the agency responsible for the protection and advocacy of the developmentally disabled;

(B) In the case of mentally ill residents, the name, mailing address and telephone number of the agency responsible for the protection and advocacy of the mentally ill.

(q) Dietary services.

(1) Each facility shall meet the daily nutritional needs of the patients by providing dietary services directly or through contract.

(2) The facility shall:

(A) Provide a diet for each patient, as ordered by the patient's personal physician, based upon current recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the patients;

(B) Adopt a diet manual, as recommended by the facility dietitian or dietary consultant and approved by the facility's medical staff. Such manual shall be used to plan, order, and prepare regular and therapeutic diets;

(C) Employ a dietetic service supervisor, who shall supervise the overall operation of the dietary service. If such supervisor is not a dietitian, the facility shall contract for regular consultation of a dietitian;

(D) Employ sufficient personnel to carry out the functions of the dietary service and to provide continuous service over a period of 12 hours, which period shall include all mealtimes.

(3) The facility shall ensure that the dietary service:

(A) Considers the patients' cultural backgrounds, food habits, and personal food preferences in the selection of menus and preparation of foods and beverages pursuant to subdivisions (2)(A) and (2) (B) of this subsection;

(B) Has written and dated menus, approved by a dietitian, planned at least seven days in advance;

(C) Posts current menus and any changes thereto with the minimum portion sizes in a conspicuous place in both food preparation and patient areas;

(D) Serves at least three meals, or their equivalent, daily at regular hours, with not more than a 14 hour span between evening meal and breakfast;

(E) Provides appropriate food substitutes of similar nutritional value to patients who refuse the food served;

(F) Provides bedtime nourishments for each patient, unless medically contraindicated and documented in the patient's care plan;

(G) Provides special equipment, implements or utensils to assist patients while eating, when necessary;

(H) Maintains at least three day supply of staple foods at all times.

(4) All patients shall be encouraged to eat in the dining room unless medically contraindicated.

(5) Records of menus served and food purchased shall be maintained for at least 30 days.

(r) Therapeutic Recreation.

(1) Each facility shall have a therapeutic recreation program. The program shall include mentally and physically stimulating activities to meet individual needs and interests, and shall be consistent with the overall plan of care for each patient.

(2) Each facility shall employ therapeutic recreation director(s).

(A) Persons employed as therapeutic recreation director(s) in a chronic and convalescent nursing home and rest home with nursing supervision on or before June 30, 1982 shall have a minimum of a high school diploma or high school equivalency, and shall have completed a minimum of 80 hours of training in therapeutic recreation. As of July 1, 1992, persons who met these criteria but who have not been employed as therapeutic recreation director(s) in a chronic and convalescent nursing home and/or rest home with nursing supervision for two continuous years immediately preceding reemployment in such capacity shall be required to meet the requirements of Section 19-13-D8t (r) (2) (c).

(B) Persons beginning employment as therapeutic recreation director(s) in a chronic and convalescent nursing home and/or rest home with nursing supervision between July 1, 1982 and June 30, 1992 shall have the following minimum qualifications:

(i) An Associates Degree with a major emphasis in therapeutic recreation; or

(ii) Enrollment in a Connecticut certificate program in therapeutic recreation; or

(iii) A Bachelors Degree in a related field and one year of full time employment in therapeutic recreation in a health care facility; or

(iv) A Bachelors Degree in a related field and six credit hours in therapeutic recreation; or

(v) An Associates Degree in a related field and two years of full time employment in therapeutic recreation in a health care facility; or

(vi) An Associates Degree in a related field and nine credit hours in therapeutic recreation.

(vii) As of July 1, 1992, persons who met these criteria but who have not been employed as a therapeutic recreation director in a health care facility for two continuous years immediately preceding reemployment in such capacity shall be required to meet the requirements of Section 19-13-D8t (r) (2) (C).

(C) Persons beginning employment as therapeutic recreation director(s) in a chronic and convalescent nursing home and/or rest home with nursing supervision on or after July 1, 1992 shall have the following minimum qualifications:

(i) An associates degree with a major emphasis in therapeutic recreation; or

(ii) A high school diploma or equivalency and enrollment within six months of employment in a Connecticut certificate program in therapeutic recreation. Each facility shall maintain records of the individual's successful completion of courses and continued participation in a minimum of one course per semester; or

(iii) A bachelors degree in a related field and one year of full time employment in therapeutic recreation in a health care facility; or

(iv) A bachelors degree in a related field and six credit hours in therapeutic recreation; or

(v) An associates degree in a related field and two years of full time employment in therapeutic recreation in a health care facility; or

(vi) An associates degree in a related field and nine credit hours in therapeutic recreation.

(D) "Related field" in subparagraphs (B) and (C) of this subdivision shall include but not be limited to the following: sociology, social work, psychology, recreation, art, music, dance or drama therapy, the health sciences, education or other related field as approved by the commissioner or his/her designee.

(3) Therapeutic recreation director(s) shall be employed in each facility sufficient to meet the following ratio of hours per week to the number of licensed beds in the facility: 1 to 15 beds, 10 hours during any three days; 16 to 30 beds, 20 hours during any five days Each additional 30 beds or fraction thereof, 20 additional hours.

(4) Monthly calendars of therapeutic recreation activities and patient participation records for each level of care shall be maintained at each facility for twelve months. These shall be available for review by representatives of the department.

(A) The calendar for the current month for each level of care shall be completed by the first day of the month.

(B) Records of patient participation shall be maintained on a daily basis.

(C) The facility shall submit these records to the department upon the department's request.

(5) An individual therapeutic recreation plan shall be developed for each patient, which shall be incorporated in the overall plan of care for that patient.

(s) Social Work.

(1) Definitions:

(A) Social Work Designee A social work designee shall have at least an associate's degree in social work or in a related human service field. Any person employed as a social work designee on January 1, 1989 shall be eligible to continue in the facility of employment without restriction.

(B) Qualified Social Worker A qualified social worker shall hold at least a bachelor's degree in social work from a college or university which was accredited by the Council on Social Work Education at the time of his or her graduation, and have at least one year social work experience in a health care facility. An individual who has a bachelor's degree in a field other than social work and a certificate in Post Baccalaureate Studies in Social Work awarded before the effective date of these regulations by a college accredited by the Department of Higher Education, and at least one year social work experience in a health care facility, may perform the duties and carry out the responsibilities of a qualified social worker for up to three years after the effective date of these regulations.

(C) Qualified Social Work Consultant A qualified social work consultant shall hold at least a master's degree in social work from a college or university which was accredited by the Council on Social Work Education at the time of his or her graduation and have at least one year post-graduate social work experience in a health care facility. An individual who holds a bachelor's degree in social work from a college or university which was accredited by the Council on Social Work Education at the time of his or her graduation, and is under contract as a social work consultant on January 1, 1989, shall be eligible to continue functioning without restriction as a social work consultant in the facility(ies) which had contracted his or her services.

(2) Each facility shall employ social work service staff to meet the social and emotional problems and/or needs of the patients based on their medical and/or psychiatric diagnosis.

(3) The administrator of the facility shall designate in writing a qualified social worker or social work designee as responsible for the social work service.

(4) The social work service shall be directed by a qualified social worker or a social work designee. If the service is under the direction of a social work designee the facility shall contract for the regular consultation of a qualified social work consultant at least on a quarterly basis.

(5) Social work service staff shall be employed in each facility sufficient to meet the needs of the patients but not less than the following ratio of hours per week to the number of licensed beds in the facility:

(A) One (1) to thirty (30) beds, ten (10) hours per week.
(B) Thirty-one (31) to sixty (60) beds, twenty (20) hours per week.
(C) Each additional thirty (30) beds or fraction thereof, ten (10) additional hours.

(6) Written social work service policies and procedures shall be developed and implemented by a qualified social worker, or social work designee under the direction of a qualified social work consultant, and ratified by the governing body of the facility. Such standards shall include, but not be limited to:
(A) Ensuring the confidentiality of all patients' social, emotional, and medical information, in accordance with the General Statutes of Connecticut Section 19a-550 (a) (8).
(B) Requiring a prompt referral to an appropriate agency for patients or families in need of financial assistance and requiring that a record is maintained of each referral to such agency in the patient's medical record.

(7) The social work service shall help each patient to adjust to the social and emotional aspects of the patient's illness, treatment, and stay in the facility. The medically related social and emotional needs of the patient and family shall be identified, a plan of care developed, and measurable goals set in accordance with the Regulations of Connecticut State Agencies Sections 19-13-D8t (o) (2) (H) and (o) (2) (I).

(8) All staff of the facility shall receive inservice training by or under the direction of a qualified social worker or social work designee each year concerning patients' personal and property rights pursuant to Section 19a-550 of the Connecticut General Statutes.

(9) All staff of the facility shall receive inservice training by a qualified social worker or qualified social work consultant each year in an area specific to the needs of the facility's patient population.

(10) A qualified social worker or social work designee shall participate in planning for the discharge and transfer of each patient.

(11) Office facilities shall be easily accessible to patients and staff or alternate arrangements shall be available. Each facility shall ensure privacy for interviews between staff and: patients, patients' families and patients' next friend.

(t) Infection control.

(1) Each facility shall have an infection control committee which meets at least quarterly, and whose membership shall include representatives from the facility's administration, medical staff, nursing staff, pharmacy, dietary department, maintenance, and housekeeping. Minutes of all meetings shall be maintained.

(2) The committee shall be responsible for the development of:
(A) an infection prevention, surveillance, and control program which shall have as its purpose the protection of patients and personnel from institution-associated or community-associated infections, and
(B) policies and procedures for investigating, controlling and preventing infections in the facility and recommendations to implement such policy.

(3) The facility shall designate a registered nurse to be responsible for the day-to-day operation of a surveillance program under the direction of the infection control committee.

(u) Emergency preparedness plan.

(1) The facility shall have a written emergency preparedness plan which shall include procedures to be followed in case of medical emergencies, or in the event all or part of the building becomes uninhabitable because of a natural or other disaster. The plan shall be submitted to the local fire marshal or, if none, the state fire marshal for comment prior to its adoption.

(2) The plan shall specify the following procedures:
(A) Identification and notification of appropriate persons;

(B) Instructions as to locations and use of emergency equipment and alarm systems;
(C) Tasks and responsibilities assigned to all personnel;
(D) Evacuation routes;
(E) Procedures for relocation and/or evacuation of patients;
(F) Transfer of casualties;
(G) Transfer of records;
(H) Care and feeding of patients;
(I) Handling of drugs and biologicals.

(3) A copy of the plan shall be maintained on each nursing unit and service area. Copies of those sections of the plan relating to subdivisions (2) (B) and (2) (D) above shall be conspicuously posted.

(4) Drills testing the effectiveness of the plan shall be conducted on each shift at least four times per year. A written record of each drill, including the date, hour, description of drill, and signatures of participating staff and the person in charge shall be maintained by the facility.

(5) All personnel shall receive training in emergency preparedness as part of their employment orientation. Staff shall be required to read and acknowledge by signature understanding of the emergency preparedness plan as part of the orientation. The content and participants of the training orientation shall be documented in writing.

(6) Emergency Distribution of Potassium Iodide. Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 2 of public act 03-236 and, if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a chronic and convalescent nursing home and rest home with nursing supervision licensed under chapter 368v of the Connecticut General Statutes that is located within a 10 mile radius of the Millstone Power Station in Waterford, Connecticut, shall be permitted to distribute and administer potassium iodide tablets to facility staff or visitors present at the chronic and convalescent nursing home, or rest home with nursing supervision during such emergency, provided that:

(1) Prior written consent has been obtained by the chronic and convalescent nursing home, or rest home with nursing supervision for such provision. Written consent forms shall be provided by the chronic and convalescent nursing home, or rest home with nursing supervision to each resident, or resident's conservator, guardian, or legal representative currently admitted and to each employee currently employed promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the chronic and convalescent nursing home, or rest home with nursing supervision to each resident, or resident's conservator, guardian, or legal representative upon admission to such facility and to each new employee upon hire. Such documentation shall be kept at the facility;

(2) Each person providing consent has been advised in writing by the chronic and convalescent nursing home, or rest home with nursing supervision that the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the chronic and convalescent nursing home, or rest home with nursing supervision about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;
(B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;
(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,
(D) side effects including minor upset stomach or rash.

(4) Only those individuals with applicable statutory authority may distribute and administer potassium iodide to residents for whom written consent has been obtained; and,

(5) Potassium iodide tablets shall be stored in a locked storage area or container.

(v) Physical plant.

(1) Owner certification.

(A) All owners of real property or improvements thereon that are used as or in connection with an institution as defined by section 19a-490 of Connecticut General Statutes, shall apply to the Department for a Certificate of Compliance with the Regulations of Connecticut State Agencies.

(B) Such application shall be made on forms provided by the department and shall include the following information:

(i) the names, addresses and business telephone numbers of the owner which term shall include any person who owns a ten (10) percent or greater interest in the property equity, any general partner if the owner is a limited partnership, any officer, director and statutory agent for service of process if the owner is a corporation, and any partner if the owner is a general partnership;

(ii) a statement as to equity owned, that shall include the fair market value of the property as reflected by the current municipal assessment and all outstanding mortgages and liens including the current amounts due and names and addresses of holders;

(iii) if the property is owned by a person other than the licensee, a copy of the current lease or a summary thereof that shall include all rental payments required including additional rent of any kind and tax payments, any termination provisions, and a statement setting forth the responsibilities and authority of the respective parties to maintain or renovate the said real property and improvements; and

(iv) if the owner is a corporation and is incorporated in a state other than Connecticut, a Certificate of Good Standing issued by the state of incorporation.

(C) upon receipt of such application, if the Department has conducted a licensure inspection within the preceding nine (9) months, the Department shall either:

(i) issue the requested certificate, or

(ii) advise the applicant of repairs that must be made to comply with the Regulations of Connecticut State Agencies.

(D) If the Department has not conducted such an inspection, it shall do so within sixty (60) days of receipt of the application and within thirty (30) days of such inspection shall either:

(i) issue the requested certificate; or

(ii) advise the applicant of repairs that must be made to comply with the Regulations of Connecticut State Agencies.

(E) Upon receipt of satisfactory evidence that said repairs have been made or will be made in a timely fashion, the Department shall issue the requested certificate.

(F) No repair shall be required pursuant hereto if the condition cited preexisted the effective date of the adoption of the violated standard unless the commissioner or his/her designee shall make a specific determination that the repair is necessary to protect the health, safety or welfare of the patients in the concerned facility.

(G) Any owner who commences any proceeding or action that affects or has the potential to affect the rights of a licensee of a facility or institution as defined in Section 19a-490 of the Connecticut General Statutes to continue to occupy leased premises shall immediately notify the Department of such proceeding or action by certified mail.

(2) The standards established by the following sources for the construction, alteration or renovation of all facilities as they may be amended from time to time, are hereby incorporated and made a part hereof by reference. In the event of inconsistent provisions, the most stringent standards shall apply:

(A) State of Connecticut Basic Building Codes;

(B) State of Connecticut Fire Safety Code;

(C) National Fire Protection Association Standards, Health Care Facilities, No. 99;

(D) AIA publication, "Guidelines for Construction and Equipment of Hospital and Medical Facilities," 1992-1993;

(E) local fire, safety, health, and building codes and ordinances; and.

(F) other provisions of the Regulations of Connecticut State Agencies that may apply.

(3) Any facility licensed after the effective date of these regulations shall conform with the construction requirements described herein. Any facility licensed prior to the effective date of these regulations shall comply with the construction requirements in effect at the time of licensure; provided, however, that if the commissioner or his/her designee shall determine that a pre-existing non-conformity with this subsection creates serious risk of harm to patients in a facility, the commissioner may order such facility to comply with the pertinent portion of this subsection.

(4) Review of plans. Plans and specifications for new construction and rehabilitation, alteration, addition, or modification of an existing structure shall be approved by the Department on the basis of compliance with the Regulations of Connecticut State Agencies after the approval of such plans and specifications by local building inspectors and fire marshals, and prior to the start of construction.

(5) Site.

(A) All facilities licensed for more than one hundred and twenty (120) beds shall be connected to public water and sanitary sewer systems.

(B) Each facility shall provide the following:

(i) roads and walkways to the main entrance and service areas, including loading and unloading space for delivery trucks;

(ii) paved exits that terminate at a public way; and

(iii) an open outdoor area with a minimum of one hundred (100) square feet per patient excluding structures and paved parking areas.

(6) The facility shall provide sufficient space to accommodate all business and administrative functions.

(7) Patient rooms.

(A) Maximum room capacity shall be four (4) patients.

(B) Net minimum room area, exclusive of closets, and toilet room, shall be at least one hundred (100) square feet for single bedrooms, and eighty (80) square feet per individual in multi-bed rooms. No dimension of any room shall be less than ten (10) feet.

(C) No bed shall be between two (2) other patient beds, and at least a three (3) foot clearance shall be provided at the sides and the foot of each bed.

(D) Window sills shall not be higher than three (3) feet above the finished floor. Storm windows or insulated glass windows shall be provided. All windows used for ventilation shall have screens.

(E) The following equipment shall be provided for each patient in each room:

(i) one (1) closet with clothes rod and shelf of sufficient size and design to hang clothing;
(ii) one (1) dresser with three (3) separate storage areas for patient's clothing;
(iii) one (1) adjustable hospital bed with gatch spring, side rails, and casters provided, however, that a rest home with nursing supervision need not provide a hospital bed for a patient whose patient care plan indicates that such equipment is unnecessary and that a regular bed is sufficient;
(iv) one (1) moisture proof mattress;
(v) one (1) enclosed bedside table;
(vi) one (1) wall-mounted overbed light;
(vii) one (1) overbed table;
(viii) one (1) armchair; and
(ix) one (1) mirror.

(F) Sinks.
(i) In single or double rooms, one (1) sink shall be provided in the toilet room.
(ii) In rooms for three (3) and more individuals, there shall be one (1) sink in the patient room and one (1) sink in the toilet room.

(G) Curtains that allow for complete privacy for each individual in multi-bed rooms shall be provided.

(H) All patient rooms shall open into a common corridor and shall have at least one (1) outside window wall.

(I) All patient rooms shall be located within one hundred and thirty (130) feet of a nursing station.

(8) Patient toilet and bathing facilities.

(A) A toilet room shall be directed accessible from each patient room. One (1) toilet room may serve two (2) rooms but not more than four (4) beds.

(B) One (1) shower stall or bathtub shall be provided for each fifteen (15) beds not individually served. A toilet and sink shall be directly accessible to the bathing area.

(C) There shall be at least one (1) bathtub in each nursing unit. At least one (1) bathtub per floor shall be elevated and have at least three (3) feet clearance on three (3) sides.

(D) Bathing and shower rooms shall be of sufficient size to accommodate one (1) patient and one (1) attendant and shall not have curbs. Controls shall be located outside shower stalls.

(9) Nursing service areas.

(A) Each facility shall provide the following nursing service areas for each thirty (30) beds or fraction thereof:
(i) a nursing station of at least one hundred (100) square feet which may serve up to sixty (60) beds if an additional fifty (50) square feet are provided;
(ii) a nurses' toilet room convenient to each nursing station;
(iii) a clean workroom of at least eighty (80) square feet which may serve up to sixty (60) beds if an additional twenty (20) square feet are provided;
(iv) a soiled workroom of at least sixty (60) square feet which may serve up to sixty (60) beds if an additional thirty (30) square feet are provided, and shall minimally contain a handwashing sink, a bedpan flushing and washing device and a flush rim sink;
(v) a medicine room of at least thirty-five (35) square feet adjacent to the nursing station, secured with a key bolted door lock, and including one (1) sink, one (1) refrigerator, locked storage space,

a non-portable steel narcotics locker with a locked cabinet, and equipment for preparing and dispensing of medications;

(vi) clean linen storage area;

(vii) an equipment storage room of at least eighty (80) square feet; and

(viii) storage space of at least twelve (12) square feet for oxygen cylinders.

(B) Each facility shall provide at least one (1) nourishment station on each floor, that shall include storage space, one (1) sink, and one (1) refrigerator.

(10) Medical and therapeutic treatment facilities.

(A) Each facility shall provide one (1) examination room, with a treatment table, storage space, and a sink.

(B) Each chronic and convalescent nursing home shall provide an exercise and treatment room for physical therapy, consisting of at least two hundred (200) square feet. Such room shall include a sink, cubicle curtains around treatment areas, storage space for supplies and equipment, and a toilet room.

(11) Common patient areas. Each facility shall provide the following:

(A) at least one (I) lounge on each floor with a minimum area of two hundred and twenty-five (225) square feet for each thirty (30) beds or fraction thereof;

(B) a dining area in a chronic and convalescent facility with a minimum of fifteen (15) square feet per patient with total area sufficient to accommodate at least fifty (50) percent of the total patient capacity; a dining area in a rest home with nursing supervision with a minimum capacity of fifteen (15) square feet per patient with total area sufficient to accommodate the total patient capacity; and

(C) a recreation area, that shall consist of a minimum of twelve (12) square feet per bed, of which fifty (50) percent of the aggregate area shall be located within one (1) space with an additional one hundred (100) square feet provided for storage of supplies and equipment.

(12) Dietary facilities. Each facility shall provide dietary facilities, that shall include the following:

(A) a kitchen, centrally located, segregated from other areas and large enough to allow for working space and equipment for the proper storage, preparation and storage of food;

(B) a dishwashing room, that shall be designed to separate dirty and clean dishes and includes a breakdown area.

(C) disposal facilities for waste, separate from the food preparation or patient areas;

(D) stainless steel tables and counters;

(E) an exhaust fan over the range and steam equipment;

(F) a water supply at the range;

(G) a breakdown area and space for returnable containers;

(H) office space for the food service supervisor or dietitian; and

(I) janitor's closet.

(13) Miscellaneous facilities. Each facility shall provide:

(A) A personal care room, that shall include equipment for hair care and grooming needs; and

(B) A holding room for deceased persons that is at least six (6) feet by eight (8) feet, mechanically ventilated, and used solely for its specific purpose.

(14) Storage.

(A) General storage space shall consist of at least ten (10) square feet per bed, and shall be located according to use and demand.

(B) Storage space for patient's clothing and personal possessions not kept in the room shall consist of at least two (2) feet by three (3) feet by four (4) feet per bed and shall be easily accessible.

(15) Laundry.

(A) The facility shall handle and process laundry in a manner to insure infection control.

(B) No facility without public water and sanitary sewers may process laundry on site. Off site services shall be performed by a commercial laundering service.

(C) The facility shall provide the following:

(i) a soiled linen holding room;

(ii) a clean linen mending and storage room;

(iii) linen cart storage space; and

(iv) linen and towels sufficient for three (3) times the licensed capacity of the facility.

(D) On site processing. The following shall be required for facilities that process laundry on site:

(i) laundry processing room, with commercial equipment;

(ii) storage space for laundry supplies;

(iii) a handwashing sink;

(iv) a deep sink for soaking;

(v) equipment for ironing; and

(vi) janitor's closet.

(16) Mechanical systems.

(A) Elevators.

(i) Where patient beds or patient facilities are located on any floor other than the main entrance, the size and number of elevators shall be based on the following criteria: number of floors, number of beds per floor, procedures or functions performed on upper floors, and level of care provided.

(ii) In no instance shall elevators provided be less than the following: for one (1) to sixty (60) beds located above the main floor, one (1) hospital type elevator; for sixty-one (61) to two hundred (200) beds located above the main floor, two (2) hospital type elevators; and for two hundred and one (201) to three hundred and fifty (350) beds located above the main floor, three (3) hospital type elevators. For facilities with more than three hundred and fifty (350) beds located above the main floor, the number of elevators shall be determined from a study of the facility plan.

(iii) Elevator vestibules shall have two (2) hour construction with self-closing one and one-half (1 1/2) inch fire rated doors held open by electromagnetic devices that are connected to an automatic alarm system.

(B) Steam and hot water systems.

(i) Boilers shall have a capacity sufficient to meet the Steel Boiler Institute or Institute of Boiler and Radiator Manufacturer's net ratings to supply the requirements of all systems and equipment.

(ii) Provisions shall be made for auxiliary emergency service.

(C) Air conditioning, heating and ventilating systems.

(i) All air-supply and air-exhaust systems for interior rooms shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building.

(ii) Corridors shall not be used to supply air to or exhaust air from any room.

(iii) All systems that serve more than one (1) smoke or fire zone shall be equipped with smoke detectors to shut down fans automatically. Access for maintenance of detectors shall be provided at all dampers.

(D) Plumbing and other piping systems.

(i) Plumbing fixtures. All fixtures used by medical staff, nursing staff, and food handlers shall be trimmed with valves that can be operated without the use of hands. Where blade handles are used for this purpose, they shall be at least four and one-half (4 1/2) inches in length, except that handles on clinical sinks shall be not less than six (6) inches long.

(ii) Water supply systems. Systems shall be designed to supply water to the fixtures and equipment on the upper floor at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods. 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. Hot water plumbing fixtures intended for patient use shall carry water at temperatures between one hundred and five degrees (105°) and one hundred and twenty degrees (120°) Fahrenheit.

(17) Electrical system.

(A) Circuit breakers or fusible switches shall be enclosed with a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons.

(B) Lighting and appliance panel boards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

(C) All spaces within the building, approaches, thereto, and parking lots shall have electric lighting. Patients' bedrooms shall have general, overbed, and night lighting. A reading light shall be provided for each patient. Patients' overbed lights shall not be switched at the door. Night lights shall be switched at the nursing station.

(D) Receptacles.

(i) Each patient room shall have at least one (1) duplex grounding receptacle on each wall.

(ii) Corridors. Duplex grounding receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors.

(iii) Any facility constructed shall conform with the requirements described herein. Receptacles that provide emergency power shall be red and indicate their use. One (1) such receptacle shall be installed next to each resident's bed.

(E) A nurses' calling station shall be installed at each patient bed, toilet bathing fixture and patient lounges:

(i) All calls shall register a visible and audible sound at the station, and shall activate a visible signal in the corridor at the patient's door, in the clean and soiled workrooms and in the nourishment station of the nursing unit from which the patient is signaling. In multi-corridor nursing units, intersections shall have additional visible signals.

(ii) In rooms containing two (2) or more stations, indicating lights shall be provided at each station.

(iii) No more than two (2) cords shall be used at each station.

(iv) Stations at toilet and bathing fixtures shall be emergency stations. The emergency signal shall be cancelled only at the source of the call.

(v) Nurses' call systems shall provide two-way voice communication and shall be equipped with an indicating light at each station. Such lights shall remain lighted as long as the voice circuit is operative.

(18) Emergency service.

(A) The facility shall provide on the premises an emergency source of electricity, that shall have the capacity to deliver eighty (80) percent of normal power and shall be sufficient to provide for regular nursing care and treatment and the safety of the occupants. Such source shall be reserved for emergency use.

(B) When fuel to the facility is not piped from a utility distribution system, fuel shall be stored at the facility sufficient to provide seventy-two (72) hours of service.

(19) Details of construction.

(A) Patient rooms. Patient rooms shall be numbered and have the room capacity posted.

(B) Doors.

(i) Minimum door widths to patient sleeping rooms shall be three feet-ten inches (3'-10").

(ii) Doors to utility rooms shall be equipped with hospital-type hardware that will permit opening without the use of the hands.

(iii) Door hardware for patient use shall be of a design to permit ease of opening.

(iv) Doors to patient room toilet rooms and tub or shower rooms may be lockable if provided with hardware that will permit access in any emergency. Such a room shall have visual indication that it is occupied.

(v) No doors shall swing into the corridor except closet doors.

(C) Corridors.

(i) Minimum width of patient use corridors shall be eight (8) feet.

(ii) Handrails shall be provided on both sides of patient use corridors. Such handrails shall have ends returned to the walls, a height of thirty-one (31) inches above the finished floor and shall protrude one and one-half (1 1/2) inches from the wall.

(iii) No objects shall be located so as to project into the required width of corridors.

(D) Grab bars, with sufficient strength and anchorage to sustain two hundred and fifty (250) pounds for five (5) minutes shall be provided at all patients' toilets, showers, and tubs.

(E) Linen and refuse chutes shall be designed as follows:

(i) Service openings to chutes shall be located in a room of not less than two (2) hour fire-resistive construction, and the entrance door to such room shall be a Class "B," one and one-half (1 1/2) hour rated door.

(ii) Gravity-type chutes shall be equipped with washdown device.

(iii) Chutes shall terminate in or discharge directly into collection rooms. Separate collection rooms shall be provided for refuse and linen.

(F) Dumbwaiters, conveyers, and material handling systems shall open into a room enclosed by not less than two (2) hours fire resistive construction. The entrance door to such room shall be a Class "B," one and one-half (1 1/2) hour fire rated door.

(G) Ceiling heights shall meet the following requirements:

(i) Storage rooms, patients' toilet rooms, and janitor's closets, closets etc., and other minor rooms shall have ceilings not less than seven feet-eight inches (7' 8") above the finished floor.

Ceilings for all other rooms, patient areas, nurse service areas, etc., shall not be less than eight feet-zero inches (8' 0") above the finished floor.

(ii) Ceilings shall be washable or easily cleanable. Non-pervious surface finishes shall be provided in dietary department, soiled utility rooms and bath/shower rooms.

(iii) Ceilings shall be acoustically treated in corridors, patient areas, nurses' stations, nourishment stations, recreation and dining areas.

(H) Boiler rooms, food preparation centers, and laundries shall be insulated and ventilated to maintain comfortable temperature levels on the floor above.

(I) Fire extinguishers shall be provided in recessed locations throughout the building and shall be located not more than five feet-zero inches (5' 0") above the floor.

(J) Floors and walls.

(i) In all areas where floors are subject to wetting, they shall have a nonslip finish.

(ii) Floors shall be easily cleanable.

(iii) Floor materials, threshold, and expansion joint covers shall be flush with each other.

(iv) Walls shall be cleanable and, in the immediate area of plumbing fixtures, the finish shall be moisture proof.

(v) Service pipes in food preparation areas and laundries shall be enclosed.

(vi) Floor and wall penetrations by pipes, ducts and conduits and all joints between floors and walls shall be tightly sealed.

(K) Cubicle curtains and draperies shall be noncombustible or rendered flame retardant.

(L) Windows shall be designed to prevent accidental falls when open.

(M) Mirrors shall be arranged for use by patients in wheelchairs as well as by patients in a standing position.

(N) Soap and paper towels shall be provided at all handwash facilities used by staff.

(O) Prior to licensure of the facility, all electrical and mechanical systems shall be tested, balanced, and operated to demonstrate that the installation and performance of these systems conform to the requirements of the plans and specifications.

(P) Any balcony shall have railings. Such railings shall not be less than forty-eight (48) inches above finished floor.

(20) Required equipment. The following equipment shall be provided by each facility.

(A) one (1) stretcher per nursing unit;

(B) one (1) suction machine per nursing unit;

(C) one (1) oxygen cylinder with transport carrier per nursing unit;

(D) one (1) telephone per nursing unit;

(E) one (1) large, bold-faced clock per nursing unit;

(F) one (1) patient lift per floor;

(G) one (1) ice machine per floor;

(H) one (1) water cooler per floor;

(I) one (1) autoclave per facility; and

(J) one (1) chair or bed scale per facility.

(Added effective September 25, 1990; Amended effective December 28, 1992; July 2, 1993; March 30, 1994; March 29, 2001; March 8, 2004; January 4, 2005; May 1, 2007.)

## 19-13-D8u. Intravenous therapy programs in chronic and convalescent nursing homes and rest homes with nursing supervision

(a) As used in this section:

(1) "Administer" means to initiate the venipuncture and deliver an IV fluid or IV admixture into the blood stream via a vein, and to monitor and care for the venipuncture site, terminate the procedure, and record pertinent events and observations;

(2) "IV Admixture" means an IV fluid to which one or more additional drug products have been added;

(3) "IV Fluid" means sterile solutions of SO ml or more, intended for intravenous infusion but excluding blood and blood products;

(4) "IV therapy" means the introduction of an IV fluid or IV 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 facility's medical staff;

(5) "IV therapy program" means the overall plan by which the facility implements, monitors and safeguards the administration of IV therapy to patients;

(6) "IV therapy nurse" means a registered nurse who is qualified by education and training and has demonstrated proficiency in the theoretical and clinical aspects of IV therapy to administer an IV fluid or IV admixture.

(b) Intravenous Therapy Program Prohibited; Exceptions. The administration of IV therapy in chronic and convalescent nursing homes and rest homes with nursing supervision is prohibited except when administered directly by a licensed physician or as provided in subsection (c) of this section.

(c) IV Therapy Programs in Chronic and Convalescent Nursing Homes. IV Therapy may be administered in a chronic and convalescent nursing home in accordance with the following requirements:

(1) The IV therapy program shall be developed and implemented in a manner which ensures safe care for all patients receiving IV therapy which shall include at least the following:

(A) A description of the objectives, goals and scope of the IV therapy program;

(B) Names and titles, duties and responsibilities, of persons responsible for the direction, supervision and control of the program. Alternates shall be named in their absences;

(C) Written policies and procedures concerning:

(i) Establishment of the standards of education, training, ongoing supervision, in-service education and evaluation of all personnel in the program including the IV therapy nurses, licensed nursing personnel and supportive nursing personnel;

(ii) The origin, form, content, duration and documentation of physician orders for the IV therapy;

(iii) The safe administration, monitoring, documentation and termination of IV therapy;

(iv) The safe preparation, labeling and handling of IV admixtures;

(v) The procurement, maintenance, and storage of specific types of equipment and solutions which will be used in the program;

(vi) IV therapy related complications, early recognition of the signs and symptoms of sepsis and acute untoward reaction, and appropriate intervention in a timely manner;

(vii) Surveillance, prevention and review of infections associated with IV therapy;

(viii) The ongoing review of the effectiveness and safety of the program to include problem identification, corrective action and documentation of same;

(2) An IV therapy nurse in a chronic and convalescent nursing home operating an IV therapy program pursuant to a physician order may:

(A) Initiate a venipuncture in a peripheral vein and deliver an IV Fluid or IV admixture into the blood stream;

(B) Deliver an IV Fluid or IV admixture into a central vein;

(3) Only a physician may initiate and terminate a central vein access.

(4) Licensed nursing personnel may deliver an IV Fluid or IV Admixture into the blood stream via existing lines, monitor, care for the venipuncture site, terminate the procedure, and record pertinent events and observations.

(5) A log shall be maintained of each IV therapy procedures initiated and made available upon the request of the Commissioner of Public Health. The log shall record as a minimum the following information: Date and time of initiating the IV therapy; name of patient; name of prescriber; description of the IV therapy; date and time of terminating the IV therapy; outcome of the IV therapy; and, complications encountered, if any.

(Effective May 20, 1985; Amended effective March 8, 2004.)

## 19-13-D8v. Pharmaceutical services in chronic and convalescent nursing homes and rest homes with nursing supervision

(a) Definitions For the purposes of these regulations:

(1) "Administering" means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with Federal and State laws and regulations governing such act. The complete act of administration includes removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's order, giving the individual dose to the proper patient, and promptly recording the time and dose given.

(2) "Community Pharmacy" means a pharmacy licensed pursuant to Section 20-168 of the Connecticut General Statutes. An exception may be made for those cases where a specific patient has a third party prescription drug plan which requires the patient to obtain medications from a specific pharmacy located outside the State of Connecticut, provided such pharmacy complies with the requirements of the State of Connecticut regulations and the policy of the facility regarding labeling and packaging.

(3) "Compounding" means the act of selecting, mixing, combining, measuring, counting or otherwise preparing a drug or medicine.

(4) "Dispensing" means those acts of processing a drug for delivery or for administration to a patient pursuant to the order of a practitioner consisting of: The checking of the directions on the label with the directions on the prescription or order to determine accuracy, the selection of the drug from stock to fill the order, the counting, measuring, compounding, or preparation of the drug, the placing of the drug in the proper container, the affixing of the label to the container, and the addition to a written prescription of any required notations. For purposes of this part, it does not include the acts of delivery of a drug to a patient or of administration of the drug to the patient.

(5) "Distributing" means the movement of a legend drug from a community pharmacy or institutional pharmacy to a nursing service area, while in the originally labeled manufacturer's container or in a prepackaged container labeled according to Federal and State statutes and regulations.

(6) "Dose" means the amount of drug to be administered at one time.

(7) "Facility" means a chronic and convalescent nursing home or rest home with nursing supervision.

(8) "Institutional Pharmacy" means that area within a chronic and convalescent nursing home commonly known as the pharmacy, which is under the direct charge of a full-time pharmacist and wherein drugs are stored and regularly compounded or dispensed and the records of such compounding or dispensing maintained, by such pharmacist.

(9) "Legend Drugs" means any article, substance, preparation or device which bears the legend: Federal law prohibits dispensing without a prescription.

(10) "Pharmaceutical Services" means the functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the facility, and the monitoring of patient drug therapy.

(11) "Pharmacist" means a person duly licensed by the Connecticut Commission of Pharmacy to engage in the practice of pharmacy pursuant to Section 20-170 of the Connecticut General Statutes.

(12) "`PRN' Drug" means a drug which a physician has ordered to be administered only when needed under certain circumstances.

(13) "Practitioner" means a physician, dentist or other person authorized to prescribe drugs in the course of professional service in the State of Connecticut.

(14) "Single Unit" means one, discrete pharmaceutical dosage form (e.g., one tablet or one capsule) of a drug. A single unit becomes a unit dose, if the physician orders that particular amount of a drug.

(15) "Unit Dose" means the ordered amount of a drug in a prepackaged dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(b) Pharmaceutical services.

(1) Each facility shall assure the availability of pharmaceutical services to meet the needs of the patients. All such pharmaceutical services shall be provided in accordance with all applicable federal and state laws and regulations. Drug distribution and dispensing functions shall be conducted through:

(A) a community pharmacy; or

(B) an institutional pharmacy.

(2) The pharmaceutical services obtained by each facility shall be provided under the supervision of a pharmacist as follows:

(A) If the facility operates an institutional pharmacy, the facility shall employ a pharmacist who shall supervise the provision of pharmaceutical services at least thirty-five (35) hours per week.

(B) When pharmaceutical services are obtained through a community pharmacy, the facility shall have a written agreement with a pharmacist to serve as a consultant on pharmaceutical services, as follows:

(i) The consultant pharmacist shall visit the facility at least monthly, to review the pharmaceutical services provided, make recommendations for improvements thereto and monitor the service to assure the ongoing provision of accurate, efficient and appropriate services.

(ii) Signed dated reports of the pharmacist's monthly reviews, findings and recommendations shall be forwarded to the facility's Administrator, Medical Director and Director of Nursing and kept on file in the facility for a minimum of three (3) years.

(C) Whether pharmaceutical services are obtained through a community pharmacy or an institutional pharmacy, the facility shall ensure that a pharmacist is responsible for the following functions:

(i) compounding, packaging, labeling, dispensing and distributing all drugs to be administered to patients;

(ii) monitoring patient drug therapy for potential drug interactions and incompatibilities at least monthly with documentation of same; and

(iii) inspecting all areas within the facility where drugs (including emergency supplies) are stored at least monthly to assure that all drugs are properly labeled, stored and controlled.

(3) Proper space and equipment shall be provided within the facility for the storage, safeguarding, preparation, dispensing and administration of drugs.

(A) Any storage or medication administration area shall serve clean functions only and shall be well illuminated and ventilated. When any mobile medication cart is not being used in the administration of medicines to patients it shall be stored in a locked room that meets this requirement.

(B) All medication cabinets (stationary or mobile) shall be closed and locked when not in current use unless they are stationary cabinets located in a locked room that serves exclusively for storage of drugs and supplies and equipment used in the administration of drugs.

(C) Controlled substances shall be stored and handled in accordance with provisions set forth in Chapter 420b of the Connecticut General Statutes and regulations thereunder.

(D) When there is an institutional pharmacy:

(i) The premises shall be kept clean, lighted and ventilated, and the equipment and facilities necessary for compounding, manufacturing and dispensing drugs shall be maintained in good operational condition.

(ii) Adequate space shall be provided to allow specialized pharmacy functions such as sterile IV admixture to be performed in discrete areas.

(4) Each facility shall develop, implement and enforce written policies and procedures for control and accountability, distribution, and assurance of quality of all drugs and biologicals, which shall include the following specifics:

(A) Records shall be maintained for all transactions involved in the provision of pharmaceutical services as required by law and as necessary to maintain control of, and accountability for, all drugs and pharmaceutical supplies.

(B) Drugs shall be distributed in the facility in accordance with the following requirements:

(i) All medications shall be dispensed to patients on an individual basis except for predetermined floor stock medication.

(ii) Floor stock shall be limited to emergency drugs, contingency supplies of legend drugs for initiating therapy when the pharmacy is closed, and routinely used non-legend drugs. Floor stock may include controlled substances in facilities that operate an institutional pharmacy.

(iii) Emergency drugs shall be readily available in a designated location.

(C) Drugs and biologicals shall be stored under proper conditions of security, segregation and environmental control at all storage locations.

(i) Drugs shall be accessible only to legally authorized persons and shall be kept in locked storage at any time such a legally authorized person is not in immediate attendance.

(ii) All drugs requiring refrigeration shall be stored separately in a refrigerator that is locked or in a locked room and that is used exclusively for medications and medication adjuncts.

(iii) The inside temperature of a refrigerator in which drugs are stored shall be maintained within a thirty-six degree (36°) to forty-six degree (46°) Fahrenheit range.

(D) All drugs shall be kept in containers that have been labeled by a pharmacist or in their original containers labeled by their manufacturer

and shall not be transferred from the containers in which they were obtained except for preparation of a dose for administration. Drugs to be dispensed to patients on leaves of absence or at the time of discharge from the facility shall be packaged in accordance with the provisions of the Federal Poison Prevention Act and any other applicable Federal or State Law.

(E) Drugs and biologicals shall be properly labeled as follows:

(i) Floor stock containers shall be labeled at least with the following information: name and strength of drug; manufacturer's lot number or internal control number; and, expiration date.

(ii) The label for containers of medication dispensed from an institutional pharmacy for inpatient use shall include at least the following information: name of the patient; name of prescribing practitioner; name, strength and quantity of drug dispensed; expiration date.

(iii) The label for containers of medication obtained from a community pharmacy for inpatient use shall include at least the following information: name, address and telephone number of the dispensing pharmacy; name of the patient; name of the prescribing practitioner; name, strength and quantity of drug dispensed, date of dispensing the medication; expiration date. Specific directions for use must be included in the labeling of prescriptions containing controlled substances.

(iv) The label for containers of medication dispensed to patients for inpatient self care use, or during leaves of absence or at discharge from the facility shall include at least the following information: name, address and telephone number of the dispensing pharmacy; name of the patient; name of the prescribing practitioner; specific directions for use; name, strength and quantity of the drug dispensed; date of dispensing.

(v) In cases where a multiple dose package is too small to accommodate a standard prescription label, the standard label may be placed on an outer container into which the multiple dose package is placed. A reference label containing the name of the patient, prescription serial number and the name and strength of the drug shall be attached to the actual multiple dose package. Injectables intended for single dose that are ordered in a multiple quantity may be banded together for dispensing and one (1) label placed on the outside of the banded package.

(vi) In lieu of explicitly stated expiration dating on the prescription container label, a system established by facility policy may be used for controlling the expiration dating of time-dated drugs.

(F) Drugs on the premises of the facility which are outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued, or obsolete shall be disposed of in accordance with the following requirements:

(i) Controlled substances shall be disposed of in accordance with Section 21a-262-3 of the regulations of Connecticut State Agencies.

(ii) Non-controlled substances shall be destroyed on the premises by a licensed nurse or pharmacist in the presence of another staff person, in a safe manner so as to render the drugs non-recoverable. The facility shall maintain a record of any such destructions which shall include as a minimum the following information: date, strength, form and quantity of drugs destroyed; and the signatures of the persons destroying the drugs and witnessing the destruction.

(iii) Records for the destruction of drugs shall be kept on file for three (3) years.

(G) Current pharmaceutical reference material shall be kept on the premises in order to provide the professional staff with complete information concerning drugs.

(H) The following additional requirements shall apply to any unit dose drug distribution system:

(i) Each single unit or unit dose of a drug shall be packaged in a manner that protects the drug from contamination or deterioration and prevents release of the drug until the time the package is opened deliberately.

(ii) A clear, legible label shall be printed on or affixed securely to each package of a single unit or unit dose of a drug. Each drug label shall include the name; strength; for each unit dose package, the dosage amount of the drug; the lot or control number; and the expiration date for any time-dated drugs.

(iii) Packages of single unit or unit doses of drugs shall be placed, transported and kept in individual compartments.

(iv) Each individual drug compartment shall be labeled with the full name of the patient, and the patient's room number or bed number.

(I) The facility shall implement a drug recall procedure which can be readily implemented.

(5) Each facility shall develop and follow current written policies and procedures for the safe prescribing and administration of drugs.

(A) Medication orders shall be explicit as to drug, dose, route, frequency, and if P.R.N., reason for use.

(i) Medications not specifically limited as to time or number of doses shall be stopped in accordance with the following time frame: controlled substances shall be stopped within three (3) days; antibiotics and other antiinfectives (topical and systemic), anti-coagulants, antiemetics, cortico steroids (topical and systemic), cough and cold preparations, and psychotherapeutic agents shall be stopped within ten (10) days.

(ii) Orders for all other drugs shall remain in effect until the time of the next scheduled visit of the physician.

(iii) A staff member shall notify the practitioner of the impending stop order prior to the time the drug would be automatically stopped in accordance with the preceding policy.

(B) Patients shall be permitted to self-administer medications on a specific written order from the physician. Self-administered medication shall be monitored and controlled in accordance with procedures established in the facility.

(C) Medication errors and apparent adverse drug reactions shall be recorded in the patient's medical record, reported to the attending physician, director of nursing, and consultant pharmacist, as appropriate, and described in a full incident report in accordance with Section 19-13-D8t (g) of the Regulations of Connecticut State Agencies.

(6) A pharmacy and therapeutics committee shall oversee the pharmaceutical services provided to each facility, make recommendations for improvement thereto, and monitor the service to ensure its accuracy and adequacy.

(A) The committee shall be composed of at least one pharmacist, the facility's director of nursing, the facility's administrator, and a physician.

(B) The committee shall meet, at least quarterly, and document its activities, findings and recommendations.

(C) Specific functions of the committee shall, as a minimum, include the following:

(i) Developing procedures for the distribution and control of drugs and biologicals in the facility in accordance with these regulations;

(ii) Reviewing adverse drug reactions that occur in the facility and reporting clinically significant incidents to the Federal Food and Drug Administration; and

(iii) Reviewing medication errors that occur in the facility and recommending appropriate action to minimize the recurrence of such incidents.

(Effective March 30, 1994)

## 19-13-D9. Chronic and convalescent nursing homes and rest homes with nursing supervision with authorization to care for persons with manageable psychiatric conditions as determined by a board qualified or certified psychiatrist

Chronic and convalescent nursing homes licensed under section 19-13-D8 and rest homes with nursing supervision licensed under section 19-13-D7 may be authorized to care for persons with manageable psychiatric conditions as determined by a board qualified or certified psychiatrist, provided they shall comply with the requirements of section 19-13-D13.

(Effective December 8, 1975.)

## 19-13-D12. Multi-care institutions

Each unit of a multi-care institution conforming to the definition of any institution listed in section 19-13-D1 shall be required to meet the regulations governing the maintenance and operation of such institution as specified in this regulation.

## 19-13-D13. Chronic and convalescent nursing homes and rest homes with nursing supervision with authorization to care for persons with manageable psychiatric conditions as determined by a board qualified or certified psychiatrist

Chronic and convalescent nursing homes and rest homes with nursing supervision licensed under section 19-33 of the general statutes complying with this section may be authorized to accept persons suffering from manageable psychiatric conditions as determined by a board qualified or certified psychiatrist when such persons have been evaluated by a physician licensed to practice medicine and surgery in Connecticut who has completed graduate residency training approved by the American Board of Psychiatry and Neurology and when this physician has recommended in writing that the person may be appropriately cared for in the nursing home:

(a) In all chronic and convalescent nursing homes of any size and rest homes with nursing supervision of sixty one beds or more there shall be in attendance at all times a registered nurse, or a nurse with special training or experience in the care of mental patients. In rest homes with nursing supervision of sixty beds or less the registered nurse or a nurse with special training or experience in the care of mental patients may be a consultant. Consultation shall be at least eight hours per week.

(b) A person suffering from a manageable psychiatric condition as determined by a qualified psychiatrist may be admitted to such a nursing home or rest home with nursing supervision only on a written certificate. Such certificate shall give the name and location of the nursing home or rest home with nursing supervision to which admission is sought, the name and address of the person in charge, the name, age, sex and residence of the patient, he name and address of a responsible relative or guardian, the diagnosis of the mental condition according to standard classified nomenclature of mental disease, the prognosis of the case and previous admissions to psychiatric hospitals and shall express

the opinion that the patient may be cared for in such nursing home without injury to the patient or persons or property. These certificates shall be kept in a manner approved by the commissioner of health.

(c) The following rules apply to the care of patients:

(1) Patients shall be treated kindly at all times.

(2) No patient shall be restrained, either by physical or chemical means, except on written order of a physician. Should such physical or chemical restraint be required, the physician shall record in the patient's clinical record the order for such restraint and the reason that such restraint is required as well as the suitability of the patient for continued stay in a chronic and convalescent nursing home or a rest home with nursing supervision. The physician shall be required to renew the order for such restraint and to indicate the reason for such restraint at least every ten days. The nursing staff shall be required to record all physical restraints used by type, frequency of use and each time they are checked to ensure the patient's health and safety are not being jeopardized. Licensed nurses may use physical restraints to protect the patient, or others in the institution, if such nurse or nurses deem that this action is necessary. This action may be done without a physician's order providing that the physician is notified as soon as the patient is safely under control and the physician shall visit the institution to take appropriate action in regard to the nurse's decision within eight hours of the notification.

(3) If a patient's condition changes so that he may do injury to himself, other persons or property, arrangement shall be made for his immediate transfer to a more suitable institution.

(4) No patient may be held contrary to the commitment laws of Connecticut.

(d) Classification of civil penalty violation for chronic and convalescent nursing homes and rest homes with nursing supervision with authorization to care for persons with manageable psychiatric condition as determined by a board qualified or certified psychiatrist. Any chronic and convalescent nursing home or rest home with nursing supervision with authorization to care for persons with manageable psychiatric conditions as determined by a board qualified or certified psychiatrist as defined in Section 19a-521 Connecticut General Statutes found by the Commissioner of Health Services to be in violation of one of the following provisions of the Regulations of the Connecticut State Agencies known as the Public Health Code shall be subject to the class of violation indicated below and penalties indicated in Section 19a-527 Connecticut General Statutes:

(1) A violation of the following provisions shall result in a Class B violation:

(A) 19-13-D13 (b);

(B) 19-13-D13 (c) (2);

(Effective March 1, 1988.)

## Maternity Hospitals

### 19-13-D14. Minimum requirements for licensing maternity hospitals

For the purpose of this section, "maternity hospital" or "lying-in place" means a place into which women are received for professional care because of pregnancy. Each maternity hospital affected by section 19-43 of the general statutes shall comply with the following requirements before a license is issued:

(a) Medical service. There shall be a resident physician or consulting physician for each maternity hospital who shall assume responsibility for the general adequacy of medical nursing care rendered in the institution and who shall be available for emergency in case of need, provided a practitioner of a healing art entitled by law to practice obstetrics may conduct a maternity hospital with a resident or consulting practitioner of a healing art licensed to practice surgery.

(b) Nursing service. Each maternity hospital shall have a registered nurse in attendance at all times for the mothers and infants and such nurse shall not attend patients on any other service.

(c) Cleanliness and management. The building, equipment and surroundings shall be kept clean at all times and the management and operation of the hospital shall be such as reasonably to ensure the health, comfort and safety of the patients.

(d) Building, space and equipment requirements. The building, space and equipment requirements for a maternity hospital shall be provided for as follows:

(1) Fire protection. The buildings, equipment and precautions taken to provide for the safety of patients and employees in case of fire shall be approved by the state commissioner of health.

(2) A separate unit. To insure complete segregation of maternity patients and new-born infants from other types of patients, a maternity hospital operated as a part of a general hospital shall be in a separate unit of the institution and either have its own separate sterilization equipment and supplies or be furnished with sterile supplies from a central sterilizing room.

(3) Nursery. Each maternity hospital shall maintain a separate room for a nursery with a bassinet for each baby and one incubator for a premature infant, for every ten or fewer bassinets. This is not to be construed to preclude rooming-in accommodations when the hospital has adequate facilities, including hot and cold running water, for the care of the mothers and infants.

(4) Delivery room. Each maternity hospital shall have a separate delivery room which shall not be used for any patient with an infection.

(5) Space between beds. There shall be a space of at least three feet between beds.

(6) Isolation facilities. A separate room shall be available for the isolation of patients who develop evidence of infection. Any indication of infection shall be reported immediately to the physician who has assumed responsibility for adequacy of care in the institution. Any obstetrical patient with a mouth temperature of 100.4 degrees F. or more (excluding the first twenty-four hours after delivery) for a period longer than twenty-four hours, as well as any other infection which may be contagious irrespective of temperature, shall be isolated from other maternity patients. Any infant showing evidence of infection of any kind of any infant exposed to an infected mother shall be removed from the nursery. Isolation technique shall be observed for all such cases.

(7) Temperature. The heating equipment shall be such as will maintain a temperature of not less than 70 degrees F. No oil or gas heater shall be used in a room unless it is directly connected with a flue which opens to the outside air.

(8) Laboratory. There shall be laboratory equipment and reagents necessary to test urine for albumin, sugar and acetone bodies.

(9) Other equipment. Each maternity hospital shall have adequate equipment for resuscitation of infants.

(e) Records. A complete record of each case shall be kept which shall include items of information as may be required by the state department of health and shall include all items necessary to fill out a death certificate for the mother and all items necessary to fill out a birth certificate or a death certificate for the baby, together with steps taken in handling the case.

(f) Required procedure. The following procedures shall be carried out for each case admitted to a maternity hospital:

(1) Each patient shall be attended by a practitioner of the healing arts licensed to practice obstetrics or by a midwife.

(2) A specimen of blood shall be taken from each patient from the Wasserman or Kahn or similar test and submitted to a laboratory approved by the state department of health, unless the attending physician writes and signs a note in the record that such test is not necessary.

(3) Before removal from the delivery room, each newborn infant shall be marked for identification with a mark which shall not be removed while the child is in the hospital.

(4) All drugs, disinfecting solutions and other preparations kept in the institution shall be distinctly and correctly labeled and kept readily available in a place approved by the state department of health.

(5) Section 19-92 of the general statutes reads as follows:
"Any inflammation, swelling or unusual redness in the eyes of any infant, either apart from or with any unnatural discharge from the eyes of such infant, occurring at any time within two weeks after the birth of such infant, shall, for the purposes of this section, be designated as `inflammation of the eyes of the newborn.' The professional attendant or other person caring for a newborn infant shall report any such inflammation of the eyes of the newborn to the local director of health within six hours after such condition is observed. The person in attendance at the birth of any infant shall instill into the eyes of such infant, immediately after birth, one or two drops of a prophylactic solution approved by the state department of health. The state department of health shall furnish in a convenient form for such use a prophylactic solution for gratuitous distribution to persons licensed to practice the healing arts or midwifery. Any person who violates any provision of this section shall be fined not less than ten dollars nor more than fifty dollars."

(g) Duration of license. Each license shall terminate on the thirty-first day of December of each year. A license may be revoked at any time for cause.

# Donation of Eyes

## 19-13-D40. Donation of eyes for scientific, educational or therapeutic use

(a) Definitions. In this regulation to effect the purposes of section 19-139c of the 1965 supplement to the general statutes, insofar as they pertain to eyes, to following words and phrases shall have the following meanings:
- (1) Eye bank means an identified special function of a hospital or medical institution having a record system covering the status of the donor's intent and disposition of the donated tissue, providing storage facilities, carrying cases and solution for in and out transportation and having materials necessary for maintaining bacteriological and pathological control of the tissue;
- (2) donor means the person who by written instrument has validly donated his eyes for use after his death
- (3) donee means any Connecticut hospital or medical institution establishing an eye bank approved by the state department of health to receive eyes for assignment for transplantation or for any other scientific, educational or therapeutic use;
- (4) donee's agent means any physician, or the agent of any Connecticut hospital or medical institution, cooperating with the donee in the removal, preparation or storage of the donor's eyes, and
- (5) recipient means any person eligible to receive a transplantation of eye tissue, or any hospital or medical institution receiving eye tissue for other scientific, educational or therapeutic use.

(b) Approval of donee. Any donee shall make annual application in writing over the signature of a responsible executive or staff member to the state commissioner of health for approval as required in section 19-139c of the 1965 supplement to the general statutes. After inspection, the commissioner of health shall notify the hospital or medical institution whether or not the application is approved, which notification shall be kept as part of the permanent records of the eye bank.

(c) Notification on death of donor. Upon the death of the donor, his next of kin or other person legally responsible shall forthwith notify the donee, which shall agree to keep such records as the state department of health may require to accomplish the purposes of this section at no expense to the state.

(d) Priority schedule for distribution. Each donee shall maintain a priority schedule to ensure that the distribution of available or suitable tissue be made in the following order:
- (1) For those purposes that may be specified by the donor in the written instrument, when feasible;
- (2) for use of the eye for a living recipient in Connecticut;
- (3) for use of the eye outside of Connecticut for a living recipient who is a Connecticut resident;
- (4) for use of the eye outside of Connecticut for a living recipient who is a nonresident of Connecticut;
- (5) for other medical or educational purposes.

(e) Procedure and techniques to be approved. All procedures, equipment and techniques used by a donee or donee's agent in the removal, preparation, storage and transportation of the donor's' eyes shall be based upon principles of asepsis and shall meet the approval of the state department of health.

(f) Fee prohibited. No fee of any kind may be charged the donor or the recipient except where authorized by statute nor may requests for donations in lieu of a fee be solicited.

(g) Removal of eyes prohibited, when. No donor's eyes shall be removed if it is known that a valid gift of the whole of the donor's body has been made unless the donor has expressly indicated to the contrary under the provisions of the written instrument, nor shall any eye be used for any living recipient pursuant to this section when the medical history of the donor or subsequent tests of the enucleated eyes reveal any disease or condition specified by the state department of health as rendering such tissue unfit for such use.

(h) Instrument for gift. The written instrument specified in section 19-139c of the 1965 supplement to the general statutes and such additional forms with such instructions as may be necessary to accomplish the purposes of said section shall be prepared or approved by the state department of health.

(i) Advisory committee. An advisory committee, consisting of at least four members, of whom at least one shall be an ophthalmologist, one a pathologist and one a hospital administrator, shall be appointed by the commissioner of health to advise him in the carrying out of the purposes of said section.

(Effective September 1, 1964.)

## Testing of Infants

### 19-13-D41. Tests of infants for phenylketonuria and metabolic errors [Repealed]

(Effective March 15, 1966, repealed effective September 1, 2006)

### 19-13-D42. Objection of parents to test [Repealed]

(Effective March 15, 1966, repealed effective September 1, 2006.)

## Licensure of Infirmiries

### 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 infirmary shall have a chief administrative officer who is accountable to the governing authority for:

(i) the general operation of the infirmary;

(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 infirmary to others as appropriate.

(d) Staffing. Each infirmary 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 infirmary 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 infirmary;
  - (ii) developing criteria by which he/she can determine the admission or denial of admission of a patient based on the infirmary'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 infirmary.

(2) Nursing Director--There shall be a full-time licensed registered nurse designated as the nursing director for the infirmary and whose responsibilities shall include, but not be limited to:
- (A) the nursing care provided to patients in the infirmary;
- (B) determining and arranging staffing when there are patients in the infirmary;
- (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 infirmary 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.
(G) 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 infirmary shall have the potential to serve at least three (3) meals daily.

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

(2) Dietary Facilities

(A) If food preparation is provided on the infirmary premises each infirmary 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 infirmary 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 infirmary;

(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 infirmary;

(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 infirmary which shall be available to staff at all times, complied with, and reviewed annually.

(2) Each infirmary 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 infirmary'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 infirmary.

(4) Personnel Practices

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

(B) Job descriptions for each infirmary 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 infirmary employee is free from communicable disease, shall be required of all infirmary employees.

(D) Personnel files for all employees who provide service in the infirmary 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 infirmary shall maintain a complete medical record for each patient admitted to the infirmary. The record shall be accessible to the infirmary 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 infirmary 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 infirmary 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 infirmary 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 infirmary and the manner in which those persons may be contacted;

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

(i) the school; and

(ii) the commissioner.

(h) Emergency Preparedness.

(1) Each infirmary 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 infirmary 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 infirmary 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 infirmary.

(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 infirmary'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 infirmary 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 infirmary 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 infirmary.

(1) Classification. Accident/incident reports to the department concerning events occurring in the infirmary 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 infirmary.

(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 infirmary 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 infirmary 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.

(l) 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 time for failure to comply with these regulations.

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

# Industrial Health Facilities

## 19-13-D44. Industrial health facilities

(a) Physical facilities. An industrial health facility shall:
- (1) Be located in a relatively quiet area readily accessible to employees and transportation;
- (2) be sufficiently spacious, properly ventilated, heated, lighted and kept clean at all times;
- (3) contain a sink with hot and cold running water with a skin cleansing agent and disposable towels. Toilet facilities shall be provided in the industrial health facility or nearby. If located nearby, the toilet facilities shall be on the same level or floor.

(b) Personnel.
- (1) Physicians. A medical director shall be appointed who shall be a physician licensed in Connecticut. The medical director shall be responsible for the active professional direction and supervision of all personnel providing health services. The medical director shall provide adequate written medical directives, i.e., standing orders, for all personnel providing health services, which directives he shall review and sign at least annually. The medical directives shall be kept in the industrial health facility. The medical directives shall be kept in the industrial health facility. The medical director and, when necessary, another physician or physicians shall visit the industrial health facility regularly in accordance with an established schedule as frequently and for as long a period of time as necessary. The medical director or another physician or physicians shall be on call when employees eligible to receive health services in the industrial health facility are working.
- (2) Registered nurses. Sufficient registered nurses shall be employed to meet the requirements of the health services provided.
- (3) Other personnel. Other personnel sufficient to meet the requirements of the health services provided shall be employed. At least one individual who has completed successfully the advanced American Red Cross first-aid course or the equivalent shall be on duty to provide first-aid services whenever a registered nurse or a physician is not on duty in the industrial health facility and employees eligible to receive services are working in the commercial or industrial establishment.

(c) Equipment. Equipment adequate for the number of employees to be served and the types of health services offered shall be provided.

(d) Supplies. Supplies adequate for the number of employees to be served and the types of health services offered shall be provided.

(e) Medical records.
- (1) Completeness. A medical record shall be started for each individual who receives health services. The medical record shall contain all medical health related reports and letters received from laboratories, physicians and others. An entry shall be made for every visit of such person to the industrial health facility. All treatments administered shall be recorded, dated and signed by the individual who administered the treatment. A daily statistical record shall be kept of the services provided in the industrial health facility and kept for at least eighteen months.
- (1) Confidentiality. Medical records shall be confidential except for cases involving claims under the Workmen's Compensation Act and except that the medical director shall disclose or authorize the disclosure of information as required by law and may disclose or authorize the disclosure of information to responsible individuals when he believes such disclosure is necessary for the best interest of the employee, or when written consent is received from the employee.
- (2) Storage and security. All current medical records shall be kept in locked files in the industrial health facility under control of the medical director. Noncurrent

medical records and medical records regarding former employees shall be kept in locked files under control of the medical director for at least three years.

(f) X-ray services. If diagnostic x-ray services are provided in the industrial health facility, the requirements of the public health code shall be complied with. The x-ray equipment shall be operated by adequately trained individuals. No x-ray examination shall be performed unless specifically ordered by a physician.

(g) Drugs.

(1) Definitions.

(A) "Administer" means to give, distribute, leave with, or deliver drugs to an employee in amounts to satisfy the needs of the employee for a time period not greater than the number of hours in the employees' work shift.

(B) "Controlled drug" means a controlled drug as defined in section 19-443 (6) of the 1969 supplement to the general statutes.

(C) “Dispense" means to give, distribute, leave with, or deliver drugs to an employee in amounts to satisfy the needs of the employee for a time period greater than the number of hours in the work shift.

(D) "Manufacturer of drugs" means a person who has complied with state and federal requirements regarding the manufacture of drugs.

(E) "Narcotic drug" means a narcotic drug as defined in section 19-433 (18) of the 1969 supplement to the general statutes.

(F) "Prescription drug" means a drug which is not permitted by federal drug laws to be sold, administered or dispensed without a prescription or written order from a licensed practitioner.

(G) "Licensed pharmacy" means a pharmacy licensed in accordance with the provisions of chapter 382 of the general statutes.

(H) "Wholesaler of drugs" means a person who has complied with the state and federal requirements regarding the wholesaling of drugs.

(2) Procurement. Prescription drugs, including non-narcotic controlled drugs, for use in an industrial health facility shall be purchased or obtained by the medical director from a wholesaler or manufacturer of drugs. In an emergency, prescription drugs, including nonnarcotic controlled drugs, may be purchased or obtained from a licensed pharmacy. Narcotic drugs for use in an industrial health facility shall be purchased or obtained by the medical director from a manufacturer or wholesaler of drugs on an official narcotic order form. The medical director shall register with the internal revenue service and obtain a Class 4 narcotic tax stamp with the address of the industrial health facility.

(3) Administration. Nonprescription drugs may be administered by a physician, a registered nurse, a licensed practical nurse or an individual who has completed successfully the advanced American Red Cross first-aid course or the equivalent in accordance with a written general medical directive from the medical director, or in accordance with a specific written or oral order from a physician for a specific patient. Prescription drugs, including narcotic and other controlled drugs, may be administered by a physician, or by a registered nurse in accordance with a specific oral or written order from a physician for a specific patient. A registered nurse may, in an emergency, administer a prescription drug in accordance with a general written medical directive from the medical director. The physician shall confirm a verbal order in writing on the patient's medical record. Written orders shall be filed in the patient's medical record. Only a physician or registered nurse may administer drugs intramuscularly. Only a physician may administer drugs intravenously.

(4) Dispensing. Drugs may be dispensed by a physician. A drug or drugs dispensed by a registered nurse, when ordered by a physician orally or in writing to dispense a drug or drugs to a specific patient, shall be construed to have been dispensed by the physician. The physician shall confirm a verbal order in writing on the patient's medical record. Written orders shall be filed with the patient's medical record.

(5) Records.

(A) Controlled drugs, including narcotics. A record separate from the medical records shall be kept of controlled drugs purchased or received and administered or dispensed. The record shall in each case show the date of receipt, the name and address of the person from whom received and the kind and quantity received. The record shall show the date and time of administration, dispensing or disposal, the name of the person to whom administered, dispensed or disposed, and the kind and quantity of drug, the name of the physician who ordered the drug administered or dispensed and the name of the individual who administered or dispensed the drug. Each such record shall be separately maintained and kept for a period of three years from the date of the transaction recorded. The keeping of a record required by or under federal drug laws containing essentially the same information as is specified above shall constitute compliance with this subsection, provided each record shall, in addition, contain a detailed list of any controlled drugs lost, destroyed or stolen, the kind and quantity of such drugs and the date of the discovery of such loss, destruction or theft. A notation regarding the kind and dosage of each controlled drug administered or dispensed to an employee shall be made in the employee's medical record. This shall be signed and dated by the individual who administered or dispensed the drug. An annual inventory of narcotic drugs shall be prepared in June and filed with the internal revenue service and the Class 4 narcotic tax stamp shall be renewed during June.

(B) Prescription drugs other than controlled drugs. A notation regarding the kind and dosage of each prescription drug other than a controlled drug, administered or dispensed to an employee shall be made in the employee's medical record. This shall be signed and dated by the individual who administered or dispensed the drug.

(C) Nonprescription drugs. A notation regarding the kind and dosage of each nonprescription drug administered or dispensed to an employee shall be made in the employee's medical record. This notation shall be signed and dated by the individual who administered or dispensed the drug.

(6) Storage.

(A) Narcotic drugs. Class A and B narcotic drugs not in excess of twelve taxable items shall be stored in a strong locked nonportable container in a locked medicine cabinet. Keys to the container shall be kept separate from the keys to the cabinet and such keys shall be kept only by a physician or a registered nurse. Class A and B narcotic drugs in excess of twelve taxable items shall be kept in an approved chest or safe. Class X narcotic drugs shall be stored in the same manner as other prescription drugs.

(B) Prescription drugs excluding Class A and B narcotic drugs. Prescription drugs excluding Class A and B narcotic drugs shall be stored in a medicine cabinet. The cabinet shall be locked when neither a physician nor a registered nurse is in attendance in the industrial health facility. Keys to the medicine cabinet shall be kept only by a physician or a registered nurse.

(C) Nonprescription drugs. Nonprescription drugs shall be stored in a locked medicine cabinet when no one is in attendance in the industrial health facility.

(7) Labeling. Drugs may be repackaged for stock by a physician. Drugs repackaged for stock by a registered nurse under the direction and supervision of a physician shall be construed to have been repackaged by a physician. The proper label shall be affixed to the container containing repackaged stock drugs. The container in which a drug is dispensed shall contain a label with the name of he

patient, name of the drug, strength of the drug, directions for use, name of the prescribing physician, the date of dispensing and the precautions, if any, to be taken. The name of the drug and the strength may be deleted from the label if the label contains a code number or some other device by which the individual dispensing the drug can identify it.

(8) Additional requirements. Additional requirements which the commissioner of health may prescribe regarding safeguarding and handling of drugs in special cases shall be complied with.

(h) Discontinuation. The administrator of the industrial health facility shall notify the commissioner of health at least fifteen days prior to discontinuation of operation of an industrial health facility to assure proper disposal of drugs and potentially hazardous equipment and proper disposition of medical records.

(Effective November 9, 1971.)

## Licensing Outpatient Clinics Operated by Corporations/Municipalities

### 19-13-D45. Definition

Outpatient clinics operated by corporations or municipalities. For the purposes of sections 19-13-D45 to 19-13-D53, inclusive, an outpatient clinic is an organization operated by a municipality or a corporation other than a hospital which provides ambulatory medical or dental care for diagnosis, treatment and care of persons with chronic or acute conditions which do not require overnight care, or medical or dental care to well persons including preventive services and maintenance of health.

(Effective April 4, 1972.)

### 19-13-D46. Buildings and equipment

(a) A clinic building shall be of sound construction and shall provide adequate space and equipment for patient interviews, physical examinations and treatment of patients and for service and other areas in accordance with the requirements of the state department of public health.

(b) Clinic buildings and equipment shall meet the requirements of the state fire safety code. Annual application for approval shall be accompanied by a certificate of inspection by the local fire marshal.

(c) Areas in which explosive gases or radioactive materials are used shall provide for adequate protection of patients and personnel.

(d) The clinic buildings and equipment shall be maintained in a good state of repair and shall be kept clean at all times.

(Effective April 4, 1972; Amended, effective December 30, 1996.)

### 19-13-D47. Governing board, administrator

(a) A clinic shall be managed by a governing board whose duties shall include, as a minimum:

(1) Adoption of bylaws or their equivalent, rules and regulations or their equivalent, including medical or dental staff bylaws, or both;

(2) annual appointment of the medical or dental staff with annual designation of medical or dental director; and

(3) appointment of a clinic administrator, qualified on the basis of training and experience approved by the commissioner of public health.

(b) The administrator, or the equivalent, shall be responsible to the governing board for the management and operation of the clinic and for the employment of personnel. He shall attend meetings of the governing board and meetings of the professional staff.

(c) Personnel shall be employed in sufficient numbers and of adequate qualifications so that the function of the clinic may be performed efficiently.

(Effective April 4, 1972; Amended, effective December 30, 1996.)

### 19-13-D48. Professional staff

(a) There shall be an organized professional staff of not fewer than three members of the major profession or professions providing care in the clinic; except that, in a family-planning clinic or well-child clinic, the staff may consist of a medical director and one other major profession providing care in the clinic.

(b) The professional staff shall adopt written rules and regulations governing its own activities, subject to approval of the governing board of the clinic. As a minimum these shall include:

(1) Methods of control of privileges granted to members of the medical or dental staff and the responsibilities of the medical or dental director;

(2) method of professional supervision of clinical work;

(3) provision for regular staff meetings;

(4) preparation of adequate case records; and

(5) procedure for recommending appointment to the staff and for hearing complaints regarding the conduct of members, referring the same, with recommendations, to the governing board.

(Effective April 4, 1972; Amended, effective December 30, 1996.)

## 19-13-D49. Records

(a) There shall be adequate provisions for the retention and storage of medical or dental records with adequate space and equipment and qualified medical record personnel, if necessary.

(b) A medical or dental record shall be started for each patient at the time of admission, including proper identifying data. Medical and dental records shall include sufficient information to justify the diagnosis made and warrant the treatment given or services provided. Each entry shall be signed by the person responsible for it.

(c) Medical and dental records shall be filed in the clinic in a manner accessible to the professional staff, with proper provision for their confidentiality, and shall be kept for a minimum of five years after discharge of the patient.

(Effective April 4, 1972.)

## 19-13-D50. Nursing personnel

Sufficient licensed nursing personnel shall be employed to render the care, treatment or preventive services necessary, including the administration of drugs and biologicals as required by the stated program of the clinic.

(Effective April 4, 1972.)

## 19-13-D51. Pharmaceuticals

Where pharmaceuticals are dispensed other than by a physician there shall be a pharmacy which meets the following requirements:

(1) There shall be a competent pharmacist, registered in Connecticut, who shall be responsible to the administrator for all pharmaceutical services in the clinic.

(2) The pharmacy shall be operated in compliance with all applicable state and federal drug laws and regulations.

(3) The premises shall be kept clean, adequately lighted, and ventilated, and the equipment and facilities necessary for compounding, dispensing, manufacturing, producing or processing of drugs shall be maintained in good order.

(4) Drugs used in the clinic shall meet standards established by the United States Pharmacopoeia, The National Formulary or the Federal Food and Drug Administration and shall be stored and kept so as to insure their proper purity and strength. A medical staff pharmacy committee in conference with the pharmacist shall formulate policies to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage. All applicable statutes and regulations governing the purchase, storage and dispensing of drugs and biologicals shall be in force at all times.

(Effective April 4, 1972.)

## 19-13-D52. Maintenance

The management, operation, personnel, equipment, facilities, sanitation and maintenance of the clinic shall be such as reasonably to assure the health, comfort and safety of patients at all times.

(Effective April 4, 1972.)

## 19-13-D53. Inspection

Clinics shall be inspected biennially by the state department of public health to test for ongoing compliance with sections 19-13-D45 through 19-13-D54 of the Regulations of Connecticut State Agencies.

(Effective April 4, 1972; Amended, effective December 30, 1996.)

## 19-13-D54. Abortions

(a) No abortion shall be performed at any stage of pregnancy except by a person licensed to practice medicine and surgery in the State of Connecticut.

(b) All induced abortions will be reported within seven days by the physician performing the procedure to the state commissioner of public health who will maintain such reports in a confidential file and use them only for statistical purposes except in cases involving licensure. Such reports will specify date of abortion, place where performed, age of woman and town and state of residence, approximate duration of pregnancy, method of abortion, and explanation of any complications. The name of the woman will not be given. These records will be destroyed within two years after date of receipt. In addition, a fetal death certificate shall be filed for each fetus born dead which is the result of gestation of not less than twenty weeks, or a live birth certificate shall be filed for each fetus born alive regardless of gestational age, as provided in sections 7-48 and 7-60 of the Connecticut General Statutes. If a live born fetus subsequently dies, a death certificate shall be filed as provided in section 7-62b of the Connecticut General Statutes.

(c) All induced abortions after the second trimester as verified by ultrasound, last menstrual period and pelvic exam, shall be done only in a licensed hospital with a department of obstetrics and gynecology and a department of anesthesiology.

(d) All outpatient clinics operated by corporations or municipalities where abortions are performed shall develop standards to control the quality of medical care provided to women having abortions. These standards shall include but not necessarily be limited to:

(1) verification of pregnancy and determination of duration of pregnancy;
(2) pre-operative instruction and counseling;
(3) operative permission and informed consent;
(4) pre-operative history and physical examination;
(5) pre-operative laboratory procedure for blood Rh factor;
(6) prevention of Rh sensitization;
(7) examination of the tissue by a pathologist;
(8) receiving and recovery room facilities;
(9) a standard operating room;
(10) post-operative counseling including family planning; and
(11) a permanent record.

(e) There shall be a mechanism for continuing review to evaluate the quality of records and the quality of clinical work. This review shall include all deaths, complications, infections and such other cases as shall be determined by the chief of the department of obstetrics and gynecology of the hospital or the clinic medical director.

(f) No person shall be required to participate in any phase of an abortion that violates his or her judgment, philosophical, moral or religious beliefs.

(g) If the newborn shows signs of life following an abortion, those measures used to support life in a premature infant shall be employed.

(h) During the third trimester of pregnancy, abortions may be performed only when necessary to preserve the life or health of the expectant mother.

(Effective February 25, 1974; amended effective December 30, 1996; amended effective August 1, 2005.)

## Dialysis Units

### 19-13-D55a. Licensure of out-patient dialysis units - standards for in-hospital dialysis units

(a) Definitions. As used in this section:

(1) "Dialysis Unit" or "Unit" means:

(A) An out-of-hospital out-patient dialysis unit that is a licensed facility which provides services on an out-patient basis to persons requiring dialysis on a short-term basis or for a chronic condition or training for home dialysis; or

(B) An in-hospital dialysis unit that is a special unit of a licensed hospital designed, equipped and staffed to offer dialysis therapy on an out-patient basis, and to provide training for home dialysis and renal transplantation as appropriate.

(2) "Dialysis Treatment" means:

(A) Chronic dialysis given to patients who have reached that stage of kidney impairment that requires dialysis to maintain life; or

(B) Acute dialysis given to patients who require dialysis because of temporary kidney failure.

(3) "Administrator/Director" means an individual employed by and accountable to the unit's governing body with responsibility for overall management of the unit and compliance with applicable laws and regulations.

(4) "Nurse Manager" means a registered nurse with accountability to the unit administrator/director for the nursing management, provision, coordination and quality of patient care delivered in the unit.

(5) "Charge Nurse" means a registered nurse to whom the nurse manager has delegated accountability for the coordination and supervision of all nursing care activities provided in the dialysis unit for a specified period of time.

(6) "Medical Director" means a physician responsible for supervision and assurance of the quality of the medical, technical and related administrative functions of the dialysis unit.

(7) “Patient Care Staff" means registered nurses, licensed practical nurses and patient care technicians, who provide dialysis treatments to patients.

(8) "Patient Care Technician" means a trained employee in a dialysis unit who may participate in patient care under the direct supervision of a registered nurse.

(9) "Direct Supervision" means supervision of the dialysis treatment continuously in the same room in which the treatment is being performed.

(b) Licensure Procedure.

(1) The Agency of Cognizance. A dialysis unit shall not be constructed, expanded or licensed to operate except upon application for, receipt of approval, and compliance with any limitations and conditions required by the Agency of Cognizance pursuant to Connecticut General Statutes, section 19a-638 and 19a-639, when applicable.

(2) No person shall operate a dialysis unit without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.

(3) Application for Licensure for Out-of-Hospital Out-Patient Dialysis Units.

(A) Application for the grant or renewal of a license to operate an out-of-hospital out-patient dialysis unit shall be made in writing on forms provided by the Department; shall be signed by the person seeking the authority to operate the facility; shall be notarized, and shall include at a minimum the following information:

(i) Evidence of compliance with local zoning ordinances and local building codes upon initial application;

(ii) Local fire marshal's annual certificate of compliance;

(iii) Statement of ownership and operation;

(iv) Certificate of public liability insurance;
(v) Current organization chart;
(vi) Description of services provided.

(B) Application for license renewal shall be made in accordance with subdivision (A) above and not less than 30 days preceding the date of expiration of the unit's current license.

(4) Issuance and Renewal of Licensure for Out-of-Hospital Out-Patient Dialysis Units.

(A) Upon determination by the Department that a unit is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or renewal of license to operate a unit for a period not to exceed two years.

(B) The license shall not be transferable to any other person, or facility or location.

(C) Each license shall list, on its face, the location and licensed number of hemodialysis stations, the types of treatment services provided, the name of the licensee, the name under which the unit does business, and the dates of issuance and expiration of said license.

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

(E) The licensee shall notify the Department in writing of any proposed change of ownership, location or services at least ninety days prior to the effective date of such proposed changes.

(5) Surrender of License. The facility shall notify in writing the Department, each patient concerned, the next of kin or legal representative, and any third party payors concerned at least 30 days prior to the voluntary surrender of a facility's license or surrender of license upon the Department's order of revocation, refusal to renew or suspension of license. In such cases, the current license shall be surrendered, to the Department, within seven days of the termination of operation.

(c) Governing Body

(1) The dialysis unit shall be under the control of a governing body, which shall be responsible for the following:

(A) Oversight of the management and operation of the dialysis unit.

(B) Adoption, and documented annual review of written policies and procedures, governing all aspects of the dialysis unit to include, at a minimum, the following:

(i) Health care and safety of patients;
(ii) The overall quality improvement program for the unit;
(iii) Personnel policies;
(iv) Patient grievance mechanism;
(v) Types of renal dialysis equipment to be utilized;
(vi) Reuse of dialysis devices in accordance with accepted standards of practice;
(vii) Operating hours;
(viii) Methods of selection of patients;
(ix) Patients on transplant status;
(x) Prevention and control of infectious diseases among patients and staff to include appropriate referrals and written notification to the Department of Public Health.

(C) Establishment of written transfer agreements with hospitals in the immediate vicinity for the provision of in-patient services (applicable to out-of-hospital out-patient dialysis units only).

(D) Appointment of a qualified administrator/director.

(E) Appointment of a qualified medical director.

(F) Approval of all appointments made to the medical staff of the dialysis unit.
(G) Determination of the frequency of meetings of the governing body and documentation of such meetings through minutes.

(d) Administrator/Director
(1) The Administrator/Director shall have:
(A) A baccalaureate degree or its equivalent and at least one year of experience in a dialysis unit; or
(B) The qualifications referenced in Section 19-13-D55a (e)(1) or Section 19-13-D55a (g)(2) of these regulations.
(C) Any person currently employed as an administrator/director of a dialysis unit as of September 28, 1988 shall be eligible to continue in the unit of employment without restriction.
(2) The administrator/director shall be responsible for the overall management of the unit and shall have the following responsibilities:
(A) Implementation of the policies and procedures which have been adopted by the governing body.
(B) Maintenance of procedure manuals, which are made available to all personnel, to include documented annual review with revisions made as appropriate.
(C) Ensuring compliance with applicable local, state, and federal regulations and laws.
(3) The Department shall be notified in writing, within five (5) business days of any change of administrator/director of the dialysis unit.

(e) Medical Director.
(1) The medical director shall be a physician licensed to practice medicine in Connecticut and who is board eligible or certified in nephrology by a professional board and who has at least 12 months experience in the care of patients in dialysis facilities.
(2) Any person currently serving as a medical director of a dialysis unit as of September 28, 1988 shall be eligible to continue in the dialysis unit of employment without restrictions.
(3) The medical director shall:
(A) Enforce the unit's policies and procedures governing medical care;
(B) Ensure that quality patient care is provided in the dialysis unit;
(C) Serve as liaison between the medical staff and administration;
(D) Recommend to the governing body the approval or denial of applications for membership on the medical staff;
(E) Designate in writing a physician licensed to practice medicine in Connecticut and who is board eligible or certified in nephrology to act in his or her absence.
(4) The Department shall be notified in writing, within five (5) business days of any change of medical director of the dialysis unit.

(f) Medical Staff.
(1) Each facility shall have an active organized medical staff.
(2) Medical staff of a dialysis unit shall be physicians licensed in the State of Connecticut who have completed or are in the process of completing special education and training programs, which shall include renal physiology and pathology.
(3) The active organized medical staff shall adopt written policies and procedures governing the medical care of the dialysis unit's patients. Such policies and procedures shall be approved by the medical director and the governing body. The policies and procedures shall include, at a minimum:
(A) Acceptable standards of practice for the medical staff;
(B) Participation in the medical components of the unit's quality improvement program.

(C) Standards to assure that, in the event of the medical director's absence, inability to act, or vacancy of the medical director's office, another physician who is board eligible or certified in nephrology on the facility's active organized medical staff is temporarily appointed to serve in that capacity.

(D) Protocols for services, if any, which may be provided by non-physician health professionals such as physician's assistants or advanced practice registered nurses.

(4) Members shall meet at least quarterly. Minutes shall be maintained for all such meetings. The regular business of the medical staff meetings shall include, at a minimum, analysis of and recommended actions concerning the medically related components of the unit's quality improvement program, including but not limited to adverse incidents and trends in patient-related dialysis parameters, including outcomes.

(g) Nurse Manager.

(1) The administrator/director shall appoint as nurse manager, a registered nurse licensed in the State of Connecticut.

(2) The nurse manager shall have special education, training and experience in dialysis techniques, 12 months of experience in clinical nursing and an additional 6 months of experience in nursing care of patients with permanent kidney failure who are receiving dialysis treatments.

(3) The nurse manager is responsible for the supervision, provision and quality of nursing care to include the coordination of all nursing activities in the dialysis unit. The nurse manager shall ensure that quality nursing care is provided in the unit.

(4) A charge nurse shall be designated by the nurse manager as responsible for the dialysis unit's nursing activities during the nurse manager's absences.

(5) In addition to the nurse manager, who shall not be counted in the dialysis unit's staffing pattern, there shall be sufficient numbers of licensed nurses and additional personnel to meet the patient care needs of the unit. At all times, at least fifty per cent (50%) of the unit's patient care staff shall be licensed nurses. There shall be a registered nurse on duty at all times when the unit is in operation.

(A) The nurse manager shall implement a patient acuity system which is used to determine the appropriate numbers and types of patient care staff to meet predicted needs of patients on each shift. The acuity system used shall include:

(i) Categorization of patient needs performed on at least a monthly basis;

(ii) A quantitative mechanism to link patient needs to an appropriate number of patient care staff for each shift;

(iii) A mechanism to differentiate which patient needs are appropriate for different levels of patient care staff;

(iv) A plan for management of staffing emergencies affecting patient care;

(v) Documentation of the patient acuity system maintained in the unit for one year.

(B) The nurse manager shall develop a methodology to periodically determine if the acuity system and unit staffing remain appropriate to the patient population being served.

(C) The nurse manager shall ensure that there is sufficient supervision to provide continuous monitoring of individual dialysis treatments.

(h) Nursing Staff.

(1) Qualified nursing staff of a dialysis unit shall consist of registered nurses and practical nurses who are licensed in the State of Connecticut. A training program,

which shall be provided by the dialysis unit of employment prior to the employee functioning in the position, shall include, at a minimum, the following:

(A) Instruction in anatomy and physiology, fluid and electrolyte balance, principles related to dialysis systems and devices, renal drug therapy, complications of dialysis therapy, emergency medical procedures, asepsis and infection control, dietary management and concepts of chronic end stage renal dialysis rehabilitation and patient education.

(B) Documented validation of competency in both theory and practice.

(2) Provisions shall be made for periodic and systematic evaluation of performance.

(3) All nursing staff shall participate in continuing education programs on an annual basis.

(4) Registered nurse staff shall be responsible for all patient assessments, including initial and discharge assessments.

(i) Additional Personnel.

(1) Patient Care Technicians.

(A) Patient care technicians shall comprise no more than 50% of staff providing direct care in the dialysis unit, with at least 50% of caregiver staff being licensed nurses.

(B) Patient care technicians may collect baseline objective patient care data; initiate, monitor and terminate dialysis treatments, and contribute information for the patient's ongoing plan of care.

(C) A written patient care technician training program, Approved by the unit's governing body, shall be developed to meet the needs of the individual unit. Training programs, which shall be provided by the unit of employment prior to the employee functioning in the position, shall include, at a minimum, the following:

(i) An introduction to dialysis, including principles of dialysis; care of the patient with kidney failure; dialysis procedures, including initiation, monitoring and termination of dialysis treatment; possible complications of dialysis; water treatment; infection control; and safety and dialyzer reprocessing, if applicable.

(D) A registered nurse shall be responsible for coordination of the clinical training of the patient care technician and shall assure that each patient care technician has completed the training program and has demonstrated competency in all clinical and theoretical areas.

(E) Records shall be kept to verify the participation and performance of each trainee in each phase of the training program. The satisfactory completion of the training program shall be attested to on each trainee's record by a registered nurse.

(F) Each patient care technician shall have an annual evaluation of performance. This evaluation shall be written and maintained for a minimum of three years.

(G) Each patient care technician shall participate in continuing education programs on an annual basis.

(H) Minimum qualifications for patient care technicians shall be a high school diploma.

(2) Other technical staff.

(A) Other technical staff shall be appropriately trained and tested to perform the assigned tasks and functions described in the dialysis unit's job description. This training program shall be provided by the dialysis unit of employment and each component shall be satisfactorily completed prior to the employee performing the component independently. Verification of competency shall be in writing.

(B) Other technical staff shall function under the supervision of the nurse manager.

(C) Other technical staff may not initiate, monitor or terminate dialysis treatments.

(3) Social Worker.

(A) The administrator/director shall appoint a qualified social worker.

(B) A qualified social worker shall be licensed pursuant to section 20-195m of the general statutes of Connecticut.

(C) Social work staff shall be employed in sufficient numbers to meet the needs of the patients.

(D) The social work staff shall assess and monitor each patient's adjustment to the social and emotional aspects of the patient's illness and treatment, provide casework or groupwork for patients and families as needed, participate in team reviews of patients' progress and make recommendations regarding treatment based on the patient's current psychosocial needs, provide direction for financial assistance, identify community resources and assist patients and families in utilizing them.

(4) Dietitian.

(A) The administrator/director shall appoint a qualified dietitian who shall be registered by the American Dietetic Association and who has at least one year of experience in clinical nutrition.

(B) The qualified dietitian shall be responsible for:

(i) A comprehensive assessment of patients' nutritional and dietetic needs;

(ii) Recommending medical nutritional therapy;

(iii) Counseling patients and significant others regarding nutritional and dietetic needs;

(iv) Monitoring patient responses, both physiological and psychosocial, to medical nutritional therapy.

(C) Dietitian staff shall be employed in sufficient numbers to meet the needs of the patients.

(5) Medical Records Practitioner.

(A) The administrator/director shall appoint a qualified medical records practitioner who:

(i) Has graduated from a program for medical record administrators accredited by the Council on Medical Education of the American Medical Association and the American Medical Record Association, and is certified or is eligible for certification as a registered record administrator (RRA) by the American Medical Record Association; or

(ii) Has graduated from a program for medical record technicians approved jointly by the Council on Medical Record Education of the American Medical Association and the American Medical Record Association and is certified or is eligible for certification as an accredited record technician (ART) by the American Medical Record Association; or

(iii) Has successfully completed and received a passing grade in the American Medical Record Association's Correspondence Course for Medical Record Personnel approved by the Accrediting Commission of the National Home Study Council, and is certified or is eligible for certification as an accredited record technician by the American Medical Record Association; or

(iv) If the medical records practitioner cannot satisfy the above qualifications, the provisions of this section may be met if such person functions with consultation from a person who qualifies under paragraph(5)(A)(i)(ii)(iii).

(B) The medical records practitioner shall be responsible for the maintenance of medical records in accordance with accepted standards of practice and for quarterly audits of records.

(6) All housekeeping and cleaning staff shall receive training to ensure that technical procedures used in cleaning and housekeeping are implemented to protect the health and safety of patients, staff and the public.

(7) Other staff as deemed necessary for the care of the patient. Such staff will function under the supervision of the appropriate qualified professional.

(j) Clinical Records.

(1) There shall be adequate provision for the retention and storage of all clinical records which shall ensure the safety of such records and the confidentiality of the information contained therein.

(2) Adequate space and equipment shall be provided for record keeping, and the records shall be maintained in a secure manner so as to protect their confidentiality and integrity.

(3) A clinical record shall be started for each patient at the time of admission to the unit to include all identifying data. Each patient's record shall contain sufficient information to justify the diagnosis and warrant the treatment given or services provided. A patient care plan including specific interventions to meet all identified patient needs shall be included. Each entry in the record shall be signed by the person responsible for it immediately after the service or treatment is rendered.

(4) All records shall be maintained in an out-of-hospital out-patient dialysis unit for a minimum of five years following the discharge of the patient. When records are archived off-site or stored electronically, provisions shall be made for retrieval and maintenance of confidentiality.

(5) Entries shall be made in the clinical record by all disciplines at least quarterly and at the time of any changes in the patient's condition or treatment.

(k) Pharmaceutical Services.

(1) The dialysis unit shall ensure the availability of pharmaceutical services, where indicated, to meet the needs of the patient.

(2) The pharmaceutical services shall be under the direction of a licensed pharmacist who shall be directly responsible to the administrator/director for:

(A) Supervision of the pharmaceutical services to assure conformance with accepted standards of practice, unit policies and all applicable state and federal laws.

(B) Development and implementation of current written policies and procedures that govern the procurement, storage, preparation, distribution, disposal, control and recording of drugs and biologicals.

(C) Inspection of all drug preparation and storage areas (including emergency drugs) at suitable intervals to ensure that:

(i) Drugs and biologicals are dispensed, packaged and labeled in accordance with accepted standards of practice and all applicable state and federal laws.

(ii) Drugs and biologicals are stored under proper conditions of sanitation, security, segregation and environmental control.

(iii) Drugs and biologicals which are out-dated, deteriorated, subjected to a drug recall, improperly labeled or discontinued are disposed of in accordance with approved procedures.

(iv) Emergency drugs are in adequate supply.

(v) Complete and accurate records are maintained for the receipt and disposition of controlled substances.

(3) The licensed pharmacist shall be responsible for:

(A) Establishment of quality control specifications for the procurement of drugs and biologicals used in the treatment of patients.

(B) Monitoring the drug therapy of patients for drug interactions, as appropriate.

(C) Participation, as appropriate, in inservice educational programs for the professional staff pertinent to drug therapy.
(D) Participation, as appropriate, in patient care conferences.
(E) Participation, as appropriate, in drug related patient and family education and counseling.

(4) There shall be current, written policies and procedures, approved by the medical staff, that govern the safe prescribing and administration of drugs and the proper recording of medication administration in the unit.

(l) General.

(1) For each position in the dialysis unit, there shall be a job description identifying required qualifications, training and/or past experience and the specific duties of the position.
(2) There shall be a program of continuing staff education provided in order to maintain and improve knowledge and skills.
(3) There shall be ancillary and functional dialysis machines readily available in the facility.
(4) The facility shall provide any special dialysate formulas (non-routine formulas of acetate) required by patients.
(5) On each dialysis unit or in close proximity there shall be maintained, at a minimum, emergency equipment and drugs for resuscitation and defibrillation.
(6) The management, operation, personnel, equipment, facilities, sanitation and maintenance of the dialysis unit, to include the care and services rendered within the dialysis unit, shall be such as to reasonably ensure the health, comfort and safety of patients, staff and the public at all times.
(7) Written fire and disaster plans shall be formulated and posted in a conspicuous location.
(8) If the unit provides self-dialysis training, the following support services shall be provided:
(A) Initial and periodic assessment by the appropriate professionals of the patient's home adaptation, including visits to the home, based on the patient's needs, and arrangements for monthly follow-up visits at the dialysis unit. The patient care plan shall include a schedule of assessments.
(B) Consultation with a qualified social worker and dietitian.
(C) Installation and maintenance of equipment.
(D) Ordering of supplies on an ongoing basis.
(E) Testing and appropriate treatment of water for home hemodialysis patients.

(m) Physical Plant Standards.

(1) General Provisions.
(A) All plans and specifications for new construction or alterations shall be submitted to the State Department of Public Health, the local Fire Marshal and the local building inspector for approval before construction is undertaken.
(B) Any facility licensed after the effective date of these regulations shall conform with the construction requirements described this section. Any facility licensed prior to the effective date of these regulations shall comply with the construction requirements in effect at the time of licensure. However, if the Commissioner or the Commissioner's designee determines that a pre-existing non-conformity with this subsection creates serious risk of harm to patients in a facility, the Commissioner may order such facility to comply with the pertinent portion of this subsection.
(C) Waiver.
(i) The Commissioner or his/her designee, in accordance with the general purposes and intent of these regulations, may waive

provisions of the Physical Plant Standards of these regulations if the Commissioner determines that such waiver would not endanger the life, safety or health of any patient. 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 a finding that the health, safety, or welfare of any patient has been jeopardized.

(ii) Any facility requesting a waiver shall apply in writing to the Department. Such application shall include:
- (a) The specific regulations for which the waiver is requested;
- (b) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;
- (c) The specific relief requested; and
- (d) Any documentation which supports the application for waiver.

(iii) In consideration of any application for waiver, the Commissioner or his/her designee may consider the following:
- (a) The maximum patient capacity;
- (b) The impact of a waiver on care provided;
- (c) Alternative policies or procedures proposed.

(iv) The Department reserves the right to request additional information before processing an application for waiver.

(v) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and Department regulations.

(2) Site.
- (A) The site or location of a new dialysis unit shall be approved by the State Department of Public Health.
- (B) No facility shall be constructed or converted to this use without city water and sanitary sewers.
- (C) Adequate off street parking stalls shall be provided at the ratio of one for each patient station.

(3) Code.
- (A) All new dialysis units shall comply with the State of Connecticut Fire Safety Code and Supplements and the State Basic Building Code and Supplements and local zoning ordinances. Only the most current and most stringent code or regulation shall be used.
- (B) Facilities shall be usable by and accessible to persons with disabilities.
- (C) An annual certificate from the local fire marshal shall be submitted with the application for licensure to the State Department of Public Health.

(4) Administration. The following shall be provided:
- (A) Entrance. A grade level or ramp entrance way. In multi-story structures where the unit is above street level there must be ready access to an elevator which can accommodate a stretcher and attendant.
- (B) Waiting room. Two toilet areas and a public telephone, all equipped for use by persons with disabilities, and seating accommodations for waiting periods shall be available or accessible to the dialysis unit. Provisions shall be made for the protection and security of patients' personal belongings.
- (C) General or Individual Offices. The following shall be provided:
  - (i) Storage for medical records and office space for administrative and professional staffs.
  - (ii) Combination physician's office and examination room.

(iii) Office space for Dietitians and Social Workers which is available on or accessible to the dialysis unit.

(5) Patient Treatment Area. The following shall be provided in a dialysis unit:

(A) Each patient bed shall be located to provide clearance of three feet (3 ft) on each side and front.

(B) The lounge chair shall be located to permit a clearance of three feet (3 ft) on each side and front.

(C) The unit shall be designed to provide privacy for each patient by the use of cubicle curtains, or by separate cubicles.

(D) An isolation room of a minimum of one-hundred square feet (100 sq. ft) shall be provided, with a toilet room, and an entry vestibule or outer room, containing sink, counter space, and storage space. The lavatory shall be located within the isolation room. The isolation room shall be a part of the unit. A separate entrance from inside the unit to the isolation room shall also be provided.

(E) Handwashing facilities shall be convenient to the treatment area.

(F) Individually controlled reading lights shall be provided for each patient station.

(G) A private treatment room of at least one hundred twenty-five square feet (125 sq. ft) shall be provided for patients who are being trained to use dialysis equipment at home.

(6) Nursing Unit. The following shall be provided in a dialysis unit:

(A) A nurses' station, which has direct visual observation of all patients.

(B) Medication preparation area - provision shall be made for an area to prepare medications. This may be a medication room of not less than forty-five square feet or a self-contained mobile medication cabinet. The medication preparation area shall be equipped with locked storage and non-portable steel storage for controlled substances. If a mobile medication cabinet is not stored within a locked area it may be located in close proximity to the nurses' station provided it is secured with a docking mechanism. All mobile medication cabinets shall be closed and locked when not in current use.

(C) Clean workroom, which shall contain a work counter, handwashing sink, and enclosed storage facilities for clean and sterile supply materials. Minimum of fifty square feet (50 sq. ft).

(D) Soiled workroom, which shall contain a flush rim sink, handwashing sink, work counter, storage cabinets, waste receptacle and soiled linen receptacle. Minimum of one-hundred square feet (100 sq. ft). Out-of-hospital out-patient units shall also have bedpan flushing devices that sterilize bedpans if disposable bedpans are not used.

(E) Nourishment station is optional, but if provided, shall contain a handwashing sink, refrigerator, and a storage cabinet. The station shall not be located within the treatment area.

(F) Clean linen storage area or space for a unit linen cart with cover, if linen is provided.

(G) An environmental services closet shall be provided adjacent to and for the exclusive use of the unit. The closet shall contain a floor receptor or service sink and storage space for housekeeping supplies and equipment.

(H) In those units in which a piped in oxygen system is not provided, a separate storage closet shall be provided for the storage of oxygen cylinders.

(I) Supply areas of twenty square feet (20 sq. ft) of floor area per patient station or supply carts shall be provided.

(J) Central Delivery Systems. Each facility using a central delivery system shall provide either on the premises, a Central Batch Mixing Room, or

through written arrangements, a delivery system for solutions used for the treatment of patients. If used, a Central Batch Mixing Room shall contain mixing, storage and distribution equipment, a sink), storage space and holding tanks. For facilities using bulk or premixed solutions, storage and distribution spaces shall be provided.

(K) Equipment maintenance room of not less than one-hundred and fifty square feet and equipped with a hand wash sink and a deep service sink. There shall be at least one reverse osmosis (RO) supply available for each fifteen stations up to a maximum of two.

(L) An equipment storage room for the storage of clean equipment available for patient use.

(M) Dialyzer reuse room. If dialyzers are reused, a reprocessing room is required, sized to perform the functions required and to include one-way flow of materials from soiled to clean with provisions for refrigeration (if dialyzers are stored prior to reprocessing), decontamination/cleaning areas, sinks, processors, packing area, dialyzer storage cabinet(s), and a computer and label printer, if used.

(7) Staff Facilities. Staff toilet and lockers shall be provided within the unit. All units shall provide a staff locker room measuring ten square feet per patient station, or sixty square feet whichever is more, provided however that the staff locker room need not exceed a size of one-hundred fifty square feet.

(A) A separate staff dining/lounge shall be provided in out-of-hospital units.

(8) Details of Construction and Electrical Requirements. The following shall be provided:

(A) Corridors shall not be less than five feet wide in an out-of-hospital out-patient unit.

(B) Acoustic treated ceilings shall be provided in corridors, treatment areas, nurses' stations, work areas and waiting area.

(C) An intercom and emergency call signaling system shall be provided between the isolation room, the home training room, patient toilet rooms, nurses' station and the staff dining/lounge area.

(D) Ceiling heights in patient treatment areas shall not be less than eight feet and seven feet, eight inches in all other rooms.

(E) Wall surface finishes shall be washable and moisture resistant.

(F) The minimum width of doors to patient treatment areas shall be three feet, ten inches, two feet, six inches for doors for staff use, and three feet eight inches elsewhere.

(G) All sinks or lavatories in the clinical area shall be provided with any device other than hand controls, soap, paper towels, and dispensers.

(H) Wall bases in treatment areas, soiled workrooms, equipment maintenance room, environmental services closet and other areas which are frequently subject to wet cleaning methods shall be made integral with the floor.

(I) Cubicle curtains and draperies shall be non-combustible or flame retardant.

(J) No walls shall block the view from the nurses' station to the patient area in a given treatment area.

(K) Hospital type hardware shall be provided on doors to clean work rooms, soiled workrooms and the isolation room.

(L) All plumbing lines, electrical conduit, and HVAC systems shall be enclosed.

(M) All materials, including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system.

(N) All electrical, mechanical, or piping installations and systems shall be tested prior to initial licensure. The records of tests performed shall be maintained on the premises for at least three years.

(O) A written preventative maintenance program shall be developed and implemented. All records of the program shall be maintained for a three year period.

(9) Mechanical Systems. The following shall be provided:

(A) Plumbing.

(i) Plumbing for the unit shall be designed to provide a minimum water pressure adequate to the needs of the equipment used with waste lines serving the dialysis equipment designed to prevent backflow and necessary check valves and shutoff valves appropriately located in the plumbing system.

(ii) Backflow preventers (vacuum breakers) shall be installed on hose bibbs, janitor's sinks, bedpan flushing attachments, clinical sinks, and all other attachments to which hose or tubing can be attached.

(iii) If a centralized dialysate delivery system is utilized, each distribution line shall be clearly labeled and color-coded to identify its contents.

(B) Electrical Service.

(i) There shall be a minimum of two duplex receptacles on each side of a patient bed or lounge chair. Additional receptacles may be located where convenient for use.

(ii) Receptacles shall be located at least thirty-six inches (36 in) above the floor and be of "hospital grade" construction.

(C) Emergency Electrical Service.

(i) General. To provide electricity during an interruption of the normal electric supply that could effect the nursing care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to all circuits for lighting and power.

(ii) Source. The source of this emergency electrical service shall be as follows: An emergency electrical generating set, including prime mover and generator, equipped with an automatic transfer switch (which will transfer within ten seconds), shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. 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 not be less than eighty percent.

(D) Emergency Electrical Connections. Emergency electrical services shall be provided to circuits as follows:

(i) Lighting.

(a) All task lighting, exitways, exit signs, exit directional signs, exit doorways, stairways, corridors, lobby, dialysis distribution systems and related equipment, and, if provided, the water treatment system.

(b) Patient treatment rooms/cubicles, nursing station, medication preparation area, clean workroom, soiled workroom, equipment storage and waiting room.

(c) Generator set location and switch gear location.

(ii) Equipment.

(a) A minimum of one duplex receptacle on each side of patient bed/chair, or line isolation monitor panels connected to a dedicated circuit of a minimum of twenty (20) amperes.

(b) One duplex receptacle in the equipment maintenance room.
(c) Corridor receptacles in the patient treatment area.
(d) Essential refrigerators.
(e) Telephone equipment, nurses' call and intercom systems which depend upon electrical power supplied by facility.
(f) Central batch delivery, water treatment, and related systems and equipment.
(g) Dialyzer reuse equipment.
(h) Ventilation equipment.

(11) Environmental Sanitation.
(A) Space and facilities, either on site or through contractual arrangements, shall be provided for the sanitary storage and disposal of contaminated waste.
(B) The water supply shall be tested at least twice annually by a state approved laboratory as to sanitary, chemical, physical and bacteriological composition. Levels will be maintained in accordance with written unit policies. A record of test results shall be maintained in the unit for a period of three years.

(12) Laboratory. Any dialysis unit which carries out laboratory testing, other than that allowed by a clinical laboratory improvement act of 1988 certificate of waiver, within the unit itself shall establish a separate room properly labeled as a laboratory. This room shall be capable of being closed off from the rest of the unit by a suitable door. This laboratory shall contain a work counter, storage cabinet, sink and other appropriate equipment and supplies.

(13) Ventilation System Details. The following shall be provided:
(A) All air supply and air exhaust systems shall be mechanically operated. All fans serving the exhaust system shall be located at the discharge end of the system. The ventilation rates shown in Table I shall be minimum rates and shall not be considered as precluding the use of higher ventilation rates.
(B) Duct linings shall not be used in HVAC systems.
(C) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than 80 percent.
(D) Corridors shall not be used to supply air to any room.
(E) HVAC temperature and humidity shall provide the following: temperature 70-76F; relative humidity 30% minimum - 50% maximum.

## TABLE I - GENERAL PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN DIALYSIS AREAS

| Area Designation | Pressure Relationship to Adjacent Areas | Minimum of Changes of Outdoor Air per Hour Supplied to Room | Minimum Total Air Changes per Hour Supplied to Room | All Air Exhausted Directly to Outdoors |
|---|---|---|---|---|
| Patient Treatment Area | P | 2 | 6 | Yes |
| Office(s) | E | Optional | 2 | Yes |
| Examination and Treatment Room | V | Optional | 6 | Optional |
| Waiting Room | N | 2 | 6 | Optional |
| Medication Room | P | Optional | 6 | Optional |
| Isolation Room | N | 2 | 2 | Yes |
| Isolation Room Alcove or Anteroom | N | 2 | 10 | Yes |
| Soiled Workroom | N | Optional | 10 | Yes |
| Clean Workroom | P | Optional | 4 | Optional |
| Equipment Maintenance Room | P | Optional | 4 | Optional |
| Toilet Rooms | N | Optional | 10 | Yes |
| Equipment Storage Room | V | Optional | 2 | Optional |
| Environmental Services Closet | N | Optional | | Yes |
| Sterilizer Equipment Room | N | Optional | 10 | Yes |
| Laboratory | N | Optional | 6 | Yes |
| Soiled Linen | N | Optional | 10 | Yes |
| Clean Linen Storage | V | Optional | 2 | Optional |
| Dialyzer Reuse Room | N | 2 | 12 | Yes |
| Central Batch Mixing Room | N | 2 | 12 | Yes |

P = Positive N = Negative E = Equal V = Varying

(Effective September 28, 1988; Amended October 2, 1997.)

# Licensure of Out-patient Surgical Facilities

## 19-13-D56. Licensing of out-patient Surgical Facilities Operated by Corporations

(a) Definition.

(1) For the purpose of section 19-13-D56, an out-patient surgical facility is defined as operated by a corporation other than a hospital which provides ambulatory Surgical care in addition to the provision of medical care for diagnosis and treatment of persons with acute or chronic conditions or to the provision of surgical care to well persons.

(2) Ambulatory surgical care is defined as surgical care not requiring overnight stay but requiring a medical environment exceeding that normally found in a physician's office. This medical environment may include any or all of the following:

(A) The pathological process for which the operation is to be performed shall be localized and not conducive to systemic disturbance.

(B) The patient shall not, in the opinion of the attending physician, have other significant physiological, biochemical or psychiatric disturbance which might be worsened by the operation.

(C) The preoperative work-up to be done following admission shall not be such as to extend the admission beyond the normal period of clinic operation during one day.

(D) The postoperative recovery period anticipated shall not require skilled medical or nursing care such as to extend the admission beyond the normal period of clinic operation during one day.

(E) Anesthesia requirement, which may render the patient unconscious and unable to walk, but which will not prohibit discharge during the normal period of clinic operation during the day on which the operation is performed.

(b) Physical Standards.

A. Plans and specifications for new construction or alterations shall be submitted to the state department of health for review and approval before construction is undertaken.

B. The commissioner of health has issued the following minimum requirements concerning the physical standards which will be the basis for review in the state department of health.

(1) Code.

(a) Every building where, on or after the effective date of these regulations, is constructed or converted for use, in whole or in part, as an out-patient surgical center shall comply with the requirements of the Basic Building Code, as prepared by the Public Works Department, State of Connecticut; except as such matters are otherwise provided for in a local municipal charter, or statutes, or in the rules and regulations authorized for promulgation under the provisions of the Basic Building Code.

(b) In addition to the State of Connecticut Basic Building Code, all outpatient surgical facilities shall comply with the requirements of the following codes and standards:

(1) State of Connecticut Fire Safety Code
(2) NFPA-101 Life Safety Code
(3) NFPA-76A Essential Electrical Systems for Health Care Facilities
(4) NFPA-56A Inhalation Anesthetics
(5) NFPA-56F Nonflammable Medical Gases

(6) NFPA-56G Inhalation Anesthetics in Ambulatory Care Facilities
(7) For reference purposes only-NFPA-76B-M Electricity in Patient Care Facilities
(8) The State of Connecticut labor laws, local fire safety codes and zoning ordinances. Only the most current code or standard shall be used.

(c) Facilities shall be available and accessible to the physically handicapped and designed in accordance with ANSI standards.
(d) An annual certificate from the local fire marshal that precautionary measures meet his approval shall be submitted with the annual application for licensure to the state department of health.

(2) Site. The site or location of a new surgical outpatient center shall be approved by the state department of health.
(3) Size and Design.
(a) The extent (number and types) of the diagnostic, clinical and administrative facilities to be provided will be determined by the services contemplated and estimated patient load.
(b) Prime consideration shall be given to patient traffic from the patient parking area to out-patient admissions and through the surgical department to discharge offices and to covered areas for patient pick-up.
(4) Privacy for Patient. The design of the facility shall provide for the privacy and dignity of the patient during interview, examination and treatment.
(5) Maintenance of Systems and Equipment. All electrical gas, fire and alarm systems and equipment shall be tested to standards initially prior to the placing in service and tested periodically thereafter. Permanent records shall be maintained.

C. Administrative Provisions. The following shall be provided:
(1) Entrance. At grade level or ramped and in multi-story structures where the unit is above street level, ready access to an elevator.
(2) Waiting Room. Public toilet facilities, drinking fountain, public telephone, and seating accommodations for long waiting periods shall be provided on the premises.
(3) General or Individual Offices. For medical records and administrative and professional staffs.
(4) Interview space(s) for private interviews relating to social services, credit and admissions.
(5) Special Storage. For employees', patients' personal effects.

D. Clinical Facilities. The following shall be provided:
(1) General Purpose Examination Room(s). For medical, obstetrical and similar examinations. Shall have a minimum floor area of eighty (80) square feet each, excluding such spaces as vestibule, toilet, closet and work counter (whether fixed or movable). A lavatory or sink equipped for handwashing and a counter or shelf space for writing shall be provided.
(2) Treatment Room(s) for Minor Surgical Procedures and Cast Procedures. Shall have a minimum floor area of one hundred-twenty (120) square feet each, excluding such spaces as vestibule, toilet, closet, and work counter (whether fixed or movable). The minimum room dimension shall be ten feet. A lavatory or sink equipped for handwashing and a counter or shelf space for writing shall be provided.
(3) Outpatient surgery change areas. A separate area shall be provided where out-patients change from street clothing into hospital gowns and are prepared for surgery. This would include a waiting room, lockers,

toilets, clothing change or gowning area, and space for the administration of medications.

(4) Laboratory. Any out-patient surgical center which carries out laboratory testing within the unit itself shall establish a separate room properly labeled as a laboratory. This room shall be capable of being closed off from the rest of the unit by a suitable door. This laboratory shall contain a work counter, storage cabinets and sink and other appropriate equipment and supplies.

(5) Operating Room(s). Each operating room shall have a minimum clear area of two hundred fifty (250) square feet exclusive of fixed and movable cabinets and shelves. Additional clear area may be required by the program to accommodate special functions in one or more of these rooms. Provide an emergency communication system connecting with the surgical suite control station. Provide at least one X-ray film illuminator in each room, oxygen and vacuum.

(6) Recovery Room(s). Room(s) for post-anesthesia recovery for outpatient surgical patients shall be provided and shall contain handwashing facilities, charting facilities, clinical sink with oxygen and vacuum available for each patient.

E. Surgical Service Areas. The following services shall be provided:

(1) Control station located to permit visual surveillance of all traffic which enters the operating suite.

(2) Supervisor's office or station (may be shared with the control station.)

(3) Sterilizing facility(ies) with high speed autoclave(s) conveniently located to serve all operating rooms. When the program indicates that adequate provisions have been made for replacement of sterile instruments during surgery, sterilizing facilities in the surgical suite will not be required.

(4) Scrub facilities. Two scrub stations shall be provided near entrance to each operating room; however, two scrub stations may serve two operating rooms if the scrub stations are located adjacent to the entrance of each operating room. Provide viewing panels with wired glass to permit observation of the operating room from the scrub area.

(5) Soiled workroom for the exclusive use of the surgical suite staff. The soiled workroom shall contain a clinical sink or equivalent flushing type fixture, work counter, sink equipped for handwashing, waste receptacle, and linen receptacle.

(6) Clean workroom. A clean workroom is required when clean materials are assembled within the surgical suite prior to use. A clean workroom shall contain a work counter, sink equipped for handwashing, and space for clean and sterile supplies.

(7) Anesthesia Storage Facilities. A separate room shall be provided for the storage of flammable gases (in accordance with the requirements detailed in NFPA 56A) if such gases are used.

(8) Anesthesia workroom for cleaning, testing and storing anesthesia equipment. It shall contain a work counter and sink.

(9) Medical gas storage. Space for reserve storage of nitrous oxide and oxygen cylinders shall be provided and constructed of one hour fire resistive construction and in accordance with NFPA 56A and 56F.

(10) Equipment storage room(s) for equipment and supplies used in surgical suite.

(11) Staff clothing change area. Appropriate areas shall be provided for male and female personnel (orderlies, technicians, nurses and doctors) working within the surgical suite. The areas shall contain lockers, showers, toilets, lavatories equipped for handwashing, and space for donning scrub suits and boots. These areas shall be arranged to provide a one-way traffic pattern so that personnel entering from outside the

surgical suite can change, shower, gown, and move directly into the surgical suite. Space for removal of scrub suits and boots shall be designed so that personnel using it will avoid physical contact with clean personnel.

(12) Lounge and toilet facilities for surgical staff.

(13) Janitors' closet. A closet containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the surgical suite.

(14) Doctors' Dictation. This space should be private and adequate in size for the total number of doctors who may be dictating at the same time. It should be located adjacent to but not inside the nurses' station, lounge or doctors' dressing area.

F. Supporting Services.

(1) Janitors' Closet(s). This room shall contain a floor receptor or service sink and storage for housekeeping supplies and equipment.

(2) Stretcher Storage Area. This area shall be out of direct line of traffic.

(3) Employees' Facilities. Locker rooms, lounges, toilets, or shower facilities, as required, shall be provided to accommodate the needs of all personnel.

(4) Nourishment Rooms. Facilities and space should be provided for preparation of light nourishment, and refrigeration of juices. An ice machine is desirable. Handwashing facilities must be provided in the room; should be located near the recovery suite.

(5) General Storage Facilities. For office supplies, sterile supplies, pharmaceutical supplies, splints and other orthopedic supplies, and housekeeping supplies and equipment.

G. Details and Finishes. All details and finishes shall meet the following requirements:

(1) Details.

(a) Minimum public corridor width shall be five feet, zero inches (5'-0"). Patient transfer corridors shall be eight feet, zero inches (8'-0") wide.

(b) Each building shall have at least two exits remote from each other. Other details relating to exits and fire safety shall be in accordance with the State Fire Safety Code.

(c) The minimum width of doors for patient access to examination and treatment rooms shall be three feet, zero inches (3'-0") ; operating and recovery room doors shall be three feet, 10 inches (3'-10") wide and seven feet, zero inches (7'-0") high.

(d) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type.

(e) The location and arrangement of handwashing facilities shall permit their proper use and operation. Particular care shall he given to the clearances required for blade-type operating handles.

(f) Paper towel dispensers and soap dispensers shall be provided at all handwashing fixtures.

(g) Radiation protection requirements of X-ray and gamma ray installations shall conform with NCRP Reports Nos. 33 and 34. Provisions shall he made for testing the completed installation before use.

(h) All handwashing sinks used by medical and nursing staff shall be trimmed with valves which can be operated without the hands.

(i) If flammable gases are used, compliance with all requirements of NFPA 56A Inhalation Anesthetics is required for the installation

of conductive flooring, electrical systems, ventilation requirements and maintenance.

(j) Ceiling heights shall not be less than nine feet, six inches (9'-6") in operating rooms, and eight feet, zero inches (8'-0") in all other rooms and corridors.

H. Finishes.

(1) Flame spread and smoke developed ratings of finishes shall be Class "A" 0-25.

(2) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. In all areas frequently subject to wet cleaning methods; floor materials shall not be physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet, such as shower and bath areas and certain work areas, shall have a nonslip surface.

(3) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant.

(4) Wall bases in soiled workrooms and other areas which are frequently subject to wet cleaning methods shall be made integral and coved with the floor.

(5) Duct linings shall not be used in systems supplying operating rooms and recovery rooms.

I. Air Conditioning, Heating and Ventilating Systems.

(1) Temperatures and humidities.

(a) The systems shall be designed to provide the following temperatures and humidities in the areas noted:

| Area Designation | Temperature °F | Relative Humidity (%) | |
|---|---|---|---|
| | | Min. | Max. |
| Operating Rooms | 70-76 | 50 | 60 |
| Recovery Rooms | 70-76 | 50 | 60 |

(2) Ventilation system details. All air-supply and air-exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in table 1 shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(a) Outdoor intakes shall be located as far as practical but not less than twenty-five feet, zero inches (25'-0") from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vents stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six feet, zero inches (6'-0") above ground level, or if installed above the roof, three feet, zero inches (3'-0") above the roof level.

(b) The ventilation systems shall be designed and balanced to provide the pressure relationship as shown in table No. 1.

## TABLE I - GENERAL PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN OUT-PATIENT SURGICAL AREAS

| Area Designation | Pressure Relationship to Adjacent Areas | Minimum of Changes of Outdoor Air per Hour Supplied to Room | Minimum Total Air Changes per Hour Supplied to Room | All Air Exhausted Directly to Outdoors | Recirculated within Room Units |
|---|---|---|---|---|---|
| Operating Room | P | 5 | 25 | Optional | No |
| Examination & Treatment Room | E | 2 | 6 | Optional | Optional |
| Recovery Room | P | 2 | 6 | Optional | No |
| Examination Room | E | 2 | 6 | Optional | Optional |
| Medication Room | P | 2 | 4 | Optional | Optional |
| Treatment Room X-ray | E | 2 | 6 | Optional | No |
| Fluoroscopy Room X-ray | N | 2 | 6 | Yes | No |
| Treatment Room | E | 2 | 6 | Optional | Optional |
| Soiled Workroom | N | 2 | 10 | Yes | No |
| Clean Workroom | P | 2 | 4 | Optional | Optional |
| Darkroom | N | 2 | 10 | Yes | No |
| Toilet Room | N | Optional | 10 | Yes | No |
| Bathroom | N | Optional | 10 | Yes | No |
| Janitors' closet | N | Optional | 10 | Yes | No |
| Sterilizer Equipment Room | N | Optional | 10 | Yes | No |
| Laboratory, General | N | 2 | 6 | Optional | Optional |
| Anesthesia Storage (Flammable) | E | Optional | 8 | Yes | No |
| Central Medical and Surgical Supply Soiled or Decontamination Room | N | 2 | 6 | Yes | No |
| Clean Workroom | P | 2 | 4 | Optional | Optional |
| Unsterile Supply Storage | E | 2 | 2 | Optional | Optional |

Legend: P = Positive E = Equal N = Negative

(c) All air supplied to operating rooms, shall be delivered at or near the ceiling of the area served, and all exhaust air from the area shall be removed near flood level. At least two exhaust outlets shall be used in all operating and delivery rooms.

(d) Corridors shall not be used to supply air to or exhaust air from any room.

(e) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than those specified in table No. 2. Where two filter beds are required, filter bed No. 1 shall be located upstream of the air conditioning equipment and filter bed No. 2 shall be located downstream.

## TABLE 2. – FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR CONDITIONING SYSTEMS IN OUT-PATIENT SURGERY FACILITIES

| Area Designation | Minimum Number of Filter Beds | Filter Efficiencies Filter Bed No. 1 | (Percent) Filter Bed No. 2 |
|---|---|---|---|
| Sensitive Areas | 2 | 25 | 90 |

(Includes operating rooms and recovery rooms)

Where only one filter bed is required, it shall be located upstream of the air conditioning equipment unless an additional prefilter is employed. In this case, the prefilter shall be upstream of the equipment and the main filter may be located further downstream.

(f) A manometer shall be installed across each filter bed serving sensitive areas or central air systems.

(g) Air handling duct systems shall meet the requirements of NFPA Standard 90A.

J. Electrical Requirements.

(1) Lighting.

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

(b) A portable or fixed examination light shall be provided in each examination and treatment room.

(c) Operating rooms shall have general lighting in addition to local lighting provided by special lighting units at the surgical tables. Each special lighting unit at the tables, except for portable units, shall be connected to an independent circuit. Supplemental self contained emergency battery light units, with battery, trickle charger, supervisory and monitoring systems and controls shall be provided in each operating room.

(2) Receptacles (Convenience Outlets).

(a) Anesthetizing locations. Each operating room shall have at least three receptacles of the types described in NFPA Standard 56A. In locations where mobile X-ray is used, an additional receptacle, distinctively marked for X-ray use, shall be provided.

(b) Rooms. Duplex grounding type receptacles shall be installed in all areas in sufficient quantities for the tasks to be performed. A minimum of one duplex receptacle for each wall shall be installed in each work area or room other than storage or lockers. Each examination and work table shall have access to a minimum of two duplex receptacles.

(c) All electrical receptacles in examination, treatment, procedure, recovery and utility rooms, shall be a hospital grade type.

(3) Equipment Installation in Special Areas.

(a) X-ray Installations. Fixed and mobile X-ray equipment installations shall conform to article 660 of NFPA Standard 70.

(4) Emergency Electric Service.

(a) General. To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power in accordance with NFPA 76A.

(b) Sources. The source of this emergency electric service shall be: 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.

(c) Emergency electrical connections. Emergency electric service shall be provided to the distribution systems as follows: Circuits for the safety of patients and personnel.

(A) Illumination of means of egress as required in NFPA Standard 101.

(B) Illumination for exit signs and exit directional signs as required in NFPA Standard 101.

(C) Alarm systems including fire alarms and alarms required for nonflammable medical gas systems if installed.
(D) Paging or speaker systems if intended for communication during emergency.
(d) Circuits essential to care, treatment, and protection of patients.
(A) Task illumination and selected receptacles; drug distribution stations; operating and recovery rooms; treatment rooms; and nurses' stations.
(B) Nurses' calling system.
(C) Blood bank refrigeration, if provided.
(D) Equipment necessary for maintaining telephone service.
(e) Circuits which serve necessary equipment.
(A) Ventilation of operating rooms.
(B) Central suction systems serving medical and surgical functions.
(C) Equipment which must be kept in operation to prevent damage to the building or its contents.
(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. It must be connected within ten seconds through one or more primary automatic transfer switches to emergency lighting systems; alarm systems; blood bank; nurses' calling systems; equipment necessary for maintaining telephone service; and task illumination and receptacles in operating, emergency, recovery, and other critical patient areas. All other lighting and equipment required to be connected to the emergency system shall either he connected through the above described primary automatic transfer switches or through other automatic or manual transfer switches. Receptacles connected to the emergency system shall be distinctively marked. Storage-battery-powered lights, provided to augment the emergency lighting or for continuity of lighting during the interim of transfer switching immediately following all interruption of the normal service supply, shall not be used as a substitute for the requirement of a generator. Where stored fuel is required for emergency generator operation, the storage capacity shall be sufficient for not less than twelve hour continuous operation.
(6) Generator set locations shall be protected from the elements and against tampering.
K. Fire Alarm Systems. A manually operated electrically supervised fire alarm system shall be installed in each facility.
(c) Ownership and Administration.
(1) There shall be an organized governing authority with full legal authority and responsibility for the conduct of the surgical facility in a manner consonant with the objective of making available high quality patient care.
(2) Full and complete information shall be made available to the survey agency regarding the identity of each individual, group or corporation which has an ownership interest of ten percent or more in the facility.
(3) The governing authority shall have by-laws which shall identify the purposes of the facility, and the means of attaining them, which by-laws shall be dated, signed, and indicate periodic review and revision. These shall be available to all members of the governing body and all individuals to whom authority is delegated.
(4) These governing authority by-laws shall as a minimum contain:
(A) A delineation of the powers and duties of the officers, committees of the governing body and the chief executive officer.

(B) The qualifications for membership, the method of selection and the terms of office of members and chairmen of committees.
(C) A description of the authority delegated to the chief of medical staff or clinical director and the medical staff as a whole.
(D) A mechanism for approval of the appointments and annual reappointments of the members of the medical-surgical staff recommended by the medical-surgical staff to the governing body.
(E) A mechanism for the delineation and control of medical-surgical privileges and anesthesia privileges of members of the medical-surgical staff recommended by the medical-surgical staff to the governing body. This shall be based upon background, experience and demonstrated competence, adherence to the ethics of the profession and appropriate physical and mental health.

(5) The governing body shall approve the medical staff by-laws, its organizational structure and all rules and regulations.
(6) The governing body shall demonstrate an interest and understanding of the activities of the surgicenter: Fiscal; building and maintenance; and clinical.
(7) (A) The governing body shall have regular meetings, not less than four times a year and so often as its responsibilities require.
(B) The minutes of the governing body meetings will be recorded, dated, approved and signed.

(d) Chief Executive Officer.
(1) The governing body shall appoint a chief executive officer or administrator of the surgicenter who shall be qualified by education and experience appropriate to the discharge of his responsibilities.
(2) He shall be accountable to the governing body for his actions.
(3) His duties shall include the overall management of the operations of the facility, including the liaison and coordination of activities between the governing body and the medical and nursing staff.
(4) He shall be a member of the governing body and shall attend all meetings of the governing body and medical staff.

(e) Professional Staff.
(1) Clinical Director.
(A) The governing body shall appoint a clinical director, or chief of staff, accountable to it for his actions.
(B) He shall be qualified by training, demonstrated competence and judgment to manage the medical functions of the staff.
(C) He shall be delegated the authority to control the quality of medical-surgical care provided and to assure the effective discharge of the quality control review function of medical care.
(D) The members of the professional staff of the facility shall meet the requirements of Section 20-9 of the Connecticut General Statutes regarding who may practice medicine and Surgery.
(E) Shall be qualified by training and experience to perform the duties assigned.
(F) Shall also have privileges in a hospital licensed in Connecticut to perform the duty or procedure which will be done at the surgicenter.
(2) All appointments, reappointments and privileges will be granted by the governing body with recommendations from the medical staff.
(3) All appointments, reappointments and specific privileges granted to the medical-surgical staff will be recorded in the minutes of meetings of the governing body or of the medical staff and filed in the doctor's medical profile with an agreement signed by the physician to abide by the hospital by-laws, medical staff by-laws and rules and regulations.

(4) The medical staff shall develop medical staff by-laws, rules and regulations to govern its organization and conduct, which shall include, but not be limited to the following:
- (A) The officers of the medical staff, their duties, the qualifications for office, the term of office, the method of selection;
- (B) The basis on which recommendations will be made to the governing body regarding the appointments, reappointments and the privileges of staff members;
- (C) The committee structure of the medical staff;
- (D) The mechanism by which medical care will be assessed including the development and implementation of a medical care evaluation program. In accordance with the current requirements of the Joint Commission on Accreditation of Hospitals and the Professional Standards Review Organization in which:
  - (a) Standards, norms, and criteria for care are developed for problems or disease categories.
  - (b) The actual care provided is measured against these standards, norms and criteria in a study of patterns of care for these specific problems or disease entities.
  - (c) A judgment or evaluation is made in the medical evaluation or audit procedure.
  - (d) Appropriate action, as indicated, is taken and documented for observed variations and deficiencies in care as determined by the audit process.
  - (e) The review to determine the appropriate utilization of facilities and equipment.
  - (f) The development of a program to control facility-associated infections.
  - (g) The development of a program to control the distribution and use of drugs and therapeutics; in accordance with the requirements of the State Department of Consumer Protection, Drug Control Division, and all applicable state and federal drug laws and regulations.
  - (h) Requirements assuring that medical records shall be prepared and adequately maintained on each patient so as to explain and justify treatment and outcome.

(5) There shall be regular meetings of the medical-surgical staff with required attendance, except with appropriate justification of all physicians given privileges in the unit. The minutes of these meetings shall be recorded and shall reflect concern with the clinical care provided.

(6) At all times that there are patients in the unit there shall be a licensed physician on the premises.

(7)
- (A) The professional medical, surgical and nursing staff shall develop policies and procedures to assure high standards of professional practice on the unit. These shall be adopted, approved, placed in a manual made readily available for use by all professional staff and reviewed at least once a year, and as indicated, and revised as indicated.
- (B) Specific policies and/or procedures shall include, but not be limited to the following areas:
  - (a) Requirement for, and necessary elements of, the pre-operative evaluation of the physical condition of all patients by a physician within a specific period before admission;
  - (b) The necessary pre and postoperative tests;
  - (c) The categories of acceptable admission diagnoses and unacceptable admission diagnoses;

(d) Operating hours, method of selection of patients relative to age, sex, physical status;
(e) Requirements for written pre-operative and post-operative instructions to be explained to patients;
(f) Requirements for valid operative permits and signed informed consent forms;
(g) Operative procedures to be permitted and operative procedures to be excluded;
(h) Types of anesthesia that may be employed for specific procedures;
(i) Policies regarding use of laboratory tests, detection tests, treatment modalities and protective measures
(j) Guidelines covering emergency care;
(k) Requirements that patients' status shall be deemed appropriate prior to discharge as regards vital signs, voiding, temperature and other significant elements;
(l) Requirement that each patient is to have a responsible person available to accompany him or her on discharge unless otherwise authorized by a physician;
(m) Required policies relating to quality control, which include review and evaluation of surgical, anesthesiology and nursing practice as well as case review and review of patterns of care;
(n) A requirement that all tissue removed at surgery shall be submitted to a qualified licensed pathologist. Examinations will be performed on these tissues according to an established procedure approved by the pathologist and the medical director. The disposition of the tissue or the pathological report shall be appended to the patient record;
(o) Establishment of written agreements with hospital(s) in the immediate vicinity in the event it becomes necessary to transfer a patient(s);
(p) Policies regarding prevention and control of infections among patients and staffs;
(q) Appropriate referral and follow-up on patients and cooperative arrangements with referring physicians.

(8) Laboratory and Radiology.
(A) Laboratory work performed shall be under the supervision of a qualified licensed pathologist, or shall be done by a licensed laboratory.
(B) A qualified licensed radiologist shall supervise all radiological procedures.

(9) Anesthesia Services. The anesthesia services of the unit shall be under the supervision of a qualified anesthesiologist who shall be delegated the authority to:
(A) Oversee the quality of anesthesia care provided by anesthesia personnel employed by the unit;
(B) Assure the availability and proper functioning of such equipment as is necessary to administer anesthesia, and to provide necessary resuscitative measures including emergency cardiopulmonary resuscitation;
(C) Develop regulations to assure anesthetic safety and recovery room patient support;
(D) Administer a retrospective review of all anesthesia care. The anesthesiologist in charge shall have a major role in the development of policies and procedures to assure the satisfactory preanesthetic status of patients, including the decision regarding choice of anesthesia,

preoperative medication, postoperative recovery room supervision, and suitable discharge status.

(f) Records and Reports.

(1) There shall be adequate provision for the retention and storage of all clinical records which shall ensure the safety of such records and the confidentiality of the information contained therein.

(2) Adequate space and equipment shall be provided for record keeping.

(3) A clinical record shall be started for each patient at the time of admission to the unit to include all appropriate and proper identifying data. Each patient's record shall contain sufficient information to justify the diagnosis and warrant the treatment given or services provided. Each entry in the record shall be signed by the person responsible for it immediately after serf ice is rendered.

(4) All records shall be maintained in a safe manner for a minimum of five years following the discharge of the patient.

(5) The unit shall collect, retrieve and summarize data relating to program evaluation and in planning to meet needs of patients. This data should include at least the following: Total number of visits; number of patients seen; diagnosis; types and numbers of operative procedures performed; age distribution of patients; death and other untoward accidents or incidents. This report to be prepared on an annual basis and be available for review by the state department of health.

(6) There shall be an anesthesia record for each patient who receives anesthesia on the unit. This shall become a part of the medical record and shall include patient identification data, dosage and duration of anesthesia, a record of administration of other drugs or therapeutics.

(g) Nursing Staff.

(1) There shall be appointed as supervisor of the unit a registered nurse with a current license to practice in Connecticut. She/he should have special education and experience in operating and recovery room care. Qualifications of the supervisor and other personnel shall be verified in the form of listing current license numbers and in written job descriptions.

(2) If the unit is opened for a period of time beyond the normal work week of the R.N. supervisor and/or in her absence, an additionally qualified person shall be responsible for nursing services in the unit at these times.

(3) In addition to the supervisor there shall be additional licensed nurses with special training in surgery and recovery room care available. These additional personnel may serve as assistant or backup personnel under the direct supervision of a qualified registered nurse. A minimum of one registered nurse, in addition to the supervisor must be available at all times when there are patients in the unit. The minimum staffing ratio shall be such as to assure the provision of sufficient and adequate nursing care for the comfort, safety and welfare of all patients.

(h) Additional Personnel.

(1) All housekeeping and cleaning staff shall have and receive special training to ensure that technical procedures used in cleaning and housecleaning are developed and implemented to protect patients' health and safety.

(2) There shall be either available on staff or arrangements made for, the assistance of social workers, dietitians, psychologicals and other professional staff as deemed necessary for the care of the patient.

(i) General.

(1) There shall be job descriptions indicating qualifications, training and/or past experience and responsibilities relating to the care of patients and/or equipment used in units for all personnel.

(2) There shall be a program of continuing staff education provided on a regularly scheduled basis in order to maintain and improve skills.

(3) There shall be appropriate sterilizing equipment of steam pressure type available. The size of the equipment shall be dependent upon the amount of pre-sterilized disposable equipment used in the unit.

(4) There shall be emergency equipment and drugs for resuscitation and defibrillation.
(5) The management, operation, personnel, equipment, facilities, sanitation and maintenance of the unit shall be such as reasonably to ensure the health and safety of public patients and staff at all times.
(6) Written fire and disaster plans shall be formulated and posted in a conspicuous location.

(j) Disaster Plan. The surgical unit shall develop a plan to cope with internal disasters including fire and loss of power. This plan shall include:
(1) The assignment of personnel to specific duties;
(2) Instruction in use of fire alarms, fire equipment and systems for notification of key personnel;
(3) Instructions in methods of fire containment;
(4) Procedures for evacuation of patients. Fire disaster drills shall be held at regular intervals, not less than quarterly including evacuation procedures to assure the effectiveness of these plans.

(k) Inspection and Licensure. The ambulatory surgical facility shall be inspected annually by the state department of health to test for ongoing compliance with these regulations. (Effective April 22, 1977.)

# Licensure of Home Health Care Agencies

## 19-13-D66. Definitions

As used in Sections 19-13-D66 to 19-13-D79 inclusive:

(a) "Agency" means home health care agency as defined in Section 19a-490 (a) of the Connecticut General Statutes;

(b) "Central Office" means the agency office responsible and accountable for all agency operations in this state;

(c) "Clinical experience" means employment in providing patient services in a health care setting;

(d) "Commissioner" means the commissioner of health services, or his/her representative;

(e) "Contracted services" or "services under arrangement" means services provided by the agency which are subject to a written agreement with an individual, another agency or another facility;

(f) "Contractor" means any organization, individual or home health care agency that provides services to patients of a primary agency as defined in paragraph (cc) of Section 19-13-D66 of these regulations;

(g) "Chiropractor" means a person possessing a license to practice chiropractic in this state;

(h) "Curriculum" means the plan of classroom and clinical instructions for training and skills assessment as a homemaker-home health aide;

(i) "Dentist" means a person licensed to practice dentistry in this state;

(j) "Department" means the Connecticut Department of Health Services;

(k) "Direct service staff" means individuals employed by the agency or under contract whose primary responsibility is delivery of care to patients;

(l) "Evening or nighttime service" means service provided between the hours of 5 p.m. and 8 a.m.;

(m) “Full-time" means employed and on duty a minimum of thirty-five (35) hours per workweek on a regular basis;

(n) "Full-time equivalent" means the total weekly hours of work of all persons in each category of direct service staff divided by the number of hours the agency's standard workweek. Full-time equivalents are computed for each category of direct service staff;

(o) "Holiday service" means service provided on the days specified in the agency's official personnel policies as holidays;

(p) "Homemaker-home health aide" means an unlicensed person who has successfully completed a training and competency evaluation program for the preparation of homemaker-home health aides approved by the department;

(q) "Licensed practical nurse" means a person with a license to practice practical nursing in this state;

(r) "Non-visiting program" means services of the agency provided in sites other than a patient's home;

(s) "Occupational therapist" means a person with a license to practice occupational therapy in this state;

(t) "Occupational therapy assistant" means a person who has successfully completed a training program approved by the American Occupational Therapy Association and is currently certified by the said association;

(u) "Patient care services" mean agency activities carried out by agency staff for or on behalf of a patient. Such services include, but are not limited to, receipt of referral for service, admission to service, assignment of personnel, direct patient care, communication/coordination with source of medical care and development/maintenance of patient's clinical record;

(v) "Patient service office" means one or more separate and distinct offices which provide patient care services and are included under the agency's license. This office shall comply with the regulations of Connecticut State Agencies, Section 19-13-D77;

(w) "Peer consultation" means a process by which professionals of the same discipline, who meet supervisory qualifications, meet regularly to review patient management, share

expertise and take responsibility for their own and each other's professional development and maintenance of standards of service;

(x) "Permanent part-time" means employed and on duty a minimum of twenty (20) hours per workweek on a regular basis;

(y) "Pharmacist" means a person licensed to practice pharmacy in this state;

(z) "Physical therapy assistant" means a person who has successfully completed an education program accredited by the American Physical Therapy Association;

(aa) "Physician" means a doctor of medicine or osteopathy licensed either in Connecticut or in a state which borders Connecticut;

(bb) "Podiatrist" means a person licensed to practice podiatry in this state;

(cc) "Primary agency" means a home health care agency which hires or pays for the services of other organizations, agencies or individuals who provide care or services to its patients;

(dd) "Primary care nurse" means a registered nurse licensed to practice nursing in this state who is the agency employee assigned primary responsibility for planning and implementing the patient's care;

(ee) "Public health nurse" means a graduate of a baccalaureate degree program in nursing approved by the National League for Nursing for preparation in public health nursing;

(ff) "Quality care" means that the patients receive clinically competent care which meets professional standards, are supported and directed in a planned pattern toward mutually defined outcomes, achieve maximum recovery consistent with individual potential and life style, obtain coordinated service through each level of care and are taught self-management and preventive health measures;

(gg) "Registered nurse" means a person with a license to practice as a registered nurse in this state;

(hh) "Registered physical therapist" means a person with a license to practice physical therapy in this state;

(ii) "Related community health program" means an organized program which provides health services to persons in a community setting;

(jj) "Representative" means a designated member of the patient's family, or person legally designated to act for the patient in the exercise of the patient's rights as contained in Sections 19-13-D66 to 19-13-D79 of the regulations of Connecticut State Agencies.

(kk) "Social work assistant" means a person who holds a baccalaureate degree in social work with at least one (1) year of social work experience; or a baccalaureate degree in a field related to social work with at least two (2) years of social work experience;

(ll) "Social worker" means a graduate of a master's degree program in social work accredited by the Council on Social Work Education;

(mm) "Speech Pathologist" means a person with a license to practice speech pathology in this state;

(nn) "Subdivision" means a unit of a multifunction health care organization which is assigned the primary authority and responsibility for the agency operations. A subdivision shall independently meet the regulations and standards for licensure and shall be independently licensed as a home health care agency;

(oo) "Therapy services" means physical therapy, occupational therapy, or speech pathology services;

(pp) "Weekend service" means services provided on Saturday or Sunday.
(Effective March 29, 1990; Amended December 28, 1992.)

## 19-13-D67. Personnel

(a) The administrator of an agency shall be a person with one of the following:

(1) A master's degree in nursing with an active license to practice nursing in this state and at least one (1) year of supervisory or administrative experience in a health care facility program which included care of the sick; or

(2) A master's degree in public health or administration with a concentration of study in health services administration, and at least one (1) year of supervisory or

administrative experience in a health care facility/program which included care of the sick; or

(3) A baccalaureate degree in nursing with an active license to practice nursing in this state and at least two (2) years supervisory or administrative experience in a health care facility/program which included care of the sick; or

(4) A baccalaureate degree in administration with a concentration of study in health services administration and at least two (2) years' supervisory or administrative experience in a health care facility/program which included care of the sick; or

(5) A physician licensed to practice medicine and surgery in the State of Connecticut who has had at least one (1) year supervisory or administrative experience in a health care facility/program which included care of the sick; or

(6) Employment as the administrator of a home health care agency in this state as of January 1, 1981, who has been so employed continuously for the five (5) years immediately preceding January 1, 1981; or

(7) Continuous employment as an administrator of a home health care agency as of January 1, 1979; except that on and after January 1, 1986, no person shall be employed as an administrator of a home health care agency pursuant to this subdivision unless such person additionally meets one of the requirements of subparagraphs (1) through (5) inclusive above.

(b) An agency supervisor of clinical services shall be a registered nurse with an active license to practice nursing in this state, and shall have one of the following:

(1) A master's degree from a program approved by the National League for Nursing or the American Public Health Association with a minimum of one year (1) full-time clinical experience in a home health agency or related community health program which included care of the sick at home; or

(2) A baccalaureate degree in nursing and a minimum of three (3) years of full-time clinical experience in nursing, at least (1)one of which was in a home health agency or community health program which included care of the sick at home; or

(3) A registered nurse who has been continuously employed in the position of supervisor of clinical services in a home health agency in this state since January 1, 1979; or

(4) A diploma in nursing or an associates degree in nursing and

(A) A minimum of three years of full-time or full-time equivalent clinical experience in nursing within the past five years, at least one year of which was in a home health care agency or community health program which included care of the sick at home; and

(B) Evidence of certification by the American Nurses' Association as a community health nurse or completion of at least six credits received within two years in community health nursing theory or six credits in health care management from an accredited college or university program or school of nursing.

(c) An agency supervisor of physical therapy services shall be a registered physical therapist licensed to practice physical therapy in this state who has a minimum of three (3) years' clinical experience in physical therapy.

(d) An agency supervisor of occupational therapy services shall be an occupational therapist licensed to practice occupational therapy in this state who has a minimum of three (3) years' clinical experience in occupational therapy.

(e) An agency supervisor of speech pathology services shall be a speech pathologist licensed to practice speech pathology in this state who has a minimum of three (3) years' clinical experience in speech pathology.

(f) An agency supervisor of social work services shall be a graduate of a master's degree program in social work accredited by the Council on Social Work Education who has a minimum of three (3) years' clinical experience in social work.
(Effective April 24, 1989; Amended August 31, 1998).

## 19-13-D68. General requirements

An agency shall be organized and staffed in compliance with the following:

(a) The agency shall be governed by a governing authority, maintain an active professional advisory committee, be directed by an administrator and operate any services offered in compliance with these regulations. Compliance with these regulations shall be the joint and several responsibility of the governing authority and the administrator.

(b) Governing Authority:

(1) There shall be a formal governing authority with full legal authority and responsibility for the operation of the agency which shall adopt bylaws or rules that are periodically reviewed and so dated. Such bylaws or rules shall include, but are not limited to:

(A) Purposes of the agency;

(B) Delineation of the powers, duties and voting procedures of the governing authority, its officers and committees;

(C) Qualifications for membership, method of selection and terms of office of members and chairpersons of committees;

(D) A description of the authority delegated to the administrator;

(E) The agency's conflict of interest policy and procedures.

(2) The bylaws or rules shall be available to all members of the governing authority and all individuals to whom authority is delegated.

(3) The governing authority shall:

(A) Meet as frequently as necessary to fulfill its responsibilities as stated in these regulations, but no less than one (1) time per year;

(B) Provide a written agenda and minutes for each meeting;

(C) Provide that minutes reflect the identity of those members in attendance and that, following approval, such minutes be dated and signed by the secretary;

(D) Ensure that the agenda and minutes of any of its meetings or any of its committees are available at any time to the commissioner.

(4) Responsibilities of the governing authority include, but are not limited to:

(A) Services provided by the agency and the quality of care rendered to patients and their families;

(B) Selection and appointment of a professional advisory committee;

(C) Policy and program determination and delegation of authority to implement policies and programs;

(D) Appointment of a qualified administrator;

(E) Management of the fiscal affairs of the agency;

(F) The quality assurance program.

(5) The governing authority shall ensure that:

(A) The name and address of each officer and member of the governing authority are reported to the commissioner annually;

(B) The name and address of each owner and, if the agency is a corporation, all ownership interests of ten percent (10%) or more (direct or indirect) are reported to the commissioner annually;

(C) Any change in ownership is reported to the commissioner within ninety (90) days;

(D) The name of the administrator of the agency is forwarded to the commissioner within three (3) days of his/her appointment and notice that the administrator has left for any reason is so forwarded within forty-eight (48) hours.

(c) Professional Advisory Committee:

(1) There shall be a professional advisory committee, appointed by the governing authority, consisting of at least one physician, one public health nurse, one

therapist representing at least one of the skilled therapy services provided by the agency and one social worker. Representatives appointed to the professional advisory committee shall be in active practice in their professions, or shall have been in active practice within the last five (5) years. No member of the professional advisory committee shall be an owner, stockholder, employee of the agency, or related to same, including by marriage. However, provision may be made for employees to serve on the professional advisory committee as ex officio members only, without voting power.

(2) The functions of the professional advisory committee shall be to participate in the agency's quality assurance program to the extent defined in the quality assurance program policies and to recommend and at least annually review agency policies on:
- (A) Scope of services offered;
- (B) Admission and discharge criteria;
- (C) Medical and dental supervision and plans of treatment;
- (D) Clinical records;
- (E) Personnel qualifications;
- (F) Quality assurance activities;
- (G) Standards of care;
- (H) Professional issues especially as they relate to the delivery of service and findings of the quality assurance program.

(3) The professional advisory committee shall hold at least two (2) meetings annually.

(4) Written minutes shall document dates of meetings, attendance, agenda and recommendations. The minutes shall be presented, read and accepted at the next regular meeting of the governing authority of the agency following the professional advisory committee meeting. These minutes shall be available at any time to the commissioner.

(d) Administrator:

(1) There shall be a full-time agency administrator appointed by the governing authority of the agency.

(2) The administrator shall have full authority and responsibility delegated by the governing authority to plan, staff, direct and implement the programs and manage the affairs of the agency. The administrator's responsibilities include, but are not limited to:
- (A) Interpretation and execution of the policies of the governing authority;
- (B) Program planning, budgeting, management and evaluation based upon community needs and agency resources;
- (C) Maintenance of ongoing liaison among the governing authority, its committees, the professional advisory committee and staff;
- (D) Employment of qualified personnel, evaluation of staff performance per agency policy, provision of planned orientation and inservice education programs for agency personnel;
- (E) Development of a record system and statistical reporting system for program documentation planning and evaluation, which includes at least the data specified in these regulations;
- (F) Preparation of a budget for the approval of the governing authority and implementation of financial policies, accounting system and cost controls
- (G) Assurance of an accurate public information system;
- (H) Maintenance of the agency's compliance with licensure regulations and standards;
- (I) Distribution of a written plan for the delegation of administrative responsibilities and functions in the absence of the administrator.

(3) An administrator's absence of longer than one month shall be reported to the commissioner.

(e) Supervisor of Clinical Services;

(1) An agency shall employ one full-time supervisor of clinical services for each fifteen (15), or less, full-time or full-time equivalent professional direct service staff.
(2) The supervisor of clinical services shall have primary authority and responsibility for maintaining the quality of clinical services.
(3) The supervisor's responsibilities include, but are not limited to:
(A) Coordination and management of all services rendered to patients and families by direct service staff under his/her supervision;
(B) Supervision of assigned nursing personnel in the delivery of nursing services to patients and families;
(C) Direct evaluation of the clinical competence of assigned nursing personnel and participation with appropriate supervisory staff in the evaluation of other direct service staff;
(D) Participation in or development of all agency objectives, standards of care, policies and procedures affecting clinical services;
(E) Participation in direct services staff recruitment, selection, orientation and inservice education;
(F) Participation in program planning, budgeting and evaluation activities related to the clinical services of the agency.
(4) The supervisor of clinical services may also serve as the administrator in agencies with six (6) or less full-time or full-time equivalent professional direct service staff.
(5) Any absence of the supervisor of clinical services for longer than one month must be reported to the commissioner. A registered nurse who has at least two (2) years' experience in a home health care agency, shall be designated, in writing, to act during any absence of the supervisor of clinical services whenever patient care personnel are serving patients.
(Effective June 21, 1983)

## 19-13-D69. Services

Services offered by the agency shall comply with the following.
(a) Nursing Service:
(1) An agency shall have written policies governing the delivery of nursing service.
(2) Nursing service shall be provided by a primary care nurse, or other nursing staff delegated by the primary care nurse.
(3) The primary care nurse is responsible for the following which shall be documented in the patient's clinical record:
(A) Admission of patients for service and development of the patient care plan;
(B) Implementation or delegation of responsibility for twenty-four (24) hour nursing service and homemaker-home health aide services;
(C) Coordination of services with the patient, family and others involved in the care plan;
(D) Regular evaluation of patient progress, prompt action when any change in the patient's condition is noted or reported, and termination of care when goals of management are attained;
(E) Identification of patient and family needs for other home health services and referral for same when appropriate,
(F) Participation in orientation, teaching and supervision of other nursing and ancillary patient care staff;
(G) Determination of aspects of the care plan for delegation to a homemaker-home health aide. Whenever any patient care activity, other than those activities listed in section 19-13-d69 (d) (3) of these regulations, is delegated to a homemaker-home health aide, the

patient's clinical record clearly supports that the primary care nurse or designated professional staff member has:
(i) Assessed all factors pertinent to the patient's safety including the competence of the homemaker-home health aide, and
(ii) Determined that this activity can be delegated safely to a homemaker-home health aide.
(H) Development of a written plan of care and instructions for homemaker-home health aide services;
(I) Arranging supervision of the homemaker-home health aide by other therapists, when necessary
(J) Visiting and completing an assessment of assigned patients receiving homemaker-home health aide services as often as necessary based on the patient's condition, but not less frequently than every sixty (60) days. The sixty-day assessment shall be completed by a registered nurse, while the homemaker-home health aide is providing services in the patient's home.
(4) An agency may employ licensed practical nurses under the direction of a registered nurse to provide nursing care, to assist the patient in learning self-care techniques and to prepare clinical and progress notes.
(b) Therapy Services:
(1) An agency shall have written policies governing the delivery of therapy services.
(2) All therapy services shall be provided by or under the supervision of a therapist licensed to practice in Connecticut.
(3) The responsibilities of each therapist within his/her respective area of practice include the following, which shall be documented in the patient's clinical record:
(A) Comprehensive evaluation of patient's level of function and participation in development of the total patient care plan;
(B) Identification of patient and family needs for other home health services and referral for same when needed;
(C) Participation in case management conferences;
(D) Instruction of patient, family and other agency health care personnel in the patient's treatment regime when indicated;
(E) Supervision of therapy assistants; and
(F) Supervision of homemaker-home health aides when such personnel are participating in the patient's therapy regime.
(4) A therapy supervisor shall be provided for each therapy service, except when therapy staff meet supervisory requirements. In such event, the agency shall provide peer consultation for that therapy staff.
(A) Each supervisor shall be employed directly by the agency, or as a contractor.
(B) When the direct service therapy staff is five (5) full-time or full-time equivalent persons, the agency shall provide a full-time supervisor for that therapy staff. The number of staff assigned to a supervisor shall not exceed fifteen (15) full-time or full-time equivalent staff.
(5) Physical or occupational therapy assistants who function at all times under the direction of a registered physical therapist or occupational therapist, as appropriate, may be employed to carry out treatment regimes as assigned by the registered physical therapist or occupational therapist. The agency shall employ at least one (1) registered physical therapist or occupational therapist for every six (6) assistants or less.
(A) The responsibilities of the therapy assistant may include but not necessarily be limited to the following:
(i) After an initial visit has been made by the registered physical therapist or occupational therapist for evaluation of the patient and establishment of a patient care plan, the therapy assistant

may provide ongoing therapy services in accordance with the established plan.

(ii) At least every thirty (30) days, the therapy assistant shall confer with the registered physical therapist or occupational therapist. The conference shall be documented in the patient's clinical record, and shall include a review of the current patient care plan and any appropriate modifications to the treatment regime.

(iii) The therapy assistant, with prior approval of the registered physical therapist or occupational therapist, may adjust a specific treatment regime in accordance with changes in the patient's status.

(iv) The therapy assistant may contribute to the review of the medical or dental plan of treatment required by subsection (b) of section 19-13-D73 of the regulations of Connecticut states agencies, pre-discharge planning and preparation of the discharge summary.

(B) A registered physical therapist or occupational therapist shall be accessible by phone and available to make a home visit at all times when the therapy assistant is on assignment in a patient's home.

(c) Social Work Services:

(1) An agency shall have written policies governing the delivery of social work services.

(2) All social work services shall be provided by or under the supervision of a qualified social worker.

(3) Functions of the social worker include the following which shall be documented in the patient's clinical record:

(A) Comprehensive evaluation of psychosocial status as related to the patient's illness and environment;

(B) Participation in development of the total patient care plan;

(C) Participation in case conferences with the health care team;

(D) Identification of patient and family needs for other home health services and referral for same when appropriate;

(E) Referral of patient or family to appropriate community resources.

(4) A qualified social work supervisor shall be employed directly by the agency or as a contractor, except when social work's meet supervisory requirements. In such event, the agency shall provide peer consultation for social work staff. When the direct service social work staff is five (5) full-time or full-time equivalent persons, the agency must provide a full-time supervisor. The number of staff assigned to a supervisor shall not exceed fifteen (15) full-time or full-time equivalent staff.

(5) Social work assistants who function at all times under the supervision of a qualified social worker may be employed to carry out the social work activities and assignments The agency shall employ at least one (1) qualified social worker for every six (6) social work assistants or less.

(d) Homemaker-Home Health Aide Service:

(1) An agency shall have written policies governing the delivery of homemaker-home health aide services.

(2) On and after January 1, 1993, no person shall furnish home health aide services on behalf of a home health care agency unless such person has successfully completed a training and competency evaluation program approved by the department.

(A) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide training program of not less than seventy-five (75) hours and competency evaluation program for homemaker-home health aides. The standard curriculum of the training program shall include the following elements which shall be presented in both lecture and clinical settings:

(i) Communication skills;
(ii) Observation, reporting and documentation of patient status and the care or services furnished;
(iii) Reading and recording temperature, pulse and respiration;
(iv) Basic infection control procedures;
(v) Basic elements of body function and changes in body function that must be reported to an aide's supervisor;
(vi) Maintenance of a clean, safe and healthy environment;
(vii) Recognizing emergencies and knowledge of emergency procedures;
(viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health care agency, including the need for respect for the patient, his or her privacy and his or her property;
(ix) Appropriate and safe techniques in personal hygiene and grooming that include: bath (bed, sponge, tub or shower), shampoo (sink, tub or bed), nail and skin care, oral hygiene, toileting and elimination;
(x) Safe transfer techniques and ambulation;
(xi) Normal range of motion and positioning;
(xii) Adequate nutrition and fluid intake;
(xiii) Any other task that the home health care agency may choose to have the homemaker-home health aide perform.

(B) A trainee's successful completion of training shall be demonstrated by the trainee's performance, satisfactory to the qualified registered nurse designated in subparagraph (I)(i) of this subdivision, of the elements required by the curriculum. Each agency that elects to conduct a homemaker-home health aide training program shall submit such information on its homemaker-home health aide training program as the commissioner may require on forms provided by the department. The department may re-evaluate the agency's homemaker-home health aide training program and competency evaluation program for sufficiency at any time.

(C) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide competency evaluation program to include, procedures for determination of competency which may include a standardized test. At a minimum the subject areas listed in subparagraph (A) (iii), (ix), (x), and (xi) of this subdivision shall be evaluated through observation of the aide's performance of the tasks. The other subject areas in subparagraph (a) of this subdivision shall be evaluated through written examination, oral examination or observation of a homemaker-home health aide with a patient.

(D) A homemaker-home health aide is not considered competent in any task for which he or she is evaluated as "unsatisfactory." The homemaker-home health aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated "unsatisfactory" and passes a subsequent evaluation with a "satisfactory" rating.

(E) A homemaker-home health aide is not considered to have successfully passed a competency evaluation if the homemaker-home health aide has an "unsatisfactory" rating in more than one of the required areas listed in subparagraph (A) of this subdivision.

(F) The competency evaluation must be performed by a registered nurse who possesses a minimum of two (2) years of nursing experience at least one (1) year of which must be in the provision of home health care.

(G) The state department of education, the board of trustees of community-technical colleges and an Adult Continuing Education Program established and maintained under the auspices of the local or regional board of education or regional educational service center and provided by such board or center may offer such training programs and competency evaluation programs in accordance with this subsection as approved by the commissioner.

(H) Home health care agencies may offer such training programs and competency evaluation programs in accordance with this subsection provided that they have not been determined to be out of compliance with one (1) or more of the training and competency evaluation requirements of OBRA as amended and/or one or more condition of participation of title 42, part 484 of the code of federal regulations within any of the twenty-four (24) months before the training is to begin.

(I) Qualifications of homemaker-home health aide training instructors

(i) The training of homemaker-home health aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of two (2) years of nursing experience, one (1) year of which must be in the provision of home health care.

(ii) Personnel from the health field may serve as trainers in the homemaker-home health aide training program under the general supervision of the qualified registered nurse identified in subparagraph (I) (i) of this subdivision. All trainers shall be licensed, registered and/or certified in their field.

(iii) Licensed practical nurses, under the supervision of the qualified registered nurse designated in subparagraph (I)(i) of this subdivision may serve as trainers in the homemaker-home health aide training program provided the licensed practical nurse has two (2) years of nursing experience, one (1) year of experience which must be in the provision of home health care.

(iv) The training of homemaker-home health aides may be performed under the general supervision of the supervisor of clinical services. The supervisor of clinical services is prohibited from performing the actual training of homemaker-home health aides.

(J) Upon satisfactory completion of the training and competency evaluation program the agency or educational facility identified in subparagraph (G) of this subdivision shall issue documentation of satisfactory completion, signed by the qualified registered nurse designated in subparagraph (I) (i) of this subdivision, as evidence of said training and competency evaluation. Said documentation shall include a notation as to the agency or educational facility that provided the training and competency evaluation program.

(K) On and after January 1, 1993, any home health care agency that uses homemaker-home health aides from a placement agency or from a nursing pool shall maintain sufficient documentation to demonstrate that the requirements of this subsection are met.

(L) If, since an individual's most recent completion of a training and competency evaluation program or competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual performed nursing or nursing related services for monetary compensation, such individual shall complete a new competency evaluation program.

(M) Any person employed as a homemaker-home health aide prior to January 1, 1993 shall be deemed to have completed a training and

competency evaluation program pursuant to subdivision 19-13-D69 (d)(2) of the regulations of Connecticut State Agencies.

(N) Any person who has successfully completed prior to January 1, 1993 the state-sponsored nurse assistant training program provided through the state department of education or through the Connecticut Board of Trustees of community-technical colleges shall be deemed to have completed a homemaker-home health aide training and competency evaluation program approved by the commissioner in accordance with this subsection.

(O) Any person who completed a nurses aide training and competency evaluation program as defined in section 19-13-D8t (a) of the Regulations of Connecticut State Agencies shall be deemed to have completed a training program as required in this subsection. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(P) Any person who has successfully completed a course or courses comprising not less than seventy-five (75) hours of theoretical and clinical instruction in the fundamental skills of nursing in a practical nursing or registered nursing education program approved by the department with the advice and assistance of the state board of examiners for nursing may be deemed to have completed a homemaker-home health aide training program approved by the commissioner in accordance with this subsection. If the curriculum meets the minimum requirements as set forth in this subsection, such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(Q) On or after January 1, 1993 a homemaker-home health aide in another state or territory of the United States may be deemed to have completed a training program as required in this section provided the home health care agency has sufficient documentation which demonstrates such individual has successfully completed a training program in accordance with subparagraph (2) (A) of this subsection. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(R) The home health care agency shall maintain sufficient documentation to demonstrate that all the requirements of this subsection are met for any individual furnishing homemaker-home health aide services on behalf of the home health care agency.

(S) Any person who has been deemed to have completed a homemaker-home health aide training program in accordance with this subsection shall be provided with ten (10) hours of orientation by the agency of employment prior to the individual providing any homemaker-home health aide services.

(3) When designated by the supervising primary care nurse, duties of the homemaker-home health aide may include:

(A) Assisting the patient with personal care activities including bathing, oral hygiene, feeding and dressing;

(B) Assisting the patient with exercises, ambulation, transfer activities and medications that are ordinarily self administered;

(C) Performing normal household services essential to patient care at home, including shopping, meal preparation, laundry and housecleaning.

(4) Supervision of homemaker-home health aides.

(A) A registered nurse shall be accessible by phone and available to make a home visit at all times, including nights, weekends and holidays, when homemaker-home health aides are on assignment in a patient's home.

(B) The primary care nurse assigned to the patient is responsible for supervision of the services rendered to the patient and family by the homemaker-home health aide.

(C) An agency shall designate a full-time registered nurse, who may have other responsibilities, to be responsible for supervision of the homemaker-home health aide program and staff when that staff is twenty-four (24) or less persons, but when the number of homemaker-home health aides employed is twenty-five (25) or more persons, the agency shall employ a full-time supervisor whose primary responsibility shall be management of the homemaker-home health aide program. If this supervisor is not a registered nurse, the agency shall designate one full-time registered nurse, who may have other responsibilities, to assist with homemaker-home health aide program and staff supervision.

(D) An agency shall maintain at least the following staffing pattern during the regular workweek: One (1) full-time registered nurse for every fifteen (15), or less, full-time equivalent homemaker-home health aides on duty.

(Added effective June 21, 1983; Amended effective December 28, 1992; August 29, 1996; August 31, 1998; July 3, 2007.)

## 19-13-D70. Contracted services

Home health care agencies may hire other organizations, agencies or individuals to provide services to home health care agency patients. Services provided by the primary agency through arrangements with a contractor agency or individuals shall be set forth in a written contract which clearly specifies:

(a) That the patient's contract for care is with the primary agency;

(b) The services to be provided by the contractor;

(c) The necessity to conform to all applicable primary agency policies, including personnel qualifications, supervisory ratios and staffing patterns;

(d) The responsibility for participating in developing the patient care plans;

(e) The procedures for submitting clinical and progress notes, scheduling visits, periodic patient evaluation, and determining charges and reimbursement;

(f) The procedure for annual assurance of clinical competence of all personnel utilized under contract;

(g) A term not to exceed one year.

(Effective June 21, 1983)

## 19-13-D71. Personnel policies

(a) An agency shall have written personnel policies which include but are not limited to:

(1) Orientation policy and procedure. An agency orientation policy for all employees shall include but not be limited to review of the following:

(A) organizational structure of the agency;

(B) agency patient care policies and procedures;

(C) philosophy of patient care;

(D) description of client population and geographic area served;

(E) agency personnel policies and job description;

(F) applicable state and federal regulations governing the delivery of home health care services;

(G) The orientation dates, content, and name and title of the person providing the orientation shall be documented in the employee's personnel folder.

(2) In-service education policy which provides an annual average of at least one (1) hour per month for each employee serving patients. The in-service education shall include current information regarding drugs and treatments; specific service procedures and techniques; recognized professional standards, criteria and classification of clients served. Agencies that employ homemaker-home health

aides shall ensure that homemaker-home health aides attend in-service sessions. The in-service education program shall be provided under the supervision of the supervisor of clinical service or a designated registered nurse who possesses a minimum of two (2) years of nursing experience, at least one (1) year of which must be in the provision of home health care. On and after January 1, 1993 any home health care agency that utilizes a homemaker-home health aide from a placement agency or from a nursing pool shall maintain sufficient documentation to demonstrate these requirements are met.

(3) A policy and procedure for an annual performance evaluation, which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation;

(4) Position descriptions;

(5) Physical examination, including tuberculin test and a physician's or his/her designee's statement that the employee is free from communicable diseases, must be prior to assignment to patient care activities.

(b) For all employees employed directly or by contracts with individuals the agency shall maintain individual personnel records containing at least the following:

(1) Educational preparation and work experience;

(2) Current licensure, registration or certification;

(3) Written performance evaluations;

(4) Signed contract or letter of appointment specifying conditions of employment;

(5) Record of health examinations.

(c) For persons utilized via contract with another agency, not licensed as a home health care or homemaker-home health aide agency, the primary agency shall maintain records containing at least:

(1) A written verification of compliance with health examination requirements and documentation of clinical competence;

(2) Current licensure, registration or certification of each individual utilized by the primary agency;

(3) A resume of educational preparation and work experience for each individual utilized by the primary agency;

(4) The contract for services between the agencies.

(d) For persons utilized via contract with another licensed home health care or homemaker-home health aide agency, the primary agency shall obtain, upon request, records on the education, training or related work experience of such persons.

(Effective June 21, 1983; Amended December 28, 1992; Amended August 31, 1998).

## 19-13-D72. Patient care policies

(a) General Program Policies. An agency shall have written policies governing referrals received, admission of patients to agency services, delivery of such services and discharge of patients. Such policies shall cover all services provided by the agency, directly or under contract. A copy shall be readily available to patients and staff and shall include but not be limited to:

(1) Conditions of Admission:

(A) An agency shall accept a plan of treatment from a chiropractor for services within the scope of chiropractic practice as defined in Connecticut General Statutes Sec. 20-28, and an agency shall accept a plan of treatment from a podiatrist for service within the scope of podiatry practice as defined in Connecticut General Statutes Sec. 20-50. The agency shall have policies governing delivery of these services. Said policies shall conform to all applicable sections of these regulations;

(B) A home assessment by the primary care nurse or, when delegated by the supervisor of clinical services, by other professional staff, to determine that the patient can be cared for safely in the home;

(C) The scope of agency, patient and, when appropriate, family and/or other

participation in the home health services to be provided;

(D) Circumstances which render a patient ineligible for agency services, including but not limited to level of care needs which make care at home unsafe, kinds of treatments agency will not accept, payment policy and limitations on condition of admission, if any;

(E) Plan for referral of patients not accepted for care;

(F) Any delay in the start of service shall require prior notification to the patient. Such notification shall include the anticipated start of service date and the agency's plan while the patient is on the waiting list;

(G) The policies define agency responsibility, plan and procedures to be followed to assure patient safety in the event patient services are interrupted for any reason.

(2) Delivery of Services:

(A) Review of Patient Care Plans;

(B) Case management and monitoring at regular intervals based upon the patient's condition, but at least every sixty (60) days. The patient, family, physician or dentist and all agency staff serving the patient shall participate in case management;

(C) Summary reports to patient's physician or dentist of skilled services provided to patient, which shall be forwarded within ten (10) days of admission and at least every sixty (60) days thereafter;

(D) Coordination of agency services with all other facilities or agencies actively involved in patient's care;

(E) Referral to appropriate agencies or sources of service for patients who have need of care not provided by the agency;

(F) Emergency plan and procedures to be followed to assure patient safety in the event agency services are disrupted due to civil or natural disturbances, e.g., hurricanes, snowstorms, etc.

(3) Discharge from Service:

(A) Agency policies shall define categories for discharge of patients. These categories shall include but not be limited to:

(i) Routine discharge--termination of service(s) when goals of care have been met and patient no longer requires home health care services;

(ii) Emergency discharge--termination of service(s) due to the presence of safety issues which place the patient and/or agency staff in immediate jeopardy and prevent the agency from delivering home health care services;

(iii) Premature discharge--termination of service(s) when goals of care have not been met and patient continues to require home health care services;

(iv) Financial discharge--termination of service(s) when the patient's insurance benefits and/or financial resources have been exhausted.

(B) In the case of a routine discharge the agency shall provide:

(i) pre-discharge planning by the primary care nurse, attending physician, or dentist and other agency staff involved in patient's care, which shall be documented in patient's clinical record;

(ii) A procedure through which the patient's physician or dentist is notified each time one or more services are terminated, and when the patient is discharged.

(C) In the case of an emergency discharge the agency shall immediately take all measures deemed appropriate to the situation to ensure patient safety. In addition, the agency shall immediately notify the patient, the patient's physician, and any other persons or agencies involved in the

provision of home health care services. Written notification of action taken, including date and reason for emergency discharge, shall be forwarded to the patient and/or family, patient's physician, and any other agencies involved in the provision of home health care services within five (5) calendar days.

(D) In the case of a premature discharge the agency shall document that prior to the decision to discharge a case review was conducted which included patient care staff, supervisory and administrative staff, patient's physician, patient and/or patient representative, and representation from any other agencies involved in the plan of care.

(i) Decision to continue service: If the decision of the case review is to continue to provide service, a written agreement shall be developed between the agency and the patient or his/her representative to identify the responsibilities of both in the continued delivery of care for the patient. This agreement shall be signed by the agency administrator and the patient or his representative. A copy shall be placed in the patient's clinical record with copies sent to the patient and his or her physician.

(ii) Decision to discharge from service: If the case review results in an administrative decision to discharge the patient from agency services, the administrator shall notify the patient and/or family and the patient's physician that services shall be discontinued in ten (10) days and the patient shall be discharged from the agency. Services shall continue in accordance with the patient's plan of care to ensure patient safety until the effective day of discharge. The agency shall inform the patient of other resources available to provide health care services.

(E) In the case of a financial discharge the agency shall conduct a:

(i) Pre-termination Review: Whenever one or more home health services are to be terminated because of exhaustion of insurance benefits or financial resources, at least ten (10) days prior to such termination there shall be a review of need for continuing home health care by the patient, his family, the supervisor of clinical services, the patient's physician or dentist, primary care nurse and other staff involved in the patient's care. This determination and, when indicated, the plan developed for continuing care shall be documented in the patient's clinical record.

(ii) Post-termination Review: The clinical records of each patient discharged because of exhaustion of insurance benefits or financial resources shall be reviewed by the professional advisory committee or the clinical record review committee at the next regularly scheduled meeting following the discharge. The committee reviewing the record shall ensure that adequate post-discharge plans have been made for any patient with continuing home health care needs.

(b) Patient Care Standards:

(1) Infusion therapy may be provided to patients of a home health care agency provided services exclude the administration of blood and blood products and a program to monitor the effectiveness and safety of the infusion therapy is developed and implemented.

(A) Definitions

(i) "Infusion therapy" means intravenous, subcutaneous, intraperitoneal, epidural or intrathecal administration of medications, or solutions excluding blood or blood products.

(ii) "Care partner" means a person who demonstrates the ability and

willingness to learn maintenance of infusion therapy and who, if not residing with the patient, is readily available to the patient on a twenty four (24) hours basis.

(B) Licensed registered nursing staff who are trained to perform infusion therapy shall be responsible for:

(i) Insertion or removal of a peripherally inserted central catheter (picc), upon the written order of a physician, provided the registered nurse has had appropriate training and experience in such procedures; and

(ii) Delivering of infusion therapy via existing epidural, intraperitoneal and intrathecal lines, monitoring, care of access site and recording of pertinent events and observations in the patient's clinical record.

(C) Licensed nursing staff trained in infusion therapy shall be responsible for:

(i) Performing a venipuncture for the delivery of intravenous fluids via a needle or intracath;

(ii) Withdrawal of blood from applicable infusion mechanisms for laboratory analysis; and

(iii) Delivering intravenous therapy via existing lines, monitoring, care of access site and recording pertinent events and observations in the patient's clinical record.

(D) Only a physician shall insert and remove central venous lines, epidural, intraperitoneal and intrathecal lines except as permitted in section (b)(1)(B)(i).

(E) A program to monitor the effectiveness and safety of the agency's infusion therapy services shall be developed, implemented and monitored.

(F) Infusion therapy services shall be provided in accordance with agency protocol, and practitioners orders and current standards of professional practice.

(G) Policies and procedures for infusion therapy shall be developed and implemented to address:

(i) Timely initiation and administration of infusion therapy;

(ii) Scope of infusion therapy services, therapeutic agents, staff credentials and training necessary to perform infusion therapy;

(iii) Training of patient or care partner to perform infusion therapy;

(iv) Infusion therapy orders, which shall include, type of access, drug, dosage, rate and duration of therapy, frequency of administration, type and amount of solution;

(v) Documentation of infusion therapy services in the patient's clinical record; and

(vi) Adverse reactions and side effects of infusion therapy.

(H) Current reference materials shall be available for staff relevant to infusion therapy services rendered by the agency.

(2) Hospice services delivered in a patient's home may be provided only by a home health care agency licensed pursuant to Section 19a-491 of the Connecticut General Statutes, with the approval of the Commissioner of Public Health. An agency shall make application for the provision of hospice services on forms provided by the Department of Public Health. Prior to the provision of hospice services, the Commissioner shall approve an agency to provide these services, if the agency meets all of the requirements of this subdivision, and shall note this approval on the license of the home health care agency.

(A) Definitions

As used in Section 19-13-D72(b)(2) of the Regulations of Connecticut State Agencies:

(i) "Attending Physician" means a doctor of medicine or osteopathy,

licensed pursuant to Chapter 370 or 371 of the Connecticut General Statutes, or licensed in a state which borders Connecticut, who is identified by the patient at the time of selection of hospice care as having the most significant role in the determination and delivery of the patient's medical care;

(ii) "Bereavement Counselor" means a person qualified through education and experience to counsel patients and family members on issues relating to loss and grief. The hospice program shall define the qualifications necessary to address the unique needs of each population served;

(iii) "Primary Caregiver" means a person who provides care for the patient and who, if not residing with the patient, is readily available to assure the patient's safety;

(iv) "Case Management" means the coordination and supervision of all hospice care and services, to include periodic review and revision of the patient's plan of care and services, based on ongoing assessments of the patient's needs;

(v) "Coordination of Inpatient Care Agreement" means an agreement between the agency and a contractor, which may include an inpatient setting or other health care professionals, for the provision of services during an inpatient admission by the contractor and which includes, but is not limited to, mechanisms for collaboration and coordination of care and sharing of information to meet the ongoing needs of the patient family;

(vi) "Counseling Services" means medical social work, bereavement, spiritual, dietary and other counseling services as required in the plan of care;

(vii) "Family" means group of two or more individuals related by blood, legal status, or affection who consider themselves a family;

(viii) "Home" means the place where a hospice patient resides and may include but is not limited to a private home, nursing home, or specialized residence which provides supportive services;

(ix) "Hospice Employee" means a paid or unpaid staff member of the hospice program;

(x) "Hospice Interdisciplinary Team" means a specifically trained group of professionals licensed pursuant to Title 20 of the Connecticut General Statutes, and volunteers, including but not limited to a physician, a registered nurse, a consulting pharmacist and one or more of the following: a social worker, a spiritual, bereavement or other counselor, the volunteer coordinator, a volunteer with a role in the patient's plan of care, who work together to meet the physiological, psychological, social, and spiritual needs of hospice patients and their families;

(xi) "Hospice Program" means a program of the home health care agency that is the primary agency engaged in coordinating the provision of care and services to patients who are terminally ill from the time of admission to the hospice program throughout the course of the illness until death or discharge;

(xii) "Inpatient setting" means an institution; licensed in the state in which it is located, which includes a short-term hospital, general, a chronic and convalescent nursing home, or a short-term hospital, special, hospice. A rest home with nursing supervision may also be included for the provision of respite care only;

(xiii) "Medical Director" means a doctor of medicine or osteopathy, licensed pursuant to Chapter 370 or 371 of the Connecticut

General Statutes, or licensed in a state which borders Connecticut, who assumes overall responsibility for the medical component of the hospice's patient care program and who is an employee of the hospice program;

(xiv) "Palliative Care" means treatment which enhances comfort and improves the quality of a patient's life;

(xv) "Patient Family" means the hospice patient, his or her family members or primary caregivers; the patient family is considered to be a unit and the recipients of hospice care;

(xvi) "Pharmaceutical Services" means pharmacy services provided directly or by contract to patients, primarily for the relief of pain and other symptoms related to the terminal illness, and consultation to the hospice interdisciplinary team;

(xvii) "Plan of Care" means a written, individualized plan of care developed for a hospice patient, in accordance with the wishes of the patient, with the participation of the patient family, attending physician, medical director and members of the hospice interdisciplinary team as appropriate;

(xviii) "Qualified Dietitian" means a dietitian who is registered by the Commission on Dietetic Registration or certified as a dietitian-nutritionist by the Department pursuant to Chapter 384b of the Connecticut General Statutes;

(xix) "Spiritual" means those aspects of a human being associated with the emotions and feelings, which are unique to each individual, as distinguished from the physical body;

(xx) "Spiritual Counselor" means a person who is qualified through education and experience to provide spiritual counseling and support. The hospice program shall define the qualifications necessary to address the unique needs of each population served;

(xxi) "Terminally Ill" means having a diagnosis of advanced irreversible disease, as attested to by a licensed physician;

(xxii) "Volunteer" means an unpaid associate of the hospice program who has successfully completed a training program in preparation for providing assistance to hospice patient families and assisting in the administrative activities of the hospice;

(xxiii) "Volunteer Coordinator" means an employee of the hospice program who has demonstrated skills in organizing, communicating with and managing people.

(B) An agency shall develop and implement written policies and procedures for all hospice services provided which include:

(i) A description of the objectives and scope of each service to be provided, both directly and by contract which assures the continuity of care from the time of admission to the hospice program throughout the course of the patient's illness until death or discharge. Such services shall include coordination of inpatient care agreements for care as needed in inpatient settings;

(ii) Admission criteria for accepting a patient family for hospice services which includes, but is not limited to, a statement of a physician's or the medical director's clinical judgment regarding the normal course of the individual's illness and a requirement that patients will not be discharged from the hospice program solely as a result of admission to an inpatient setting with which the hospice program has a coordination of inpatient care agreement;

(iii) Procedures for the provision of care and services to the patient family including advising the patient or legal representative of the nature of the palliative care offered. Palliative care includes pain control, symptom management, quality of life enhancement and spiritual and emotional comfort for patients and their caregivers; the patient's needs are continuously assessed and all treatment options are explored and evaluated in the context of the patient's values and symptoms;

(iv) Qualifications for all providers of care and services in accordance with State law and regulations;

(v) Availability of services;

(vi) Orientation and training for all providers of care and services to the hospice philosophy of patient care. The hospice program shall be responsible for educating all unlicensed personnel assigned to provide services to hospice patient families regarding hospice goals, philosophy and approaches to care;

(vii) For hospice employees, six hours of the annual in-service education requirements in accordance with Section 19-13-D71(a)(2) of these regulations shall address topics related to hospice care. The agency shall ensure, as part of its coordination of inpatient care agreement with an inpatient setting, that all direct service staff receive in-service education including two hours specific to hospice care. The in-service education shall include current information regarding drugs and treatments, specific service procedures and techniques, pain and symptom management, psychosocial and spiritual aspects of care, interdisciplinary team approach to care, bereavement care, acceptable professional standards, and criteria and classification of clients served;

(viii) The procedure for the disposal of controlled drugs maintained in the patient's home by the family or primary caregiver, when those drugs are no longer needed by the patient, in accordance with accepted safety standards.

(C) A hospice program shall have a written quality improvement plan and program which guides the hospice program toward improving organizational performance and achieving the desired outcomes for patient families.

(D) In addition to the membership requirements set forth in Section 19-13-D68(c) of these regulations, a hospice program shall appoint a pharmacist, a volunteer and members of other professional disciplines as appropriate to the agency's Professional Advisory Committee.

(E) The hospice interdisciplinary team shall be composed of individuals who have clinical experience and education appropriate to the needs of the terminally ill and their families. The team shall include:

(i) The medical director, or physician designee;

(ii) A registered nurse, licensed pursuant to Chapter 378 of the Connecticut General Statutes;

(iii) A consulting pharmacist, licensed pursuant to Chapter 400j of the Connecticut General Statutes;

(iv) and one or more of the following, based on the needs of the patient:

I. A social worker, licensed pursuant to Chapter 383b of the Connecticut General Statutes;

II. A bereavement counselor;

III. A spiritual counselor;

IV. A volunteer coordinator;

V. A trained volunteer who is assigned a role in the patient's plan of care;
VI. A physical therapist, occupational therapist or speech-language pathologist.

(F) Interdisciplinary team members shall participate, to the extent of the scope of services provided to a patient family, in:
(i) The admission process and initial assessment for services;
(ii) The development of initial patient family plan of care, within 48 hours of admission;
(iii) Ongoing case management.

(G) The plan of care shall be individualized and interdisciplinary, addressing the patient family. The plan for each service provided to the patient family shall include, but not be limited to, assessment of patient family needs as they relate to hospice services, goals of hospice management, plans for palliative intervention, bereavement care and identification of advance directives.
(i) The hospice program shall assure coordination and continuity of the plan of care, 24 hours per day, seven days per week from the time of admission to the hospice program throughout the course of the patient's illness until death or discharge. A copy of the plan of care shall be furnished to providers in inpatient or other settings where the patient may be temporarily placed and shall include the inpatient services to be furnished;
(ii) The hospice supervisor of clinical services shall be responsible for coordination and management of all services, including those provided directly and by contract, to hospice patient families;
(iii) The plan of care for all hospice services shall be reviewed and revised by members of the interdisciplinary team as often as the patient's condition indicates, but no less frequently than every 14 days.

(H) Assessments and plans of care shall be documented and retained in the clinical record. The clinical record shall also include progress notes from each involved discipline.

(I) Case management shall be implemented based on the patient's condition, but occur no less frequently than every 14 days, and shall include the participation of the patient, family, physician and all members of the interdisciplinary team who are serving the patient family.

(J) There shall be a full-time hospice program director, appointed by the governing authority of the home health care agency, who shall have responsibility to plan, staff, direct and implement the hospice program. The hospice program director shall either:
(i) Be qualified in accordance with Section 19-13-D67(a) of the Regulations of Connecticut State Agencies, but with hospice or home health care supervisory or administrative experience which included care of the sick, in lieu of experience in a health care facility or program; or
(ii) Possess a master's degree in social work and at least one year of supervisory or administrative experience in a hospice or home health care agency.

(K) An agency offering a hospice program shall employ a medical director.
(i) A hospice program medical director shall have a minimum of five years of clinical experience in the practice of medicine or osteopathy.
(ii) The medical director shall be knowledgeable about the psychosocial, spiritual, and medical aspects of hospice care;
(iii) The medical director's responsibilities shall include, but not be

limited to:

I. Development and periodic review of the medical policies of the hospice program;

II. Consultation with attending physicians regarding pain and symptom control and medical management as appropriate;

III. Participation in the development of the plan of care for each patient admitted to the hospice;

IV. Serving as a resource for the hospice interdisciplinary team;

V. Acting as a liaison to physicians in the community;

VI. Assuring continuity and coordination of all medical services.

(L) Medical care and direction shall be provided by the patient's attending physician or the hospice medical director. Orders to administer medications shall be written and signed by the patient's attending physician or the hospice medical director.

(M) Nursing services shall be provided by qualified nurses licensed pursuant to Chapter 378 of the Connecticut General Statutes, employed by the hospice program and under the supervision of a primary care nurse.

(i) In addition to the requirements of Section 19-13-D68(e) of these regulations, an agency providing a hospice program shall employ one qualified full-time registered nurse supervisor of clinical services for each ten or fewer, full-time or full-time equivalent professional direct service staff assigned to the hospice program, who shall manage and supervise the day to day activities of the hospice program, including coordination of the interdisciplinary team;

(ii) The supervisor of clinical services assigned to the hospice program may also serve as the hospice program director in programs with six or fewer full- time or full-time equivalent professional direct-services staff.

(iii) A registered nurse, serving as the primary care nurse, shall be responsible for the following:

I. Development and implementation of an individualized, interdisciplinary patient family plan of care;

II. Admission of patients for service and development of the initial patient family plan of care within 48 hours of admission with input from at least one other member of the hospice interdisciplinary team;

III. Coordination of services with the patient family, hospice interdisciplinary team members and all others involved in the plan of care and delivery of patient care services.

(N) Social work services shall be provided by qualified social workers, licensed pursuant to Chapter 383b of the Connecticut General Statutes, employed by the hospice program. The social worker's functions shall include, but not be limited to:

(i) Comprehensive evaluation of the psychosocial status of the patient family as it relates to the patient's illness and environment;

(ii) Counseling of the patient family and primary caregivers;

(iii) Participation in development of the plan of care;

(iv) Participation in ongoing case management with the hospice interdisciplinary team.

(O) Counseling shall include bereavement, spiritual, dietary, and any other counseling services that may be needed by the patient family while

enrolled in a hospice program.

(i) Counseling shall be provided only by qualified personnel employed by the hospice;

(ii) Bereavement services shall include:

I. Ongoing assessment of the family and primary caregiver's needs, including the presence of any risk factors associated with the patient's impending death or death and the ability of the family or primary caregiver to cope with the loss;

II. A plan of care for bereavement services which identifies the individualized services to be provided;

III. The availability of pre-death grief counseling for the patient family and primary caregiver;

IV. Ongoing, regular, planned contact with the family and primary caregiver, offered for at least one year after the death of the patient, based on the plan of care;

(iii) A spiritual counselor shall provide counseling, in accordance with the wishes of the patient, based on initial and ongoing assessments of the spiritual needs of the patient family that, at a minimum, include the nature and scope of spiritual concerns or needs. Services may include:

I. Spiritual counseling consistent with patient family beliefs;

II. Communication with and support of involvement by local clergy or spiritual counselor;

III. Consultation and education for the patient family and interdisciplinary team members.

(iv) A qualified dietitian shall provide counseling based on initial and ongoing assessments of the current nutritional status of the patient, pre- existing medical conditions, and special dietary needs. Services may include:

I. Counseling of the patient family and primary caregiver with regard to the patient's diet;

II. Coordination of the plan of care with other providers of nutritional services or counseling.

(P) The hospice program shall have volunteer services available to the hospice patient family. Management of the ongoing active volunteer program including orientation and education, shall be designated in writing to a full-time hospice employee, who may have other responsibilities in addition to those of volunteer coordinator.

(i) Volunteers may be utilized in administrative or direct patient family care roles;

(ii) The hospice program shall provide orientation, ongoing training and supervision of its volunteers consistent with the duties and functions to be performed;

(iii) Volunteers who are qualified to provide professional or homemaker-home health aide services shall meet all standards, licensing or credentialing requirements associated with their discipline.

(Q) The hospice program, which shall serve as the patient's primary agency, may provide services by contract with an agency or individual and shall have legally binding written agreements for the provision of such contracted services in accordance with the requirements of Section 19-13-D70 of the Regulations of Connecticut State Agencies. If a hospice program enters into a coordination of inpatient care agreement with an inpatient setting, the written agreement shall include, but not be limited to, provisions for accommodations for family members to remain with the

patient overnight, space for private patient and family visiting, homelike decor, and privacy for the family after a patient's death.

(R) Pharmaceutical services, including consultation with hospice program staff regarding patient needs, shall be made available by the hospice program 24 hours a day, 7 days a week.

(Effective March 29, 1990; Amended effective December 28, 1992.; Amended effective December 23, 1997; Amended effective August 31, 1998; Amended effective December 12, 2001.)

## 19-13-D73. Patient care plan

(a) Each medical or dental plan of treatment shall include, but not be limited to:
- (1) All diagnoses or conditions, primary and secondary;
- (2) Types and frequency of services and equipment required;
- (3) Medications and treatments required;
- (4) Prognosis, including rehabilitation potential;
- (5) Functional limitations and activities permitted;
- (6) Therapeutic diet.

(b) The medical or dental plan of treatment shall be reviewed as often as the severity of the patient's condition requires, but at least every sixty (60) days for all patients receiving one (1) or more skilled services. The original plan and any modifications shall be signed by the patient's physician or dentist within twenty-one (21) days. Agency professional staff shall promptly alert the patient's physician or dentist to any changes in the patient's condition that suggest a need to alter the plan of treatment.

(c) The plan for each service provided the patient and family shall include but not be limited to:
- (1) Assessment of patient and family needs as they relate to home health services;
- (2) Goals of management, plans for intervention and implementation.

(d) The plan for each agency service shall be reviewed and revised as offer as the patient's condition indicates and shall be signed by the primary care nurse and other service personnel at least every sixty (60) days.

(Effective September 20, 1978; Amended August 29, 1996.)

## 19-13-D74. Administration of medicines

(a) Orders for the administration of medications shall be in writing, signed by the patient's physician or dentist, and in compliance with the agency's written policy and procedure.
- (1) 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;
- (2) Orders shall include at least the name of medication, dosage, frequency and method of administration.
- (3) All medications shall be administered only by registered nurses or licensed practical nurses licensed in accordance with Chapter 378 of the Connecticut General Statutes or other health care practitioners licensed in this state with statutory authority to administer medications.

(b) Agency staff shall regularly monitor all prescribed and over-the-counter medicines a patient is taking and shall promptly report any problems to the patient's physician or dentist.

(Effective October 26, 1984)

## 19-13-D75. Clinical record system

(a) An agency shall maintain a clinical record system which includes, but not limited to:
- (1) A written policy on the protection of records which defines procedures governing the use and removal of records, conditions for release of information contained in the record and which requires authorization in writing by the patient for release of appropriate information not otherwise authorized by law;

(2) A written policy which provides for the retention and storage of records for at least seven (7) years from the date of the last service to the patient and which provides for the retention and storage of such records in the event the agency discontinues operation;
(3) A policy and procedure manual governing the record system and procedures for all agency staff;
(4) Maintaining records on the agency's premises in lockable storage area(s).

(b) A clinical record shall be developed for each patient which shall be filed in an accessible area within the agency and which shall include, but not be limited to:
(1) Identifying data (name, address, date of birth, sex, date of admission or readmission);
(2) Source of referral, including where applicable, name and type of institution from which discharged and date of discharge;
(3) Patient care plans;
(4) Name, address and phone number of physician(s) or dentist(s) responsible for medical or dental care;
(5) Pertinent past and current health history;
(6) Clinical notes following each patient's contact with the staff members, incorporated no less often than weekly;
(7) Progress notes by professional staff and copies of summary or progress reports sent to physician or dentist;
(8) Documentation of all case management and monitoring activities, including sixty (60) day utilization review;
(9) Discharge summary, if applicable.

(c) All notes and reports in the patient's clinical record shall be typewritten or legibly written in ink, dated and signed by the recording person with his full name or first initial and surname and title.
(Effective September 20, 1978)

## 19-13-D76. Quality assurance program

(a) An agency shall have a written quality assurance program which shall include but not be limited to the following components:
(1) Program evaluation;
(2) Quarterly clinical record review;
(3) Annual documentation of clinical competence;
(4) Annual process and outcome record audits.

(b) The professional advisory committee or a committee appointed by the governing authority and at least one person from administrative or supervisory staff shall implement, monitor and integrate the various components of the agency's quality assurance program.

(c) The committee and staff designated pursuant to regulation 19-13-D76 (b) shall:
(1) Annually analyze and summarize, in writing, all findings and recommendations of the quality assurance program;
(2) Present written reports of the findings of each component or a written summary report of the findings of the quality assurance program to the professional advisory committee and to the governing authority;
(3) Monitor implementation of the recommendations and actions directed by the governing authority based on said report(s);
(4) Within one hundred twenty (120) days of action on the report(s) by the governing authority, report in writing to the governing authority, administration and professional advisory committee the progress in implementation of the recommended actions;
(5) Ensure that a copy of the annual quality assurance report(s) and the progress report on implementation are maintained by the agency.

(d) The program evaluation shall include, but not be limited to:

(1) The extent to which the agency's objectives, policies and resources are adequate to maintain programs and services appropriate to community, patient and family needs;
(2) The extent to which the agency's administrative practices and patterns for delivery of services achieve efficient and effective community, patient and family services in a five (5) year cycle.

(e) At least quarterly, health professionals in active practice, representing at least the scope of the agency's home health care services shall review a sample of active and closed clinical records to assure that agency policies are followed in providing services. No person involved directly in service to a patient or family shall participate in the review of that patient or family's clinical record.
(1) At least once in each calendar quarter, the agency shall select records for review by a random sampling of all therapeutic cases. The agency's sampling methodology shall be defined in its quality assurance program policies and procedures after approval by the commissioner. The sample of clinical records reviewed each quarter shall be according to the following ratios:
(A) Eighty (80) or less cases; eight (8) records;
(B) Eighty-one (81) or more cases, ten percent (10%) of caseload for the quarter to maximum of twenty-five (25) records. One review form describing the areas to be assessed shall be completed for each record reviewed.

(f) Six (6) months after employment and annually thereafter, a written report shall be prepared on the clinical competence of each direct service staff member employed by or under individual contract to the agency by the employee's professional supervisor, which shall include but not be limited to:
(1) Direct observation of clinical performance;
(2) Patient and family management as recorded in clinical notes and reports prepared by the staff member;
(3) Case management conference performance;
(4) Participation in the agency's inservice education program;
(5) Personal continuing education;
(6) Each staff member shall review and sign a copy of his/her performance evaluation and the agency shall maintain copies of same in the employee's personnel file;
(7) Unsatisfactory performance of direct service staff shall require a plan for corrective action which shall be filed in the employee's personnel folder. In the case of a homemaker-home health aide, the corrective action shall include that the homemaker-home health aide may not perform any task rated as "unsatisfactory" without direct supervision by a registered nurse until after he or she receives training in the task for which he or she was evaluated as "unsatisfactory" and passes a subsequent evaluation with "satisfactory."

(g) Effective January 1, 1982, an agency shall:
(1) Include in its quality assurance program annual process and outcome audits of a sample of the clinical records of persons served during the previous twelve (12) months;
(2) Have defined outcome measures for at least two (2) of any diagnostic category representing five (5%) percent or more of its annual caseload. For each successive twelve (12) month period after January 1, 1982, the agency shall expand its outcome measures by one diagnostic category, until measures have been defined for each diagnostic category representing five (5%) percent or more of the agency's caseload; or
(3) Have received approval from the commissioner to use another patient classification system to define outcome measures.

(Effective June 21, 1983; Amended December 28, 1992).

## 19-13-D77. Administrative organization and records

An agency shall not be eligible for licensure until it demonstrates to the satisfaction of the commissioner that complete authority and control of the agency's operations is vested in a corporation chartered in or properly qualified to do business in this state, or in a person or persons who will reside in this state during the period of licensure. When an agency provides patient care services through more than one office, the organization, services, control and lines of authority and accountability between the central office and the other office(s) shall be defined in writing the central office, shall be licensed as a home health care agency in compliance with the regulations and standards governing home health care agencies. When patient care services are provided through other offices of the agency, each office shall be in compliance with the regulations and standards, as specified herein, governing supervisor of clinical services, services, patient care policies, patient care plan, administration of medicines, clinical record system, patient bill of rights and responsibilities and facilities. Weekend, holiday, evening or night services may be provided through arrangement with one or more other agencies but there shall be a written description of the organization, services provided, lines of authority, responsibility and accountability between the agencies.

(a) An agency shall be in compliance with all applicable laws and ordinances of the State of Connecticut, the federal government and the town(s) served by the agency.

(b) A copy of the policy and procedure manual shall be available to the staff at all times.

(c) An agency shall submit an annual statistical report of services rendered to the commissioner within ninety (90) days after the close of the agency's fiscal year.

(d) An agency shall provide consumer participation in the annual program evaluation component of the quality assurance program.

(e) An agency shall appoint a pharmacist to its professional advisory committee or to its clinical record review process.

(f) An agency shall provide written information to the actual and potential consumers of its services which accurately describes the services available, the fees for services and any conditions for acceptance or termination of services which may influence a consumer's decision to seek the services of the agency. If a licensed home health care agency is not certified for provision of Medicare home health benefits, its written information shall state this clearly.

(g) Whenever services as defined in C.G.S section 19-576 (d) or (e) are being provided at the same time to the same patient by more than one agency licensed to provide such services, there shall be:

  (1) A written contract between participating agencies which meets the requirements of section 19-13-D70 of these regulations; or

  (2) A written memo of understanding between the participating agencies or documentation in the patient's clinical record of the plan established between the participating agencies which defines assignment of primary responsibility for the patient's care and methods of communication/coordination between the agencies so that all information necessary to assure safe, coordinated care to the patient is accessible and available to all participating agencies.

(h) Administrative records, including all files, records and reports required by these regulations, shall be maintained on the agency's premises and shall be accessible at any time to the commissioner. These records shall be retained for not less than seven (7) years. There shall be a policy for retention and storage of these records in the event the agency discontinues operation.

(i) An agency shall notify the commissioner immediately of an intent to discontinue operations. In such event, an agency shall continue operations, maintain a staff of administrator, supervisor of clinical services and essential patient care personnel and fulfill all patient care obligations until an orderly transfer of all patients to other sources of care has been completed to the commissioner's satisfaction.

(Effective June 21, 1983)

## 19-13-D78. Patient's bill of rights and responsibilities

An agency shall have a written bill of rights and responsibilities governing agency services which shall be made available and explained to each patient or representative at the time of admission. Such explanation shall be documented in the patient's clinical record. The bill of rights shall include but not be limited to:

(a) A description of available services, unit charges and billing mechanisms. Any changes in such must be given to the patient orally and in writing as soon as possible but no later than thirty (30) working days from the date the agency becomes aware of a change;

(b) Policy on uncompensated care;

(c) Criteria for admission to service and discharge from service;

(d) Information regarding the right to participate in the planning of the care to be furnished, the disciplines that will furnish care, the frequency of visits proposed and any changes in the care to be furnished, the person supervising the patients' care and the manner in which that person may be contacted;

(e) Patient responsibility for participation in the development and implementation of the home health care plan;

(f) Right of the patient or designated representative to be fully informed of patients' health condition, unless contraindicated by a physician in the clinical record

(g) Right of the patient to have his or her property treated with respect;

(h) Explanation of confidential treatment of all patient information retained in the agency and the requirement for written consent for release of information to persons not otherwise authorized under law to receive it;

(i) Policy regarding patient access to the clinical record;

(j) Explanation of grievance procedure and right to file grievance without discrimination or reprisal from agency regarding treatment or care to be provided or regarding the lack of respect for property by anyone providing agency services;

(k) Procedure for registering complaints with the commissioner and information regarding the availability of the medicare toll-free hotline, including telephone number, hours of operation for receiving complaints or questions about local home health agencies;

(l) Agency's responsibility to investigate complaints made by a patient, patient's family or guardian regarding treatment or care provided or that fails to be provided and lack of respect for the patient's property by anyone providing agency services. Agency complaint log shall include date, nature and resolution of the complaint.

(Effective September 20, 1978; Amended December 28, 1992).

## 19-13-D79. Facilities

(a) An agency's central office or any offices serving residents of Connecticut shall be located within the State of Connecticut and be accessible to the public.

(b) An agency shall have a communication system adequate to receive requests and referrals for service, maintain verbal contact with health service personnel at all times when they are serving patients, receive calls from patients under the care of the agency and maintain contact as needed with physicians and other providers of care.

(c) The facilities shall provide adequate and safe space for:

(1) Staff to carry out their normal pre and post visit activities;

(2) Supervisory conferences with staff;

(3) Conferencing with patients and their families;

(4) Storage and maintenance of equipment and supplies necessary for patient care

(5) Maintaining administrative records and files, financial records, and clinical records in file cabinets which can be locked.

(Effective June 21, 1983)

# Homemaker-Home Health Aide Agency

## 19-13-D80. Definitions

As used in Sections 19-13-D80 to 19-13-D92 inclusive:

(a) "Agency" means a homemaker-home health aide agency as defined in Section 19a-490 (e) of the Connecticut General Statutes;

(b) "Central office" means the agency office responsible and accountable for all agency operations in this state;

(c) "Clinical experience" means employment in providing patient services in a health care setting

(d) "Commissioner" means the commissioner of health services, or his/her representative;

(e) "Consumer" means a potential or actual recipient of homemaker-home health aide services;

(f) "Contracted services" or "services under arrangement" means services provided by the agency which are subject to a written agreement with an individual, another agency or facility;

(g) "Contractor" means any organization, individual, home health care or homemaker-home health aide agency that provides services to patients of a primary agency as defined in paragraph (s) of Section 19-13-D80 of these regulations;

(h) "Curriculum" means the plan of classroom and clinical instructions for training and skills assessment as a homemaker-home health aide;

(i) "Department" means the Connecticut Department of Health Services;

(j) “Evening or nighttime service" means service provided between the hours of 5 p.m. and 8 a.m.;

(k) "Full-time" means employed and on duty a minimum of thirty-five (35) hours per workweek;

(l) "Full-time equivalent" means the hours of work by more than one person in a one workweek period which equals a cumulative total which shall not be less than thirty-five (35) hours;

(m) "Holiday service" means service provided on the days specified in the agency's official personnel policies as holidays;

(n) "Homemaker-home health aide" means an unlicensed person who has successfully completed a training and competency evaluation program for the preparation of homemaker-home health aides approved by the department.

(o) "Parent agency" means the agency that develops and maintains administrative control of subdivisions and patient service offices;

(p) "Patient care services" means agency activities carried out by agency staff for or on behalf of a patient. Such services include, but are not limited to, receipt of referral for service, admission to service, assignment of personnel, homemaker-home health aide service, communication/coordination with patient and others involved in the patient's care and development/maintenance of patient's record.

(q) "Patient service office" means one or more separate and distinct offices which provide patient care services and are included under the agency's license. This office shall comply with the regulations of Connecticut State Agencies, Section 19-13-D90;

(r) "Permanent part-time" means employed and on duty a minimum of twenty (20) hours per workweek on a regular basis;

(s) "Primary homemaker-home health aide agency" means the agency that is responsible for the homemaker-home health aide service furnished to patients and for the implementation of the plan of care;

(t) "Professional supervision" means direction and supervision by a registered nurse supervisor, and, as appropriate, a physical therapist supervisor, occupational therapist supervisor, speech therapist supervisor, or social work supervisor;

(u) "Provider agency" means the agency or subdivision that has primary authority and responsibility for provision of services to the patient and family;

(v) "Public health nurse" means a graduate of a baccalaureate degree program in nursing approved by the National League for Nursing for preparation in public health nursing;
(w) "Representative" means a designated member of the patient's family, or person legally designated to act for the patient in the exercise of the patient's rights as contained in Sections 19-13-D80 to 19-13-D92 of the Regulations of Connecticut State Agencies.
(x) "Social worker" means a graduate of a master's degree program in social work accredited by the council on social work education;
(y) "Subdivision" means a unit of a multifunction health care organization which is assigned the primary authority and responsibility for the agency operations. A subdivision shall independently meet the regulations and standards for licensure and shall be independently licensed as a homemaker-home health aide agency;
(z) "Supportive services" means services which include, but are not limited to assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management, and are provided under the supervision of a registered nurse;
(aa) "Weekend service" means services provided on Saturday or Sunday.
(Effective September 20, 1978; Amended December 28, 1992).

## 19-13-D81. Personnel

(a) An agency administrator shall be a person with one of the following:
  (1) A baccalaureate degree in nursing with an active license to practice in this state and at least two (2) years of full-time experience in a homemaker-home health aide agency or related health care facility/program which included care of the sick; or
  (2) A baccalaureate degree in social work, home economics, administration, or related human services field with a concentration of study in health services administration, and at least two (2) years of full-time experience in a homemaker-home health aide agency or related health care facility/program which included care of the sick; or
  (3) A baccalaureate degree in a related social service field, and at least three (3) years of full-time experience in a homemaker-home health aide agency or related community health program; or
  (4) Current employment as the administrator of a homemaker-home health aide agency as of January 1, 1979. Effective January 1, 1982, no person shall be an administrator who does not satisfy the requirements of subparagraphs (1) through (3) of this regulation.
(b) An agency registered nurse supervisor shall be a person with an active license to practice nursing in this state and shall have one of the following:
  (1) A baccalaureate degree in nursing and at least two (2) years of full-time clinical experience within the past five (5) years in a home health care agency or related health care facility program which included care of the sick; or
  (2) An associate degree in nursing and at least three (3) years of full-time clinical experience in nursing within the past five (5) years, at least two (2) of which were in a home health care agency or related health care facility/program which included care of the sick; or
  (3) A diploma in nursing and at least three (3) years of full-time clinical experience in nursing within the past five (5) years, at least two (2) of which were in a home health care agency or related health care facility/program which included care of the sick.
(c) An agency physical therapist supervisor shall be a person licensed to practice physical therapy in this state and one who has completed a minimum of one (1) year full-time clinical experience in physical therapy;
(d) An agency occupational therapist supervisor shall be a graduate of a basic education program accredited by the American Medical Association for the preparation of occupational therapists, or a person who has successfully completed the national

certifying examination and is currently registered by the American Occupational Therapy Association, who has a minimum of one (1) year clinical experience in occupational therapy services and effective July 1, 1979, the occupational therapist supervisor shall be licensed to practice in this state.

(e) An agency social work supervisor shall be a graduate of a master's degree program in social work accredited by the Council on Social Work Education who has a minimum of one (1) year full-time experience in social work.

(Effective September 20, 1978; Amended December 28, 1992).

## 19-13-D82. General requirements

The agency shall be organized and staffed in compliance with the following:

(a) An agency shall be governed by a governing authority, maintain an active patient care advisory committee, be directed by an administrator and operate any services offered in compliance with these regulations. Compliance with these regulations shall be the joint and several responsibility of the governing authority and the administrator.

(b) Governing Authority:

(1) There shall be a formal governing authority with full legal authority and responsibility for the operation of the agency which shall adopt bylaws or rules that are reviewed and so dated. Such bylaws or rules shall include, but are not limited to:

(A) Purposes of the agency;

(B) Delineation of the powers, duties and voting procedures of the governing authority, its officers and committees;

(C) Qualifications for membership, method of selection and terms of office of members and chairpersons of committees;

(D) A description of the authority delegated to the administrator;

(E) The agency's conflict of interest policy and procedures.

(2) The bylaws or rules shall be available to all members of the governing authority and all individuals to whom authority is delegated.

(3) The governing authority shall:

(A) Meet as frequently as necessary to fulfill its responsibilities as stated in these regulations, but no less than one (1) time per year;

(B) Provide a written agenda and minutes for each meeting;

(C) Provide that minutes reflect the identity of those members in attendance and that, following approval, such minutes be dated and signed by the secretary;

(D) Ensure that the agenda and minutes of any of its meetings or any of its committees are available at any time to the commissioner.

(4) Responsibilities of the governing authority include, but are not limited to:

(A) Services provided by the agency and the quality of care rendered to patients and their families;

(B) Selection and appointment of a patient care advisory committee;

(C) Policy and program determination and delegation of authority to implement policies and programs;

(D) Appointment of a qualified administrator;

(E) Management of the fiscal affairs of the agency;

(F) The quality assurance program.

(5) The governing authority shall ensure that:

(A) The name and address of each officer and member of the governing authority are reported annually to the commissioner;

(B) The name and address of each owner and, if the agency is a corporation, all ownership interests of ten percent (10%) or more (direct or indirect) are reported annually to the commissioner;

(C) Any change in ownership is reported to the commissioner within ninety (90) days;

(D) The name of the administrator of the agency is forwarded to the commissioner within three (3) days of his/her appointment and notice that the administrator has left for any reason is so forwarded within forty-eight (48) hours.

(c) Patient care advisory committee:

(1) There shall be a patient care advisory committee, appointed by the governing authority, consisting of at least one (1) physician, one (1) public health nurse, one (1) social worker and two (2) consumers representing the community served by the agency. Professional representatives shall be in active practice in their professions, or shall have been in active practice within the last five (5) years. No member of the patient care advisory committee, shall be an owner, stockholder, employee of the agency or related to same, including by marriage. However, provision may be made for employees to serve on the committee as ex-officio members only, without voting powers.

(2) The functions of the patient care advisory committee shall be to recommend and review at least annually agency policies on:

(A) Scope of service offered;
(B) Service policies;
(C) Admission and discharge criteria;
(D) Professional supervision and care plans
(E) Patient records;
(F) Personnel qualifications and training;
(G) Quality assurance activities;
(H) Patient care issues especially as they relate to the delivery of service and findings of the quality assurance program.

(3) The patient care advisory committee shall hold at least two (2) meetings annually.

(4) Written minutes shall document dates of meetings, attendance, agenda and recommendations. The minutes shall be presented, read and accepted at the next regular meeting of the governing authority of the agency following the patient care advisory committee meeting. These minutes shall be available at any time to the commissioner.

(d) Administrator:

(1) There shall be a full-time agency administrator appointed by the governing authority of the agency.

(2) The administrator shall have full authority and responsibility delegated by the governing authority to plan, staff, direct and implement the programs and manage the affairs of the agency. The administrator's responsibilities include, but are not limited to:

(A) Interpretation and execution of the policies of the governing authority;
(B) Program planning, budgeting, management and evaluation based upon community needs and agency resources;
(C) Maintenance of ongoing liaison among governing authority, its committees, the patient care advisory committee and staff;
(D) Employment of qualified personnel, evaluation of staff performance per agency policy, provision of planned orientation and inservice education programs for agency personnel;
(E) Development of a record system and statistical reporting system for program documentation, planning and evaluation, which includes at least the data specified in these regulations;
(F) Preparation of a budget for the approval of the governing authority and implementation of financial policies, accounting system and cost controls;
(G) Assurance of an accurate public information system;
(H) Maintenance of the agency's compliance with licensure regulations and standards;

(I) Distribution of a written plan for the delegation of administrative responsibilities and functions in the absence of the administrator;

(J) Notification to the commissioner, within forty-eight hours, that the registered nurse supervisor is no longer employed by the agency.

(3) An administrator's absence of longer than one month shall be reported to the commissioner.

(e) Professional Supervision:

(1) An agency shall employ one (1) full-time registered nurse supervisor for each twenty-five (25) or less full-time or full-time equivalent homemaker-home health aides.

(2) Each homemaker-home health aide shall be assigned to and shall report to the same registered nurse supervisor to ensure clear lines of authority and delegation of patient care.

(3) A registered nurse supervisor shall be accessible by phone and available to make a home visit at all times when homemaker-home health aides are on assignment in a patient's home.

(4) Any absence of the registered nurse supervisor for longer than one month shall be reported to the commissioner. A registered nurse who has at least two (2) years experience in a home health care agency or related health care facility/program, which included care of the sick shall be designated, in writing, to act in any absence of the registered nurse supervisor.

(5) The registered nurse supervisor shall have primary authority and responsibility for maintaining the quality of homemaker-home health aide services provided to the patient. The responsibilities of the registered nurse supervisor shall be clearly delineated in the position description and shall include but not be limited to:

(A) Initial assessment of the patient and home situation and determination that the patient's status and care needs can be safely met by homemaker-home health aide service

(B) Referral of the patient at any time to a home health care agency or other appropriate level of care, when the patient's status and care needs require more than supportive services as defined in 19-13-D80 (z) of these regulations;

(C) Development and periodic review of a written plan of care which shall include the frequency of assessment and methods by which the patient's status and care needs are to be monitored between assessment visits in the home. The plan of care shall be reviewed and revised no less frequently than the plan for the registered nurse supervision of the homemaker-home health aide;

(D) Development and periodic review of the written instructions for the homemaker-home health aide; which shall be completed before the homemaker-home health aide provides any service to the patient. These instructions shall include the scope and limitations of homemaker-home health aide activities, pertinent aspects of patient's condition to be observed and reported to the registered nurse supervisor, and the name and telephone number of the registered nurse supervisor;

(E) Orientation of the homemaker-home health aide in the home, to the patient, family and plan for care;

(F) In situations when the homemaker-home health aide orientation cannot be done in the home prior to initiation of patient care activities, there shall he documentation in the patient's record identifying the circumstances which substantiate that the patient's safety was maintained;

(G) Determination, in the home, that the homemaker-home health aide is competent to carry out all assigned patient care activities;
(H) Visiting and completing an assessment of assigned patients receiving homemaker-home health aide services as often as necessary based on the patient's condition, but not less frequently than every sixty (60) days. The sixty-day assessment shall be completed while the homemaker-home health aide is providing services in the patient's home;
(I) Arranging supervision of a homemaker-home health aide by a physical therapist, occupational therapist, speech therapist or social worker, as appropriate;
(J) Plan for medical or other emergencies.
(K) When appropriate, communication with the patient's source(s) of medical care to secure or report information pertinent to the patient's care;
(L) Development and maintenance of the patient care record;
(M) Coordination of services rendered to the patient and family;
(N) Evaluation of homemaker-home health aide staff, including participation in orientation and inservice education, direct observation of the homemaker-home health aide's performance in patient care situations, review of the records and reports prepared by the homemaker-home health aide, case management conferences with the homemaker-home health aide, and a written performance evaluation of aides not less frequently than six (6) months after date of employment, and annually thereafter;
(O) Consultation with the agency administrator on all aspects of patient care;

(6) When appropriate, the registered nurse supervisor may delegate all or part of the professional supervision to a physical therapist, occupational therapist, speech therapist or social work supervisor. In such situations, the registered nurse supervisor shall review with designated supervisor the patient's plan of care at least every four (4) weeks;
(7) The registered nurse supervisor may also serve as the administrator in agencies with ten (10) or less homemaker-home health aides.

(Effective September 20, 1978; Amended December 28, 1992; June 5, 2007.)

## 19-13-D83. Homemaker-home health aide services

(a) An agency shall have written policies governing the delivery of homemaker-home health side services.
(b) Homemaker-home health aide services shall be provided only by persons who meet one of the following:
(1) Are currently enrolled in or have completed a basic training program for homemaker-home health aides approved by the commissioner and conducted by the Connecticut state department of education, bureau of vocational technical schools or the regional community college program coordinated by Mattatuck Community College and are receiving or have completed ten (10) hours orientation and one hundred sixty (160) hours on-the-job training by the homemaker-home health aide agency; or
(2) Have completed:
(a) A minimum of fifteen (15) hours in-service training in the care of patients at home provided by the homemaker-home health aide agency and are receiving or have completed one hundred sixty (160) hours on-the-job training by the homemaker-home health aide agency, and
(b) On and after January 1, 1993, no person shall furnish homemaker-home health aide services on behalf of a homemaker-home health aide agency

unless such person has successfully completed a training and competency evaluation program approved by the department.

(1) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide training program of not less than seventy-five (75) hours and competency evaluation program for homemaker-home health aides. The standard curriculum of the training program shall include the following elements which shall be presented in both lecture and clinical settings:

(A) Communications skills;

(B) Observation, reporting and documentation of patient status and the care or services furnished;

(C) Reading and recording temperature, pulse and respiration;

(D) Basic infection control procedures;

(E) Basic elements of body function and changes in body function that must be reported to an aide's supervisor;

(F) Maintenance of a clean, safe and healthy environment;

(G) Recognizing emergencies and knowledge of emergency procedures;

(H) The physical, emotional, and developmental needs of and ways to work with the populations served by the homemaker-home health aide agency, including the need for respect for the patient, his or her privacy and his or her property;

(I) Appropriate and safe techniques in personal hygiene and grooming that include: bath (bed, sponge, tub or shower), shampoo (sink, tub or bed), nail and skin care, oral hygiene, toileting and elimination;

(J) Safe transfer techniques and ambulation;

(K) Normal range of motion and positioning;

(L) Adequate nutrition and fluid intake;

(M) Any other task that the homemaker-home health aide agency may choose to have the homemaker-home health aide perform.

(2) A trainee's successful completion of training shall be demonstrated by the trainee's performance, satisfactory to the qualified registered nurse designated in subparagraph (9) (A) of this subdivision of the elements required by the curriculum. Each agency that elects to conduct a homemaker-home health aide training program shall submit such information on its homemaker-home health aide training program as the commissioner may require on forms provided by the department. The department may re-evaluate the agency's homemaker-home health aide training program and competency evaluation program for sufficiency at any time.

(3) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide competency evaluation program to include, procedures for determination of competency which may include a standardized test. At a minimum the subject areas listed in subparagraph (1)(C), (I), (J), and (K) of this subdivision shall be evaluated through observation of the homemaker-home health aide's performance of the tasks. The other subject areas in subdivision (1) of this subsection shall be evaluated through written examination, oral examination or observation of a homemaker-home health aide with a patient.

(4) A homemaker-home health aide is not considered competent in any task for which he or she is evaluated as "unsatisfactory." The homemaker-home health aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was

evaluated "unsatisfactory" and passes a subsequent evaluation with a "satisfactory" rating.

(5) A homemaker-home health aide is not considered to have successfully passed a competency evaluation if the aide has an "unsatisfactory" rating in more than one of the required subject areas listed in subdivision (1) of this subsection.

(6) The competency evaluation must be performed by a registered nurse who possesses a minimum of two (2) years of nursing experience at least one (1) year of which must be in the provision of home health care.

(7) The state department of education, the board of trustees of community-technical colleges and an adult continuing education program established and maintained under the auspices of the local or regional board of education or regional educational service center and provided by such board or center may offer such training programs and competency evaluation programs in accordance with this subsection as approved by the commissioner

(8) Homemaker-home health aide agencies may offer such training programs and competency evaluation programs in accordance with this subsection provided that they have not been determined to be out of compliance with one (1) or more of the training and competency evaluation requirements of OBRA as amended within any of the twenty-four (24) months before the training is to begin.

(9) Qualifications of homemaker-home health aide training instructors:

(A) The training of homemaker-home health aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of two (2) years of nursing experience, one (1) year of which must be in the provision of home health care.

(B) Qualified personnel from the health field may serve as trainers in the homemaker-home health aide training program under the general supervision of the qualified registered nurse identified in subdivision (9)(A) of this subsection. All trainers shall be licensed, registered and/or certified in their field.

(C) Licensed practical nurses, under the supervision of the qualified registered nurse designated in subdivision (9)(A) of this subsection may serve as trainers in the homemaker-home health aide training program provided the licensed practical nurse has two (2) years of nursing experience, one (1) year of experience which must be in the provision of home health care.

(D) The training of homemaker-home health aides may be performed under the general supervision of the registered nurse supervisor. The registered nurse supervisor is prohibited from performing the actual training of homemaker-home health aides.

(10) Upon satisfactory completion of the training and competency evaluation program the agency or educational facility identified in subdivision (7) of this subsection shall issue documentation of satisfactory completion, signed by the qualified registered nurse designated in subdivision (9)(A) of this subsection, as evidence of said training and competency evaluation. Said documentation shall include a notation as to the agency or educational facility that provided the training and competency evaluation program.

(11) On and after January 1, 1993 any homemaker-home health aide agency that uses homemaker-home health aides from a placement agency or from a nursing pool shall maintain sufficient documentation to demonstrate that the requirements of this subsection are met.

(12) If, since an individual's most recent completion of a training and competency evaluation program or competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual performed nursing or nursing related services for monetary compensation, such individual shall complete a new competency evaluation program.

(13) Any person employed as a homemaker-home health aide prior to January 1, 1993, shall be deemed to have completed a training and competency evaluation program pursuant to subsection 19-13-D83 (b) of the regulations of Connecticut State Agencies.

(14) Any person who has successfully completed prior to January 1, 1993 the state-sponsored nurse assistant training program provided through the state department of education or through the Connecticut Board of Trustees of community-technical colleges shall be deemed to have completed a homemaker-home health aide training and competency evaluation program approved by the commissioner in accordance with this subsection.

(15) Any person who has completed a nurses aide training and competency evaluation program as defined in section 19-13-D8t (a) of the Regulations of Connecticut State Agencies shall be deemed to have completed a training program as required in this section. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(16) Any person who has successfully completed a course or courses comprising not less than seventy-five (75) hours of theoretical and clinical instruction in the fundamental skills of nursing in a practical nursing or registered nursing education program approved by the department with the advice and assistance of the state board of examiners for nursing may be deemed to have completed a homemaker-home health aide training program approved by the commissioner in accordance with this subsection. If the curriculum meets the minimum requirements as set forth in this subsection, such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(17) On or after January 1, 1993 a homemaker-home health aide in another state or territory of the United States may be deemed to have completed a training program as required in this subsection provided the homemaker-home health aide agency has sufficient documentation which demonstrates such individual has successfully completed a training program in accordance with subdivision (b)(1). Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(18) The homemaker-home health aide agency shall maintain sufficient documentation to demonstrate that all the requirements of this subsection are met for any individual furnishing homemaker-home health aide services on behalf of the homemaker-home health aide health agency.

(19) Any person who has been deemed to have completed a homemaker-home health aide training program in accordance with this subsection shall be provided with ten (10) hours of orientation by the agency of employment prior to the individual providing any homemaker-home health aide services.
(Effective April 22, 1982; Amended December 28, 1992; Amended August 31, 1998).

## 19-13-D84. Contracted services

(a) An agency may hire professional supervision for its homemaker-home health aide staff through contractual arrangements with other agencies or individuals. Supervision provided by the primary agency through arrangements with a contractor agency or individuals shall be set forth in a written contract which clearly specifies:

(1) That the patient's contract for care is with the primary agency;

(2) The services to be provided by the contractor;

(3) The necessity to conform to all applicable primary agency policies, including personnel qualifications, supervisory ratios and staffing patterns;

(4) The authority and responsibilities of the supervisor;

(5) A term not to exceed one (1) year.
(Effective September 20, 1978.)

## 19-13-D85. Personnel policies

(a) An agency shall have written personnel policies which include but are not limited to:
- (1) Orientation policy and procedure. An agency orientation policy for all employees shall include but not be limited to review of the following:
  - (A) Agency organization and philosophy of patient care;
  - (B) Agency patient care policies and procedures;
  - (C) Agency personnel policies and job description;
  - (D) Applicable state regulations governing the delivery of homemaker-home health aide services;
  - (E) Agency's procedure for the documentation of the orientation dates, content and name and title of person providing the orientation;
- (2) Inservice education policy and plan which provides an annual average of at least one (1) hour per month for each homemaker-home health aide and a description of the content of each inservice education session. The in-service education program shall be provided by or under the supervision of the registered nurse supervisor;
- (3) Performance evaluation, which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation. The corrective action shall include that the homemaker-home health aide may not Perform any task rated as "unsatisfactory" without direct supervision by the registered nurse supervisor until after he or she receives training in the task for which he or she was evaluated as "unsatisfactory" and passes a subsequent evaluation with "satisfactory." Each staff member shall review and sign a copy of his/her performance evaluation and the agency shall maintain copies of same in the employee's personnel file;
- (4) Position descriptions;
- (5) Physical examination, including a tuberculin test and a physician's statement that the employee is free from communicable diseases, must be prior to assignment to patient care activities.

(b) For all employees employed directly or by contracts with individuals, the agency shall maintain individual personnel records containing at least the following:
- (1) Educational preparation and work experience;
- (2) Current licensure, registration or certification;
- (3) Written performance evaluations;
- (4) Signed contract or letter of appointment specifying conditions of employment;
- (5) Record of physical examination;
- (6) Documentation of orientation

(c) For persons utilized via contract with another agency not licensed as a home health care or homemaker-home health aide agency, the primary agency shall maintain records containing at least:
- (1) A written verification of compliance with health examination requirements and performance evaluation requirements;
- (2) Current licensure, registration or certification of each individual utilized by primary agency;
- (3) A resume of educational preparation and work experience for each individual utilized by the primary agency;
- (4) The contract for services between the agencies.

(d) For persons utilized via contract with another licensed home health care or homemaker-home health aide agency, the primary agency shall maintain records on the education, training and/or related work experience of such persons.
(Effective September 20, 1978; Amended December 28, 1992.)

## 19-13-D86. Service policies

(a) An agency shall have written policies governing referrals received, admission of patients, delivery of services and discharge of patients. Such policies shall be applicable to services provided by the agency, directly or under arrangement. A copy shall be readily available to patients and staff and shall include but not be limited to:

(1) Conditions of admission:

(A) An assessment of the patient and home shall be completed by the registered nurse supervisor to determine that the patient can be cared for safely in the home by a homemaker-home health aide;

(B) Plan for referral of patients not accepted for care;

(C) Following acceptance of a referral, any delay in the start of service shall require prior notification to the patient. Such notification shall include the anticipated start of service date and the agency's plan while the patient is on the waiting list;

(D) When circumstances require the services of a homemaker-home health aide prior to an assessment of the patient and home by a registered nurse supervisor, the factors necessitating delivery of services prior to an assessment and verification that the patient's safety is assured shall be documented in the patient's record. Such assessment shall be completed within twenty-four (24) hours of the initiation of services;

(E) Establishment of a plan of care;

(F) Definition of the scope of agency, patient and, when appropriate, family responsibilities for the services to be provided;

(G) Circumstances which render a patient ineligible for agency services, including factors which make home care unsafe, the kinds of treatments an agency will not accept, payment policy and limitations or conditions of admission, if any;

(H) The policies define agency responsibility, plan and procedures to be followed to assure patient safety in the event patient services are interrupted for any reason.

(2) Delivery of services:

(A) Frequency and nature of professional registered nurse supervision of patient situation;

(B) Review of original plan of care at least every sixty (60) days, or more often depending on patient's condition

(C) Coordination of agency services with all other facilities or agencies actively involved in patient's care;

(D) Referral to appropriate agencies or sources of service for patients who have need of care not provided by agency.

(E) Emergency plan and procedures to be followed to assure patient safety in the event agency services are disrupted due to civil or natural disturbances, e.g., as hurricanes, snowstorms, etc.

(3) Discharge from service:

(A) The agency shall have policies and plans which it shall follow for the following discharge categories:

(i) Routine discharge which means termination of services when patient no longer requires homemaker-home health aide service

(ii) Emergency discharge which means termination of services due to the presence of safety issues which place the patient and/or agency staff in immediate jeopardy and prevent the agency from delivering homemaker-home health aide services;

(iii) Premature discharge which means termination of services when patient continues to require homemaker-home health aide services;

(iv) Financial discharge which means termination of services when the patient's insurance benefits and/or financial resources have been exhausted.

(B) In the case of a routine discharge the agency shall provide:

(i) Pre-discharge planning by the registered nurse supervisor, which shall be documented in patient's record.

(C) In the case of an emergency discharge, the registered nurse supervisor shall immediately take all measures deemed appropriate to the situation to assure patient safety. Written notification of action taken, including date and reason for emergency discharge, shall be forwarded to the patient and/or patient representative, patient's source of medical care as applicable, and any other agencies involved in the provision of home health services within five (5) calendar days.

(D) In the case of a premature discharge, the agency shall document that prior to the decision to discharge, a case review was conducted by the registered nurse supervisor, administrator, patient's source of medical care as applicable, patient and/or patient representative and representation from any other agencies involved.

(i) Decision to continue service: If the decision of the case review is to continue to provide service, a written agreement shall be developed between the agency and the patient and/or patient representative to identify the responsibilities of both in the continued delivery of care for the patient. This agreement shall be signed by the agency administrator and the patient and/or patient representative. A copy shall be placed in the patient's record with copies to the patient and/or patient representative.

(ii) Decision to discharge from service: If the case review results in the decision to discharge the patient from agency services, the administrator shall notify the patient and/or patient representative, and the patient's source of medical care as applicable, and any other agencies involved in the provision of home health services, that services shall be discontinued in ten (10) days and the patient shall be discharged from the agency. Services shall continue in accordance with the patient's plan of care to assure patient safety until the effective day of discharge. The agency shall inform the patient of other resources available to provide homemaker-home health aide services. This discharge notice shall include the patient's right to appeal this decision within the ten (10) day notice of discharge. All patient appeals shall be reviewed by the agency's patient care advisory committee with ten (10) days of receipt of the appeal to advise on the appropriateness of the discharge or to recommend readmission and terms under which agency services will be provided.

(E) In the case of a financial discharge, the agency shall conduct:

(i) Pre-termination Review: Whenever homemaker-home health aide services are terminated because of exhaustion of insurance benefits or financial resources, at least ten (10) days prior to such termination there shall be a review of need for continuing homemaker-home health aide services by the patient, his family and/or patient representative, the registered nurse supervisor, and the patient's source of medical care as applicable, and other staff involved in the patient's care. This determination and, when indicated the plan developed for continuing care shall be documented in the patient's record.

(ii) Post-termination Review: The records of each patient discharged because of exhaustion of insurance benefits or financial resources shall be reviewed by the patient care advisory committee at the next regularly scheduled meeting following the discharge. The committee reviewing the record shall ensure that adequate post-discharge plans have been made for each patient with continuing care needs.

(Effective September 20, 1978; Amended December 28, 1992.)

## 19-13-D87. Plan of care

(a) A written plan of care for homemaker-home health aide service shall be completed by the registered nurse supervisor in consultation with the patient, family and others involved in care to the patient, within seven (7) days of the patient's admission for services. The plan shall include, but not be limited to:

(1) Initial assessment and reassement frequency;
(2) Documentation of patient's care needs;
(3) Goals of management;
(4) Written instructions for the homemaker-home health aide shall be completed before the homemaker-home health aide provides any service to the patient. These instructions shall include the scope and limitations of homemaker-home health aide activities, pertinent aspects of patient's condition to be observed and reported to the registered nurse supervisor, and name and telephone number of the registered nurse supervisor;
(5) Plan for medical or other emergencies;
(6) Frequency of review and revision of care plan;
(7) Frequency of registered nurse supervision;
(8) Plan for registered nurse supervision of the homemaker-home health aide including frequency and methods of insuring ongoing competence.

(Effective September 20, 1978; Amended December 28, 1992.)

## 19-13-D88. Patient records

(a) An agency shall maintain a patient record system which includes, but is not limited to:

(1) A written policy on the protection of records which defines procedures governing the use and removal of records, conditions for release of information contained in the record and which requires authorization in writing by the patient for release of appropriate information not otherwise authorized by law;
(2) A written policy which provides for the retention and storage of records for at least seven (7) years from the date of the last service to the patient and which provides for records retention and storage of such records in the event the agency discontinues operation;
(3) A policy and procedure manual governing the records system and procedures for all agency staff;
(4) Maintaining records on the agency's premises in lockable storage area(s).

(b) A record shall be developed for each patient which shall be filed in an accessible area within the agency and which shall include, but not be limited to:

(1) Identifying data (name, address, date of birth, sex, date of admission or readmission);
(2) Source of referral, including where applicable, name and type of institution from which discharged and date of discharge;
(3) Assessment of the patient and home;
(4) Plan of care and written instructions for the homemaker-home health aide;
(5) Name, address and phone number of patient's source of medical care;
(6) Pertinent past and current health history;
(7) Documentation of the registered nurse supervisor activities and, when appropriate, other professional supervisor(s) activities related to patient care;

(8) Documentation of coordination of services with the patient, family and others involved in the plan of care;
(9) Homemaker-home health aide notes which the registered nurse supervisor shall review, shall be incorporated in the patient's record no less often than every two (2) weeks;
(10) Discharge summary, if applicable.

(c) All notes and reports in the patient's record shall be typewritten or legibly written in ink, dated and signed by the recording person with his full name, or first initial, surname and title.
(Effective September 20, 1978; Amended December 28, 1992.)

## 19-13-D89. Quality assurance program

(a) An agency shall have a written quality assurance program which shall include but not be limited to:
(1) Program evaluation:
(2) Patient record review.

(b) The governing authority, or a committee appointed by the governing authority and the patient care advisory committee shall conduct the program evaluation which shall include, but not be limited to:
(1) The extent to which the agency's objectives, policies and resources are adequate to maintain programs and services appropriate to community, patient and family needs;
(2) The extent to which the agency's administrative practices and patterns for delivery of services achieve efficient and effective community, patient and family services in a five (5) year cycle.

(c) At least quarterly, the professional members of the patient care advisory committee shall review a random sample of active and closed patient records. Each record review shall be documented on a record review form and shall include, but not be limited to verification, that:
(1) Agency policies are followed in the provision of services to patients and families;
(2) Homemaker-home health aide services are utilized appropriately in relation to agency resources and patient or family resources;
(3) Services are provided only to patients whose level of care needs can be safely met by a homemaker-home health aide;
(4) Provision of care is coordinated within the agency and with other agencies involved in the care of the patient or family.
(5) Referral of the patient to a home health care agency when the patient's status and care needs are no longer limited to supportive services.

(d) An agency's sampling methodology shall be defined in its quality assurance program policies and procedures. The sample of patient records reviewed each quarter shall be according to the following ratios:
(1) Eighty (80) or less cases; eight (8) records;
(2) Eighty-one (81) or more cases; ten percent (10%) of caseload for the quarter to maximum of twenty-five (25) records.

(e) An annual written report of the agency's quality assurance program shall summarize all findings and recommendations resulting from the quality assurance activities. This report and documentation of all actions or implementations on the findings or recommendations included in the report shall be available to the commissioner.
(Effective September 20, 1978; Amended December 28, 1992.)

## 19-13-D90. Administrative organization and records

(a) An agency shall not be eligible for licensure until it demonstrates to the satisfaction of the commissioner that complete authority and control of the agency's operations is vested in a corporation chartered in or properly qualified to do business in this state, or in a person or persons who will reside in this state during the period of licensure. When an agency

provides services through more than one office, the organization, services, control and lines of authority and accountability between the central office and the other office(s) shall be defined in writing. The central office shall be licensed as a homemaker-home health aide agency in compliance with the regulations and standards governing homemaker-home health aide agencies. When patient care services are provided through other offices of the agency, each office shall be in compliance with the regulations and standards, as specified herein, governing registered nurse supervisor, services, service policies, plan of care, patient records, patient bill of rights and responsibilities, and facilities. Weekend, holiday, evening or night services may be provided through arrangement with one or more other agencies but there shall be a written description of the organization, services provided, lines of authority, responsibility and accountability between the agencies.

(b) Whenever services as defined in C.G.S. Section 19a-490 (d) or (e) are being provided at the same time to the same patient by more than one agency licensed to provide such services, there shall be:
  (1) A written contract between the participating agencies which meets the requirements of Section 19-13-D84 of these regulations; or
  (2) A written memo of understanding between the participating agencies or documentation in the patient's record of the plan established between the participating agencies which defines assignment of primary responsibility for the patient's care and methods of communication/coordination between the agencies so that all information necessary to assure safe, coordinated care to the patients is accessible and available to all participating agencies.

(c) An agency shall maintain compliance with all applicable laws and ordinances of the State of Connecticut, the federal government and the town(s) served by the agency.

(d) A copy of the policy and procedure manual shall be available to the staff at all times.

(e) An agency shall prepare an annual statistical report on services rendered which shall be submitted to the commissioner within ninety (90) days after the close of the agency's fiscal year.

(f) An agency shall provide written information to the actual and potential consumers of its services which accurately describes the service available, the fees for services and any conditions for acceptance or termination of services which may influence a consumer's decision to seek the services of the agency. The written information shall include that the agency is not certified for provision of medicare home health benefits.

(g) An agency shall provide consumer participation in the annual program evaluation component of the quality assurance program.

(h) Administrative records, including all files, records and reports required by these regulations, shall be maintained on the agency's premises and shall be accessible at any time to the commissioner. These records shall be retained for not less than seven (7) years. There shall be a policy for retention and storage of these records in the event the agency discontinues operation.

(i) An agency shall notify the commissioner immediately of an intent to discontinue operations. In such event, an agency shall continue operations, maintain a staff of administrator, registered nurse supervisor and essential homemaker-home health aide personnel and fulfill all patient care obligations until an orderly transfer of all patients to other sources of care has been completed to the commissioner's satisfaction.
(Effective September 20, 1978; Amended December 28, 1992.)

## 19-13-D91. Patient's bill of rights and responsibilities

An agency shall have a written bill of rights and responsibilities governing agency services which shall be made available and explained to each patient and/or patient representative at the time of admission. Such explanation shall be documented in the patient's record. The Bill of Rights shall include but not be limited to:

(a) A description of available services, unit charges, and billing mechanisms; any changes in such must be given to the patient orally and in writing as soon as possible but no later than fifteen (15) working days from the date the agency becomes aware of a change;
(b) Policy on uncompensated care;
(c) Criteria for admission to service and discharge from service;
(d) Information in advance regarding the right to participate in the planning of the care to be furnished, the frequency of visits proposed and any changes in the care to be furnished, the name of the person supervising the patient's care and the manner in which that person may be contacted;
(e) Patient participation in the implementation of the plan of care;
(f) Right of the patient and/or patient representative to be fully informed of patient's health condition, unless contra-indicated by the patient's source of medical care in the clinical record;
(g) Right of the patient to have his or her property treated with respect;
(h) Explanation of confidential treatment of all patient information retained in the agency and the requirement for written consent for release of information to persons not otherwise authorized under law to receive it;
(i) Policy regarding patient access to the patient record;
(j) Explanation of grievance procedure and right to file grievance without discrimination or reprisal from agency regarding care provided or failed to be provided, or regarding the lack of respect for property by anyone providing agency services;
(k) Agency's responsibility to investigate complaints made by a patient, patient's family or guardian regarding care provided or that fails to be provided and lack of respect for the patient's property by anyone providing agency services. Agency complaint log shall include date, nature and resolution of the complaint;
(l) Procedure for registering complaints with the commissioner.
(Effective September 20, 1978; Amended December 28, 1992.)

## 19-13-D92. Facilities

(a) An agency's central office or any other office(s) serving residents of Connecticut shall be located within the State of Connecticut and be accessible to the public.
(b) An agency shall have a communication system adequate to receive requests and referrals for service, maintain verbal contact with health service personnel at all times when they are serving patients, receive calls from patients under the care of the agency and maintain contact as needed with the patients source of medical care as applicable and other providers of care.
(c) The facilities shall provide adequate and safe space for:
    (1) Staff to carry out their normal pre and post visit activities;
    (2) Supervisory conferences with staff;
    (3) Conferencing with patients and their families;
    (4) Storage and maintenance of equipment and supplies necessary for patient care;
    (5) Maintaining administrative records and files, financial records, and patient records in file cabinets which can be locked.

(Effective September 20, 1978; Amended December 28, 1992.)

# Assisted Living Services Agency

## 19-13-D105. Assisted living services agency

(a) Definitions. As used in this section:

(1) "Agency" means assisted living services agency.

(2) "Assisted living services" for the purpose of this section only means nursing services and assistance with activities of daily living provided to clients living within a managed residential community having supportive services that encourage clients primarily age fifty-five (55) or older to maintain a maximum level of independence. Routine household services may be provided as assisted living services by the assisted living services agency or by the managed residential community as defined in subsection (a)(13). These services provide an alternative for elderly persons who require some help or aid with activities of daily living as described in subsection (a)(4) or nursing services in order to remain in their private residential units within the managed residential community.

(3) "Assisted living services agency" means an entity that provides assisted living services.

(4) "Assisted living aide" means an unlicensed person who has successfully completed a training and competency evaluation program in accordance with Section 19-13-D8t(1), Section 19-13-D69(d)(2) or Section 19-13-D83(b) of the regulations of Connecticut State Agencies. An assisted living aide may assist clients with one or more of the following activities of daily living: ambulation, feeding, bathing, dressing, grooming, toileting, oral hygiene, transfers, exercise and supervision of self administration of medications.

(5) "Client" means the recipient of the assisted living services provided by licensed nurses or assisted living aides.

(6) "Client service program" means a written schedule of assisted living services to be provided to, reviewed with and agreed to by a client or client representative.

(7) "Commissioner" means the Commissioner of the Department of Public Health and Addiction Services, or the commissioner's representative.

(8) "Community" means managed residential community.

(9) "Core services" means the services described in subsection (c)(3) of this section which shall be made available in order for an assisted living services agency, for the purpose of this section only, to provide services within a managed residential community.

(10) "Department" means the Connecticut Department of Public Health and Addiction Services.

(11) "Full time" means on duty a minimum of thirty-five (35) hours per workweek.

(12) "Licensed nurse" means a registered nurse or licensed practical nurse licensed under chapter 378 of the Connecticut General Statutes.

(13) "Managed residential community" means a facility consisting of private residential units that provides a managed group living environment, including housing and services primarily for persons age fifty-five (55) or older.

(14) "Primary agency" means an assisted living services agency that contracts for the services of other organizations, agencies or individuals who provide care or services to its clients.

(15) "Private residential unit" means a living environment belonging to a tenant(s) that includes a full bathroom within the unit including a water closet, lavatory, tub or shower bathing unit and access to facilities and equipment for the preparation and storage of food.

(16) "Self administration of medications" means a client taking medication in accordance with directions for use and includes:

(A) the client removing an individual dose from a container of medications that have been ordered by a physician or health care practitioner with the

statutory authority to prescribe medications and dispensed by a pharmacy or purchased over-the-counter by or under the direction of the client; or

(B) the client taking an individual or multiple dose(s) of medications that have been prepared or prepoured by a licensed nurse, family member or significant other and stored for client administration in the client's home.

(17) "Tenant" means a person who either owns, rents under a lease agreement or otherwise contracts for the use of the home within a managed residential community in which that person resides.

(b) Assisted living services agency

(1) If it is determined by the appropriate state agency that a certificate of need is required to operate an assisted living services agency, the certificate of need shall be a prerequisite to licensing.

(2) Application for licensure

(A) No person shall operate an assisted living services agency without a license issued by the department in accordance with Connecticut General Statutes, Section 19a-491.

(B) Application for the grant or renewal of a license to operate an assisted living services agency shall be made to the department, in writing, on forms provided by the department; shall be signed by the person seeking authority to operate the service; shall be notarized; and shall include, but not necessarily be limited to, the following information:

(i) a list of the managed residential communities where assisted living services shall be provided;

(ii) an affidavit attesting that assisted living services shall be provided only at managed residential communities that have complied with the requirements of subsection (c) of this section;

(iii) an affidavit attesting that assisted living services shall be provided on an individual basis to clients who fully understand and agree to the provision of services and are made aware of the costs involved prior to the initiation of such services;

(iv) the total number of employees, by category;

(v) the services provided;

(vi) evidence of financial viability to include a projected two (2) year budget, with estimates of net income and expenditures, at the time of initial application;

(vii) a certificate of malpractice and public liability insurance;

(viii) a certificate of good standing, if applicable;

(ix) a statement of ownership and operation, to include, but not necessarily be limited to the following information:

(a) the name and address of each owner and, if the agency is a corporation, all ownership interests (direct or indirect) of ten percent (10%) or more; and

(b) the name and address of each officer, director and member of the governing authority;

(x) any relevant statistical information requested by the department;

(xi) the agent for service; and

(xii) a listing of the health care institutions or agencies owned or operated in other states, at the time of initial application.

(C) The assisted living services agency shall notify the department of any changes in the information provided in accordance with subparagraph (B)(i)(v)(vii)(viii)(ix) and (xi) of this subdivision.

(3) Issuance and renewal of license

(A) Upon determination by the department that the assisted living services agency is in compliance with chapter 368V of the Connecticut General Statutes and the regulations thereunder pertaining to its licensure, the

department shall issue a license or renewal of license to operate the service for a period not to exceed two (2) years.

(B) Application for license renewal shall be made in accordance with subdivision (2)(B) of this subsection not less than thirty (30) days preceding the date of expiration of the agency's current license.

(C) A license shall be issued in the name of the entity that has submitted application for the license.

(D) The license shall not be transferable to any other person, entity or service.

(E) Each license shall list on its face, the name of the licensee, the "doing business as" name, the location(s) served and the date of issuance and expiration.

(F) The license shall be posted in the business office of the licensee.

(G) The licensee shall immediately notify the department in writing of any change in the supervisor of the assisted living services agency.

(H) Any change in the ownership of an assisted living services agency, owned by an individual, partnership or association or the change in ownership or beneficial ownership of ten percent (10%) more of the stock of a corporation that owns, conducts, operates or maintains such agency, shall be subject to prior approval of the department. The licensee shall notify the department in writing of any such proposed change of ownership, at least ninety (90) days prior to the effective date of the proposed change.

(4) Suspension, revocation, denial, non-renewal or voluntary surrender of license.

(A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the department the facility:

(i) fails to comply with applicable regulations prescribed by the commissioner or statutes;

(ii) furnishes or makes any false or misleading statements to the department in order to obtain or retain the license; or

(iii) provides assisted living services in a managed residential community that fails to provide or arrange to make available the core services on a regular and continual basis.

(B) In the event of the suspension, revocation, denial or non-renewal of a license, the assisted living services agency shall have the opportunity for a hearing in accordance with the contested case provisions of Chapter 54 of the Connecticut General Statutes and Sections 19a-4-1 through 19a-4-31 of the regulations of Connecticut State Agencies, as applicable.

(C) Refusal to grant the department access to clients, records and staff of the agency shall be grounds for suspension, revocation, denial or non-renewal of the license.

(D) Surrender of license. The licensee shall notify, in writing, each client receiving services from the agency, the next of kin or legal representative, and any third party payors concerned, at least thirty (30) days prior to the voluntary surrender of an assisted living services agency license or surrender of license upon the department's order of revocation, refusal to renew, or suspension of license. Arrangements shall be made by the licensee for the continuation of care and services as required for any individual client following the surrender of the agency's license. This notice shall include at a minimum:

(i) a statement by the assisted living services agency identifying which services shall no longer be provided to clients; and

(ii) information regarding other resources available to provide health care services to clients.

(5) The assisted living services agency shall ensure that all of the core services are provided. In the event that a managed residential community fails to provide or

arrange to make available one or more of the core services on a regular and continual basis, the licensee shall terminate the provision of assisted living services to the managed residential community. The department, each client receiving services from the agency, the next of kin or legal representative and any third party payors concerned shall be mailed written notice from the licensee at least thirty (30) days prior to the termination of services. Arrangements shall be made by the licensee for the continuation of care and services as required by any individual client following termination of the assisted living service. In the event that the disruption of services is temporary, alternative arrangements for the health and safety of the clients shall be made immediately by the managed residential community, with full service restored in not more than seven (7) days.

(6) The assisted living services agency shall maintain records of all temporary service disruptions or the managed residential community's failure to provide core services and shall record the length of disruptions and provision of alternative arrangements.

(7) Waiver

(A) The commissioner in accordance with section 19a-6c of the Connecticut General Statutes, may waive provisions of this section for assisted living services agencies, only when such agencies provide services in state-funded congregate housing facilities. No waiver of this section shall be made if the commissioner determines that the waiver would:

(i) endanger the life, safety or health of any resident receiving assisted living services in a state-funded congregate housing facility;

(ii) impact the quality or provision of services provided to a resident in a state-funded congregate housing facility:

(iii) revise or eliminate the requirements for an assisted living services agency's quality assurance program;

(iv) revise or eliminate the requirements for an assisted living services agency's grievance and appeals process; or

(v) revise or eliminate the assisted living services agency's requirements relative to a client's bill of rights and responsibilities.

(B) The commissioner, upon the granting or renewing of a waiver of any provision of this section, may impose conditions, which assure the health, safety, and welfare of residents receiving assisted living services in a state- funded congregate housing facility. The commissioner may revoke such waiver upon a finding:

(i) that the health, safety, or welfare of any patient has been jeopardized; or

(ii) that such facility or agency has failed to comply with such conditions as the commissioner may impose pursuant to this subparagraph.

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

(i) the specific regulations for assisted living service agencies for which the waiver is requested;

(ii) reasons for requesting a waiver, including a statement of the type and degree of any hardship that would result to the agency upon enforcement of the regulations;

(iii) the specific relief requested;

(iv) reasons that the waiver would not endanger the life, safety or health of any resident or negatively impact the quality or provision of services to residents; and

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

(D) Waiver applications shall by signed by a person authorized to bind the

agency and shall be notarized.

(E) In consideration of any application for waiver, the commissioner shall consider the following:
(i) the maximum resident capacity;
(ii) the impact of a waiver on care provided; and
(iii) alternative policies or procedures proposed.

(F) Waivers shall be granted for a period of no more than two (2) years. An agency shall reapply in writing to the department in order to renew such waiver at least sixty (60) days in advance of the expiration date of the current waiver.

(G) If the commissioner, upon the granting of a waiver, imposes any conditions to ensure the health, safety and welfare of residents, the agency shall acknowledge in writing his or her agreement to abide by such conditions.

(H) The department reserves the right to request additional information before processing an application for waiver.

(c) Managed residential communities served by assisted living services agencies

(1) Assisted living services may not be provided in a managed residential community unless the managed residential community has notified the department either in writing or by telephone of its intention to provide or arrange to make available licensed assisted living services and has submitted all information as required in this subsection and until the assisted living services agency has been issued a license to operate by the department. The information shall be provided to the department on forms provided by the department, shall be signed by the owner(s) or the operating or managing entity and shall be notarized. The form(s) shall include the following information:

(A) evidence of compliance with local zoning ordinances, local building codes and the Connecticut Fire Safety Code and Supplement;

(B) name of the management company or manager, as appropriate;

(C) legal entity that owns or operates the managed residential community;

(D) description of the manner in which tenants are advised that the managed residential community is not licensed by the department;

(E) description of the information provided to tenants informing them of the assisted living services and home health care services available for individual use and how to access itemized costs of services delivered by these providers;

(F) person to whom official notices are to be sent;

(G) name of the assisted living services agencies; and

(H) attestation that the core services described in subdivision (3) of this subsection are made available and are accessible on a regular and continual basis to those tenants who choose to use such core services.

(2) Upon receipt of the form(s) by the department, the department shall notify the managed residential community in writing within thirty (30) days that either the managed residential community's form(s) is complete and shall be maintained on file in the department or that the information submitted was incorrect or incomplete.

(3) A managed residential community shall provide or arrange to make available the following core services to its tenants who choose to use any or all of the core services:

(A) regularly scheduled meal service for three (3) meals per day;

(B) regularly scheduled laundry service for personal laundry and linens;

(C) regularly scheduled transportation for personal shopping, social and recreational events, health care appointments and similar needs and for which public bus transportation shall not qualify as the only form of transportation;

(D) regularly scheduled housekeeping services;

(E) maintenance service for tenants' living units, including chore services for routine domestic tasks that the tenant is unable to perform; and
(F) programs of social and recreational opportunities.

(4) A managed residential community shall also provide:
(A) a formally established program that provides tenants with twenty-four (24) hour a day security designed to protect tenants from intruders;
(B) an emergency call system in each living unit;
(C) on-site washers and dryers sufficient to meet the needs of the tenants; and
(D) common use space that is sufficient in size to accommodate fifty percent (50%) of the tenant population.

(5) The managed residential community shall employ an on-site service coordinator who reports directly to the operating or managing entity or the administrator of the managed residential community.
(A) The service coordinator shall possess at a minimum a bachelor's degree in social work or in a related human service field. Individuals without a bachelor's degree may be hired if they have an associate's degree in social work or in a related human service field and two (2) years of experience in a social service delivery system dealing with issues and coordinating services related to persons primarily age fifty-five (55) or older. Individuals without a bachelor's degree or an associate's degree may be hired if they have four (4) years of experience in a social service delivery system dealing with issues and coordinating services related to persons primarily age fifty-five (55) or older. The service coordinator should have prior supervisory or management experience. Any person employed as a service coordinator prior to December 1, 1994 shall be eligible to continue in the facility of employment without restriction.
(B) Responsibilities of the service coordinator shall include, but not necessarily be limited to:
(i) ensuring that the services required by this subsection are provided or made available to all tenants;
(ii) assisting tenants in making arrangements to meet their personal needs;
(iii) establishing collaborative relations with provider agencies, support services and community resources.
(iv) establishing a tenant council, ensuring that a private space is provided to the group for meetings and providing assistance and responding to written requests that result from group meetings;
(v) serving as an ongoing liaison with the assisted living services agencies to include liaison with the assisted living services agencies' quality assurance committee as required in subsection (l) of this section;
(vi) ensuring that a tenant information system is in place; and
(vii) developing a written plan for the delegation of responsibilities and functions in the absence of the service coordinator.
(C) A service coordinator's absence of longer than one (1) month shall be reported to any assisted living services agencies servicing the community.

(6) The managed residential community, through its service coordinator or any other representative, may not provide health services, including but not limited to the provision of rehabilitative therapy, administration or supervision of the self-administration of medications, nursing care or medical treatment, unless it has been licensed as an assisted living services agency. It may contract with one or more assisted living services agencies, home health care agencies, or other appropriately licensed health care providers to make available health services for tenants provided by such licensed persons or entities.

(7) Managed residential communities may not require tenants to share units. Sharing of a unit shall be permitted solely upon the request and mutual consent of tenants.

(8) The owner or operating entity shall notify the department and any assisted living services agency that provides services to tenants of the managed residential community, in writing, of any proposed change of ownership or operating entity or elimination of core services at least thirty (30) days prior to the effective date of such proposed change.

(9) The owner or operating entity shall immediately notify any assisted living services agencies servicing the community of any change in the service coordinator.

(10) The managed residential community shall provide the department with unrestricted access to the community, tenants and tenant related documents.

(11) The managed residential community shall notify, in writing, each tenant concerned, the next of kin or legal representative, any third party payers concerned and any assisted living services agency servicing the community at least thirty (30) days prior to the voluntary elimination of its status as a managed residential community and immediately upon the department's order of revocation, refusal to renew or suspension of license of the assisted living services agency. This notice shall include at a minimum:

(A) a statement by the managed residential community identifying which core services and assisted living services shall no longer be provided to tenants and clients; and

(B) information regarding other resources available to tenants and clients to provide health care services.

(d) Governing authority of an assisted living services agency

(1) There shall be a formal governing authority with full legal authority and responsibility for the operation of the agency, which shall be the officers and directors of the corporation, and which shall adopt bylaws or rules that are reviewed in accordance with a schedule established by the governing authority and so dated. Such bylaws or rules shall include, but not necessarily be limited to:

(A) the purpose of the agency;

(B) a delineation of the powers, duties and voting procedures of the governing authority, its officers and committees;

(C) the qualifications for membership, method of selection and terms of office of members and chairpersons of committees;

(D) a description of the authority delegated to the supervisor of the assisted living services agency;

(E) the agency's conflict of interest policy and procedures;

(F) assurances that a written contract shall be maintained with one or more licensed home health care agencies if the licensed home health care agencies are not owned and operated by the managed residential community; and

(G) assurances that a written contract shall be maintained with one or more licensed assisted living services agencies if the agencies are not owned and operated by the managed residential community.

(2) The bylaws or rules shall be available to all members of the governing authority and all individuals to whom authority is delegated.

(3) The governing authority shall:

(A) meet as frequently as necessary to fulfill its responsibilities as stated in subdivision (4) of this subsection, but no less than two (2) times per year;

(B) maintain minutes for each meeting;

(C) ensure that minutes reflect the identity of those members in attendance and that, following approval, such minutes are dated and signed by the secretary; and

(D) ensure that the minutes of any of its meetings or any of its committees are available at any time to the commissioner.

(4) Responsibilities of the governing authority shall include, but not necessarily be limited to:

(A) ensuring the quality of services provided by the agency and the quality of care rendered to clients;

(B) establishing a quality assurance program in accordance with subsection (l) of this section;

(C) selecting and appointing a quality assurance committee;

(D) reviewing and accepting all minutes of meetings held by the quality assurance committee and assuring the implementation of corrective actions identified in these minutes;

(E) adopting and documenting the annual review of the written agency budget;

(F) developing policies and programs and delegating the authority to implement policies and programs;

(G) managing the fiscal affairs of the agency;

(H) establishing a schedule for the review of its bylaws or rules;

(I) establishing a schedule for the submission of the reports described in subsection (g)(2)(G) and (H) of this section to the governing authority;

(J) ensuring that a written contract is maintained between the assisted living services agency and one or more licensed home health care agencies or the managed residential community and one or more licensed home health care agencies unless the assisted living services agency operates under common ownership with the licensed home health care agencies that serve the same managed residential community; and

(K) ensuring that a written contract to include provisions that the assisted living services agency shall monitor the provision of core services to determine if the services are being provided on a regular and continual basis, is maintained between the assisted living services agency and the managed residential community unless the licensed assisted living services agency is under common ownership with the managed residential community.

(5) If an assisted living services agency is owned by or is under common or related ownership with the managed residential communities it serves or a licensed home care agency serving such communities, the governing authority of the related managed residential community or licensed home health care agency may serve as the governing authority of the assisted living services agency provided that the requirements of this subsection are met and minutes of meetings clearly identify discussions related to the assisted living services agency.

(e) General requirements for an assisted living services agency

(1) An agency shall be in compliance with all applicable federal, state and local laws and regulations.

(2) An assisted living services agency, as defined in this section, shall only provide services to individuals residing in a managed residential community.

(3) Any assisted living services agency which contracts individually with a tenant of a managed residential community and is not under contract with the community shall comply with this section.

(4) Each agency shall have a designated office on the site of the managed residential community. This office shall provide adequate and safe space for:

(A) conferences with clients and their families;

(B) staff to carry out pre and post client visit activities;

(C) supervisory conferences with staff;

(D) storage and maintenance of equipment and supplies necessary to provide client services in an area, that may be separate from the business office; and

(E) maintenance of administrative records and files, financial records and client service records in locked file cabinets or an area that can be locked.

(5) Contracted services. Assisted living services agencies may contract with other organizations, agencies or individuals to provide the services defined in subsections (h) and (i) of this section to their clients. Services provided by the primary agency through arrangements with a contracted agency or individuals(s) shall be set forth in either a written contract or a written memorandum of understanding between participating agencies. The provisions set forth in this subdivision shall also apply when services are being provided at the same time to the same client by more than one (1) agency licensed to provide such services. The contract or written memorandum of understanding shall include, but not necessarily be limited to:

(A) a statement that clearly defines the assignment of primary responsibility for the client's care;

(B) the methods of communication and coordination between agencies to ensure that all information necessary for safe, coordinated care to clients is accessible and available to all participating agencies;

(C) the necessity to conform with all applicable primary agency policies, including personnel qualifications and staffing patterns; and

(D) the responsibility of participating agencies in developing and implementing the client service program.

(6) Each assisted living services agency shall have a communication system adequate to receive requests and referrals for service, maintain verbal contact with health service personnel at all times when they are providing services to clients, receive calls from clients under the care of the agency and tenants residing in the community and maintain contact as needed with the client's source of medical care and other providers of care, if applicable.

(7) Assisted living services, including nursing services and assistance with activities of daily living, may be provided to clients with chronic and stable conditions as determined by a physician or health care practitioner with applicable statutory authority at least on an annual basis and as needed. Chronic and stable conditions are not limited to medical or physical conditions, but also include chronic and stable mental health and cognitive conditions. The determination shall be made in writing and maintained in the client's service record.

(8) Each agency shall establish written criteria for admission to assisted living services. The criteria shall not impose unreasonable restrictions which screen out a client whose needs may be met by the agency.

(9) Each agency shall develop written policies for the discharge of clients from the agency. Agency discharge policies shall define categories for the discharge of clients and shall include but not necessarily be limited to:

(A) Change in client's condition. Termination of services when the client's condition is no longer chronic and stable;

(B) Routine discharge. Termination of services when goals of care have been met and the client no longer requires assisted living services;

(C) Emergency discharge. Termination of services due to the presence of safety issues which place the client or agency staff in immediate jeopardy and prevent the agency from delivering assisted living services;

(D) Financial discharge. Termination of services when the client's insurance benefits or financial resources have been exhausted; and

(E) Premature discharge. Termination of services when goals of care have not been met and the client continues to require assisted living services.

(10) Clients and other responsible parties shall be informed when their individual care and service needs may qualify for reimbursement by a third party payor. A summary of the information provided to the client shall be documented in the client service record and shall be signed and dated by the supervisor of assisted living services or his or her designee as well as by the client or the client's representative.

(11) Each agency shall develop and have readily available a policy and procedure to address the appropriate steps to follow in the event of a medical emergency. A review of the policy and procedure shall be included in the employee orientation program.

(12) Each agency shall establish a written complaint procedure regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or the lack of respect for a client's property by anyone providing agency services including, but not necessarily limited to:

(A) a statement that a client or his or her family has the right to file a complaint without discrimination or reprisal from the agency;

(B) the manner in which the agency shall address the complaint with the client or his or her family including a full investigation into the complaint; and

(C) provisions to ensure that the agency shall promptly attempt to resolve complaints.

(13) The agency shall maintain a complaint log which shall include, but not necessarily be limited to the name of the client and the date, nature and resolution of the complaint. The log shall be available to the department upon its request.

(14) The agency shall apprise the client of his or her right to access the appropriate state agency should the complaint not be resolved to the client's satisfaction.

(f) Personnel policies for an assisted living services agency

(1) An agency shall have written personnel policies which shall include but not necessarily be limited to the following:

(A) Each agency shall have an orientation policy and procedure for all employees which shall include but not necessarily be limited to the following:

(i) organizational structure of the agency and philosophy of assisted living services;

(ii) agency client services policies and procedures;

(iii) agency personnel policies;

(iv) applicable regulations governing the delivery of assisted living services; and

(v) orientation dates, content, and name and title of the person providing the orientation as documented in the employee's personnel folder.

(B) Each agency shall have an in-service education policy that provides an annual average of at least one (1) hour bimonthly for each assisted living aide.

(i) The in-service education shall include, but not necessarily be limited to current information regarding specific service procedures and techniques and information related to the population being served.

(ii) The in-service education program shall be provided by or under the supervision of the supervisor of assisted living services or a designated licensed nurse who possesses a minimum of two (2) years of full time or full time equivalent experience in nursing, at least one (1) year of which shall be in a home health care agency or community health program that included care of the sick at home.

(iii) An assisted living services agency that utilizes an aide from a placement agency or nursing pool shall maintain sufficient documentation to demonstrate that in-service education requirements are met.

(iv) A nursing home or home health care agency having the same ownership as, or under common or related ownership with, as assisted living services agency may provide joint in-service education programs for all aides, provided that records of such in-services clearly reflect content, attendance and work location.

(v) An assisted living services agency may contract with a home health care agency or nursing home to provide in-service education to its assisted living aides in accordance with this section.

(C) Each agency shall have a policy and procedure for the annual performance evaluation of employees which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation.

(D) Agency personnel policies and procedures shall include written job descriptions that specify the duties and qualifications of each job.

(E) Agency policies and procedures shall address documentation by a physician or health care practitioner with applicable statutory authority of annual physical examinations, including tuberculin testing, that are performed for the purpose of preventing infection or contagion from communicable disease. A statement that the employee is free from communicable disease, including results of the tuberculin testing, shall be obtained prior to assignment to client care activities.

(2) For all employees of the agency employed directly or via individual or agency contracts, the agency shall maintain individual personnel records containing at least the following:

(A) educational preparation and work experience;

(B) written verification of successful completion of a home health aide training and competency evaluation program or a competency evaluation program approved by the commissioner in accordance with Section 19-13-D8t(l), Section 19-13-D69(d)(2) or Section 19-13-D83(b) of the regulations of Connecticut State Agencies, if applicable;

(C) current licensure, if applicable;

(D) written annual performance evaluations;

(E) record of health examinations; and

(F) documentation of orientation.

(3) For persons utilized via contract with another assisted living services agency, a home health care agency, homemaker-home health aide agency or nursing pool, the assisted living services agency shall ensure it has access to the personnel records required in subdivision (2) of this subsection and shall make the documents available to the department upon its request.

(4) An assisted living services agency owned by, or under common or related ownership with, a nursing home or home health care agency, may maintain one (1) personnel file for each employee or independent contractor utilized by the nursing home or home health care agency and the assisted living services agency.

(g) Supervisor of assisted living services

(1) The supervisor of assisted living services shall be a registered nurse licensed to practice in this state who has one of the following:

(A) a baccalaureate degree in nursing and a minimum of two (2) years full time or full time equivalent clinical experience in nursing, at least one (1) of which shall be in a home health care agency or community health program that included care of the sick at home; or

(B) a diploma or associate's degree in nursing and at least four (4) years full time or full time equivalent clinical experience in nursing within the past ten (10) years, at least one (1) year of which shall be in a home health care agency or community health program that included care of the sick at home.

(2) The supervisor's responsibilities include, but are not necessarily limited to:

(A) coordinating and managing all nursing and assisted living aide services rendered to clients by direct service staff under his or her supervision;

(B) supervising assigned nursing personnel and assisted living aides in the delivery of nursing services and assistance with the provision of activities of daily living;

(C) ensuring the evaluation of the clinical competence of assigned nursing personnel and assisted living aides;

(D) participating in or developing all agency objectives, standards of care, policies and procedures concerning nursing services and the provision of assistance with activities of daily living;

(E) participating in direct service staff recruitment, selection, orientation and in-service education;

(F) participating in program planning, budgeting and evaluating activities related to the clinical services provided by the agency;

(G) providing weekly reports to the service coordinator regarding any problems associated with the provision of the core services, or any problems or concerns associated with the managed residential community or the assisted living services agency, summaries of which shall be provided to the governing authority in accordance with the schedule established by the governing authority; and

(H) providing monthly reports to the service coordinator regarding statistical data including the number of clients served and services provided, summaries of which shall be provided to the governing authority in accordance with the schedule established by the governing authority.

(3) The supervisor of assisted living services may provide direct nursing services to clients in accordance with subsection (h) of this section.

(4) Any absence of the supervisor of assisted living services longer than one (1) month shall be reported to the commissioner. A registered nurse with a minimum of two (2) years full time or full time equivalent clinical experience in nursing, at least one (1) year of which shall be in a home health care agency or community health program that included care of the sick at home, shall be designated, in writing, to act during any absence of the supervisor of assisted living services.

(h) Nursing Services provided by an assisted living services agency

(1) An assisted living services agency shall have written policies governing the delivery of nursing services.

(2) Nursing services shall be provided by licensed nurses in accordance with subparagraph (J) of subdivision (3) of this subsection.

(3) A registered nurse shall be responsible for the following which shall be documented in the client's service record:

(A) admission of clients for service;

(B) development of the client service program and instructions for assisted living aide services;

(C) assessments, completed as often as necessary based on the client's condition but not less frequently than every one hundred and twenty (120) days, and prompt action when a change in the client's condition would require a change in the client's service program;

(D) coordination of services with the client, family, and other appropriate individuals involved in the client service program;

(E) participation in orientation, teaching, and supervision of assisted living aides;
(F) arrangements for training or supervision of the assisted living aide by other professionals, when appropriate;
(G) referral to appropriate professionals or agencies, whenever the client's condition necessitates, including the provision of current clinical information ensuring that if the client's condition is no longer chronic and stable, services of a licensed home health care agency are engaged or other appropriate arrangements are made;
(H) planning for clients who shall no longer receive or require the services of the assisted living services agency;
(I) implementation or delegation of responsibility for the availability of nursing services on a twenty-four (24) hour basis;
(J) nursing services which shall include, but not necessarily be limited to:
(i) client teaching;
(ii) wellness counseling;
(iii) health promotion;
(iv) disease prevention;
(v) medication administration and delegation of supervision of self-administered medications as specified in subdivision (4) of this subsection; and
(vi) provision of care and services to clients whose conditions are chronic and stable as defined in subdivision (7) of subsection (e).

(4) Supervision of medication administration by an assisted living service agency shall be provided in accordance with the following:
(A) A licensed nurse may administer medications to clients under the written order of a physician or health care practitioner with applicable statutory authority.
(B) A licensed nurse may pre-pour medications for clients who are able to self-administer medications, under the written order of a physician or health care practitioner with applicable statutory authority.
(C) With the approval of the client or his or her representative an assisted living aide may supervise a client's self-administration of medications. The aide shall only:
(i) remind a client to self administer the medications;
(ii) verify that a client has self administered their medications; or
(iii) assist the client with the self administration in the form of opening bottles, bubble packs or other forms of packaging if the client is not capable of performing this function.
(D) For clients who require only supervision of self-administration, a registered nurse may verbally verify the client's medication regimen with the client's physician or health care practitioner with applicable statutory authority and document the medication regime in the client's service record.
(E) The registered nurse shall verify written or verbal orders from the physician or health care practitioner with applicable statutory authority as needed, but at least once every one hundred and twenty (120) days.
(F) All medications shall be stored within a client's private residential unit.
(G) A licensed nurse shall ensure that the client or his or her representative is aware of the client's medication regime and able to make decisions regarding medication administration.

(i) Assisted living aide services provided by an assisted living services agency
(1) An assisted living services agency shall have written policies governing the delivery of services by an assisted living aide.

(2) Any person who furnishes assisted living services on behalf of an assisted living services agency shall have successfully completed a training and competency evaluation program in accordance with Section 19-13-D8t(l), Section 19-13-D69(d)(2) or Section 19-13-D83(b) of the regulations of Connecticut State Agencies, and shall have completed ten (10) hours of orientation prior to providing any direct client care service. This orientation shall be provided by the supervisor of assisted living services or a licensed nurse designated by the supervisor.

(3) When designated by the licensed nurse responsible for a client's care and services, the duties of the assisted living aide may include:

(A) assisting the client with personal care activities including bathing, oral hygiene, feeding, dressing, toileting and grooming;

(B) assisting the client with exercises, ambulation, transfer activities and supervision of self-administered medication; and

(C) performing routine household services essential to client care at home, including shopping, meal preparation, laundry and housecleaning.

(4) An assisted living services agency is not required to provide the services described in subparagraph (C) of subdivision (3) of this subsection. These services may be provided by an assisted living aide or any other person.

(5) Supervision of assisted living aides

(A) A registered nurse shall be accessible by telephone and available to make a home visit at all times, including nights, weekends and holidays, when assisted living aides are on assignment in a client's home.

(B) The licensed nurse assigned to the client is responsible for supervision of the services rendered by the assisted living aide.

(j) Assisted living services agency staffing requirements

(1) An assisted living services agency shall appoint, with the written approval of the governing authority, a supervisor of assisted living services and a designee, as described in subsection (g) of this section.

(2) An assisted living services agency shall employ or contract with at least one (1) registered nurse in addition to the supervisor of assisted living services. This registered nurse may serve as the designee in the absence of the supervisor and shall be available to provide relief for the supervisor as needed.

(3) The agency shall employ a supervisor of assisted living services to be on site as follows:

(A) at least twenty (20) hours per week for each ten (10) or less full time or full time equivalent licensed nurses or assisted living aides; or

(B) at least forty (40) hours per week for each twenty (20) or less full time or full time equivalent licensed nurses or assisted living aides.

(4) In addition to the supervisor of assisted living services, the agency shall be staffed with licensed nurses at least ten (10) hours per week for each additional ten (10) or less full time or full time equivalent assisted living aides.

(5) The supervisor of assisted living services shall be responsible for ensuring that licensed nurse staffing is adequate at all times to meet client needs.

(6) All registered nurses shall be supervised directly by the supervisor of assisted living services.

(7) All licensed practical nurses shall be supervised by the supervisor of assisted living services or a registered nurse designated by said supervisor.

(8) An assisted living services agency shall designate a registered nurse to be on call twenty-four (24) hours a day. The on-call registered nurse shall have two (2) years of full time or full time equivalent clinical experience in nursing, at least one (1) year of which shall be in a home health care agency or community health program that included care of the sick at home. The on-call registered nurse may be the supervisor of assisted living services or another registered nurse as specified in this section. An assisted living services agency may contract for on-call registered nurse services with a licensed home health care agency. The on-

call nurse shall be reachable by telephone and shall be available to make an on-site visit, if necessary in order to:
(A) respond to the assisted living aides during the provision of care to clients; and
(B) respond to client emergencies.

(9) In an assisted living services agency that serves no more than thirty (30) clients on a daily basis, one (1) individual may serve as both the supervisor of assisted living services and the service coordinator, as described in subdivision (5) of subsection (C) of this section, provided that the assisted living services agency is owned by, or under common or related ownership with the management of the managed residential community. The minimum qualifications required for the supervisor of assisted living services shall be sufficient to meet the minimum qualifications required for these shared positions. In the event that the monthly average of clients served per day exceeds thirty (30) for two (2) consecutive months, the agency shall not qualify for the sharing of the positions.

(10) The supervisor of assisted living services shall be responsible for ensuring that sufficient numbers of assisted living aides are available to meet the needs of clients at all times based on the clients' service programs.

(k) Client service record

(1) Each assisted living services agency shall maintain a complete service record for each client. All parts of the record pertinent to the daily care and treatment of the client shall be located in an accessible area on the campus of the managed residential community. The agency shall use a format that shall be provided by the department.

(2) The complete client service record shall include, but not necessarily be limited to:
(A) client identifying data including name, date of birth, sex, date of admission or readmission, marital status, and religion;
(B) name of family member or significant other, including address and telephone number;
(C) name, location and phone number of client's personal physician or source of medical care;
(D) complete medical diagnoses;
(E) all initial and subsequent orders by the physician or health care practitioner with applicable statutory authority, if applicable;
(F) assessment of the client including pertinent past and current health history, physical, mental and social status, and evaluation of client's needs;
(G) annual and other certifications by a physician or health care practitioner with applicable statutory authority of the client's chronic and stable condition;
(H) a client service program, completed by a registered nurse in consultation with the client, family and others involved in the care of the client, within seven (7) days of the client's admission to the agency, which shall be reviewed as often as the client's condition requires but not less than once every one hundred and twenty (120) days, shall be explained to, reviewed with and agreed to by the client or his or her representative, shall reflect the client's or his or her representative's or family's preferences and choices regarding client services, and shall include but not necessarily be limited to:
(i) identification of client's problems and needs;
(ii) goals of management, plans for intervention and implementation;
(iii) types of frequency of services and equipment required;
(iv) types and frequency of services to be provided by the client's family or informal support system;

(v) medications to be self-administered with supervision or administered by a licensed nurse, treatments and other required nursing services;

(vi) written instructions for the assisted living aide which shall be completed before the assisted living aide provides care and services to include the scope and limitations of the assisted living aide's activities and pertinent aspects of the client's condition to be observed and reported to the registered nurse; and

(vii) frequency and plan for registered nurse supervision of the assisted living aides, including methods of ensuring ongoing competence of the assisted living aide;

(I) nurses notes including changes in client conditions and notification of appropriate source of medical care, family member or significant other, treatments, and responses to such treatments;

(J) a record of medications administered, including medications pre-poured for the client or medications refused by the client;

(K) documentation of coordination of services with the client, family, and others involved in the client service program;

(L) documentation of all care and services rendered, including assisted living aide notes which have been reviewed by the registered nurse; and

(M) referrals and discharge summary, if applicable.

(3) Upon a client's referral to a home health care agency, the name of the agency to which the client was referred and a summary of the reason(s) for the referral shall be documented in the client record including the staff person contacted and the date of contact with the agency.

(4) Upon a client's resumption of services by an assisted living services agency, a summary of the care and services provided to the client by the home health care agency shall be documented in the client record.

(5) All entries in the client service record shall be typewritten or written in ink and legible. All entries shall be verified according to accepted professional standards.

(6) Client service records shall be safeguarded against loss, destruction or unauthorized use.

(7) All client service records, originals or copies, shall be preserved for at least seven (7) years following death or discharge of the client from the assisted living services agency.

(8) Client records shall be confidential. Written consent shall be obtained from the client prior to the release of information to persons not otherwise authorized under law to receive said information.

(l) Quality assurance program for an assisted living service agency

(1) There shall be a quality assurance committee, appointed by the governing authority, consisting of at least one (1) physician, one (1) registered nurse with a minimum of two (2) years of clinical experience in home health care or one (1) nurse with a bachelor's degree in nursing and one (1) social worker with a bachelor's degree in social work or in a related human service field. Representatives appointed to the committee shall be in active practice in their profession or shall have been in active practice within the last five (5) years. No member of the quality assurance committee shall be an owner, stockholder, employee of the agency or related by blood or marriage to an owner, stockholder or employee of the agency. However, provision may be made for employees to serve on the committee as ex officio members only, without voting powers. The service coordinator of a managed residential community may be appointed to serve as the social worker for the assisted living services agency's quality assurance committee provided that the agency is not owned by, or under common or related ownership with the managed residential community.

(2) The quality assurance committee shall meet at least once every one hundred and twenty (120) days.

(3) Written minutes shall document dates of meetings, attendance, and recommendations. The minutes shall be presented and acted on at the next regular meeting of the governing authority of the agency following the quality assurance committee meeting. These minutes shall be available to the department upon its request.

(4) The professional advisory committee of a home health care agency that owns, or is under common or related ownership with, an assisted living services agency may also serve as the quality assurance committee for the assisted living services agency, provided that minutes and other records clearly distinguish committee activities.

(5) The functions of the quality assurance committee shall be to participate in the agency's quality assurance program to the extent defined in the quality assurance program policies and to, at least annually, review and revise, if necessary, the agency's policies on:
- (A) program evaluation;
- (B) assessment and referral criteria;
- (C) service records;
- (D) evaluation of client satisfaction;
- (E) personnel qualifications;
- (F) standards of care; and
- (G) professional issues, especially as they relate to the delivery of services and findings of the quality assurance program.

(6) Each agency shall have a written quality assurance program which shall include, but not necessarily be limited to:
- (A) program evaluation; and
- (B) client record review.

(7) The quality assurance committee shall conduct the program evaluation, which shall include, but not necessarily be limited to:
- (A) the extent to which the managed residential community's policies and resources are adequate to maintain core services on a regular and continual basis and are appropriate to the community tenants and family needs; and
- (B) the extent to which the agency's objectives, policies and resources, are adequate to meet health and personal care needs of the managed residential community tenants, including referral to other health care services agencies or professionals, as appropriate.

(8) At least every one hundred and twenty (120) days, the quality assurance committee shall review a random sample of active and closed client records. Each record review shall be documented on a record review form and shall include, but not necessarily be limited to verification that:
- (A) agency policies are followed in the provision of services to clients;
- (B) services are provided only to clients whose level of care needs can be met by an assisted living services agency;
- (C) provision of care is coordinated within the agency involved in the care of the client; and
- (D) referral of the client is made to a home health care agency or other services of care or health care professionals when the client's status and care needs are no longer limited to the services provided by an assisted living services agency.

(9) The agency's sampling methodology for reviewing client records shall be defined in its quality assurance program policies and procedures.

(10) An annual written report of the agency's quality assurance program shall summarize all findings and recommendations resulting from the quality assurance activities. This report and documentation of all actions taken as a

result of the findings or recommendations included in the report shall be available to the department.

(m) Client's bill of rights and responsibilities. An assisted living services agency shall have a written bill of rights and responsibilities governing agency services which shall be provided and explained to each client at the time of admission to the agency. Such explanation shall be documented in the client's service record. All clients shall receive a written copy of any changes made to the bill of rights. The bill of rights shall include but not necessarily be limited to:

(1) description of available services, charges and billing mechanisms with the assurance that any changes shall be given to the client orally and in writing as soon as possible but no less than fifteen (15) working days prior to the date such changes become effective;

(2) criteria for admission to service;

(3) information regarding the right to participate in the planning of (or any changes in) the care to be furnished, the frequency of visits proposed, the nurse supervising care and the manner in which the nurse may be contacted;

(4) client responsibility for participation in the development and implementation of the client service program and the client's right to refuse recommended services;

(5) right of the client to be free from physical and mental abuse and exploitation and to have personal property treated with respect;

(6) explanation of confidential treatment of all client information retained in the agency and the requirement for written consent for release of information to persons not otherwise authorized under law to receive it;

(7) policy regarding client access to his or her service record;

(8) explanation of the complaint procedure and right to file a complaint without discrimination or reprisal from the agency regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or the lack of respect for property by anyone providing agency services;

(9) agency's responsibility to promptly investigate the complaints made by a client or his or her family regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or lack of respect for the client's property by anyone providing agency services;

(10) procedure for registering complaints with the commissioner including the address and phone number of the department;

(11) the client's right to have services provided by an individual or entity other than via an assisted living services agency;

(12) the circumstances under which the client may be discharged from the agency or may not be permitted to receive services from the assisted living services agency;

(13) a description of Medicare-covered services and billing and payment requirements for such services;

(14) information advising the client of his or her rights under state law to make decisions about medical care, including the right to formulate advance directives such as living wills and durable power of attorney for health care decisions;

(15) the client's right to make individual arrangements with an assisted living services agency which does not have a formal contract with the managed residential community in which he or she resides; and

(16) the client's right to terminate or reduce services provided by an assisted living services agency at any time.

(Effective November 29, 1994; Amended effective June 29, 2001.)

# Occupational Health - Tetraethyl Lead

## 19-13-E1. Definitions

For the purpose of sections 19-13-E2 to 19-13-E4, inclusive, "tetraethyl lead" means the chemical substance Pb (C2H5)4 of a commercial grade of purity or higher. Ethyl fluid is the concentrated commercial fluid containing tetraethyl lead and other ingredients, which is to be mixed with gasoline to make ethyl gasoline. The manufacture of ethyl fluid consists in adding these other ingredients to tetraethyl lead and is called blending. The process of adding the ethyl fluid to gasoline to form ethyl gasoline is called mixing. In the term "ethyl gasoline," as herein used, are included all other motor fluids containing tetraethyl lead.

## 19-13-E2. Manufacture of tetraethyl lead and the blending of the latter to make ethyl fluid

(a) No person shall be employed without adequate instruction as to the nature of the hazard and the precautions to be taken.

(b) Each worker shall have a periodical physical examination which shall consist of such physical and other tests as are indicative of the absorption of tetraethyl lead and shall include, as a minimum, the following items:

(1) Examination of blood for stippling by carefully trained workers, using positive and negative controls, without knowledge of the source of the slides; this examination shall be once a week for the first three weeks, and bimonthly thereafter;

(2) semimonthly contact with the plant physician for an informal statement as to general health;

(3) bimonthly weigh stripped;

(4) bimonthly systolic and diastolic blood pressure estimation, while sitting;

(5) bimonthly hemoglobin estimation by Dare's hemoglobinometer. Exact records these examinations shall be kept, and persons showing gradually increasing amounts of stippling, sudden development of stippling or other marked deviation from normal shall be promptly excluded from tetraethyl lead work, irrespective of whether or not such finding may be indicative of lead poisoning. All parts of the plant where lead in any form is used shall be subject to sanitary measures to prevent collection an dissemination of lead dust.

(c) Separate ventilation systems shall be provided for the manufacturing apparatus and for the air of the rooms, the outlets of the latter being located near the floor of each room, and all external inlets and outlets being so situated as to avoid dustiness and appreciable contamination of the air around the plant.

(d) Daily inspection shall cover efficiency of ventilating systems, all joints valves and gaskets of manufacturing apparatus and adequacy of pressure-hose respirators.

(e) All containers of ethyl fluid or tetraethyl lead shall be labeled as to exact content and danger and shall conform to the regulations of the interstate commerce commission. These containers shall be carefully tested for leaks and shall bear plainly legible label stating that they are to be closed tightly immediately when emptied, without cleansing, and sent back to the plant.

(f) Kerosene or other material used for cleansing the containers of ethyl fluid or tetraethyl lead shall be placed in the containers by means of a closed system with air vents to outside air and with adequate ventilation.

(g) The filling shall be performed by means of a closed system with air vent from the container to the outside air and with adequate ventilation.

(h) A dye shall be added to ethyl fluid in sufficient amount to give staining qualities to the ethyl gasoline to deter individuals from using it for cleansing or other similar purposes.

(j) Reports shall be made monthly to the state department of health covering the following points:

(1) The number of workers employed at the beginning of the month;

(2) the number of workers employed at the close of the month;

(3) the number of new workers;

(4) the number of workers separated from tetraethyl lead work on account of the results of examinations,
(5) the number of definite cases of poisoning;
(6) the condition of cases of poisoning previously reported so far as known.

## 19-13-E3. Mixing

(a) The maximum content of tetraethyl lead in commercial ethyl gasoline shall be in the proportion of 1:1260 by volume for commercial tetraethyl lead, or 1:1300 for Pb (C2H5)4 C. P.
(b) Mixing ethyl fluid with gasoline, except for certain specific requirements such as research, military and naval use and air mail service, shall be done only at the main distribution centers and in not less than tank car lots. Adequate provision shall be made at each such center for thorough mechanical distribution of the ethyl fluid throughout the gasoline, and the efficiency of such distribution shall be controlled by the analysis of samples.
(c) The location of these centers and the names of persons engaged in mixing shall be reported to the state department of health.
(d) As few persons at each center as practicable shall be employed for this work.
(e) No person shall be engaged for mixing until adequately instructed as to the mechanics of mixing, the dangers and the precautions to be taken.
(f) The distributor of ethyl fluid shall provide a special corps of adequately trained instructors and service men.
(g) All mixing shall be done with the maximum ventilation practicable under weather conditions existing at the time.
(h) Operation of the pumps shall be instantly stopped at the appearance of a leak or other defect and no attempt shall be made to repair or disconnect the system until a qualified man takes personal charge of it.
(i) Floors of all places where any possibility of spilling is present are to be provided with drains and proper facilities for making possible a complete flushing out of all spilled fluid or, in their absence, provision shall be made for chemically neutralizing such spillage as occurs.
(j) No bulk mixing station shall be dismantled or disconnected for repairs except by a qualified man.
(k) Kerosene or other efficient means of preventing skin adsorption of tetraethyl lead and washing facilities shall always be conveniently available.
(l) The rules and instructions affecting the employees shall be posted in a conspicuous place where the ethyl fluid is being handled.

## 19-13-E4. Distribution of ethyl gasoline

(a) Each filling station shall have prominently displayed at the pump, or in another conspicuous place, the following warning or one of similar effectiveness: "Ethyl Gasoline containing tetraethyl lead, to be used as motor fuel only, and not for cleaning or any other purpose."
(b) Leaflets approved by the state department of health shall be available at all filling stations where ethyl gasoline is sold and shall describe the possible dangers and precautions to be taken in the use of ethyl gasoline.
(c) Containers of ethyl gasoline sold to the general public shall be labeled: "Ethyl Gasoline containing tetraethyl lead. To be used for motor fuel only, and not for cleaning or any other purpose."

# Occupational Health - Occupational Disease

## 19-13-E5a. Standards

(1) The following occupational health standards promulgated by the Secretary of Labor, United States Department of Labor, under the authority of the Williams-Steiger Occupational Safety and Health Act of 1970 (84 Stat. 1590-1620) and any changes, amendments, corrections, additions and deletions subsequently made, are herewith adopted as regulations as if fully set forth herein:

Code of Federal Regulations - Title 29, Chapter XVII

Part 1910 - Occupational Safety and Health Standards
Subpart G - Occupational Health and Environmental Control
Section 1910.93 Air contaminants.
Section 1910.94 Ventilation.
Section 1910.95 Occupational noise exposure.
Section 1910.97 Nonionizing radiation.

Subpart I - Personnel Protective Equipment
Section 1910.134 Respiratory protection

Subpart Q - Welding, Cutting and Brazing
Section 1910.251 Definitions
Section 1910.252 (c) (4) (i) Ventilation and flash guard.
Section 1910.252 (e) (2) Eye protection.
Section 1910.252 (e) (4) (i) General.
Section 1910.252 (e) (4) (ii) Ventilation.
Section 1910.252 (f) Health protection and ventilation.

(2) These regulations shall become effective upon the same dates as the standards promulgated by the Secretary of Labor, United States Department of Labor, herein adopted.

(3) These regulations shall apply to employments performed in a workplace within this state. (Effective December 28, 1971.)

## 19-13-E7. Use of mercurial carroting solutions and mercurial carroted fur

(a) For the purpose of carrying out the provisions of this section, the following terms are defined:
(1) Hatters' fur is any animal fiber or other substance used in the manufacture of hats, which is treated or otherwise prepared by the process of, or in a manner similar to that of, carroting.
(2) Carroting is the process of treating hatters' fur with mercury nitrate or any other solution or material for the purpose of rendering the hatters' fur suitable in the manufacture of hats.
(3) Mercurial carrot is any solution or material containing mercury or its compounds in combination with nitric acid or other materials and used in the carroting or preparation of hatters' fur.

(b) The use of mercurial carrot in the preparation of hatters' fur, or the use of mercurial carroted hatters' fur in the manufacture of hates, is prohibited.

## 19-13-E8. Use of dyed piece fur in the fur felt hat manufacturing industry prohibited unless processed

(a) For the purpose of carrying out the provisions of this section, dyed piece fur is defined as any fur produced from dyed pieces or dyed skins derived from the furriers' trade and prepared for use in the manufacture of fur felt hats. No dyed piece fur shall be used in the

manufacture of fur felt hats, unless it has been processed in such manner that the extract resulting from the treatment of one gram of the processed fur with one hundred ml. of water for the duration of twenty minutes at a temperature of 200 degrees yields a color not greater in intensity than the following standards:

(1) For black type of dyed piece fur: Weigh out 6.4 grams of C. P. (A. C. S. Standard) cobaltous nitrate (Co. (No.3)2 . 6H2O) and dissolve in 1000 ml. distilled water;

(2) for brown types of dyed piece fur: 750 ml. of the above standard are diluted to 1000 ml. with distilled water and 1.2 ml. of 1/2 normal potassium dichromate solution are added. The potassium dichromate solution may be prepared by dissolving 24.5 grams of C. P. (A. C. S. Standard) potassuim dichromate in 1000 ml. distilled water;

(3) acidity. The acidity of the above extracts shall not be greater than that corresponding to pH of 3.0, as determined with an electric pH meter.

(b) All manufacturers of fur felt hats using processed dyed piece fur shall notify the state department of health, in writing, within forty-eight hours of the receipt of each shipment of such fur, or the date such fur was processed on the premises, giving the name and address of the processor.

(c) Each bag or container of processed dyed piece fur shall plainly bear the name and address of the processor and a statement that the contents have been processed in compliance with section 18-13-E8 of the Connecticut Public health Code, as revised.

## 19-13-E10. Cleaning of wiping cloths

Rags sold or exchanged in commercial trade, to be used as wiping cloths, shall be washed with suitable detergents until they are free from gross soilage, provided during the process they shall be immersed in water at a temperature of not less than 160 degrees for thirty minutes, and all portions of the rags shall be subjected to these time and temperature conditions.

Radiation Sources and Radioactive Materials

## Land and Air Conveyances of Common Carriers

### 19-13-F1. Transportation on land and air conveyances of persons having communicable diseases

No person knowing or suspecting himself to be afflicted with any communicable disease shall apply for, procure or accept transportation on any land or air conveyance of a common carrier except in compliance with the interstate quarantine regulations of the United States Public Health Service and with the permission of the local director of health at the point of departure, and of the local director of health of the place of arrival if in Connecticut. No common carrier shall permit transportation of any person known or suspected to be afflicted with any communicable disease except in compliance with this section.

### 19-13-F2. Sources of water furnished to land and air conveyances, terminals and yards

Water used for drinking and for other personal or domestic purposes on land and air conveyances of common carriers and their depots, coach yards, terminals, bus stations and airplane landing fields shall be of the quality prescribed by the drinking water standards of the United States Public Health Service and shall be secured only from supplies approved by the state department of health having jurisdiction.

### 19-13-F3. Delivery of water and ice to land and air conveyances

Common carriers operating land and air conveyances and providing water and ice from approved supplies shall cause such water and ice to be handled from the source of supply to the delivery to consumers in such manner that the safety or sanitary quality of such water and ice shall not be impaired, and such water and ice shall be furnished in accordance with the following requirements:

(a) Water hydrants, taps or faucets shall be properly located, constructed and maintained to assure protection of approved drinking water against contamination.

(b) Hose lines used for the delivery of water from hydrants to conveyances shall be of satisfactory material, shall be properly handled and shall be used only for this purpose. Hose lines shall be flushed before delivery of water for use, shall be equipped with adequate protective devices and shall not be left in gutters. The hose when not in use shall not be left on the ground unless the ends are protected in suitable a housing; preferably the hose when not in use shall be drained and hung in special lockers or wound on reels provided for that purpose.

(c) Buckets used for the delivery of water from hydrants to conveyances shall be of satisfactory material and construction, shall be properly handled and shall be used only for this purpose. Such buckets shall be provided with tight-fitting complete covers which are kept closed when not in use, and buckets and covers shall be handled and stored so as to be protected against contamination. Buckets shall be thoroughly flushed with approved water each time before using.

(d) The methods of production, storage, delivery and use of ice for the cooling of drinking water or other beverages in connection with the operation of conveyances shall be carried out in a sanitary manner. Ice shall be secured from sources approve by the state department of health having jurisdiction.

### 19-13-F4. Sanitation at terminals and yards

Places where land and air conveyances are serviced, such as depots, coach yards, terminals, bus stations an airplane landing fields, shall be provided with all sanitary facilities essential to the protection of public health, and such places and facilities shall be maintained in clean and sanitary condition and in accordance with the following requirements:

(a) Equipment and facilities of adequate nature and extent shall be provided so that the handling of water, ice and foods and the cleaning of land and air conveyances shall be carried out under acceptable conditions.

(b) Satisfactory facilities for the storage and disposal of garbage and other refuse shall be provided.

(c) The use of water of unsafe, doubtful or unknown sanitary quality shall not be permitted for drinking and for other personal or domestic purposes in any coach yard, station, bus terminal, airplane field, hangar or room where land and air conveyances are serviced or maintained. Outlets for any such unapproved water shall be posted as "Unsafe to Drink."

(d) Places or areas where land and air conveyances are serviced or handled, including the furnishing of water and food supplies, shall have satisfactory and adequately drained platforms or ground surfaces kept in good repair and in a clean condition.

(e) In places or areas where land and air conveyances are serviced, maintained, cleaned or occupied by passengers at a terminal or yard, operations shall be so conducted as to avoid fecal contamination of these areas. Where soil cans are used, they shall be of suitable material and provision shall be made for their proper cleaning, maintenance and storage. Disposal of their contents shall be in a sanitary manner, and the water system shall be protected against contamination during the cleaning operation.

(f) There shall be suitable facilities for the cleaning and flushing of removable water coolers and constant temperature bottles in instances where equipment of this type is in use, and cleaning and flushing shall be sufficiently frequent and thorough as to maintain water of good physical and bacteriological quality.

(g) There shall be available suitable equipment for the cleaning in a sanitary manner of water filters when used on land and air conveyances, and such filters shall be properly maintained.

(h) Satisfactory facilities and equipment shall be provided at places or areas where land and air conveyances are furnished with food and drink supplies so that these supplies may be properly protected, and such food and drink supplies shall be clean, wholesome and free from spoilage, and shall be so stored and prepared as to be safe for human consumption. Foods such as oysters, clams and milk products shall not be repacked from one container to another.

(i) Interior cleaning of all land and air conveyances shall be sufficiently frequent and thorough as to maintain such conveyances in a clean and sanitary condition. Suitable facilities shall be provided at the places or areas where land and air conveyances are cleaned and shall be such that cleaning operations can be carried out without causing insanitary conditions or creating industrial or safety hazards detrimental to the health of employees.

(j) There shall be adequate toilet, washroom, locker and other essential facilities in or adjacent to places or areas where land and air conveyances are serviced, maintained, cleaned or handled, for the use of the employees engaged in this work. At all stations and terminals of land and air conveyances where public waiting rooms are provided and tickets are sold, there shall be adequate toilet facilities for the use of both patrons and employees. If such station or terminal is located within three hundred feet of a public sewer, water-flush toilets shall be installed and permanently connected with such sewer and a wash basin or basins shall be located near the toilet and similarly connected. Toilets and lavatories shall be constantly furnished with an adequate supply of toilet paper, soap and free or pay clean towels. Toilets and other facilities set forth shall be separate for each of the two sexes and shall be kept in a clean and sanitary condition and in good working order at all times.

(k) Persons engaged in the servicing of land and air conveyances with water, foods or drinks shall wear clean outer garments or uniforms, overalls or aprons of washable material, which shall be laundered at frequent intervals, and shall clean their hands by washing with soap and hot water after using a toilet or urinal and directly before beginning their duties and at all other times when necessary so that their hands may be clean and their duties may be performed in a sanitary manner.

(l) No person shall work in the servicing of land and air conveyances with water, foods or drinks who is affected with any disease in a communicable form is a carrier of such disease nor shall any such person or any person suspected of being affected with any disease in a communicable form or of being a carrier of such disease be employed. If the

person having administrative direction of employees engaged in the handling of water, foods or drinks suspects that any employee has contracted any disease in a communicable form or has become a carrier of such disease, he shall immediately notify the local director of health. A placard containing this section shall be posted in all toilet rooms used by handlers of water, foods or drinks. When suspicion arises as to the possibility of transmission of infection from any person employed in the servicing of land and air conveyances with water, food or drinks, the local director of health is authorized to require any or all of the following measures:

(1) The immediate exclusion of the employee from the handling water, foods or drinks;

(2) the immediate closing of the public eating or drinking places concerned until no further danger of disease outbreak exists, in the opinion of the local director of health;

(3) adequate medical examinations of the employee and of his associates, with such laboratory examinations as may be indicated.

(See Reg. 19-13-A23.)

## 19-13-F5. Sanitary conditions of land and air conveyances

Sanitary conditions of all land and air conveyances, such as railway coaches, sleeping cars dining cars, motor buses and airplanes, shall be such as not to facilitate the spread of communicable diseases and to this end such conveyances shall be maintained and operated in a satisfactory manner for the protection of health and in accordance with the following requirements:

(a) When toilet and lavatory facilities are provided on conveyances, they shall be properly located, constructed, equipped and maintained so as to insure cleanliness. Separate basins for brushing the teeth shall be provided in the wash rooms of sleeping cars.

(b) The discharge of fecal wastes, waste water or other polluting materials while any conveyance is at a station or terminal shall not be permitted unless proper devices, such as soil cans, garbage receptacles or connections to a sewer line, a used for the purposes for which provided. Toilets shall be kept locked at all times when a conveyance is at a standstill in a depot unless adequate watertight containers are used to receive such fecal wastes and unless proper measures are taken for the sanitary disposal of such wastes and for the cleaning of the containers.

(c) There shall be no discharge from any conveyances of fecal wastes, garbage waste water or other polluting materials while any such conveyance is passing through or over

(1) a public water supply watershed or

(2) an approved area from which shellfish for domestic consumption are obtained. The limits of areas of water-sheds and shellfish-producing areas within which discharges are prohibited and toilets are required to be kept locked under the provisions of this section shall be as established by the state department of health in cooperation with the U.S. Public Health Service. Under all conditions when a conveyance is en route, garbage shall be held in covered metal containers until such material can be satisfactorily disposed of at a point of stop-over.

(d) Conveyances when in transit or operation shall be kept clean and sanitary, free of dirt, odors, rodents, flies and other insects. Cleaning of conveyances while occupied shall be limited to the minimum consistent with the maintenance of clean conditions and shall be carried out so as to cause the least possible raising of dust or other annoyance to passengers; cleaning by dry sweeping or dry dusting shall be avoided while the conveyance is occupied by passengers.

(e) All conveyances shall be so ventilated as to insure an adequate supply of fresh or conditioned air at all times while in service and shall be so heated in cold weather as to maintain comfort.

(f) Facilities and equipment for the furnishing of food and drink supplies on conveyances shall be such that these supplies are properly protected. Such food and drink supplies

shall be clean, wholesome and free from spoilage, and shall be so stored, prepared and served as to be safe for human consumption.

## 19-13-F6. Water supply on land and air conveyances

Equipment on land and air conveyances for the storage and distribution of water used for drinking and for other personal or domestic purposes shall be such as to provide for the delivery of water of safe and sanitary quality, and shall be in accordance with the following requirements:

(a) The water system, either of the pressure or gravity type, on any conveyance shall preferably be complete and closed from the filling ends to the discharge taps and in no case shall be so operated as to admit contamination. Such system shall be of adequate capacity for maximum requirements and shall be so constructed as to facilitate cleaning and inspection. Water of like approved quality shall be supplied for all purposes: Drinking, culinary, washing and toilet-flushing. The storage tanks shall be flushed periodically with water from an approved supply.

(b) In new equipment on railway conveyances there shall be filling pipes or connections for supplying the water tanks on both sides of the conveyance so that the sanitary quality of the water may not be impaired by inadequate equipment or facilities. Filling pipe connections shall be so located and constructed as to provide for protection against contamination. The end of the filling pipe shall be flushed with water from an approved supply before attachment of a hose.

(c) Coolers for water on conveyances shall be maintained in a sanitary condition at all times and shall be so designed and constructed that the water cooled for drinking purposes shall be chilled in such manner that the ice or refrigerant cannot come in contact with the water. A supply of single service cups protected against contamination shall be available at all water coolers or chilled water faucets unless coolers are equipped with drinking fountains of an approved type.

(d) Where water filters are employed on conveyances, they shall be so designed and operated as not to introduce any pollution hazard to the drinking water supply.

(e) There shall not be provided for drinking water purposes on any conveyance any cup, glass or any other container which may be used by more than one person unless such cup, glass or container shall have been thoroughly cleansed and subjected to bactericidal treatment after each individual use, in the manner prescribed in subsection (i) of section 19-13-B42 for utensils used in the preparation and serving of food and drink.

(f) Bottles or containers of a constant temperature type which are used on conveyances for the storage and dispensing of drinking and culinary water or foods shall be maintained in a sanitary condition at all times. Ice for cooling shall not be placed in contact with water in such bottles or containers either on the conveyance or when they are filled preparatory to being placed on the conveyance.

## Air Pollution Control

### 19-13-G16. Emission standards

Particulates.

(a) No person shall construct, install, use or cause to be used any new incinerator or alter and use or alter and cause to be used any existing incinerator which will emit more than four-tenths pound of particulates per one thousand pounds of flue gasses adjusted to fifty per cent excess air.

(d) Three years from April 12, 1969, no person shall use or cause to be used any existing incinerator which will omit more than four-tenths pound of particulates per one thousand pounds of flue gasses adjusted to fifty per cent excess air.

Smoke. No person, including industrial and commercial establishments, shall cause or allow emissions of one or more air contaminants darker in shade than that designated as No. 2 Ringelmann, except that emissions not darker than No. 3 Ringelmann are permitted for not more than a total of five minutes in any one period of sixty minutes. Unburned waste and ash. No person shall cause, suffer, allow or permit the emission of particulates of unburned waste or ash from any incinerator which are individually large enough to be discernible by the human eye.

Odors. No person shall construct, install, use or cause to be used any incinerator which will result in odors that are either annoying or harmful to health in any area of normal human use or occupancy.

Demonstration of compliance for particulate emissions. When visual evidence or complaints indicate that a incinerator is being operated in violation of this regulation, the commissioner may undertake air sampling measurements of the particulate effluents emanating from that incinerator. Any person responsible for the construction, installation, alteration or use of such incinerator shall, when ordered by the commissioner, provide the facilities and necessary proper accessibility for determining the quantity of particulates being discharged from the stack or chimney. In lieu of such tests, the commissioner may accept results of samples collected during routine operation. All such sampling data shall be recorded in a permanent log as specified by the commissioner. The data shall be maintained for a period of not less than one year and shall be available for review by the commissioner.
(Effective April 12, 1969.)

## Indicators of High Risk of Infant Hearing Impairment

### 19-21e-1. Indicators of high risk of infant hearing impairment [Repealed]

(Effective December 20, 1982, repealed effective August 3, 2006.)

## Transportation Of Bodies Of Deceased Persons

### 19-49-1. Removal and transit permits

(a) Transit permits, as required by section 7-69 of the general statutes, shall be secured in duplicate, one copy being designated as a transit permit to be attached to the coffin or casket. Information for transit permits, other than what is contained in the death certificate, shall be supplied to the registrar in writing on forms furnished by the state department of health.

(b) Whenever death occurs at a hospital or state institution from actinomycosis, amebiasis, botulism, chickenpox, conjunctivitis (infectious), dysentery (bacillary), favus, German measles, gonorrhea, hookworm infection, influenza (grippe), malaria, measles, mumps, pneumonia (broncho), pneumonia (lobar), syphilis, rabies, tetanus, trachoma, trichinosis, tuberculosis (pulmonary), tuberculosis (other forms), whooping cough or yellow fever, and the body is to be removed to another town for preparation and burial, the body shall be temporarily prepared by being wrapped in two or more thick nesses of cloth. The licensed embalmer having charge of such body shall wrap the body and may sign the last certificate required in section 7-62 of the general statutes, provided in so doing such licensed embalmer shall obligate himself to further prepare the body as required by section 19-13-A43 as soon as practicable after arrival at his regular place of business.

## Compressed Air Used In Underwater Breathing Apparatus

### 19-66c-1. Testing procedures for air for scuba diving

The following tests should be done on a sample of air obtained from the compressor after it has been in operation for at least ten minutes thereby permitting observation of the effects of heating the motor.

(a) Oxygen: 20-21 percent. Compressed ambient air will be considered to meet the oxygen standard without testing. If such tests are required, a sample blown into a plastic bag, such as polyvinyl chloride (pvc) film or aluminized Scotchpak or flushed through an all-glass evacuated flask, may be analyzed with an oxygen indicator such as the Portable Oxygen Indicator of the Portable Gas Analyzer.

(b) Carbon dioxide: Less than .03 percent (300 ppm). Compressed ambient air will be considered to meet the carbon dioxide standard without testing. If such tests are required, a sample blown into a plastic bag, such as pvc or aluminized Scotchpak or flushed through an all-glass evacuated flask, may be analyzed with a gas analysis apparatus or with gas detector tubes such as the Kitagowa Gas Detector.

(c) Carbon monoxide: Less than .001 percent (10 ppm). Carbon monoxide may be analyzed by first collecting an air sample directly from the compressed gas tank or compressor into a plastic bag, such as pvc or aluminized Scotchpak, or into an all-glass evacuated flask. The collected sample may be analyzed by means of direct reading indicating tubes or by means of a direct reading CO Indicator, or by means of the laboratory techniques with iodine pentoxide or infrared spectrophotometry.

(d) Oil mist: Less than 5 mg/M3. Oil mist may be analyzed by first collecting an air sample on oil-free silica gel or on a molecular filter sampler. Since oil droplets tend to settle on the walls of any holding container, the air sample should be passed directly from the air compressor or air tank to the silica gel or molecular filter sampler. When the sample is collected on silica gel, the oil may be analyzed by extraction with a known volume of carbon tetrachloride and compared for fluorescence under a "dark lamp", using known quantities of S.A.E. No. 30 petroleum lubricating oil in carbon tetrachloride for standards. An alternate method may be used, by collecting a known volume of air on a molecular filter sampler and comparing the "black light" fluorescence with known standard quantities of S.A.E. No. 30 oil. For example, with the "RV Black Light", a 30 microgram quantity of lubricating oil can be detected on a 47 mm molecular filter paper. Thus a 6 liter air sample, through a molecular filter, will detect a concentration of 5 mg/M3 of oil mist. Repeated samples, at higher or lower total air volume, can be collected to estimate the magnitude of oil mist concentration. Mineral or silicone oil which occasionally are used for compressor lubrication do not fluoresce under ultraviolet light. Where these oils are used assay should be done by gravimetric analysis at a micro-chemical laboratory.

(e) Total oxidants: Less than 0.05 ppm. Total oxidants in compressed air may be analyzed by two methods:

(1) A 20 liter air sample may be collected directly from the tank or compressor into an all-glass midget impinger of fritted glass absorber sampler, containing 10 ml of phenolphthalein reagent.

(2) A 20 liter sample may be collected in a Mylar plastic bag and returned to a microchemical testing laboratory for analysis by the phenolphthalein reagent method. Since total oxidants in air are not chemically stable, their analysis should be undertaken within a few hours of collection.

(f) Total hydrocarbons: Less than 50 ppm. Total hydrocarbons may be analyzed by two methods:

(1) A sample of compressor or tank air may be collected into a plastic bag, such as aluminized Scotchpak or Mylar, and returned to the laboratory for analysis by gas chromotography.

(2) The magnitude of the total hydrocarbon concentration may be estimated, semi-quantitatively, by means of combustible gas indicator. Most combustible gas

indicators indicate a concentration of approximately 50 ppm with a 5 percent of full-scale deflection for most hydrocarbons.

(g) Odor: None detectable. No quantitative tests have been standardized for odor measurement. Therefore, any odor, detectable by olfactory sensation, will be considered unacceptable. Yaglou and Borum have classified odor sensations as:
(1) neutral,
(2) perceptible,
(3) moderate or acceptable,
(4) strong,
(5) very strong, and
(6) over-powering or nauseating.
Any classification above (1), will be considered unacceptable for SCUBA use.

(h) Water vapor: No quantitative test for water vapor is recommended. Compressed air, at 3,000 psi, saturated with water vapor, contains less than 1 grain of water per pound of bone-dry air. When this air expands to normal atmospheric pressure, or even two or three atmospheres of pressure, the relative humidity is less than one percent.
(Effective April 29, 1974.)

## 19-66c-2. Availability of information

It shall be the responsibility of each vendor of compressed air for SCUBA use to obtain annually such analyses and have this information on file at his place of business, available for inspection by a representative of the State Department of Health.
(Effective April 29, 1974.)

## 19-66c-3. Inspection and sampling

The work area and compressor shall be opened for inspection and collection of samples by a representative of the State Department of Health, if needed, during usual working hours of the vendor.
(Effective April 29, 1974.)

## Classification Of Narcotic Drugs

### 19-245-1. Definitions. [Repealed]
(Effective October 15, 1963, Repealed, effective December 5, 2001.)

### 19-245-2. Records. [Repealed]
(Effective October 15, 1963, Repealed, effective December 5, 2001.)

## Standards for Storage and Handling of Narcotic Drugs

### 19-258-1. Narcotic drugs. [Repealed]
(Effective April 23, 1963., Repealed, effective December 5, 2001)

### 19-258-2. Registrants; classes of registrants. [Repealed]
(Effective April 23, 1963, Repealed, effective December 5, 2001.)

### 19-258-3. Classes 1, 2 and 5 manufacturers and wholesalers. [Repealed]
(Effective April 23, 1963. Repealed, effective December 5, 2001.)

### 19-258-4. Classes 3 and 5 retail dealers. [Repealed]
(Effective April 23, 1963, Repealed, effective December 5, 2001.)

### 19-258-5. Classes 4 and 5. [Repealed]
(Effective April 23, 1963, Repealed, effective December 5, 2001.)

### 19-258-6. Class 6 laboratories. [Repealed]
(Effective April 23, 1963, Repealed, effective December 5, 2001.)

### 19-258-7. Hospitals, institutions and nursing homes not required to hold stamps. [Repealed]
(Effective April 23, 1963, Repealed, effective December 5, 2001.)

## Removal of Exempt Status of Certain Narcotic Preparations

### 19-263a-1. Prohibited retail sales of Class "X" preparations. [Repealed]
(Effective April 15, 1964, Repealed, effective December 5, 2001.)

# Personal Data

## 19a-2a-1. Definitions

In addition to the definitions in Section 4-190 of Connecticut General Statutes, as used in sections 19a-2a-1 through 19a-2a-23 of the regulations of Connecticut State Agencies:

(1) "Appointing authority" means a board, commission, officer, commissioner, person or group of persons having the power to make appointments by virtue of a statute or by lawfully delegated authority.

(2) "Category of personal data" means the classifications of personal information set forth in subsection (9) of Section 4-190 of the Connecticut General Statutes.

(3) "Commissioner" means the commissioner of public health.

(4) "Department" means the department of public health.

(5) "Other data" means any information which because of name, identifying number, mark or description can be readily associated with a particular person.

(6) "Patient" or client" means any individual who is receiving treatment or services or who has received treatment or services in any facility operated by the department either directly or under contract, or who has requested information regarding treatment or services. State employees receiving services from the Employee Assistance Program are considered clients of the department.

(Effective August 24, 1995.)

## 19a-2a-2. Business office system

(a) General nature and purpose

(1) Location. The business office system is located at 150 Washington Street, Hartford, Connecticut.

(2) Format. Personal data is stored in the business office system in both automated and manual forms.

(3) Purpose. The purpose of the business office system is to provide relevant personal data needed for the department's accounting and budgeting transactions and records.

(4) Official responsible. The chief administrative officer of the department is located at 150 Washington Street, Hartford, CT and is responsible for the business office system. Requests for disclosure or amendment of the records in the system should be directed to this official.

(5) Routine sources. Personal data in the business office system is routinely obtained from:

(A) contracts;

(B) budgets; and

(C) travel vouchers.

(6) Legal authority. Collection, maintenance and use of personal data in the business office system is authorized by Sections 19a-2a and 19a-32 of the Connecticut General Statutes.

(b) Categories

(1) The categories of personal data maintained by the business office system are:

(A) resumes;

(B) signature file forms;

(C) payroll schedules; and

(D) travel authorization forms.

(2) The categories of other data maintained by the business office are:

(A) social security numbers: and

(B) addresses.

(3) The categories of persons on whom records are maintained are:

(A) employees; and

(B) individuals on contract to the department.

(c) Uses

(1) Routine uses
(A) Users. The business office system is used by:
(i) business office accountants;
(ii) the fiscal officer; and
(iii) the business manager.
(B) Purpose. The business office system is used for:
(i) budget purposes;
(ii) accounting;
(iii) ensuring up-to-date insurance is on hand when reimbursing for employees' travel; and
(iv) payments for contractual services.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-3. Children with special health care needs system

(a) General nature and purpose
(1) Location. The children with special health care needs system is located at 999 Asylum Avenue, Hartford. Connecticut.
(2) Format. Personal data on children with special health care needs is stored in manual form.
(3) Purpose. The purpose of the special health care needs system is to provide the program personnel with data regarding the children who receive service.
(4) Official responsible. The director of child and adolescent health division of the department is located at 999 Asylum Avenue, Hartford, CT and is responsible for the children with special health care needs system. Requests for disclosure or amendment of the records in the system should be directed to this official.
(5) Routine sources. Personal data in the children with special health care needs system are received from:
(A) the referring person or agency;
(B) the family of the child; and
(C) providers of service to the child.
(6) Legal authority. The legal authority for the children with special health care needs system is Connecticut General Statutes, Sections 19a-48 through 19a-55, 19a-59, and 19a-61.

(b) Categories
(1) The categories of personal data maintained in the children with special health care needs system include, but are not necessarily limited to:
(A) name of child;
(B) names of parents or guardians and siblings;
(C) address of child;
(D) birthdate of child;
(E) race of child;
(F) sex of child;
(G) family income;
(H) employers of parents or guardians;
(I) family medical insurance information;
(J) medical information regarding the child; and

(K) information regarding services provided for the child, including amount paid on fee-for-service care.

(2) There are no categories of other data maintained in the special health care needs system.

(3) Records are maintained on children referred to the program for services.

(c) Uses

(1) Routine uses

(A) Users. The children with special health care needs system is used by program staff.

(B) Purpose. The children with special health care needs system is used to:

(i) determine eligibility,

(ii) provide case management services, and

(iii) prepare statistical reports.

(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-4. Division of chronic disease and injury prevention system

(a) General nature and purpose

(1) Location. The division of chronic disease and injury prevention system is located at 141 Washington Street, Hartford, Connecticut.

(2) Format. Personal data is stored in the division of chronic disease and injury prevention system in both automated and manual forms.

(3) Purpose. Working directly and with citizens through grants awarded to local health departments and other community agencies, the division provides chronic disease and injury prevention and early detection programs for at-risk populations.

(4) Official responsible. The director, division of chronic disease and injury prevention, is located at 141 Washington Street, Hartford, CT and is responsible for the division of chronic disease and injury prevention data system. Requests for disclosure or amendment of the records in the system should be directed to this official.

(5) Routine sources. Personal data in the division of chronic disease and injury prevention data system is routinely obtained from:

(A) division staff;

(B) staff from other agencies; and

(C) contractors.

(6) Legal authority. Collection, maintenance, and use of personal data in the division of chronic disease and injury prevention data system is authorized by Connecticut General Statutes Section 19a-2a.

(b) Categories

(1) The categories of personal data maintained by the division of chronic disease and injury prevention health system are:

(A) names, addresses, phone numbers age, sex; and

(B) certain medical information (e.g., blood pressure measurements, results of mammograms for program participants).

(2) There are no categories of other data maintained in the chronic disease and injury prevention data system.

(3) The categories of persons on whom records are maintained are contractors' program participants in:

(A) blood pressure screening programs;
(B) cholesterol screening programs;
(C) exercise programs;
(D) nutrition programs;
(F) diabetes control programs;
(G) breast and cervical cancer screenings;
(H) smoking cessation programs; and
(I) violence and injury control programs.

(c) Uses
(1) Routine uses
(A) Users. The division of chronic disease and injury prevention system is used by:
(i) division of chronic disease staff; and
(ii) federal and state funding agency staff.
(B) Purpose. The system is used to:
(i) monitor contracts;
(ii) evaluate program effectiveness;
(iii) manage the contract process;
(iv) track participants requiring follow-up; and
(v) report to federal funding agencies.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.
(Effective August 24, 1995.)

## 19a-2a-5. Community nursing and day care division data system

(a) General nature and purpose
(1) Location. The community nursing and day care division data system is located at 20 Trinity Street, Hartford, Connecticut.
(2) Format. Personal data in the community nursing and day care division is stored in both automated and manual forms.
(3) Purpose. The purpose of this personal data system is to provide information required in order to evaluate an application for licensure of a clinic, a free standing family planning and abortion clinic, a child health clinic, a school-based infirmary, a child day care center, a group day care home, a family day care center and for the division to grant approval for the administration of certain medications by school personnel.
(4) Official responsible. The director, community nursing and day care division, is located at 20 Trinity St., Hartford, Connecticut, and is responsible for the community nursing and day care division system. Requests for disclosure or amendment of the records in the system should be directed to this official.
(5) Routine sources. Personal data in the community nursing and day care division data system is obtained from:
(A) applicants for licensure;
(B) their employees and clients.
(6) Legal authority. Collection, maintenance and use of personal data in the community nursing and day care division data system is authorized by Connecticut General Statutes, sections:
(A) 10-212a;
(B) 19a-80;
(C) 19a-87b; and

(D) 19a-491.

(b) Categories

(1) The categories of personal data maintained by the community nursing and day care division data system include, but are not necessarily limited to:

(A) applicants' names, addresses, education, training, and experience; and

(B) the names, addresses, education, training and experience of staff working in licensed facilities.

(2) The categories of other data maintained by the community nursing and day care division data system are data regarding the organizational structure associated with the ownership of licensed facilities.

(3) The categories of persons on whom records are maintained are:

(A) clients who have made or have cause to make complaints;

(B) children who have made or have cause to make complaints; and

(C) individuals employed in regulated positions.

(c) Uses

(1) Routine uses

(A) Users. The community nursing and day care division data system is used by department employees assigned to carry out regulatory programs.

(B) Purpose. The purpose of the community nursing and day care division data system is to verify compliance or noncompliance by providers with requirements for licensure or grants.

(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-6. Environmental health data system

(a) General nature and purpose

(1) Location. The environmental health data system is located at 21 Grand Street, Hartford, Connecticut.

(2) Format. Personal data is stored in the environmental health data system in both automated and manual forms.

(3) Purpose. The purpose of the environmental health data system is to:

(A) document reduced morbidity and mortality; and

(B) improve living conditions for state residents as a result of:

(i) educational programs;

(ii) regulatory programs; and

(iii) passive programs that address hazards through alteration of the environment.

(4) Official responsible. The bureau chief of the health promotion bureau is located at 21 Grand Street, Hartford, Connecticut, and is responsible for the environmental health data system. Requests for disclosure or amendment of the records in the system should be directed to this official.

(5) Routine sources. Personal data in the environmental health data system is routinely obtained from:

(A) professional licenses;

(B) professional registrations;

(C) professional certifications;

(D) environmental inspection results; and

(E) occupational exposure results.

(6) Legal authority. Collection, maintenance and use of personal data in the environmental health data system is authorized by Connecticut General Statutes, sections:
(A) 19a-110 through 19a-111d;
(B) 19a-421;
(C) 19a-426; and
(D) 20-435 through 20-439.

(b) Categories
(1) The categories of personal data maintained by the environmental health data system are:
(A) educational;
(B) employment history;
(C) inspectional;
(D) training and work experience; and
(E) medical.
(2) The category of other data maintained by the environmental data system is business records.
(3) The categories of persons on whom records are maintained are:
(A) applicants for professional registration, certification or licensure; and
(B) persons with high blood lead levels.

(c) Uses
(1) Routine uses
(A) Users. The environmental health data system is used by department staff.
(B) Purpose. The environmental health data system is used for:
(i) verification of educational credentials;
(ii) verification of training or work credentials;
(iii) disease and environmental surveillance; and
(iv) monitoring of conformance to regulations and statutes.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-7. Office of emergency medical services data system

(a) General nature and purpose
(1) Location. The office of emergency medical services data system is located at 150 Washington Street, Hartford, Connecticut.
(2) Format. Personal data is stored in the office of emergency medical services data system in both automated and manual forms.
(3) Purpose. The purpose of the office of emergency medical services data system is to maintain documentation relating to technicians and instructors licensed and certified.
(4) Official responsible. The director of the office of emergency medical services is located at 150 Washington Street, Hartford, Connecticut, and is responsible for the office of emergency medical services data system. Requests for disclosure or amendment of the records in the system should be directed to this official.
(5) Routine sources. Personal data in the office of emergency medical services data system is routinely obtained from:
(A) applicants seeking licensure or certification to provide emergency medical services;

(B) applicants seeking licensure to provide ambulance or rescue services; and,
(C) applicants' references.
(6) Legal authority. Collection, maintenance and use of personal data in the office emergency medical services data system is authorized by Connecticut General Statutes Sections 19a-178 through 19a-180.
(b) Categories
(1) The categories of personal data maintained by the office of emergency medical services data system include, but are not necessarily limited to:
(A) name;
(B) social security number;
(C) address;
(D) education and training; and
(E) personal character references of applicant.
(2) There are no categories of other data maintained in the emergency medical services data system.
(3) The categories of persons on whom data is maintained are:
(A) applicants for certification or licensure; and
(B) persons certified or licensed by emergency medical services.
(c) Uses
(1) Routine uses
(A) Users. The office of emergency medical services data system is used by department employees assigned to carry out the office of emergency medical services regulatory programs.
(B) Purpose. The purpose of the office of emergency medical services data system is to maintain documentation relating to the qualification of applicants licensed and certified.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.
(Effective August 24, 1995.)

## 19a-2a-8. Vital records data system

(a) General nature and purpose
(1) Location. The vital records data system is located at 150 Washington Street, Hartford, Connecticut.
(2) Format. Personal data in the vital records data system is maintained in both automated and manual forms.
(3) Purpose. The purpose of the vital records data system is to provide support for:
(A) health status surveillance;
(B) health program development; and
(C) individuals seeking certified copies of their birth certificates or other personal data records as provided by the Connecticut General Statutes.
(4) Official responsible. The registrar of vital records is located at 150 Washington Street, Hartford, Connecticut, and is responsible for the vital records data collection system. Requests for disclosure or amendment of the records in the system should be directed to this official.
(5) Routine sources. Personal data in the vital records system is routinely obtained from:
(A) hospitals;
(B) funeral directors; and

(C) town clerks.

(6) Legal authority. The legal authority for the vital records data system is:

(A) Connecticut General Statutes, Sections:

(i) 19a-44;
(ii) 7-41a;
(iii) 7-47;
(iv) 7-47b;
(v) 7-48;
(vi) 7-60;
(vii) 46b-68; and

(B) Regulations of Connecticut State Agencies, section 19-6a-2.

(b) Categories

(1) The categories of personal data maintained in the vital records data system include, but are not necessarily limited to:

(A) name or hospital medical record number;
(B) social security number;
(C) name of mother;
(D) address;
(E) race;
(F) sex;
(G) ethnicity;
(H) marital status;
(I) religion; and
(J) social and medical risk factors.

(2) The category of other data in the vital records data system is correspondence requests for vital records.

(3) The categories of people on whom records are maintained are:

(A) newborns;
(B) married persons;
(C) deceased persons; and
(D) adopted persons.

(c) Uses

(1) Routine uses

(A) Users. Routine users include:

(i) genealogical researchers;
(ii) state agencies;
(iii) the federal government; and
(iv) researchers.

(B) Purpose. The vital records data system is used by the department for:

(i) community-based planning;
(ii) statistical research regarding health status; and
(iii) population estimates made by the U.S. census bureau and department.

(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-9. Long term care data system

(a) General nature and purpose

(1) Location. The long term care data system is located at:

(A) 150 Washington Street, Hartford, Connecticut; and
(B) the State Data Center, 340 Capital Avenue, Hartford, Connecticut.
(2) Format. The data system is maintained in both automated and manual forms.
(3) Purpose. The purpose is to provide technical and analytical support for:
(A) health program development;
(B) policy analysis; and
(C) program evaluation.
(4) Official responsible. The director of health research data analysis is located at 150 Washington Street, Hartford, Connecticut, and is the official responsible for the long term care data system. Requests for disclosure or amendment of the records in the system should be directed to this official.
(5) Routine sources. Personal data in the long term care data system is routinely obtained from:
(A) nursing homes; and
(B) the Connecticut State Department of Social Services.
(6) Legal authority. The legal authority for the long term care data system is regulations of Connecticut State Agencies, sections 19-6a-2, and 19-13-D8t(f)(3)(H).
(b) Categories
(1) The categories of personal data maintained in the long term care data system include, but are not necessarily limited to:
(A) name of nursing home resident;
(B) social security number;
(C) sex;
(D) year of birth;
(E) race;
(F) diagnosis and functional status;
(G) admission and discharge dates; and
(H) source of payment, medicaid number.
(2) The category of other data in the long term care data system is original town of residence.
(3) The category of people on whom records are maintained is nursing home residents.
(c) Uses
(1) Routine uses
(A) Users. The long term care data system is used by:
(i) the Connecticut State Office of Policy and Management; and
(ii) individuals or groups conducting research in long term health care.
(B) Purpose. The long term care data system is used for:
(i) health planning; and
(ii) program development and evaluation.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.
(Effective August 24, 1995.)

## 19a-2a-10. Connecticut tumor registry data system

(a) General nature and purpose
(1) Location. The Connecticut tumor registry data system is located at 150 Washington Street, Hartford, Connecticut.

(2) Format. The tumor registry data system is maintained in both automated and manual forms.
(3) Purpose. The purpose is to provide:
(A) cancer incidence and survival data for Connecticut;
(B) data for cancer control program evaluation;
(C) data for epidemiological studies of cancer in Connecticut; and
(D) data for the National Cancer Institute.
(4) Official responsible. The director of the tumor registry is located at 150 Washington Street, Hartford, Connecticut, and is the official responsible for the tumor registry data system. Requests for disclosure or amendment of the records in the system should be directed to this official.
(5) Routine sources. Personal data in the tumor registry data system is routinely obtained from:
(A) hospitals;
(B) death certificates;
(C) private pathology laboratories; and
(D) reports from other state central cancer registries.
(6) Legal authority. The legal authority for the tumor registry data system is:
(A) Connecticut General Statutes, sections 19a-72 and 19a-74; and
(B) Regulations of Connecticut State Agencies, sections 19-6a-2, and 19a-73-1 through 19a-73-7.

(b) Categories
(1) The categories of personal data maintained in the tumor registry data system include, but are not necessarily limited to:
(A) name;
(B) social security number;
(C) date of birth;
(D) address;
(E) race;
(F) ethnicity;
(G) sex;
(H) place of birth;
(I) social and medical risk factors; and
(J) health outcomes.
(2) There are no categories of other data in the tumor registry data system.
(3) The category of people on whom records are maintained is cancer patients.

(c) Uses
(1) Routine uses
(A) Users. The tumor registry data system is used by:
(i) the department's Occupational Health Division;
(ii) the department's Environmental Epidemiology Division;
(iii) authorized researchers; and
(iv) the National Cancer Institute.
(B) Purpose. The tumor registry data system is used for:
(i) community-based health planning;
(ii) program development;
(iii) statistical research; and
(iv) program compliance evaluation.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-11. Healthy start data system

(a) General nature and purpose
- (1) Location. The healthy start data system is located at 999 Asylum Avenue, Hartford, Connecticut.
- (2) Format. Personal data is stored in the healthy start system in both automated and manual forms.
- (3) Purpose. The purpose of the healthy start data system is to:
  - (A) maintain data regarding the provision of services in the program;
  - (B) monitor program accountability;
  - (C) carry out program evaluation; and
  - (D) apply for federal financial participation.
- (4) Official responsible. The director, maternal and infant health division, is located at 999 Asylum Avenue, Hartford, Connecticut and is the official responsible for the healthy start data system. Requests for disclosure or amendment of the records in the system should be directed to this official.
- (5) Routine sources. Personal data in the healthy start data system is routinely obtained from local grantees providing services to women, infants, and children.
- (6) Legal authority. Collection, maintenance and use of personal data in the healthy start data system is authorized by the Connecticut General Statutes, Sections 19a-59 and 19a-59b.

(b) Categories
- (1) The categories of personal data maintained by the healthy start data system include, but are not necessarily limited to:
  - (A) name;
  - (B) Medicaid eligibility status;
  - (C) social security number;
  - (D) town of residence;
  - (E) Medicaid identification number;
  - (F) race;
  - (G) Hispanic origin information;
  - (H) WIC eligibility status;
  - (I) family size;
  - (J) family income;
  - (K) WIC identification number;
  - (L) pregnancy outcome;
  - (M) discharge information; and
  - (N) medical information.
- (2) There are no categories of other data collected.
- (3) The category of persons on whom records are maintained is all healthy start program participants.

(c) Uses
- (1) Routine uses
  - (A) Users. The healthy start data system is used by department program staff and grantee agencies.
  - (B) Purpose. The healthy start data system is used to:
    - (i) determine eligibility;
    - (ii) document individuals' case management and the liaison services provided;
    - (iii) study the effect of prenatal care upon pregnancy outcome; and
    - (iv) evaluate grantee performance.
- (2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut

General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-12. Infectious disease epidemiology data system

(a) General nature and purpose
- (1) Location. The infectious disease epidemiology data system is located at 21 Grand Street, Hartford, Connecticut.
- (2) Format. Personal data is stored in the infectious disease epidemiology data system in both automated and manual forms.
- (3) Purpose. The purpose of the infectious disease epidemiology data system is to:
  - (A) monitor the incidence and trends in diseases; and
  - (B) evaluate health education and health care programs.
- (4) Official responsible. The bureau chief, of the bureau of health promotion, is located at 21 Grand Street, Hartford, Connecticut, and is responsible for the infectious disease epidemiology data system. Requests for disclosure or amendment of the records in the system should be directed to this official.
- (5) Routine sources. The infectious disease epidemiology data system contains:
  - (A) data from reportable disease reports from health care providers and health care facilities including medical laboratories;
  - (B) reports from the Department of Correction,
  - (C) reports from schools;
  - (D) reports from local directors of health; and
  - (E) data from department health counselors and educators.
- (6) Legal authority. Collection, maintenance and use of personal data in the infectious disease epidemiology data system data is authorized by:
  - (A) Connecticut General Statutes, Sections:
    - (i) 19a-215;
    - (ii) 19a-262; and
  - (B) The Regulations of Connecticut State Agencies:
    - (i) 19a-36-A1 through 19a-36-A6; and
    - (ii) 19a-36-A11.

(b) Categories
- (1) The categories of personal data maintained by the infectious disease epidemiology data system include, but are not necessarily limited to:
  - (A) name;
  - (B) address;
  - (C) age;
  - (D) race;
  - (E) sex;
  - (F) occupation; and
  - (G) behaviors which put the individual at risk for infectious diseases.
- (2) There are no categories of other data collected for the infectious disease epidemiology data system.
- (3) The category of persons on whom records are maintained is people with specific reportable diseases.

(c) Uses
- (1) Routine uses
  - (A) Users. The infectious disease epidemiology data system is used by:
    - (i) the department: and
    - (ii) authorized researchers.
  - (B) Purpose. The infectious disease epidemiology data system is used for:
    - (i) disease surveillance; and
    - (ii) evaluation of health education and intervention programs.

(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-13. Bureau of laboratory services data system

(a) General nature and purpose

(1) Location. The bureau of laboratory services data system is located at 10 Clinton Street, Hartford, Connecticut.

(2) Format. Personal data is stored in the bureau of laboratory services data system in both automated and manual forms.

(3) Purpose. The purpose of the bureau of laboratory services data system is to document and maintain laboratory analysis reports.

(4) Official responsible. The chief of the bureau of laboratory services is located at 10 Clinton Street, Hartford, Connecticut, and is the official responsible for the bureau of laboratory services data system. Requests for disclosure or amendment of the records in the system should be directed to this official.

(5) Routine sources. Personal data in the bureau of laboratory services data system is routinely obtained from:

(A) physicians;
(B) private and public laboratories;
(C) directors of health;
(D) sanitarians;
(E) various state agencies;
(F) the United States justice department;
(G) state and local police; and
(H) other department bureaus and centers.

(6) Legal authority. Collection, maintenance and use of personal data in the bureau of laboratory services is authorized by Connecticut General Statutes, Sections:

(A) 19a-25 through 19a-30;
(B) 14-227a through 14-227c;
(C) 21a-274; and
(D) 21a-283.

(b) Categories

(1) The categories of personal data maintained by the bureau of laboratory services data system are laboratory analysis results associated with:

(A) patients;
(B) physicians;
(C) directors of health;
(D) other in-state laboratories;
(E) alleged criminal perpetrators; and
(F) principal parties in environmental and consumer protection actions.

(2) There are no categories of other data collected for the bureau of laboratory services data system.

(3) Categories of persons on whom records are maintained are:

(A) newborns,
(B) patients of medical practitioners, and
(C) alleged criminal perpetrators.

(c) Uses

(1) Routine uses

(A) Users. The bureau of laboratory services data system is used by:
(i) physicians;
(ii) lawyers;
(iii) officials of state agencies;
(iv) judiciary department staff;
(v) laboratory supervisors; and
(vi) federal agencies.
(B) Purpose. The bureau of laboratory services data system is used for:
(i) diagnosis of disease;
(ii) appraisal of environmental conditions; and
(iii) testimony to support laboratory findings in court.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.
(Effective August 24, 1995.)

## 19a-2a-14. Local health administration system

(a) General nature and purpose
(1) Location. This system is located at 150 Washington Street, Hartford, Connecticut.
(2) Format. The system is a combined automated and manual system.
(3) Purpose. The purpose of this system is to provide the department with:
(A) data to assure compliance with subsection (a) of Section 19a-200 and Section 19a-242 of the Connecticut General Statutes regarding qualifications of local directors of health and their appointments;
(B) data to assure compliance with sections 19a-202 and 19a-245 of the Connecticut General Statutes and sections 19a-76-1 to 19a-76-4 of the regulations of Connecticut State Agencies regarding use of state funding for local health departments and health districts; and
(C) data on the organization and management of local health departments and districts in the state pursuant to subsection (a) of Section 19a-200 of the Connecticut General Statutes.
(4) Official responsible. The director of the office of local health administration is located at 150 Washington Street, Hartford, Connecticut, and is the official responsible for the system. Requests for disclosure or amendment of the records in the system should be directed to this official.
(5) Routine sources. Personal data in this system is routinely obtained from:
(A) local directors of health and their staff;
(B) potential candidates for director of health or other local health staff positions;
(C) educational institutions;
(D) civil service commissions; and
(E) boards of health.
(6) Legal authority. The legal authority for this system is Connecticut General Statutes, Sections:
(A) 19a-200;
(B) 19a-202;
(C) 19a-206:
(D) 19a-241;
(E) 19a-242;
(F) 19a-243;

(G) 19a-244; and
(H) 19a-245.

(b) Categories
(1) The categories of personal data maintained in the local health administration system include, but are not necessarily limited to:
(A) educational and professional background materials, including but not limited to resumes or curricula vitae, educational transcripts, letters of reference, appointments, and removal from office;
(B) names, addresses, telephone numbers, birth dates, educational backgrounds, salaries and conditions of employment for local directors of health and their staff;
(C) fees, expenses, and charges for services to the towns by part-time directors of health and submitted to the commissioner for approval; and
(D) letters of complaint filed against local directors of health, their departments, or staff, results of investigations, and recommendations for disciplinary actions.
(2) There are no categories of other data maintained by the local health administration system.
(3) Categories of persons on whom records are maintained are:
(A) local health directors; and
(B) persons appointed by local health directors.

(c) Uses
(1) Routine uses
(A) Users. The system is used by program staff.
(B) Purpose. The system is used to assure compliance with the general statutes regarding qualifications of local directors of health and their appointments and the use of state funding for local health departments and districts, and to provide aggregated data on the organization and management of local health departments and districts in the state.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.
(Effective August 24, 1995.)

## 19a-2a-15. Newborn screening system

(a) General nature and purpose
(1) Location. The newborn screening system is located at 999 Asylum Avenue, Hartford, Connecticut.
(2) Format. Personal data is stored in the newborn screening system in a manual form.
(3) Purpose. The purpose of the newborn screening system is to track infants found to have a serious problem as a result of a blood test done right after birth.
(4) Official responsible. The director, maternal infant health division is located at 999 Asylum Avenue, Hartford, Connecticut, and is the official responsible for the newborn screening system. Requests for disclosure or amendment of the records in the system should be directed to this official.
(5) Routine sources. Personal data in the newborn screening system is received from any laboratory carrying out a newborn screening test.
(6) Legal authority. The collection, maintenance and use of personal data in the newborn screening system is authorized by Connecticut General Statutes, Section 19a-55.

(b) Categories
- (1) The categories of personal data maintained by the newborn screening section include, but are not necessarily limited to:
  - (A) name of infant;
  - (B) name and age of mother;
  - (C) sex of infant;
  - (D) birthdate of infant;
  - (E) address of mother and father;
  - (F) telephone number of parents;
  - (G) place of birth of infant; and
  - (H) medical information on the infant.
- (2) The category of other data maintained in the newborn screening system is information on services received by infant.
- (3) Categories of persons on whom records are maintained are:
  - (A) newborn infants; and
  - (B) parents of newborn infants.

(c) Uses
- (1) Routine uses
  - (A) Users. The newborn screening system is used by program staff.
  - (B) Purpose. The newborn screening system is used to ensure that the infant received proper treatment and follow-up.
- (2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-16. Personnel data system

(a) General nature and purpose
- (1) Location. Personnel records for employees of the department are maintained at 150 Washington Street, Hartford, Connecticut.
- (2) Format. Personal data is stored in the personnel data system in both automated and manual form.
- (3) Purpose. The purpose of the personnel data system is to carry out the personnel and payroll responsibilities of the department in a manner consistent with the state's prescribed policies and procedures.
- (4) Official responsible. Personnel records are the responsibility of the Personnel Administrator, 150 Washington Street, Hartford, Connecticut. Requests for disclosure or amendment of the records in the system should be directed to this official.
- (5) Routine sources. Personal data in the personnel data system is routinely obtained from:
  - (A) employees;
  - (B) supervisors;
  - (C) the Comptroller's Office;
  - (D) insurance companies;
  - (E) credit unions;
  - (F) banks;
  - (G) the department;
  - (H) previous employers of employees;
  - (I) the Department of Administrative Services, Division of Personnel; and
  - (J) references supplied by applicants.

(6) Legal authority. The legal authority for the collection, maintenance and use of the personal data in the system is Connecticut General Statutes, Sections 5-193 through 5-269.

(b) Categories

(1) The categories of personal data maintained by the personnel data system include, but are not necessarily limited to:

(A) name;
(B) address;
(C) date of birth;
(D) social security number;
(E) employment history;
(F) education;
(G) payroll data; and
(H) labor relations and union related data.

(2) The category of other data maintained by the personnel data system includes but is not necessarily limited to a history of who has worked within each position.

(3) Categories of people upon whom personnel records are maintained are:

(A) employees;
(B) applicants for employment; and
(C) past employees.

(c) Uses

(1) Routine uses

(A) Users. The personnel data system is used by the department's personnel and payroll offices and the department's administration.

(B) Purpose. The personnel data system is used for:

(i) ensuring that applicants for employment meet prescribed qualifications; and
(ii) ensuring that candidates for promotion meet prescribed qualifications.

(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-17. Contract administration data system

(a) General nature and purpose

(1) Location. The contract administration data system is maintained at 150 Washington Street, Hartford, Connecticut.

(2) Format. Personal data is stored in the contract administration data system in both automated and manual forms.

(3) Purpose. The purpose of the contract administration data system is to:

(A) ensure that contracts are awarded in a manner consistent with state policies and procedures; and
(B) to ensure contracts are administered in a manner consistent with state policies and procedures.

(4) Official responsible. The director of contract administration at 150 Washington Street, Hartford, Connecticut is responsible for the contract administration data system. Requests for disclosure or amendment of the records in the system should be directed to this official.

(5) Routine sources. Personal data in the contract administration data system is routinely obtained from:

(A) consultants;
(B) contractors; and
(C) subcontractors.

(6) Legal authority. Collection, maintenance and use of personal data in the contract administration data system is authorized by Connecticut General Statutes Sections:
(A) 4-8; and
(B) 19a-32.

(b) Categories

(1) The categories of personal data maintained by the contract administration data system include, but are not necessarily limited to:
(A) names of:
(i) consultants;
(ii) contractors;
(iii) subcontractors;
(B) address of:
(i) consultants;
(ii) contractors;
(iii) subcontractors;
(C) resumes of consultants;
(D) time sheets and salary records of consultants;
(E) social security numbers of:
(i) consultants;
(ii) contractors;
(iii) subcontractors; and
(F) federal employee identification numbers of:
(i) consultants;
(ii) contractors; and
(iv) subcontractors.

(2) There are no categories of other data maintained by the contract administration data system.

(3) The categories of persons on whom records are maintained are:
(A) consultants;
(B) contractors;
(C) subcontractors; and
(D) service providers.

(c) Use

(1) Routine uses
(A) Users. The contract administration data system is used by department staff.
(B) Purpose. The contract administration data system is used for:
(i) internal audits of contractor services;
(ii) financial audits; and
(iii) financial management.

(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-18. Supplemental food program for women, infants and children (WIC) system

(a) General nature and purpose
- (1) Location. The WIC system is located at 999 Asylum Avenue, Hartford, Connecticut.
- (2) Format. Personal data is stored in the WIC system in both automated and manual forms.
- (3) Purpose. The purpose of the WIC system is to provide the WIC program with data regarding participants.
  - (A) Participant information is maintained for documentation of certification of eligibility as well as to enable the issuance of WIC checks to eligible participants.
  - (B) Nutrition surveillance information is maintained to track the health status of certain individuals, and maintain documentation on food stores and pharmacies who apply to become authorized program vendors as well as currently authorized vendors.
- (4) Official responsible. The state WIC director is located at 999 Asylum Avenue, Hartford, Connecticut, and is the official responsible for the WIC system. Requests for disclosure or amendment of the records in the system should be directed to this official.
- (5) Routine sources. Personal data in the WIC system is routinely obtained from:
  - (A) the program participants; and
  - (B) vendors who apply to become authorized WIC program vendors.
- (6) Legal authority. Collection, maintenance and use of the WIC data system is authorized by Section 19a-59c of the Connecticut General Statutes.

(b) Categories
- (1) The categories of personal data maintained by the WIC system include, but are not necessarily limited to:
  - (A) names;
  - (B) sex;
  - (C) address;
  - (D) race;
  - (E) telephone numbers;
  - (F) medical information;
  - (G) date of birth; and
  - (H) family income.
- (2) The category of other data maintained by the WIC system is names of parents and guardians.
- (3) The categories of persons on whom records are maintained are:
  - (A) program participants; and
  - (B) vendors who apply to be authorized program vendors.

(c) Uses
- (1) Routine uses
  - (A) Users. The WIC system is used by program staff.
  - (B) Purpose. The WIC system is used for:
    - (i) program accountability;
    - (ii) program evaluation; and
    - (iii) eligibility determination of applicants and vendors.
- (2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-19. Division of medical quality assurance, professional licensure applications system

(a) General nature and purpose
- (1) Location. The division of medical quality assurance is located at 150 Washington Street, Hartford, Connecticut.
- (2) Format. Personal data is stored in both manual and automated forms.
- (3) Purpose. The purpose of the division of medical quality assurance, professional licensure system is to ensure that persons working in regulated professions meet standards of eligibility and conform to professional standards.
- (4) Official responsible. The director for the division of medical quality assurance is located at 150 Washington Street, Hartford Connecticut, and is the official responsible for this system. Requests for disclosure or amendment of the records in the system should be directed to this official.
- (5) Routine sources. Personal data in the division's system is routinely obtained from:
  - (A) applicants;
  - (B) references for applicants;
  - (C) educational institutions;
  - (D) training programs;
  - (E) employers; and
  - (F) consumer complainants.
- (6) Legal authority. The division of medical quality assurance professional licensure system is authorized by Connecticut General Statutes, Sections 19a-511 through 19a-520, and chapters:
  - (A) 369 through 376a;
  - (B) 377 through 381a;
  - (C) 383 through 388;
  - (D) 398; and
  - (E) 399.

(b) Categories
- (1) The categories of personal data maintained include, but are not necessarily limited to:
  - (A) name;
  - (B) address:
  - (C) social security number;
  - (D) licensure status in other states;
  - (E) educational and training:
  - (F) professional references;
  - (G) work history; and
  - (E) data pertaining to complaints; investigations, and disciplinary actions.
- (2) There are no categories of other data maintained by this system.
- (3) The categories of persons on whom records are maintained are applicants for and holders of licensure, certification, or registration within a regulated profession.

(c) Uses
- (1) Routine uses
  - (A) Users. The system is used by department staff, third party payers, data banks, health care consumers, and health care employers.
  - (B) Purpose. The system is used to identify persons allowed to work within regulated professions.
- (2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of

the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-20. Payroll records data system

(a) General nature and purpose

(1) Location. Payroll records for all department employees, are maintained at 150 Washington Street, Hartford, Connecticut.

(2) Format. Payroll records are maintained in automated and manual forms.

(3) Purpose. The purpose of the system is to facilitate the department's activities regarding payroll, budgeting, cost accounting, personnel planning and compliance with state and federal reporting requirements.

(4) Official responsible. The Chief Administrator of Fiscal Services is located at 150 Washington Street, Hartford, Connecticut, and is the official responsible for the payroll records data system. Requests for disclosure or amendment of the records in the system should be directed to this official.

(5) Routine sources. Routine sources of information in payroll records include:

(A) employee;
(B) employee's supervisor;
(C) attendance sheets;
(D) contracts;
(E) the Comptroller's Office;
(F) the Department of Administrative Services;
(G) the Division of Personnel and Labor Relations; and
(H) insurance carriers.

(6) Legal authority. Payroll data are collected, maintained and used under authority of the State Personnel Act, Connecticut General Statutes Section 5-193 through 5-269.

(b) Categories

(1) Categories of personal data maintained in payroll files include, but are not necessarily limited to:

(A) name;
(B) address;
(C) social security number;
(D) date of birth;
(E) telephone number;
(F) marital status;
(G) insurance;
(H) retirement information;
(I) military service;
(J) correspondence regarding payroll and benefits matters;
(K) financial information such as salary records;
(L) longevity payments;
(M) compensation plan;
(N) rate of pay;
(O) deductions;
(P) salary history;
(Q) garnishment of wages;
(R) payments related to garnishment;
(S) employment information such as starting date;
(T) job classification and bargaining unit;
(U) attendance information;
(V) vacation;
(W) sick and personal leave days accrued and used;
(X) title of position; and
(Y) contracts.

(2) No categories of other data are maintained.
(3) The categories of persons on whom records are maintained include all current and former department employees.

(c) Uses
(1) Routine uses
(A) Users. Payroll records are used by the fiscal department staff.
(B) Purpose. The payroll records data system is used:
(i) to plan payroll and calculate budgets;
(ii) to process promotions, reclassifications, transfers to other state agencies and retirements; and
(iii) to maintain personnel documents required by the Comptroller's Office, the Department of Administrative Services, Division of Personnel, and group insurance carriers.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.
(Effective August 24, 1995.)

## 19a-2a-21. Employee assistance program (EAP) data system

(a) General Nature and Purpose
(1) Location. All EAP client records are located in the Employee Assistance Program, 150 Washington Street, Hartford, Connecticut.
(2) Format. Records are maintained in automated and manual form.
(3) Purpose. The purpose of this system is to document the diagnosis, treatment planning, treatment process and response of the EAP client.
(4) Official responsible. The affirmative action officer is located at 150 Washington Street, Hartford, Connecticut, and is the official responsible for the EAP data system. Requests for disclosure or amendment of the records in the system should be directed to this official.
(5) Routine sources. Routine sources of data include interviews, examinations, observations or evaluations of the patient or client, information provided by family members, public and private health care providers, social workers, and professionals and other state agencies.
(6) Legal authority. Personnel data in EAP client records are collected, maintained and used under authority of Section 19a-126h of the Connecticut General Statutes and 42 C.F.R. (Code of Federal Regulations) Part 2.

(b) Categories
(1) Categories of personal data maintained in EAP client records include, but are not necessarily limited to:
(A) job performance information such as a description of performance deficiencies and presenting problems;
(B) salary, length of employment, place of employment and job description;
(C) source of referral, such as self, employer or supervisor, labor union or other;
(D) medical and emotional condition or history;
(E) family or personal relationships;
(F) treatment referrals;
(G) name;
(H) address;
(I) telephone number:
(J) date of birth;
(K) sex;

(L) racial or ethnic designation;
(M) social security number; and
(N) health insurance information.
(2) No categories of other data are collected.
(3) The category of individuals upon whom personal data are collected includes those individuals seeking assistance from the Employee Assistance Program.
(c) Uses
(1) Routine uses
(A) Users. Records are used by the EAP staff to reflect treatment planning and services provided to or on behalf of EAP clients and their families.
(B) Purpose. The purpose of this system is to document the diagnosis, treatment planning, treatment process and response of the EAP client.
(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.
(Effective August 24, 1995.)

## 19a-2a-22. AIDS/HIV data system

(a) General nature and purpose
(1) Location. All data collected in the AIDS/HIV data system is housed at 21 Grand Street, Hartford, Connecticut.
(2) Format. This data system is all automated.
(3) Purpose. The purpose for this system is disease surveillance.
(4) Official responsible. The chief of the Epidemiology Section/AIDS division is located at 21 Grand Street, Hartford, Connecticut, and is the official responsible for the AIDS/HIV data system. Requests for disclosure or amendment of the records in this system should be directed to this official.
(5) Routine sources. Personal data is routinely received from physicians, institutions, laboratories, infection control practitioners, AIDS coordinators in various health care facilities or private practice, and from death certificates.
(6) Legal authority. The legal authority for the AIDS/HIV data system is Connecticut General Statutes, Sections:
(A) 19a-2a; and
(B) 19a-581 through 19a-592.
(b) Categories
(1) Categories of personal data collected on individuals in the AIDS/HIV data system include the following:
(A) name;
(B) address;
(C) date of birth;
(D) sex;
(E) various diseases experienced by these individuals;
(F) risk categories;
(G) laboratory tests; and
(H) date of death, if applicable.
(2) No other data is collected.
(3) Categories of persons on whom data is collected include:
(A) adults with CDC-defined AIDS; and
(B) all children who are HIV exposed or infected.
(c) Uses

(1) Routine uses
(A) Users. The routine users of the data are the staff epidemiologists employed by the AIDS division.
(B) Purpose
(i) To monitor the occurrence and progression of HIV/AIDS disease in Connecticut;
(ii) to target populations for intervention;
(iii) to evaluate the effect of HIV/AIDS prevention initiatives; and
(iv) to project the number of cases that will occur in the future and plan for health care resources.

(2) Retention. Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and records retention schedule as approved by the Public Records Administrator as authorized by section 11-8a of the Connecticut General Statutes. Retention schedules shall be maintained on file at the office of the official responsible for the data system and may be examined during normal business hours.

(Effective August 24, 1995.)

## 19a-2a-23. Maintenance of personal data

(a) Personal data shall not be maintained unless relevant and necessary to accomplish the lawful purposes of the department. Where the department finds irrelevant or unnecessary public records in its possession, it shall dispose of these records in accordance with its records retention schedule and with the approval of the public records administrator as per Connecticut General Statutes section 11-8a, or if the records are not disposable under the records retention schedule, request permission from the public records administrator to dispose of the records under Connecticut General Statutes section 11-8a.

(b) The department shall collect and maintain all records accurately and completely.

(c) Insofar as it is consistent with the needs and mission of the department, the department wherever practical shall collect personal data directly from the persons to whom a record pertains.

(d) Department employees involved in the operations of the department's personal data systems shall be informed of the provisions of:
(1) the Personal Data Act, chapter 55 of the Connecticut General Statutes;
(2) the department's regulations adopted pursuant to Connecticut General Statutes section 4-196;
(3) the Freedom of Information Act, Sections 1-15 and 1-18 to 1-21l inclusive of the Connecticut General Statutes; and
(4) any other state or federal statutes or regulations concerning maintenance or disclosure of personal data kept by the department.

(e) All department employees shall take reasonable precautions to protect personal data under their custody from the danger of fire, theft, flood, natural disaster and other physical threats.

(f) The department shall incorporate by reference the provisions of the Personal Data Act and regulations promulgated thereunder in all contracts, agreements, or licenses for the operation of a personal data system or for research, evaluation and reporting of personal data for the department or on its behalf.

(g) The department shall ensure that personal data requested and received from any other agency is maintained in conformance with Connecticut General Statutes. Section 4-190 et seq., and sections 19a-2a-1 through 19a-2a-23 of the regulations of Connecticut State Agencies.

(h) Only department employees who have a specific need to review personal data records for lawful purposes of the department shall be entitled to access to such records under the Personal Data Act.

(i) The department shall maintain a written up-to-date list of individuals entitled to access to each of the agency's personal data systems.

(j) The department shall ensure against unnecessary duplication of personal data records. In the event it is necessary to send personal data records through interdepartmental mail, such records shall be sent in envelopes or boxes sealed and marked "confidential."

(k) The department shall ensure that all records in manual personal data systems are kept under lock and key and, to the greatest extent practical, are kept in controlled access areas.

(l) With respect to automated personal data systems, the department shall:

(1) to the greatest extent practical, locate automated equipment and records in a limited access area;

(2) to the greatest extent practical, require visitors to such areas to sign a visitor's log and permit access to said area on a bona-fide need-to-enter basis only;

(3) to the greatest extent practical, ensure that regular access to automated equipment is limited to operations personnel; and

(4) utilize appropriate access control mechanisms to prevent disclosure of personal data to unauthorized individuals.

(m) When an individual is asked by the department to supply personal data about himself or herself, the department, upon request, shall disclose to that individual:

(1) the name of the division within the department requesting the personal data;

(2) the legal authority under which the department is empowered to collect and maintain the personal data;

(3) the individual's right pertaining to such records under the Personal Data Act and sections 19a-2a-1 through 19a-2a-23 of the regulations of Connecticut State Agencies;

(4) the known consequences arising from supplying or refusing to supply the requested personal data;

(5) the proposed use to be made of the requested personal data;

(6) except where non-disclosure is required or specifically permitted by law, the department shall disclose to any person upon written request all personal data concerning that individual which is maintained by the department. The department's procedures for disclosure shall be in accordance with Connecticut General Statutes, sections 1-15 through 1- 21k. If the personal data is maintained in coded form, the department shall transcribe the data into a commonly understandable form before disclosure;

(7) the department is responsible for verifying the identity of any person requesting access to his or her own personal data;

(8) the department is responsible for ensuring that disclosure made pursuant to the Personal Data Act is conducted so as not to disclose any personal data concerning persons other than the person requesting the information;

(9) the department may refuse to disclose to a person, medical, psychiatric or psychological data on that person if the department determines that such disclosure would be detrimental to that person;

(10) in any case where the department refuses disclosure it shall advise that person of his or her right to seek judicial relief pursuant to the Personal Data Act;

(11) if the department refuses to disclose medical, psychiatric or psychological data to a person based on its determination that disclosure would be detrimental to that person and non-disclosure is not mandated by law, the department shall, at the written request of such person, permit a qualified medical doctor to review the personal data contained in the person's record to determine if the personal data should be disclosed. If disclosure is recommended by the person's medical doctor, the department shall disclose the personal data to such person; if non-disclosure is recommended by such person's medical doctor, the department shall not disclose the personal data and shall inform such person of the judicial relief provided under the Personal Data Act; and

(12) the department shall maintain a complete log of each person, individual, agency or organization who has obtained access or to whom disclosure has been made of personal data under the Personal Data Act, together with the reason for each disclosure or access. This log shall be maintained for not less than five (5) years from the date of such disclosure or access or for the life or the personal data records, whichever is longer.

(n) Contesting the content of personal data records:

(1) Any person who believes that the department is maintaining inaccurate, incomplete or irrelevant personal data concerning him or her may file a written request with the department for correction of said personal data.

(2) Within thirty (30) days of receipt of such request, the official of the department who is responsible for maintaining the records, shall give written notice to that person that the department will make the requested correction, or if the correction is not to be made as submitted, the official of the department shall state the reason for the department's denial of such request and notify the person of his or her right to add his or her own statement to his or her personal data records.

(3) Following such denial by the department, the person requesting such correction shall be permitted to add a statement to his or her personal data record setting forth what that person believes to be an accurate, complete and relevant version of the personal data in question. Such statements shall become a permanent part of the department's personal data system and shall be disclosed to any individual, agency or organization to which the disputed personal data is disclosed.

(Effective August 24, 1995.)

# J-1 Visa Waiver Program

## 19a-2a-24. Definitions

As used in sections 19a-2a-24 to 19a-2a-26, inclusive, of the Regulations of Connecticut State Agencies:

(a) "Department" means the Department of Public Health.

(b) "Application" means an application for waiver of a two-year foreign residence requirement for a foreign medical graduate holding a J-1 VISA.

(c) "Applicant" means a physician or surgeon or osteopathic physician licensed pursuant to Chapter 370 or 371 of the Connecticut General Statutes, respectively, on whose behalf an application is being filed.

(d) "Fiscal Year" means the period October 1st through September 30th.

(e) "Health Care Facility" means a medical facility, as defined in 42 C.F.R. Section 5.2, as amended from time to time, located in an area designated by the United States Secretary of Health and Human Services as having a shortage of health care professionals.

(f) "Director" means the Director of the United States Information Agency (USIA).

(Effective June 2, 1997.)

## 19a-2a-25. Applications

(a) An application form for a J-1 VISA waiver shall be developed by the Department and shall be disseminated by the Department upon request to health care facilities or applicants. Such application form shall request all information and documentation deemed necessary by the Department, in accordance with federal laws, to ensure that the Department will be able to submit the completed application materials to the Director on behalf of an applicant.

(b) A health care facility shall submit a completed application to the Department on behalf of an applicant.

(Effective June 2, 1997.)

## 19a-2a-26. Eligibility determination

(a) If an application contains all of the necessary information and documentation, as set forth in the application and as required by federal regulation, 22 C.F.R. section 41.63, the application may be approved by the Department. If information is missing from the application, the Department shall not approve the application.

(b) The Department shall forward to the Director the first thirty approved applications in the fiscal year. The Department shall recommend that the United States Attorney General grant J-1 VISA waivers to such thirty applicants.

(c) Notwithstanding the above procedures, if the Department determines that there is a shortage of physicians or surgeons or osteopathic physicians in a specific specialty or in a specific geographic location within the area designated by the Secretary of Health and Human Services, the Department may forward to the Director an approved application for such specialty or geographic location, even though such application may not be one of the first thirty applications approved by the Department during the fiscal year. The Department shall document the basis for its decision to forward and recommend an application that is not among the first thirty applications approved during the fiscal year.

(Effective June 2, 1997; Amended effective February 4, 2004.)

# Family Campgrounds

## 19a-2a-29. Family Campgrounds

(a) Purpose. The intent of this section is to provide minimum design and construction requirements to ensure a reasonable degree of public health and safety for occupants using facilities supplied by family campgrounds which offer temporary living sites for use by recreational vehicles, camping trailers, and other camping units.

(b) Definitions.

(1) "Atmospheric vacuum breaker" means a mechanical device that automatically air vents a pipeline to prevent backsiphonage;

(2) "Camping trailer" means a vehicular camping unit mounted on wheels and constructed with collapsible sidewalls that fold for towing by another vehicle and unfold at the camping unit site to provide temporary living quarters for recreation, camping or travel;

(3) "Camping unit" means a portable structure, shelter, or vehicle having a gross trailer area not exceeding 400 square feet designed and intended for occupancy by persons engaged in recreational camping. Camping units include but are not limited to recreational vehicles, recreational park trailers, camping cabins, housekeeping cabins, tents, tepees, yurts and other rental accommodations that have no hard electrical wiring and no permanent drainage plumbing;

(4) "Camping unit site" means a specific area within a family campground set aside for use by a camping unit;

(5) "Department" means the Connecticut Department of Public Health;

(6) "Family campground" means any location, property, parcel or tract of land under the control of any person, organization, or municipality that contains two or more camping unit sites for use by the public or members of an organization for overnight stays;

(7) "Fifth wheel trailer" means a vehicular camping unit, mounted on wheels, designed to provide temporary living quarters for recreation, camping or travel, of such size or weight as not to require special highway movement permit(s), and designed to be towed by a motorized vehicle that contains a towing mechanism above or forward of the tow vehicle's rear axle;

(8) "Gross trailer area" means the total plan area measured to the maximum horizontal projection of exterior walls in the setup mode;

(9) "Motor home" means a vehicular camping unit designed to provide temporary living quarters for recreational, camping, or travel use built on or permanently attached to a self-propelled motor vehicle chassis or on a chassis cab or van that is an integral part of the completed vehicle;

(10) "Primitive campground" means a family campground where no facilities or designated camping unit sites are provided for the comfort or convenience of the campers;

(11) "Public water system" means any water provider supplying water to fifteen (15) or more consumers or twenty-five (25) or more persons, based upon the "Design Population" as defined in section 16-262m-8(a)(3) of the Regulations of Connecticut State Agencies jointly administered by the department and the Department of Public Utility Control, daily at least sixty (60) days of the year;

(12) "Recreational park trailer" means a trailer-type camping unit that is primarily designed to provide temporary living quarters for recreational camping that meets the following criteria:

(A) Be built on a single chassis mounted on wheels;

(B) have a gross trailer area not exceeding 400 square feet, and

(C) be certified by the manufacturer as complying with ANSI A119.5.

(13) "Recreational vehicle" means a vehicular-type camping unit primarily designed as a temporary living quarters for recreation, camping or travel that either has its own motive power or is mounted on or towed by another vehicle. The basic

entities included are camping trailer, fifth wheel trailer, motor home, travel trailer and truck camper;

(14) "Sanitary disposal station" means a facility provided for emptying of camping unit wastewater storage tanks;

(15) "Semi-primitive campground" means a family campground where designated camping unit sites are not provided and where some rudimentary facilities (privies and/or fireplaces) may be provided for the comfort and convenience of the campers;

(16) "Suitable acre" means dry land available for camping unit site development;

(17) "Travel trailer" means a vehicular camping unit, mounted on wheels, designed to provide temporary living quarters for recreation, camping, or travel and of such size or weight as not to require special highway movement permits when towed by a motorized vehicle;

(18) "Truck camper" means a portable camping unit constructed to provide temporary living quarters for recreation, camping, or travel, consisting of a roof, floor, and sides designed to be loaded onto and unloaded from the bed of a pickup truck;

(19) "Water riser pipe" means that portion of the water system serving a camping unit or camping unit site that extends from the water supply main through a lateral branch and terminates at a water connection; and,

(20) "Water supply station" means a facility for supplying drinking water to campers or camping unit water storage tanks.

(c) General Provisions.

(1) Registration with the local director of health. Each person, firm or corporation operating a family campground shall register annually in writing with the local director of health of the town, borough, city or health district in which such family campground is located. No person, firm, or corporation shall operate or maintain any family campground without first obtaining local permits or licenses if such permits or licenses are required by local ordinance or regulation. The written registration shall include the name and location of the family campground, the name, address and telephone number of the person responsible for daily operations at the facility, the number of camping unit sites, and the expected dates of operation, if not open year round. All family campgrounds shall submit annual registrations between January 1st and April 30th of each year of operation.

(2) Responsibility of the local director of health. The local director of health or his or her authorized agent shall inspect annually each family campground. If it is found to be operating in such a manner that constitutes a public health hazard or public health nuisance, the local director of health shall investigate and cause the abatement of such condition. Any person, firm or corporation aggrieved by an order issued by the local director of health, may within three business days after receipt of such order, appeal to the Commissioner of Public Health in accordance with section 19a-229 of the Connecticut General Statutes.

(3) Records. The owner, firm or corporation shall maintain a daily register of all camping unit site occupants or camping unit occupants and groups at the family campground. Such register shall include the name of the family head or the responsible group member, his or her permanent address, dates of arrival and departure, and motor vehicle license plate number if applicable. The registration form shall indicate the site or unit assigned and the classification of the vehicle.

(4) Fire Safety Rules and Regulations. Family campground management shall conspicuously post fire safety rules and regulations. These postings shall contain the following minimum information and any other additional information required by the local fire marshal:

(A) The telephone number of the fire department or location of nearest fire alarm box;

(B) the telephone number of the police department;

(C) the telephone number, name and address of the family campground;

and,

(D) the location of the nearest public telephone.

(5) First Aid Information. Family campground. management shall maintain on-site a fully equipped first aid kit equivalent to an American National Red Cross Standard 24 Unit Kit and conspicuously post the location of said first aid kit. Each family campground shall have a public telephone available at all times for use by the occupants and have available a directory of local hospitals, ambulance services, police and fire departments.

(6) Accident Report Requirements. Report forms, describing an accident or injury, shall be completed in duplicate by family campground management for each injury or fatality that occurs at a family campground requiring attendance by an emergency medical service, a nurse, physician, or the police. Information on the report forms shall include the name, age and sex of the victim, relevant background data on the accident, injury classification, response data, diagnosis, and patient disposition. The accident report form shall be maintained at the family campground for a minimum of 1 year.

(7) Camping Unit Site Space Allotment. The number of camping unit sites shall be limited to not more than fifteen per suitable acre, except for camping unit sites serving overnight or transient campers, where the density shall be limited to twenty-five camping unit sites per suitable acre.

(8) Swimming and Bathing Facilities. Swimming and bathing facilities, if provided within a family campground shall comply with sections 19-13-B33b and/or section 19-13-B34 and section 19-13-B36 of the Regulations of Connecticut State Agencies for all public swimming pools and public bathing areas.

(d) Water Supply and Distribution.

(1) General Requirements. The water supply provided at each family campground shall be from a source approved by the department and capable of supplying an adequate quantity to meet all the requirements of the maximum number of persons using the family campground at any one time. The quantity shall be sufficient to serve all peak occupancy demands maintaining 25 psi throughout the distribution system. Each public water system serving a family campground shall comply with the water quality requirements of section 19-13-B102 of the Regulations of Connecticut State Agencies. Wells used for public water supply shall comply with the requirements of section 19-13-B51a to 19-13- B51m, inclusive of the Regulations of Connecticut State Agencies.

(2) Water Distribution System. The water supply shall be easily obtainable from water riser pipes, water outlets, or water supply stations located within 500 feet walking distance from any camping unit or camping unit site, except for primitive or semi-primitive campgrounds. Water distribution piping shall be of approved materials, adequately protected from leakage, damage and vandalism. The size and design shall be such as to provide adequate pressure throughout the system at all times. The water distribution system shall be protected against the hazard of backflow as required in section 19-13-B38a of the Regulations of Connecticut State Agencies. If a water riser pipe is not available at every camping unit site, a central water supply station with suitable appurtenances for filling water storage tanks shall be provided. All central water supply stations shall be located a minimum of 25 feet from any sanitary disposal station. All central water supply stations shall be equipped with atmospheric vacuum breakers located downstream of the last shutoff valve. Adjacent to the central water supply station, a sign of not less than 24 inch by 24 inch in size shall be posted and inscribed thereon in clearly legible letters on a contrasting background shall be: "DRINKING WATER--NOT TO BE USED FOR FLUSHING WASTEWATER STORAGE TANKS". Water lines that are seasonally drained shall be disinfected when returned to service. A laboratory approved by the department prior to the beginning of each season shall perform water sampling and the water sample(s) shall be absent for total coliform bacteria prior to public use of the water supply.

Disinfection shall be provided to all sections of water lines after completion of emergency repairs to assure safe potable water supply service. Water sampling shall be performed after the completion of emergency repair work to confirm the absence of total coliform bacteria. The sampling location(s) shall include at least one location downstream of the repair work.

(3) Water Riser Pipes. When provided, water riser pipe connections for individual camping unit sites shall be equipped with a threaded male spigot with the opening pointed down, located at least 12 inches but not more than 24 inches above grade level for the attachment of a standard water hose. Each water riser pipe connection shall be equipped with an atmospheric vacuum breaker located downstream from the last shutoff valve.

(e) Sanitary Facilities.

(1) General Requirements. Sanitary facilities consisting of flush toilets, lavatories and showers with hot and cold running water shall be provided at one or more locations in every family campground except at primitive or semi-primitive campgrounds. The sanitary facilities shall be located within 500 feet walking distance from all camping units or camping unit sites not provided with an individual sewer connection or scheduled camping unit wastewater storage tank pump out service. Camping unit sites provided with individual sewer connections or scheduled camping unit wastewater storage tank pump out service may be at greater distances from sanitary facilities. All toilet buildings shall provide separate facilities for males and females and shall be appropriately marked. All toilet buildings shall be properly screened with self-closing doors and be vented to the roof. Structures built to house toilets, lavatories and showers shall be constructed of smooth non-absorbent easily cleanable materials and shall be kept clean and sanitary at all times. Separate compartments shall be provided for each toilet and shower. Unisex shower compartments may be utilized only if they are not located within public toilet areas. Each female toilet room shall be provided with a receptacle for sanitary napkins. The receptacle shall be of durable, non-absorbent, and readily cleanable material and shall be provided with a lid. Privies, chemical toilets or other non-flush toilets, and portable lavatories may be used in family campgrounds when approved by the local director of health. The local director of health shall approve methods of disposal of domestic sewage including gray water at primitive and semi-primitive campgrounds.

(2) Number of Sanitary Fixtures. Sanitary fixtures shall be provided for all family campgrounds except at primitive or semi-primitive campgrounds in accordance with the following minimum criteria.

| Camping | Flush Toilets | | Urinals | Lavatories | | Showers | |
|---|---|---|---|---|---|---|---|
| Unit Sites | Men | Women | Men | Men | Women | Men | Women |
| 0 - 25 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 26 - 50 | 2 | 3 | 1 | 2 | 2 | 2 | 2 |
| 51 - 75 | 3 | 4 | 2 | 3 | 3 | 3 | 3 |
| 76 - 100 | 4 | 5 | 2 | 4 | 4 | 4 | 4 |

For family campgrounds with more than 100 camping unit sites, additional toilets, urinals, lavatories and showers shall be provided for men and women at the ratio of 1 each for every additional 30 camping unit sites or part thereof. For those family campgrounds that provide camping unit sites with individual sewer connections or scheduled camping unit wastewater storage tank pump out service, the minimum number of sanitary fixtures required beyond 50 camping unit sites shall be reduced by 1 for every 10 camping unit sites with those services to no lower than the minimum number of fixtures required for 50 camping unit sites.

(f) Subsurface Sewage Disposal.

(1) Subsurface Sewage Disposal at Family Campgrounds with Design Flows of 5,000 Gallons per Day or Less. All subsurface sewage disposal systems shall be installed in compliance with section 19-13-B103a to 19-13-B103f inclusive of the Regulations of Connecticut State Agencies. Plans for every new subsurface sewage disposal system, repair, alteration or extension of an existing subsurface sewage disposal system, including gray water disposal systems, shall be reviewed and approved by the local director of health. No subsurface sewage disposal system shall be installed unless the local director of health has issued an approval to construct nor shall the system be used unless a permit to discharge has been issued by the local director of health in accordance with section 19-13-B103e of the Regulations of Connecticut State Agencies. Each subsurface sewage disposal system shall be constructed by a person licensed pursuant to Chapter 393a of the Connecticut General Statutes.

(2) Subsurface Sewage Disposal at Family Campgrounds with Design Flows Greater than 5,000 Gallons per Day. On those properties where the sewage design flow exceeds 5,000 gallons per day, plan review, permits to construct, permits to discharge and approvals shall be obtained from the Department of Environmental Protection as required by section 22a-430 of the Connecticut General Statutes.

(g) Sanitary Disposal Station.

(1) General Requirements. In all family campgrounds except primitive and semi-primitive campgrounds, one sanitary disposal station shall be provided for each 150 camping unit sites that are not provided with individual sewer connections or scheduled pump out service for the camping unit wastewater storage tank. Each station shall be level, easily accessible from the service road, and shall provide easy entry and exit for recreational vehicles and recreational park trailers.

(2) Sanitary Disposal Station Requirements. Sanitary disposal stations shall be located a minimum of 50 feet from camping unit sites. Each sanitary disposal station shall have a concrete slab with a 4-inch center drain inlet located so as to be on the roadside (left) of the recreational vehicle or recreational park trailer. The drain shall be equipped with self-closing foot-operated hatch of approved material with a tight fitting cover. The drain shall be properly connected to a septic tank or non-discharging holding tank. The slab shall be not less than 3 feet by 3 feet and at least 3 1/2 inches thick and properly reinforced, trowelled smooth and sloped from each side toward the center drain. A water tap with suitable hose and appurtenances shall be provided at the sanitary disposal station for periodic cleanup of the area. A reduced pressure principal backflow preventer (RPD) shall be installed on the water supply line to this tap. Each RPD shall be tested annually by a distribution system backflow preventer operator certified pursuant to section 25-32-11(e) of the Regulations of Connecticut State Agencies. The owner shall promptly restore any malfunctioning RPD to proper operating condition. Adjacent to the water tap located at the sanitary disposal station, a sign of durable material not less than 24 inches by 24 inches in size shall be posted and inscribed thereon in clearly legible letters on a contrasting background shall be: "DANGER-NOT TO BE USED FOR DRINKING OR DOMESTIC PURPOSES".

(3) Sanitary Disposal Station Holding Tanks. Watertight non-discharging holding tanks may be installed for the temporary storage of camping unit wastewater dumped at the sanitary disposal station. Such holding tanks shall be equipped with high level alarms or indicators and have an access manhole extended to grade. The local director of health and the department shall approve installation of sanitary disposal station holding tanks. Wastewater from sanitary disposal station holding tanks shall be pumped and disposed of by individuals licensed pursuant to Chapter 393a of the Connecticut General Statutes.

(4) Mobile Pump Out Services. Family campgrounds may provide mobile pump out

services for camping unit wastewater storage tanks for camping unit sites not served by individual sewer connections. The wastewater collected by the mobile pump out unit must be disposed of at the sanitary disposal station. Mobile pump out units and equipment shall be maintained in a clean and sanitary condition. Water used for rinsing mobile pump out equipment shall be considered wastewater and shall be disposed of in a sanitary manner. Accidental spillage of camping unit storage tank wastewater shall be promptly removed or otherwise abated so as to prevent a nuisance or public health hazard.

(h) Food Service Establishments.

(1) Serving Food, Dispensing Machines. Food and beverages sold at family campgrounds shall be stored and dispensed in accordance with sections 19-13-B40 and 19-13-B42 of the Regulations of Connecticut State Agencies. Food or beverage vending machine operation shall conform to the requirements of section 19-13-B52 of the Regulations of Connecticut State Agencies.

(i) General Sanitation.

(1) Refuse. The storage, collection and disposal of refuse at family campgrounds shall be such as to create no health hazards, rodent harborage, insect breeding, odors, wild animal attractions, unsightliness or other nuisance conditions. An adequate number of fly tight metal or heavy plastic containers shall be provided and conspicuously located to facilitate refuse storage and disposal. Such containers shall be kept covered at all times. Final disposal of refuse shall be in an approved manner and location in compliance with local and state regulations.

(2) Insects, Rodents, Wild Animals. Grounds, buildings and structures at family campgrounds shall be maintained free of and in such a manner to prevent infestation by rodents, breeding of flies, mosquitoes or other insects, or depredation by animals. The local director of health shall require control measures if any nuisance condition is observed.

(3) Camping Unit Site Drainage, General Site Protection. Each camping unit site shall be selected, arranged and improved in such a manner as to promote proper drainage and eliminate flooding and mosquito breeding areas. Poison ivy and other noxious plants shall be removed from the camping unit site. No safety hazard or nuisance condition shall be allowed to remain on all camping unit sites.

(Added effective December 27, 2005.)

# Confidentiality of Health Care Data

## 19a-7-1. Definitions

As used in sections 19a-7-1 and 19a-7-2 of the Regulations of Connecticut State Agencies:

(1) "Agent" means a person or entity which has entered into an agreement or contract with the department to perform administrative, processing, management, analytical, evaluative, or other related service with the data collected under Section 19a-7(b) of the Connecticut General Statutes;

(2) "Aggregate health data" means health data that are obtained by adding together like data in a manner that precludes the identification of an individual described by the data;

(3) "Commissioner" means the commissioner of the Department of Public Health;

(4) "Confidential health data" means personal data or patient-identifiable data collected under Section 19a-7(b) of the Connecticut General Statutes;

(5) "Department" means the Department of Public Health;

(6) "Disseminate" or "disclose" means the communication of health data to any individual or organization outside the department;

(7) "Health data" means information collected under Section 19a-7(b) of the Connecticut General Statutes, recorded in any form or medium, that relates to the health status of individuals, the determinants of health and health hazards, the availability of health resources and services, or the use and cost of such resources and services;

(8) "Individual" means a natural person;

(9) "Organization" means any corporation, association, partnership, agency, department, unit, or other legally constituted institution or entity, or part thereof;

(10) "Patient" means an individual who has received health care services and from whom health data have been obtained;

(11) "Patient-identifiable data" means any information that singly or collectively refers to one patient and permits positive or probable identification of that patient;

(12) "Personal data means" personal data as defined in Section 4-190 of the Connecticut General Statutes;

(13) "Process of establishing a state health plan" means the activities by which the department collects, analyzes, evaluates, and disseminates health data in order to develop public health priorities, [FN1] goals, and objectives, or other related functions as determined by the commissioner;

(14) "Public health planning" means any activity conducted by the department as provided in Section 19a-7 of the Connecticut General Statutes; and

(15) "Report" means data or information extracted or prepared in any form or medium.

(Added effective February 25, 2000.)

## 19a-7-2. Maintenance of confidentiality

(a) Access to confidential health data shall be restricted to those employees or agents engaged in the department's process of establishing a state health plan.

(b) The department may, at the discretion of the commissioner, disseminate aggregate health data or publish reports based upon aggregate health data provided such data and reports:

- (1) are used for public health planning and
- (2) do not include personal data or patient-identifiable data.

(c) The department may not disclose confidential health data unless:

- (1) the disclosure is to the data's provider for purposes of quality assurance; or
- (2) the disclosure is to an individual, organization, governmental entity in this or another state or to the federal government, provided the department determines that:
  - (A) based upon a written application and such other information as required by the department to be submitted by the requesting individual, organization or governmental entity, the data will be used solely for public health planning;

(B) the disclosure of data to the requesting individual, organization or governmental entity is required for the public health planning proposed;

(C) the requesting individual, organization or governmental entity has entered into a written agreement satisfactory to the department agreeing to protect such data in accordance with the requirements of this section and not permit disclosure without prior approval of the department; and

(D) the requesting individual, organization or governmental entity, upon request of the department or after a specified date or event, returns or destroys all confidential health data provided by the department and copies thereof in any form.

(Added effective February 25, 2000.)

# Reporting Information to and Releasing Information from the Connecticut Immunization Registry and Tracking System

## 19a-7h-1. Definitions

As used in Sections 19a-7h-1 to 19a-7h-5, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Connecticut electronic birth registry system" means the department's computer database of all birth data from electronic transmission of birth information data by hospitals to the department as authorized by section 7- 48 of the Connecticut General Statutes.

(2) "Department" means the Connecticut Department of Public Health.

(3) "Health care provider" means "health care provider" as defined in section 19a-7h of the Connecticut General Statutes.

(4) "Immunization registry" means the department's ongoing computer-based registry of children who have not yet begun first grade of school and their complete immunization history as authorized by section 19a-7h of the Connecticut General Statutes.

(Added effective May 1, 2000.)

## 19a-7h-2. Registration

(a) The administrator of the Connecticut electronic birth registry system shall report identifying and locating information and, to the extent the information is contained in it, any information on in-hospital newborn vaccination, non-household contact persons, and designated well child care provider, to the immunization registry on all children born on or after January 1, 1999 in Connecticut hospitals to residents of Connecticut.

The administrator of the Connecticut electronic birth registry system shall submit an electronic data file to the immunization registry administrator within 7 days of the information being received at the department. Identifying and locating information shall be:

(1) the infant's name, birthdate, hospital of birth, birth certificate number, birth document control number, and address, and, if available, social security number;

(2) the infant's mother's name, birthdate, and address; and

(3) the infant's father's name, birthdate and address.

(b) Health care providers who vaccinate or, when appropriate, provide an exemption from vaccination to any child who resides in Connecticut, was born out-of-state on or after January 1, 1999, and is not yet enrolled in the first grade, shall report registration information on that child to the immunization registry, on a form provided by the immunization registry, within fourteen days of providing the initial in-state vaccination or permanent vaccination exemption to that child. Registration information shall be:

(1) the child's name, birthdate, state of birth, current address, telephone number, and, if available, social security number;

(2) the child's parent(s)'s or legal guardian(s)'s name(s), date(s) of birth, current address, telephone number; and

(3) the name, work address and work telephone number of the child's primary well child care provider.

(c) Any health care provider who vaccinates any child who resides in Connecticut and was born on or after October 1, 1994, may report any known change of identifying or locating information on that child each time a change becomes known to that health care provider.

(Added effective May 1, 2000.)

## 19a-7h-3. Reporting of vaccination by health care providers

(a) Health care providers giving vaccinations in an outpatient setting shall report to the immunization registry information on each vaccination given to a child born on or after January 1, 1999 and who currently resides in Connecticut, or when appropriate,

permanent exemptions from administration of each vaccine dose within 14 days of giving to or permanently exempting a child from any dose of vaccine. Health care providers shall make similar reports at the request of the immunization registry administrator on children enrolled in the immunization registry including those born before January 1, 1999. Reports shall be made in a written or an electronic format, approved by the commissioner. The reports shall include:

(1) the vaccinated or exempted child's name and date of birth and, if the report made in electronic format, other unique identifiers approved by the commissioner;

(2) the name of each vaccination given or for permanent exemption, the name of each vaccine exempted and whether the exemption is for medical reasons, religious reasons, or because the child has laboratory confirmation of natural infection with the infecting agent against which the exempted vaccine would provide protection;

(3) the date the vaccine was administered or permanently exempted; and

(4) the name of the health care provider who ordered the dose be given or in the case of a permanent exemption, issued a medical exemption or provided evidence of laboratory confirmation of natural infection.

(b) In the case of a hospital neonatal care unit, the chief executive officer of the hospital shall designate a hospital employee to be responsible for reporting any vaccination given to a newborn child before the newborn child is discharged from the hospital inpatient setting. Reports shall be made within fourteen days of administering a vaccination. Where reports can be made through the Connecticut electronic birth registry system together with the birth registration information, vaccination may be reported through that system. Where that is not possible, reports shall be made in a written or an electronic format approved by the commissioner. A biweekly listing of births and vaccination status of each newborn child may be substituted for individual vaccination reports. The reports shall include:

(1) the vaccinated child's name, date of birth and hospital of birth;

(2) the biologic mother's name;

(3) the name of each vaccination given;

(4) the date the vaccine was administered.

(c) When requested by the immunization registry to provide immunization information on a named child, the current or former health care provider of any such child enrolled in the immunization registry shall provide to the immunization registry that child's immunization history and identifying information as required in subsection (a) of this section within fourteen days of such request.

(Added effective May 1, 2000.)

## 19a-7h-4. Release of information by the immunization registry

(a) Health care providers intending to administer vaccines to a child who need to know a child's immunization history for purposes of determining whether additional doses of vaccine are needed and health care providers who need to officially document a child's immunization status to meet state day care or school immunization entry requirements and who have signed a written statement on a form provided by the department stating that they have read section 19a-7h of the Connecticut General Statutes and sections 19a-7h-1 through 19a-7h-5 inclusive of the Regulations of Connecticut State Agencies and will comply with them shall be allowed to obtain information from the immunization registry about the immunization status of children in it. Health care providers shall provide the immunization registry with sufficient identifying information to identify an individual child and shall be provided a complete record of that child's immunization status, including name and date of each vaccine dose given or permanently exempted, and name and birthdate of the child. The immunization registry shall provide the immunization record either via a secure computer connection at the time of the query, via fax to a telephone number given by the health care provider, via telephone followed by mailing or faxing of a written or printed copy, by written or printed copy, or by other such

methods determined by the commissioner to assure that the report is being made to a health care provider who has agreed in writing to comply with Connecticut General Statutes section 19a-7h and sections 19a-7h-1 through 19a-7h-5 inclusive of the Regulations of Connecticut State Agencies. Such written statements shall be renewed every twenty-four months and shall be kept on file for seven years in the immunization program of the department.

(b) Parents or guardians of a child may request and obtain a written or printed copy of their child's immunization record directly from the immunization registry central office.

(1) The copy provided shall include the child's name, date of birth, and the name and date of each vaccine dose given or exempted. If a vaccine is permanently exempted, the copy shall state whether the exemption is because the child already has evidence of immunity or because the child has a contraindication to vaccination, which may be either medical or religious as specified in section 19a-7h-3 of the Regulations of Connecticut State Agencies, and is still thought to be susceptible to the infectious agent against which the exempted vaccination is meant to protect. It shall not have additional identifying information, including current or past addresses of the child. The copy shall contain a statement that the record was provided by the Connecticut State Immunization Registry and can be used as an official immunization record for licensed day care and school entry purposes.

(2) If a parent or guardian of the child directly requests a copy of the immunization record from the immunization registry, such request shall be made in person or by mail, and photographic identification shall be presented, if available. Should a photographic identification be unavailable, originals or photocopies of any two of the following documents may be substituted for it:

(A) social security card;
(B) written verification of identity from employer;
(C) current automobile registration;
(D) current copy of utility bill showing name and address;
(E) current checking account deposit slip stating name and address;
(F) current voter registration card.

(c) Local directors of health who have signed a written statement on a form provided by the department that they have read section 19a-7h of the Connecticut General Statutes and sections 19a-7h-1 through 19a-7h-5 inclusive of the Regulations of Connecticut State Agencies and will comply with them, shall have full access to all necessary registration and immunization information in the immunization registry for all children who are registered as residing in their health jurisdiction to enable them to determine which children are overdue for scheduled immunizations and to enable them to provide outreach by mail, telephone or on-site visits after first conferring with the child's last known primary care provider.

(1) The immunization registry shall provide the immunization records either by computer connection or written or printed copy.

(2) At the health director's discretion, outreach workers working on behalf of the local health department to improve immunization levels may be given sufficient information to identify and locate individual children who are behind on immunization and to inform their parents or guardians which generic vaccines are still needed.

## 19a-7h-5. Refusing participation in the immunization registry

The parent or guardian of any child who is listed or eligible to be listed in the immunization registry shall receive a written informational statement from the department about the immunization registry at the time of birth or, for qualifying children who come to Connecticut after birth, at the time of their coming to the attention of the immunization registry. Such statement shall inform the parent or guardian that their child's immunization information will be reported to and maintained by the immunization registry and that they may submit a written request to the

immunization registry at any time requesting that their child's immunization record no longer be maintained. Once the request is received, the immunization registry shall no longer update nor make available that child's immunization record as specified in section 19a-7h-4 of the Regulations of Connecticut State Agencies.

(Added effective May 1, 2000.)

# Rules of Practice

## 19a-9-1. Definitions

As used in sections 19a-9-2 through 19a-9-29 of the Regulations of Connecticut State Agencies:

(1) "Adjudicating agency" means the agency with the responsibility of issuing the final decision or declaratory ruling in a given case.
(2) "Agency" means the Department of Public Health, or any board or officer within said department authorized by law to make regulations or to determine contested cases.
(3) "Applicant" means a person who has applied for licensure by the department.
(4) "Board" means any professional board of examiners or commission created by statute within the department.
(5) "Commissioner" means the Commissioner of Public Health or the Commissioner's designee.
(6) "Complaint" means a formal statement of charges issued by the department.
(7) "Contested case" has the meaning provided in section 4-166 of the Connecticut General Statutes.
(8) "Day" means a calendar day.
(9) "Department" means the Department of Public Health.
(10) "Hearing officer" has the meaning provided in section 4-166 of the Connecticut General Statutes.
(11) "Hearing panel" means a panel consisting of board members, designated by the board to conduct a hearing.
(12) "Institution" means what is specified in subsection (a) of section 19a-490 of the Connecticut General Statutes.
(13) "Intervenor" means a person, other than a party, who is allowed to participate in either a contested case or a hearing on a request for declaratory ruling, as set forth in section 4-177a of the Connecticut General Statutes, and section 19a-9-27 of the Regulations of Connecticut State Agencies.
(14) "License" has the meaning provided in section 4-166 of the Connecticut General Statutes.
(15) "Licensee" means a person who holds a license issued by the department.
(16) "Notice of hearing" means the notice required to be provided to the parties pursuant to subsections (a) and (b) of section 4-177 and section 4-182(c), if applicable, of the Connecticut General Statutes.
(17) "Party" has the meaning provided in section 4-166 of the Connecticut General Statutes.
(18) "Person" has the meaning provided in section 4-166 of the Connecticut General Statutes.
(19) "Petition" means a claim of violation of a statute or regulation committed by a health professional or institution or other entity under the jurisdiction of the agency or department, including an appeal filed with the commissioner pursuant to section 19a-535 or 19a-535a of the Connecticut General Statutes.
(20) "Petitioner" means a person bringing a petition before the commissioner or department.
(21) "Presiding officer" has the meaning provided in section 4-166 of the Connecticut General Statutes.
(22) "Respondent" means any person who is the subject of a petition or against whom a statement of charges has been issued by the department.
(23) "Request for a declaratory ruling" means a request made by any person for a ruling on the validity of any regulation or the applicability to specified circumstances of a provision of the general statutes, a regulation, or a final decision on a matter within the jurisdiction of the agency.
(24) "Request for regulation making" means a request made by any person for the promulgation, amendment, or repeal of a regulation of the department.
(25) "Statement of charges" means a formal complaint issued by the agency either after an investigation of a petition or at the department's own initiative.
(Effective September 4, 1997.)

## 19a-9-2. Organization description

(a) The department operates under the direction of its commissioner who is appointed by the Governor.

(b) The commissioner has the powers and duties specified in section 19a-2a and other provisions of the Connecticut General Statutes.

(c) The principal office of the department and each board is located at and all communications should be addressed to the Department of Public Health, P. O. Box 340308, 410 Capitol Avenue, Hartford, Connecticut 06134-0308. This office is open from 8:30 a.m. to 4:30 p.m. Monday through Friday except legal holidays.

(d) The public may inspect the regulations, decisions and all public records of each agency at the department's office. Requests for public information shall be in writing and submitted to the department at the address in subsection (c) of this section.
(Effective September 4, 1997.)

# Rules of Practice
# Receipt and Investigation of Petitions and Adjudication of Complaints
# ARTICLE ONE
# General Provisions

## 19a-9-3. Application and severability of regulations

(a) Sections 19a-9-1 through 19a-9-29 of the Regulations of Connecticut State Agencies govern practices and procedures before the Department of Public Health and the various professional examining boards and commissions within the department, under the applicable laws of the State of Connecticut except where statutes and regulations otherwise provide.

(b) Each regulation in the provisions of sections 19a-9-1 through 19a-9-29 of the Regulations of Connecticut State Agencies and every part of each such regulation is severable. The holding of any regulation or part thereof to be unconstitutional, void or ineffective for any reason shall not affect the validity, enforceability or constitutionality of any other regulation or part thereof.
(Effective September 4, 1997.)

## 19a-9-4. Waiver of rules

Where good cause appears, except where precluded by statute, the presiding officer or agency may permit deviation from sections 19a-9-1 through 19a-9-29 of the Regulations of Connecticut State Agencies.
(Effective September 4, 1997.)

## 19a-9-5. Construction

Sections 19a-9-1 through 19a-9-29 of the Regulations of Connecticut State Agencies shall be construed liberally by the agency or presiding officer to secure a just and efficient determination of the issues presented.
(Effective September 4, 1997.)

## 19a-9-6. Filing papers

(a) General. All motions shall be submitted in writing stating the order or relief requested and the grounds therefor. A document or other writing is deemed submitted when personally delivered, mailed through the United States Postal Service or delivered in a manner specified by the agency and is deemed received when stamped by the agency as received.

(b) In all matters other than contested cases and declaratory ruling actions, all correspondence, motions, petitions, applications, and any other document governed by

sections 19a-9-1 through 19a-9-29 of the Regulations of Connecticut State Agencies, except for those documents specified in subsection (d) of this section, shall be filed by delivering the original and two (2) copies by personal delivery or by United States mail addressed to the agency unless otherwise specified, and shall be deemed to have been filed on the date on which they are stamped received by the agency at its principal office. If any such document is to be considered at an agency meeting, it shall be filed no later than fourteen (14) days before the scheduled meeting. Any responsive document shall be filed no later than seven (7) days before any such meeting.

(c) In contested cases and declaratory ruling actions, all correspondence, motions, answers, responses and any other document, except for those documents specified in subsection (d) of this section, shall be filed by delivering the original and two (2) copies by personal delivery or United States mail addressed to the department or in the manner specified in the agency's notice of hearing. Such documents shall be deemed to have been filed on the date on which they are stamped received by the agency at its principal office. Any party or intervenor shall also serve copies of such documents on all other parties and intervenors, identified by their names and addresses.

(1) Documents filed in conjunction with a matter to be considered at an agency meeting shall be filed no later than fourteen (14) days before the scheduled agency meeting unless otherwise ordered by the agency or presiding officer. Responsive documents shall be filed no later than seven (7) days before the agency meeting unless otherwise ordered by the agency or presiding officer.

(2) Documents filed before a hearing commences shall be filed within fourteen (14) days after the date of the notice of the hearing. Any response shall be filed within fourteen (14) days after such document is filed.

(3) Documents filed after a hearing commences or an agency meeting has been held in which the matter is considered, shall be filed and responded to within the time determined by the presiding officer or agency. If a response time has not been determined by the presiding officer or agency, a response shall be filed not later than five business days after such document is filed.

(d) Subsections (b) and (c) of this section shall not apply to motions for summary suspension, proposed consent orders, proposed interim consent orders, pre-hearing review documents, and motions to withdraw charges.

(Effective September 4, 1997; Amended effective December 8, 2004.)

## 19a-9-7. Extension of time for filing

Upon application, for good cause shown, the presiding officer or adjudicating agency may extend the time within which any document may be filed.

(Effective September 4, 1997.)

## 19a-9-8. Date due when due date falls on a date the department is closed

If the last day of any statutory or regulatory time frame falls on a day on which the department is closed, any paper may be filed or any required action may be taken on the next business day the department is open. Such filing or action shall be deemed to have the same legal effect as if done prior to the expiration of the time frame.

(Effective September 4, 1997.)

# ARTICLE TWO
# Procedure for filing Petitions, Requests for Declaratory Rulings and rulemaking, and Appeals of Orders Issued by Local Directors of Health

## 19a-9-9. Who may file a petition

Any person may file a petition whenever that person has cause to believe that any health professional or institution licensed by the department, or other entity under the jurisdiction of the department, has been engaged or is engaging in any practice that violates a statute or regulation.
(Effective September 4, 1997.)

## 19a-9-10. Petition contents

(a) A petition shall be in writing and shall contain the following:
- (1) the full name and address of the petitioner;
- (2) the full name and address of the respondent;
- (3) a plain and simple statement of the facts, events or actions on which the claim is based;
- (4) the date and approximate time of the alleged violation; and,
- (5) the location where the alleged violation occurred.

(b) A petition shall not be deemed defective solely because of the absence of one or more of the items contained in subsection (a) of this section.
(Effective September 4, 1997.)

## 19a-9-11. Modification or withdrawal of a petition

A petition, or any part thereof, may be withdrawn or modified by the petitioner with the consent of the department upon such conditions as the department may deem proper.
(Effective September 4, 1997.)

## 19a-9-12. Requests for declaratory rulings

Any interested person may submit a request to the agency for a declaratory ruling regarding the validity of any regulation, or applicability to specified circumstances of a provision of the general statutes, a regulation, or a final decision on a matter within the jurisdiction of the agency. The submittal shall conform to the requirements of subsection 19a-9-6(a), and a copy shall be sent to any person that the requester knows or has reason to believe may be substantially affected by the declaratory ruling. It shall contain a detailed statement of the person's interest in such matter and the facts relevant thereto, and the names and addresses of persons to whom it was sent. The agency may request the submission of such additional facts as it deems necessary, and may conduct a hearing.
(Effective September 4, 1997.)

## 19a-9-13. Request for regulation

Requests for the promulgation, amendment or repeal of a regulation shall be in writing and contain the reasons for the requested action. The department shall act in the manner specified in section 4-174 of the Connecticut General Statutes.
(Effective September 4, 1997.)

## 19a-9-14. Appeals of orders issued by a town, city, borough, or district director of health

(a) Any person aggrieved by an order issued by a town, city, borough, or district director of health may appeal said order to the commissioner.

(b) The notice of appeal shall be filed with the commissioner not later than three business days after the date of such person’s receipt of such order.

(c) The notice of appeal shall state:
- (1) the name, address, and telephone number of the person claiming to be aggrieved;
- (2) the name of the issuing authority;
- (3) the way in which the order adversely affects the person claiming to be aggrieved;
- (4) the order being appealed; and
- (5) the grounds for appeal.

(d) Telephonic notice of appeal to the office of the commissioner shall be satisfactory as the initial notice of appeal, provided written notice of appeal from the person claiming to be aggrieved is received by the department within ten (10) days of the telephonic notice.

(e) An appeal from an order issued by a town, city, borough, or district director of health shall be a de novo proceeding conducted in accordance with the regulations governing contested cases as set forth in sections 19a-9-1 through 19a-9-29 of the Regulations of Connecticut State Agencies.

(f) Any order issued by a town, city, borough, or district director of health shall include notice of the right to appeal which shall indicate the name and telephone number of the commissioner or the commissioner's designee, and shall be accompanied by copies of sections 19a-9-8 and 19a-9-14 of the Regulations of Connecticut State Agencies.
(Effective September 4, 1997.)

## ARTICLE THREE
## Investigations

### 19a-9-15. Agency's authority to investigate, refer and dismiss petitions and requests for declaratory rulings

(a) The agency may initiate and conduct any investigation that the agency deems necessary within the agency's jurisdiction.

(b) If, after receipt or investigation of a petition or request for a declaratory ruling, the agency determines that it lacks jurisdiction or that there is insufficient evidence to establish the alleged violation, it shall dismiss the petition or request. The agency shall notify the petitioner or the person making the request, and any respondent who is the subject of the investigation, in writing, of the dismissal. The agency may, in the exercise of discretion, refer any petition or request to another person, agency, or department within the executive or judicial branch.
(Effective September 4, 1997.)

### 19a-9-16. Applications for reconsideration of dismissals of petitions and requests for declaratory rulings

A petitioner or a person who requests a declaratory ruling may request reconsideration of a dismissal by the agency within ten (10) days from the date of the notice of the dismissal. The request shall be in writing and shall specify the grounds upon which it is based. New or previously unknown evidence may then be considered.
(Effective September 4, 1997.)

## ARTICLE FOUR
## Post-Investigative Procedures

### 19a-9-17. Designation of hearing entity

If the agency determines that the evidence is sufficient to issue a statement of charges or to hold a hearing on a request for a declaratory ruling, or if the legal rights, duties or privileges of a party are required by statute to be determined by the commissioner or an agency after an opportunity for hearing, the adjudicating agency may designate a hearing officer, a member of the agency or a hearing panel to conduct a hearing, unless otherwise provided by statute.
(Effective September 4, 1997.)

### 19a-9-18. Notice of hearing

(a) All notices of hearing shall be in writing and shall comply with the provisions of subsections (a) and (b) of section 4-177 and subsection (c) of section 4-182, if applicable, of the Connecticut General Statutes, as they may be amended from time to time.

(b) A notice of hearing shall be delivered to all designated parties and intervenors or their authorized representative personally or by United States mail, certified or registered, postage prepaid, return receipt requested.

(c) A notice of hearing shall be effective if delivered or sent to the party's last known address of record on file with the department. If such notice is not actually received by a party, or if the party is not currently licensed, service shall be deemed sufficient provided that the department or board, if applicable, has made all reason able efforts to effectuate notice.
(Effective September 4, 1997.)

## 19a-9-19. Filing of answer in a contested case

(a) An answer shall be in writing, signed by a respondent or his or her authorized representative, and shall be filed with the agency within fourteen (14) days from the date of the notice of the hearing, or such other time specified in the notice of hearing.

(b) An answer shall contain a specific denial, admission, or denial of any knowledge sufficient to form a belief regarding each allegation of the complaint, and a statement of any facts or claims that may constitute a defense.

(c) Any allegation not answered in accordance with subsection (b) of this section shall be deemed admitted.

(d) An answer shall contain the mailing address and telephone number of the respondent, and the mailing address and telephone number of the respondent's authorized representative, if any.
(Effective September 4, 1997.)

## 19a-9-20. Failure to file answer in a contested case

The presiding officer shall proceed with the hearing at the time and place specified in the notice of hearing, notwithstanding any failure of the respondent to file an answer within the time provided. If no answer has been timely filed, the allegations shall be deemed admitted.
(Effective September 4, 1997.)

## 19a-9-21. Acceleration of hearings

With the approval of the presiding officer, the parties to any proceeding may consent by written stipulation to a hearing earlier than that provided in the notice of the hearing.
(Effective September 4, 1997.)

## 19a-9-22. Joinder of proceedings

Two (2) or more hearings on requests for declaratory rulings, or two (2) or more contested cases against a respondent may be joined together by the presiding officer in the presiding officer's discretion, provided that in hearings conducted pursuant to sections 19a-535 and 19a-535a of the Connecticut General Statutes, as they may be amended from time to time, two (2) or more proceedings may be joined only when the sole issue involved is one of federal or state law or policy.
(Effective September 4, 1997.)

## 19a-9-23. Continuation of hearing

The presiding officer may continue a hearing from day to day or adjourn it to a later date or to a different place by announcement thereof at the hearing or by other appropriate notice, at the presiding officer's discretion.
(Effective September 4, 1997.)

# ARTICLE FIVE
# Hearing Procedures for Contested Cases and Declaratory Ruling Proceedings

## 19a-9-24. Hearings

Hearings shall be conducted in accordance with Chapter 54 of the Connecticut General Statutes. The rules of evidence shall be as prescribed in section 4-178 of the Connecticut General Statutes.

(Effective September 4, 1997.)

## 19a-9-25. Powers and duties of the presiding officer

The presiding officer shall rule on all motions and preside at the hearing. If a hearing is held before less than a majority of the members of a board who are authorized by law to render a final decision, a majority of the members of a board shall review all rulings on dispositive motions and shall render the final decision. If a hearing is held before a hearing officer or hearing panel authorized to issue a final decision, the hearing officer or hearing panel shall also rule on all dispositive motions. If the hearing officer or hearing panel is authorized to issue a proposed final decision, the hearing officer or hearing panel shall issue proposed rulings on dispositive motions. Proposed rulings on dispositive motions shall be reviewed at the same time and in the same manner as proposed final decisions.

(Effective September 4, 1997.)

## 19a-9-26. Designation of parties

(a) Designation as a party in contested cases. In addition to any parties designated in the agency's notice of hearing, the presiding officer may designate other parties in accordance with applicable law.

(b) Designation as a party in actions for declaratory rulings. Any person who proposes to be admitted as a party to an action for a declaratory ruling shall file a written request to be so designated with the adjudicating agency, and shall mail copies of the request to all parties and intervenors not later than seven (7) days before the date of the hearing of the proceeding. The request shall state:

(1) the name and address and telephone number of the person filing the request and that of the person's authorized legal representative, if any;

(2) the manner in which the person making the request claims to be substantially and specifically affected by the proceeding;

(3) the factual and legal issues to be addressed in the proceeding;

(4) the relief sought;

(5) the statutory or other authority for such relief; and

(6) a summary of any evidence that the person making the request intends to present.

(Effective September 4, 1997.)

## 19a-9-27. Designation as an intervenor

(a) Request to participate. A request to participate as an intervenor in a contested case or declaratory ruling hearing shall be in writing and mailed to the agency and all parties and intervenors at least five (5) days before the date of the hearing.

(b) Contents of request. The request of the proposed intervenor shall:

(1) state such person's name and address;

(2) state the interest affected by the proceeding;

(3) describe the manner and extent to which such person proposes to participate in the hearing;

(4) describe the manner in which such participation will furnish assistance to the agency in resolving the issues; and

(5) summarize any evidence such person proposes to offer.

(c) Designation as intervenor. The presiding officer shall determine whether and to what extent the proposed intervenor may participate in the hearing, taking into account whether such participation will furnish assistance to the agency in resolving the issues.

(Effective September 4, 1997.)

## 19a-9-28. Notice of appearance in contested cases and actions for declaratory ruling and proceedings

Each party and intervenor or their duly authorized representative shall file a written notice of appearance with the presiding officer prior to the commencement of the hearing.

(Effective September 4, 1997.)

## 19a-9-29. Miscellaneous provisions

(a) Order of presentation in actions for declaratory rulings. The order of presentation shall be determined by the presiding officer at the time of the hearing.

(b) Order of presentation in contested cases. The order of presentation shall be determined by the presiding officer at the time of the hearing, and shall provide the parties with the rights and privileges set forth in sections 4-177 et seq., of the Connecticut General Statutes, as they may be amended from time to time.

(c) Limiting testimony. The presiding officer may limit the number of witnesses or the time for testimony upon a particular issue in the course of any hearing in order to avoid unnecessary cumulative evidence.

(d) Limitation of direct case in actions for declaratory rulings. The direct case of any party shall consist substantially of the written statement in the request for declaratory ruling, and the exhibits and other materials annexed thereto unless the presiding officer shall rule otherwise for good cause shown.

(e) Upon request of any party or intervenor or on his own motion, the presiding officer may require any party or other participant who proposes to offer technical or expert written testimony to provide such testimony to any or all other parties or intervenors, and to prefile such testimony with the presiding officer, prior to or during the course of the hearing. Such prefiled written testimony may subsequently be received in evidence, with the same force and effect as though it were stated orally by the witness who has given the evidence, provided that each witness shall be present at the hearing at which the prefiled written testimony is offered, shall adopt the written testimony under oath and shall be available for cross examination as directed by the presiding officer. Prior to its admission such written testimony shall be subject to objections by parties.

(f) Improper conduct. The presiding officer may exclude from the hearing room or from further participation in the proceedings any person who engages in improper conduct during the hearing.

(g) Nothing in sections 19a-9-1 through 19a-9-29 of the Regulations of Connecticut State Agencies shall be construed as limiting the ability of the presiding officer to make such orders as will aid in the just, economic, and efficient resolution of a case.

(h) Unless otherwise ordered by the presiding officer, any party who wishes to challenge a proposed final decision under section 4-179 of the Connecticut General Statutes shall file exceptions or a brief or request oral argument, within twenty-one(21) days of the mailing of the decision. Any party who wishes to present a brief or requests oral argument in support of a proposed final decision shall do so within thirty-five (35) days of the mailing of the decision.

(Effective September 4, 1997.)

## Evaluation of Candidates with Previous Licensure

### 19a-14-1. Application for licensure after license has become void

A person previously licensed in Connecticut whose license has become void pursuant to section 19a-88 of the Connecticut General Statutes, may apply for licensure under the terms of these regulations. In determining the qualifications of such a candidate, pursuant to section 19a-14 of the Connecticut General Statutes, the Department of Health Services shall refer the application to the appropriate Board or Commission for review, evaluation, and recommendations. If no Board or Commission exists for the profession in question, the Department of Health Services may make the review and evaluation.

(Effective October 18, 1983.)

### 19a-14-2. Review and evaluation of applications

When reviewing and evaluating applications pursuant to section 19a-14-1 of these regulations, the Board, Commission or Department shall consider at least the following:

(1) credentials presented for initial licensure;
(2) length of practice as a licensed professional;
(3) time elapsed since leaving active practice;
(4) whether the candidate had been the subject of complaints, investigations or disciplinary actions as a licensed professional; and
(5) any continuing education undertaken by the candidate. The Board, Commission or Department must determine whether or not these factors, taken together, meet current licensure requirements.

(Effective October 18, 1983.)

### 19a-14-3. Recommendations regarding acceptability

After completion of the review prescribed in section 19a-14-2 of these regulations, the Board or Commission shall make recommendations to the Department regarding the acceptability for licensure of the candidate. At its discretion, the Department may, after considering all licensure requirements and the recommendations of the Board or Commission, grant licensure to the candidate.

(Effective October 18, 1983.)

### 19a-14-4. License shall not be issued until or unless complaint resolved

No license shall be issued if there is a complaint awaiting adjudication against the applicant in another state or with the Department of Health Services until such a time as it is resolved in favor of the candidate.

(Effective October 18, 1983.)

### 19a-14-5. Suspended or revoked license

An applicant whose license has been suspended or revoked pursuant to section 19a-17 of the Connecticut General Statutes cannot reapply for licensure under the terms of these regulations.

(Effective October 18, 1983.)

## Approval of Educational Programs for Candidates for Licensure

### 19a-14-20. Approval of educational programs

Whenever a Board or Commission identified in Section 19a-14 of the Connecticut General Statutes is authorized to approve, with the consent of the Commissioner of Health Services, educational programs for candidates for licensure, the following procedure shall apply.

The process of approval shall require the Board or Commission to provide the Department of Health Services with a written statement of the approved educational program. The Department shall provide a written response acknowledging receipt of the approved program and noting

either consent or refusal of the program. The approved program and an affirmative response from the Department shall be incorporated into the formal minutes of the Board or Commission. An agreement between the Department and a Board or Commission regarding educational programs shall remain in effect until such time as both parties have a new agreement regarding this matter.

(Effective April 9, 1984.)

## Prescribing and Administering Examinations for Health Care Professionals

### 19a-14-30. Prescribing examinations and scores

Pursuant to provisions of the Connecticut General Statutes, the Department of Health Services may prescribe licensing examinations and their passing scores for given professions with the consent of certain Boards and Commissions identified in Section 19a-14 of the General Statutes.

The process of prescribing shall require the Department of Health Services to provide the Board or Commission with a written description of the prescribed examination and passing score. Receipt of this documentation by a board must be noted in the minutes of the next formal Board or Commission meeting. These minutes should also indicate the response of the Board or Commission, i.e., consent or refusal of use of the examination and passing score.

(Effective April 9, 1984.)

### 19a-14-31. Agreement of parties

An agreement between the Department and a Board or Commission regarding examinations and passing scores shall remain in effect until such time as both parties have a new agreement regarding these matters.

(Effective April 9, 1984.)

### 19a-14-32. Administration of examinations

The Department of Health Services shall administer all examinations under the supervision of the respective Board or Commission. The administration process shall include, but not be limited to, scheduling the examination, finding a suitable site and obtaining and training proctors and/or examiners. The Board or Commission may exercise it's authority to supervise by monitoring examination administrations in order to ensure compliance with the agreed upon content and format of the examination and to ensure that all examinations are administered in a fair and secure manner.

(Effective April 9, 1984.)

# Medical Records

## 19a-14-40. Medical records, definition, purpose

The purpose of a medical record is to provide a vehicle for: documenting actions taken in patient management; documenting patient progress; providing meaningful medical information to other practitioners should the patient transfer to a new provider or should the provider be unavailable for some reason. A medical record shall include, but not be limited to, information sufficient to justify any diagnosis and treatment rendered, dates of treatment, actions taken by non-licensed persons when ordered or authorized by the provider; doctors' orders, nurses notes and charts, birth certificate work-sheets, and any other diagnostic data or documents specified in the rules and regulations. All entries must be signed by the person responsible for them.

(Effective August 29, 1984.)

## 19a-14-41. Professions involved

Each person licensed or certified pursuant to the following chapters and Acts shall maintain appropriate medical records of the assessment, diagnosis, and course of treatment provided each patient, and such medical records shall be kept for the period prescribed: chapters 334b, 370 thru 373, 375, 376, 378 thru 381, 383 thru 384, 388, 398, 399, and Public Acts 83-352 and 83-441.

(Effective August 29, 1984.)

## 19a-14-42. Retention schedule

Unless specified otherwise herein, all parts of a medical record shall be retained for a period of seven (7) years from the last date of treatment, or, upon the death of the patient, for three (3) years.

(a) Pathology Slides, EEG and ECG Tracings must each be kept for seven (7) years. If an ECG is taken and the results are unchanged from a previous ECG, then only the most recent results need be retained. Reports on each of these must e kept for the duration of the medical record.

(b) Lab Reports and PKU Reports must be kept for at least five (5) years. Only positive (abnormal) lab results need be retained.

(c) X-Ray Films must be kept for three (3) years.

(Effective August 29, 1984.)

## 19a-14-43. Exceptions

Nothing in these regulations shall prevent a practitioner from retaining records longer than the prescribed minimum. When medical records for a patient are retained by a health care facility or organization, the individual practitioner shall not be required to maintain duplicate records and the retention schedules of the facility or organization shall apply to the records. If a claim of malpractice, unprofessional conduct, or negligence with respect to a particular patient has been made, or if litigation has been commenced, then all records for that patient must be retained until the matter is resolved. A consulting health care provider need not retain records if they are sent to the referring provider, who must retain them. If a patient requests his records to be transferred to another provider who then becomes the primary provider to the patient, then the first provider is no longer required to retain that patient's records.

(Effective August 29, 1984.)

## 19a-14-44. Discontinuance of practice

Upon the death or retirement of a practitioner, it shall be the responsibility of the practitioner or surviving responsible relative or executor to inform patients. This must be done by placing a notice in a daily local newspaper published in the community which is the prime locus of the practice. This notice shall be no less than two columns wide and no less than two inches in height. The notice shall appear twice, seven days apart. In addition, an individual letter is to be sent to each patient seen within the three years preceding the date of discontinuance of the

practice. Medical records of all patients must be retained for at least sixty days following both the public and private notice to patients.
(Effective August 29, 1984.)

## 19a-14-50. Definitions

For the purposes of these regulations, "Doctor" means either a physician licensed pursuant to Chapter 370 of the Connecticut General Statutes or an Optometrist licensed pursuant to Chapter 380 of the Connecticut General Statutes.
(Effective August 29, 1986.)

## 19a-14-51. Optician record retention

For each client fitted with prescription eyeglasses or prescribed contact lenses, a licensed optician shall keep a record. When prescription items are dispensed by a registered apprentice optician, the supervising licensed optician must verify the accuracy of all the data included in the client record and indicate this on the record. A client record shall contain the following:

(a) Prescription Eyewear Records shall include:
- (1) Doctor's prescription and date, including name of prescribing doctor;
- (2) Date of delivering said prescription, to include any duplication of existing lenses;
- (3) Facial measurements, to include but not be limited to: interpupillary measures; frame size determinations, including eye size, bridge size, temple length;
- (4) Name of frame provided; and
- (5) Lens description to include: lens materials; placement of optical centers; lens tint; and, when applicable, multifocal type and placement of multifocal.

(b) Contact Lenses Prefit
- (1) Prefitting record shall include: date of client visit; doctor's written prescription; doctor's keratometric measures if such measures are provided, and such other measures or observations which are properly within the optician's scope of practice as defined by Connecticut General Statutes Section 20-139;
- (2) Any information which would contraindicate the fitting of contact lenses;
- (3) The date of the examining doctor's prescription;
- (4) A prefitting biomicroscopic record of the external eye made by the doctor, if such is provided; and
- (5) Any notice provided to the client regarding the length of time after which the prescription will not be refilled.

(c) Contact Lens Dispensing Records on the dispensing of contact lenses shall include:
- (1) All particular lens parameters including manufacturer;
- (2) Date of client instruction in handling and hygiene;
- (3) Visual acuity recorded with dispensed contact lenses as obtained by use of a standardized snellen-type chart;
- (4) If performed, a summary of observations of the physical relationship between dispensed contact lens and cornea, including, but not limited to, biomicroscopic observations;
- (5) A recommended wearing schedule; and
- (6) A summary of recommended follow-up.

(d) Contact Lens Follow-up Records of visits subsequent to the actual dispensing of contact lenses shall include:
- (1) Date of each visit;
- (2) Client's current wearing schedule;
- (3) Visual acuity recorded with dispensed contact lenses, obtained by use of a standardized snellen-type chart;
- (4) Date of next recommended visit; and
- (5) A description of any perceived changes in visual acuity or obvious anomalies, and a record of any report made to the client or prescribing doctor.

(Effective August 29, 1986.)

## Utilization of Controlled Substances by Health Care Professionals

### 19a-14-55. Utilization of controlled substances

Those health care practitioners identified in Section 19a-14 of the Connecticut General Statutes and regulated by the Department of Health Services who utilize controlled substances shall be subject to disciplinary action, as set forth in Section 19a-17 of the Connecticut General Statutes, if they utilize or store drugs in a manner which is not consistent with the public interest. In determining the public interest, the following factors shall be considered:

(a) Maintenance of effective controls against diversion of controlled substances into other than duly authorized legitimate medical, scientific, or commercial channels;

(b) Compliance with all applicable state and federal laws and regulations concerning controlled substances;

(c) Any conviction of the practitioner under any state or federal law relating to controlled substances;

(d) Expiration, suspension, revocation, surrender or denial of the practitioner's federal controlled substance registration;

(e) Prescribing, distributing, administering or dispensing of controlled substances in schedules other than those specified in the practitioner's state or federal registration.

(Effective April 9, 1984.)

## Conditions for Physician Participation in the Malpractice Insurance Purchase Program

### 19a-17n-1. Definitions

As used in Sections 19a-17n-1 through 19a-17n-2 of the Regulations of Connecticut State Agencies, inclusive:

(1) "Clinic" means community health centers and other locations authorized by the department under Section 19a-17m(a) of the Connecticut General Statutes and located in public investment communities.

(2) "Malpractice insurance" means professional liability insurance contracts for physicians and surgeons.

(3) "Participating physicians" means those physicians participating in the department program to purchase and maintain malpractice insurance.

(4) "Public investment communities" means the same as is defined in Section 7-545 (a) (9) of the Connecticut General Statutes.

(Effective July 25, 1997.)

### 19a-17n-2. Conditions for physician participation

Clinics authorized by the department for participation in this program shall:

(a) ensure that physicians are licensed pursuant to requirements of Sections 20-13 and 20-17 of the Connecticut General Statutes;

(b) document that conditions for physician participation in this program as defined by Section 19a-17n (a) (1) through Section 19a-17n (a) (4) and Section 19a-17m(a)(1) through 19a-17m(a) (5) of the Connecticut General Statutes have been met;

(c) ensure that professional liability insurance is purchased only from a provider authorized to offer malpractice insurance in this state;

(d) ensure that at least the minimum amount of professional liability insurance mandated by Section 20-11b of the Connecticut General Statutes is purchased;

(e) ensure that participating physicians adhere to Section 19a-17n (b) of the Connecticut General Statutes; and,

(f) provide annual reports to the department concerning physician participation at the clinic, including, but not limited to, numbers of patients served, number of patient visits, income level of patients served, types of services provided and hours volunteered during the reporting period.

(Effective July 25, 1997.)

# Disclosure of Health Data

## 19a-25-1. Definitions

As used in Sections 19a-25-1 through 19a-25-4, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Aggregate health data" means health data that is obtained by combining like data in a manner that precludes the identification of the individual or organization supplying the data or described in the data.

(2) "Anonymous medical case history" means the description of an individual's illness in a manner that precludes the identification of the individual or organization supplying the data or described in the data.

(3) "Commissioner" means the commissioner of the Department of Public Health.

(4) "Department" means the Department of Public Health.

(5) "Disclosure" or "disclose" means the communication of health data to any individual or organization outside the department.

(6) "Health data" means information, recorded in any form or medium, that relates to the health status of individuals, the determinants of health and health hazards, the availability of health resources and services, or the use and cost of such resources and services.

(7) "Identifiable health data" means any item, collection, or grouping of health data that makes the individual or organization supplying it, or described in it, identifiable.

(8) "Individual" means a natural person.

(9) "Local Director of Health" means the city, town, borough, or district Director of Health or any person legally authorized to act for the local director of health.

(10) "Medical or scientific research" means the performance of activities relating to health data, including, but not limited to:

(A) describing the group characteristics of individuals or organizations;

(B) characterizing the determinants of health and health hazards;

(C) analyzing the inter-relationships among the various characteristics of individuals or organizations;

(D) the preparation and publication of reports describing these matters; and

(E) other related functions as determined by the commissioner.

(11) "Organization" means any corporation, association, partnership, agency, department, unit, or other legally constituted institution or entity, or part thereof.

(12) "Studies of morbidity and mortality" means the collection, application, and maintenance of health data on:

(A) the extent, nature, and impact of illness and disability on the population of the state or any portion thereof;

(B) the determinants of health and health hazards, including but limited to,

(i) infectious agents of disease,

(ii) environmental toxins or hazards,

(iii) health resources, including the extent of available manpower and resources, or

(iv) the supply, cost, financing or utilization of health care services.

(C) diseases on the commissioner's list of reportable diseases and laboratory findings pursuant to section 19a-215 of the Connecticut General Statutes; or

(D) similar health or health related matters as determined by the commissioner.

(Effective October 30, 1998.)

## 19a-25-2. Disclosure of aggregate health data, anonymous medical case histories, and reports of the findings of studies of morbidity and mortality

(a) The department may, at the discretion of the commissioner, publish, make available, and disseminate aggregate health data, anonymous medical case histories, and reports of the findings of studies of morbidity and mortality, provided such data, histories, and reports:
  (1) Are prepared for the purpose of medical and scientific research; and
  (2) Do not include identifiable health data.

(b) No individual or organization with lawful access to such reports shall be compelled to testify with regard to such reports. Publication or release of such reports shall not subject said report or related information to subpoena or similar compulsory process in any civil or criminal, judicial, administrative or legislative proceeding.
Effective October 30, 1998.

## 19a-25-3. Disclosure of identifiable health data

(a) The department shall not disclose identifiable health data unless:
  (1) The disclosure is to health care providers in a medical emergency as necessary to protect the health, life, or well-being of the person with a reportable disease or condition pursuant to section 19a-215 of the Connecticut General Statutes;
  (2) The disclosure is to health care providers, the local director of health, the department, another state or public health agency, including those in other states and the federal government, or other persons when deemed necessary by the department in its sole discretion for disease prevention and control pursuant to section 19a-215 of the Connecticut General Statutes or for the purpose of reducing morbidity and mortality from any cause or condition, except that every effort shall be made to limit the disclosure of identifiable health data to the minimal amount necessary to accomplish the public health purpose;
  (3) The disclosure is to an individual, organization, governmental entity in this or another state or to the federal government, provided the department determines that:
    (A) Based upon a written application and such other information as required by the department to be submitted by the requesting individual, organization or governmental entity the data will be used solely for bona fide medical and scientific research;
    (B) The disclosure of data to the requesting individual, organization or governmental entity is required for the medical or scientific research proposed;
    (C) The requesting individual, organization, or governmental entity has entered into a written agreement satisfactory to the department agreeing to protect such data in accordance with the requirements of this section and not permit disclosure without prior approval of the department; and
    (D) The requesting individual, organization or governmental entity, upon request of the department or after a specified date or event, returns or destroys all identifiable health data provided by the department and copies thereof in any form.
  (4) The disclosure is to a governmental entity for the purpose of conducting an audit, evaluation, or investigation required by law of the department and such governmental entity agrees not to use such data for making any determination as to whom the health data relates.

(b) Any disclosure provided for in this section shall be made at the discretion of the department, provided the requirements for disclosure set forth in the applicable

provisions of this section have been met. For disclosures under this section to governmental entities, the commissioner may waive the requirements of this section except for the requirements of subdivision (A) of subsection (3).

(c) Notwithstanding any other provisions of this section, no identifiable health data obtained in the course of activities undertaken or supported under this section shall be subject to subpoena or similar compulsory process in any civil or criminal, judicial, administrative, or legislative proceeding, nor shall any individual or organization with lawful access to identifiable health data under the provisions of this section be compelled to testify with regard to such health data.
(Effective October 30, 1998.)

## 19a-25-4. Use of health data for enforcement purposes

(a) Notwithstanding any provisions of sections 19a-25-1 to 19a-25-3, inclusive of the Regulations of State Agencies, the department may utilize, in any manner, health data including but not limited to aggregate health data, identifiable health data, and studies of morbidity and mortality, in carrying out and performing its statutory and regulatory responsibilities and to secure compliance with or enforcement of any laws. Where such data is used in an enforcement action brought by the department or any other state agency, disclosure to parties to the action of such data shall be permitted only if required by law and said parties may not further disclose such data except to a tribunal, administrative agency or court with jurisdiction over the enforcement action. Disclosure under this section does not constitute a waiver or release of the confidentiality that protects such data.
(Effective October 30, 1998.)

# AIDS Research Education Fund

## 19a-32a-1. AIDS research grants

(a) Any person, municipality, public agency, private for profit or non-profit private agency may apply for funds for AIDS-related research projects that contribute to:
(1) preventing human immunodeficiency virus (HIV) infection, or
(2) improving delivery of care to people with HIV/AIDS, or
(3) improving treatment of people with HIV/AIDS, or
(4) understanding the needs of people with HIV/AIDS, or
(5) evaluating prevention or treatment programs or modalities.
(Effective August 24, 1994)

## 19a-32a-2. AIDS education and related community service

Any person, municipality, public agency, or private for profit or non-profit private agency may apply for funds to provide educational interventions for populations affected by HIV/AIDS or to provide community services to persons suffering from HIV/AIDS and to the families and partners of such persons. Such services shall include but not necessarily be limited to:
(a) outreach,
(b) education,
(c) counseling,
(d) testing,
(e) case management,
(f) social services, and
(g) transportation.
(Effective August 24, 1994)

## 19a-32a-3. Promotion of the contribution system and the AIDS research education fund account

Any person, municipality, public agency, private for profit or non-profit private agency may apply for funds to promote the income tax contribution system and the AIDS research education fund account.
(Effective August 24, 1994)

## 19a-32a-4. Grant application procedures

The commissioner shall issue requests for proposals for funds pursuant to sections 19a-32a-1 through 19a-32a-3 of the Regulations of Connecticut State Agencies by November 15 of each year. These requests for proposals shall contain the criteria to be used in evaluating the proposals. Applications for funds shall be submitted in writing to the commissioner in the form prescribed by the commissioner.
(Effective August 24, 1994)

## 19a-32a-5. Review of applications for funding

The commissioner shall evaluate all proposals for funds with the advice of an ad hoc review committee. This review committee shall include persons who are infected with HIV. It shall also include expertise the funding areas for which the request for proposal has been issued. No person on the review committee, or such person's family, shall be in a position to realize any financial gain from the awarding of such grant.
(Effective August 24, 1994)

## Breast Cancer Research and Education Fund

### 19a-32b-1. Breast cancer research grants

Any person, municipality, public agency, private for profit or non-profit private agency may apply for funds for breast cancer-related research projects that contribute to:

(1) preventing breast cancer, or
(2) improving delivery of care to people with breast cancer, or
(3) improving treatment of people with breast cancer, or
(4) understanding the needs of people with breast cancer, or
(5) evaluating prevention or treatment programs or modalities.

(Added effective August 31, 1998.)

### 19a-32b-2. Breast cancer education and related community service

Any person, municipality, public agency, private for profit or non-profit private agency may apply for funds to provide educational interventions for populations affected by breast cancer or to provide community services to persons suffering from breast cancer and to the families of such persons. Such services shall include but not necessarily be limited to:

(a) outreach,
(b) education,
(c) counseling,
(d) testing,
(e) case management,
(f) social services, and
(g) transportation.

(Added effective August 31, 1998.)

### 19a-32b-3. Promotion of the contribution system and the breast cancer research and education fund account

Any person, municipality, public agency, private for profit or non-profit private agency may apply for funds to promote the income tax contribution system and the breast cancer research and education fund account.

(Added effective August 31, 1998.)

### 19a-32b-4. Grant application procedures

The commissioner shall issue requests for proposals for funds pursuant to sections 19a-32b-1 through 19a-32b-3 of the Regulations of Connecticut State Agencies by November 15 of each year. The requests for proposals shall contain the criteria to be used in evaluating the proposals. Applications for funds shall be submitted in writing to the commissioner in the form prescribed by the commissioner.

(Added effective August 31, 1998.)

### 19a-32b-5. Review of applications for funding

The commissioner shall evaluate all proposals for funds with the advice of an ad hoc review committee. This review committee shall include persons who are breast cancer survivors. It shall also include expertise in the funding areas for which the request for proposal has been issued in particular breast cancer researchers. No person on the review committee, or such person's family, shall be in a position to realize any financial gain from the awarding of such grant.

(Added effective August 31, 1998.)

# Reportable Diseases and Laboratory Findings

## 19a-36-A1. Definitions

As used in Sections 19a-36-A1 to 19a-36-A55:

(a) "Authorized agent" means an individual designated by a local director of health to act for him or her in the performance of any of his or her duties.

(b) "Carrier" means an infected person or animal who, without any apparent symptoms of communicable disease, harbors a specific infectious agent and may serve as a source of infection for humans. The state of harboring a specific infectious agent may occur in an individual with an infection that is inapparent throughout its course (asymptomatic carrier), or in an individual during the incubation period, convalescence, and post-convalescence of a clinically recognizable disease (incubatory carrier and convalescent carrier). The carrier state may be of short duration (transient carrier) or long duration (chronic carrier).

(c) "Case" means a person or animal who exhibits evidence of disease.

(d) "Cleaning" means the process of removal of organic matter conducive to growth or maintenance of infectivity of infectious agents by scrubbing and washing as with hot water and soap.

(e) "Commissioner" means the state commissioner of health services.

(f) "Communicable disease" means a disease or condition, the infectious agent of which may pass or be carried directly or indirectly, from the body of one person or animal to the body of another person or animal.

(g) "Communicable period" means any time period during which a specific infectious agent may be transferred directly or indirectly from an infected person or animal to another human or animal.

(h) "Contact" means a person or animal known to have had association with an infected person or animal in such a manner as to have been exposed to a particular communicable disease.

(i) "Contamination" means the presence of undesirable substance or material which may contain an infectious agent on external body surfaces (e.g., skin), articles of apparel, inanimate surfaces or in food or beverages.

(j) "Cultures" mean growths of an infectious agent propogated on selected living or artificial media.

(k) "Date of onset" means the day, month and year on which the case or suspected case experienced the first sign or symptoms of the disease.

(l) "Department" means the Connecticut Department of Health Services.

(m) "Disinfection" means a directly applied chemical or physical process by which the disease producing powers of infectious agents are destroyed.

(1) Concurrent disinfection" means the immediate disinfection and disposal of body discharges, and the immediate disinfection or destruction of all infected or presumably infected materials.

(2) "Terminal disinfection" means the process of rendering the personal clothing and immediate physical environment of a patient free from the probability of conveying an infectious agent to others after removal of the patient or at a time when the patient is no longer a source of infection.

(n) "Epidemic" means the occurrence of cases of illness clearly in excess of normal expectancy over a specific time period in a community, geographic region, building or institution. The number of cases indicating an epidemic may vary according to the causative agent, size and type of population exposed, previous experience with the disease, and time and place of occurrence. An outbreak of disease is an epidemic.

(o) "Epidemiologic investigation" means an inquiry into the incidence, distribution and source of disease to determine its cause, means of prevention, and efficacy of control measures.

(p) "Foodborne outbreaks" means illness in two or more individuals acquired through the ingestion of common-source food or water contaminated with chemicals, infectious agents or their toxic products. Foodborne outbreaks include, but are not limited to, illness

due to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, Clostridium perfringens intoxication and hepatitis A.

(q) "Foodhandler" means a person who prepares, processes, or otherwise handles food or beverages for people other than members of his or her immediate household.

(r) "Health care facility" means any hospital, long term care facility, home health care agency, clinic or other institution licensed under Chapter 368v of the Connecticut General Statutes and also facilities operated and maintained by any state agency for the care or treatment of mentally ill persons or persons with mental retardation or substance abuse problems.

(s) "Health care provider" means a person who has direct or supervisory responsibility for the delivery of health care or medical services. This shall include but not be limited to: licensed physicians, nurse practitioners, physician assistants, nurses, dentists, medical examiners, and administrators, superintendents and managers of health care facilities.

(t) "Incubation period" means the time interval between exposure to a disease organism and the appearance of the first symptoms of the resulting disease.

(u) "Infection" means the entry and multiplication of an infectious agent in the body of a person or animal with or without clinical symptoms.

(v) "Infectious agent" means a microorganism capable of producing infection with or without disease.

(w) "Isolation" means the use of special precautions during the period of communicability to prevent transmission of an infectious agent. Such special precautions may include: physical separation of infected persons or animals from others, or precautions such as blood precautions that do not necessarily result in physical separation of individuals.

(x) "Laboratory" means any facility licensed, or approved by the department in accordance with section 19a-30 of the Connecticut General Statutes.

(y) "Local director of health" means and includes the city, town, borough or district director of health and any person legally authorized to act for the local director of health.

(z) Medical information" means the recorded health information on an individual who has a reportable disease or who has symptoms of illness in the setting of an outbreak. This information includes details of a medical history, physical examination, any laboratory test, diagnosis, treatment, outcome and the description and sources of suspected causative agents for such disease or illness.

(aa) Nosocomial infection" means infections that develop within a hospital or other health care facility or are produced by microorganisms acquired while in a hospital or health care facility.

(bb) Outbreak." See "epidemic."

(cc) Quarantine" means the formal limitation of freedom of movement of persons or animals exposed to, or suffering from a reportable disease for a period of time not longer than either the longest incubation period or the longest communicable period of the disease, in order to prevent spread of the infectious agent of that disease.

(dd) Reportable disease" means a communicable disease, disease outbreak, or other condition of public health significance required to be reported to the department and local health directors.

(ee) Reportable laboratory finding" means a laboratory result suggesting the presence of a communicable disease or other condition of public health significance required to be reported to the department and local health directors.

(ff) State epidemiologist" means the person designated by the Commissioner as the person in charge of communicable disease control for the state.

(gg) Surveillance" means the continuing scrutiny of all aspects of occurrence and spread of a disease relating to effective control of that disease, which may include but not be limited to the collection and evaluation of: morbidity and mortality reports; laboratory reports of significant findings; special reports of field investigations of epidemics and individual cases; data concerning the availability, use, and untoward side effects of the substances used in disease control, such as rabies vaccine; and information regarding immunity levels in segments of the population.

(hh) Suspected case" means a person or animal suspected of having a particular disease in the temporary or permanent absence of definitive clinical or laboratory evidence.
(ii) Other condition of public health significance" means a noncommunicable disease caused by a common source or prevalent exposure such as pesticide poisoning, silicosis or lead poisoning.
Effective October 25, 1989.)

## 19a-36-A2. List of reportable diseases and laboratory findings

The commissioner shall issue a list of reportable diseases and laboratory findings within sixty days of the effective date of these regulations, on the next January 1, and annually thereafter. The list shall show it is the current list and shall specify its effective date. This list shall also include but not be limited to the reporting category of each disease, procedures for the reporting, and minimum investigation and control measures for each disease. Listed diseases are declared reportable diseases as of the effective date of approval by the commissioner.

(a) The commissioner in consultation with the state epidemiologist will annually review the existing list and develop recommendations for deletions or additions to the list.
(b) The state epidemiologist or other commissioner designee shall convene and chair an advisory committee to review the recommendations for any changes to the list prior to preparing the final list for that year. This committee shall make recommendations to the commissioner regarding the contents of the list.
(c) The commissioner shall review the advisory committee's recommendations and make final deletions or additions to the list to take effect January 1 of the next year. He will furnish copies of the list before January 1 to the following:
    (1) physicians licensed by the department;
    (2) directors of clinical laboratories licensed, registered or approved by the department;
    (3) local directors of health in Connecticut;
    (4) health care facilities licensed under Chapter 368v of the Connecticut General Statutes.
(Effective October 25, 1989.)

## 19a-36-A3. Persons required to report reportable diseases and laboratory findings

(a) Reportable Diseases.
    (1) Every health care provider who treats or examines any person who has or is suspected to have a reportable disease shall report to the local director of health or other health authority within whose jurisdiction the patient resides and to the department such information about the affected person as described in section 19a-36-A4 of these regulations.
    (2) If the case or suspected case of reportable disease is in a health care facility, the person in charge of such facility shall ensure that reports are made to the local director of health and the department in the manner specified in section 19a-36-A4 of these regulations. The person in charge shall designate appropriate infection control or record-keeping personnel for this purpose.
    (3) If the case or suspected case of reportable disease is not in a health care facility and if a health care provider is not in attendance or is not known to have made a report within the appropriate time specified in section 19a-36-A4, such report of reportable diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and the department in the manner specified in section 19a-36-A4 by:
        (A) the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease;
        (B) the person in charge of any camp;

(C) the master or any other person in charge of any vessel lying within the jurisdiction of the state;
(D) the master or any other person in charge of any aircraft landing within the jurisdiction of the state;
(E) the owner or person in charge of any establishment producing, handling or processing dairy products, other food or non-alcoholic beverages for sale or distribution;
(F) morticians and funeral directors.

(4) Each local director of health shall report or ensure reporting to the department within 24 hours of each case or suspected case of a Category I reportable disease and such additional information of which he has knowledge as described in section 19a-36-A4 of these regulations.

(b) Reportable laboratory findings. - The director of a laboratory that receives a primary specimen or sample which yields a reportable laboratory finding shall be responsible for reporting such findings within forty-eight (48) hours to the local director of health of the town in which the affected person normally resides, or, in the absence of such information, of the town from which the specimen originated, and to the department on forms provided by the department.

(1) When a laboratory identifies or presumptively identifies a significant isolate or other finding that requires confirmation by the laboratory as required in the annual list, the director must submit that isolate or specimen from which the finding was made to the department's laboratory division.

(2) Laboratory tests and confirmatory tests for certain reportable diseases as specially indicated in the annual list shall be exempted from any and all fees for the state laboratory services in accordance with Section 19a-26 of the Connecticut General Statutes.

(Effective October 25, 1989.)

## 19a-36-A4. Content of report and reporting of reportable diseases and laboratory findings

(a) Reportable diseases.

(1) Each report of a case or suspected case of reportable disease shall include the full name and address of the person reporting and of the physician attending; the diagnosed or suspected disease and date of onset; the full name, age, race/ethnicity, sex and occupation of the affected individual and other facts the department or local director of health requires for purposes of surveillance, control and prevention of reportable diseases. The reports shall be sent in envelopes marked "CONFIDENTIAL."

(2) Reports may be written or oral as required by the category of disease as follows:

(A) Category I: diseases of high priority because of need for timely public health action: reportable immediately by telephone on day of recognition or suspicion of disease; on weekdays to both, the local health director of the town in which the patient resides and the department, on weekends to the department. A completed disease report form provided by the department must also be mailed to both the local health director and the department within 12 hours.

(B) Category II: diseases of significant public health importance, usually requiring public health action: reportable by mail to the local director health and the department within 12 hours of recognition or suspicion on a form provided by the department.

(b) Reportable laboratory findings.

(1) Each report of reportable findings shall include the name, address, age sex, and, if known, race/ethnicity of the person affected, the name and address of the attending physician, the identity of the infectious agent or other reportable laboratory findings, and the method of identification.

(2) Reports shall be mailed to the local director of health of the town in which the patient resides and to the department within 48 hours of making the finding in envelopes marked "CONFIDENTIAL."

(Effective October 25, 1989.)

## 19a-36-A5. Confidentiality of data

All epidemiologic information which identifies an individual and which is gathered by the state or local health department in connection with the investigation of reported cases or suspected cases of disease or during the investigation of outbreaks of disease shall be kept in compliance with current confidentiality statutes.

(Effective October 25, 1989.)

## 19a-36-A6. Investigation and control of reportable disease and outbreaks by the department

(a) The department, in cooperation with the local director of health, in the investigation and control of reportable disease shall make or cause to be made such investigation as it deems necessary and shall secure all such data as may assist it in establishing adequate control measures.

(b) In order to investigate and control any apparent outbreak or unusual occurrence of reportable disease, the department shall institute such special disease surveillance, follow-up reports and control measures as it deems necessary.

(c) Individual medical information pertaining to cases of reportable disease, persons affected by outbreaks of disease or significant increases in the rate of nonsocomial infection shall be provided when requested to an investigator who presents official identification of the department or the local department of health. Such an investigator may be an employee of the State or local health department.

(Effective October 25, 1989.)

## 19a-36-A7. Diseases not enumerated

Diseases not specifically listed pursuant to section 19a-36-A2 and presenting a special problem shall be reported and controlled in accordance with special instructions of the state department of health or, in the absence of such instructions, in accordance with orders and directions of the local director of health.

(Effective October 25, 1989.)

## 19a-36-A8. General measures for control of reportable diseases

The local director of health, in instituting measures for the control of reportable diseases:

(a) Investigation shall make, or cause to be made, such investigations as he may deem necessary and shall secure all such data as may assist him in establishing adequate control measures;

(b) Isolation and orders shall establish and maintain quarantine, isolation or such other measures for control as are required by statute, the public health code or special instructions of the state department of health, and, when possible, shall issue his instructions and orders in writing or on printed forms;

(c) Removal shall have the authority to set up proper isolation or quarantine of an affected person or persons, carrier or contact, when, in his opinion or in the opinion of the state commissioner of health, this is not or cannot be effectively maintained on the premises occupied by such person or persons by methods designated in this part; to remove or require the removal of such person or persons to a hospital or other proper place designated by him; or to employ such guards or officers as may be necessary to maintain effective isolation or quarantine;

(d) Instruction shall provide, by himself or his authorized agent, for the specific instruction of cases, contacts, their attendants and all other persons affected, in the proper methods for the prevention of the spread of the disease and shall supply such information and

literature as may be required by law or by the instructions of the state department of health;

(e) Enforcement shall make, at intervals during the period of communicability, inquiry or investigation to satisfy himself that the measures instituted by hi for the protection of others are being properly observed;

(f) Laboratory tests shall, when the control or release of a case, contact or carrier of a reportable disease is dependent upon laboratory findings, require the specimens upon which such findings are based to be examined by the laboratory division of the state department of health or by a laboratory specifically approved for that purpose by the state department of health and shall, by himself or his authorized agent, secure and submit release cultures or specimens for examination; in cases of enteric diseases all release specimens shall be taken at least one week after specific therapy has been discontinued;

(g) Schools - Isolation shall, in the event of an outbreak of a communicable disease in any public, private, parochial or church school, make a prompt and thorough investigation; control such an outbreak by individual examination of pupils, teachers and other persons associated with the outbreak; employ such other means as he deems necessary to determine the source of infection or to provide for the segregation of infected persons; in the event of an outbreak of a communicable disease in any school, require school physicians and school nurses to conform to the orders, regulations and restrictions issued by him;

(h) Schools - Readmission shall, in the case of any school child who has been excluded from school for having been a case, contact or carrier of a communicable disease, by himself or his authorized agent, issue a permit for such child to re-enter school when in his opinion such child is no longer infectious;

(i) Unusual disease shall, when an unusual or rare disease occurs in any part of the state or when any disease becomes so prevalent as to endanger the state as a whole, contact the state department of health for assistance, and shall cooperate with the representatives of the state department of health acting under the direction of the state commissioner of health;

(j) Other measures shall introduce such other measures as he may deem advisable.

(Effective October 25, 1989.)

## 19a-36-A9. Control of diseases suspected of being reportable

The local director of health, on receiving a report of a disease suspected of being reportable, shall confer with the physician or other person making such report, make further examination or investigation as he deems necessary and advise, recommend or establish such procedures as he may deem necessary to protect the public health until the character of the disease is definitely determined.

(Effective October 25, 1989.)

## 19a-36-A10. Presumably exposed persons may be examined and controlled

The local director of health, when he has reasonable grounds to believe that a person or persons may have been exposed to a communicable disease, may control such persons as known contacts and may make such examinations and adopt such measures as he deems necessary and proper for the protection of the public health and the prevention of the spread of disease.

(1) The conviction of any person for any offense involving sexual promiscuity or illicit sex relations shall constitute reasonable grounds for the local director of health to believe that that person may have been exposed to a communicable disease and shall justify the examination and such other measures of control of that individual as are deemed necessary and proper by the state department of health for the protection of public health and the prevention of spreading of disease.

(2) The warden or other person in charge of any prison or jail in the state shall notify the prison or jail physician, in writing, within twenty-four hours upon the receipt of a prisoner who may have been exposed to a communicable disease and of every prisoner who has been convicted of any offense involving sexual promiscuity or illicit sex relations. A

routine medical examination shall be made on every prisoner whose conviction involves sexual promiscuity or illicit sex relations. Such routine medical examination shall include the taking of a blood specimen for serological test for syphilis and the taking of three smears for gonococcal taken not less than twenty-four hours apart and, if the prisoner is found to be infected, treatment shall be instituted as necessary. The tests referred to above shall be performed in the bureau of laboratories of the state department of health or in a laboratory specifically approved for these purposes by the state department of health, and they shall be performed in a manner that meets the approval of the state department of health. Upon the expiration of a sentence, any person having syphilis or gonococcal infection, whether in an infectious or non-infectious stage, and in need of further follow-up treatment shall be reported to the state department of health by the attending physician, who shall give the name, sex, age and marital status and a record of the treatment given while such person was imprisoned.
(Effective October 25, 1989.)

## 19a-36-A11. Control of carriers of the infectious agent of communicable disease

Carriers, whether transient, convalescent or chronic, of the infectious agent of any communicable disease shall be maintained under observation until repeated laboratory examinations of appropriate specimens show the absence of the infectious agent. Examination of all such specimens shall be in conformity with subsection (f) of section 19a-36-A8.

(a) Any local director of health or physician who discovers any carrier of an infectious agent shall report the fact to the state department of health giving the full name, age, sex, occupation and address of such carrier. The state department of health shall, upon receipt of such report, notify the local director of health of the town, city or borough wherein the carrier resides. The local director of health concerned shall then communicate the fact to the carrier himself, or his guardian, giving specific instructions regarding the precautions necessary to protect others from infection.

(b) Any privy or latrine used by an enteric disease carrier shall be so constructed as to exclude flies and to meet the approval of the local director of health. The disinfection and disposal of its contents shall be in accordance with instructions given by the local director of health.

(c) A carrier of an infectious agent shall not engage in any occupation involving the handling of any food or beverage intended for the use of others.

(d) Enteric disease carriers shall not work on any public water supply or watershed.

(e) A carrier who changes his residence shall notify the local director of health of the town, city or borough in which he has been residing of the date of his departure, his destination and his new address. The local director of health shall immediately forward this information to the state department of health.

(f) The local director of health shall visit each carrier within his jurisdiction at least once every three months and shall render quarterly reports concerning each such carrier to the state department of health upon forms prescribed for the purpose.
(Effective October 25, 1989.)

## 19a-36-A12. Enteric disease carriers

(a) A chronic carrier of enteric disease shall be defined as a person who persists in excreting enteric pathogenic organisms for twelve months or more after onset of illness or probable date of infection or one who, though he may never have been known to have the disease, has been shown to harbor the infectious agent in his body.

(b) All specimens for the release of enteric carriers from supervision shall be collected at least ten days after the cessation of any antibiotic therapy or any therapy directed at the disease.

(c) All specimens for the release of enteric carriers from supervision shall be examined in conformity with subsection (f) of section 19a-36-A8.

(d) Chronic carriers of the organisms causing typhoid fever and paratyphoid fever shall not be released from supervision until six successive specimens of urine and six successive specimens of feces, the last two of which shall be validated by collection of the specimen in a hospital or otherwise under direct supervision, have been found negative. Specimens for such examination shall be so collected that a time interval of not less than one month shall elapse between successive specimens of urine and between successive specimens of feces. The final two specimens of feces to be examined may be validated by the giving of lycopodium or a negative bile culture may be substituted for such validation.

(e) A chronic carrier of enteric disease excreting the organism in discharges other than the feces or urine shall not be released from supervision until negative cultures as outlined by the state department of health for the specific case have been obtained.

(Effective October 25, 1989.)

## 19a-36-A13. Control of tuberculosis

(a) When a licensed physician or hospital superintendent has reported a case of tuberculosis and has agreed to assume the responsibility for the proper instruction of the patient and the taking of measures necessary for the protection of others, the local director of health need not take action other than that prescribed by sections 19a-262 to 19a-264, inclusive, of the general statutes.

(b) When such patient, while in an infectious state, neglects or refuses to follow the prescribed instructions or discontinues treatment, the physician or superintendent shall immediately notify the local director of health.

(c) When a physician or hospital superintendent has declined to assume such responsibility, the local director of health shall supply the affected person with printed instructions and take such other action as may be necessary and proper for the protection of the public health.

(Effective October 25, 1989.)

## 19a-36-A14. Control of refractory persons affected with tuberculosis

When it comes to the attention of a local director of health that a person is affected with tuberculosis and is a menace to the public health or is likely to jeopardize the health of any person or persons in or on the premises occupied or frequented by the affected person, he shall immediately investigate and shall take proper measures to prevent the spread of such disease for the protection of the public health and, if necessary, may cause the removal of such person to an isolation hospital or other proper place, there to be received and kept until he is no longer a menace to the public health.

(Effective October 25, 1989.)

## 19a-36-A15. Control of venereal disease

(a) When a licensed physician or hospital superintendent has reported a case of gonorrhea or syphilis and has agreed in writing to assume the responsibility for the proper instruction of the patient, the local director of health shall supply such physician or hospital superintendent with printed instructions for such patient.

(b) When such patient, while in an infectious state, neglects or refuses to follow the prescribed instructions or discontinues treatment, the physician or superintendent shall immediately notify the local director of health.

(c) In investigating cases or suspected cases of the above-mentioned diseases, the local director of health shall treat all information as confidential, but such course shall not preclude the making of reports to the state department of health.

(Effective October 25, 1989.)

## 19a-36-A16. Control of refractory persons affected with venereal diseases

When it comes to the attention of a local director of health that a person is affected with or presumably affected with gonorrhea or syphilis in any form and is likely to jeopardize the health of

any person or persons in or on the premises occupied or frequented by the affected person, the local director of health shall immediately investigate and shall take proper measures to prevent the spread of such disease for the protection of the public health, and he shall direct such person to report regularly for treatment to a licensed physician or to a public clinic, there to be treated until such person is free from infectious discharges. If such person, in the opinion of the local director of health, is a menace to the public health, the local director of health shall order the removal of such person to an isolation hospital or other proper place, there to be received and kept until he no longer is a menace to the public health; or the local director of health shall adopt such other measures as he may deem necessary to protect the public health.

(Effective October 25, 1989.)

## 19a-36-A17. Observance of quarantine and instructions

Every person who is affected with a communicable disease, who is a carrier or who is suspected of having come in contact, directly or indirectly, with a case of communicable disease shall strictly observe and comply with all orders, quarantine regulations and restrictions given or imposed by the local health authority or the state commissioner of health in conformity with law.

(Effective October 25, 1989.)

## 19a-36-A18. Control of quarantine area

No person other than the attending physicians and authorized attendants shall enter or leave, and no one except the local director of health or his representative shall permit any other person to enter or leave, any room, apartment or premises quarantined for a communicable disease, nor shall any person needlessly expose a child or other person to a communicable disease. No person shall remove any article from a quarantined area without permission of the local director of health. The local director of health shall report immediately to the state commissioner of health, by telegraph or telephone, the name, address, probable destination and route of departure of any person who was under control for a reportable disease and who has left his jurisdiction without his consent.

(Effective October 25, 1989.)

## 19a-36-A19. Duty of local director of health to quarantined persons in need

When a person under quarantine is, in the opinion of the local director of health, unable to obtain medical care, food or other actual necessities, the local director of health shall report his findings to the proper town, city or borough authority. If such town, city or borough authority fails to supply at once the needed care, the local director of health shall supply such quarantined person with medical attention, food or other actual necessities, and the expense incurred in performing such duty shall constitute a legal expense of the local director of health and shall be paid according to state statute.

(Effective October 25, 1989.)

## 19a-36-A20. Preventing spread of disease by common carriers

In the event of the epidemic prevalence of a communicable disease, when a written declaration to that effect has been made by the state commissioner of health, any person, firm or corporation operating any common carrier within the state, or in the waters thereof, shall comply strictly with any order issued by the state commissioner of health for the purpose of preventing the introduction into the state, or the transmission from one point to another within the state, of any person or persons, animals, insects or materials likely to convey the disease.

(Effective October 25, 1989.)

## 19a-36-A21. Food and food handlers restricted

When a case of any of the reportable diseases listed pursuant to section 19a-36-A2 occurs on the premises where milk or food is produced, kept, handled or sold, the local director of health shall institute such measures as he deems necessary to prevent the spread of such disease and to protect such foods from being contaminated; and he shall require all uninfected persons who reside in an apartment or dwelling where any such disease exists, and who handle milk or food elsewhere, to remain away from such abode as long as the disease is present.

(Effective October 25, 1989.)

## 19a-36-A22. Use of milk, food and water containers restricted

The local director of health in charge of a case or a suspected case of a communicable disease that may be conveyed by milk, food or water shall forbid the return of any container to the distributor when such container has been within a quarantined area, or has been handled or presumably handled by anyone in attendance upon a person affected or believed to be affected with such disease, until such empty container has been sterilized by boiling water or by live steam, or in any other manner satisfactory to the local director of health.

(Effective October 25, 1989.)

## 19a-36-A23. Regulation of traffic in psittacine birds

(a) Persons who import, purchase, breed, sell, exchange, barter, give away or otherwise deal in psittacine birds shall keep records of such transactions embodying information required by the state department of health for a minimum period of two years, which records shall be open for inspection by the local director of health or a representative of the state department of health.

(b) All * * * parakeets imported, purchased, sold, exchanged, bartered or given away shall be closed metal seamless banded with a band identifying the breeder by whom they were bred.

(c) All * * * parakeet breeding stock shall be closed metal seamless banded.

(d) Each person intending to breed psittacine birds shall file written notification of such intent with the local director of health and the state department of health before engaging in such procedure and annually thereafter on January first.

(e) When illness occurs among the psittacine birds or in case of suspected human psittacosis, local directors of health shall quarantine all birds suspected of psittacosis until considered safe.

(f) In case of suspected psittacosis, the local director of health or a representative of the state department of health shall have the right to confiscate as many of the suspected birds as necessary to provide a sufficient sample for laboratory testing. If laboratory examination shows the presence of psittacosis virus, the remaining birds shall be killed and burned by the owner or other person in charge of such birds immediately on notification of such finding.

(g) Every person having the custody or care of any birds of the psittacine family shall notify the local director of health and state department of health immediately regarding any unusual illness or death among such birds.

(h) Birds not of the psittacine family are to be regarded as dangerous when they have been exposed to psittacosis and, after such exposure, shall be quarantined for three weeks and killed and burned by the owner or other person in charge of such birds if they develop or appear to develop symptoms of the disease.

(I) No indemnity will be paid the owner or other person in charge of such birds for destroyed birds.

(j) Any shipment of psittacine birds into Connecticut for sale in Connecticut shall be accompanied by a certificate signed by a veterinarian certifying that the birds have been treated with chlortetracycline, or other approved medication, prepared and administered in accordance with procedures approved by the surgeon general of the United States Public Health Service or psittacine control.

(Effective October 25, 1989.)

## 19a-36-A24. Distribution and use of microbial agents for control of animal life

Microbial agents capable of producing disease in man shall not be sold, distributed or used for the control or destruction of any form of animal life.

(Effective October 25, 1989.)

# Laboratories to Register

## 19a-36-A25. Laboratories to register

Any person, firm or corporation, or the duly authorized agent thereof, operating or maintaining a laboratory in which there is made any examination, determination or test specified in section 19a-36-A26, shall register such laboratory with the state department of health before any such examination, determination or test is made. The carrying on of any of the examinations, determinations or tests specified in said section shall be deemed the operating or maintaining of a laboratory.

(Effective October 25, 1989.)

## 19a-36-A26. Registration required when. Exemptions

(a) Except for laboratory work of the types hereinafter exempted, registration is required for any of the following laboratory procedures:
- (1) Those which utilize any living agent capable of causing human infections or reportable disease of man, or which are used to secure evidence bearing upon the presence or absence of such living agents or the illnesses caused;
- (2) those used to determine the sanitary quality of water or the amount of pollution therein or to control and evaluate the effectiveness of water treatment
- (3) those performed on sewage, sewage effluent or sewage sludge in connection with investigation of sources of pollution, problems of sewage disposal or effectiveness of sewage treatment;
- (4) any examination, determination or test performed on any sample of milk, cream, frozen dessert, milk product or milk beverage or of any container or package used or intended to be used for holding any such product;
- (5) those used to determine the sanitary quality of any substance used as a food, or as an ingredient of food or as a container for food, or to determine whether or not such substance may be harmful to health;
- (6) those performed on any material or substance for the purpose of determining the effectiveness of sanitation in the establishment serving food or beverages to the public;
- (7) those performed on air or materials contributing substances to the air which may be prejudicial to health, except those performed for routine operational control or maintenance purposes.

(b) Laboratories performing any of the work specified above shall be exempt from the requirements of this section only when all such work is done under one or more of the following conditions:
- (1) When laboratory findings are obtained in a laboratory facility and service maintained by a licensed practitioner of a healing art exclusively for the examination of his own patients within the scope of his license to practice;
- (2) when the laboratory has been established as an agency of the state or federal government for the purpose of providing data for state or federal officials in the enforcement of the dairy and pure food and drug laws;
- (3) when laboratory work is confined to butter fat tests on milk and cream for use in determining payment to producers of such products under provisions of the general statutes;
- (4) repealed, March 23, 1976;
- (5) when laboratory findings are obtained on materials derived from animals in a laboratory facility and service maintained by a Veterinarian licensed to practice in Connecticut performing laboratory examinations exclusively on animals under his or her care and treatment.

(c) When the laboratory work consists solely of those tests necessary to control the operation of water treatment plants under the supervision of operators whose qualifications have been approved by the state department of health or of sewage treatment plants under the supervision of operators whose qualifications have been approved by the state department of environmental protection, upon recommendation of

the division of environmental health services in the former case or the state department of environmental protection in the latter case, the department shall grant registration without approval as provided in section 19a-36-A33 solely for the purpose of allowing such operators to perform those tests as shall be required for the control of treatment. Such granting of limited registration or renewal thereof may be made by the department without prior inspection or investigation of facilities, personnel, equipment and proficiency.
(Effective October 25, 1989.)

## 19a-36-A27. Application for registration or reregistration

(a) Application for registration shall be made on forms provided for the purpose by the state department of health and shall set forth clearly essential information concerning the laboratory, including its name, its location, the name of the person, firm or corporation owning or operating it, and such additional information as the state department of health may at any time deem necessary regarding the tests to be made, the housing, equipment and personnel of the laboratory. As part of the application for registration, the owner of the laboratory, or his duly authorized agent, shall designate a person to be in charge of the laboratory and shall agree to notify the state department of health in writing before any change in status of the person in charge or removal of the laboratory to new quarters is made.

(b) In a similar manner, application for reregistration of such laboratory shall be made
- (1) biennially within thirty calendar days prior to expiration of the registration then current,
- (2) before the laboratory is moved to new quarters,
- (3) whenever a change in status of the person designated to be in charge is about to be made or
- (4) whenever registration has lapsed for any cause.

(Effective October 25, 1989.)

## 19a-36-A28. Conditional permission to operate laboratory

The state department of health may extend conditional permission to operate an unregistered laboratory for a period not to exceed thirty days pending completion of investigation or carrying out of conditions imposed prior to registration or reregistration.
(Effective October 25, 1989.)

## 19a-36-A29. Granting of registration

Registration or reregistration of a laboratory will be granted only after the state department of health has determined by inspection and investigation that no condition or circumstance exists which would, in the opinion of the state department of health, cause the laboratory to be operated in a manner prejudicial to the health of the public.
(Effective October 25, 1989.)

## 19a-36-A30. Suspension or revocation of registration

Registration of a laboratory may be suspended at any time when investigation has shown that the registration agreement has been violated or that the laboratory is being operated in a manner which may be prejudicial to the health of the public. Registration may be revoked for such cause after notice to and hearing of the parties interested.
(Effective October 25, 1989.)

## 19a-36-A31. Inspections and investigation by state department of health

Representatives of the state department of health shall be granted reasonable access to laboratory quarters and records for inspection and investigation. Whenever necessary to evaluate the accuracy of any type of laboratory work done in a laboratory which is registered or has

applied for registration, said department will require technical reviews of procedures used or submit a reasonable number of suitable specimens or samples and require reports thereon.
(Effective October 25, 1989.)

## 19a-36-A32. Prohibition of transmission of material to unregistered laboratory

No person, firm or corporation shall, without approval in writing from the state department of health, maintain, conduct or operate a station or office for the reception from the public of materials to be transmitted to a laboratory for the making of any clinical, medical, or sanitary laboratory examination, determination or test except when the laboratory in which the work is to be done is currently registered with the state department of health or is exempt from registration requirements, as provided for in section 19a-36-A26.
(Effective October 25, 1989.)

## 19a-36-A33. Requirements and standards for approval

(a) The department of Public Health will approve registered laboratories only under the following circumstances:
  (1) When such approval is sought in order to comply with provisions of the general statutes or the public health code of Connecticut making approval a prerequisite for the performance of laboratory tests for the purposes specified therein;
  (2) When laboratory tests for the diagnosis of reportable diseases of man are to be made in a laboratory serving a hospital, or
  (3) Whenever the department of Public Health deems that the application of standards for approval of a laboratory would be in the interests of the public health. When any of the foregoing conditions exist, the person in whose name a laboratory is registered may apply to the department of Public Health for approval of such laboratory to perform one or more examinations, determinations or tests specified in section 19a-36-A26 of the Regulations of Connecticut State Agencies. If after inspection and investigation such laboratory is found to conform to the requirements and standards for approval that are required by said department, the laboratory may be designated as an approved laboratory to perform examinations, determinations or tests specified. In recognition thereof the department shall issue a certificate of approval in the name of the individual who is designated by the owner of the laboratory, or by his authorized agent, to be the individual in charge of the work for which approval is requested.

(b) Requirements and standards for approval of laboratories shall be based upon the ability and qualifications, as determined by investigation or examination, of the individual designated by the owner to be in charge of the laboratory and to the extent deemed necessary at any time of persons performing the examinations, determinations or tests; upon the standards and agreements set forth in section 19-4-1 of the Regulations of Connecticut State Agencies; and upon agreement on the part of the individual in charge to adhere to the standards upon which approval is based for making the specified examinations, determinations or tests. Approval shall lapse at any time that registration has expired or approval may be revoked or suspended at the discretion of the department of Public Health if at any time the standards of performance are found to be below that required. Certificates of approval shall expire at the end of each registration period and shall be returned at any time if revoked or suspended.

(c) Environmental laboratories, as defined in section 19a-29a (a) of the Connecticut General Statutes, located outside of the geographical boundaries of Connecticut must be approved to test samples that have originated in the state of Connecticut. For the purposes of this section:
  (1) "Matrix" means the component or substrate (e.g. drinking water, wastewater, soil) which contains the analyte of interest.
  (2) "Analyte" means the substance being measured in an analytical procedure.
  (3) "Primary accrediting authority" means the agency or department designated at

the Territory, State or Federal level as the recognized authority with responsibility and accountability for granting approval for determination of a given analyte in a given matrix for an environmental laboratory.

(A) In order to obtain approval, an applicant shall complete an application for registration in accordance with section 19a-36-A27 of the Regulations of Connecticut State Agencies, remit a biennial fee of $1000.00 as specified in section 19a-29a (c) of the Connecticut General Statutes, and it must be established that:

(i) The laboratory is certified or approved by its primary accrediting authority for the analytes and matrices for which approval is requested, and the certification standards of the primary accrediting authority are equivalent to or exceed Connecticut's standards, and;

(ii) The requirements of section 19a-36-A62 of the Regulations of Connecticut State Agencies regarding qualifications of the director are complied with.

(B) For analytes and/or matrices for which the primary accrediting authority does not have a Connecticut equivalent certification, the Department of Public Health may approve the laboratory based on its certification or approval in a Territory, Federal, State or other nationally recognized program whose standards are equivalent to, or exceed Connecticut's standards, such as, but not limited to, the National Environmental Laboratory Accreditation Program.

(C) An approval shall automatically expire:

(i) Upon a change in the ownership of the laboratory, unless 30 days in advance of the transfer, a new completed application is received by the department. In such case the Department of Public Health shall grant conditional permission to operate the laboratory for 30 days or until the department either approves or disapproves the new application, whichever is sooner, in accordance with section 19a-36-A28 of the Regulations of Connecticut State Agencies.

(ii) Upon any change in the information in the laboratory application, unless within two weeks of said change, a new appropriately updated application is received by the department. In such case the department shall grant the laboratory conditional permission to operate for 30 days or until the department either approves or disapproves the new application, whichever is sooner, in accordance with section 19a-36-A28 of the Regulations of Connecticut State Agencies.

(iii) Upon a change in the director of the laboratory, unless a new director is hired by the laboratory owner and approved by the department within 30 days after the termination of the previous director.

(D) If the certification of the laboratory, upon which the department bases its approval, is suspended or revoked, the approval of the department is automatically and immediately likewise suspended or revoked. An out of state laboratory must notify the department in writing of any changes in its certification within 14 days of said change.

(E) The owner shall maintain the current address of its laboratory with the department. Any notice with respect to the operation of the laboratory sent to the owner at the laboratory address on file is effective notice. Service of process by the department upon the owner shall be effective when made on the Connecticut Secretary of State's Office.

(Effective October 25, 1989; Amended effective October 10, 2006.)

## 19a-36-A35. Standard tests for syphilis

A standard laboratory blood test or a standard serological test for syphilis as required under the provisions of the general statutes or the public acts shall be a serological test approved by, and performed in a manner that meets the approval of the state department of health. The following types of tests are so approved: VDRL slide flocculation, fluorescent treponemal antibody absorption (FTA-ABS), automated reagin (ART) and rapid plasma reagin (RPR) circle card tests.

(Effective October 25, 1989.)

# Reportable Diseases and Funeral Directors

## 19a-36-A36. Funeral directors to report deaths of reportable communicable diseases

Within twelve hours after being called to take charge of a human body dead of a communicable disease listed pursuant to section 19a-36-A2, the funeral director shall report the case to the local director of health and the body shall be prepared for burial in accordance with section 19a-36-A39.

(Effective October 25, 1989.)

## 19a-36-A37. Funerals of persons dead of reportable communicable diseases

Funerals of persons dead of any communicable disease listed pursuant to section 19a-36-A2 shall be conducted in such a manner that the family and public shall have no opportunity to come into contact with the body.

(Effective October 25, 1989.)

## 19a-36-A38. Definitions

The intent and meaning of certain words and phrases as used in sections 19a-36-A39, 19a-36-A40, 19a-36-A41 and 19a-36-A42 are as follows:

(a) Washed. A dead human body shall be considered as washed when the entire surface of the body has been bathed with a disinfecting solution.

(b) Embalmed. A body shall be considered embalmed when it has had injected into the circulatory system embalming fluid in an amount not less than five per cent of the body weight and when such cavities have been injected as may be necessary to properly preserve the body and render it sanitary.

(c) Wrapped. A body shall be considered as wrapped when it has been bandaged with five thicknesses of cloth saturated with a disinfecting solution, provided, when a body has been embalmed, the face, arms and hands need not be so bandaged.

(d) Embalming fluid. For the purposes mentioned in section 19a-36-A40 an embalming fluid shall be a fluid containing not less than four per cent formaldehyde gas by weight.

(e) Disinfecting solution. A disinfecting solution shall be an aqueous solution containing not less than five per cent of phenol by weight, a 1-500 solution of bichloride of mercury or such other solution as shall be equivalent to five per cent phenol in germicidal action when tested in the presence of organic matter by a method and in a laboratory that has met the approval of the state department of health for that purpose, provided such other solution shall have been approved in writing by the commissioner of health. The active ingredients shall be named on the label of any package or container in which a disinfecting solution is offered for sale.

(Effective October 25, 1989.)

## 19a-36-A39. Preparation for burial of persons dead of reportable communicable diseases

Human bodies dead of any communicable disease listed pursuant to section 19a-36-A2 shall be prepared for burial by being washed with a disinfecting solution or embalmed or wrapped.

(Effective October 25, 1989.)

## 19a-36-A40. Transportation of dead bodies

(a) Dead human bodies to be transported by common carrier shall be embalmed or wrapped and then enclosed in a casket, and outside box or, in lieu of such double container, be enclosed in an impervious container acceptable to the commissioner of health.

(b) Dead human bodies to be removed from the place of death to another location for preparation shall be temporarily prepared by enclosing in an impervious container. The licensed embalmer having charge of such a body may sign the certificate required in section 7-62 of the general statutes, but in so doing, such licensed embalmer obligates himself to further prepare the body as required by section 19a-36-A39 as soon as practicable after arrival at his regular place of business.

(c) The impervious containers mentioned in subsections (a) and (b) of this section shall be cleansed and washed with a disinfecting solution after each use.

(Effective October 25, 1989.)

## 19a-36-A41. Disinterment permits

Embalmed bodies which have been placed in receiving vaults shall not be regarded the same as disinterred bodies until after the expiration of thirty days. All bodies remaining in a receiving vault over thirty days shall be treated the same as disinterred bodies. The above shall not apply during winter months to embalmed bodies which are to be buried in any cemetery in Connecticut before the first of June following the date in which they are placed in such receiving vault, but permits may be granted for removal and burial the same as if burial were made immediately after death.

(Effective October 25, 1989.)

## 19a-36-A42. Care in handling bodies dead of a communicable disease

Any licensed embalmer who has in charge the preparation of a body dead of a communicable disease shall take the necessary precautions to prevent the spread of infection, and such licensed embalmer shall instruct the owner of the building or the family in which the death occurs, or both, that it is unlawful to remove any infectious material, clothing, instrument or thing until thoroughly disinfected by combustion, by boiling for at least ten minutes or by thorough saturation or immersion in a disinfecting solution for at least two hours.

(Effective October 25, 1989.)

## 19a-36-A43. Sanitation of buildings, equipment and instruments

All buildings occupied or used and all equipment and instruments used or owned by funeral directors or licensed embalmers shall be kept in a sanitary condition acceptable to the state department of health.

(Effective October 25, 1989.)

## 19a-36-A44. Inspection of buildings, equipment and instruments

The state department of health may, at any time, make an inspection of the buildings occupied or used or the equipment or instruments owned or used by funeral directors or licensed embalmers in the discharge of their business. When such buildings, equipment or instruments are found to be in such an insanitary condition as to be detrimental to the public health, and when it also is found that such buildings, equipment or instruments are owned or used by a licensed embalmer, such fact shall be reported to the state board of examiners of embalmers and funeral directors with the recommendation that the license be not renewed to the licensed embalmer who owns or operates such insanitary place of business.

(Effective October 25, 1989.)

# Plasmapheresis Centers and Blood Collection Facilities

## 19a-36-A47. Plasmapheresis centers and blood collection facilities: Definitions

For the purposes of sections 19a-36-A47 to 19a-36-A55 inclusive, the following definitions shall apply:

(a) "Advisory Committee on Plasmapheresis and Blood Banking" means a group of consultants, appointed by the state commissioner of health and serving in a voluntary capacity, to advise the department of health on matters relating to the regulation of plasmapheresis and blood banking. Two of the consultants shall be physicians licensed to practice in Connecticut who are in charge of blood banking facilities in hospitals licensed in accordance with sections 19a-A490 to 19a-A503 of the general statutes; one shall be a physician licensed to practice in Connecticut who is associated with or employed by a plasmapheresis or blood banking center which is not a part of a licensed hospital; one shall be a physician who is licensed to practice in Connecticut, is board-certified in clinical pathology, and is the director of a hospital laboratory registered and approved in accordance with sections 19a-36-A25 to 19a-36-A35 and section 19-4-1 of the public health code; and one shall be a licensed physician who is not associated with a plasmapheresis center or blood banking facility. The commissioner of health, if he deems it necessary, may appoint additional consultants to this advisory committee.

(b) "Department" means the state department of health.

(c) "Director" means the person designated by the registrant to be responsible for the daily technical and scientific operations of the plasmapheresis center or blood banking facility including the choice and application of methods, daily technical and scientific operations, donor selection and care, phlebotomies, and reintroduction of red cells as appropriate.

(d) "Center" means any area where plasmapheresis, plateletpheresis or blood banking operations are conducted.

(e) "Plasmapheresis Center" means any area where blood is removed from a human being to obtain plasma, its components, or the non-erythrocytic formed elements with subsequent reinfusion of the red cells into the donor.

(f) "Blood Collection Facility" means any area where blood is removed from a human being for the purpose of administering said blood or any of its components, to any human being.

(g) "Owner" means any individual, firm, partnership, association, corporation, the State of Connecticut, or any municipality or other subdivision thereof, or any other entity whether organized for profit or not.

(h) "Registrant" means the person in whose name the registration is granted. The registrant shall be the owner, if the center is owned by a single individual, or a responsible officer or representative when the center is owned by a group, partnership, firm, corporation, or governmental agency.

(i) "Specimen" means material derived from a human being or body.

(j) "Donor" means any person, whether for profit or not, who submits to plasmapheresis or allows a unit of blood more or less to be taken from his or her body for the purpose of transfusion or preparation of blood derivatives or components.

(k) "Unit" means 450 milliliters of blood more or less.

(l) "Transfusion" means the intravenous administration of whole blood, packed red blood cells, plasma, and other blood components, fractions, or derivatives to a human being. (Effective October 25, 1989.)

## 19a-36-A48. Registration of a plasmapheresis center and/or blood collection facility

(a) The owner or duly designated registrant shall apply to the department for registration of the center or renewal thereof on forms provided for that purpose by the department. No procedures shall be performed therein until the registrant has been notified by the

department that registration is in effect. No such procedures shall be performed after registration has expired or has been suspended or revoked as provided herein until such registration is renewed or reinstated.

(b) In applying for registration, the applicant shall set forth the name and location of the center, a complete statement of its ownership, the name and qualifications of the director, the procedures for which registration is sought and such other information as to quarters, facilities, personnel and proposed operations as the department may require. In the application for registration or renewal thereof, the registrant and director shall agree to abide by all general statutes, regulations and administrative directives pursuant thereto.

(c) Prior to registration, the owner shall cause the quarters, facilities and records of the center to be made available for inspection upon request of a representative of the department and shall cooperate with such representative by furnishing information in any pertinent investigation or inspection. The commissioner or his designee shall inspect each center at least once every twelve months unless the commissioner elects to accept an inspection report from the American Association of Blood Banks in lieu of one annual departmental inspection during any two year period. For the purpose of this subsection, representatives of the department shall have the right of entry into the premises of the center at any time during the hours of operation.

(d) The duration of each registration shall be set at the discretion of the department but no longer than two years from its effective date. The terms of registration or renewal thereof may restrict the scope of operations or establish a time limit for the owner to carry out recommendations based upon inspection or investigation. In all cases, application for renewal of registration shall be made as follows:

(1) within thirty calendar days prior to the expiration of the registration then current;
(2) before any change in ownership or change in director is made;
(3) prior to any major expansion or alteration in quarters in an existing location; and
(4) prior to removal of the center to new quarters. Registration or renewal thereof shall not be effective until the registrant is so notified.

(e) A Connecticut registration number will be assigned to the center by the department upon initial registration.

(f) A mobile or temporary blood collection facility shall not require registration provided that the person or organization conducting said facility is otherwise registered in this state in accordance with these regulations.

(g) Additional blood collection facilities shall not require separate registration provided that the person or organization conducting such facilities is otherwise registered in accordance with these regulations and has filed with the department a list of all permanent locations.

(Effective October 25, 1989.)

## 19a-36-A49. Denial, suspension or revocation of registration

(a) Registration of a center shall be denied, revoked, suspended, limited, or renewal thereof denied for knowingly:

(1) making false statements of material information on an application for registration or renewal thereof or any other documents required by the department;
(2) permitting unauthorized persons to perform any medical or technical procedure such as but not necessarily limited to: plasmapheresis, phlebotomies, and medical history interviews;
(3) demonstrating incompetence in the performance of any procedure;
(4) performing a procedure for which registration has not been granted;
(5) lending the use of the name of the registered center or its personnel to an unregistered center;
(6) operating a program of mobile or permanently fixed collection stations without prior written approval from the department; and
(7) operating the center in a manner which is deemed prejudicial to the public health.

(b) At the discretion of the commissioner of health, the registrant may be directed by written notice to appear not less than ten days after receipt of such notice at a hearing before said commissioner or his agent to show cause why registration should not be denied, suspended, or revoked. When in the judgment of the commissioner of health, conditions so warrant, suspension of the registration may be invoked without prior hearing if the continued operation is prejudicial to the public health. Revocation of a suspended registration will become effective within thirty days after suspension unless otherwise ordered by the commissioner of health. Prior to revocation, the registrant may request a hearing before the commissioner of health or his agent to petition for reconsideration stating upon what grounds such petition is based.
(Effective October 25, 1989.)

## 19a-36-A50. Qualifications of director

No person shall be the director of a center unless said person is a physician licensed to practice in Connecticut who is board-certified in clinical pathology or blood banking by the American Board of Pathology, or has received a minimum of one year of specialized training in blood banking, or has equivalent experience and training acceptable to the department.
(Effective October 25, 1989.)

## 19a-36-A51. Responsibilities of registrant and director

(a) The registrant shall be responsible to ensure that the center is at all times under the direction of a director acceptable to the department as set forth in section 19a-36-A50. Whenever the designated director is to be on leave from his duties for more than thirty calendar days, the registrant shall so notify the department in advance in writing and shall designate, subject to departmental approval, an interim director of the center. The registrant shall notify the department in advance whenever the designated director is about to sever connection with the center.

(b) The registrant and director shall, if different persons, be jointly and severally responsible for the operation of the center in compliance with sections 19a-36-A47 to 19a-36-A55 inclusive, and with any other pertinent regulatory and statutory requirements.

(c) The director shall be responsible for the proper performance of all procedures including phlebotomies, plasmapheresis and all procedures performed by subordinates. He shall be responsible for the continuous application of quality control procedures to the work in accordance with recommendations and directives of the department.

(d) Except for illness, vacation, or other justifiable leave, the director shall be present and in active direction of the center during at least one-half of its normal working hours each week. When the total normal working hours of a center exceed thirty hours weekly, a total of fifteen working hours shall satisfy the requirements of this subsection.
(Effective October 25, 1989.)

## 19a-36-A52. Minimum standards for operation of centers

(a) The center shall be operated in compliance with all applicable laws, ordinances, and regulations and with all administrative directives pursuant thereto that shall be issued by the department.

(b) Quarters in which any procedures are performed or specimens collected shall be kept free from filth, excessive dirt or other objectionable conditions, shall be adequately lighted and ventilated, shall be of adequate size and arrangement for the proper conduct of the work and shall be free from unnecessary safety hazards.

(c) Equipment shall be adequate and in good order at all times as considered necessary for the proper handling of procedures for which registration may be granted.

(d) All persons engaged in the performance of any procedures in the center shall be qualified to do the work in the opinion of the director subject to appraisal by the state department of health.

(e) No misrepresentation of the scope of the procedures performed by the center, or of the qualifications or special abilities of persons associated with the center, shall be permitted.

(f) No person shall be subjected to plasmapheresis except when a physician licensed to practice in Connecticut is on the premises.
(Effective October 25, 1989.)

## 19a-36-A53. Standards for plasmapheresis and blood collection

The department shall, upon recommendation of the Advisory Committee, establish such standards as it deems necessary for the performance of plasmapheresis and phlebotomies. Such standards shall include but may not be limited to: donor selection requirements, blood container and pilot tube identification, donor arm preparation, phlebotomy, collection of blood, plasmapheresis, availability of equipment in the event of donor reaction, processing requirements for donor blood, space and ventilation requirements, and equipment maintenance.
(Effective October 25, 1989.)

## 19a-36-A54. Maintenance of records and reports

(a) The medical history and a written record of weight, blood pressure, hemoglobin level (or acceptable alternate test), temperature, pulse, and such other tests as shall be required shall be maintained for a minimum of one year.
(b) Prior to plasmapheresis, each center shall require positive identification of the donor.
(Effective October 25, 1989.)

## 19a-36-A55. Laboratory tests

Such laboratory tests as deemed necessary in any standards as may be established pursuant to section 19a-36-A53 shall be performed in a laboratory approved in accordance with section 19a-36-A33.
(Effective October 25, 1989.)

## Premarital Testing

### 19a-36-A56. Premarital test for rubella [repealed]

(Repealed effective October 10, 2008.)

## Environmental Laboratories

### 19a-36-A57. Definitions

As used in sections 19a-36-A57 through 19a-36-A63:

(1) "Advisory committee" means a group of consultants, appointed by the commissioner and serving in a voluntary capacity, to advise the commissioner on matters relating to the regulation of environmental laboratories.

(2) "Commissioner" means the Commissioner of Public Health.

(3) "Department" means the Connecticut Department of Public Health.

(4) "Environmental laboratory" means any facility or other area defined in subsection (a) of Section 19a-29a of the Connecticut General Statutes.

(Effective November 28, 1995.)

### 19a-36-A58. Identification and tracking of samples

Every sample received in an environmental laboratory for testing shall be numbered or otherwise marked so that it may be identified and related to the source from which it was derived. A dated record of its receipt, disposition and examination and of the findings obtained shall be made and kept on file for a minimum of two (2) years after receipt.

(Effective November 28, 1995.)

### 19a-36-A59. Examination of samples

An environmental laboratory shall have available at all times in the immediate bench area of personnel engaged in examining samples and performing related procedures within a specialty (e.g., minerals, nutrients, volatile organics, trace metals) current laboratory manuals or other complete written descriptions and instructions related to the analytical methods used by those personnel, designated and dated to reflect the most recent supervisory review. Such manuals shall also contain information concerning preparation and storage or reagents, standards and calibration procedures, and pertinent literature references.

(Effective November 28, 1995.)

### 19a-36-A60. Referral of samples

(a) An environmental laboratory shall refer samples for testing only to an environmental laboratory that is registered or approved by the department.

(b) An environmental laboratory shall perform at least seventy (70) percent of those tests for which it has approval and refer out those tests for which approval has not been granted.

(c) When samples have been referred, reports shall be done by one of the following:

  (1) The testing environmental laboratory, with permission from the referring environmental laboratory, may send test results directly to the person who ordered the tests.

  (2) The referring environmental laboratory shall indicate on the report to the person who ordered the test the name and address of each environmental laboratory at which a test was performed.

(Effective November 28, 1995.)

### 19a-36-A61. Proficiency testing

(a) An environmental laboratory shall enroll in a proficiency testing program approved by the department.

(b) An environmental laboratory shall successfully participate in an approved program for each analyte or test for which it has approval.

(c) The proficiency testing samples shall be examined or tested with the environmental laboratory's regular workload by personnel who routinely perform the testing in the environmental laboratory, using methods approved by the department.
(Effective November 28, 1995.)

## 19a-36-A62. Qualifications of director

No person shall be a director of an environmental laboratory unless one (1) of the following qualifications are met.

(a) When microbiology is performed, the director shall have at least:
  (1) a baccalaureate degree from an accredited institution including a minimum of eight (8) semester hours of microbiology; and
  (2) a minimum of one (1) year of pertinent experience in environmental microbiology.

(b) When chemical analyses are performed, the director shall have at least:
  (1) a baccalaureate degree from an accredited institution including a minimum of eight (8) semester hours of inorganic and/or organic chemistry; and
  (2) a minimum of one (1) year of pertinent experience in environmental chemistry.

(Effective November 28, 1995.)

## 19a-36-A63. Advisory committee

The advisory committee shall consist of:

(a) two (2) private environmental laboratory directors;
(b) two (2) public environment laboratory directors;
(c) two (2) members from public water utilities;
(d) one (1) specialist in microbiology from a registered or approved environmental laboratory;
(e) one (1) specialist in inorganic chemistry from a registered or approved environmental laboratory;
(f) one (1) specialist in organic chemistry from a registered or approved environmental laboratory;
(g) one (1) person who is not a laboratory director and has no financial interest in any laboratory registered with the department; and
(h) one (1) person who is the owner of an environmental laboratory.

(Effective November 28, 1995.)

# Clinical Laboratories

## 19a-36-D20. Definitions

As used in sections 19a-36-D20 through 19a-36-D39:

(1) "Advisory committee" means a group of consultants, appointed by the commissioner and serving in a voluntary capacity, to advise the department on matters relating to the regulation of clinical laboratories. The advisory committee shall consist of two hospital laboratory directors who are certified by the American Board of Pathology in both clinical and anatomic pathology; two private clinical laboratory directors; and four laboratory specialists specializing in the fields of cytopathology, clinical chemistry, hematology, and microbiology of which two shall represent laboratories in hospitals licensed in accordance with chapter 368v of the general statutes and two shall represent private clinical laboratories; and a physician who is not a pathologist and who has no financial interests in any laboratory licensed and/or registered with this department.

(2) "CLIA" means the Federal Clinical Laboratory Improvement Amendments of 1988, Title 42 Part 493 of the code of federal regulations.

(3) "Commissioner" means the commissioner of public health.

(4) "Department" means the department of public health.

(5) "Director" means the person designated by the licensee to be responsible for the daily technical and scientific operations of the laboratory, including choice and application of methods, supervision of personnel and reporting of findings.

(6) "Examination" means an investigation, all or any part of which is necessary to obtain an accurate result, which includes the process of instructing the patient, preparing the specimen collection site, choosing the appropriate collection technique, obtaining a valid specimen, assuring the patient's well being, the judicious handling, transporting and processing of the specimen, and reporting the results in a clear and concise manner to the practitioner whose order initiated the process.

(7) "High complexity tests" means laboratory tests categorized as high complexity in accordance with CLIA.

(8) "Laboratory" means any clinical laboratory as defined in Section 19a-30 of the Connecticut General Statutes or other area, except those specifically exempted by the Connecticut General Statutes, where any type of specimen or material derived from a human being or body is examined to obtain findings bearing upon the presence, absence, prognosis or treatment of disease or upon susceptibility thereto.

(9) "Licensee" means the person or persons in whose name licensure of a laboratory has been sought and granted; this shall be the owner if an individual, the owners if a partnership of two, or a responsible officer of any other group, firm or corporation owning the laboratory.

(10) "Moderate complexity tests" means laboratory tests categorized as moderate complexity in accordance with CLIA.

(11) "Non-waived laboratory tests" means moderate and high complexity tests which are not included in the waived tests as set forth in Title 42 Part 493 of the code of federal regulations.

(12) "Owner" means any individual, partnership, group, firm or corporation holding or claiming ownership of or title to a laboratory.

(13) "Specimen" refers only to materials derived from a human being or body.
(Effective June 4, 1996.)

## 19a-36-D21. Licensure required

The owner shall apply to the department for licensure of the laboratory or renewal thereof on forms provided for that purpose. No clinical laboratory tests or examinations shall be performed therein until the licensee has been notified by the department that licensure is in effect. No such tests or examinations shall be made after licensure has been suspended or revoked as provided

in section 19a-36-D26 of the regulations of Connecticut State Agencies or after the licensee has voluntarily surrendered its license, until such licensure is renewed or reinstated.

(Effective June 4, 1996.)

## 19a-36-D22. Application for licensure

(a) In applying for licensure, the applicant shall set forth the name and location of the laboratory, a complete statement of its ownership including the names and addresses of all owners and the agent for service of process and the agent's address, the name of the director, a list of laboratory tests and examinations for which licensure is sought and such other information as to ownership, quarters, facilities, personnel and proposed operations as the department may require. Application for renewal of licensure shall delineate changes made in the preceding licensure period. When applying for renewal of licensure under this section, the applicant shall simultaneously apply for renewal of any additional registration required by sections 19a-36-A25 through 19a-36- A33 of the regulations of Connecticut State Agencies, and such renewal, when granted, shall be considered to be in force for the issuance of such certificates of approval as are required by section 19a-36-A33 of the regulations of Connecticut State Agencies. The applicant shall, as part of each application, agree to abide by such standards of operation as are made a part thereof.

(b) The following clinical laboratories are exempt from licensure:
- (1) laboratories owned and operated by the United States or any agency of the federal government;
- (2) laboratories that perform tests or examinations for research purposes only;
- (3) laboratories that perform tests or examinations for forensic purposes only; and
- (4) laboratories that perform tests or examinations that are exempt for CLIA purposes.

(Effective June 4, 1996.)

## 19a-36-D23. Inspection and investigation

The owner shall cause the quarters, facilities and records of the laboratory to be made immediately available for inspection upon request of a representative of the department and shall cooperate with such representative by furnishing information in any pertinent investigation. Failure to allow the Department to inspect constitutes cause for revocation of the laboratory's license.

(Effective June 4, 1996.)

## 19a-36-D24. Terms of licensure

The duration of each license shall be set at the discretion of the department, for a period of not less than twenty-four (24) nor more than twenty-seven (27) months from its effective date. The terms of licensure or renewal thereof may restrict the scope of laboratory operations or establish a time limit for the owner to carry out recommendations based upon inspection and investigation. Initial licensure shall not be in force until notice of its effective date and term has been sent to the applicant. Application for renewal of licensure shall be made as follows:

(a) biennially within thirty calendar days prior to expiration of the license then current;

(b) thirty (30) days before any change in ownership that will result in an actual change of the licensee of the laboratory or a planned change of director is made; or

(c) thirty (30) days prior to any major expansion or alteration in quarters, which includes expanding the quarters through construction or relocating the laboratory testing area to another floor, building or location.

(Effective June 4, 1996.)

## 19a-36-D25. Denial of licensure

Whenever inspection and investigation pursuant to an application for licensure yield evidence leading to a reasonable presumption that requirements of sections 19a-36-D20 through 19a-36-D38 of the Regulations of Connecticut State Agencies, or of any applicable statute would not or could not be fulfilled, licensure shall be denied.

(Effective June 4, 1996.)

## 19a-36-D26. Suspension or revocation of licensure

(a) licensure may be suspended or revoked whenever in the judgment of the commissioner any one of the following conditions exists:
  (1) the laboratory has operated in violation of any applicable statute or regulation or has failed to implement a plan of correction as submitted to the department;
  (2) the findings of the laboratory are found, after investigation, to be inaccurate or unreliable beyond the limits of error inherent in the method and such condition is not corrected forthwith;
  (3) findings have been reported on specimens that were not tested or examined;
  (4) the owner has failed to comply with instructions from the commissioner for the correction of conditions adversely affecting the quality of work;
  (5) CLIA certification has been suspended or revoked; or
  (6) any other condition of the laboratory that is deemed prejudicial to the public health.

(b) At the discretion of the commissioner, the licensee may be directed by written notice to appear not less than five days thereafter at a hearing before the commissioner or the commissioner's designee to show cause why licensure should not be suspended or revoked. When, in the judgment of the commissioner, conditions so warrant, suspension of licensure may be invoked without prior hearing. Revocation of a suspended license shall become effective within thirty days after suspension unless otherwise ordered by the commissioner. Prior to revocation, the owner may request a hearing, stating upon what grounds such petition is based.
(Effective June 4, 1996.)

## 19a-36-D27. Connecticut license number

A Connecticut license number, which will be assigned to the laboratory by the department upon initial licensure, shall be inscribed on all reports, lists of tests, fee schedules and advertisements of the laboratory.
(Effective June 4, 1996.)

## 19a-36-D28. List of tests and fee schedules

A copy of each list of tests and each fee schedule issued by a laboratory shall be maintained on file at the laboratory and be available to the department upon its request.
(Effective June 4, 1996.)

## 19a-36-D29. Acceptance and collection of specimens

(a) No specimen shall be accepted for analysis or collected by an owner or an employee of the laboratory except when requested by a licensed physician or other licensed person authorized by law to make diagnoses.

(b) No person shall be given any parenteral injection for the collection of a specimen except by a licensed physician or other person so authorized by the Connecticut General Statutes.

(c) This section shall not prohibit the transmission of specimens collected as specified in subsection (a) to another licensed laboratory or to a qualified laboratory exempt from licensure requirements nor shall it prohibit the acceptance of specimens submitted by a representative of the department for evaluation of testing procedures.

(d) Except for specimens collected by a practitioner of the healing arts or an employee working under such practitioner's direction or by an employee of a hospital or other health care facility licensed in accordance with chapter 368v of the Connecticut General Statutes, no specimen requiring venipuncture shall be accepted for analysis unless taken by an employee of a laboratory licensed in accordance with sections 19a-36-D20 through 19a-36-D38 of the regulations of Connecticut State Agencies. Any blood collection facility other than the actual laboratory facility that is used for the collection of specimens by venipuncture shall be inspected prior to use and a written certificate of approval shall be

issued by the department. The licensee or director of a laboratory shall notify the department in writing immediately when the operations of an approved blood collection facility are about to terminate.

(e) An approved blood collection facility shall meet all the requirements set forth in subsection (b) of section 19a-36-D38 and shall possess as a minimum, a blood drawing chair or cot acceptable to the department, a telephone, adequate hand washing and toilet facilities for employees and patients located on the same floor as the blood drawing facility and a written procedure manual detailing the steps to be followed in the event of any emergency. Approved blood collection facilities shall be identified by signs and advertising in a manner which will not suggest that the facility is a laboratory. No laboratory examinations shall be performed in a blood collection facility other than the separation of plasma and serum and the preparative procedures necessary for the blood collection.

(f) The director of the laboratory of which the approved blood collection facility is a part shall be responsible for all aspects of the blood collection facility, including without limitation, physical plant, personnel and processing and transporting specimens. The director or supervisor of the laboratory of which the approved blood collection facility is a part shall be available to blood collection facility personnel at all times during operation of the facility for personal or telephone consultation and shall make on-site monthly inspections of the facility to ensure suitable handling of patients and specimens and to instruct the employees in such matters and in the most recent improvements. The director of the laboratory of which the approved blood collection facility is a part shall establish a protocol for action in cases of emergency which shall include, without limitation, the immediate availability of a physician or emergency medical service. Any technical employee of a blood collection facility shall be proficient in venipuncture, specimen processing as limited by sections 19a-36-D20 through 19a-36-D38 of the regulations of Connecticut State Agencies, and emergency procedures required to aid a distressed patient. Each licensed laboratory shall be limited to six (6) blood collection facilities.

(g) Out-of-state laboratories obtaining specimens in blood collection facilities located in Connecticut shall meet all applicable requirements in this section. In accordance with Sections 19a-36-A25 through 19a-36- A33 of the regulations of Connecticut State Agencies, blood collection facilities shall receive written approval from the department before any specimens are collected. Said approval may be revoked by the department at any time in accordance with Section 19a-36-D26 of the regulations of Connecticut State Agencies.

(Effective June 4, 1996.)

## 19a-36-D30. Identification of specimens

Every specimen received for testing shall be numbered or otherwise marked so that it may be identified definitely and related to the submitting physician and the patient from whom it was derived. An appropriate, dated record of its receipt, disposition and examination and of the findings obtained shall be made and kept on file for a minimum of one (1) year after receipt or in accordance with the CLIA regulations, Title 42 part 493 of the code of federal regulations, whichever is more stringent.

(Effective June 4, 1996.)

## 19a-36-D31. Examination of specimens

(a) No specimen shall be examined if unsuitable for testing because of improper collection, improper preservation, apparent spoilage, excessive time lapse between collection and examination when applicable, or other reasons sufficient to render the findings of doubtful validity.

(b) No specimen of excised tissue shall be subjected to pathological examination except by a physician who is licensed to practice medicine in the state in which the laboratory is located and is certified in anatomic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology or meets all of the education, training or

experience requirements to take the examination but has not actually taken and successfully completed the examination. Physicians qualified under these requirements may delegate the responsibility for examination and interpretation of histopathology specimens to an individual who is a resident in a training program leading to certification in anatomic pathology.

(c) No specimen of exfoliated tissue or cells shall be examined except under the supervision and review of a physician who is licensed to practice medicine in the state in which the laboratory is located and meets the personnel qualification standards specified in the CLIA regulations, Title 42 part 493 of the code of federal regulations, as applicable. The Commissioner or the Commissioner's designee may deem a Connecticut licensed physician who is not certified in anatomic pathology to be qualified if said physician possesses qualifications that are equivalent to those required for such certification.

(d) There shall be available at all times, in the immediate bench area of personnel engaged in examining specimens and performing related procedures within a specialty (e.g., clinical chemistry, hematology, bacteriology) current laboratory manuals or other complete written descriptions and instructions relating to the analytical methods used by those personnel, properly designated and dated to reflect the most recent supervisory reviews. Such manuals shall also contain information concerning preparation and storage of reagents, control and calibration procedures, and pertinent literature references. Textbooks may be used as supplements to such written descriptions but may not be used in lieu thereof. Technical procedures employed in the laboratory for the processing and examination of specimens shall be performed according to directions detailed in the laboratory manual. Each laboratory shall verify or establish performance specifications for any new test method being utilized including accuracy, precision, reportable range or any other performance characteristic requirements for test performance. If the department deems it necessary, it shall review the laboratory's verification or performance specifications on new methodology to ensure its accuracy, precision, reportable range or other performance characteristic requirements for test performance.

(Effective June 4, 1996.)

## 19a-36-D32. Reports of findings

(a) Laboratory findings on a specimen shall be reported directly to the licensed provider who ordered the testing pursuant to authority granted to such provider by chapter 370, 372, 373, 375, 377, 378, 379, 380 or 400j of the Connecticut General Statutes, and may be provided by laboratories other than the department's laboratory to lay persons upon the written request of the provider who ordered the testing. Laboratories other than the department's laboratory may also provide findings upon the written request of providers who did not order the testing, so long as the requesting provider is also statutorily authorized to order such testing pursuant to chapter 370, 372, 373, 375, 377, 378, 379, 380 or 400j of the Connecticut General Statutes, and is providing care to the patient who is the subject of the testing. Nothing in this section shall prohibit the issuance of reports of laboratory findings to town, city or state health officials as required by the Regulations of Connecticut State Agencies or the inspection or impounding of records of such reports by a representative of the department.

(b) No report shall be worded to convey or simulate a diagnosis or prognosis or to specify or suggest specific medication, surgical manipulation or other form of treatment unless signed by a physician licensed to practice in Connecticut or in the state in which the laboratory performing the examinations is located. This subsection shall not prohibit the laboratory from furnishing the normal ranges for the methods of analysis employed in such laboratory nor shall it prohibit the laboratory from identifying patient values that are outside the normal ranges for the methods of analysis employed. When the specimen has been referred for examination to an out-of-state laboratory, the report shall bear or be accompanied by a clear statement that such findings were obtained in such laboratory and shall specify its name and location.

(Effective June 4, 1996; amended effective October 3, 2005.)

## 19a-36-D33. Qualifications of director

No person shall be the director of a clinical laboratory unless he meets the educational, training and/or experiential requirements identified in this section.

(a) For laboratories performing tests categorized as high complexity, the director shall:
- (1) be a physician licensed to practice medicine in Connecticut who is certified in anatomic and/or clinical pathology by the American Board of Pathology or the American Osteopathic Board of Pathology or meets all of the education, training or experience requirements to take the examination but has not actually taken and successfully completed the examination; or
- (2) hold an earned doctoral degree in a chemical, physical, biological or clinical laboratory science from an accredited institution and:
  - (A) be certified by the American Board of Medical Microbiology, the American Board of Clinical Chemistry, the American Board of Bioanalysis, the American Board of Medical Laboratory Immunology or other board deemed comparable by the Commissioner; or
  - (B) have at least two (2) years of laboratory training or experience, or both, and at least two (2) years of experience directing or supervising high complexity testing; or
- (3) have a combination of education, training and experience in the clinical laboratory specialty, which, in the judgment of the commissioner, qualifies the individual to direct a laboratory whose services are limited to that specialty.

(b) For laboratories performing tests categorized as moderate complexity, the director shall:
- (1) meet the qualification standards identified in subsection (a) of this section; or
- (2) hold an earned doctoral degree in medicine or dentistry or in chemical, physical or biological sciences from an accredited institution and have at least one (1) year of experience directing or supervising non-waived laboratory testing; or
- (3) have earned a master's degree in a chemical, physical, biological or clinical laboratory science or medical technology from an accredited institution and have at least one (1) year of laboratory training or experience, or both, in non-waived testing and at least one (1) year of supervisory laboratory experience in non-waived testing; or
- (4) have earned a bachelor's degree in a chemical, physical or biological science or medical technology from an accredited institution and have at least two (2) years of laboratory training or experience, or both, in non-waived testing and at least two (2) years of supervisory laboratory experience in non-waived testing.

(Effective June 4, 1996.)

## 19a-36-D34. Qualifications of other personnel

Clinical laboratory personnel other than the director shall meet the educational, training and/or experiential requirements identified in this section.

(a) For laboratories performing tests categorized as moderate complexity, personnel shall meet the following requirements.
- (1) A technical consultant shall:
  - (A) be a physician licensed to practice medicine in Connecticut who is certified in anatomic and/or clinical pathology by the Board of Pathology or the American Osteopathic Board of Pathology or meets all of the education, training or experience requirements to take the examination but has not actually taken and successfully completed the examination; or
  - (B) hold an earned doctoral or master's degree in a chemical, physical, biological or clinical laboratory science or medical technology from an accredited institution and have at least one (1) year of laboratory training or experience, or both in non-waived testing, in the designated specialty areas of service for which the technical consultant is responsible; or

(C) have earned a bachelor's degree in chemical, physical or biological science or medical technology from an accredited institution and have at least two (2) years of laboratory training or experience, or both in the designated specialty or sub-specialty areas of services for which the technical consultant is responsible.

(2) A clinical consultant shall be qualified to consult with and render opinions to the laboratory's clients concerning diagnosis, treatment and management of patient care and shall:

(A) be qualified as a laboratory director in accordance with Section 19a-36-D33(a)(1) or (2)(A); or

(B) be a physician licensed to practice medicine, osteopathy or podiatry in Connecticut.

(3) Testing personnel shall:

(A) be a physician licensed to practice medicine or osteopathy in Connecticut or have earned a doctoral, master's or bachelor's degree in a chemical, physical, biological or clinical laboratory science or medical technology from an accredited institution; or

(B) have earned an associate degree in chemical, physical or biological science or medical laboratory technology from an accredited institution; or

(C) have earned a high school diploma or equivalent and have documentation of training appropriate for the testing performed prior to analyzing patient specimens.

(b) For laboratories performing tests categorized as high complexity, personnel shall meet the requirements identified in subsection (a) of this section or the requirements identified in CLIA, Title 42, Part 493 of the code of federal regulations, whichever are more stringent.

(Effective June 4, 1996.)

## 19a-36-D35. Responsibilities of licensee and director

(a) The licensee shall ensure that the laboratory is at all times under the direction of a director who meets the qualification standards identified in Section 19a-13-D33 of the regulations of Connecticut State Agencies. Whenever the designated director is to be on leave for more than thirty (30) calendar days, the licensee shall so notify the department in advance and shall designate an interim supervisor of the laboratory who meets the qualifications identified in subsection (c) of this section. The licensee shall notify the department at least thirty (30) days in advance of any proposed change of ownership or major expansion or alteration in quarters. At such time that the director severs connection with the laboratory, the department may grant permission for the continued operation of the laboratory under an interim supervisor for not more than six (6) weeks. In extenuating circumstances, permission to operate longer without a permanent director may be granted subject to conditions specified in writing by the department.

(b) The licensee and director, if different persons, shall be jointly and severally responsible for the operation of the laboratory in compliance with sections 19a-36-D20 through 19a-36-D38 of the regulations of Connecticut State Agencies, and with other pertinent regulatory and statutory requirements. They shall advise the department within seven (7) days of changes in operations or personnel. They shall submit to the department an annual report on forms provided for the purpose which shall relate to the numbers and types of laboratory examinations performed during the preceding year.

(c) The director shall be responsible for the work of subordinates, the proper management of patient test specimens and records, the proper performance of all tests in the laboratory, and the continual application of quality control procedures to the work in accordance with recommendations and directives of the department. In the absence of the director for any cause, the interim supervisor shall assume the director's responsibilities. Such interim

supervisor shall meet the qualification requirements identified in Section 19a-36-D34 of the regulations of Connecticut State Agencies.

(d) Except for illness, vacation or other justifiable leave, the director shall be responsible for the overall operation of the laboratory. No person shall act as director of more than five (5) laboratories.

(Effective June 4, 1996.)

## 19a-36-D36. Unethical practices prohibited

(a) Definitions. As used in this section:

(1) "Bribe" means any valuable consideration given or promised by a laboratory providing service with a view to influence the behavior of a requester of laboratory services.

(2) "Fee-splitting inducement" means offering or implying a division of payment in any manner between a requester of laboratory services and the laboratory providing the service.

(3) "Fraudulent practice" means one that involves deceit, trickery or cheating.

(4) "Requester of laboratory services" means any person, firm, corporation or other entity that submits specimens, refers specimens for laboratory services or requests or prescribes laboratory tests.

(b) Permitted practices

(1) Discounts that represent a reduction in rates due to an actual saving to the laboratory resulting from volume, cost or functional differences may be allowed by the laboratory. If such discount is allowed, it must be available equally to all users of the laboratory's services. A statement of discount policy, if any, shall be clearly indicated on any and all price lists provided to any user of the laboratory's services. A copy of all price lists and fiscal, operating and other business records shall be submitted to the department upon request and at the time of the biennial renewal licensing application.

(2) Competitive bids for laboratory services are exempt from the provisions of subsection (b) (1) of this section. Any agreement resulting from such bidding must be in the best interest of the patient or consumer.

(c) Prohibited practices: Bribes and fee-splitting inducements are prohibited

(1) The following practices are prohibited as bribes: offering or providing to a requester of laboratory services office equipment or services of any kind, including, but not necessarily limited to receptionists, nurses or any other employees, except as provided in subdivision (2) of this subsection. Also prohibited are cars, trips, credit cards, or similar favors, free or discounted services to private patients of such requester of laboratory services to a greater extent than is provided by such requester.

(2) The following practices are excluded from the prohibitions identified in subdivision (1) of this subsection: the provision of phlebotomists to collect specimens to be sent to the laboratory for analysis, the provision of equipment or supplies that are used solely to collect, transport, process or store specimens or order or communicate the results of tests or procedures for the laboratory or the provision of specimen collection supplies needed by a physician to obtain and forward specimens for testing, or goods needed by phlebotomists to service institutions such as nursing facilities, or to make house calls or visits to other locations as directed by the requester of laboratory services.

(3) The following are prohibited as fee splitting inducements:

(A) payments of cash by a laboratory to a requester of laboratory services for referring patients or specimens;

(B) cash rebates for volume of business referred or for a period of time of referral except as permitted in subsections (b) (1) and (b) (2) of this section;

(C) payments by a laboratory to rent or lease a portion of the facilities of a requester of laboratory services not related to fair market value of the space or facilities utilized;
(D) payment of excessive fees to a requester of laboratory services for consultation, filing forms, providing standby emergency services to laboratory and blood collection facilities, or other services;
(E) payment of excessive interest by a laboratory on deposits collected for the loan of laboratory equipment;
(F) the sale of coupons, tickets or booklets, or other variations of prepayments by requesters of laboratory services that do not result in lower charges to the actual patient or recipient of laboratory services; and
(G) the purchase of corporation stock, or the purchase or rental of equipment or other tangible assets at more than fair market value by a laboratory.

(4) The following are prohibited as fraudulent practices:
(A) any written or oral agreement between a clinical laboratory and a requester of laboratory services that results in utilization of laboratory services in excess of that needed to provide information for diagnosis, prevention, treatment, or assessment of health of the patient or recipient of such services or excessive charges for these services;
(B) any system of billing or accepting payment for laboratory services that does not accurately identify the laboratory, the requester, the patient or recipient and the cost of such laboratory services; and
(C) any system of billing for laboratory services or issuance of receipts for payment that does not accurately indicate the amount and the recipient of such payment.

(Effective June 4, 1996.)

## 19a-36-D37. Referral of specimens to out-of-state laboratories

(a) A Connecticut licensed laboratory may refer specimens for testing to an out-of-state clinical laboratory if the out-of-state laboratory is CLIA certified and is licensed, certified, registered, or approved in the state in which the laboratory is located, if applicable.
(b) The Connecticut licensed clinical laboratory shall maintain documentation which verifies that the out-of-state clinical laboratory, to which specimens are referred from Connecticut, meets the specimen collection, identification, examination, and reporting requirements specified in Sections 19a-36-D29 through 19a-36-D32; the referral requirements specified in subsection (a) of this section; the specimen collection, identification, urine drug testing, and reporting requirements specified in sections 31-51t through 31-51z of the Connecticut General Statutes; and the informed consent, HIV confirmation testing and confidentiality requirements specified in sections 19a-581 through 19a-590 of the Connecticut General Statutes if applicable. This documentation shall be verified as correct on a yearly basis.
(c) The laboratory shall maintain a list of out-of-state laboratories to which specimens are referred, stating the types of tests or examinations for which such specimens are submitted, which list shall be available to the department upon its request.
(Effective June 4, 1996.)

## 19a-36-D38. Minimum standards for the operation of private clinical laboratories

(a) The laboratory shall be operated in compliance with all applicable state and federal laws and regulations, including but not necessarily limited to CLIA Title 42 Part 493 of the code of federal regulations and with all reasonable administrative directives pursuant thereto.
(b) Quarters in which laboratory work is performed or specimens collected shall be kept free from filth, excessive dirt or litter or other objectionable condition, shall be adequately

lighted and ventilated, shall be equipped with utilities adequate for the work, shall be of adequate size and arrangement for the proper conduct of the work and shall be free from unnecessary safety hazards. Smoking and the consumption of food or beverages shall be prohibited in those areas where the examination of specimens is being carried out. No food or beverage shall be stored in a refrigerator or freezer used for storing patient specimens or potentially infectious materials.

(c) Equipment shall be adequate and in good order at all times as considered necessary for the proper handling of work for which licensure may be granted.

(d) The laboratory shall at all times be operated under the supervision of a director or other qualified person acceptable to the department.

(e) No misrepresentation of the scope of laboratory services or of the qualifications or special abilities of persons associated with the laboratory shall be permitted.
(Effective June 4, 1996.)

## Fire Sprinkler Regulations

### 19a-37a-1. Notification of sprinkler installation

Any person engaged in the installation or modification of an automatic fire extinguishing system in any building served by a public water system, as defined in subsection (a) of section 25-33d of the General Statutes, shall notify that public water system of such installation. Such persons shall be subject to all applicable rules of such public water system.
(Effective March 7, 1989; Amended effective December 5, 2001.)

## Birth Certificates: Filing Requirements and Access

### 19a-41-1. Birth certificates: Filing requirements for births occurring outside of an institution

(a) When a birth occurs outside an institution, as defined in subdivision (2) of Section 7-47a of the Connecticut General Statutes, the birth certificate shall be prepared by the physician or nurse midwife licensed pursuant to Chapter 377 of the Connecticut General Statutes in attendance at or immediately after the birth. For purposes of this subsection the words "immediately after" mean within thirty (30) minutes. If there is no physician or licensed nurse midwife in attendance at or immediately after the birth, the father or mother shall complete a draft birth certificate, also called a worksheet, which he or she may obtain from the town registrar of vital statistics. The completed certificate of live birth, or worksheet with the documentation described in this subsection, shall be filed with the registrar of vital statistics in the town in which the birth occurred or the town in which the newborn child is first removed from a moving conveyance in accordance with subdivision (d) of Section 7-48 of the Connecticut General Statutes, not later than ten (10) days after the birth. Prior to preparation and filing of such certificate, the father or mother shall verify the fact and circumstances of that birth by providing to the town registrar of vital statistics documentation of:

(1) proof of pregnancy to include either:

(A) a signed and dated report from either the physician or clinic that provided prenatal care to the mother; or

(B) notarized affidavits provided by two (2) adults, other than the father and mother, having firsthand knowledge of the pregnancy; or

(C) a signed and dated report from either the physician or clinic that provided postpartum care to the mother within twenty-four (24) hours after the birth; and

(2) proof of live birth to include:

(A) a notarized affidavit by the mother attesting to the date, time, and place of such live birth and, if any other adult witnessed the birth, a notarized affidavit by one such adult; and

(B) a signed and dated report from either the physician or clinic providing medical care to the newborn within twenty-four (24) hours after the birth.

(b) When the documents required in subsection (a) of this section are submitted to the town registrar of vital statistics, such registrar shall either file the certificate of live birth prepared by a physician or licensed nurse midwife, or prepare the certificate from the worksheet and file such certificate. It shall be signed by the person assisting in the delivery of the infant, or, in the absence of such person, the father or the mother. (Effective March 4, 1996.)

### 19a-41-2. A copy of or access to birth certificates

(a) Anyone requesting a copy of, either in person or by mail, or access to or permission to examine the original or any copy of the birth certificate or birth record in the custody of any registrar of vital statistics or the Department of Public Health shall provide documentation proving that such person is entitled to a copy of or access to birth certificates under Section 7-51 of the Connecticut General Statutes.

(b) The person whose birth is recorded, if over eighteen (18) years of age, or that person's parent or guardian if that person is a minor shall submit a photographic identification. Should a photographic identification be unavailable, originals or photocopies of two (2) of the following documents shall be substituted for it:

(1) social security card;

(2) written verification of identity from employer;

(3) automobile registration;

(4) copy of utility bill showing name and address;

(5) checking account deposit slip stating name and address;

(6) voter registration card.
(Effective March 4, 1996.)

## 19a-41-3. Belated registration of birth

(a) Any person making an affidavit under Section 7-57 of the Connecticut General Statutes for the preparation and filing of a belated certificate of birth shall include the following information on the individual whose certificate is being requested:
- (1) first, middle, and last name;
- (2) sex;
- (3) date of birth;
- (4) place of birth:
  - (A) town;
  - (B) county; and
  - (C) hospital name or address of out-of-hospital birth;
- (5) mother's maiden name; and
- (6) father's full name.

(b) A belated registration of birth shall not be prepared for any deceased person.
(Effective March 4, 1996.)

## 19a-41-4. Electronic vital records

(a) Definitions. As used in this section:
- (1) "Authentication of an electronic vital record" means affixing to a vital record transmitted to the department via an electronic vital records system the user identification, password or other means of electronic identification, as incorporated in the electronic vital records system, of the creator of the record or his designee. By affixing an assigned user identification, password or other means of electronic identification, as incorporated in the electronic vital records system, to a record transmitted electronically to the department, the creator or the creator's designee affirms that he or she is the transmitter of the record and that the information transmitted is authentic. The department may from time to time incorporate in the electronic vital records system such other means of electronic identification based on the ability of such means to establish the identity of each user of the system.
- (2) "Authorized entity" means any person, facility or institution, which is authorized by the department to transfer an electronic vital record through a controlled process, including but not limited to the following persons or institutions:
  - (A) Local Registrars as defined by section 7-36 of the Connecticut General Statutes
  - (B) Health care facility personnel affiliated with certifying births and deaths
  - (C) Funeral Directors and Embalmers licensed by the State of Connecticut
  - (D) Chief Medical Examiner

  Authorization shall be approved by the department in writing, on a form supplied by the department. Upon approval, the department shall provide an authorized entity with a security identification code and password to access the system. The department may revoke authorization if it is determined that the authorized entity is not abiding by the controlled process as described in subsection (c) of this section.

  An authorized entity may approve a designated individual to electronically create and transmit vital records to the department and to the local registrars of vital statistics. The designee shall be an individual whose regular work duties include assisting the authorized entity in creating and transmitting vital records. Authorization for the designee shall be granted in writing upon a form supplied by the department. The department shall also sign such form for final approval of the authorization. Upon approval, the department shall provide the designee with a security code and user identification code and password to access the

system.

(3) "Commissioner" means the commissioner of public health.

(4) "Controlled process" means a department approved, written administrative protocol that defines how an authorized entity protects the integrity and confidentiality of vital records that are electronically transmitted, and includes the criteria set forth in subdivision (4) of subsection (c) of this section.

(5) "Department" means the department of public health.

(6) "Electronic" means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities.

(7) "Electronic signature" means an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

(8) "Electronic vital record" means a vital record created, amended, stored, generated, received or communicated by electronic means by the department or an authorized entity.

(9) "Electronic vital records system" means a system used by the department to electronically collect and transmit vital statistics data and which is designed to ensure that data is not corrupted in the transmission process.

(10) "Local registrar of vital statistics" means the local registrar of births, marriages and deaths or any local public official charged with the care of returns relating to vital statistics as defined in section 7-36 of the Connecticut General Statutes.

(11) "Superintendent of registration of vital statistics" means the commissioner of public health as defined in section 19a-40 of the Connecticut General Statutes.

(12) "Vital record" means a certificate of birth, death, fetal death or marriage as defined in section 7-47a(3) of the Connecticut General Statutes.

(b) Applicability

This section applies to the recording, preserving, indexing, amending, reproducing or transmitting of data, certificates, forms, documents, copies, indices, and files and the issuance of certified copies of vital records as authorized by Chapter 93 and sections 19a-40 through 19a-45 of the Connecticut General Statutes.

(c) Electronic Vital Records Allowed

(1) A vital record may be submitted electronically in a retrievable form through the electronic vital records system.

(2) Any vital record that requires a manual, facsimile or other form of signature or that is given effect with a manual, facsimile or other form of signature may be signed or given effect with an electronic signature. Such electronic signature has the same force and effect as a manual, facsimile or other form of signature.

(3) Only an authorized entity may electronically transmit vital records in this state. Such entity or its department approved designee, as described in subsection (a)(2) of this section, shall electronically create and transmit vital records to the department and to the local registrars of vital statistics.

(4) An authorized entity may create, store, access and transmit any electronic vital record only through a controlled process. Such process shall ensure the accuracy and integrity of an electronic record during its creation, storage, usage and transmission and shall include steps for:

(A) Ensuring that electronic vital records are secure, including a means of establishing their chain of custody;

(B) Safeguarding the confidentiality of electronic vital records and preventing access to them by unauthorized persons;

(C) Detailed record keeping to allow for auditing by and accountability to the department;

(D) Ensuring that, for each electronic vital record, a single, unique, identifiable record exists;

(E) Ensuring that electronic vital records may be altered only in accordance with sections 19a-42 and 7-42 of the Connecticut General Statutes and applicable sections of the Regulations of Connecticut State Agencies;

(F) The authentication of electronic vital records and for ensuring that the user identification of each user of the controlled process is unique and incontrovertible; and

(G) Ensuring that there is at all times a designated custodian of the electronic vital records system.

The department shall provide a standardized controlled process that shall be signed by the authorized entity and returned to the department. If the standardized controlled process conflicts with the established business practices of the authorized entity, the authorized entity may modify the controlled process to suit its business needs. The modified controlled process shall be signed by the authorized entity, and submitted to the department for approval. The department shall notify the authorized entity in writing, whether the modified controlled process is accepted or refused.

(5) The department shall use the system for the receipt and transmittal of electronic vital records. Such system shall be the central repository of electronic vital records for the State of Connecticut.

(6) The local registrar of vital statistics shall be the custodian of the originals of the paper or microfilm version of the vital records that he or she creates and shall issue certified copies of vital records from the electronic vital record system, when applicable, or the paper vital records or microfilmed vital records in his or her custody.

(d) The Relationship between this Section and Regulations Adopted Pursuant to Section 1-264 of the Connecticut General Statutes. In the event of a conflict between any provisions of this section and the provisions of any regulation the Department of Information Technology adopts pursuant to section 1-264 of the Connecticut General Statutes, the provisions of the regulations of the Department of Information Technology shall prevail, except where the inconsistency results from a specific requirement of the vital records statutes, sections 7-36 through 7-76, inclusive, and sections 19a-40 through 19a-45, inclusive, of the Connecticut General Statutes, in which case the provisions of the vital records statutes shall prevail.
(Added effective December 5, 2001.)

## 19a-41-5. Definitions

For the purposes of sections 19a-41-6 through 19a-41-11, inclusive of the Regulations of Connecticut State Agencies:

(1) "Medical Examiner" means any physician licensed to practice medicine in this state who is employed by the Office of the Chief Medical Examiner for the purpose of investigating and certifying the cause and manner of death. For the purpose of these regulations, "medical examiner" does not include physicians who perform the duties of a medical examiner through a contractual agreement with the Department of Administrative Services;

(2) "Certifier" means the practitioner who attests to the cause and manner of death and signs the death certificate.
(Effective August 1, 2005.)

## 19a-41-6. General instructions for amending and correcting vital records

If a vital record is electronically filed, amendments and corrections shall be completed through methods incorporated into the electronic vital records system. If the original source of the vital record is in a paper format, the local registrar shall insert the information that was left incomplete, or in the case of inaccurate information, type a single line through the data that is to be changed. The added or modified information shall be typed onto the certificate in the box designated for such information. If a document is bound, the changes shall be legibly printed in black ink. In the alternative, a vital record in paper format may be corrected or amended by converting the certificate to an electronic format, if such electronic format is available. For all corrections, as defined in section 7-36 of the Connecticut General Statutes, the date of the correction and a

summary description of the evidence submitted in support of the correction shall be maintained as part of the record. For all amendments, as defined in section 7-36 of the Connecticut General Statutes, excluding amendments related to parentage, gender change or cause of death, the word "Amended" shall be recorded on the face of the certificate along with the item category, the information that was changed, the date of the amendment, and a description of the documentation provided to support the amendment. The documentation provided to support the amendment or the correction shall be maintained in an evidence file.

(Effective August 1, 2005.)

## 19a-41-7. Supporting documentation for amendment or correction. Due process when request for amendment or correction is denied

A registrar of vital statistics shall amend or correct a vital record upon the written request of a party authorized under section 19a-41-8 of the Regulations of Connecticut State Agencies to make such request when the party provides documentation to support the requested change. Only unaltered documents will be accepted. In addition to documentary evidence, the requesting party shall also provide an affidavit affirming that the existing vital record is incorrect or incomplete, and that the newly provided information is accurate. A registrar shall waive the requirement of an affidavit when the party requesting the amendment or correction is the funeral director, birth registrar, or certifying practitioner who created the vital record. The registrar shall evaluate the supporting documentation. If the documentation justifies the requested change, the registrar shall amend or correct the record as requested, and maintain the supporting documentation and the written request in an evidence file. If the registrar finds reason to doubt the validity of the documentation, or if the documentation is not adequate to support the requested amendment or correction, the registrar shall deny the request in writing. In such a case, the local registrar shall notify the applicant in writing that the applicant may request that the Department review the matter. The local registrar shall send a copy of the denial letter to the Department. On the applicant's request, the State Registrar of Vital Records shall review the information. If the State Registrar of Vital Records finds that the submitted documentation is authentic and supports the requested change, the State Registrar shall amend or correct the vital record to reflect the change. If the State Registrar of Vital Records finds that the documentation is not authentic or that it does not support the requested change, the State Registrar shall deny the request and notify the applicant in writing of the denial. The Department shall also notify the applicant in writing that the applicant has the right to a hearing on the matter. The hearing shall be held in accordance with Chapter 54 of the Connecticut General Statutes and sections 19a-9-1 to 19a-9-29, inclusive, of the Regulations of Connecticut State Agencies. If the hearing officer finds that the submitted documentation is authentic and supports the requested change, the State Registrar shall amend or correct the vital record to reflect the change.

(Effective August 1, 2005.)

## 19a-41-8. Who may apply to modify a vital record

(a) The local registrar at the town of occurrence or the State Registrar may correct or amend obvious errors, omissions, or transpositions of letters in words of common knowledge, upon his or her own observation or query.

(b) An individual responsible for filing a birth certificate may request in writing the correction or amendment of the certificate. In addition, a registrant, if over 18 years old, may request in writing a correction or amendment of the registrant's own birth certificate. A custodial parent or legal guardian of a minor child may request in writing the correction or amendment of the child's birth certificate. Only a registrant over 18 years old, or a custodial parent or legal guardian of a minor registrant, may request the amendment of a birth certificate to reflect the registrant's gender change. Only the commissioner shall make amendments pertaining to adoption, gestational agreements, or maternity upon receipt of a court order. Only the commissioner shall make amendments related to paternity based on a court order or on a voluntary acknowledgement of paternity.

(c) A custodial parent, the certifier, medical examiner or funeral director may apply for the modification of a fetal death certificate.

(d) Both parties to a marriage shall apply jointly to modify a license and certificate of marriage or an affidavit recorded pursuant to subsection (b) of section 46b-34 of the Connecticut General Statutes, except that, where one spouse is deceased, the surviving spouse may apply individually for the modification of such license and certificate or affidavit. A party to an annulled or dissolved marriage may only apply for the modification of items on the marriage certificate relating to such party.

(e) The next of kin, the informant, certifier, medical examiner, or funeral director named on a death certificate may apply for the modification of a death certificate. Only the Office of the Chief Medical Examiner or the practitioner who originally certified the cause of death, may apply for a modification to the cause of death. In the absence or inability of the certifying practitioner, or with his or her approval, the cause of death may be amended upon receipt of a signed statement from an associate practitioner approved to certify the cause of death in accordance with section 7-62b of the Connecticut General Statutes, or the chief medical officer of the institution in which the death occurred, provided such individual has access to the medical history of the case.

(f) Except as otherwise specified by statute, no information shall be removed or otherwise changed on a vital record if such information is known to be accurate.
(Effective August 1, 2005.)

## 19a-41-9. Amending or correcting birth records: Corrections within one month of filing birth certificate, legal name change, correcting obvious errors to registrant's name, adoptions, paternity, gender change

(a) The local registrar of the town where a birth occurred or the Department shall amend a name on a birth certificate when the request for the amendment is accompanied by a certified copy of a court order granting the legal name change. The registrar or the Department shall place the new name on the birth certificate in accordance with the provisions of these regulations, and shall mark the birth certificate "Amended." The registrar or the Department shall record on the face of the certificate the original name of the person, the authority by which such legal name change was granted, and the date of the amendment.

(b) For up to 30 days following a registrant's birth, a parent may request that the registrant's name be changed to correct an obvious typographical or clerical error, by signing and presenting to the local registrar of the town in which the birth occurred, the Parent Notice issued by the birthing hospital. After said thirty-day period, a registrant, if over eighteen years old, or a custodial parent or legal guardian of the registrant, if the registrant is a minor, may request that the registrant's name be changed to correct or amend obvious typographical or clerical errors, by presenting two items of documentary evidence that were produced during the registrant's early childhood, from birth through age 7. The following documents are acceptable in their original form:

(1) Newspaper announcement of registrant's birth;
(2) Computer printout of registrant's application for a Social Security number;
(3) Early childhood insurance policy application;
(4) Early childhood savings bond;
(5) Federal census;
(6) Certified copy of a sibling's or parent's birth certificate (last name spelling correction only);
(7) Certified copy of parents' marriage certificate (last name spelling correction only);
(8) Official legal document showing mother's or father's last name, such as a passport, issued no later than the registrant's date of birth (last name spelling correction only);
(9) Letter from hospital where registrant was born verifying that a clerical error was made;
(10) Other documents as approved by the State Registrar of Vital Records. If a record or document containing proof of the registrant's correct name exists but

the requester is unable to present the document in its original form, a duly certified copy, or an attested copy signed by the custodian of the record or document, may be submitted as proof of the registrant's correct name. The document must have been produced during the registrant's early childhood, from birth through age 7. This procedure may be used to submit evidence from the following types of records:

(11) Early childhood baptismal record;
(12) Early childhood physician record;
(13) Early childhood hospital, clinic or nursery record;
(14) Application for day care or nursery;
(15) Early childhood elementary school record (kindergarten or 1st grade);
(16) Early childhood census record;
(17) Other documents as approved by the State Registrar of Vital Records. A local registrar shall contact the Department to obtain approval to accept a document for proof of evidence for any document not listed in subdivision (1) through (16) of this section. The Department may grant approval either verbally or in writing.

(c) Only the commissioner may amend a birth certificate related to an adoption. The commissioner shall replace the original birth certificate on receipt of a certified copy of a Record of Adoption (VS-51) or Out-of-State Record of Adoption (VS-51a), along with a certified copy of the adoption decree, with a new certificate of birth created in accordance with sections 7-53-1 to 7-53-3, inclusive of the Regulations of Connecticut State Agencies. In the case of a foreign birth adoption, the commissioner shall create a Certificate of Foreign Birth or Certification of Birth Registration upon the written request of the adoptive parent, along with a certified copy of a Record of Adoption (VS-51) for a foreign birth adoption finalized in the United States that names a Connecticut resident as the adoptive parent or upon receipt of a certified copy of a Connecticut probate court order authenticating a foreign birth adoption finalized outside of the United States.

(d) Only the commissioner shall amend a birth certificate to include or change paternity information on a birth certificate. Upon receipt of a notarized acknowledgement of paternity form signed by both parents or a certified copy of an adjudication of paternity, the commissioner shall create a new birth certificate to show the father's name on the birth certificate. The new birth certificate shall not be marked "Amended." If another father is already listed on the original birth certificate, a new birth certificate may only be prepared when an adjudication of paternity is made by a court of competent jurisdiction. A new birth certificate shall be created by entering the new paternity information into the electronic birth registry system, and by changing the name of the child if so indicated on the acknowledgement of paternity form or within the certified court order that establishes paternity. The new certificate shall be used to issue certified copies. The commissioner shall place the original birth certificate and the acknowledgement of paternity form or court order in a confidential file. A certified copy of the amended certificate shall be sent either through mail or electronically to all local registrars of vital statistics who have the original certificate on file, along with a letter informing the local registrar that the original birth certificate has been amended for reasons of paternity, and instructing the local registrar to place the original birth certificate in a confidential file. Access to confidential paternity files maintained at the State and local vital records offices, and the information contained within such files, shall be restricted to the registrar, designated staff members, or to other parties upon an order of a court of competent jurisdiction.

(e) Only the commissioner shall amend a birth certificate to reflect a gender change. In order to request a gender change amendment the following documents shall be submitted to the commissioner:

(1) Affidavit from a licensed psychiatrist, psychologist or clinical social worker performing a psycho-social evaluation, attesting to the fact that the registrant is socially, psychologically and mentally the designated sex;
(2) Affidavit from the surgeon performing the sex change operation, attesting to the fact that the surgery was performed;

(3) Court order for legal name change if applicable.
Upon receipt of the required documentation, the commissioner shall create a new birth certificate reflecting the newly assigned gender, and the legal name change if applicable. The new certificate shall not be marked "Amended" and shall be used to issue certified copies. The original birth certificate, and the supporting documentation shall be placed in a confidential file. A certified copy of the amended certificate shall be sent either through mail or electronically to all local registrars of vital statistics who have the original certificate on file, along with a letter informing the local registrar that the original birth certificate has been amended due to gender change, and instructing the local registrar to place the original birth certificate in a confidential file. Access to confidential files for gender change amendments maintained at the State and local vital records offices, and the information contained within such files, shall be restricted to the registrar, designated staff members, or to other parties upon an order of a court of competent jurisdiction.

(f) To amend the date or time of birth, or the child's birth weight, an applicant shall provide documentation from the clinician attending the birth or an administrator of the hospital of which the birth occurred, supporting the proposed amendment.
(Effective August 1, 2005.)

## 19a-41-10. Death records: Amending cause-of-death information

(a) When existing language on a standard death certificate (VS-4) requires amendment due to a change in the original cause-of-death diagnosis, the practitioner who provided the original medical certification shall submit a letter to the local registrar of the town where the death occurred, indicating the correct cause of death. The letter shall be written on the practitioner's professional stationery and signed and dated by such practitioner. In the absence or inability of the certifying practitioner or with such practitioner's approval, the cause of death may be amended upon receipt of a signed statement, on the hospital's or practitioner's professional stationery, from an associate practitioner approved to certify the cause of death in accordance with section 7-62b(c) of the Connecticut General Statutes, or the chief medical officer of the institution in which the death occurred provided such individual has access to the medical history of the case. The state or local registrar may require documentary evidence to substantiate the requested amendment. The Office of the Chief Medical Examiner may also correct the cause-of-death information on a standard death certificate by issuing to the local registrar of the town where the death occurred, a Medical Examiner death certificate (VS-4 ME) listing the correct cause-of-death, along with a letter instructing the registrar to replace the standard death certificate with the Medical Examiner death certificate containing the correct medical diagnosis.

Upon receipt of proper documentation, the local registrar of the town where the death occurred shall amend the original death certificate by drawing a single line through the original cause-of-death information, and typing the correct medical diagnosis, or by entering the corrected data in an electronic death registry system if such system is available to the local registrar. The local registrar shall record the word "Amended" on the face of the original death certificate, along with a description of the item that was amended, and the date of the amendment. If a private practitioner initiates the amendment, the local registrar shall create a new death certificate by typing all the information from the original death certificate onto a blank standard death certificate, or by entering the data into the electronic death registry system, except that the corrected cause-of-death information shall be substituted for the original cause-of-death information. If the amendment is initiated by the medical examiner, the local registrar shall complete the Medical Examiner death certificate received from the Office of the Chief Medical Examiner listing the new cause of death, by entering all other information as stated on the original standard death certificate. All dates are to remain the same as

on the original death certificate, except that the "Certificate Received for Record" date shall reflect the new receipt date. The new death certificate shall contain the signatures of the practitioner or medical examiner, and the funeral director who signed the original death certificate. If the registrar cannot obtain the signature of the practitioner, medical examiner or funeral director the registrar shall insert the name of the practitioner, medical examiner, or funeral director in the appropriate spaces. The registrar shall not mark the new certificate "Amended."

The local registrar shall send either by mail or electronically, an authenticated copy of the new certificate to the Department and to the local registrar of the decedent's town of residence at the time of death, along with a letter explaining that the certificate being sent is a replacement certificate for the original death certificate already on file. If the death certificate is a paper certificate, the registrar shall send the original death certificate and the documentation requesting and supporting the change to the Department for placement in a confidential file. Only the commissioner may order the confidential record unsealed. Upon receipt of the amended death certificate, the Department and the local registrar of the town of residence shall replace the original death certificate with the new death certificate. When a certified copy of the death certificate is requested, the registrar or the Department shall issue a certified copy of the new death certificate.

(b) Amendments to cause-of-death information on a Medical Examiner death certificate (VS-4ME) shall be changed only upon the request of the Chief Medical Examiner's Office. To amend a cause of death listed as "Pending," the Chief Medical Examiner's Office shall submit a Correction Form (VS-35) to the local registrar of the town where the death occurred, indicating the actual cause-of-death diagnosis.

Upon receipt of a Correction Form, the local registrar shall enter the new information in the electronic death registry system if available, or in the case of paper death certificates, type or draw a line through the word, "Pending", and insert the cause-of-death information and any additional information into the appropriate boxes as listed on the Correction Form. The registrar shall place the word "Amended" on the face of the original death certificate, along with the item number that was amended, the date of the amendment, and the phrase 'per Medical Examiner.' Not later than ten days after the registrar amends the original death certificate, the local registrar shall send either through mail or electronically, an authenticated copy of the amended death certificate to the Department. If the copy is in paper format, the registrar shall send the authenticated copy separately from the regular monthly batch of vital records sent to the Department. The local registrar shall also send either through mail or electronically, an authenticated copy of the amended death certificate to the decedent's town of residence at the time of death. The Correction Form shall be kept on file at the town of occurrence.
(Effective August 1, 2005.)

## 19a-41-11. Amending race information on vital records

(a) The local registrar of the town where the vital event occurred or the Department shall correct or amend race information on a vital record upon the request of an eligible party as specified in section 19a-41-8 of these regulations. The party requesting the modification shall provide documentation supporting the requested change. The following documentation is acceptable to support a change in race information:

(1) a certified copy of a certificate of birth for the registrant's ancestor; or

(2) certification by a state or federally recognized Indian tribe that the registrant is a member of a tribe; or

(3) other documents as approved by the State Registrar of Vital Records.

A local registrar shall contact the Department to obtain approval to accept a document for proof of evidence for any document not listed in this subsection. The Department may grant approval either verbally or in writing.
(Effective August 1, 2005.)

## 19a-41-12. Amendment of the same item more than once

Once an amendment of an item is made on a vital record, that item shall not be amended again except upon receipt of a court order from a court of competent jurisdiction.

(Effective August 1, 2005.)

# Newborn Infant Health Screening

## 19a-55-1. Newborn Infant Heath Screening

(a) The administrator or other person in charge of any institution providing medical care of newborn infants twenty-eight days of age or younger shall cause to be taken from every newborn infant in its care a blood specimen for tests pursuant to section 19a-55 of the Connecticut General Statutes.

(b) A newborn infant shall be tested for the following: phenylketonuria and other metabolic diseases, hypothyroidism, galactosemia, sickle cell disease, maple syrup urine disease, homocystinuria, biotinidase deficiency, congenital adrenal hyperplasia, amino acid disorders, organic acid disorders and fatty acid oxidation disorders, including, but not limited to, 3-Hydroxy Long-Chain ACYL-CoA Dehydrogenase Deficiency (LCHADD), Medium-Chain ACYL-CoA Dehydrogenase Deficiency (MCADD), Tyrosine and such other tests for inborn errors of metabolism as shall be prescribed by the Commissioner of Public Health.

(c) Testing shall be subject to the following conditions:

(1) Materials for the collection of the specimen and forms to accompany the specimen shall be of a type furnished by or acceptable to the Department of Public Health.

(2) The specimen shall be collected prior to the newborn's discharge from the institution. If the newborn is discharged prior to 24 hours of life, the specimen shall be collected as close to the time of discharge as practicable. If the newborn's medical condition permits, the specimen shall be collected before the fourth day of life, transfer to another institution, transfusion of blood or blood products, or dialysis. If the newborn expires before discharge from the institution, the specimen shall be collected as soon as practicable after death.

(3) Each specimen shall be submitted within forty-eight (48) hours after collection to the Department of Public Health Laboratory, or to a laboratory approved by the Department of Public Health.

(4) Information accompanying each specimen shall identify for future reference the newborn from whom the specimen was taken, the time and date of birth, the time and date of specimen collection, by whom the specimen was collected, and the primary care provider after discharge from the institution.

(5) Laboratory tests shall be performed by methods approved by the Department of Public Health.

(6) Records of tests shall clearly indicate the disorders tested for, and the results thereof, and shall be maintained for a minimum of five years.

(7) The primary care provider identified in subdivision (4) of this section shall receive notification of any abnormal test result.

(8) Each specimen shall be stored at the laboratory of the Department of Public Health for not less than six months after testing.

(Added effective September 1, 2006.)

## 19a-55-2. Administration of HIV Related Test

(a) The administrative officer or other person in charge of each institution caring for newborn infants shall cause to have administered to every such infant in its care an HIV-related test, as defined in section 19a-581 of the Connecticut General Statutes, if the mother has not had an HIV-related test pursuant to section 19a-90 or 19a-593 of the Connecticut General Statutes. It shall be administered:

(1) by the institution caring for the newborn infant, and

(2) as soon after the birth as is medically appropriate.

(Added effective September 1, 2006.)

## 19a-55-3. Objection of Parents to Newborn Infant health Screening

If the parents or legal guardians of a newborn infant object to newborn infant health screening as being in conflict with their religious tenets and practice, such objection shall be reported on a waiver form provided by the Department of Public Health. The parents or legal guardians shall sign the waiver form. The original shall be placed in the newborn infant's medical record, and a copy submitted with the newborn infant's unused specimen collection materials to the Department of Public Health Laboratory.
(Added effective September 1, 2006.)

# Newborn Hearing Screening Program

## 19a-59-1. Newborn hearing screening program

(a) Not later than July 1, 2000, each institution as defined in section 19a-490 of the Connecticut General Statutes that provides childbirth services shall develop and implement a universal newborn hearing screening program which shall at a minimum include the following:

(1) A physiologic technologies testing mechanism which employs automated or diagnostic auditory brainstem response (ABR) or otoacustic emissions (OAE), or subsequently developed or improved physiologic technologies that substantially enhance newborn hearing assessment that are recognized by the American Academy of Audiology or American Speech Language Association; and

(2) a mechanism for monitoring the institution's compliance with the newborn hearing screening program which shall include, but not necessarily be limited to, the following information:

(A) name of each newborn infant;

(B) date of birth;

(C) date infant received hearing screening or documentation of parent refusal for newborn hearing screening;

(D) method of screening;

(E) results of screening;

(F) person performing screening; and

(G) to whom referral for further evaluation was made, if applicable.

(b) A parent who refuses to allow his or her infant to be screened for a hearing impairment based upon religious tenets and practice shall sign a statement attesting to said refusal which shall include a statement by a licensed health care provider that the parent was informed of the medical consequences of such refusal. The document shall identify the specific reasons for the refusal and shall be placed in the infant's medical record. If a parent declines to sign the refusal statement, the institution shall document in the infant's medical record the reason for the refusal by the parent to permit newborn hearing screening and a statement that the parent refused to sign the document and was informed of the medical consequences of such refusal.

(c) Documentation of the screening shall be maintained in the infant's medical record and shall be retained for a minimum of twenty-five (25) years after discharge of the infant except that original medical records may be destroyed sooner if they are microfilmed by a process approved by the department.

(d) The institution shall develop and implement policies and procedures for the requirements of this section which shall be reviewed and approved by the institution's medical staff and governing body.

(e) The department may review implementation of Section 19a-59-1 of the Regulations of Connecticut State Agencies at the time of licensure inspections.

(Effective March 4, 1999; Amended effective April 10, 2000.)

# Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

## 19a-59c-1. Definitions

As used in Sections 19a-59c-1 to 19a-59c-6, inclusive, of the Regulations of Connecticut State Agencies:

(a) "Allowable Costs" means "food costs" and "administrative and program services costs" in accordance with 7 CFR 246.14.

(b) "Applicant" means a person who appears in person at the local WIC office to request WIC program benefits.

(c) "Authorized Foods" means foods authorized by the department for purchase with WIC checks.

(d) "Authorized Vendor" means a food store or pharmacy that has met the minimum qualifications for participation and has been approved for authorization by the Connecticut WIC Program and has entered into a duly executed contract with the Department of Public Health.

(e) "Breastfeeding Women" means women up to one year postpartum who are breastfeeding their infants an average of at least once per day.

(f) "Caseload Management" means the process of distributing the program resources to the neediest individuals.

(g) "Category" means an indication of whether an individual is a pregnant woman, breastfeeding woman, postpartum woman, infant or child.

(h) "Categorical Eligibility" means persons who meet the definitions of pregnant women, breastfeeding women, postpartum women, or infants or children.

(i) "Certification" means the implementation of criteria and procedures to assess and document each applicant's eligibility for the program.

(j) "Certified" means that an applicant has been determined eligible by a Competent Professional Authority to receive program benefits.

(k) "Certification Period" means the period which begins on the date the individual is certified. Duration of the certification period is defined as follows:

(1) for pregnant women - the duration of pregnancy and up to six weeks postpartum,

(2) for postpartum women - up to six months after the termination of pregnancy,

(3) for breastfeeding women - intervals of approximately six months and ending with the breastfed infant's first birthday,

(4) for infants and children - approximately six months. Infants under six months of age may, when authorized by the department, be certified for a period extending up to their first birthday.

(l) "Children" means persons who have had their first birthday but have not yet attained their fifth birthday.

(m) "Commissioner" means the Commissioner of the State Department of Public Health.

(n) "Competent Professional Authority (CPA)" means a physician licensed in Connecticut, nutritionist, dietitian, registered nurse licensed in Connecticut, Physician's assistant as defined in Section 20-12a, as amended, of the general statutes.

(o) "Contract Account" means any line item of the local agency budget annexed to the local agency contract.

(p) "Coordinated Program" means a program of dietetic training approved by the American Dietetic Association that provides for the integration of didactic instruction with a minimum of 900 hours of supervised dietetic practice within an academic program.

(q) "Denial" means the act of refusal to accept an application for participation of an individual applicant, food vendor, or local agency.

(r) "Days" means calendar days.

(s) "Department" means the State Department of Public Health.

(t) "Dietitian" means an individual who is registered by the Commission on Dietetic Registration of the American Dietetic Association or who is eligible to take the registration examination.

(u) "Dietetics" means a health science concerned with the application of nutrition principles and services to achieving individuals' health throughout life and in the treatment of disease.

(v) "Disqualification" means the act of ending the Program participation of a participant for the remainder of the certification period; an authorized food vendor for a specified period of time; or contracted local agency for the remainder of the contract period. Disqualification may be done for either a punitive sanction or for administrative reasons.

(w) "Dual Participation" means simultaneous participation in the program in one or more than one local agency during the same period of time.

(x) "Potential Dual Application Report" means a computer generated list used by the State WIC Program to identify actual and possible simultaneous participation in more than one local agency.

(y) "Enrolled" means certified by a CPA and listed by a local agency to receive benefits subject to availability of funds.

(z) "Equipment" means tangible personal property having a useful life of more than one year and an acquisition cost of $100.00 or more per unit.

(aa) "Family" means a group of related or nonrelated individuals who are not residents of an institution but who are living together as one economic unit except that residents of a homeless facility should not be considered as a single family.

(bb) "Food Delivery Systems" means the methods used by the State WIC Program to provide supplemental foods to participants.

(cc) "Food Instrument" means a check which is used by a participant to obtain supplemental foods.

(dd) "General Waiting List" means a list of individuals who have not been certified, but who are potentially eligible to receive WIC benefits.

(ee) "High Risk Criteria" means nutritional risk criteria defined in the State WIC Manual, as amended.

(ff) "High Risk Participant" means a participant presenting with one or more high risk criteria.

(gg) "Homeless Individual" means:

(1) an individual who lacks a fixed and regular nighttime residence; or

(2) an individual whose primary nighttime residence is:

(A) a supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations; or

(B) an institution that provides a temporary residence for individuals intended to be institutionalized; or

(C) a temporary accommodation in the residence of another individual not to exceed 365 days; or

(D) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

(hh) "Indirect Costs" means costs which are (i) incurred for a common or joint purpose benefiting more than one cost objective, and (ii) not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. This term applies to costs of this type originating in the grantee department, as well as those incurred by other departments in supplying goods, services, and facilities, to the grantee department.

(ii) "Infants" means persons under one year of age.

(jj) "Local Agency" means an administrative unit of a health or human service agency, public or private, under contract with the State of Connecticut Department of Public Health to administer the WIC Program in a designated area of the State.

(kk) "Migrant" means an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

(ll) "Nutrition Aide" means an individual other than a nutritionist who is paid either in whole or in part by the local WIC Program and whose primary responsibility is the provision of paraprofessional nutrition services.

(mm) "Nutrition Education" means individual or group education sessions and the provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences.

(nn) "Nutritional Risk" means:
- (1) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements;
- (2) other documented nutritionally related medical conditions;
- (3) dietary deficiencies that impair or endanger health; or
- (4) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

(oo) "Nutritionist" means an individual who is paid either in whole or in part by the local WIC Program and whose primary responsibility is the provision of nutrition services. This person shall hold a bachelor's or master's degree in clinical nutrition, community nutrition, dietetics, home economics with an emphasis in nutrition, nutritional sciences, or public health nutrition from a four year or post baccalaureate institution which is accredited by a recognized regional accrediting body.

(pp) "Outreach" means the systematic attempt to provide services to the entire WIC eligible community.

(qq) "Outreach Materials" means printed material, films, video tapes, audio tapes and other communications media which are used in the process of alerting the WIC eligible community to the service of the WIC Program.

(rr) "Participant" means pregnant women, breastfeeding women, postpartum women, infants and children who are receiving supplemental foods or food instruments under the WIC Program.

(ss) "Participant Abuse" means the participant's knowing and deliberate misrepresentation to obtain WIC benefits; verbal or physical abuse or threat of physical abuse of local agency, department, clinic or vendor staff or property by a participant; the sale of supplemental foods or checks or their exchange for credit or purchase of unauthorized food or other items by a participant or other violations of state or federal law.

(tt) "Physician's Assistant" means an individual who meets the requirements of Section 20-12a, as amended, of the General Statutes.

(uu) "Postpartum Women" means women up to six months after termination of pregnancy.

(vv) "Pregnant Women" means women determined to have one or more embryos or fetuses in utero.

(ww) "Priority System" means the basis for assigning degree of nutritional risk, as specified in the State WIC Manual, as amended.

(xx) "Priority Waiting List" means a list of potentially eligible individuals according to priority.

(yy) "Recognized Regional Accrediting Body" means one of the following regional accrediting bodies: New England Association of Schools and Colleges; Middle States Association of Colleges and Schools; North Central Association of Colleges and Schools; Northwest Association of Schools and Colleges; Southern Association of Colleges and Schools; and Western Association of Schools and Colleges.

(zz) "Regression" means the deterioration of nutritional status which may result from termination of WIC benefits, as determined by a CPA.

(aaa) "Service Area" means any office, room or space where the WIC Program operates. It includes all reception areas, waiting rooms, interviewing offices or locations, check distribution areas, and offices and other areas used for certification or nutrition education.

(bbb) "State WIC Manual" means the most recent standards established by the Commissioner for implementation of the Special Supplemental Nutrition Program for Women, Infants and Children, available from the department and hereby incorporated into the Regulations of State Agencies, Sections 19a-59c-1 through 19a-59c-6.

(ccc) "State WIC Program" means the Special Supplemental Nutrition Program for Women, Infants and Children which is administered by the Department of Public Health in accordance with the United States Department of Agriculture regulations, 7 CFR 246.1, through 246.28, as amended.

(ddd) "Suspension" means a temporary period during which a vendor or participant is prohibited from participation in the program for reasons of abuse or continued inability to meet program requirements, but is not disqualified.
(eee) "SWIS" means the Statewide WIC Information System which is a system of computer programs, manuals, and reports.
(fff) "Vendor" means any retail grocer, pharmacy, supermarket, or other food store.
(Effective March 2, 1993; Amended April 3, 1998.)

## 19a-59c-2. Eligibility criteria

To be eligible for State WIC Program benefits an individual shall:
(a) reside in Connecticut, and
(b) be recipients of Food Stamps or assistance under Temporary Assistance To Needy Families (TANF) or Medicaid, or be a member of a family that contains a TANF recipient or a pregnant woman or infant who receives Medicaid benefits, or have household income at or below 185% of the poverty income guidelines established by the Federal Office of Management and Budget, and
(c) fit one of the following nutritional risk priorities:
(1) Priority I
(A) The presence of one or more of the following nutritional risk criteria shall qualify a pregnant or breastfeeding woman for Priority I:
(i) Anemia,
(ii) Past or present pregnancy induced hypertension,
(iii) Past or present gestational diabetes,
(iv) Severe nausea and vomiting,
(v) Nutrition related non-infectious chronic disease,
(vi) Recent or present nutrition related infectious disease,
(vii) Nutritionally significant genetic disease,
(viii) Clinical sign(s) of malnutrition,
(ix) Severe oral problems which impair ingestion of nutrients,
(x) Alcohol consumption,
(xi) Drug use,
(xii) Smoking,
(xiii) Other nutrition related medical condition(s),
(xiv) Underweight for height,
(xv) Overweight for height,
(xvi) Insufficient or excessive weight gain during pregnancy,
(xvii) Short interconceptional period,
(xviii) High parity,
(xix) Birth of a low birth weight infant,
(xx) Birth of a premature infant,
(xxi) Fetal or neonatal death or miscarriage,
(xxii) Inadequate or excessive weight gain in recent pregnancy,
(xxiii) Multiple pregnancy,
(xxiv) Teenager or over 35 years of age at conception,
(xxv) Breastfeeding woman whose infant is at nutritional risk,
(xxvi) Possible regression to a prior medical condition if removed from program.
(B) The presence of one or more of the following nutritional risk criteria shall qualify an infant for Priority I:
(i) Anemia,
(ii) Nutrition related non-infectious chronic disease,
(iii) Recent or present nutrition related infectious disease,
(iv) Nutritionally significant genetic disease,
(v) Clinical sign(s) of malnutrition,
(vi) Failure to thrive,

(vii) Congenital defect with nutritional implications,
(viii) Severe oral problems which impair the ingestion of nutrients,
(ix) Other nutrition related medical conditions,
(x) Low birth weight,
(xi) Prematurity,
(xii) Underweight or overweight for height,
(xiii) Stunted growth,
(xiv) Weight loss or deviation from normal pattern of growth,
(xv) Infant of alcoholic or drug addicted mother,
(xvi) Breastfeeding infant whose mother is at nutritional risk, or
(xvii) Possible regression to a prior medical condition if removed from program.

(2) Priority II. Except those infants who qualify for Priority I, infants up to six months of age of program participants who participated during pregnancy, and infants up to six months of age born of women who were not Program participants during pregnancy but whose medical records document that they were at nutritional risk during pregnancy due to nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions which demonstrated the person's need for supplemental foods.

(3) Priority III. The presence of one or more of the following nutritional risk criteria shall qualify a child for Priority III:
(A) Anemia,
(B) Nutrition related non-infectious chronic disease,
(C) Recent or present nutrition related infectious disease,
(D) Nutritionally significant genetic disease,
(E) Clinical sign(s) of malnutrition,
(F) Failure to thrive,
(G) Congenital defect with nutritional implications,
(H) Severe oral problems which impair the ingestion of nutrients,
(I) Other nutrition related medical condition(s),
(J) Underweight or overweight for height,
(K) Stunted growth,
(L) Weight loss or deviation from normal pattern of growth, or
(M) Possible regression to a prior medical condition if removed from the program.

(4) Priority IV.
(A) The presence of one or more of the following nutritional risk criteria shall qualify a pregnant or breastfeeding woman for Priority IV:
(i) Inadequate diet,
(ii) Pica,
(iii) Possible regression to a prior detrimental dietary condition if removed from the program,
(iv) Developmental disability, or
(v) Homeless individual or migrant.
(B) The presence of one or more of the following high risk criteria shall qualify a postpartum woman for Priority IV:
(i) Teenager,
(ii) Diagnosed chronic disease requiring a therapeutic diet, or
(iii) A poor obstetrical history.
(C) The presence of one or more of the following nutritional risk criteria shall qualify an infant for Priority IV:
(i) Inadequate diet,
(ii) Pica, possible regression to a prior detrimental dietary condition if removed from program,
(iii) Infant of a developmentally disabled woman, or
(iv) Homeless individual or migrant.

(5) Priority V. The presence of one or more of the following nutritional risk criteria shall qualify a child for Priority V:
- (A) Inadequate diet,
- (B) Pica,
- (C) Possible regression to a prior detrimental dietary condition if removed from program,
- (D) Child of alcoholic or drug addicted mother,
- (E) Child of a developmentally disabled woman, or
- (F) Homeless individual or migrant.

(6) Priority VI. The presence of one or more of the following nutritional risk criteria shall qualify a postpartum woman for Priority VI:
- (A) Anemia,
- (B) Recent or present pregnancy induced hypertension,
- (C) Recent or present gestational diabetes,
- (D) Severe nausea and vomiting,
- (E) Nutrition related non-infectious chronic disease that does not require a special diet,
- (F) Recent or present nutrition related infectious disease,
- (G) Nutritionally significant genetic disease,
- (H) Clinical sign(s) of malnutrition,
- (I) Severe oral problems which impair the ingestion of nutrients,
- (J) Alcohol consumption,
- (K) Drug use,
- (L) Smoking,
- (M) Other nutrition related medical condition(s),
- (N) Prenatal or postnatal underweight for height,
- (O) Prenatal or postnatal overweight for height,
- (P) Insufficient weight gain during pregnancy,
- (Q) Excessive weight gain during pregnancy,
- (R) Short interconceptional period,
- (S) High parity,
- (T) Birth of a premature infant,
- (U) Fetal death or miscarriage,
- (V) Inadequate or excessive weight gain in recent pregnancy,
- (W) Multiple pregnancy,
- (X) Over 35 years of age at conception,
- (Y) Inadequate diet,
- (Z) Pica,
- (AA) Possible regression to a prior medical condition or a detrimental dietary condition if removed from the program,
- (BB) Developmental disability, or
- (CC) Homeless individual or migrant.

(Effective March 2, 1993; Amended April 3, 1998.)

## 19a-59c-3. Provision of WIC benefits

(a) Supplemental foods must meet the requirements of:
- (1) 7 CFR 246.10, as amended, and
- (2) food package criteria in the State WIC Manual, as amended, and
- (3) authorized food list as defined in subsection 19a-59c-1 (c) of Regulations of Connecticut State Agencies.

(b) The department may withhold benefits from a priority group which is otherwise eligible to fund benefits for higher priority groups in accordance with 7 CFR 246.7 (g) (2), as amended.

(Effective March 2, 1993)

## 19a-59c-4. Local WIC agency participation

(a) Local WIC agencies shall comply with federal regulations, state regulations and their contract with the State Program.

(b) General Administration

(1) Staffing

(A) Each local agency shall employ one full-time local agency coordinator who shall be responsible for its overall operation. This requirement may be waived by the Commissioner if the Commissioner determines that management obligations as set forth in this subsection may be met by employing a part-time coordinator. Such request for a waiver shall be in writing and give reasons why the Commissioner should grant the request for waiver. A coordinator hired before October 1, 1982 shall be deemed qualified under these regulations. A coordinator shall meet the following qualifications:

(i) a master's degree from an institution accredited by a recognized regional accrediting body in either public health, health administration, administration, business administration, or a health science; and

(ii) a bachelor's degree from an institution accredited by a recognized regional accrediting body; and

(iii) one year of full-time employment planning or administering a program, including supervising personnel, or

(iv) any combination of the above experience and training totaling six years. A bachelor's degree shall count for four years and a master's degree an additional one year. Nonsupervisory professional level experience in a WIC Program may be substituted for up to two years.

(B) Each local agency shall employ one full-time WIC program nutritionist who shall report to the program coordinator and be responsible for the nutrition services component of the program. A WIC program nutritionist hired before October 1, 1984 shall be deemed qualified under these regulations. A program nutritionist shall meet the following qualifications:

(i) a master's degree from an institution accredited by a recognized regional accrediting body in either nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition or home economics with a major in foods and nutrition, and one year of professional experience in nutrition in a health agency or health care facility, or

(ii) a bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in either foods and nutrition, community nutrition, nutrition education or nutritional sciences and 2 years of professional experience in nutrition in a health agency or health care facility. A successfully completed internship or traineeship approved by the American Dietetic Association or a bachelor of science degree with a coordinated program or a master's degree in public health nutrition or a master's degree in nutrition education can qualify for one year of work experience. Persons with a master's degree in nutrition who do not have a bachelor's degree in foods and nutrition shall have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

(C) Other WIC nutritionists who are hired by local agencies shall have a bachelor's degree from a four-year institution accredited by a recognized

regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences.

(D) Nutrition aides who are hired by local agencies shall demonstrate to the satisfaction of the local agency WIC program coordinator:

(i) the ability to communicate clearly both orally and in writing in English, and in another language when the coordinator deems appropriate, and

(ii) the ability to establish rapport with individuals and small groups, or

(iii) successful completion of the department's paraprofessional training course.

(E) Each local agency shall maintain a WIC program staff which is sufficient to operate the program efficiently, effectively and economically. The Department shall presume that a local agency complies with this provision if it retains staff in accordance with the most recent revision of the State WIC Manual as promulgated from time to time by the Commissioner.

(F) Prior to appointment to fill a vacancy in a local agency, the state WIC program shall review and approve in writing the qualifications of selected candidates for the following positions:

(i) WIC coordinator,

(ii) WIC program nutritionist, and

(iii) WIC nutritionist.

(2) Temporary Appointments

(A) The local agency shall appoint an agency staff member to serve temporarily in an acting capacity as local WIC coordinator or program nutritionist if either position is vacated for four weeks or more. The local agency shall notify the state WIC program in writing of all such appointments expected to last four weeks or more. Individuals not meeting the qualifications for the permanent position may not serve in the acting capacity for more than two calendar months unless an extension is requested in writing by the local agency and approved in writing by the state WIC program.

(3) Caseload Management

(A) The state WIC program shall assign the number of people to be served by the local agency. The state WIC agency may adjust the caseload and direct the local agency to initiate a waiting list, deny WIC benefits to the lowest priority groups or terminate participants in mid-certification due to funding shortages.

(B) When the local agency's assigned caseload level is reached, the local agency shall continue to enroll any individual who meets the criteria for priorities I through VI unless notified otherwise in writing by the state WIC program.

(4) WIC Local Agency Plans

(A) Each local agency shall prepare, have on file, and implement a current program plan approved by the department which comprises all of the following sections:

(i) background (including historical information and description of contracting agency);

(ii) personnel and facilities (including job descriptions for all staff positions, addresses and days of WIC operations);

(iii) program (including a needs assessment, goals and measurable objectives, action plans and methods of evaluation);

(iv) systems and procedures for administration, certification, food delivery, out reach, and nutrition education;

(v) lesson plans for nutrition education.

(B) The local agency shall revise their plan annually. Revisions shall include:
(i) the section on program,
(ii) modifications reflecting changes in the current status or operations of the local agency, and
(iii) modifications requested by the state WIC program.

(5) Contracts for Nutritional Assessment. The local agency may contract with a competent professional authority to determine the nutritional risk status of potential WIC participants. The contract shall include, at a minimum, each of the provisions of the "model agreement for professional services to the WIC program" which is contained in the December 1997 State WIC manual and may be obtained by contacting the Connecticut Department of Public Health, WIC Program, 410 Capitol Avenue, M.S.11WIC, P.O. Box 340308, Hartford, CT 06134-0308 (Phone No: (860) 509-8084) and the following terms:
(A) How referrals and appointments shall be handled.
(B) If applicable, the amount of, and the manner in which payment shall be made for specified costs.

(6) Records
(A) Each local agency shall maintain complete records for:
(i) outreach, as required in section 19a-59c-4(c), as amended;
(ii) financial management, as required in subsection 19a-59c-4(d) of Regulations of Connecticut State Agencies, as amended;
(iii) civil rights, as required in subsection 19a-59c-4(h) of Regulations of Connecticut State Agencies, as amended;
(iv) certification, as required in subsection 19a-59c-4(i) of Connecticut State Agencies, as amended;
(v) nutrition education, as required in subsection 19a-59c-4(i) and (k) of Connecticut State Agencies, as amended;
(vi) food delivery, as required in subsection 19a-59c-4(l) of Connecticut State Agencies, as amended;
(vii) food vendor participation, as required in subsection 19a-59c-5(a) and (b) of Connecticut State Agencies, as amended;
(viii) final decisions on hearings involving participants; and
(ix) records required by Federal Regulations including 7 CFR 246.25, as amended.
(B) All local agencies shall obtain prior written approval from the state WIC program for the use of locally developed substitutes for the state forms.
(C) Records shall be retained by the local agency for a minimum of three years following the submission of the final expenditure report for the period to which the reports pertain. The state WIC office reserves the right to require longer retention for the resolution of an audit or any litigation.
(D) All records shall be available for inspection by authorized state WIC program, department and USDA representatives during normal business hours. Denial of access shall result in immediate disqualification.
(E) All records shall be destroyed in a manner which protects confidentiality. Private non-profit agencies shall submit a written request to destroy records stating which records and the manner in which they shall be destroyed to the State WIC office. Permission to destroy public records of municipal government agencies shall be obtained through the Connecticut State Library, Public Records Administrator. Permission, if granted, shall be in writing by a procedure adopted by that office pursuant to Sections 7-109 and 11-8 of the Connecticut General Statutes. Written notification of approval of the request to destroy records shall be maintained by the local agency for three years in accordance with 7 CFR 246.25, as amended. The state WIC program shall evaluate

such requests based on compliance with records retention requirements in 7 CFR 246.25, as amended.

(7) Meetings

(A) Each local agency coordinator shall attend coordinators' meetings called by the state WIC program. In the event that the coordinator cannot attend a meeting, the local agency may send a representative.

(B) Each local WIC nutritionist shall attend the department's nutritionists' meetings called by the state WIC program.

(8) Continuing Education. WIC funds may be used for workshops and conferences, but may not be used for college or graduate school tuition or expenses.

(9) Office Hours. Local agency offices shall remain open continuously during regular business hours for five full working days a week, unless granted a waiver by the department upon written request to the state WIC program, because of inadequate staffing or other demonstrated inability to meet requirements of this sub section.

(10) Smoking Policy. Each local agency shall post a policy statement against smoking in any area where WIC program functions are performed, including check distribution sites where WIC services are provided on a part-time basis. These sites shall prohibit smoking during the times WIC is operating.

(11) Reporting. The local agency shall submit to the state WIC office the following reports as scheduled below:

| ***(A) Administration/Finance/Management*** | ***Due Dates*** |
|---|---|
| (i) audit reports | Within 30 days of completion of audit |
| (ii) budget submission | May 1 |
| (iii) expenditure report | 20th of month following report month |
| (iv) evaluation/performance report | December 1 |
| (v) local agency plan | May 1 |
| (vi) outreach | April 15 and October 15 |
| ***(B) Nutrition*** | |
| (i) Nutrition Survey | May 1 |

(c) Outreach

(1) Publicity. Local agencies shall annually publicize, in a newspaper serving that program's area, the availability of WIC benefits including eligibility criteria and the location of local agency offices.

(2) Media Contacts are reports of any contact between the local agency and the media. The reports shall include all media event information in outreach reports submitted to the state WIC office.

(3) WIC Referrals

(A) Local agencies shall encourage referrals to WIC through the distribution of written information at least once per year to hospitals, private physicians, local clinics, community action agencies, social agencies, churches, neighborhood centers, welfare agencies, and other organizations in the service area who serve potential WIC eligibles.

(B) Local agency staff shall inform all WIC applicants and participants who may be eligible where they may apply for the TANF and Food Stamp Programs, the Medicaid Program, the Child Support Enforcement Program and the Expanded Food and Nutrition Education Program, if available.

(C) All referrals shall be documented.

(4) Outreach Materials. Local agencies shall use outreach materials which shall:

(A) be targeted to individuals at high risk,

(B) reflect ethnic and cultural groups in the community,

(C) be available in an appropriate foreign language when the local agency submits for determination by the state agency that the primary language of a substantial number of persons in the service area is not English,
(D) promote the WIC Program as a community nutrition program which operates as an adjunct to health care,
(E) contain the required nondiscrimination clause, as stated in 7 CFR 246.6, as amended.

(5) Records. The local agency shall submit a written report of outreach activities to the state WIC program biannually and include copies of all outreach materials used or planned for use which have not previously been submitted to the state WIC program. Such report shall include:
(A) date,
(B) brief description of activity, including location,
(C) staff involved,
(D) population targeted, and
(E) results/comments.

(d) Financial Management

(1) Accounting Records
(A) Each local agency shall maintain accurate and completely documented accounting records for all program funds received from the state WIC program. These records shall include:
(i) budget, cash flow report (WIC 1-C),
(ii) check stubs,
(iii) infant formula register,
(iv) monthly expenditure report WIC 1-B, and
(v) equipment inventory.
(B) These records shall be made available by the local agency to state or federal personnel or agents acting in their behalf for periodic review or auditing purposes.

(2) Major areas. All local agency budget requests, expenditure records and reports shall classify all funds, under one of the following four areas:
(A) General Administration. All costs generally considered to be overhead or management costs, including:
(i) salaries,
(ii) fringe benefits,
(iii) equipment,
(iv) contracted services,
(v) space rental,
(vi) supplies,
(vii) postage,
(viii) telephone,
(ix) printing and reproduction,
(x) travel - in-state,
(xi) travel - out-state, and
(xii) other outreach, maintain payroll, personnel, administrative, fiscal and pro gram records, audit expenses, legal services.
(B) Client Services. All costs expended to deliver food and other client services and benefits, including:
(i) salaries,
(ii) fringe benefits,
(iii) contract services,
(iv) material preparation,
(v) space rental,
(vi) application processing,
(vii) medical supplies,
(viii) travel-in-state and out state,

(ix) notification of rights,
(x) transfer of certification,
(xi) planning of certification,
(xii) telephone,
(xiii) training,
(xiv) conduct and participate in surveys/studies,
(xv) transfer of certification,
(xvi) income determination,
(xvii) diet assessment,
(xviii) equipment,
(xix) anthropometric measurements,
(xx) other assessments, and
(xi) miscellaneous documentation.

(C) Nutrition Education. All costs directly related to general nutrition education, including:
(i) salaries,
(ii) fringe benefits,
(iii) planning for nutrition education,
(iv) travel - in or out of state,
(v) material preparation,
(vi) material procurement,
(vii) equipment,
(viii) printing,
(ix) training staff,
(x) counseling individuals,
(xi) group education,
(xii) continuing education,
(xiii) data collection,
(xiv) evaluation,
(xv) monitoring,
(xvi) telephone, and
(xvii) space rental.

(D) Breastfeeding. All costs expended for promotion and support of breastfeeding, including:
(i) salaries,
(ii) fringe benefits,
(iii) material preparation,
(iv) material procurement,
(v) space rental,
(vi) printing,
(vii) contract services,
(viii) counseling,
(ix) training,
(x) continuing education,
(xi) breastfeeding promotion and support,
(xii) telephone, and
(xiii) travel - in or out of state.

(3) Line Items. Local agency budgets and expenditure records and reports shall classify funds under one of the twelve cost categories specified below:

(A) Salaries - costs of all salaries and wages.

(B) Fringe benefits - employees' contributions or expenses for social security, life and health insurance plans, unemployment compensation insurance coverage, workmen's compensation insurance, and pension plan.

(C) Equipment - purchase and rental of property having a useful life of more than one year and an acquisition cost of $1,000.00 or more per unit.

(D) Contracted services. Chargeable under certification only. In cases where certification procedures are not performed by members of the local WIC staff, the local agency may contract with health care providers for such. Contracted services include only personnel compensation and laboratory fees.

(E) Space Rental. The total cost of space may not exceed the fair market rental cost of comparable space in the same locality. The cost of utilities, insurance, security, janitorial service, elevator service, grounds upkeep, normal repairs, and alterations are allowable to the extent they are not otherwise included in rental or other charges for space. Costs for rearrangement and alterations of facilities required specifically for the WIC program or those that increase the value or useful life of the facilities are allowable only when the state WIC program has given prior written approval.

(F) Supplies. Office supplies, books, publications, audio visual supplies, food demonstration supplies, and breastfeeding promotion aids.

(G) Postage.

(H) Telephone.

(I) Printing and reproduction. Total costs for printing and reproducing forms, reports, manuals, and informational literature.

(J) Travel Requirements. Records required by this paragraph shall be reviewed, approved and signed by personnel authorized by the local agency. The local agency shall retain a copy of the expense report. Travel records shall be maintained as follows:

(i) In-state. The local agency shall document:

(a) date of trip,

(b) driver's name,

(c) beginning and ending odometer readings and total mileage,

(d) origin and destination of trip,

(e) parking receipts and tolls,

(f) reason for trip.

(ii) Out-of-state. The local agency shall document:

(a) employee's name and position,

(b) reason for trip,

(c) date of trip,

(d) origin and destination,

(e) itemized costs as follows:

(1) date of each trip;

(2) employee's name;

(3) transportation tickets, hotel receipts, etc.;

(4) origin and destination of each trip;

(5) parking and taxi receipts; and

(6) reason for each trip.

(K) Other. Continuing education, outreach, equipment maintenance, and other WIC program costs allowable under 7 CFR 246.14, as amended.

(4) Special Limitations on Costs

(A) Nutrition education expenditures shall account for at least 25% of the total expenditures.

(B) All equipment purchases by the local agency over $1,000.00 per item and equipment rental charges over $50.00 per month are subject to approval, based on costs and necessity, in advance, by the state WIC Program. The local agency shall retain a copy of the request and approval.

(C) Space expenses. Costs for rearrangement and alterations of facilities required specifically for the WIC program or those that increase the

value or useful life of the facilities are allowable only when the state WIC program has given prior written approval to the local agency. The local agency shall:

(i) submit to the state WIC program written requests with justification and detailed costs.

(ii) retain a copy of the request and the state response.

(D) Indirect costs. Indirect costs to local agencies are not allowed.

(5) Annual Budgets

(A) Each local agency shall submit to the state WIC program by May 1 each year, an annual budget using state supplied budget forms.

(B) All budget line item modifications from the contract budget which bring the total of revisions to either $500 for a line item or 10% of a line item, whichever is greater, are subject to advance, written approval by the state WIC program. Budget modifications of lesser amounts require written notification to the state WIC program. All budget modification requests shall be received by the state WIC program by September 30. The local agency shall submit requests in writing with justification and shall retain a copy of the request and the state response.

(6) Reports

(A) Revenue, expenditures, and cash-on-hand shall be reported to the state WIC office monthly by the local agency.

(B) All revenue earned and expenditures which result in liabilities shall be reported by the local agency in the fiscal year for which they are contracted, even though the receipt of the revenue or the payment of the expenditure may take place in whole or in part in a previous or subsequent fiscal year.

(7) Settlement of Contract Account. Settlement of the contract account shall be made for each of the twelve line items as separate accounts. Differences shall be totaled to enable settlement with a single payment. Nutrition education expenditures shall account for at least 25% of the total expenditures.

(A) The local agency shall verify the state WIC program settlement figures and notify the state WIC program within 10 days of receipt of any discrepancies.

(B) The local agency shall refund excess advancement or request additional reimbursement within 30 days of the date of the settlement letter.

(e) Criteria for Selection of Local Agencies

(1) The department shall accept applications only from local agencies that meet the following criteria in priority order:

(A) a public or private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.

(B) a public or private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.

(C) a public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the state, in order to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants, or children).

(D) a public or private nonprofit human service agency that will enter into a written agreement with private physicians licensed by the state, to provide ongoing, routine pediatric and obstetric care.

(E) a public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.

(2) The department shall consider applications to provide WIC program benefits to an area that has at least 600 potentially eligible individuals.

(f) Local Agency Disqualifications and Penalties

(1) A local agency shall be considered in violation of the WIC Program if it:
(A) fails to submit to the department, obtain approval for, or fully implement the local agency plan including the nutrition education portion;
(B) diverts money budgeted for administrative expenses to non-budgeted administrative items;
(C) fails to submit reports as required by the department;
(D) otherwise does not comply with the terms of its contract with the department.
(2) When a local agency is found in violation of the state WIC program, it may be subject to one or more of the following penalties:
(A) reduction of reimbursement by 1/6 of the administrative budget for failure to fulfill its contractual responsibilities for nutrition education; reduction of reimbursement for costs of activities which were not authorized under the terms of the agreement with the state WIC program;
(B) termination of the agreement with the department; or
(3) A local agency may be disqualified from participation on sixty days advance written notice of the disqualification.

(g) Dual Participation - The potential dual application report shall be validated immediately upon receipt by the local agency. The local agency shall eliminate any real dual participation through its own or other local agencies.

(h) Civil Rights
(1) The local agency shall comply with all civil rights requirements as specified in 7 CFR 246.6, as amended. The nondiscrimination clause referred to in 7 CFR 246.6, as amended, shall appear on all materials that identify or describe the WIC program.
(2) Discrimination Complaints
(A) Within 24 hours the local agency shall send a copy of any complaint to:
(i) Affirmative Action Officer, State of Connecticut, Department of Public Health; and
(ii) State WIC Office, State of Connecticut, Department of Public Health.
(B) All complaints received by the local agency which allege discrimination based on race, color, national origin, sex, age or disability shall also be referred by the local agency to the Secretary of Agriculture, USDA, Washington, D.C. 20250.
(C) The local agency shall ensure that the identity of every complainant be kept confidential except to the extent necessary to carry out the purposes of this subsection, including the conduct of any investigation or hearing.
(D) Records. All records regarding any civil rights matter shall be retained a minimum of three years by the local agency.

(i) Certification. In accordance with the contract between the department and the local agency, the local agency shall cooperate in furnishing information in this subsection.
(1) The local agency shall develop a system to certify applicants for WIC benefits in accordance with the processing standards delineated in 7 CFR 246.7, as amended, and as specified in subdivisions 19a-59c-4(i) (1) through 19a-59c-4(i) (3) of the Regulations of Connecticut State Agencies. The processing standard begins when the applicant visits the local agency during office hours to request program benefits.
(2) Employed individuals seeking to apply for WIC benefits shall be given a convenient appointment so as to minimize the time that such an individual is absent from the workplace for the purpose of applying for the program.
(3) Pregnant women in priority I, infants, the homeless and migrants shall be notified by the local agency of their eligibility or ineligibility within 10 days of the date of the initial request for program benefits. An extension of the notification period to

a maximum of 15 days may be requested in writing by the local agency to the state agency.

(4) All other applicants shall be notified by the local agency of the determination of eligibility within 20 days of the date of the initial request for program benefits.

(5) Local program staff shall attempt to contact any pregnant woman who misses her initial certification appointment in order to reschedule the appointment.

(6) A CPA on the local agency staff shall certify as eligible all applicants who:
- (A) reside in Connecticut, and
- (B) meet the WIC approved categories, and
- (C) meet the income standard, and
- (D) are at nutritional risk, as defined in subsection 19a-59c-1(mm) of the regulations of Connecticut state agencies.

(7) Individuals who are being certified shall be physically present at the WIC office or satellite at the time of each certification. The local agency shall notify every applicant/participant prior to certification that the individual shall be present in order to complete the certification process. Physical presence shall be documented in the individual's certification file.

(8) Infants of women who were enrolled in the WIC program during pregnancy may be certified for up to six weeks of age without being physically present at the time of certification. Physical presence of the infant shall be documented by six weeks of age.

(9) When an applicant initially applies for WIC benefits, local agency staff shall determine if the applicant lives in Connecticut. State residency shall be verified by asking the applicant to present documentation which lists the applicant's name and address. Verification of residency is not required for homeless applicants.

(10) Nutritional risk shall be determined and documented by a CPA on the staff or on contract with the local agency.

(11) The CPA shall determine the extent of present health care and shall advise applicants and participants where they may go for adequate care.

(12) If the local agency does not have a contract with the CPA providing information on the nutritional status of a potential participant, then it shall be considered a referral and SHALL be reviewed by the local agency's CPA and countersigned.

(13) For determination of nutritional risk, the following data shall be obtained no more than 60 days before certification, provided that data used to determine the nutritional status of pregnant, postpartum or breastfeeding women was obtained while she was pregnant, postpartum or breastfeeding, respectively:
- (A) height or length, and weight;
- (B) a hematological test for anemia such as a hemoglobin or hematocrit test for all participants except for infants under six months of age and children whose blood values were normal at the previous certification. However, the test shall be performed on children whose values were normal at the previous certification at least once every 12 months.
- (C) as a last resort, and after all other options have been pursued to resolve the issue of obtaining timely bloodwork data, as documented by the local agency on the participant certification form, a pregnant woman may be temporarily certified without bloodwork data, one time only during her pregnancy for a period which may not exceed 60 days, as long as she is otherwise eligible to receive program benefits.

(14) A diet history shall be performed by a nutritionist or by a staff person trained and supervised by the program nutritionist to assess the adequacy of the potential participant's diet. A diet assessment form shall be completed if the nutritional risk criterion for certification is based on a dietary inadequacy.

(15) The local agency shall ensure that at least two people are involved in the certification process for each participant. This shall be reflected on the certification form by having the CPA complete and sign the Medical/Nutritional

assessment and another WIC staff member shall be responsible for the income eligibility determination.

(16) The local agency shall ensure that signatures on the WIC Certification Form are handwritten and shall comprise, at a minimum: first initial and last name. CPA signatures shall be legible.

(17) The local agency may extend the certification period for infants up to their first birthday, provided that the quality and accessibility of health care to infants are not diminished. A request for approval shall be made in writing to the state WIC program.

(18) The criteria for determining regression as defined in subsection 19a-59c-1(yy) of Regulations of Connecticut State Agencies shall not be used for an initial certification or for the recertification of priority II infants or postpartum women. These criteria may be used only if there was a documented nutritional risk condition at a prior certification, as evidenced by anthropometric, biochemical, clinical or dietary assessment. The regression criterion may not be used two or more times consecutively to certify an individual.

(19) Priority Assignment

(A) Participants certified on the basis of regression shall be assigned to the same priority group to which they were previously assigned.

(B) High risk postpartum women shall be assigned to priority IV. (See the State WIC Manual).

(C) Both the mother and infant of a breastfeeding dyad shall be assigned the highest priority for which either qualifies.

(D) A participant shall be assigned to the highest priority group for which he or she is eligible.

(20) Transfer of Certification

(A) The local agency shall comply with all requirements related to transfer of certification as specified in 7 CFR 246.7 (j), as amended, and in subparagraph 19a-59c-4 (i) 16 (B) through (D) of Regulations of Connecticut State Agencies.

(B) The local agency shall accept all verification of certification (VOC) cards which are recognized as state or national cards if such cards include as a minimum the participant's name and the certification date, including those cards which may have some incorrect information. A person with a valid VOC card shall not be denied participation because the person does not meet the state WIC program's eligibility criteria.

(C) If the certification period is still valid and the VOC card is incomplete, the local agency shall obtain the missing information and complete the card.

(D) If the certification period is no longer valid, the local agency shall process the individual as a new applicant.

(21) Certification Records - The local agency shall maintain complete certification records for active WIC participants composed of:

(A) request for alternate/proxy (WIC-12);

(B) certification form(s);

(C) prenatal weight gain grid for women, growth charts for children;

(D) nutrition education documentation;

(E) diet assessment form(s) in accordance with subsection 19a-59c-4(h) of Connecticut State Agencies, as amended;

(F) high risk care plan in accordance with subsection 19a-59c-4(j) of Connecticut State Agencies, as amended; and

(G) denial form for the National Voter Registration Act, if warranted.

(22) Aliens. During the certification process if it becomes known that the applicant is an alien, the local agency shall:

(A) inform aliens that participation in WIC may be considered by the Immigration and Naturalization Service (INS) as an indication that they have become a public charge and may be subject to deportation in

accordance with the Immigration and Nationality Act (8 U.S.C. § 1251 (a)(8)).
(B) refer the applicant to the INS for counseling,
(C) not further advise the applicant on this subject,
(D) refer any INS officials seeking information regarding WIC program participation to the state WIC office.

(23) Phenylketonuria (PKU). The certification and enrollment in the WIC program of eligible children who have PKU shall be accomplished through coordinated efforts of the local agency, the PKU clinics, the state WIC and genetics programs and the primary care providers.
(A) The local agency shall complete the initial and subsequent certification.
(B) The local agency shall establish and maintain certification records for all WIC/PKU participants.
(C) The local agency shall issue an appropriate PKU formula to infants and children when prescribed by a physician and not provided by another source.
(D) Other inborn errors of metabolism shall be handled in the same manner as PKU.

(24) Termination. A termination notice shall be provided to participants, in writing, no less than 15 days before the disqualification. The notice should include reasons for disqualification and the right to a hearing under Chapter 54 of the general statutes and section 19a-2A-1 through 19a-2A-41 of Connecticut State Agencies, as amended, of regulations of Connecticut State Agencies. The local agency shall terminate a WIC participant:
(A) if there are individuals waiting who, according to the priority system, are at greater nutritional risk;
(B) who is no longer in a WIC approved category;
(C) whose family income exceeds the income guidelines;
(D) if participant requests termination;
(E) for participation in more than one local WIC program;
(F) who abuses the program as specified in subsection 19a-59c-6(a) of Regulations of Connecticut State Agencies; or
(G) if directed by the state agency for administrative or fiscal reasons.

(25) Waiting Lists. As directed by the state WIC program, the local agency shall maintain a waiting list of individuals who visit the local agency to express an interest in receiving program benefits and who are likely to be served. However, in no case shall an applicant who requests placement on the waiting list be denied inclusion on the list.
(A) The competent professional authority shall fill vacancies, as directed by the state WIC program, by applying the participant priority system as defined in subsection 19a-59c-1(vv) of Regulations of Connecticut State Agencies and 7 CFR 246.7(d)(4), as amended.
(B) The waiting list shall comprise the following:
(i) name, address, telephone number;
(ii) categorical status; and
(iii) date placed on the waiting list.

(j) Local agency staff shall conduct an orientation for each participant to include:
(1) the general purpose and scope of WIC,
(2) the food delivery system,
(3) encouragement to attend all nutrition education activities,
(4) the importance of obtaining health care,
(5) rights and responsibilities as specified on the certification form, and
(6) The option of registering to vote.

(k) Nutrition Services
(1) The nutrition services component of the local agency shall be the primary responsibility of the WIC program nutritionist.

(2) A competent professional authority at the local agency shall prescribe or modify the food package for each participant according to federal requirements that delineate the quantity and quality of food to be prescribed to participants as specified in the State WIC Plan, as currently revised.

(3) Nutrition Education

(A) The local agency shall make nutrition education available to each participant at least twice every six months through individual or group sessions which are appropriate to the individual participant's nutritional needs and based upon the U.S. Dietary Guidelines (U.S. Department of Agriculture and U.S. Department of Health and Human Services, Home and Garden Bulletin No. 232). All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons as determined by a physician.

(B) The local agency shall offer newly enrolled participants an explanation of one or more of the following:

(i) participant's nutritional risk condition and ways to achieve an adequate diet;

(ii) either verbally or through an audio-visual presentation, the type and amount of food approved by the program;

(iii) the importance of the supplemental foods being consumed by the participant for whom they are prescribed rather than by the whole family;

(iv) that the program is a supplemental rather than a total food program;

(v) the nutritional value of the supplemental food; or

(vi) the importance of health care.

(C) The local agency shall offer subsequent nutrition education contacts as described in the local agency plan, to include a discussion of the following:

(i) participants' particular nutritional needs according to the category of eligibility, i.e., needs of pregnant, breastfeeding, postpartum women, infants, and children;

(ii) relationship of diet to health;

(iii) the benefits of consuming a variety of foods including those not provided by the program;

(iv) nutrients of special interest or need to the participant; and

(v) additional topics at the local agencies discretion, as described in the local agency plan.

(D) The local agency shall implement a plan to promote breastfeeding among participants.

(E) The local agency shall provide information on the dangers of drug, alcohol and tobacco use during pregnancy to each pregnant participant, and appropriate referrals shall be made.

(F) The local agency shall document nutrition education as follows:

(i) topic(s),

(ii) date,

(iii) staff initials, and

(iv) participant refusal or inability to attend or participate.

(G) Each local agency shall use other available community resources, such as the Expanded Food and Nutrition Education Program (EFNEP), in providing nutrition education.

(H) The local agency nutritionist shall develop and implement a nutrition care plan for each high risk participant and any other participant who wishes to have such a plan.

(I) Food Delivery

(1) The local agency shall issue checks which correspond to the food packages selected by the CPA, according to the procedures and policies as prescribed by SWIS.
(2) The local agency staff shall issue a WIC identification (ID) card or folder to each participant.
(3) Alternate (Proxy) Authorization. A participant may request in writing authorization of an alternate to pick up or redeem WIC checks. In cases which the local coordinator or CPA determines to be hardship, a one month alternate may be authorized without a written request from the participant. The justification for authorization of an alternate and a copy of the alternate's name and signature shall be obtained by the local agency prior to authorization. The process of authorizing alternates shall ensure that only two individuals - the participant and the current alternate - may use the WIC checks. The local agency shall clearly document the individual(s) authorized to use each set of WIC checks and these individuals' signatures shall be on file at the local agency.
(4) The local agency shall prorate participants' food packages as prescribed by SWIS.

(m) Management Information Systems
(1) The local agency shall follow security policies with regard to copyright laws, equipment, backup and recovery, installation and upgrades and software passwords as established by the state WIC office.
(Effective March 2, 1993; Amended April 3, 1998.)

## 19a-59c-5. Food vendor participation

(a) In order to be considered for authorization, a vendor shall:
(1) be necessary to the program as determined in accordance with subsection 19a-59c-5(c) of Regulations of Connecticut State Agencies and as specified in the WIC vendor agreement.
(2) request an application package in writing,
(3) submit a completed application package by the due date, and
(4) meet the minimum criteria at the time of an authorized site visit as established by the state WIC program in subsection 19a-59c-5(c) of Regulations of Connecticut State Agencies and according to 7 CFR 246.12, as amended.

(b) The state WIC program, in cooperation with local agencies, shall process requests from food vendors who wish to become authorized WIC vendors, monitor vendor performance, document and resolve participant complaints.
(1) When the local agency is contacted by a vendor requesting authorization, the following procedure shall be followed:
(A) During the open enrollment period, which is designated by the state WIC program, the local agency will direct the vendor to submit the request in writing to the state WIC office.
(B) Applications will not be accepted any time other than the open enrollment period and before the due date. However, the state WIC program may authorize vendors based upon documented participant hardship at times other than open enrollment. In case of participant hardship, the local agency shall refer the vendor to the state WIC office.
(2) For vendors in its area, the local agency shall maintain a file which contains the following information:
(A) data sheet including store name, address, WIC vendor number and contact name;
(B) changes in vendor; e.g., change of ownership or address;
(C) documentation of any telephone conversations with the vendor and complaints received about the vendor;
(D) any other information which the department deems pertinent.
(3) The local agency shall process participant complaints as follows:

(A) document receipt of the complaint in writing to include:
(i) date of complaint,
(ii) name of participant making complaint (if available),
(iii) name of vendor about whom participant is making complaint, and
(iv) nature of complaint according to participant.
(B) submit the original of the written documentation to the state WIC program within 5 working days;
(C) retain a copy of the written documentation for the local agency file.

(c) Authorization of WIC vendors is the sole responsibility of the state WIC program. Vendor agreements are between the state and the vendor. The department shall authorize an appropriate number and distribution of food vendors, as well as perform an effective review and monitoring of vendors. The appropriate number and distribution of vendors shall be based upon store location, number of authorized stores in the area, the number of WIC participants in that area, adequate participant access and lowest prices charged by vendor. The department may make any adjustments in the number of authorized stores required for special needs such as second language stores and access for the handicapped.

A vendor shall not be authorized by the state WIC program if the minimum requirements of the program are not met at the time of an initial visit. Minimum requirements include posting product prices, stocking the minimum inventory, attending vendor training sessions, maintaining WIC redemptions of an average of twenty-five checks per month, store business hours a minimum of 10 hours a day, 6 days a week and no history of overcharging the WIC Program. Satisfactory Food Stamp compliance as evidenced in part by no Food Stamp charge letter on file. Prices charged by stores for WIC foods cannot exceed fair market prices as determined by the state WIC program.

After the initial pre-authorization visit, inventory audits shall be conducted and periodic visits shall be made to authorized vendors. On-site monitoring and compliance investigations shall be performed by department staff or contracted designees. These inventory audits and additional visits, made during the period of authorization, may result in warning, fine, or disqualification letters being issued, dependent on the abuse. On any visit made to a store, the minimum requirements shall be met at the time of the visit or the vendor may be subject to penalties in accordance with subsection 19a-59c-6(c) of Regulations of Connecticut State Agencies, as amended. Details of any violations shall be documented.

(d) Vendor Agreements are rendered null and void if the ownership changes. The food vendor shall notify the state WIC program when the vendor ceases operation or when the ownership changes.
(Effective March 2, 1993; Amended April 3, 1998.)

## 19a-59c-6. Program abuse

(a) Participant Abuse
(1) In cases of participant abuse of the WIC program, the local agency shall:
(A) issue all warnings either in writing or orally to the participant in the presence of at least one witness, and document the abuse in the participant's file by recording name, date, description of incident and name(s) of witness(es);
(B) if a decision is made to suspend the participant, hand deliver or mail, by certified mail, return receipt requested, a written notice of suspension indicating length of time and reason;
(C) mail a copy of the notice of suspension to the state WIC office within 15 days, and retain copies in the participant's file;

(D) should the participant request a hearing, have the participant complete the necessary hearing form, and forward it to the state WIC office;
(E) report threats or acts of violence against a person or property immediately to the police;
(F) if the abuse in question includes the sale of supplemental foods or checks or their exchange for credit toward the purchase of unauthorized food or other items by the participant,
(i) report by phone alleged or suspected abuse to the State WIC Office immediately, provide written documentation within 15 days, retain a copy in the participant's file, include name, date, description of the incident, names of witnesses, and other appropriate information, and
(ii) implement actions regarding the participant's WIC status as described in subparagraph 19a-59c-6(a) (1) (B) of Regulations of Connecticut State Agencies, as amended, unless given other instructions by the state WIC office, and maintain documentation of actions taken;
(iii) Claims Against Participants - The recovery of the cash value of program benefits which have been improperly issued to a participant due to the intentional misrepresentation or withholding of information may be initiated by the state agency in addition to imposition of the sanctions described in subsection 19a-59c-6(a) of Regulations of Connecticut State Agencies, as amended. The state agency may pursue recovery when the value of the overissuance exceeds $300.00.
(G) inform participant of the right to review termination, disqualification, or suspension from the WIC program in accordance with section 19-2a-1 through 19-2a-40, as amended, of Regulations of Connecticut State Agencies.

(2) Category I Violations
(A) Category I violations are actions related to misuse of checks, including but not limited to:
(i) refusal to follow proper redemption procedures such as signing checks,
(ii) failure to follow proxy procedures,
(iii) selection of unauthorized foods within an approved food category, or
(iv) selection of unauthorized quantities of authorized foods.
(B) Category I violations shall be subject to the following sanctions:
(i) a written or oral warning for the first occurrence within a 12-month period,
(ii) a one month suspension for the second occurrence within a 12-month period, and
(iii) a three month suspension for the third violation within a 12-month period.

(3) Category II Violations
(A) Category II violations are actions related to misuse of program benefits and participant rights, including but not limited to:
(i) verbal abuse of program, local agency or vendor staff,
(ii) redeeming checks which have expired or been altered, and
(iii) purchase of unauthorized foods, or returning WIC foods for cash.
(B) Category II violations shall be subject to the following sanctions:
(i) a written or oral warning for the first actual or attempted occurrence, and

(ii) a three month suspension for any subsequent, actual or attempted occurrence within a 12-month period.

(4) Category III Violations

(A) Category III violations are actions related to deliberate fraud or abuse of the WIC program, including but not limited to:

(i) physical abuse of program, local agency or vendor staff;

(ii) misrepresentation of eligibility for program benefits;

(iii) purchase of non-food items;

(iv) purchase of alcohol or tobacco products;

(v) exchanging checks for cash;

(vi) sale of WIC foods;

(vii) receipt from food vendors of cash or credit toward purchase of unauthorized foods or other items of value in exchange for checks; or

(viii) simultaneous participation in more than one local agency WIC program.

(B) Category III violations shall be subject to a three month suspension for any offense.

(b) Applicant Abuse - Sanctions shall be applied by the local agency when an applicant knowingly and deliberately misrepresents circumstances to obtain WIC benefits, or, when an applicant uses verbal or physical abuse or threat of physical abuse to local agency, clinic or vendor staff or property, or refuses to cooperate when asked for information.

(1) Penalty - Denial of participation in the WIC program.

(2) The local agency shall:

(A) issue a written Denial of Participation Notice stating the reason for the denial and the right to a hearing;

(B) mail a copy of the Denial of Participation Notice to the state WIC office within 15 days, which shall include a notice of the right of review, and retain copies in the participant's file;

(C) should the applicant request a hearing, have the applicant complete the necessary hearing form and forward to the state WIC office; and

(D) report threats or acts of violence against a person or property immediately to the police.

(c) Vendor Abuse - Sanctions are to be applied by the state WIC program against vendors based on the nature and severity of violations and the Vendor authorization agreement. Depending upon the offense, the state WIC program may impose the following:

(1) Warnings - A warning letter shall be sent to the vendor upon documentation of the first violation for abuses in accordance with the WIC vendor agreement for certain abuses.

(2) Fines and disqualifications - civil penalties - a civil penalty pursuant to Section 19a-59d of the General Statutes may be imposed on vendors in lieu of or in addition to disqualification. Disqualification may result upon documentation of certain abuses by a vendor in accordance with the following:

(A) Class A violations: An automatic three-year disqualification shall be assessed for the following violations:

(i) providing cash for redemption of a WIC check,

(ii) allowing cigarettes or alcoholic beverages to be purchased with a WIC check,

(iii) allowing any non-food items such as soaps, paper goods, etc. to be purchased with a WIC check,

(iv) not providing refunds or not paying fines by the due date as requested by the WIC program,

(v) using a counterfeit WIC vendor stamp,

(vi) receiving, transacting, or redeeming WIC checks outside of authorized channels or through unauthorized persons,

(vii) forging the signature of a WIC participant/alternate or a designee of the WIC program on any WIC document,
(viii) charging the WIC program for foods not received in exchange for a WIC check as determined during compliance purchases or check audits, or
(ix) charging the WIC program more for WIC foods than the lesser of the shelf or sale price at the time of purchase as determined during compliance purchases or check audits.

(B) Class B violations: A six-month disqualification or a five hundred dollar ($500.00) fine in lieu of disqualification shall be assessed for each occurrence of the following violations. Upon the fifth Class B violation within a one-year period, a two-year disqualification shall be imposed. The option to pay a fine shall not be available at that time:
(i) the inability to justify WIC redemptions through documented WIC food item purchases,
(ii) pricing a WIC check by type rather than by the actual purchase price of the foods,
(iii) not providing information as requested by the WIC program within the time frame that is stated,
(iv) not having the participant enter the purchase price in ink on a WIC check at the time of the purchase, or
(v) redeeming a WIC check for any food not specified on the WIC check or WIC food list.

(C) Class C violations: A three-month disqualification or a two hundred fifty dollar ($250.00) fine in lieu of disqualification shall be assessed for each occurrence of the following violations. Upon the fifth Class C violation within a one-year period, a one-year disqualification shall be imposed. The option to pay a fine shall not be available at that time:
(i) accepting a WIC check before the approved WIC foods have been provided or for credit, iou's or rain checks,
(ii) redeeming an altered WIC check,
(iii) not attending assigned training sessions,
(iv) allowing the return of any WIC purchases, or
(v) providing false information on any WIC document or on any WIC request for information.

(D) Class D violations: A one hundred twenty-five dollar ($125.00) fine shall be assessed for each occurrence of the following violations. Upon the Fifth Class D violation within a one-year period, a six-month disqualification shall be imposed. The option to pay a fine shall not be available at that time:
(i) not checking the WIC program identification card or folder at the time of purchase,
(ii) not verifying the WIC participant/alternate signature at the time of purchase,
(iii) not posting all WIC food prices on the item itself or on the shelf or door in front of the item,
(iv) not having the minimum inventory of WIC-approved foods on shelves at all times,
(v) not providing savings to WIC participants/alternates through the use of coupons or store offered promotions that include WIC authorized foods, or
(vi) accepting a WIC check before the "first day to use" or after the "last day to use" as specified on WIC checks.

(E) FNS Programs - whenever a vendor is disqualified from participation in any other FNS (Food and Nutrition Service) program such as the Food Stamp Program, the vendor shall also be disqualified from participation

in the WIC program for the same length of time up to a maximum of three (3) years. Also, if a vendor is assessed a civil money penalty in lieu of disqualification from a FNS program, that vendor shall be disqualified from the WIC program for the same length of time that the FNS program would have disqualified the vendor up to a maximum of three (3) years. In addition, if a vendor is assessed a settlement fine, or any other monetary penalty or fee relating to a disqualification from the Food Stamp Program, a WIC civil penalty shall be assessed the vendor equal to the lesser of the FNS penalty or two thousand five hundred dollars ($2500.00).

(F) Intent to pay - if the option to pay a fine in lieu of disqualification for Class B or Class C violations is elected, the total amount of the fine is payable on or before the date the disqualification would have been effective. The notification of intent to pay the fine shall be received at the department of Public Health within seven (7) days of receipt of the WIC program sanction letter. Any fines levied for Class D violations are payable fifteen (15) days from receipt of the WIC program sanction letter.

(G) Undue hardship - if the WIC program determines that there shall be undue hardship for WIC participants if a vendor is disqualified, the store shall be allowed to remain on the program until such time that undue hardship no longer exists. A fine of two thousand five hundred dollars ($2500.00) shall be paid by the vendor to continue to accept WIC checks. A hearing may be requested to determine if the disqualification is warranted. At such time that the WIC program determines that undue hardship no longer exists, the vendor shall be notified that the original disqualification shall be effective fifteen (15) days from receipt of the letter. The vendor may request a hearing for the sole purpose of arguing the issue of undue hardship.

(H) Aggregate fines - any store that has paid more than two thousand five hundred dollars ($2500.00) in fines in the last three (3) years shall not be selected for authorization.

(3) Expiration - records of violations shall be erased after related disqualification periods have been served. However, warnings shall remain active during the entire term of the store's current ownership.

(4) Termination. The right to terminate the Agreement may be exercised by either party upon not less than fifteen (15) days advance written notice. Neither the State of Connecticut, Department of Public Health nor the vendor has any obligation to renew the Vendor Agreement.

(5) Waiver of Sanctions - The state WIC program may waive the action against the vendor if such action would significantly impair the ability of the state WIC program to meet its goals and objectives.

(6) Notice of review: Any person aggrieved by an order issued by the state WIC program may request a review of the order by the commissioner. Expiration of the agreement is not subject to review. The request for review shall be received by the commissioner within seven (7) days of the date of issuance of the order. If the seven (7) day period expires on a day which is not a normal business day for the department, the time period for making a request for review shall be extended through the close of business of the first regular business day following. The request for review shall state:

(A) the name of the person claiming to be aggrieved;

(B) the nature of the claimed aggrievement;

(C) the order being reviewed; and

(D) the grounds for review.

(Effective March 2, 1993; Amended April 3, 1998.)

# Connecticut Tumor Registry

## 19a-73-1. Tumor registry regulations. Connection of information on occupational history

All short term and long term hospitals licensed under sections 19a-490 to 19a-503, inclusive, of the Connecticut General Statutes shall collect information on occupational history from each newly diagnosed cancer patient.

(Effective September 23, 1983.)

## 19a-73-2. Content of history

Occupational history shall include places of employment, types of employment and length of employment of the cancer patient prior to diagnosis of cancer.

(Effective September 23, 1983.)

## 19a-73-3. Recording of history on form

The occupational history shall be recorded on a form to be provided by the State Department of Health Services, and shall be filed in the medical record of the patient.
(Effective September 23, 1983.)

## 19a-73-4. Availability of forms

A copy of the occupational history forms shall be made available to the hospital tumor registrar or other hospital employee who is responsible for reporting information on newly diagnosed cancer cases to the tumor registry in the Department of Health Services.

(Effective September 23, 1983.)

## 19a-73-5. Registration of forms

The hospital tumor registrar or other designated hospital employee shall submit a copy of the occupational history form to the tumor registry in the Department of Health Services at the time the regular cancer report forms are submitted as required by section 19a-73-6 of these regulations.

(Effective September 23, 1983.)

## 19a-73-6. Reporting

Each general, special and chronic disease hospital licensed under chapter 368v of the Connecticut General Statutes and each clinical laboratory licensed under section 19a-30 of the Connecticut General Statutes shall report within Six months of the close of the calendar year, on forms furnished by the State Department of Health Services, such information as the department requires concerning diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, radiation, surgical or other methods of treatment, and annual life-time follow-up on each cancer patient at such times as are necessary to maintain the Connecticut Tumor Registry.

(Effective September 23, 1983.)

## 19a-73-7. Non-compliance

Failure to comply with the requirements stated in section 19a-73-6 above within six months after the end of a calendar year may be a cause for suspension or revocation of the license of the hospital or clinical laboratory.

(Effective September 23, 1983.)

# Public Sources of Nicotine Yield Ratings for Cigarettes

## 19a-74a-1. Definitions

As used in sections 19a-74a-1 and 19a-74a-2 of the Regulations of Connecticut State Agencies:

(1) "Department" means the Department of Public Health;

(2) "Commission" means the Federal Trade Commission (FTC), an independent administrative agency which was organized in 1915 pursuant to the Federal Trade Commission Act of 1914. It is responsible for the administration of a variety of statutes which, in general, are designed to promote competition and to protect the public from unfair and deceptive acts and practices in the advertising and marketing of goods and services; and

(3) "Public Sources of Nicotine" includes the Commission's documents containing the nicotine yield ratings pursuant to the Federal Cigarette Labeling and Advertising Act of 1966.

(Added effective September 13, 2001.)

## 19a-74a-2. Access to information

The department shall access the Commission's information including, but not limited to, their website for public sources of nicotine provided pursuant to 15 USC § 1335a.

(Added effective September 13, 2001.)

# Per Capita Grants for Part-Time Health Departments

## 19a-76-1. Definitions

(1) "Full-time local director of health" or "director" means a municipal or district director of health who is responsible for enforcing public health laws and administering public health programs; and is employed on a full-time basis by a district or municipality.

(2) "Part-time health department" means a health department that has been designated by a municipality as a part-time health department for purposes of section 19a-202a of the Connecticut General Statutes.

(3) "Health department" means the municipality or district unit which is administered by the full-time local director of health.

(4) "Commissioner" means the Commissioner of Public Health.

(5) "Employee" means a person who:

- (1) is designated as a local director of health pursuant to section 19a-200 of the Connecticut General Statutes; or
- (2) reports to a local director of health, and is licensed pursuant to the provisions of chapters 370, 371, 379, 395, subsections (a) or (b) of section 20-87a of the Connecticut General Statutes or holds a bachelor's or higher degree in public health from a regionally accredited college or university; and (3) is employed by a part-time health department to provide services pursuant to section 19a-76-2 of the Regulations of Connecticut State Agencies.

(6) "Full-time employee or its equivalent" means a maximum of three employees, as defined in subdivision (5) of this section, whose total work week consists of a minimum of thirty-five hours.

(Effective December 15, 1983; Amended April 29, 1999).

## 19a-76-2. Basic local health program

(a) Except as provided in subsection (c) of this section, to be eligible for state grants under section 19a-202 or section 19a-245 of the Connecticut General Statutes or section 19a-202a of the Connecticut General Statutes health departments shall ensure the provision of a basic public health program in accordance with subsection (b) below. The health department may ensure the provision of a program by directly providing the service, contracting with another health department or community agency or coordinating public health services with other community or regional resources providing specialized services. Nothing in these regulations shall prohibit any health department from providing health services in addition to the basic services described in subsection (b) below.

(b) The basic health program to be provided shall include the following services that prevent disease or reduce conditions that have an adverse effect on health:

- (1) Public health statistics. There shall be participation in a mechanism for the collection, tabulation, analysis and reporting of public health statistics for the health jurisdiction served;
- (2) Health education. There shall be public and professional information and education with emphasis on prevention and individual responsibility for health status, community organization and outreach;
- (3) Nutritional services. There shall be a nutrition program including appropriate activities in education and consultation for the promotion of positive health, the prevention of ill health, and the dietary control of disease;
- (4) Maternal and child health. There shall be a comprehensive plan for maternal and child health services to include but not necessarily be limited to:
  - (A) Prenatal, childbearing, and reproductive care;
  - (B) Family planning;
  - (C) Child and adolescent health including school health;
  - (D) Child abuse;
  - (E) Genetic disease control;
- (5) Communicable and chronic disease control

(A) There shall be preventive services including immunization, screening, consultation, diagnostic services, epidemiological investigation, and community education;
(B) The qualifying health department shall identify resources and provide referral for treatment and rehabilitation of persons with communicable, chronic, and handicapping conditions including, but not necessarily limited to, tuberculosis, venereal disease, cancer, hypertension, and cardiovascular disease;
(C) There shall be a plan for the prevention and control of vision, hearing, and dental problems;

(6) Environmental services. These shall include activities relating to water, food, air, wastes, vectors, housing, bathing places, safety, noise, toxic hazards, and nuisances in the community and work place;
(7) Community nursing services. There shall be provision for community nursing need to implement programs for which the qualifying health department is responsible;
(8) Emergency medical services. There shall be provision for the development and implementation of an emergency medical service system to include: identification of primary services, written mutual aid and mass casualty plans, and participation in regional planning.

(c) A municipality that has designated itself as having a part-time health department may ensure the provision of a basic public health program as described in subsection (b) of this section by directly providing the service, contracting with another health department or community agency or coordinating public health services with other community or regional resources providing specialized services.
(Effective December 15, 1983; Amended April 29, 1999).

## 19a-76-3. Use of funds

(a) Funds available to qualifying health departments under section 19a-202 or section 19a-245 of the General Statutes shall be used only to augment local appropriations provided for public health purposes through the health department in furtherance of those functions listed in section 19a-76-2 of these regulations and any other programs approved by the commissioner.
(b) Funds available to qualifying health departments under section 19a-202a of the Connecticut General Statutes shall be used only for public health purposes through the health department in furtherance of those functions listed in section

## 19a-76-4. Applications for funds

(a) Budget and program
(1) The director of each health department applying for funds under section 19a-202 or section 19a-245 of the Connecticut General Statutes or section 19a-202a of the Connecticut General Statutes shall submit a budget each year showing a total plan for the expenditure of all public health funds during the year together with an outline of the programs contemplated.
(2) Budget and program revisions shall be approved by the commissioner prior to implementation.

(b) Reports
(1) At the end of each fiscal year, the director of each qualifying health department shall submit to the commissioner reports of expenditures, operations, and services provided.
(Effective December 15, 1983; Amended April 29, 1999).

# Child Day Care Centers and Group Day Care Homes

*19a-79a-1a. Definitions*

## 19a-79-1a. Definitions

(1) "Administration of medication" means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;
(2) "Advanced practice registered nurse" means an individual licensed pursuant to subsection (b) of section 20-94a of the Connecticut General Statutes;
(3) "Alteration" means remodeling or revision that does not change the physical plant of the licensed space;
(4) "Alternate staff" means a substitute;
(5) "Ambient air" means the surrounding air;
(6) "Attendance" means the names and number of children and staff present at the facility on a daily basis;
(7) "Authorized prescriber" means a physician, dentist, advanced practice registered nurse or physician assistant;
(8) "Business day" means the normal and customary workday schedule;
(9) "Certified playground safety inspector" means an individual certified by the National Playground Safety Institute, a program of the National Recreation and Park Association;
(10) "Child day care center" means a program of supplementary care for more than twelve (12) related or unrelated children outside their own homes on a regular basis;
(11) "Child or children with special health care needs" means a child or children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally;
(12) "Commissioner" means the Commissioner of Public Health or the commissioner's designated representative;
(13) "Conspicuous place" means an area that is easy to notice;
(14) "Contracted services" means services provided that are subject to a written agreement;
(15) "Construction" means the act or process of building;
(16) "Days" means calendar days unless otherwise noted;
(17) "Dental hygienist" means an individual licensed to practice dental hygiene in this or another state;
(18) "Dentist" means an individual licensed to practice dentistry in this or another state;
(19) "Department" means the Connecticut Department of Public Health or any duly authorized representative thereof;
(20) "Developmentally appropriate practice" means a framework for working with young children to apply current knowledge about how children develop based upon age and the individual needs of each child;
(21) "Director" means the program administrator or person responsible for the day to day administrative operation of the program, who may be the head teacher;
(22) "Disability" means a physical or mental impairment that substantially limits one or more major life activities;
(23) "Early childhood education consultant" means an individual who is a credentialed early childhood specialist with an Associate, Bachelors, Masters, or Doctoral degree in early childhood education, child development or human development or a four (4) year degree in a related field with at least twelve (12) credits in child development or early childhood education from an accredited college or university, who has two (2) or more years experience administering a licensed child day care center that meets standards comparable to those in Connecticut;
(24) "Emergency medical technician" means an individual certified in accordance with section 19a-179 of the Connecticut General Statutes or licensed in another state;

(25) "Employment" means working at a child day care center or group day care home and includes volunteers and alternate staff, who work more than twelve (12) times per year;

(26) "Endorsement" means the specific services for which a program has applied, have been approved by the department and are listed on the face of the license;
(27) "Enrollment" means the number of children registered and who have been admitted to the child day care center or group day care home for any given period of time;
(28) "Expansion" means an increase in the physical size or licensed capacity of the child day care center or group day care home;
(29) "Facility" means the building in which the child day care center or group day care home is housed;
(30) "First aid course" means a specified program of emergency treatment that has been approved by the department as listed in section 19a-79-4a(e) of the Regulations of Connecticut State Agencies;
(31) "Group day care home" means a program of supplementary care for not less than seven (7) nor more than twelve (12) related or unrelated children on a regular basis, or that meets the definition of a family day care home as provided in section 19a-77 of the general statutes except that it operates in a facility other than a private family home;
(32) "Group size" means the maximum number of children allowed to be cared for together at a given time in a specific area;
(33) "Head teacher" means the person responsible for the day to day educational portion of the child day care center or group day care home who shall be on site for sixty (60) percent of the hours the center is in operation on a weekly basis, who may also be the director;
(34) "Health consultant" means a physician, physician assistant, advanced practice registered nurse or registered nurse holding a current and valid license in this or another state;
(35) "Ill child" means one who is excluded from a child care program or school due to discomfort, injury or other symptoms of short term contagious illness;
(36) "Investigational drug" means any medication with an approved investigation new drug application on file with the federal Food and Drug Administration (FDA), that is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and that has not yet received FDA approval;
(37) "Job description" means a written outline developed for each position in the facility, containing the qualifications, duties, responsibilities and accountability required of all employees in that position;
(38) "Legal representative" means a person authorized by the operator to represent and act on behalf of the operator, including but not limited to, the signing of licensure applications and renewals;
(39) "License" means the form of permission issued by the department that authorizes the operation of a child day care center or group day care home;
(40) "Licensed capacity" means the maximum number of children allowed under the license to be in the licensed premises at any one time;
(41) "Licensed premises" means the space identified in the license application in which child day care services are provided;
(42) "Local director of health" means the person appointed as the director of health for a city, town or borough pursuant to section 19a-200 of Connecticut General Statutes or for a health district pursuant to section 19a-242 of the Connecticut General Statutes;
(43) "Meal" means the food served and eaten in one sitting containing the four (4) food groups;
(44) "Medication" means any legend or nonlegend drug as defined in section 20- 571, including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes;
(45) "Night care" means the care provided for one (1) or more hours between the hours of 10:00 P.M. and 5:00 A.M.;
(46) "Medication error" means failure to administer medication to a child, or failure to administer medication within one (1) hour of the time designated by the prescribing practitioner, or failure to administer the specific medication prescribed for a child, or

failure to administer the medication by the correct route or failure to administer the medication according to generally accepted medical practices or failure to administer the correct dosage of medication;

(47) "Operator" means a person, group of persons, association, organization, corporation, institution or agency, public or private, who has the legal responsibility for the overall operation of the child day care center or group day care home and to whom the license is issued;

(48) "Paramedic" means an individual licensed in accordance with section 20- 206ll of the Connecticut General Statutes or in another state;
(49) "Parent(s)" means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;
(50) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;
(51) "Physician assistant" means an individual who is licensed in accordance with section 20-12b of the Connecticut General Statutes and regulations adopted thereunder;
(52) "Primary health care provider" means the person who is responsible for the health care of the child outside the center;
(53) "Professional development" means attendance at classes, seminars, workshops, conferences or forums, and participation in distance learning activities that improve one's knowledge, skills and abilities;
(54) "Program" means the group of services and activities provided in the child day care center or group day care home;
(55) "Program space" means the defined area within a child day care center or group day care home in which a safe nurturing environment planned in accordance with the age, group size and child staff ratio promotes physical, social, emotional and cognitive development;
(56) "Program staff" means those persons, sixteen (16) years of age or older, responsible for the direct care of children;
(57) "Quarterly" means approximately once every three months;
(58) "Registered dietitian" means a person certified as a dietitian-nutritionist in this or another state;
(59) "Registered nurse" means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 [FN1] of the Connecticut General Statutes;
(60) "Renovation" means remodeling or revision that changes the physical plant of the licensed space;
(61) "School age" means at least five (5) years of age by January 1 of the current school year, and less than thirteen (13) years of age or less than nineteen (19) years of age with special needs requiring the child to receive supplementary care, and attending school;
(62) "Semi-annual" means two times per calendar year, approximately six (6) months apart;
(63) "Services" means those specific activities that contribute to the health, education and welfare of the children;
(64) "Snack" means a light meal containing two (2) food groups;
(65) "Social service consultant" means a person who holds a baccalaureate degree in social work with at least one (1) year of social work experience under social work supervision, or a baccalaureate degree in a field that the commissioner deems related to social work with at least two (2) years of social work experience under social work supervision;
(66) "Staff" means personnel including volunteers, sixteen (16) years of age or older, who provide a service to a child day care center or a group day care home;
(67) "Staff child ratio" means the maximum number of children per program staff person;
(68) "Supervision" means the direction and on-site observation of the functions and activities of staff or children;
(69) "Supplementary care" means out-of-home care where an individual or organization takes responsibility for the child's activities; and,
(70) "Vector" means an organism that carries pathogens from one individual or object to another such as flies, mosquitoes, ticks and rodents.
(Added effective July 27, 1993; Amended effective August 8, 1995; November 3, 1997; April 29, 2002; November 6, 2008.)

## 19a-79-2a. Licensure procedures

(a) No person, group of persons, association, organization, corporation, institution or agency, public or private, shall operate a child day care center or group day care home without a license issued by the department in accordance with sections 19a-77 through 19a-87, of the Connecticut General Statutes and 19a-79a-1a through 19a-79-13, of the Regulations of Connecticut State Agencies.

(b) Application for licensure

(1) Application for the initial granting or renewal of a license to operate a child day care center or a group day care home shall be on forms provided by the department.

(2) The application for initial licensure shall be signed by the operator, who shall be twenty (20) years of age or older if the operator is an individual, or by the legal representative of the operator if the operator is a group of persons, association, organization, corporation, institution or agency, public or private, and shall contain the following information:

(A) a notarized original affidavit on a form supplied by the department;

(B) the name of the child day care center or the group day care home and address and telephone number (and mailing address, if different);

(C) the name, home address(es) and home phone number(s) of the operator, if the operator is an individual, or of the legal representative of the operator, if the operator is a group of persons, association, organization, corporation, institution or agency, public or private;

(D) a copy of the current fire marshal certificate of approval, written verification of compliance with state and local building codes, local zoning requirements and local health ordinances;

(E) proposed licensed capacity;

(F) ages of children to be served;

(G) days, hours and months of program operation;

(H) criminal checks and a check of the State Child Abuse Registry as required by section 19a-79-4a(b) of the Regulations of Connecticut State Agencies; and

(I) all other documentation that the commissioner deems necessary to establish that the licensee will meet the health, educational and social needs of the children likely to attend the child day care center or group day care home.

(c) Issuance and renewal of a license

(1) Upon determination by the department that a child day care center or group day care home is in compliance with the state statutes and regulations and local health codes pertaining to its licensure, the department shall issue a two (2) year license for all new programs.

(2) Renewal of a license shall be contingent upon payment of the licensure fee for the period specified in section 19a-80 of the Connecticut General Statutes.

(3) The license shall be issued to the operator in the name of the child day care center or group day care home and premises as listed on the affidavit. The license shall not be transferable.

(4) Each license shall list:

(A) the operator,

(B) the location,

(C) the licensed capacity,

(D) the name of the child day care center or group day care home,
(E) the date of expiration of the license, and
(F) the services offered.

(5) The license shall be posted in a conspicuous place in the child day care center or group day care home in an area accessible to the public.

(6) Each operator who desires to make application for a license shall submit a complete application to the commissioner at least sixty (60) days prior to the anticipated date of opening.

(7) At least every two (2) years, the commissioner and the local health director shall make unannounced visits, inspections or investigations of a licensed child day care center or group day care home, including viewing the records required by section 19a-79-1a to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies.

(8) If a completed application for renewal of the license has been submitted in a timely manner to the department, but has not been acted upon by the commissioner, the license shall be valid until the commissioner makes a decision on such application.

(d) Civil Penalties and Other Disciplinary Remedies

(1) In accordance with the procedures set forth in sections 19a-79(b) and 19a-84 of the Connecticut General Statutes, if the department finds that the operator of a child day care center or group day care home has failed to substantially comply with section 19a-79-1a to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies, the department may, following a contested case hearing only, take any of the following actions, singly or in combination, against the license of the operator:

(A) revocation of the license;

(B) suspension of the license for a specific time period, or until regulatory compliance is secured or conditions deemed necessary to protect the health, safety and welfare of the children cared for in the child day care center or group day care home are met;

(C) the imposition of a civil penalty of up to one hundred dollars ($100.00) per day for each day of violation of sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies; or

(D) place the license on probationary status and impose such conditions or corrective measures which the department deems necessary to assure the health, safety and welfare of the children cared for in the child day care center or group day care home, including, but not limited to:

(i) reporting regularly to the department upon the matters, which are the basis of probation;

(ii) placement of restrictions upon the operation of the child day care center or group day care home deemed necessary to protect the health, safety and welfare of the children cared for in the facility; and,

(iii) continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation.

(2) The commissioner may initiate action against a license, whenever in the judgment of the commissioner, the operator or a person who has an ownership interest or serves as an officer, corporate director, managing member or managing partner of the operator:

(A) fails or previously failed to substantially comply with:

(i) all applicable federal, state or local laws;

(ii) ordinances or regulations related to the building, health, fire protection, safety, sanitation or zoning codes;

(iii) sections 19a-79-1a to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies; or

(iv) sections 19a-87b-1 to section 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies.

(B) knowingly furnishes or makes any false or misleading statements to the

department in order to obtain or retain the license.

(3) The commissioner may refuse to grant a license to an applicant whenever, in the judgment of the commissioner, the applicant:

(A) fails or previously failed to substantially comply with:

(i) all applicable federal, state or local laws;

(ii) ordinances or regulations related to the building, health, fire protection, safety, sanitation or zoning codes;
(iii) sections 19a-79-1a to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies; or
(iv) sections 19a-87b-1 to section 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies

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

(C) For the purposes of this section, the history of a licensee of which an officer, corporate director, managing member or managing partner of the applicant or the applicant had an ownership interest or served as an officer, corporate director, managing member or managing partner shall be considered as attributable to the applicant in assessing compliance under subparagraph (A) of this subdivision.

(4) The licensee has a right to a hearing regarding any licensure action as stated in section 19a-84 of the Connecticut General Statutes.

(5) The child day care center or group day care home shall notify the parent(s) of the children using the child day care center or group day care home within twenty-four (24) hours of the department's revocation or suspension order.

(6) After issuance of the commissioner's decision to suspend or revoke a license to operate, the license shall be surrendered to the department on demand.

(e) Voluntary surrender of license

(1) At least thirty (30) days prior to the voluntary termination of day care services the department and the parent(s) shall be notified in writing by the child day care center or group day care home of its intended date of closing.

(2) When a child day care center or group day care home discontinues the operation for which it is licensed, a written notice of the closing accompanied by the license shall be sent to the commissioner within ten (10) days after the date of closing. Such a child day care center or group day care home shall be inspected and licensed before reopening for operation.

(Added effective July 27, 1993; Amended effective March 4, 1999; March 29, 2001; March 8, 2004; November 6, 2008.)

## 19a-79-3a. Administration

(a) The operator of the child day care center or group day care home shall be responsible for compliance with the requirements of sections 19a-79-1a to section 19a-79-9a, inclusive, and section 19a-79-13 of the Regulations of Connecticut State Agencies and applicable endorsements in sections 19a-79-10 to section 19a-79-12, inclusive, in such a manner as to ensure the safety, health and development of the children while in the operator's care.

(b) The operator shall be responsible for the overall management and operation of the child day care center or group day care home in accordance with applicable state and local laws and regulations and shall:

(1) provide and maintain a safely equipped physical plant,

(2) provide programs and services to meet the needs of the children,

(3) employ staff and substitute staff in accordance with section 19a-79-4a of the Regulations of Connecticut State Agencies,

(4) submit for the commissioner's approval the required qualifications and experience of the head teacher on the forms provided,

(5) develop and implement a written organizational chart that establishes a clear line of authority,

(6) define in writing and ensure the performance of the duties and responsibilities of all staff classifications,

(7) require participation by new staff in employee orientation, and assure annual training for all current staff on the child day care center or group day care home policies, plans and procedures, and

(8) be responsible for managing child behavior using techniques based on developmentally appropriate practice and communicate acceptable techniques to all staff.

(A) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem.

(B) The operator shall document that the techniques used to manage child behaviors in the facility have been discussed with the child's parent(s) prior to enrollment and reviewed as needed during the period of the child's enrollment.

(C) While children are in attendance at the program the operator and staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate

(D) The operator and staff shall not engage in, nor allow, anyone else to engage in any sexual activity with the day care children while in attendance at the program.

(E) The operator and staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes.

(c) The operator shall notify the department, the parent(s) and staff of any changes in programs or services.

(1) Notification of personnel changes shall be made within five (5) business days after the change.

(A) If the change is for a head teacher, a plan for interim head teacher coverage shall be submitted to the department.

(B) A qualified head teacher or a plan approved by the commissioner shall be in place within thirty (30) days of change of a qualified head teacher.

(2) Notification of changes related to the licensed capacity, fees, services or voluntary closing shall be made at least thirty (30) days prior to the effective date of the proposed change. A change of location, change of operator or a change of ownership requires a new initial application.

(d) The operator shall implement and annually review specific written policies, plans and procedures required by any applicable statute or regulation. The operator shall notify the parent(s), staff and the department within five (5) days of changes in these policies, plans and procedures. The policies, plans and procedures shall include, but not necessarily be limited to:

(1) daily attendance records for both children and staff, recorded daily at the time of arrival and departure and kept on file at the facility for at least two (2) years, showing the specific times of arrival and departure;

(2) discipline as referenced in section 19a-79-3a(b)(8) including, but not necessarily limited to:

(A) positive guidance, redirection, setting clear limits and continuous supervision by staff during disciplinary action;

(B) the prohibition of abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment and physical restraint, unless such restraint is necessary to protect the health and safety of the child or

others;

(C) child abuse and neglect, including child protection and mandated reporting;

(3) when a child is not picked up as planned, including, but not necessarily limited to:

(A) staffing of at least two (2) staff eighteen years of age or older on the licensed premises,

(B) time frames (for when the policy will be implemented),

(C) parent(s) or emergency contacts,
(D) alternate pick up person,
(E) notification of police department;

(4) emergencies, including, but not necessarily limited to:
(A) medical emergencies, including, but not necessarily limited to, a personal emergency, accident or illness, designation of a licensed physician or hospital emergency service to be available, transportation to medical services and notification of the parents;
(B) fire emergencies, including, but not necessarily limited to, identification of means of egress, roles and responsibilities of staff, designated safe location for reconvening and notification of the parents;
(C) weather related emergencies, including, but not necessarily limited to, closings, a safe location for children, resources available and notification of the parent(s);
(D) evacuation, including, but not necessarily limited to, transportation, location of an alternate shelter, community resources and notification of the parent(s);

(5) supervision of children, including, but not necessarily limited to:
(A) group size,
(B) ratio of staff to children,
(C) indoor and outdoor supervision,
(D) nap time,
(E) bathroom areas;

(6) a copy of both section 19a-87a of the Connecticut General Statutes, which concerns civil penalties against operators and criminal conviction of an operator or a person employed in a child day care center or group day care home in a position connected with the provision of care to a child receiving child day care services, and section 53-21 of the Connecticut General Statutes, which concerns injury or risk of injury to, or impairing morals of children;

(7) general operating policies, including, but not necessarily limited to:
(A) admission which includes a health record and the ages of children enrolled,
(B) agreements with the parent(s),
(C) parent(s) involvement,
(D) medication policies if applicable,
(E) content and times of meals and snacks,
(F) provisional enrollment period,
(G) days and hours of operation, including sick days, holidays and vacations,
(H) withdrawal and expulsion of children,
(I) access to the program and facility; and,

(8) personnel policies, including, but not necessarily limited to:
(A) job descriptions,
(B) employee benefits,
(C) supervision and discipline of staff,
(D) probationary period of staff,
(E) communication with the parent(s).

(e) The operator shall post the following items in a conspicuous place, accessible to the public:

(1) the license,
(2) the current fire marshal certificate,
(3) the department complaint procedure,
(4) food service certificate as required by the local director of health,
(5) menus,

(6) emergency plans,
(7) no smoking signs at entrances,
(8) the most recent department inspection report posted for thirty (30) of the program's operating days and,
(9) radon test results.

(f) The parent(s) shall have immediate access to the child day care center or group day care home during the hours of operation, unless otherwise prohibited by law.

(g) The operator shall keep on file for a two (2) year period at the child day care center or group day care home all inspection reports, the current licensing application and correspondence related to licensure which shall be available to the parent(s) and the department on request.

(h) Failure to grant the department immediate access to the child day care center or group day care home, its staff or its records or failure to provide the department with documentation obtained by the facility about child abuse or neglect or conviction records, upon request of the department, shall be grounds for suspension or revocation of the license or denial of issuance or renewal of the license. The operator may deny access to facility inspections if department staff fails to show official identification.

(i) (1) The operator shall notify the parent(s), if the department issues a notice of hearing for the suspension or revocation of the license pursuant to section 19a-84 of the Connecticut General Statutes, of the proceeding and the alleged violation. The notification to parents shall be in writing and sent by United States mail, certified or registered, postage prepaid, return receipt requested not later than ten (10) days before the scheduled hearing date. The operator shall demonstrate compliance with this subsection at the commencement of the hearing. Inability to do so shall be construed as a substantial failure to comply with the regulations and may constitute an additional basis for suspension or revocation of the license in that proceeding without a new statement of charges.

(2) In addition to the requirements of this section of the Regulations of Connecticut State Agencies, the operator shall notify the parent(s) in writing of the final decision of the department if one is rendered, within fourteen (14) days of the receipt of the decision.

(j) The operator shall provide to the department copies of all service contracts or current agreements with consultants, practitioners and agencies used on a regular or consultative basis in the delivery of services within ten (10) days after execution of said contract or agreement. Any changes in said contracts or agreements shall be reported to the department within ten (10) days.

(k) The operator shall enroll only children for whom the child day care center or group day care home is licensed to provide services. No services that require an endorsement shall be provided without the applicable endorsement from the department. Categories for licensure are:

(1) six (6) weeks to three (3) years,
(2) preschool (three (3) years to five (5) years),
(3) school age, and
(4) night care.

(l) For September, October, November and December enrollment only, a child who will be three (3) on or before January 1, may be enrolled as a three year old. At any other time of the year a three (3) year old must have had his or her third (3rd) birthday to be considered a three (3) year old.

(m) The operator shall be responsible for compliance with all applicable motor vehicle laws when transporting children enrolled in any child day care center or group day care home. (Added effective July 27, 1993; Amended effective November 6, 2008.)

## *19a-79-4a. Staffing*

(a) A file shall be kept on the licensed premises for each employee of the child day care center or group day care home which shall include:

(1) a medical statement signed by a physician, advanced practice registered nurse or physician assistant, completed within twelve (12) months before the date of employment for new staff, and every twenty-four (24) months for current staff and

at any other time requested by the commissioner, such statement to document the presence of any known medical or emotional illness or disorder that would currently pose a risk to children in care or would currently interfere with effective functioning as an employee of a child day care center or group day care home;

(2) upon employment, a written report of a negative tuberculin test completed within twelve (12) months prior to the date of employment or for a known prior reactor, no evidence of active tuberculosis on a chest x-ray;
(3) documentation of professional development for each program staff person who cares for the children, including new employee orientation and annual training for current staff on the child day care center or group day care home policies, plans and procedures; and
(4) disciplinary actions.

(b) For each prospective employee, the file shall include:
(1) a completed state and a completed federal fingerprint card shall be submitted to the department for a State Police Bureau of Identification and a Federal Bureau of Investigation Criminal Records check;
(2) a completed form approved by the department shall be submitted to the department for a check of the state child abuse registry; and
(3) the operator shall provide to the department any information obtained concerning substantiated child abuse or neglect records or criminal convictions, upon request of the department.

(c) The operator shall maintain a staff adequate for the number, ages and developmental needs of the children to be accommodated.
(1) A designated head teacher shall be on site for sixty percent (60%) of the time the child day care center or group day care home is in operation on a weekly basis.
(2) There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. The staff shall be available to care for the children.
(3) All staff in the child day care center and group day care home shall have the personal qualities necessary to:
(A) care for and work with children,
(B) relate to adults, and
(C) relate to the parent(s).
(4) Proper staff child ratios shall be maintained at all times.
(A) There shall be at least one (1) program staff person for every ten (10) children, or fraction thereof in attendance.
(B) When there is a mixed age group, the lower required ratio for the age of the youngest child shall prevail.
(C) When children are participating in swimming or wading as part of the program, whether at the facility or on a field trip, the following staff child ratios, at a minimum, shall be maintained at all times with the children:
(i) all non-swimmers shall be clearly identified as non-swimmers in a way that is visually and easily recognized by lifeguards and staff;
(ii) for infants twelve (12) months of age and younger, there shall be at least one (1) program staff person with every child who is in direct physical contact with the child;
(iii) for toddlers under three (3) years of age, there shall be at least one (1) program staff member with every two (2) children;
(iv) for preschool children (three (3) years to five (5) years of age) there shall be at least one (1) program staff member with every four (4) children; and
(v) for school-age children there shall be at least one (1) program staff member with every six (6) children.
(D) The operator shall be responsible for assuring the supervision of the children at all times while the children are at the facility, indoors or outdoors, or on field trips. At no time shall a child be left unsupervised.
(5) Group size shall be maintained at all times.

(A) The group size shall not exceed twenty children.

(B) When there is a mixed age group, the smaller required group size shall prevail.

(6) During nap time, when all of the children in the group are sleeping, the overall staff child ratios shall be maintained on the licensed premises. At no time shall a group of children be left unsupervised.

(d) Programs shall have the following staff:

(1) The child day care center or group day care home shall maintain documentation on site that there is a designated director. Any director hired or newly designated on or after January 1, 2010 shall have within one (1) year of being hired or designated at least three (3) credits in the administration of early childhood education programs or educational administration from an institution of higher education accredited by the Board of Governors of Higher Education or from a regionally accredited institution of higher education. Any person designated as director at a specific facility prior to January 1, 2010 shall not be required to meet such educational requirements for director for the duration of their employment as director at that facility.

(2) A designated head teacher shall submit to the department written verification of being twenty (20) years of age or older, having the personal qualifications needed to supervise people, and having either:

(A) in a child day care center,

(i) a high school diploma or equivalency certificate, and

(ii) least one thousand and eighty (1080) hours of documented supervised experience over a nine (9) month span of time, including working with children in a program with these standards or comparable standards in this or another state, which program serves children of the same ages and developmental stages who are served at the child day care center, and one of the following: a current center-based Child Development Associate at Credential issued from the Council for Early Childhood Professional Recognition, or twelve (12) credits in early childhood education or child development from an accredited institution of higher education with program approval from the Board of Governors of Higher Education or

(iii) approval by the department as a head teacher prior to January 1, 1994;

(B) in a group day care home,

(i) a high school diploma or equivalency certificate, and

(ii) at least one thousand and eighty (1080) documented hours of experience over a nine (9) month span of time working with unrelated children of the same ages and developmental stages to be served in this group day care home; or

(C) in a child day care center or group day care home,

(i) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education with program approval from the Board of Governors of Higher Education, and

(ii) at least three hundred sixty (360) hours of documented supervised experience in working with unrelated children of the same age(s) to be served in this child day care center or group day care home with these standards or comparable standards in this or another state and at least one (1) semester of student teaching with children of the same age(s) and developmental stages that are served in the child day care center or group day care home.

(3) A second program staff person who works under supervision of the head teacher shall be eighteen (18) years of age or older and have at least one of the

following:

(A) a high school diploma, or

(B) an equivalency certificate, or

(C) at least five hundred and forty (540) hours documented experience in working with unrelated children of the same age(s) to be served in this child day care center or group day care home.

(4) Other program staff shall be able to work under supervision and shall be at least sixteen (16) years of age.

(5) Additional program staff shall be sufficient to provide care of children during all hours of operation in keeping with group size and ratio.

(6) When children are participating in swimming or wading as part of the program, whether at the facility or on a field trip, there shall be a qualified program staff member present and directly supervising the children who shall be at least twenty (20) years of age and who is certified in cardiopulmonary resuscitation in accordance with section 19a-79 of the Connecticut General Statutes. The operator shall verify that there is a person directly supervising the children who holds a current lifeguard certification accepted by the department.

(e) (1) At all times the child day care center is in operation there shall be present at least one (1) staff member who has current certification in cardiopulmonary resuscitation (CPR) in accordance with section 19a-79 of the Connecticut General Statutes, appropriate for all of the children served at the child day care center.

(2) In addition, at all times the child day care center or group day care home is in operation, there shall be present at least one (1) staff member who has successfully completed within the past three (3) years a department approved first aid course that meets the following requirements:

(A) It shall be at least six (6) hours in length.

(B) Instruction shall include, but not necessarily be limited to:

(i) the recognition and emergency management of bleeding, burns, poisoning, anaphylaxis, respiratory distress including choking, musculo-skeletal injury, seizures, wounds including insect bites, head injuries, shock, loss of consciousness, dental emergencies, child abuse and sexual abuse;

(ii) communicable disease prevention, recognition and management, which includes: a discussion of transmission through the intestinal tract, the respiratory system and direct contact; hygiene, including hand washing, cleaning and disinfection; diapering techniques; signs and symptoms of illness, including fever, rash and vomiting; temperature taking; education in specific communicable disease, including, but not necessarily limited to, diarrheal diseases, bacterial meningitis, chicken pox, hepatitis, strep throat, head lice, scabies and vaccine-preventable diseases; and

(iii) accident prevention and safety including, but not necessarily limited to: safety for the indoor environment and outdoor play area, first aid supplies, child restraint systems and seat belt safety in accordance with section 14-100a of the Connecticut General Statutes and section 14-100a-1 of the Regulations of Connecticut State Agencies.

(C) Instruction shall be provided by a person who meets at least one of the following requirements:

(i) a first aid instructor currently certified by the American Red Cross, American Safety and Health Institute, Medic First Aid International, Inc., National Safety Council or an American Heart Association Heartsaver Instructor or BLS Instructor,

(ii) a physician, physician assistant, advanced practice registered nurse or registered nurse licensed in this or another state or

(iii) an emergency medical technician or paramedic.

(D) The course outline and all other written materials used in the course shall be submitted to the department and shall not be used without

approval by the department.

(f) The child day care center or group day care home shall keep on file written verification of compliance with subsection (e) of this section for each staff member who the child day care center or group day care home designates to meet the requirements of such subsection. Such verification shall be maintained for three (3) years after the date that staff member completed first aid training for group day care homes and child day care centers, or CPR training as required for child day care centers only. Verification shall include:

(1) written verification or certification in CPR from an organization specified in accordance with section 19a-79(a)(5) of the Connecticut General Statutes that is signed and dated by a representative of the specified organization; and

(2) written verification of first aid training by a representative of the organization, physician, physician assistant, advanced practice registered nurse, registered nurse, emergency medical technician or paramedic who conducted the training.

(g) Professional development for program staff shall be required for one (1) per cent of the total annual hours worked. Such education may include, but is not limited to, early childhood education and child development, licensing and regulations, health issues, nutrition, first aid, social services, child abuse laws and programming for children with disabilities or special health care needs.

(1) The operator of the child day care center or group day care home shall develop, implement and maintain a written plan for professional development in child care.

(2) The operator shall have documentation of a professional development plan for each program staff member which shall be maintained on site at the facility and made available for review.

(h) A written plan for consultation services shall be developed, signed annually by the consultant and implemented.

(1) These services shall include:

(A) an early childhood educational consultant available to the operator and staff for advice and support regarding the educational content of the program; anyone approved as an early childhood consultant prior to January 1, 2009, will continue to be an approved early childhood educational consultant, except for good cause shown. Program staff shall not serve as early childhood educational consultants for programs in which they provide direct care or direct program supervision in a non-consultative role;

(B) a health consultant available to the operator and staff for advice regarding the health of the children and the health program;

(C) a dentist or dental hygienist consultant available to the operator and staff for advice regarding the dental health of children or a dental health education program;

(D) a social service consultant available to the operator and staff for advice regarding the emotional needs, staff support and the social service program; and

(E) a registered dietitian consultant available to the operator and staff for advice regarding nutrition and food service for those programs that serve meals.

(2) Consultative service shall include, but not necessarily be limited to:

(A) annual review of written policies, plans and procedures;

(B) annual review of education programs;

(C) availability by telecommunication for advice regarding problems;

(D) availability, in person, of the consultant to the program;

(E) consulting with administration and staff about specific problems;

(F) acting as a resource person to staff and the parent(s);

(G) documenting the activities and observations required in this subsection in a consultation log that is kept on file at the facility for two (2) years;

and

(H) specific duties of the health consultant shall include, but not be limited to:
(i) making, at a minimum, quarterly site visits to facilities that serve children three (3) years of age and older; or for group day care homes, facilities that operate no more than three (3) hours per day, or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility;
(ii) reviewing health and immunization records of children and staff;
(iii) reviewing the contents, storage and plan for maintenance of first aid kits;
(iv) observing the indoor and outdoor environments for health and safety;
(v) observing children's general health and development;
(vi) observing diaper changing and toileting areas and diaper changing, toileting and hand washing procedures;
(vii) reviewing the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication; and
(viii) assisting in the review of individual care plans for children with special health care needs or children with disabilities, as needed.

(3) The commissioner, with good cause shown, may deny or revoke a consultant's approval status as a consultant to licensed child day care centers and group day care homes.

(Added effective July 27, 1993; Amended effective August 8, 1995; March 4, 1999; December 23, 2002; November 6, 2008.)

## 19a-79-5a. Record keeping

(a) The operator of a child day care center or group day care home is responsible for maintaining on the licensed premises a current record for each child enrolled. A copy of the record shall be available and provided upon request to the department, the child's parent(s) and the local health director. It shall include, but not necessarily be limited to:

(1) enrollment information and permission forms signed and dated by the parent(s) that shall include, but not necessarily be limited to:
(A) the child's name, address, date of birth and date enrolled;
(B) the residence, business address(es) and telephone number(s) of the parent(s);
(C) the name and telephone number of the child's physician or other primary health care provider;
(D) specific written permission forms signed by the parent(s) authorizing:
(i) the operator to use previously selected emergency policies as described in section 19a-79-3a(d)(4) of the Regulations of Connecticut State Agencies, which shall accompany the child on trips away from the premises;
(ii) the name and telephone number of one responsible person other than the parent(s) who can remove the child from the child day care center or group day care home;
(iii) any activity away from the premises;
(iv) transportation services;

(2) a health record that shall include, but not necessarily be limited to:
(A) date of birth;

(B) except as provided in subsection (b) of this section, a physical examination form signed by a physician, physician assistant or advanced practice registered nurse documenting an examination completed within one (1) year prior to enrollment, and yearly from the date of the initial physical examination thereafter, with a thirty-day allowance, which form shall provide:

(i) a statement about the child's general health and the presence of any known medical or emotional illness or disorder that would currently pose a risk to other children or which would currently affect this child's functional ability to participate safely in a day care setting; and

(ii) a statement that the child has been screened for risk factors for tuberculosis, as defined by the American Academy of Pediatrics, and for those children with identified risk factors, evidence that the child has been screened for latent tuberculosis infection and if infected, whether they have been treated for such infection;

(C) an immunization record that includes the month, day and year of each immunization required for admission as specified in subdivision (1) of subsection (d) of section 19a-79-6a of the Regulations of Connecticut State Agencies and such documentation as is required to confirm age appropriate immunization, immunization in progress or exemption to immunization as defined in subdivision (3) of subsection (d) of section 19a-79-6a of the Regulations of Connecticut State Agencies. The immunization record and said documentation of immunizations shall be submitted to the department upon request;

(D) copies of the health records acceptable to the local education authority and the local director of health, where children of school age are enrolled; and

(E) information regarding disabilities or special health care needs such as, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for a child with special health care needs or disabilities, developed with the child's parent(s) and health care provider and updated, as necessary. Such plan shall include appropriate care of the child in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the child.

(3) Injury, illness and accident reports:

(A) The facility shall produce and maintain on the premises, for a period of not less than two years, a written record of all injuries or accidents that result in an injury to a child or illness of a child enrolled at the facility that occur on or off site as part of the child day care program. The report shall include a description of the injury, illness or accident, the date, time of occurrence and location and any action taken by the facility including, but not limited to, whether the child was transported to a hospital emergency room, doctor's office or other medical facility. The written report for an individual child shall be available to the department and a copy shall be provided to the child's parent(s) no later than the next business day.

(B) The licensee shall notify the department no later than the next business day of:

(i) the death of a child enrolled at the facility, if the child died while at the facility, or at a facility sponsored event; and

(ii) any injury of a child that occurs while the child is at the facility, or at a facility sponsored event, that results in the child's admission to a hospital.

(C) The licensee of a child day care center or group day care home shall report each case occurring at the facility of any disease listed on the commissioner's list of reportable diseases and laboratory findings issued pursuant to section 19a-2a of the Connecticut General Statutes to local

health officials and the department in accordance with sections 19a-36-A3 and 19a-36-A4 of the Regulations of Connecticut State Agencies.

(b) The physical examination requirements of section 19a-59-5a (a)(2)(B) shall be waived when such examination is contrary to the religious beliefs and practices of the child or the parent(s) of such child, or when a child has been displaced from their place of residence due to a declared state of emergency by a state or federal official who has the authority to make such declaration, and existing physical examination records are inaccessible for a period not to exceed six (6) months, unless an extension is approved by the department. A statement requesting such waiver shall be submitted and shall be maintained in the child's health record. Such statement shall be signed by the parent(s). The parent(s) shall certify that he or she accepts complete responsibility for the health of the child and that, to the best of the parent's knowledge, the child is in good health.

(Added effective July 27, 1993; Amended effective August 8, 1995; August 29, 1996; March 8, 2004; November 6, 2008.)

## 19a-79-6a. Health and safety

(a) Food service

(1) Transportation of food(s) not prepared on the premises shall satisfy the minimum requirements of section 19-13-B49 of the Regulations of Connecticut State Agencies.

(2) A nutritionally adequate meal as recommended by The United States Department of Agriculture, 7 Code of Federal Regulations 226.20, as amended, shall be provided by the child day care center or group day care home, or the parent(s) whenever a child remains on the premises for five (5) hours or more.

(A) Children who stay on the premises less than five (5) hours shall have a nutritious snack.

(B) Children who stay on the premises longer than five (5) but less than eight (8) hours shall have one (1) meal and one (1) nutritious snack.

(C) Children who stay on the premises eight (8) hours or more shall have one (1) meal plus two (2) nutritious snacks, or two (2) meals plus one (1) nutritious snack.

(3) There shall be proper refrigeration of no more than forty-five (45) degrees Fahrenheit for perishable foods in all child day care centers and group day care homes and on field trips.

(4) When a child day care center or group day care home provides either meals or snacks, menus shall be prepared at least one (1) week in advance, dated and copies posted in a conspicuous place. Changes shall be documented by the end of the program day. A copy of what was served shall be kept on file for three (3) months.

(5) All areas used for the preparation and serving of meals in child day care centers shall be maintained in accordance with sanitary practices and procedures as set forth in section 19-13-B42 of the Regulations of Connecticut State Agencies.

(6) The kitchen in child day care centers or group day care homes that is used for the preparation and serving of food to children shall be clean, well lighted and ventilated, protected by window screening and provided with hot and cold running water, adequate and safe storage for food and supplies and refrigeration.

(7) Separate hand washing facilities shall be located convenient to the room where food is prepared in child day care centers and group day care homes.

(8) All multi-use eating and drinking utensils shall be thoroughly washed, rinsed and sanitized after each use in child day care centers and group day care homes.

(9) The kitchen in child day care centers or group day care homes shall not be used as a playroom, but may be used for a specific program activity room under supervision. It shall be separated by a door or a gate from the rooms used by the children in the child day care center or group day care home to prevent them from entering the kitchen except under supervision.

(10) Children in child day care centers or group day care homes shall not be left

unsupervised during meal preparation.

(11) Children and staff shall wash their hands with soap and water before eating or handling food.

(b) Procedures in case of illness

(1) Staff members shall be knowledgeable about signs and symptoms of childhood illness and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms.

(2) Any child showing suspicious signs or symptoms of short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The parent(s) or other authorized adult shall be called immediately to remove the child from the child day care center or group day care home.

(c) The facility shall maintain at least one (1) portable, readily available first aid kit wherever children are in care, including field trips, outdoor play areas and one to remain at the facility if all the children do not attend the field trip. Each kit shall be a closed container for storing first aid supplies, accessible to staff at all times but out of the reach of children. First aid kits shall be restocked after use, and an inventory shall be conducted at least monthly. The first aid kit shall contain at least the following items:

(1) assorted sizes of non medicated adhesive strips;

(2) sterile, individually wrapped, three (3) or four (4) inch gauze squares;

(3) a two (2) inch gauze roller bandage;

(4) one (1) roll of adhesive tape (hypoallergenic);

(5) scissors;

(6) tweezers;

(7) two (2) instant cold packs;

(8) a non-glass thermometer to measure a child's temperature with plastic covers for the thermometer or alcohol to clean the thermometer, or single use Tempa Dots;

(9) two (2) triangular bandages with safety pins;

(10) disposable, nonporous gloves;

(11) a current American Academy of Pediatrics (AAP) standard first aid chart, or current (less than five (5) years in print) first aid manual, chart or guide provided by an approved first aid course for children and adults; and

(12) CPR mouth barrier (face shield).

(d) First aid supplies for field trips shall also include:

(1) water;

(2) reliable communication device;

(3) liquid soap;

(4) emergency contact numbers for each child;

(5) medications, as needed, if the program administers medications; and

(6) plastic bags, for storage.

(e) Immunization requirements

(1) A child seeking admission to or attending a child day care center or group day care home shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type b, hepatitis b if such child was born after December 31, 1993, and varicella if such child was born after December 31, 1996 and against any other disease for which vaccination is recommended in the current schedule for active immunization adopted by the commissioner in accordance with section 19a-7f of the Connecticut General Statutes.

(2) The operator shall admit no child to a child day care center or group day care home unless such child's parent(s) furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization as specified in subdivision (3) of this subsection. No child shall be permitted to continue to attend a child day care center or group day care home for more than

thirty (30) days unless such child continues to meet said requirements of subdivision (3) of this subsection.

(3) For each enrolled child, the operator shall obtain from the child's parent(s) and keep on file at the child day care center or group day care home one or more of the following types of documentation for each of the diseases listed in subdivision (1) of this subsection:
- (A) a statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child is current or in progress with immunizations according to the schedule adopted by the commissioner in accordance with section 19a-7f of the Connecticut General Statutes and that names the appointment date for the child's next immunization;
- (B) a statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child has an appointment that will keep the immunizations current or in progress as required by said schedule and that names the date for the child's next immunization;
- (C) a statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child has laboratory confirmed proof of immunity to natural infection, or, in the case of varicella, a statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child has already had chickenpox based on family or medical history;
- (D) a statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child has a medical contraindication to immunization;
- (E) a written statement that immunization is contrary to the religious beliefs and practices of the child or the parent(s) of such child. Such statement shall be signed by the child's parent(s); or
- (F) a written statement from the child's parent(s) that the child has been displaced from their place of residence due to a declared state of emergency by a state or federal official who has the authority to make such declaration, and existing immunization records are inaccessible and the child is current with their immunizations, or a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has an appointment that shall keep the immunizations current or in progress as required by said schedule.

(4) For each child to whom subparagraph (B) or (F) of subdivision (3) of this section applies, continued enrollment in day care for more than thirty (30) days after the named immunization appointment shall be contingent on the operator receiving written documentation from a physician, physician assistant or an advanced practice registered nurse stating either: that the named appointment was kept and the child received the scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named.

(Added effective July 27, 1993; Amended effective August 29, 1996; December 28, 1999; November 6, 2008.)

## 19a-79-7a. Physical plant

(a) The standards established by the following sources for the construction, renovation, alteration, expansion, conversion, maintenance and licensure of child day care centers and group day care homes, as they are amended from time to time, are incorporated and made a part of this section by reference:
- (1) State of Connecticut Basic Building Code,
- (2) State of Connecticut Fire Safety Code,

(3) State of Connecticut Public Health Code,
(4) local codes and ordinances.

(b) Plans for new construction, expansion, renovation or conversion, indicating the proposed use and accompanied by a written narrative shall be submitted to the department prior to the start of construction.
- (1) Completed plans and specifications shall be submitted to and reviewed by the department on the basis of compliance with the Public Health Code.
- (2) Written approval by the local building inspector, local director of health or designee, local zoning and local fire marshal shall be submitted to the department, upon request of the department.
- (3) Approval by the department is required prior to the use of any space that has been newly constructed, expanded, renovated or converted.
- (4) All construction, remodeling, renovation, repairs or alterations of structures shall be done in such a manner to prevent hazards or unsafe physical or environmental conditions during periods of operation.

(c) General requirements
- (1) Any operator is responsible for maintaining the child day care center or group day care home in compliance with section 19a-79-1a to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies.
- (2) The building, equipment and services shall be maintained in a good state of repair. A maintenance program shall be established that ensures that the interior, exterior and grounds of the building are maintained, kept clean and orderly, free from accumulations of refuse, dampness, stagnant water, dilapidated structures and other health and safety hazards.
- (3) Water supply, food service and sewage disposal facilities shall be in compliance with all applicable sections of the Public Health Code.
  - (A) All water supplies shall be tested every two (2) years for lead content and the results submitted to the local and state health departments.
  - (B) Whenever water is obtained from other than a department-approved public water supply, it shall be of a safe and sanitary quality and tested every two (2) years for bacterial and chemical quality and the results submitted to the local and state health departments.
  - (C) Sanitary drinking fountains or individual disposable drinking cups shall be provided and accessible to the children at all times.

(d) Basic requirements
- (1) Emergency vehicles shall have access to all child day care centers or group day care homes.
- (2) Established walkways shall be provided and properly maintained for each entrance and exit leading to a driveway or street.
- (3) In child day care centers that are licensed by January 1, 1994, a toilet and sink shall be designated for use by the staff and other adults. In child day care centers that are licensed or renovated after January 1, 1994, a room with a toilet and sink within the licensed child day care center shall be designated for the exclusive use of staff and other adults.
- (4) All windows that open to the outside and are used for ventilation shall be equipped with sixteen (16) mesh screening, and shall be protected to prevent falls.
- (5) Any unprotected glass doors, windows or mirrors to which children have access shall be protected to a height of thirty six (36) inches from the floor or surface on which a child stands.
- (6) Where overhead doors are accessible to the children, they shall be equipped with locking devices and spring protectors.
- (7) Exit doorways, stairs or hallways shall not be blocked by furniture, toys or play equipment.
- (8) There shall be an area available for the individual storage of each child's clothing and bedding.

(9) Smoking is prohibited in all child day care centers or group day care homes and outdoor areas except in designated smoking areas, provided these areas are separate, properly ventilated and enclosed away from any children present at the facility. Signs shall be posted, visible to the public, on entrance to the facility indicating that smoking is prohibited except in designated areas. Matches and lighters shall be inaccessible to children at all times.

(10) Electrical outlets shall be provided with safety covers or approved safety outlets. The use and maintenance of electrical cords, appliances and adaptors shall be in full compliance with state codes.

(11) Toilet and washing facilities

(A) Where toilets and sinks are shared by children and adults, a written policy shall be developed and implemented that requires supervision of children when using the shared toilet room.

(B) Programs shall provide changing and sanitary facilities appropriate to meet the individual needs of children who are enrolled at the facility who need assistance with toileting or who are not independent with toileting.

(C) For programs serving children under six (6) years of age there shall be at least one (1) toilet and one (1) sink with hot and cold running water for every sixteen (16) children, or fraction thereof. Standard size toilets and sinks shall be adapted for children's use. Facilities using potty chairs in addition to the required toilets shall ensure that they are of a nonporous, synthetic product, and emptied into the toilet, cleaned and disinfected after each individual use.

(D) For programs serving only school age children, there shall be at least one (1) toilet and one (1) sink with running water for every twenty-five (25) children, or fraction thereof. Toilet facilities shall be designed in such a manner to allow individual privacy.

(E) Sinks with running water shall be readily accessible to the toilet rooms if not located within them. Toilet tissue, soap, single use disposable towels and a waste receptacle shall be accessible to the toilets and sinks. Staff and children shall wash their hands with soap and water after toileting.

(F) Each toilet room shall be well lighted and ventilated to the outside atmosphere.

(G) In child day care centers constructed or renovated after January 1, 1994, all toilet facilities shall be mechanically ventilated to the outside atmosphere.

(e) Environmental requirements

(1) Every area used by children shall be adequately ventilated and have a thermometer affixed to the wall. The ambient air temperature shall be at least sixty-five (65) degrees Fahrenheit as measured three (3) feet from the floor.

(2) When the temperature exceeds eighty (80) degrees Fahrenheit, the operator shall provide more fluids and increase ventilation.

(3) The water heating equipment shall deliver water at the tap, the temperature of which shall be within a range of sixty (60) degrees Fahrenheit to one hundred fifteen (115) degrees Fahrenheit. It shall have the capacity to deliver the required amounts at all times in conformance with the State of Connecticut Basic Building Code.

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

(5) Walls, ceilings, floors and rugs shall be maintained in a state of good repair and be washable or easily cleanable. Rugs, if used, shall be secured to the floor.

(6) Hot water or steam pipes located in areas accessible to children shall have adequate protective covering which is maintained safely and in good repair.

(7) Each level of the child day care center or group day care home shall be provided

with a telephone in working order located within the licensed program space accessible to staff for emergency purposes. Emergency telephone numbers shall be posted in an area adjacent to the phone.

(8) All spaces occupied by people, equipment within buildings, approaches to buildings and parking lots shall have a minimum of one (1) foot candle of lighting per square foot.

(9) Child day care centers and group day care homes shall have at least fifty (50) foot candles of light per square foot in rooms used by children for reading, painting and other close work. There shall be at least thirty (30) foot candles of light in other work or play areas. In child day care centers and group day care homes constructed or renovated after January 1, 1994, all rooms and toilet rooms shall have at least one (1) light fixture switch at each entrance. All areas accessible to children shall have light fixtures that are shielded or shatter proof.

(10) Potentially hazardous substances in the child day care centers and group day care homes shall be stored in a separate locked area.

(11) Garbage and rubbish shall be kept in containers constructed of durable material approved by the local health director. Receptacles shall be in good repair to prevent infestations by rodents, insects and other pests and to prevent odors, injuries and other nuisance conditions. The garbage and rubbish shall be moved to an exterior waste storage area at least daily.

(12) Stairs must be properly protected and maintained in good repair. There must be handrails installed at a height usable by children.

(13) Toxic plants and materials are prohibited in areas accessible to children.

(14) Any pet or animal present at the facility, indoors or outdoors, shall be in good health, show no evidence of carrying disease and be a friendly companion for the children.

(15) When pets are kept on the premises, procedures for their care and maintenance and access to the children shall be written and implemented.

(16) There shall be effective measures taken to prevent vermin from entering or breeding in the child day care center or group day care home. All openings to the outer air used for ventilation shall be screened with a minimum of sixteen (16) mesh screening and doors shall be provided to prevent the entrance of vectors.

(17) If the child day care center or group day care home uses the basement level or the first floor of a building, a minimum of one (1) radon test shall be conducted using a device or service listed by the National Radon Proficiency Program and approved by the department.

(A) This test shall be completed during the months of November through April and the results posted with the license. The department and the local director of health shall be notified of the results.

(B) When confirmatory sampling results of radon gas in the air are equal to or greater than 4.0 picocuries per liter (pCi/L), the operator shall ensure that the radon gas is reduced to below 4.0 pCi/L. A qualified residential mitigation service provider as defined in sections 19a-14b and 20-420 of the Connecticut General Statutes shall be hired to reduce the level of radon gas in the air.

(18) Child day care centers and group day care homes that utilize combustible fuel shall be equipped with at least one (1) operable carbon monoxide (CO) detector on each occupied level of the facility. CO detectors shall comply with Underwriters Laboratories (UL) Standards for Safety, and shall be operated in accordance with the manufacturer's instructions.

(f) Program space

(1) The requirements of this subdivision shall apply to a child day care center or group day care home operating in a facility first licensed after January 1, 1986.

(A) The operator shall provide a minimum of thirty-five (35) square feet of total indoor usable program space per child. The total licensed capacity shall be determined on a room-by-room basis measuring from interior wall to interior wall.

(B) Within the allowance for total indoor usable program space, there may be furniture used by other individuals as well as the children; but there shall be open program space available which allows for freedom of movement by the children.

(C) The following items shall be deducted from the total indoor usable square footage of program space:
(i) bathrooms, hallways, kitchen and food service areas;
(ii) refrigerators;
(iii) heating and cooling units;
(iv) staff desks and storage units;
(v) any space or equipment used for other than the activities of the children; and
(vi) large indoor activity room.

(2) The requirements of this subdivision shall apply to a child day care center or group day care home operating in a facility first licensed before January 1, 1986.
(A) The operator shall provide a minimum of thirty (30) square feet of total indoor usable program space per child. Measurements to determine total indoor usable program space shall be taken from interior walls.
(B) Such space shall be free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coat rooms, kitchens, halls, isolation room or other rooms used for purposes other than the activities of the children.

(3) Cots, cribs and playpens shall be placed so that walkways are clear for emergencies and evacuation.

(g) Equipment**.** All equipment shall be of such design and material as to be readily cleaned and safe for children.
(1) Equipment shall not be colored or covered by any poisonous material. All solid constituents of paint for equipment and toys, and pigment coloring in paints, pencils, crayons and inks, to be used by the children shall be non-toxic. Equipment shall be sturdy, safely constructed and free from protruding nails, rust, toxic material and other hazards.
(2) Adequate equipment for rest shall be provided. An individual cot shall be provided for any child who regularly remains five (5) hours or longer per day. When cots are shared, they shall be washed and disinfected and linens changed between children. In a group day care home, an individual mat or individual sleeping bag may be substituted for the individual cot.
(3) Metal equipment shall be free from rust or chipping paint.
(4) Hardware such as air conditioners, water heaters or fuse boxes shall be inaccessible to children.
(5) The materials and equipment available and used by children shall be developmentally appropriate for the ages of the children served.

(h) Outdoor play space
(1) There shall be access to a minimum of seventy-five (75) square feet per child of outdoor space for the number of children using the space at any one time. This could include parks, school yards, parking areas or elevated or roof top play areas. The outdoor area shall be fenced or protected for safety.
(2) Where swings, seesaws or climbing apparatus are used, the surface in the space shall be protected with a minimum of eight (8) inches of impact absorbing materials, e.g., sand or its equivalent.
(3) The playground shall be free of glass, debris, holes and other hazards.
(4) Nuts, bolts and screws shall be tight; and those that protrude shall be covered or protected.
(5) Outside equipment shall be anchored for stability. Anchors shall be buried below ground level.

(6) The operator shall provide documentation to the department, upon request, by a certified playground safety inspector that newly constructed playgrounds and all newly installed playground equipment that are set in position and anchored in such a way to last indefinitely are designed and installed in accordance with U.S. Consumer Product Safety Commission and the American Society for Testing and Materials Standards.

(7) The outdoor play area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children.

(A) Fences used to protect children from hazards shall be at least four (4) feet in height.

(B) When there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence or barrier, four (4) feet high or higher, with locked entrances, which totally and effectively bars access to the water by children.

(C) On and after January 1, 2010, a rooftop used as a play area shall be enclosed with a wall, fence or permanent physical barrier not less than six (6) feet high and the bottom edge shall be no more than three and one half (3 1/2) inches from the base or floor. The wall, fence or permanent physical barrier shall be designed to prevent children from climbing it.

(8) Drinking water shall be available and accessible.

(9) Outdoor equipment shall be arranged in such a way as to avoid accidents.

(i) Swimming, wading and bathing facilities. Swimming, wading and bathing facilities, if provided, shall comply with the provisions of sections 19-13- B33b, 19-13-B34 and 19-13-B36 of the Regulations of Connecticut State Agencies. No wading pools shall be used. No day care child shall be permitted in a hot tub, spa or sauna. Hot tubs, spas and saunas shall be locked and inaccessible to children.

(j) No dangerous weapon as described in section 53-206 of the Connecticut General Statutes or facsimile of a firearm as defined in section 53-206c of the Connecticut General Statutes shall be permitted on the premises of the child day care center or group day care home unless the carrier of such weapon or facsimile firearm is a peace officer as defined in section 53a-3 of the Connecticut General Statutes.

(Added effective July 27, 1993; Amended effective August 8, 1995; November 6, 2008.)

## 19a-79-8a. Educational requirements

Each child day care center and group day care home shall develop and implement a written plan for the daily program that includes a flexible schedule and shall be available to the parent(s) and staff. Child day care centers and group day care homes shall have policies, procedures and activities that meet and enhance the individual needs of the diverse population of children served, which includes children with cultural, language and developmental differences.

(a) The plan shall include:

(1) indoor and outdoor physical activities which provide opportunities for fine and gross motor development;

(2) problem-solving experiences that facilitate concept formation, language development and sensory discrimination;

(3) creative experiences which allow children the opportunity to develop and express their own ideas and feelings in all parts of the program, including, but not necessarily limited to:

(A) art and media,

(B) dramatic play,

(C) music,

(D) language, and

(E) motor activity;

(4) language learning experiences that provide opportunities for spontaneous conversation, as well as experiences with books, poems, stories and songs;
(5) experiences that promote self-reliance and build self-esteem, including, but not necessarily limited to, self care of body and clothing, care of possessions and shared group responsibility for equipment and materials;
(6) health education experiences that include modeling good health practices, sound nutrition and safety awareness.

*(b) The program shall include:*

(1) child-initiated and teacher-initiated activities;
(2) exploration and discovery;
(3) varied choices for children in materials and equipment;
(4) individual and small group activities;
(5) active and quiet play;
(6) rest, sleep or quiet activity;
(7) nutritious snacks and meals; and
(8) toileting and clean up.

(Added effective July 27, 1993; Amended effective November 6, 2008.)

## 19a-79-9a. Administration of medications

Group day care homes and child day care centers that administer medications of any kind shall comply with all requirements of this section and shall have written policies and procedures at the facility governing the administration of medications which shall include, but not be limited to, the types of medication that shall be administered, parental responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by file commissioner during site inspections or upon demand and shall reflect best practice. A group day care home or child day care center shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic pre-filled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction or for injectable equipment used to administer glucagon. A group day care home or child day care center shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma.

(a) Administration of Nonprescription Topical Medications Only

(1) Description

For the purposes of this section nonprescription topical medications shall include, but not be limited to:

(A) diaper changing or other ointments free of antibiotic, antifungal or steroidal components;
(B) medicated powders; and
(C) teething, gum or lip medications.

(2) Nonprescription Topical Medications Administration/Parent Permission Records

The written permission of the parent(s) shall be required prior to the administration of the nonprescription topical medication and a medication administration record shall be written in ink and kept on file at the facility for each child administered a nonprescription topical medication. The medication administration record and the parent(s) permission shall become part of the child's health record when the course of medication has ended. The parent(s) shall be notified of any medication administration errors immediately in writing and the error shall be documented in the record. The following information shall be included on a form as part of the medication administration record:

(A) the name, address, and date of birth of the child;
(B) the name of the medication;
(C) the schedule and site of administration of the medication;
(D) statement indicating that the medication has been previously administered to the child without adverse effect;

(E) the signature in ink of the director, head teacher, program staff or group day care home provider receiving the parent permission form and the medication;
(F) the name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication;
(G) the date and time the medication is started and ended;
(H) Medication administration errors; and
(I) name of the person who administered the nonprescription topical medication.

(3) Nonprescription Topical Medications/Labeling and Storage
(A) The medication shall be stored in the original container and shall contain the following information on the container or packaging indicating:
(i) the individual child's name;
(ii) the name of the medication; and
(iii) directions for the medication's administration.
(B) The medication shall be stored away from food and inaccessible to children.
(C) Any unused portion of the medication shall be returned to the parent(s).

(b) Administration of Medications Other Than Nonprescription Topical Medications
(1) Training Requirements
(A) Prior to the administration of any medication, the director(s), head teacher(s), program staff or group day care home provider(s) who are responsible for administering the medications shall first be trained by a physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the trainer which indicates that the trainee has successfully completed a training program as required herein. A director, head teacher, program staff or group day care home provider trained and approved to administer medication shall also be present whenever a child who has orders to receive medication is enrolled and present at the facility.
(B) The training in the administration of medications shall be documented and shall include, but not be limited to, the following:
(i) objectives;
(ii) a description of methods of administration including principles and techniques, application and installation of oral, topical and inhalant medication, including the use of nebulization machines, with respect to age groups;
(iii) administering medication to an uncooperative child;
(iv) demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly;
(v) recognition of side effects and appropriate follow up action;
(vi) avoidance of medication errors and the action to take if an error occurs;
(vii) abbreviations commonly used;
(viii) documentation including parent permission, written orders from physicians and the record of administration;
(ix) safe handling including receiving medication from the parent(s), safe disposal and standard precautions; and
(x) proper storage including controlled substances, in accordance with
section 21a-262-10 of the Regulations of Connecticut State

Agencies.

(C) the facility shall have staff trained in the administration of inhalant medication used to treat asthma on site during all hours when a child who has a diagnosis of asthma and who has a prescription for an inhalant medication to treat asthma is on-site.

(D) Injectable Medications
In addition to the above training, before a director, head teacher, program staff or group day care home provider may administer injectable medications, he shall have successfully completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The trainer, who shall be a physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the director, head teacher, program staff or group day care home provider understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, the director, head teacher, program staff or group day care home provider shall have their skills and competency in the administration of injectable medication validated by a physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department. The facility shall have staff trained in the use of an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction on site during all hours when a child with a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction is on-site.

(E) A program staff member currently certified by the State of Connecticut Department of Developmental Services, formerly the Department of Mental Retardation, to administer medications shall be considered qualified to administer medications for the modalities in which they have been trained at child day care centers or group day care homes.

(2) Training Approval Documents/Training Outline

(A) Upon completion of the required training program, the physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each director, head teacher, program staff or group day care home provider who has demonstrated successful completion of the required training. Approval for the administration of oral, topical and inhalant medications shall remain valid for three (3) years. Approval for the administration of injectable medications shall be valid for one (1) year. A copy of the approval shall be on file at the facility where the director, head teacher, program staff or group day care home provider is employed and shall be available to department staff upon request.

(B) The written approval shall include:

(i) the full name, signature, title, license number, address and telephone number of the physician, physician assistant, advanced practice registered nurse or registered nurse who gave the training;

(ii) the location and date(s) the training was given;

(iii) a statement that the required curriculum areas listed in subparagraphs (B) and (D) of subdivision (1) of this subsection when applicable were successfully mastered, and indicating the route(s) of administration the trainee has been approved to administer;

(iv) the name, address and telephone number of the director, head teacher, program staff or group day care home provider who completed the training successfully; and

(v) the expiration date of the approval.

(C) The trainer shall provide the trainee with an outline of the curriculum content which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the facility where the trainee is employed for department review. The department may require at any time that the operator obtain the full curriculum from the trainer for review by the department.

(3) Order From An Authorized Prescriber/Parent's Permission

(A) Except for nonprescription topical medications described in section 19a-79-9a(a) (1) of the Regulations of the Connecticut State Agencies, no medication, prescription or nonprescription shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the facility for at least two (2) years after the child is no longer attending the program. Such medications may include:

(i) oral medications;
(ii) topical medications;
(iii) inhalant medications; or
(iv) injectable medications, by a premeasured, commercially prepared syringe, to a child with a medically diagnosed condition who may require emergency treatment.

(B) The written order from an authorized prescriber shall be on one form that indicates that the medication is for a specific child and that contains the following information:

(i) the name, address and date of birth of the child;
(ii) the date the medication order was written;
(iii) the medication or drug name, dose and method of administration;
(iv) the time the medication is to be administered;
(v) the date(s) the medication is to be started and ended;
(vi) relevant side effects and the authorized prescriber's plan for management if they occur;
(vii) notation if the medication is a controlled drug;
(viii) a listing of any allergies, reactions to or negative interactions with foods or drugs;
(ix) specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given;
(x) the name, address and telephone number of the authorized prescriber ordering the drug;
(xi) the authorized prescriber's signature; and
(xii) the name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the director, head teacher, program staff or group day care home provider.

(C) If the authorized prescriber determines that the training of the director, head teacher, program staff or group day care home provider is inadequate to safely administer medication to a particular child, or that the means of administration of medication is not permitted under these regulations, that authorized prescriber may order that such administration be performed by licensed medical personnel with the statutory authority to administer medications.

(D) The director, head teacher, program staff or group day care home provider shall administer medication only in accordance with the written order of the authorized prescriber and shall not administer the first dose of any medication, except in an emergency. The parent(s) shall be

notified of any medication administration errors immediately in writing and the error shall be documented in the record.

(E) Investigational drugs shall not be administered.

(4) Required Records
- (A) Except for nonprescription topical medications described in section 19a-79-9a(a)(1), individual written medication administration records for each child shall be written in ink, reviewed prior to administering each dose of medication and kept on file at the facility for at least two (2) years after the child is no longer attending the program. The medication administration record shall become part of the child's health record when the course of medication has ended.
- (B) The individual written administration record for each child shall include:
  - (i) the name, address and date of birth of the child;
  - (ii) the name of the medication or drug;
  - (iii) the dosage ordered and method of administration;
  - (iv) the pharmacy and prescription number if applicable;
  - (v) the name of the authorized prescriber ordering the drug;
  - (vi) the date, time and dosage at each administration;
  - (vii) the signature in ink of the director, head teacher, program staff or group day care home provider giving the medication;
  - (viii) food and medication allergies;
  - (ix) level of cooperation from the child in accepting the medication;
  - (x) the date and time the medication is started and ended; and
  - (xi) medication administration errors.

(5) Storage and Labeling
- (A) Medication shall be stored in the original child-resistant safety container. The container or packaging shall have a label which includes the following information:
  - (i) the child's name;
  - (ii) the name of the medication;
  - (iii) directions for the medication's administration; and
  - (iv) the date of the prescription.
- (B) Except for nonprescription topical medications described in subdivision (1) of subsection (a) of this section, automatic prefilled cartridge injectors, or similar automatic injectable equipment used to treat an allergic reaction, injectable equipment used to administer glucagon or an inhalant medication to treat asthma and over the counter medications prescribed as an emergent first line of defense medication against an allergic reaction, medication shall be stored in a locked area or a locked container in a refrigerator in keeping with the label directions away from food and inaccessible to children. Keys to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with section 21a-262-10 of the Regulations of Connecticut State Agencies.
- (C) Equipment and medications prescribed to treat asthma, administer glucagons, or as an emergent first line of defense medication against an allergic response shall be stored in a safe manner, inaccessible to other children, to allow for quick access in an emergency.
- (D) All unused or expired medication shall be returned to the parent(s) or disposed of if it is not picked up within one (1) week following the termination of the order, in the presence of at least one witness. The facility shall keep a written record of the medications destroyed which shall be signed by both parties.
- (E) The facility shall require the parent(s) of a child who has a prescription for an automatic prefilled cartridge injector, or similar automatic injectable equipment used to treat an allergic reaction or injectable equipment used to administer glucagon or inhalant medication to treat

asthma, to provide the injector or equipment labeled with the information from the prescriber upon enrollment and attendance of such child at the facility, and replace such medication and equipment prior to its expiration date.

(6) Children enrolled at the facility may self administer medications with documented parental and authorized prescriber's permission. Children may request and receive assistance from staff in opening containers or packages or replacing lids. Children who self administer medications shall be able to identify and select the appropriate medication by size, color, amount or other label identification; know the frequency and time of day for which the medication is ordered; and consume the medication appropriately. Medication to be self administered shall be stored in accordance with section 19a-79- 9a(b)(5) of the Regulations of Connecticut State Agencies.

(7) Petition For Special Medication Authorization

(A) The operator of a child day care center or group day care home may petition the department to administer medications to a child cared for at the child day care center or group day care home by a modality which is not specifically permitted under these regulations by submitting a written application to the department including the following information:

(i) a written order from an authorized prescriber containing the information for the specific child set forth in subdivision (3)(B) of this subsection and a statement that the administration by the requested modality is the only reasonable means of providing medication and that the administration must occur during hours of the child's attendance at the facility;

(ii) a written training plan including the full name, signature, title, license number, address and telephone number of the physician, advanced practice registered nurse, physician assistant or registered nurse who shall provide the training, a detailed outline of the curriculum areas to be covered in training and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication shall be administered safely and appropriately to the particular child;

(iii) name, address and telephone number of the person(s) who shall participate in the training;

(iv) written permission from the child's parent(s); and

(v) such other information that the department deems necessary to evaluate the petition request.

(B) After reviewing the submitted information, if the department determines that the proposed administration of medication for the particular child can be provided in a manner to assure the health, welfare and safety of the child, it may grant the petition. The department may grant the petition with any conditions or corrective measures which the department deems necessary to assure the health, safety and welfare of the child. The department shall specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the petition. If the department grants the petition, no medication may be administered until after the proposed training program has been successfully completed and a written certification from the physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training is submitted to the department. The certification shall include:

(i) the full name, signature, title, license number, address and telephone number of the physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training;

(ii) the location and date(s) the training was given;

(iii) a statement that the curriculum approved by the department was

successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

(iv) the name, address and telephone number of the person(s) who successfully completed the training.

(C) Copies of all documentation required under this subsection shall be maintained at the facility. The requirements of subsection (b) (4) and (b) (5) of this section shall apply to the administration of medication authorized by petition.

(c) Cease and Desist Orders

If the department determines that the health, safety or welfare of a child in the child day care center or group day care home imperatively requires emergency action to halt the administration of medications by a director, head teacher, program staff or group day care home provider in a child day care center or group day care home, the department may issue a cease and desist order requiring the immediate cessation of the administration of medications by a director, head teacher, program staff or group day care home provider in the facility. The department shall provide an opportunity for a hearing regarding the order within ten (10) business days of date the order is issued. Upon receipt of the order, the operator shall cease the administration of all medications and provide immediate notification to the parent(s) of all children under his care that no medications may be administered at the child day care center or group day care home until such time as the cease and desist order is terminated.

(d) Emergency Distribution of Potassium Iodide

Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 19a-131a of the Connecticut General Statutes and if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a child day care center or group day care home licensed in accordance with section 19a-80 of the Connecticut General Statutes and located within a ten (10) mile radius of the Millstone Power Station in Waterford, Connecticut shall permit designated staff members to distribute and administer potassium iodide to adults present or to a child in attendance at the child day care center or group day care home during such emergency, provided that:

(1) prior written consent has been obtained by the child day care center or group day care home for such provision. Written consent forms shall be provided by the child day care center or group day care home to the parent(s) of each child currently enrolled or employees currently employed by the child day care center or group day care home promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the child day care center or group day care home to the parent(s) of each minor child upon enrollment and to each new employee upon hire. Such documentation shall be kept at the facility;

(2) each person providing consent has been advised in writing by the child day care center or group day care home that the ingestion of potassium iodide is voluntary;

(3) each person providing consent has been advised in writing by the child day care center or group day care home about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;

(B) persons with chronic hives, lupus or other conditions with hypocomplementemic vasculitis should not take potassium iodide;

(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and

(D) side effects may include minor upset stomach or rash;

(4) child day care centers and group day care homes shall have designated staff members to distribute and administer potassium iodide to those individuals and

minor children for whom prior written consent has been obtained. Such designated staff members shall be eighteen (18) years of age or older and shall have been instructed by the child day care center or group day care home in the administration of potassium iodide. Such instruction shall include, but not be limited to, the following:

(A) the proper use and storage of potassium iodide;

(B) the recommended dosages of potassium iodide to be administered to children and adults as prescribed by the Food and Drug Administration; and

(5) potassium iodide shall be stored in a locked storage area or container, inaccessible to children.
(Added effective November 3, 1997; Amended effective March 8, 2004; January 4, 2005; November 6, 2008.)

## 19a-79-10. Under three endorsement

(a) The operator of a program caring for children under three (3) years of age shall comply with section 19a-79-1a to section 19a-79-10, inclusive, and section 19a-79-13 of the Regulations of Connecticut State Agencies.

(b) A program caring for children under three (3) years of age is required to have a separate endorsement by the department.

(c) Infants and toddlers

(1) Age. Children from six (6) weeks to thirty six (36) months of age shall be considered infants and toddlers.

(2) Ratio. There shall be at least one (1) program staff qualified under section 19a-79-4a(d) of the Regulations of Connecticut State Agencies for every four (4) children or fraction thereof in attendance.

(3) Group size. The group size shall not exceed eight (8) children.

(4) There shall be a physical barrier separating each group of eight (8) children, indoors and outdoors.

(d) Special equipment

Each child day care center and group day care home shall have equipment and furniture to meet the developmental needs of the children served.

(1) Sinks

(A) In child day care centers there shall be a sink with hot and cold running water designated for diaper changing and hand washing of staff and children. This sink shall be located in the program space. Visual contact with all other children shall be maintained while changing diapers or using the sink. Child day care centers which staff three (3) adults to a group size of eight (8) infants or toddlers may use an accessible diaper changing facility if it is immediately adjoining the program area.

(B) Separate sinks shall be available for purposes other than hand washing after diaper changing within child day care centers.

(C) Group day care homes shall have a sink accessible for hand washing other than the sink used for food preparation.

(2) Furniture shall include:

(A) well constructed free standing cribs, not stacked cribs, each of which has slats no more than two and three-eighths (2 3/8) inches apart and a fully waterproofed, firm, snug-fitting mattress for infants;

(B) washable cots for toddlers;

(C) chairs for feeding, each of which has a stable base, safety straps on all high chairs attached to the chair and a tray which locks securely;

(D) low tables and chairs according to children's size and development; and

(E) a refrigerator and facilities to store and heat food and bottles.

(3) Furniture may include but not be limited to:

(A) strollers, each of which has a stable base, firmly attached safety straps and tightly locking brakes;

(B) play pens, each of which has either small weave mesh netting or slats no more than two and three-eighths (2 3/8) inches apart, a firm floor with a secured foam pad and hinges that lock tightly; and

(C) an adult rocking chair.

(e) Diapering and toileting

(1) The diapering area shall be an elevated sturdy table or counter equipped with a safety rail.

(2) Infants and toddlers shall be diapered at a diapering area used only for this purpose and located in the program area.

(3) Each diapering area shall have a non-porous surface and be kept in good repair.

(4) Diapering areas shall be washed and disinfected after each use.

(5) Disposable paper sheets shall be used and discarded immediately after each diapering.

(6) A covered washable lined waste receptacle shall be available and located in a convenient place for soiled waste material. These materials shall be removed to an exterior waste storage area at least daily.

(7) The hands of the staff and the children shall be washed before and after each diaper change.

(8) Diapering and hand washing policies and procedures shall be posted in each diapering area.

(9) Disposable diapers shall be discarded in a covered receptacle immediately after diapering.

(10) When cloth diapers or training pants are used, a plan for their use and care shall be submitted to and approved by the department prior to implementation of the plan. This plan shall include, but not necessarily be limited to, these procedures:

(A) placing soiled clothing and diapers in a sealed air tight container,

(B) removing soiled clothing and diapers from the child day care center or group day care home daily, and

(C) cleaning and sanitizing the container daily.

(f) Linens and clothing and bedding

(1) A supply of linen and emergency clothing shall be available for each child in the child day care center or group day care home at all times.

(2) All children's linens shall be washed at least weekly and as needed.

(3) Each child's linens and clothing shall be stored individually. Plastic bags shall not be accessible to infants and toddlers.

(4) When cribs and cots are shared, they must be washed and disinfected and linens changed between children.

(g) Sleep arrangements

(1) Infants under twelve (12) months of age shall be placed in a supine (back) position for sleeping in a well constructed, free standing crib or bed designed for infant sleeping, with a snug fitting mattress unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for an alternative sleep position.

(2) When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.

(3) Soft surfaces and gas-trapping objects such as pillows, quilts, sheepskins, soft bumpers or stuffed toys shall not be placed under or with an infant for sleeping and shall be kept out of the infant's crib or bed.

(4) No infant shall be put to sleep on a sofa, soft mattress, waterbed or other soft surface. No infant shall be put to sleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for their use.

(h) Toys and other objects

(1) Toys used for infants shall be kept separate, washed and disinfected at least daily. Toys for toddlers, including floor and riding toys, shall be washed and

disinfected at least weekly and as needed.

(2) Toys and other objects with a diameter of less than one and one-quarter (1 1/4) inches, objects with removable parts that have a diameter of less than one and one-quarter (1 1/4) inches, plastic bags, balloons and Styrofoam objects shall not be accessible to children under three (3) years of age.

(i) Health consultant

(1) A health consultant shall visit the program on the days and times children under the age of three (3) are present. The scheduled times of the visits shall be arranged so that all children under the age of three (3) are observed. The health consultant shall prepare and maintain signed documentation of visits which shall be kept on the licensed premises.

(2) The health consultant shall visit the program according to the following schedule:

(A) once a week for children up to twenty-four (24) months of age,

(B) once a week for children two (2) to three (3) years of age attending a full day, and

(C) once a month for children two (2) to three (3) years of age attending part day programs.

(j) Infants shall be removed from their cribs and held for all bottle feedings. They may be placed in chairs for all other feedings. Infants and toddlers shall be removed from their cribs or playpens at other intervals during the day for individual cuddlings and for verbal communication. They shall be allowed to crawl and toddle as age and development permit. Each infant shall be placed in a prone (front) position part of the time when awake.

(k) Foods and Liquids. When food and liquids are served:

(1) a written statement specifying the formula, breast milk or other liquids and the feeding schedule for infants shall be obtained from the parent(s),

(2) unused portions of formula, breast milk or other liquids shall be discarded after each feeding,

(3) clean bottles shall be provided by the parent(s) unless the facility uses disposable bottles or has a dishwasher or dishwashing system approved by the local health director to wash bottles,

(4) baby food shall be served from a dish unless the whole contents of the jar will be served, and

(5) each child's bottle shall be individually identified with the child's name.

(l) Outdoor play space

(1) All infant toddler play space shall be fenced.

(2) The equipment available to the infants and toddlers shall be developmentally appropriate for the ages of the children.

(Added effective July 27, 1993; Amended effective August 8, 1995; November 6, 2008.)

## 19a-79-11. School age children endorsement

(a) The operator of a child day care center or group day care home caring for children of school age shall comply with section 19a-79-1a to section 19a-79-9a, inclusive, section 19a-79-11 and 19a-79-13 of the Regulations of Connecticut State Agencies

(b) A program providing care for school age children shall have a separate school age children endorsement by the department.

(c) The program shall provide adequate opportunities for creative, recreational and restful activities as appropriate to meet the needs of the individual school age child

(1) These activities shall not be an extension or duplication of the child's school day.

(2) Children shall have opportunities to choose among activities, including, but not necessarily limited to:

(A) free time,

(B) creative activities,

(C) opportunities for homework assignments,

(D) nutritional snacks,
(E) physical activities,

(F) quiet activities,
(G) small group activities,
(H) special events which may include field trips, and
(I) self-concept activities.

(d) There shall be at least one (1) qualified program staff person for each ten (10) children or fraction thereof.

(e) The group size shall not exceed twenty (20) children.

(f) When a program serves school age children only, the designated head teacher shall be on site for sixty percent (60%) of the time the child day care center or group day care home is in operation on a weekly basis, and shall submit written verification of the following qualifications and experiences:

(1) the age of twenty (20) years or older;
(2) the personal qualities needed to supervise others;
(3) a high school diploma or equivalency certificate;
(4) at least five hundred and forty (540) hours of documented supervised experience over at least a nine (9) month span of time including working with children in a program with comparable standards to the standards in this or another state, which program must serve children of the same ages and developmental stages who are served at the child day care center; and
(5) one of the following:
(A) twelve (12) credits in early childhood education or child development, elementary education, recreation, group social work or a related field from an accredited institution of higher education with program approval from the Board of Governors of Higher Education; or
(B) approval by the department as a head teacher prior to January 1, 1994;

or

(6) a four (4) year college degree in elementary education, recreation, group social work or a related field from an accredited institution of higher education with program approval from the Board of Governors of Higher Education, with at least two hundred and seventy (270) hours of documented supervised experience working with unrelated children of the same ages to be served in this child day care center or group day care home. This supervised experience could be student teaching or a practicum assignment.

(g) The education consultant used in the program shall have training and experience in child development, recreation, leisure activities, group social work or elementary education.

(h) When a program for school age children is located in a public or private school facility currently used as a school, the local health, building and zoning regulations pertaining to school facilities shall apply. Under these circumstances, written verification of building and zoning approval is not required. A fire marshal certificate of approval and written local health approval are required for the facility as defined in section 19a-79- 2a(b)(2)(D) of the Regulations of Connecticut State Agencies.

(Added effective July 27, 1993; Amended effective November 6, 2008.)

## 19a-79-12. Night care endorsement

(a) The operator of a child day care center or group day care home providing night care shall comply with section 19a-79-1a to section 19a-79-13, inclusive of the Regulations of Connecticut State Agencies.

(b) The program providing care for one (1) or more hours between the hours of ten (10) P.M. and five (5) A.M. shall have a separate night care endorsement by the department.

(1) There shall be a person on the licensed premises designated as the person in charge who shall meet the head teacher qualifications in section 19a-79-4a(d)(2) of the Regulations of Connecticut State Agencies.
(2) There shall be a written plan for program activities to meet the needs of the individual child, including individual sleep patterns and quiet activities.

(3) There shall be a written plan for continuous supervision of sleeping children including cot placement and evacuation from the building.
(4) A child shall not be in care for more than twelve (12) hours in a twenty-four (24) hour period on a regular basis.
(5) All staff persons shall be awake and available to work with children in care.
(6) There shall be an individual cot or crib with bedding for each child, in accordance with section 19a-79-10(d)(2)(A) and 19a-79-10(d)(2)(B) of the Regulations of Connecticut State Agencies. Bunk beds shall not be used.
(A) Sleeping apparel and toiletries shall be individually labeled and stored.
(B) Bedding for children over twelve (12) months of age shall consist of a blanket and sheet or a sleeping bag, with a pillow in a pillowcase.
(C) Toiletries shall include a towel, washcloth, toothbrush, toothpaste and soap.
(D) Bedding and sleeping apparel shall be laundered weekly and as needed.

(7) Sleep arrangements for infants shall comply with section 19a-79-10(g) of the Regulations of Connecticut State Agencies.
(8) The ambient air temperature shall be maintained to at least sixty-five (65) degrees Fahrenheit measured at thirty six (36) inches from the floor.
(9) There shall be written approval from the local fire marshal specifying the hours of operation.
(10) There shall be written approval from the local health director for night care.
(Added effective July 27, 1993; Amended effective November 6, 2008.)

19a-79-13. The monitoring of diabetes in child day care centers and group day care homes
(a) Policy and Procedures
(1) All child day care centers and group day care homes at which designated staff members will be administering finger stick blood glucose tests shall have written policies and procedures governing the administration of finger stick blood glucose tests to children diagnosed with diabetes mellitus. The policies and procedures shall address at least the following areas:
(A) parental responsibilities;
(B) staff training and responsibilities;
(C) proper storage, maintenance and disposal of test materials and supplies;
(D) record keeping;
(E) reporting test results, incidents and emergencies to the child's parent(s) and the child's physician, physician assistant or advanced practice registered nurse; and
(F) a location where the tests occur that is respectful of the child's privacy and safety needs.
(2) Said policies and procedures shall be available for review by the department during facility inspections or upon demand.
(b) Training
(1) Prior to the administration of finger stick blood glucose tests, the director, head teacher, program staff or group day care home provider shall have completed the following training requirements:
(A) a course approved by the department in first aid, as verified by a valid first aid certificate on file at the facility; and
(B) additional training given by a physician, physician assistant, advanced practice registered nurse, registered nurse, certified emergency medical technician or the child's parent(s) according to written guidelines provided by the child's physician, physician assistant or advanced practice registered nurse. The additional training shall include, but not be limited to:

(i) the proper use, storage and maintenance of the child's individual monitoring equipment;
(ii) reading and correctly interpreting test results; and
(iii) appropriate actions to take when test results fail to fall within specified ranges indicated in the written order from the child's physician, physician assistant or advanced practice registered nurse.

(2) The training shall be updated at least every three years when a child with diabetes mellitus who requires finger stick blood glucose testing is present at the facility.

(3) Documentation that staff has been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for review by the department. Such documentation shall indicate:
(A) the subjects covered in training;
(B) the signature and title of the instructor;
(C) the signature and title of the trainee; and
(D) the date the training was given.

(c) Administration of Finger Stick Blood Glucose Test

*(1) Except as provided in subdivision (3) of this subsection, only staff members trained in accordance with subsection (b) of this section may administer the finger stick blood glucose test in a child day care center or group day care home.*

(2) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the facility, a staff member designated and trained to administer finger stick blood glucose tests shall be present at the facility.

(3) Upon the written authorization of the child's physician, physician assistant or advanced practice registered nurse and the child's parent(s), a child may self administer the finger stick blood glucose test under the direct supervision of the designated staff member who has met the training requirements in subsection (b) of this section.

(4) The operator of a child day care center or group day care home may petition the department to permit staff to administer glucagon by injection, in emergency situations only, in accordance with section 19a-79-9a(b)(7) of the Regulations of Connecticut State Agencies.

(d) Equipment

(1) The child's parent(s) shall supply the operator with the necessary equipment and supplies to meet the child's individual needs.

(2) Such equipment and supplies shall be labeled with the child's name and shall remain inaccessible to other children when not in use.

(3) The operator shall obtain a signed agreement from the child's parent(s) that the parent(s) agrees to check and maintain the child's equipment in accordance with manufacturer's instructions, restocks supplies and removes material to be discarded from the facility on a daily basis. All materials to be discarded shall be kept locked until it is given to the child's parent(s) for disposal.

(e) Record Keeping

The operator shall keep the following records at the facility as part of the child's medical record, and shall update them annually or when there is any change in the information.

(1) A current, written order signed and dated by the child's physician, physician assistant or advanced practice registered nurse indicating:
(A) the child's name;
(B) the diagnosis of diabetes mellitus;
(C) the type of blood glucose monitoring test required;
(D) the test schedule;
(E) the target ranges for test results;

(F) specific actions to be taken and carbohydrates to be given when test results fall outside specified ranges;
(G) diet requirements and restrictions;

(H) any requirements for monitoring the child's recreational activities; and
(I) conditions requiring immediate notification of the child's parent(s), emergency contact, the child's physician, physician assistant or advanced practice registered nurse.

(2) An authorization form signed by the child's parent(s) which includes the following information:
(A) the child's name;
(B) the parent(s) name;
(C) the parent(s) address;
(D) the parent(s) telephone numbers at home and at work;
(E) two adult, emergency contact people including names, addresses and telephone numbers;
(F) the names of staff designated to administer finger stick blood glucose tests and provide care to the child during testing;
(G) additional comments relative to the care of the child, as needed;
(H) the signature of the parent(s);
(I) the date the authorization is signed; and
(J) the name, address and telephone number of the child's physician, physician assistant or advanced practice registered nurse.

(3) The operator shall notify the child's parent(s) daily in writing of the results of all blood glucose tests and any action taken based on the test results, and shall document the test results and any action taken in the child's medical record.
(Added effective June 30, 1998; Amended effective November 6, 2008.)

# Family Day Care Homes

## 19a-87b-1. Purpose

The purpose of registration of family day care homes is to assure that family day care homes meet the health, educational and social needs of the children utilizing such homes.

(Effective September 1, 1993; Renumbered January 29, 1996.)

## 19a-87b-2. Definitions

For the purpose of Sections 19a-87b-2 through 19a-87b-17 of the Regulations of Connecticut State Agencies, the following definitions shall apply:

(1) "Administration of Medication" means the direct application of a medication by inhalation, injection or any other means to the body of a person.

(2) "Adult" means a person eighteen (18) years of age or over.

(3) "Advanced practice registered nurse" means an individual licensed pursuant to subsection (b) of section 20-94a of the Connecticut General Statutes.

(4) "Applicant" means a person, twenty (20) years of age or older, who has completed, signed and submitted an application to the department to obtain a family day care home registration.

(5) "Application" means the forms prescribed by the Commissioner which are to be used by applicants for initial registration, by providers for registration renewal, and by family day care staff for staff approval. Forms may be changed by the Department from time to time.

(6) "Assistant" means an adult approved in writing by the Commissioner, who assists the provider or substitute in caring for children in the registered facility, while the provider or substitute is present.

(7) "Authorized prescriber" means a physician, dentist, advanced practice registered nurse or physician assistant.

(8) "Child" means any person under eighteen (18) years of age.

(9) "Commissioner" means the Commissioner of the Department of Public Health or the commissioner's designee(s) or representative(s).

(10) "Customary Business Hours" means the hours in which the family day care home is in operation caring for children.

(11) "Department" means the Department of Public Health.

(12) "Emergency Caregiver" means a person twenty (20) years of age or older, who can assume the provider's duties in an unforeseen emergency situation.

(13) "Facility" means the entire premises, identified on the registration application, indoors and outdoors, including space not directly used for child care.

(14) "Family Day Care Home" means a facility so designated under Connecticut General Statute 19a-77 as same may be amended.

(15) “Family Day Care Services" means care of not more than six children, including provider's own children not in school full time, where the children are cared for not less than three nor more than twelve hours during a twenty-four-hour period and where care is given on a regularly recurring basis. During the regular school year, a maximum of three additional children who are in school full time, including the provider's own children, shall be permitted, except that if the provider has more than three children who are in school full time, all of the provider's children shall be permitted.

(16) "Investigational drug" means any medication with an approved investigation new drug application on file with the Federal Food and Drug Administration (FDA), that is being scientifically tested and clinically evaluated to determine its efficacy, safety, and side effects and that has not yet received FDA approval.

(17) "Home Visit" means a visit to the family day care home of an applicant or provider by department staff. Said home visit may be announced, as when the initial application inspection is performed; or unannounced, when performed in response to a complaint or as a spot inspection. All home visits shall be performed during customary business hours.

(18) "Household member" means any person other than the provider who resides in or has a right to reside in the family day care home, such as the provider's spouse or children, boarders, and any other occupant.
(19) "Medication" means any medicinal preparation including controlled sub stances, as defined in section 21a-240 of the Connecticut General Statutes.
(20) "Medication error" means failure to administer the medication to a child, or failure to administer medication within one (1) hour of the time designated by the prescribing practitioner, or failure to administer the specific medication prescribed for a child, or failure to administer the medication by the correct route or failure to administer the medication according to generally accepted medical practices, or failure to administer the correct dosage of medication.
(21) "Night Care" means family day care services provided during a child's normal night time sleeping hours.
(22) "Parent" means the person who retains custody of the child; i.e. the mother, father, supervising relative, legal guardian or foster parent.
(23) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state.
(24) "Physician assistant" means an individual licensed pursuant to section 20-12b of the Connecticut General Statutes.
(25) "Primary health care provider" means the individual who is responsible for the health care of the child outside the facility.
(26) "Provider" means the person registered by the department to provide family day care services, and who may substitute for another registered provider.
(27) "Registered Capacity" means the number of day care children that the provider is authorized to care for as contained in the registration certificate.
(28) "Registered nurse" means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 of the Connecticut General Statutes.
(29) "Registration" means the official process by which an applicant has been given a license granting legal permission by the Commissioner to operate a family day care home.
(30) "Residence" means a home occupied by the provider or approved for occupancy as a home as evidenced by a valid certificate of occupancy.
(31) "Substitute" means a person approved in writing by the Commissioner who may assume the provider's responsibilities in the provider's absence, and who meets the same qualifications as a provider.
(Effective September 1, 1993; Amended August 8, 1995; Renumbered January 29, 1996; amended November 3, 1997.)

## 19a-87b-3. Application for a registration to operate a family day care home

(a) Registration Required to Operate. No person, group of persons, association, organization, corporation, institution or agency, public or private, may operate a family day care home in the State of Connecticut without a registration issued by the Commissioner. Only one registration shall be issued per residence.
(b) Relative Providers who are Required to Register. An individual who provides child care at a home other than the child's own for children who are not his/her grandchild(ren), niece(s), nephews(s), sibling(s), son(s) or daughter(s) by blood, adoption or marriage is required to register. The Department may require documentation verifying the relationship.
(c) Application Form. A person may apply for a family day care home registration by completing, signing and submitting to the Department an application to obtain a family day care home registration. Only one registration shall be issued per residence. The application forms are available through any office of the Department. The application forms, which may be modified by the Commissioner from time to time, shall contain information that the Commissioner deems necessary to determine whether the applicant or provider shall be issued or re-issued a family day care home registration. The application forms shall contain a notice that false statements made therein are

punishable in accordance with Section 53a-157 of the Connecticut General Statutes, and that false statements may also be grounds for the denial of the registration. The application forms shall contain a certification that the applicant or provider is familiar with the family day care home regulations, agrees to abide by them, and will allow home visits by Department staff to the family day care home.

(d) Release Forms. The applicant, household members, and proposed family day care staff, as part of the application process, shall also agree to provide and/or authorize Department access to any information or records that the Commissioner deems necessary to investigate and/or verify that the applicant meets the requirements of Section 19a-87b-6 through 19a-87b-8 of the Regulations of Connecticut State Agencies, inclusive, including, but not limited to, medical information, police records and records of the Department of Children and Families. If the applicant, household members and proposed day care staff refuse to cooperate with the Department in completing this process, or fail to provide the required information, such failure shall constitute sufficient reason for denial of the application.

(e) Interview and Inspection. The applicant shall be interviewed as part of the application process, and shall allow Department personnel to inspect thoroughly the entire premises.

(f) Denial of Application - Request for a Fair Hearing. An applicant who is aggrieved by the Department's denial of his/her application for family day care home registration may submit to the Commissioner a written request for a fair hearing on the denial, which shall state in simple language the reasons why the aggrieved person is seeking to have the denial reviewed by the Department. The request for a fair hearing shall be mailed to the Commissioner within sixty (60) days from the date of the denial letter.

(g) Reapplication Process. A provider who has voluntarily withdrawn or terminated an application or registration may reapply by filing a new application with the Department at any time.

(Effective September 1, 1993; Amended August 8, 1995; Renumbered January 29, 1996.)

## 19a-87b-4. Renewal of registration

(a) Renewal Application. A registered provider of family day care home services who desires to renew a registration shall submit before the expiration date an unaltered, completed and signed application for renewal on the forms prescribed by the Commissioner. Information requested at renewal includes, but is not limited to:

(1) Current enrollment
(2) A statement that all children in facility are up to date on immunizations
(3) Information on staff
(4) Statement of change in any household member's health status
(5) Physical changes made to the facility
(6) Changes in family situation
(7) Statement of compliance with the regulations for family day care homes.

(b) Registration to Remain in Effect. In the event that an unaltered, completed and signed application for a renewal of a registration to operate a family day care home has been submitted in a timely manner to the Department, but has not been acted upon by the Commissioner before the expiration date, the registration shall remain in effect until the Commissioner makes his decision on such application. During this period, all laws and regulations, as amended, governing the operation of a day care home shall remain in effect and be binding upon the provider.

(Effective September 1, 1993; Renumbered January 29, 1996.)

## 19a-87b-5. Terms of the registration

(a) Registration Term and Fee. The registration shall be for a term of one year from the date of issuance and the Commissioner shall collect a fee of ten dollars for such registration from the applicant or provider. Only one registration at a time shall be issued per residence.

(b) Suitability. A registration will not be issued to any applicant, or renewed for a provider, unless the Commissioner finds that such applicant or provider is a suitable person to care for children in a family day care home and meets and agrees to comply with Sections 17-585-1 to 17-585-16 inclusive of these regulations. Suitability shall be determined by a review of the application materials, references, any criminal records, law enforcement records, medical records, protective services records and any other relevant material obtained by the Department. The Commissioner shall, after reviewing all the circumstances, make a determination whether the applicant or provider is a suitable person to care for children in a family day care home and whether the children's health and safety would be at risk under said applicant or provider's care.

(c) Nontransferability of the Registration. An applicant may apply for a registration only in his/her own name and only for the premises indicated on the application, which premises shall be a residence.

(1) A registration shall not be assigned by a provider to any other person under any circumstances. A provider shall not use a substitute on a regularly, recurring basis which effectively franchises or transfers the family day care services to the substitute.

(2) When the provider moves the family day care home to another facility, the old registration is no longer valid as issued. A new application to change the address shall be filed with the Department immediately. No fee is charged for this application, but a home visit is required to operate. The provider must notify the Department immediately to schedule a home visit.

(d) Factors in Determining the Registered Capacity

(1) The registered capacity of the facility shall be indicated by two (2) numbers on the registration certificate:

(A) Regular capacity defines the maximum number of infants, toddlers preschoolers, kindergarten and school age children that a provider may care for together at any time during the year, including the provider's own children not in school full time. School age children who are not the provider's own children and receive family day care services for three (3) or more hours before school or three (3) or more hours after school shall be counted in the regular capacity. The regular capacity of a family day care home shall not exceed six (6) children.

(B) School age capacity defines the maximum number of additional children attending school full time that a provider may care for together before and after school during the school year only, including the provider's own school age children. The school age capacity shall not apply during the summer school vacation; however, the provider's own school age children shall be permitted without counting them in the regular capacity. The school age capacity of a family day care home shall not exceed three (3) children.

(2) Children attending full day kindergarten shall be counted in the school age capacity; children attending half day kindergarten shall be counted as preschoolers in the regular capacity until graduation from kindergarten.

(3) Staff members' children present at the facility shall be counted in the capacity like the other children receiving care.

(4) Foster children and children who reside at the facility shall be counted as household members in the same manner as the provider's own children.

(5) The provider's own children twelve (12) years of age and older shall not count in the capacity.

(6) The registered capacity shall be determined at the Commissioner's discretion taking into account the indoor and outdoor space and other accommodations available for child care at the facility and the qualifications of the applicant or provider.

(e) Infant and Toddler Restriction. The provider shall care for no more than two (2) children under the age of two (2) years at one time, including his/her own children, except that the

provider may care for up to six (6) children under the age of two (2) years when an assistant is present.

(f) Variance of Requirements. A family day care home and provider shall comply with all family day care regulations unless a variance for specific requirement(s) has been granted through a prior written agreement with the Commissioner. This agreement shall specify the particular requirement(s) affected, the duration of the variance, and the terms under which the variance is granted. Variance of specific requirements shall be granted only when the home and provider have documented that the intent of the specific requirement(s) affected will be satisfactorily achieved in a manner other than that prescribed by the requirement(s). A variance shall not be given to allow a provider to care for more children than indicated by the registered capacity. When the home or provider fail to comply with the variance agreement in any particular, the agreement shall be subject to immediate cancellation.

(g) Registration Certificate. Upon approval of the initial application and or renewal application, and payment of the fee, a registration certificate shall be signed by the Commissioner and issued to the provider. The registration certificate shall identify the provider's name, the address of the facility, the registered capacity of the family day care home, the registration number and the expiration date.

(1) The registration certificate remains the property of the Department and shall be surrendered to the Commissioner if the registration is suspended, revoked, or voluntarily terminated.

(2) The registration certificate shall be displayed conspicuously in a location visible to the Department Staff and to parents whose children are in care or who are considering placing their children in the provider's care.

(3) The registration number shall be used in any advertisement of services.

(h) Parental Access to the Department When a child is enrolled, the provider shall furnish the parent(s) with the telephone number of the local office of the Department. The provider shall explain that any person with good cause and in good faith may file a complaint about a registered or unregistered provider with the Department.

(i) Consent to Home Visits. The provider and substitute shall consent in writing and agree to allow Department staff to inspect the facility and have access to day care records for the performance of home visits during customary business hours.

(j) Notification of Change. The applicant or provider shall notify the Commissioner in writing within five (5) working days of any change in circumstances which alters or affects the day care service as registered or as stated in the application. Changes of circumstances which shall be reported include, but are not limited to, the following: change of address, renovation of facility, the addition of household members, or changes in the health status of the provider, staff, or household members that may affect the provision of family day care services.

(Effective September 1, 1993; Renumbered January 29, 1996.)

## 19a-87b-6. Qualifications of the applicant and provider

(a) Awareness of Regulations. The applicant and provider shall have a copy of the regulations at the facility and shall have read and understood the family day care standards set forth in these regulations.

(b) Health. The applicant and provider shall be physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional or physical health problems which might impair such ability or otherwise adversely affect the day care children. In order to enable the Commissioner to determine that the provider meets these requirements, the following shall be provided upon request:

(1) Medical Statements. The applicant shall furnish, at the time of initial application, a medical statement signed by a physician, physician assistant or advanced practice registered nurse based on an examination conducted within the past twelve (12) months, documenting the presence of any known medical or emotional illness or disorder that would currently pose a risk to children in care or

would currently interfere with effective functioning as a provider. Thereafter, the provider shall submit a medical statement, described above, every two (2) years and at any other time requested by the Commissioner.

(2) Tuberculosis. The applicant shall furnish a negative skin test for tuberculosis or, for a known reactor, evidence of no active tuberculosis on a chest x-ray, based on a test or x-ray given during the past twelve (12) months, and thereafter upon the request of the Commissioner.

(3) Medical Records. The applicant and provider shall supply to the Commissioner on request any medical records regarding his/her physical, emotional or mental health. The applicant and provider shall execute a release authorizing access to his/her medical records upon request of the Commissioner when the Commissioner deems the applicant or provider's medical history may reveal a risk to children in care.

(4) Medications At the Commissioner's request the applicant and provider shall furnish information and/or shall supply or authorize the release of medical records regarding any ongoing medications being used by the applicant or provider.

(c) Training Requirements

(1) Any application for registration submitted to the Department on or after January 1, 1994 shall, before final approval of the application is given, include a copy of a valid certificate from an approved course in basic first aid appropriate for child care providers.

(2) Providers registered prior to January 1, 1994 shall furnish to the Department a copy of a valid certificate documenting successful completion of such training by September 1, 1994.

(3) Thereafter, as part of the renewal application, the provider shall furnish a copy of a valid certificate of such training to the Department as necessary to verify continuous certification.

(4) The Department shall approve a course in basic first aid if it meets the standards set for Group Homes and Day Care Centers as specified in the Child Day Care Unit Policy Manual of the Department of Health Services.

(d) References. The applicant shall submit at least three (3) reliable and satisfactory references from individuals who have known the applicant for at least three (3) years. The references shall indicate the applicant's interest in, and affection for children, their understanding of children's developmental needs, good judgment about supervision and safety for children, personal competence, emotional stability and dependability. Only one reference may be from a person related to the applicant by blood or marriage. The Commissioner may request additional references as needed to verify continuing compliance with the regulations during the registration period.

(e) Personal Qualities. The applicant and provider shall have the personal qualities appropriate for working and communicating with children and their families. The Commissioner will review all application materials, personal references, medical records, criminal records and Department of Children and Families records submitted on an applicant and provider to determine if he/she has an interest in and liking for children, understanding of children and their developmental needs, good judgment about supervision and safety for children, personal competence, emotional stability and dependability. Suitability shall also be determined from a review of any complaint investigation and any law enforcement or protective services records.

(f) Criminal Record Check. National, state and local police records shall be checked by the department. The applicant, provider, or any person working in the family day care home shall not have a criminal record that the Commissioner reasonably believes renders such applicant, provider, assistant or substitute unsuitable to own, conduct, operate, or maintain or be employed by a family day care home.

(g) Protective Services Check

(1) The applicant and provider shall be checked with the Department of Children and Families to determine whether:

(A) There is a Department of Children and Families record of child abuse, neglect or risk thereof, or whether there is an ongoing investigation for such offenses.

(B) A child has been removed from care or custody for reasons of abuse, neglect or risk thereof.

(2) A finding that there is a Department of Children and Families record or an on-going Department of Children and Families investigation or that a child has been removed from care or custody, as set forth in subdivision (1) of this subsection (h), shall provide a sufficient basis for the Commissioner to take immediate action against the registration. The Commissioner may deny a day care application, summarily suspend and/or propose to revoke a registration, or immediately revoke permission for a family day care home staff member to provide care under this section, depending on the particular circumstances of a given case.

(3) In keeping with the confidentiality provisions of Section 17a-101 of the Connecticut General Statutes, the Department will hold confidential information obtained under this section.

(h) Offenses or Information from Other Jurisdictions. The Commissioner may request that a screening for child abuse, neglect, or criminal conviction records be done in another state as necessary to ensure the applicant or provider's background does not present a risk to children. If the Commissioner obtains information of conduct in another jurisdiction by an applicant or provider that would have resulted in a denial of a family day care home registration to such an applicant or provider if such conviction or conduct had occurred in this state, it may be grounds for denial or suspension or revocation of such a registration. (Effective September 1, 1993; Amended August 8, 1995; Renumbered January 29, 1996; Amended June 4, 1999.)

## 19a-87b-7. Members of the household

(a) Health. The members of the household shall be free from any mental, emotional or physical health problems which might adversely affect the day care children. The following documentation shall be part of the initial application process and updated as deemed necessary by the Commissioner:

(1) Medical statements and children's immunization records. A medical statement signed by a physician, physician assistant or advanced practice registered nurse, based on an examination conducted within the past twelve (12) months. The statement shall document, for each household member, the presence of any known medical or emotional illness or disorder that would currently pose a risk to children in care or would currently interfere with, or otherwise put in jeopardy, the provider's ability to render proper care to the day care children in the day care facility. All adult members of the household shall furnish a negative skin test for tuberculosis or, for a known reactor, no evidence of active tuberculosis on a chest x-ray, based on a test or x-ray given during the past twelve (12) months, and thereafter upon request of the Commissioner. The provider shall maintain forms for each child in the household including the provider's own children present at the facility as specified in subdivisions (2) and (3) of subsection (b) of section 19a-87b-10. The forms shall also state that the child is current with all required immunizations and shall indicate the date for the next scheduled immunization.

(2) Medical and medication records. A medical history and medication records for each member of the household, if requested by the Commissioner, or authorizations from such members allowing the release of these records, when the Commissioner deems the household member's medical history may reveal a risk to children in care.

(b) Criminal record check. The members of the household in a family day care home shall not have been convicted of any offenses which the Commissioner reasonably believes

renders such household unsuitable for the provision of family day care services, including but not limited to:
(1) Cruelty to persons under Section 53-20 of the Connecticut General Statutes.
(2) Injury or risk of injury to or impairing morals of children under Section 53-21.
(3) Abandonment of children under the age of six (6) years under Section 53-23.
(4) Sexual assault in the fourth degree under Section 53a-73a, as same may be amended.
(5) Illegal manufacture, distribution, sale, prescription, dispensing or administration of controlled substances under Section 21a-277, 21a-278 or 21a-278a.
(6) Illegal possession under Section 21a-279, as same may be amended.

(c) Protective Services Check. All members of the household shall meet the same standards as required for the provider by Section 19a-87b-6(h).

(d) Offenses or Information from other Jurisdictions. All members of the household shall meet the same standards as required for the provider by Section 19a-87b-6(i).

(e) Household Environment. The environment in the household shall foster the health, growth and development of children. Evidence of violent or threatening behavior by household members will be reviewed by the Commissioner for its impact on the health and safety of the day care children and may be grounds for denial, suspension, or revocation of the registration.

(Effective September 1, 1993; Amended August 8, 1995; Renumbered January 29, 1996.)

## 19a-87b-8. Qualifications of staff

The provider may have substitutes and assistants in the facility only after the intended staff member has submitted a staff approval application to the Department and it has been approved in writing by the Commissioner.

(a) Substitute. Any person twenty (20) years of age or older who meets all of the requirements set forth in Section 19a-87b-6, "Qualifications of the Applicant and Provider", may apply to be a substitute for a family day care provider. A registered provider may substitute for another provider without filing a separate staff approval application.

(b) Assistant. Any adult who meets the requirements set forth in Section 19a-87b-6, "Qualifications of the Applicant and Provider," except for subsection (a) pertaining to age and (d) pertaining to training, may apply to be an assistant in a family day care home. An assistant is required to be present when more than two (2) children under (2) years of age receive family day care services at the same time at the facility.

(c) Emergency Caregiver. Each provider shall identify to the Department at least one emergency caregiver who shall be available and on call during customary business hours to provide child care only for unscheduled, unforeseen emergencies.
(1) The emergency caregiver shall be a responsible person who is twenty (20) years of age or older and known to the provider. The provider shall list at least one potential emergency provider with the Department, but may use others as necessary.
(2) The emergency caregiver shall be able to arrive at the facility within ten (10) minutes of being summoned by the provider.
(3) The Commissioner may disallow any emergency caregiver who had a family day care home registration revoked or denied, or who has a substantiated child abuse/neglect or a criminal conviction record that the Commissioner deems would put children at risk.

(d) Knowledge of Regulations and Operative Procedures. All staff members shall have read and understood the regulations for family day care homes and shall be familiar with the operating procedures of the facility.

(e) Staff Approval Process. Staff approvals for substitutes, assistants, and helpers shall be for a period of two (2) years from the date of the approved staff application. Approvals may be renewed by submitting to the Department a new staff renewal application and a

new medical statement as described in Section 19a-87b-6 subsection (c) for substitutes and assistants, and in Section 19a-87b-10 subsection (2) for helpers. Emergency providers may remain on call as long as they continue to meet the requirements of that position. The Commissioner may at any time deny or revoke the approval of any staff member who fails to meet the requirements of the position.
(Effective September 1, 1993; Renumbered January 29, 1996.)

## 19a-87b-9. Requirements for the physical environment

(a) Cleanliness. The facility and equipment shall be kept in a clean and sanitary condition and shall not pose a health hazard to children. The Commissioner, upon inspection, may require the provider to correct any condition that may put children at risk of injury.

(b) Freedom from Hazards. The facility and equipment shall be in good repair, and reasonably free from anything that would be dangerous to children. The Commissioner, upon inspection, may require the provider to correct any condition that may put children at risk of injury.

(c) Absence of poisonous substances. Poisonous substances shall not be accessible to children enrolled in the facility. Poisonous and unidentified plants and plant parts shall be removed from the area, protected by barriers, or kept out of the reach of children.

(d) Fire Safety. The provider shall ensure that the home and grounds provide a reasonable degree of safety from fire, which shall include, but not be limited to the following requirements:

(1) Safe Storage of Flammable Materials. Materials such as, but not limited to, flammable or combustible liquids, cleaning solvents, paints, excess amounts of combustible solids and fabrics shall be properly stored and out of reach of children.

(2) Safe Door Fasteners. Fasteners for doors to cupboards, closets and rooms shall be designed so that it is impossible for a child to become locked in the enclosed area. Every room used for child care or capable of access by children, when provided with a door latch or lock, shall be of a type that children can open from the inside and each lock shall be designed to permit opening of the locked door from the outside in an emergency. The opening device shall be readily accessible to the provider and staff.

(3) Electrical Safety. Electrical cords and appliances shall be in good repair. Special protective covers for all electrical receptacles shall be installed in all areas occupied by children.

(4) Safe Exits. There shall be two (2) readily accessible, passable, remotely located and safe means of escape from each room used for day care in the facility. Every room used by children for sleeping, living, or dining purposes shall have at least two (2) means of escape, at least one of which shall be a door or stairway providing a means of unobstructed travel to the outside of the building at street or ground level. The second means of escape shall be permitted to be a window that is accessible and openable from the inside without the use of tools and provides a clear opening.

(A) The provider shall remain with the children at all times, when the children are being cared for in space below ground level, to assist with emergency exiting.

(B) Passageways leading to means of escape shall have adequate lighting and be kept free from barriers or obstructions.

(C) All means of escape shall be easily opened and kept free of obstructions at all times.

(D) Every stairway shall have a sturdy handrail for children to use, shall provide safe passageway and be maintained free of obstructions. Sturdy child-safe gates shall be placed at the top and bottom of stairways to prevent falls.

(E) During a home visit Department Staff may require the provider to demonstrate the safety and feasibility of children and child care staff using intended escape routes.

(5) Evacuation Plan. The provider shall establish a written plan for the protection of occupants in the event of fire or other emergency evacuation from the building. All child care staff shall be periodically instructed and kept informed of their duties under the plan and shall practice at least quarterly an emergency evacuation drill.

(6) Smoke Detectors. The provider shall have smoke detectors, in operating condition, placed in the home so as to protect day care children's sleeping areas, play areas and the basement. There shall be at least one smoke detector on each level of the facility.

(7) Fire Extinguisher.

(A) The provider shall have easily accessible to the area of child care at least one five (5) pound ABC multi-purpose fire extinguisher in operating condition and shall have knowledge of its use.

(B) Each fire extinguisher shall be installed using the hanger or brackets supplied, at a height not to exceed five (5) feet above the floor. Extinguishers shall not be obstructed or obscured from view.

(8) Safe Heating Systems and Devices

(A) The provider shall show documentation that any new heating system or auxiliary heater installed after original construction of the facility has been inspected and approved for proper and safe installation by an authorized licensed professional and, where applicable the local building official. All devices shall be safely located, shall be properly cleaned and maintained with a barrier where necessary for the protection of day care children.

(B) There shall be no kerosene heaters or unsafe space heaters used during the hours of day care.

(e) Safe Storage of Guns, Ammunition and other Weapons. The provider shall protect children from guns, ammunition and weapons stored at the facility.

(1) All guns shall be stored unloaded.

(2) Ammunition shall be stored in a separate location away from the guns and inaccessible to children.

(3) All guns and weapons shall be kept locked or stored in a locked storage area. Locks shall be openable with a key or combination only.

(f) Safe Space.

(1) There shall be sufficient indoor and outdoor play space to ensure appropriate activities, safety and comfort for the day care children. The indoor and outdoor play space shall be neither isolated nor remote from the primary care areas. The outdoor play area shall be protected from traffic, bodies of water, gullies, and other hazards by barriers, in a manner safe for children.

(2) When there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence/barrier, four (4) feet high or higher, with locked entrances, which totally and effectively bars access to the water by the day care children. Shallow wading pools that are not fenced shall be emptied after each use and shall not collect water.

(g) Proper Ventilation, Light and Temperature. The ventilation, light and temperature of the facility shall ensure the health and comfort of the day care children. The room temperature where children are present at the facility shall not be lower than 68 degrees Fahrenheit.

(h) Adequate Washing, Toileting, Sewage and Garbage Facilities. The bathroom washing and toileting facilities shall be adequate to ensure the health, safety and comfort of the day care children. Sewage and garbage disposal systems shall ensure a sanitary environment. Garbage and trash shall be disposed of properly and kept covered.

(i) Adequate and Safe Water. If the facility is not served by a public water supply, the provider shall show proof from analysis by a state certified laboratory dated no more than one year prior to the application date at initial registration and as often as the Department deems necessary, that its water supply is potable, adequate, and safe. The water test shall include, but not be limited to tests for bacteria, physical parameters (color, odor, turbidity, pH), and sanitary chemicals (nitrogen series, chloride, surfactants, hardness, iron, manganese and sodium). Additional tests may be required as deemed necessary by the Commissioner.

(j) Pasteurization or Licensed Milk Supply. If milk or milk products provided by the family day care home provider for consumption by the children in care are not pasteurized, the provider shall submit to the Department proof that the milk products are licensed by the Department of Agriculture.

(k) Working Telephone. The provider shall have a working telephone at the facility, with emergency numbers (fire, ambulance, police or 911, parents, emergency caregivers, and poison control) posted nearby in an easily visible location.

(l) Safe Transportation. The provider shall utilize safe transportation for children when transportation is required for an emergency or a day care activity. This shall include, but not be limited to, the use of child auto safety restraints according to Section 14-100a(c) of the Connecticut General Statutes. Any vehicles used to transport day care children shall be properly registered and insured.

(m) First Aid Supplies. The provider shall have easily available, but out of reach of young children, adequate first aid supplies and current information about medical emergencies and appropriate first aid procedures.

(n) Protection from Pets. The provider shall be responsible for protecting the health and safety of the children from household pets and other animals at the facility. A current rabies vaccination certificate shall be kept on file at the facility for each dog and cat over fourteen (14) weeks of age. The provider shall be responsible for maintaining household pets in accordance with all applicable local and state laws and to have such documentation on file. The Commissioner has the discretion to deny, suspend or revoke a registration if he deems that the type, number or condition of the pets at the facility presents a health or safety hazard to children.

(o) Smoking. The provider shall protect children from hazards associated with tobacco use in the facility.

(1) If the provider, household members, or staff members smoke cigarettes, cigars, or pipes, the provider shall make this known in advance to parents who are considering placing their children in the provider's care.

(2) The provider or staff members may not smoke while engaged in caregiving activities requiring direct physical contact with children, including, but not limited to feeding, diapering, dressing and rocking.

(3) The provider shall ensure that all cigarettes, cigars, pipes, ashes, butts, lighters and matches are kept out of the reach of children.

(Effective September 1, 1993; Renumbered January 29, 1996.)

## 19a-87b-10. Responsibilities of the provider and substitute

(a) Registered Capacity and Maintaining Compliance with the Regulations. The provider shall maintain the family day care home within the registered capacity, and in compliance with the regulations for family day care.

(b) Maintaining records on children. The provider shall maintain the following records for each child enrolled in day care, or who has been in day care at the facility, and shall keep them current and available in the facility. Forms may be obtained from the Department.

(1) Enrollment Form. The provider shall have on file an enrollment form including the schedule of days and hours of care, the parent's name, address, telephone numbers and the child's date of birth and date of enrollment at the facility. This form shall be kept for one year after a child ceases to be cared for in the facility.

(2) General health record.

(A) The provider shall have a complete and current general health record on file when the child begins attending the family day care home, signed and dated by a physician, physician assistant or advanced practice registered nurse, based on an examination within the past year for preschoolers or within the period allowed by schools for older children. A complete and current general health record shall include but not be limited to, the following information pertaining to the child:
(i) A statement about the child's general health and the presence of any known medical or emotional illness or disorder that would currently pose a risk to other children in care or which would currently affect the child's functional ability to participate safely in a day care setting.
(ii) Allergies.
(iii) Disabilities.
(iv) Ongoing medications.
(v) An immunization record that includes the month, day, and year of each immunization required for admission as specified in subdivision (1) of subsection (k) of this section, and such documentation as is required to confirm age appropriate immunization, immunization in progress or exemption to immunization as defined in subdivision (3) of subsection (k) of this section. The immunization record and said documentation of immunizations shall be submitted to the department upon request.
(B) Medical records for infants/toddlers and preschoolers shall be updated at least annually, and for school age children according to the schedule required by the public school system.
(C) These records shall be returned to the parent when the child is withdrawn from the family day care home.
(D) The physical examination requirements of this subdivision shall be waived when such examination is contrary to the religious beliefs and practices of the child or the parents of such child. A statement requesting such waiver shall be submitted and shall be maintained in the child's general health record. Such statement shall be signed by the parent and shall include affirmation of church membership by an appropriate church authority. The parent shall certify that he or she accepts complete responsibility for the health of the child and that, to the best of the parent's knowledge, the child is in good health.

(3) Written Permission from the Parent. The provider shall have on file and shall keep updated the parent's written permission and instructions specifying, but not limited to, the following:
(A) Any persons permitted to remove the child from the day care home on behalf of the parent.
(B) Emergency health care for the child, including information about the child's dentist, physician or other primary health care provider, and adults to be contacted if the parent cannot be reached.
(C) Transportation for children leaving the home as part of the day care program.
(D) The conditions under which the parent will allow swimming when recreational swimming is part of the family day care program.

(4) Incident Log. The provider shall have on file an incident log for each enrolled child to record accidents, illnesses, unusual behaviors that occur at the facility and observations of the child made by the provider.

(5) Confidentiality of Records. The provider and day care staff shall not release any records pertaining to the child or family except in emergencies, or upon request of the Department, police, or Department of Children and Families, unless the

parent of the child gives the provider and staff written permission to release this information.

(c) Meeting Children's Physical Needs. The provider is responsible for seeing that the day care children's physical needs are adequately met while in the facility including the following:

(1) Sufficient Play Equipment. There shall be a sufficient quantity and variety of indoor and outdoor equipment which is appropriate to the needs of the children, their developmental levels and interests. There shall be equipment which encourages large and fine muscle activity, solitary and group play and quiet play.

(2) Good Nutrition. The family day care program shall include adequate and nutritious meals and snacks, prepared and stored in a safe and sanitary manner including proper refrigeration for perishable foods. Readily available drinking water shall be accessible to children at all times.

(3) Flexible and Balanced Schedule. The schedule shall remain flexible, with time for free choice play, snacks, meals and a rest period.

(4) Proper Rest. There shall be a bed, cot, mat or other provision for each child for napping or resting which is comfortable, clean, safe, and allows for minimal disturbance for each day care child. Day care children shall not be napped directly on carpeting or flooring.

(5) Personal Articles. For each day care child, there shall be an individual blanket, towel and toilet articles appropriate to the needs of the child.

(d) Individual Plan for Care. The provider shall establish a planned program of developmentally appropriate activities at the facility, which promotes the social, intellectual, emotional and physical development of each child.

(1) The provider shall have an understanding and respect for the needs of children and their families who are bilingual and/or whose culture may differ from their own.

(2) The provider shall have an understanding of the special needs of children with disabilities receiving family day care services.

(3) An appropriate plan for each child's care shall be developed with the child's parent(s) at intake and updated as necessary to meet the child's changing needs.

(e) Planning for the Special Needs of Infants. The provider shall allow infants to crawl or toddle, shall hold them for bottle feedings and at other times during the child care period, and shall give them individual attention, and verbal communication.

(f) Diaper Changing. The provider shall change an infant's diapers frequently for the child's comfort, shall cleanse and disinfect the surface of the changing area after changing each diaper, shall dispose of waste material in a sanitary manner out of reach of the children, and shall wash his/her own hands with soap and hot water after changing and disposing of each diaper.

(g) Giving Parents Information and Access. The provider shall furnish each child's parent(s) with the following:

(1) Opportunities to observe the day care home in operation prior to enrollment, as well as following enrollment.

(2) Immediate access to their child while the child is at the facility.

(3) Opportunities prior to enrollment as well as following enrollment to discuss the child's needs and the family day care program and policies, including the type of records the provider is required to keep and registered capacity.

(4) Daily information about the child.

(5) Immediate information about any accident involving the child, or any illness or injury to the child which occurred at, or was detected in, the day care home.

(6) Information about the names of substitutes, assistants, helpers, emergency providers and household members who have contact with the day care children.

(7) Information about the presence of enrolled children, or children of the provider, who are not properly immunized and any contagious illness affecting children,

staff or household members at the facility, that could pose a health hazard to day care children.

(8) The provider shall allow the parents of all children receiving family day care services or wishing to place a child in the facility to see the provider's copy of the last interview/home visit report completed by Department Staff upon request.

(h) Supervision. The provider shall be responsible for the supervision of the children at all times while the children are at the facility, indoors or outdoors or on excursions. Supervision means guidance of the children's behavior and activities to insure their health, safety, and well being. It is done by a provider who is within effective sight or sound of the children.

(1) Personal Schedule. The provider's personal schedule shall ensure that the provider has sufficient rest for alert and competent attention to the children at the facility.

(2) Full Attention. The provider shall not engage in any activity while on duty during customary business hours that distracts his/her attention from providing family day care services. Such activities shall include but not be limited to other employment, volunteer services, recreation, hobbies, or frequent or prolonged socialization with adults.

(3) Immediate Attention. The provider shall give an injured, ill, or distressed child immediate appropriate attention.

(4) Substitute Care. The provider shall not leave the presence of the day care children unless and until the substitute or emergency provider has assumed the provider's responsibilities and is actually present with the day care children.

(i) Appropriate Discipline Practices. The provider is responsible for the behavior management methods used in the family day care home and shall communicate them to staff members.

(1) The provider shall use only developmentally appropriate behavior management methods such as positive guidance, redirection, and setting clear limits that encourage children to develop self-control, self-discipline, and positive self-esteem, while also protecting them from harm to themselves or others.

(2) The provider shall discuss behavior management methods used in the facility with the child's parents prior to enrollment and regularly during the period a child remains enrolled.

(j) Child Protection.

(1) The provider shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, and shall not tie nor bind children and shall not restrain children except in appropriate circumstances for the protection and safety of the children or others. The provider shall not engage in nor allow anyone else to engage in any sexual activity with the day care children.

(2) The provider or substitute shall notify the Department within twenty-four (24) hours of:

(A) The death of any child enrolled in the family day care home, if the child died while at the facility or if the child died of a contagious disease.

(B) Any injury to a child that occurs while the child is at the facility which results in the child being admitted to a hospital or the child's death.

(3) The provider shall report actual or suspected child abuse or neglect of any child to the nearest office of the Department of Children and Families as mandated by Section 17a-101 and 17a-102 of the Connecticut General Statutes. An oral report shall be made immediately by telephone or otherwise to the State Commissioner of the Department of Children and Families or his representative, or the local police department, or the state police, to be followed by a written report as required by law.

(k) Immunization requirements

(1) A child seeking admission to or attending a family day care home shall be protected as age-appropriate by adequate immunization against

diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type b, hepatitis b if such child was born after December 31, 1993, and varicella if such child was born after December 31, 1996, and against any other disease for which vaccination is recommended in the current schedule for active immunization adopted by the Commissioner in accordance with Connecticut General Statutes Section 19a-7f.

(2) The provider shall admit no child to a family day care home unless such child's parent furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption to immunization as specified in subdivision (3) of this subsection.

(3) For each enrolled child, the provider shall obtain from the child's parent and keep on file at the family day care home one or more of the following types of documentation for each of the diseases listed in subdivision (1) of this subsection:

(A) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child is current or in progress with immunizations according to the schedule adopted by the Commissioner in accordance with Connecticut General Statutes Section 19a-7f and that names the appointment date for the child's next immunization;

(B) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has an appointment that will keep the immunizations current or in progress as required by said schedule and that names the date for the child's next immunization;

(C) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has laboratory confirmed proof of immunity to natural infection, or, in the case of varicella, a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has already had chickenpox based on family and/or medical history;

(D) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has a medical contraindication to immunization;

(E) a written statement that immunization is contrary to the religious beliefs and practices of the child or the parent of such child. Such statement shall be signed by the child's parent.

(4) For each child to whom subparagraph (B) of subdivision (3) of this section applies, continued enrollment in day care for more than thirty days after the named immunization appointment shall be contingent on the provider receiving written documentation from a physician, physician assistant, or an advanced practice registered nurse stating either: that the named appointment was kept and the child received the scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named.

(Effective September 1, 1993; Amended August 8, 1995; Renumbered January 29, 1996; Amended August 29, 1996; Amended December 28, 1999.)

## 19a-87b-11. Sick child care

(a) A family day care provider may choose to continue caring for a mildly ill child under the following circumstances:

(1) The child does not have a fever exceeding 101 degrees F, more than one undiagnosed episode of diarrhea or vomiting, or an undiagnosed skin rash.

(2) The child attends the facility on a regular basis. No child shall be accepted for sick child care on a drop in basis.
(3) Universal precautions and sanitary practices are used to prevent the spread of infection.

(Effective September 1, 1993; Renumbered January 29, 1996.)

## 19a-87b-12. Night care

(a) The provider is responsible for meeting the following additional conditions if care extends into the child's normal sleeping hours:
(1) A Separate Bed. A separate bed, appropriate to the child's age, with individual, clean bedding, shall be provided.
(2) Proper Location of the Bed. The bed shall be located in a quiet part of the facility, and for a child six (6) years of age or older, shall not be in a room shared with another child of the opposite sex nor with any adult. For a child younger than three (3) years of age, the bed shall be on the same floor as the provider or a responsible adult.
(3) Appropriate, Comfortable Sleepwear In preparation for sleep, the child shall be dressed in appropriate, comfortable sleep wear as agreed to by the parent of the child.

(Effective September 1, 1993; Renumbered January 29, 1996.)

## 19a-87b-13. Department access, inspection and investigation during home visits

(a) Access. The provider or substitute shall allow Department staff access to the facility named on the registration, whenever Department staff seeks to perform home visits. The provider may request to see a picture identification card identifying the Department staff member. If a provider does not consent to departmental access for the performance of a home visit, Department staff will not enter the residence. However, failure of the provider to allow access to the facility for a home visit is deemed substantial noncompliance with this regulation and is an automatic ground for the Commissioner to initiate registration suspension or revocation proceedings.
(b) Inspection of Facility. The provider or substitute shall allow Department staff to inspect, upon request, any part of the family day care facility during the performance of a home visit. If a provider does not consent to departmental inspection of a part of the day care facility, Department staff will not inspect that part of the facility. However, failure of the provider to allow a complete inspection may be grounds for the initiation of registration suspension or revocation proceedings. A copy of the interview/home visit report form completed during the home visit shall be left with the provider.
(c) Inspection of Records; Right to Contact Parents. The provider or substitute shall allow Department staff to inspect, upon request, any records required to be maintained under Section 17-585-10 of these regulations, including enrollment records with information on the parents' names, addresses and telephone numbers. The Commissioner shall have the right at any time to contact and/or interview parents of any child who is receiving, or who has received, family day care services from the facility. With parental permission, the Commissioner may also talk to day care children who are receiving such services or who have received said services concerning the operation of the family day care home.
(d) Announced Home Visits. The Commissioner shall make announced home visits to inspect the facility at the time of initial application by a prospective provider or when there is a change of circumstances affecting the provider's registration such as a move to a new address where day care services are to be provided.
(e) Spot Inspections. The Commissioner shall make unannounced home visits, during customary business hours, to at least thirty-three and one-third (33.3%) percent of the registered family day care homes each year.

(f) Complaint Home Visits. The Commissioner shall make unannounced home visits to the family day care homes of registered or unregistered providers against whom complaints are lodged.
(Effective September 1, 1993; Renumbered January 29, 1996.)

## 19a-87b-14. Complaint investigations

(a) Anonymity of Complainant. Any individual making a complaint against a day care applicant or provider may do so anonymously. If a complainant reveals his/her identity and requests confidentiality, the Department will not disclose the complainant's identity unless mandated by state or federal law.

(b) Confidentiality of Child Abuse and/or Neglect Investigations. For complaints that allege or that may constitute allegations of child abuse or neglect, detailed information, including but not limited to the identity of the complainant, shall be confidential. Information that can be disclosed would include the number, types and dates of the Department's contact with the provider about the complaint issues, the general status of a current investigation about the complaint or the Department's findings if the investigation has been completed.

(c) Duty to Investigate. The Department shall investigate each complaint that it receives concerning a registered or unregistered family day care home provider who is allegedly out of compliance with the requirements set forth in these regulations and any applicable provisions of the Connecticut General Statutes.

(d) Unannounced Home Visit; Notice and Interview. The investigation of a complaint may involve an unannounced home visit to the facility of the provider against whom the complaint was made. Department staff shall inform the provider that the home visit is being conducted pursuant to a complaint, and shall describe the nature of the complaint and alleged violations. The provider shall consent to an interview regarding the complaint, and shall discuss the subject matter of the complaint, so that the Department can assess its validity.

(e) Interviews. The investigation may include contacts and interviews with persons who have knowledge or information concerning the family day care home or provision of care including, but not limited to, the following:
(1) parents and relatives of children receiving care;
(2) children receiving care with parental permission;
(3) social workers from the Department of Children and Families;
(4) persons mentioned in the complaint;
(5) fire inspectors, sanitarians or public health officials;
(6) law enforcement personnel;
(7) the registered provider and/or current or past substitutes and assistants; and
(8) other individuals who may have information which may assist in the investigation of a complaint.

(f) Complaints Referred to Department of Children and Families. Complaints that allege and/or complaints that the Department determines may constitute child abuse or neglect shall be immediately reported to the Department of Children and Families.
(Effective September 1, 1993; Amended August 8, 1995; Renumbered January 29, 1996.)

## 19a-87b-15. Agency action and appeal rights

(a) In accordance with the procedures set forth in sections 19a-79(b) and 19a-87e of the Connecticut General Statutes, if the department finds that the provider in the family day care home has failed to substantially comply with sections 19a-87b-1 through 19a-87b-18 of the Regulations of Connecticut State Agencies or conducts, operates or maintains a family day care home in a manner which endangers the health, safety and welfare of the children receiving family day care services, the department may, following a contested case hearing only, take any of the following actions singly or in combination against the license of the provider:
(1) Revocation of the license;

(2) Suspension of the license for a specific time period, or until regulatory compliance is secured, or conditions deemed necessary to protect the health, safety and welfare of the children cared for in the family day care home are met;

(3) The imposition of a civil penalty of up to one hundred dollars ($100.00) per day of violation of sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies; or

(4) Place the license on probationary status and impose such conditions or corrective measures which the department deems necessary to assure the health, safety and welfare of the children cared for in the family day care home, including but not limited to:

(A) Reporting regularly to the department upon the matters which are the basis of probation;

(B) Placement of restrictions upon the operation of the family day care home deemed necessary to protect the health, safety and welfare of the children cared for in the family day care home; and

(C) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation.

(b) Denial of applications and renewals

A license may be denied or its renewal refused whenever the Commissioner is satisfied that the family day care provider fails to substantially comply with the regulations prescribed by the Commissioner or conducts, operates or maintains a family day care home in a manner which endangers the health, safety and welfare of the children receiving family day care services.

(c) Summary Suspension of a License

Summary suspension of a family day care home license, pending proceedings for revocation or other action, including the completion of a Department of Children and Families investigation, may be ordered pursuant to subsection (c) of section 4-182 of the Connecticut General Statutes, whenever the Commissioner finds that the health, safety, or welfare of day care children requires emergency action and incorporates a finding to that effect in his order.

(d) Request for a Hearing

The provider may, within thirty (30) days after receipt of notification of an intended licensure action by the commissioner, send a written request to the Commissioner asking for a hearing. The Department's hearing procedures are governed by applicable provisions of the Uniform Administrative Procedure Act and the Department's Rules of Practice. In the absence of a timely request for a hearing one or more licensure actions shall be imposed.

(e) Parental Notification

In all cases where a summary suspension order has been issued in conjunction with a notice of proposed agency action, the provider shall so notify the parents of all children who would be expected to use the day care facility during the period of suspension. Such notification shall also be required when so ordered by the Commissioner in any notice of proposed agency action, which does not contain a summary suspension order. The notification described in this section shall be given within 24 hours of receipt by the provider of the notice of proposed agency action. Nothing in this section shall prevent the Department from directly notifying parents of day care children.

(f) Operating a Family Day Care Home Without a License; Civil Penalty

Any person or officer of an association, organization or corporation who shall establish, conduct, maintain or operate a family day care home without a current and valid license or in violation of these regulations is subject to a civil penalty of not more than one hundred dollars ($100) a day for each day that such facility is operated without a license or in violation of these regulations pursuant to sections 19a-79(b) and 19a-87c of the Connecticut General Statutes.

(g) Operating a Family Day Care Home Without a License; Court Action by Attorney General

When evidence indicates that the provider is operating a family day care home without a valid license or in violation of the adopted regulations, the Commissioner may request the Attorney General to bring an action in the Superior Court for the judicial district in which the facility is located, to enjoin the provider from maintaining the family day care home without a license or in violation of the regulations pursuant to Section 19a-87d of the Connecticut General Statutes.
(Effective May 21, 1993; Amended effective August 8, 1995; Renumbered, formerly 17-585-15, effective January 29, 1996; Amended effective March 29, 2001.)

## 19a-87b-16. Public access to information

(a) Routine Requests. Any person may request and receive the following information about a family day care home from the Department on a routine basis:
- (1) Registration status, which indicates whether the facility is unregistered, registered, applying for registration, or is no longer registered due to suspension, revocation or voluntary withdrawal;
- (2) registration number,
- (3) capacity of the facility;
- (4) expiration date of the registration;
- (5) listing of substantiated complaints against a provider during the past year, excluding complaints for child abuse and neglect;
- (6) the date of the last home visit made by the Commissioner;
- (7) the status of any existing corrective action plan required to bring the provider into compliance with regulations;
- (8) any variances that have been granted by the Commissioner.

(b) Freedom of Information Requests. Any person requiring more detailed case specific information about a family day care home may file a written request with the Department in accordance with the Freedom of Information Act. A per page charge will be assessed for any information released, according to Departmental policies. A record of all freedom of information requests shall be kept by the Department. Providers shall be notified of all freedom of information requests concerning their case file, specifically the name of the person requesting the information, the date of the request and the information released.
(Effective September 1, 1993; Renumbered January 29, 1996.)

## 19a-87b-17. Administration of medications

Family day care home providers are not required by this section to administer medications to children. If the provider accepts responsibility for the administration of medications of any kind, the provider shall comply with all requirements of this section and shall have a written policy and procedures at the facility governing the administration of medications which shall include, but not be limited to, the types of medication that shall be administered, parental responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the Commissioner during site inspections or upon demand and shall reflect best practice.

(a) Administration of Nonprescription Topical Medications Only
- (1) Description. For the purposes of this section nonprescription topical medications shall include:
  - (A) Diaper changing ointments free of antibiotic, antifungal, or steroidal components;
  - (B) Medicated powders; and
  - (C) Teething medications.
- (2) Nonprescription Topical Medications Administration/Parent Permission Records. The written permission of the parent shall be required prior to the administration of the nonprescription topical medication and a medication administration record shall be written in ink and kept on file at the facility for each child administered a nonprescription topical medication. The medication administration record and parent permission shall become part of the child's health record when the course

of medication has ended. The parent shall be notified of any medication administration errors immediately in writing and the error shall be documented in the record. The following information shall be included on a form as part of the medication administration record:

(A) The name, address, and date of birth of the child;
(B) The name of the medication;
(C) The schedule and site of administration of the medication;
(D) A statement indicating that the medication has been previously administered to the child without adverse effect;
(E) The signature in ink of the family day care home provider or substitute receiving the parent permission form and the medication;
(F) The name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication;
(G) The date and time the medication is started and ended;
(H) Medication administration errors; and
(I) The name of the person who administered the nonprescription topical medication.

(3) Nonprescription Topical Medication/Labeling and Storage:

(A) The medication shall be stored in the original container and shall contain the following information on the container or packaging indicating :
(i) the individual child's name;
(ii) the name of the medication; and
(iii) directions for the medication's administration.

(B) The medication shall be stored away from food and inaccessible to children.
(C) Any unused portion of the medication shall be returned to the parent.

(b) Administration of medications other than nonprescription topical medications.

(1) Training Requirements

(A) Prior to the administration of any medication, the licensed provider and any substitute(s) who are responsible for administering the medications shall first be trained by a physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the trainer which indicates that the trainee has successfully completed a training program as required herein. A provider or substitute trained and approved to administer medication shall also be present whenever a child who has orders to receive medication is enrolled and present at the facility.

(B) The training in the administration of medications shall be documented and shall include, but not be limited to, the following:
(i) objectives;
(ii) a description of methods of administration including principles and techniques, application and installation of oral, topical, and inhalant medication, including the use of nebulization machines, with respect to age groups;
(iii) administering medication to an uncooperative child;
(iv) demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly;
(v) recognition of side effects and appropriate follow up action;
(vi) avoidance of medication errors and the action to take if an error occurs;
(vii) abbreviations commonly used;
(viii) documentation including parent permission, written orders from physicians, and the record of administration;

(ix) safe handling including receiving medication from a parent, safe disposal, and universal precautions; and

(x) proper storage including controlled substances, in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(C) Injectable Medications. In addition to the above training, before a family day care provider or substitute may administer injectable medications, he shall have successfully completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The trainer who shall be a physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the provider or substitute understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, the provider or substitute shall have their skills and competency in the administration of injectable medication validated by a physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department.

(2) Training Approval Documents/Training Outline

(A) Upon completion of the required training program, the physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each provider or substitute who has demonstrated successful completion of the required training. Approval for the administration of oral, topical, and inhalant medications shall remain valid for three (3) years. Approval for the administration of injectable medications shall be valid for one (1) year. A copy of the approval shall be on file at the facility where the provider or substitute is employed and shall be available to department staff upon request.

(B) The written approval shall include:

(i) the full name, signature, title, license number, address and telephone number of the physician, physician assistant, advanced practice registered nurse or registered nurse who gave the training;

(ii) the location and date(s) the training was given;

(iii) a statement that the required curriculum areas listed in Sec. 19a-87b-17(b)(1)(B) and Sec. 19a-87b-17(b)(1)(C) when applicable were successfully mastered, and indicating the route(s) of administration the trainee has been approved to administer;

(iv) the name, address and telephone number of the provider or substitute who completed the training successfully; and

(v) the expiration date of the approval.

(C) The trainer shall provide the trainee with an outline of the curriculum content which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the facility where the trainee is employed for department review. The department may require at any time that the provider obtain the full curriculum from the trainer for review by the department.

(3) Order From An Authorized Prescriber/Parent's Permission

(A) Except for nonprescription topical medications described in Section 19a-87b-17(a)(1), no medication, prescription or nonprescription, shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent which shall be on file at the facility. Such medications may include:

(i) oral medications;
(ii) topical medications;
(iii) inhalant medications; or
(iv) injectable medications, by a premeasured, commercially prepared syringe, to a child with a medically diagnosed condition who may require emergency treatment.

(B) The written order from an authorized prescriber shall be on one form which shall indicate that the medication is for a specific child and shall contain the following information:
(i) the name, address, and date of birth of the child;
(ii) the date the medication order was written;
(iii) the medication or drug name, dose and method of administration;
(iv) the time the medication is to be administered;
(v) the date(s) the medication is to be started and ended;
(vi) relevant side effects and the authorized prescriber's plan for management if they occur;
(vii) notation if the medication is a controlled drug;
(viii) a listing of any allergies, reactions to, or negative interactions with foods or drugs;
(ix) specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given;
(x) the name, address and telephone number of the authorized prescriber ordering the drug;
(xi) the authorized prescriber's signature; and
(xii) the name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the provider or substitute.

(C) If the authorized prescriber determines that the training of the provider or substitute is inadequate to safely administer medication to a particular child, or that the means of administration of medication is not permitted under these regulations, that authorized prescriber may order that such administration be performed by licensed medical personnel with the statutory authority to administer medications.

(D) The provider or substitute shall administer medication only in accordance with the written order of the authorized prescriber and shall not administer the first dose of any medication, except in an emergency. The parent shall be notified of any medication administration errors immediately in writing and the error shall be documented in the record.

(E) Investigational drugs shall not be administered.

(4) Required Records

(A) Except for nonprescription topical medications described in Section 19a-87b-17(a)(1), individual written medication administration records for each child shall be written in ink, reviewed prior to administering each dose of medication and kept on file at the facility. The medication administration record shall become part of the child's health record when the course of medication has ended.

(B) The individual written administration record for each child shall include:
(i) the name, address, and date of birth of the child;
(ii) the name of the medication or drug;
(iii) the dosage ordered and method of administration;
(iv) the pharmacy and prescription number if applicable;
(v) the name of the authorized prescriber ordering the drug;
(vi) the date, time, and dosage at each administration;
(vii) the signature in ink of the family day care provider or substitute giving the medication;

(viii) food and medication allergies;
(ix) level of cooperation from the child in accepting the medication;
(x) the date and time the medication is started and ended; and
(xi) medication administration errors.

(5) Storage and Labeling

(A) Medication shall be stored in the original child-resistant safety container. The container or packaging shall have a label which includes the following information:
(i) the child's name;
(ii) the name of the medication;
(iii) directions for the medication's administration; and
(iv) the date of the prescription.

(B) Except for nonprescription topical medications described in Section 19a-87b-17(a)(1), medication shall be stored in a locked area or a locked container in a refrigerator in keeping with the label directions away from food and inaccessible to children. Keys to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(C) All unused medication shall be returned to the parent or destroyed if it is not picked up within one (1) week following the termination of the order, by flushing into sewerage or a septic system in the presence of at least one witness. The facility shall keep a written record of the medications destroyed which shall be signed by both parties.

(6) Petition For Special Medication Authorization

(A) A provider may petition the department to administer medications to a child cared for at the family day care home by a modality which is not specifically permitted under these regulations by submitting a written application to the department including the following information:
(i) a written order from an authorized prescriber containing the information for the specific child set forth in subsection (b)(3)(B) and a statement that the administration by the requested modality is the only reasonable means of providing medication and that the administration must occur during hours of the child's attendance at the family day care home;
(ii) a written training plan including the full name, signature, title, license number, address and telephone number of the physician, advanced practice registered nurse, physician assistant or registered nurse who shall provide the training, a detailed outline of the curriculum areas to be covered in training, and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication shall be administered safely and appropriately to the particular child;
(iii) the name, address and telephone number of the person(s) who shall participate in the training;
(iv) written permission from the child's parent; and
(v) such other information that the department deems necessary to evaluate the petition request.

(B) After reviewing the submitted information, if the department determines that the proposed administration of medication for the particular child can be provided in a manner to assure the health, welfare and safety of the child, it may grant the petition. The department may grant the petition with any conditions or corrective measures which the department deems necessary to assure the health, safety and welfare of the child. The department shall specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting

the petition. If the department grants the petition, no medication may be administered until after the proposed training program has been successfully completed and a written certification from the physician, advanced practice registered nurse, physician assistant or registered nurse who provided the training is submitted to the department. The certification shall include:

(i) the full name, signature, title, license number, address and telephone number of the physician, advanced practice registered nurse, physician assistant or registered nurse who provided the training;

(ii) the location and date(s) the training was given;

(iii) a statement that the curriculum approved by the department was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

(iv) the name, address and telephone number of the person(s) who successfully completed the training.

(C) Copies of all documentation required under this subsection shall be maintained at the family day care home. The requirements of subsection (b)(4) and (b)(5) shall apply to the administration of medication authorized by petition.

(c) Department Action

(1) Cease and Desist Orders

(A) If the department determines that the health, safety or welfare of a child in the family day care home imperatively requires emergency action to halt the administration of medications by a provider or substitute in a family day care home, the department may issue a cease and desist order requiring the immediate cessation of the administration of medications by a provider or substitute in the family day care home. The department shall provide an opportunity for a hearing regarding the order within 10 business days of the date the order is issued. Upon receipt of the order, the provider or substitute shall cease the administration of all medications and provide immediate notification to the parents of all children under his care that no medications may be administered at the family day care home until such time as the cease and desist order is terminated.

(2) Other Action. In accord with the procedures set forth in Connecticut General Statutes Section 19a-87e, if the department finds that the provider or substitute in the family day care home fails to substantially comply with the regulations in this section or fails to administer medications in compliance with policies or procedures adopted for the family day care home, or administers medications in a manner which endangers the health, welfare or safety of the children cared for in the family day care home, the department may take any of the following actions singly or in combination against the license of the provider:

(A) Revocation of the license;

(B) Suspension of the license for a specific time period or until regulatory compliance is secured or conditions deemed necessary to protect the health, safety and welfare of the children cared for in the family day care home are met;

(C) The imposition of a civil penalty of up to one hundred dollars ($100.00) per day of violation of these regulations; or

(D) Place the licensee on probationary status and impose such conditions or corrective measures which the department deems necessary to assure the health, safety and welfare of the children cared for in the family day care home including but not limited to:

(i) reporting regularly to the department upon the matters which are the basis of probation;
(ii) placement of restrictions upon the operation of the family day care home deemed necessary to protect the health, safety and welfare of the children cared for in the family day care home; and
(iii) continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation.

(d) Emergency Distribution of Potassium Iodide. Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 2 of public act 03-236 and, if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a family day care home provider licensed in accordance with section 19a-87b of the Connecticut General Statutes, or a substitute or an assistant approved in accordance with section 19a-87b-8 of the Regulations of Connecticut State Agencies and located at a family day care home, within a 10-mile radius of the Millstone Power Station in Waterford, Connecticut, shall be permitted to distribute and administer potassium iodide tablets to adults present or to a child in attendance at the family day care home during such emergency, provided that:

(1) Prior written consent has been obtained by the family day care home provider for such provision. Written consent forms shall be provided by the family day care home provider to the parent(s) or guardian(s) each child currently enrolled or employees currently employed by the family day care home provider promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the family day care home provider to the parent(s) or guardian(s) of each minor child upon enrollment and to each new employee upon hire. Such documentation shall be kept at the facility;

(2) Each person providing consent has been advised in writing by the family day care home provider that the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the family day care home provider about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;
(B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;
(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,
(D) side effects including minor upset stomach or rash.

(4) Only family day care home providers who have read the regulations pertaining to the administration of potassium iodide and approved substitutes and approved assistants who have been instructed by the family day care home provider in the administration of potassium iodide may distribute and administer potassium iodide to adults or minors for whom written consent has been obtained. Such instruction shall include, but not be limited to the following:

(A) the proper use and storage of potassium iodide;
(B) the recommended dosages of potassium iodide to be administered to children and adults as prescribed by the Food and Drug Administration.

(5) Potassium iodide tablets shall be stored in a locked storage area or container, inaccessible to children.

(Effective November 3, 1997; Amended effective January 4, 2005.)

## 19a-87b-18. The monitoring of diabetes in family day care homes

(a) Policy and Procedures

(1) All family day care homes at which the provider or substitute, as defined in section 19a-87b-2 of the Regulations of Connecticut State Agencies, will be administering finger stick blood glucose tests shall have written policies and procedures governing the administration of finger stick blood glucose tests to children diagnosed with diabetes mellitus. The policies and procedures shall address at least the following areas:

(A) parental responsibilities;

(B) staff training and responsibilities;

(C) proper storage, maintenance, and disposal of test materials and supplies;

(D) record keeping;

(E) reporting test results, incidents, and emergencies to the child's parent or guardian and the child's physician, physician assistant, or advanced practice registered nurse; and

(F) a location where the tests occur that is respectful of the child's privacy and safety needs.

(2) Said policies and procedures shall be available for review by the Department during facility inspections or upon demand.

(b) Training

(1) Prior to the administration of finger stick blood glucose tests, the provider or substitute shall have completed the following training requirements:

(A) a course approved by the Department in first aid, as verified by a valid first aid certificate on file at the facility; and

(B) additional training given by a physician, physician assistant, advanced practice registered nurse, registered nurse, certified emergency medical technician, or the child's parent or guardian according to written guidelines provided by the child's physician, physician assistant, or advanced practice registered nurse. The additional training shall include but not be limited to:

(i) the proper use, storage and maintenance of the child's individual monitoring equipment;

(ii) reading and correctly interpreting test results; and

(iii) appropriate actions to take when test results fail to fall within specified ranges indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse.

(2) The training shall be updated at least every three years, when a child with diabetes mellitus who requires finger stick blood glucose testing is present at the facility.

(3) Documentation that the provider or substitute has been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for review by the Department. Such documentation shall indicate:

(A) the subjects covered in training;

(B) the signature and title of the instructor;

(C) the signature and title of the trainee; and

(D) the date the training was given.

(c) Administration of Finger Stick Blood Glucose Test

(1) Except as provided in subdivision (3) of this subsection, only providers and substitutes trained in accordance with subsection (b) of this section may administer the finger stick blood glucose test in a family day care home.

(2) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the facility, a

provider or substitute designated and trained to administer finger stick blood glucose tests shall be present at the facility.

(3) Upon the written authorization of the child's physician, physician assistant, or advanced practice registered nurse, and the child's parent or guardian, a child may self administer the finger stick blood glucose test under the direct supervision of the designated provider or substitute who has met the training requirements in subsection (b) of this section.

(4) Only those providers and substitutes trained to administer injectable medications as described in section 19a-87b-17(b) of the Regulations of Connecticut State Agencies and authorized to do so in writing by the child's parent or guardian and physician, physician assistant, or advanced practice registered nurse may administer glucagon in a prefilled syringe in emergency situations only.

(d) Equipment

(1) The child's parent or guardian shall supply the provider with the necessary equipment and supplies to meet the child's individual needs. Such equipment and supplies shall include at least the following items:

(A) the child's blood glucose meter and strips;

(B) an appropriate retracting lancing device used in accordance with infection control procedures;

(C) tissues or cotton balls; and .

(D) fast acting carbohydrates to be given to the child as indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse for hypoglycemia.

(2) Such equipment and supplies shall be labeled with the child's name and shall remain in a locked storage area when not in use.

(3) The provider shall obtain a signed agreement from the child's parent or guardian that the parent or guardian agrees to check and maintain the child's equipment in accordance with manufacturer's instructions, restock supplies, and removes material to be discarded from the facility on a daily basis. All materials to be discarded shall be kept locked until it is given to the child's parent or guardian for disposal.

(g) Record Keeping. The provider shall keep the following records at the facility as part of the child's medical record, and shall update them annually or when there is any change in the information:

(1) A current, written order signed and dated by the child's physician, physician assistant, or advanced practice registered nurse indicating:

(A) the child's name;

(B) the diagnosis of diabetes mellitus;

(C) the type of blood glucose monitoring test required;

(D) the test schedule;

(E) the target ranges for test results;

(F) specific actions to be taken and carbohydrates to be given when test results fall outside specified ranges;

(G) diet requirements and restrictions;

(H) any requirements for monitoring the child's recreational activities; and

(I) conditions requiring immediate notification of the child's parent, guardian, emergency contact, the child's physician, physician assistant, or advanced practice registered nurse.

(2) An authorization form signed by the child's parent or guardian which includes the following information:

(A) the child's name;

(B) the parent's or guardian's name;

(C) the parent's or guardian's address;

(D) the parent's or guardian's telephone numbers at home and at work;

(E) two adult, emergency contact people including names, addresses and telephone numbers;

(F) the names of the provider and substitutes designated to administer finger stick blood glucose tests and provide care to the child during testing;
(G) additional comments relative to the care of the child, as needed;
(H) the signature of the parent or guardian;
(I) the date the authorization is signed; and
(J) the name, address and telephone number of the child's physician, physician assistant, or advanced practice registered nurse.

(3) The provider or substitute shall notify the child's parent or guardian daily in writing of the results of all blood glucose tests and any action taken based on the test results, and shall document the test results and any action taken in the child's medical record.

(Effective June 30, 1998.)

# Retired Licensure for Nurses

## 19a-88-1. Definitions

For the purposes of sections 19a-88-1 to 19a-88-4, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Licensee" means a licenses practical nurse, registered nurse or advanced practice registered nurse holding a current license pursuant to Chapter 378 of the Connecticut General Statutes.

(2) "Department" means the Department of Public Health.

(3) "Retired from the profession" means a licensee who does not intend to practice nursing for monetary compensation for a period of at least three years, who may provide volunteer nursing services.

(4) "Retired license" means a license that is issued to a licensee who is retired from the profession.

(5) "Good Standing" means the license is not revoked, suspended, subject to probation or any other restriction or an unpaid civil penalty.

(Added effective December 28, 2000.)

## 19a-88-2. Qualifications

(a) A licensee shall be eligible for conversion of his/her license into a retired license if such licensee:

(1) Is retired from the profession;

(2) Holds a current license in good standing; and

(3) Is due to renew such license.

(b) An advanced practice registered nurse who holds a retired license shall maintain certification by a national certifying body as prescribed in section 19a-88(c)(2) of the Connecticut General Statutes.

(Added effective December 28, 2000.)

## 19a-88-3. Restrictions upon the scope of practice

Individuals who hold a retired licenses hall not:

(1) Supervise or delegate nursing care; or

(2) Practice nursing for monetary compensation.

(Added effective December 28, 2000.)

## 19a-88-4. Requirements for returning a retired license to a full, active license to practice

An individual who holds a retired license who wishes to return to active employment shall:

(1) Submit an application for licensure, on forms provided by the department, as an advanced practice registered nurse, registered nurse or licensed practical nurse;

(2) Hold a current retired license in good standing; and

(3) Be subject to the provisions of sections 19a-14-1 through 19a-14-5 of the Regulations of Connecticut State Agencies.

(Added effective December 28, 2000.)

## Conditions for Tattooing

### 19a-92a-1. Conditions for tattooing of human beings

(a) An advanced practice registered nurse, when engaging in the tattooing of human beings under the direction of a physician or osteopathic physician, shall do so under the conditions specified in Sections 20-87a-2 through 20-87a-5 of the regulations of Connecticut State Agencies. Said conditions shall apply even if the directing physician is an osteopathic physician, with the restriction that medical therapeutics, corrective measures, laboratory tests and other diagnostic procedures shall be specific to the tattooing activity.

(b) A physician or osteopathic physician exercising supervision, control and responsibility over a registered nurse engaged in tattooing of human beings shall provide explicit instructions and clinical training to the registered nurse with regard to the tattooing of a human being, and document annual review of the registered nurse's knowledge and clinical competence. Such documentation shall be available to the department and the local health director upon request. Said directing physician or osteopathic physician shall provide written information to the registered nurse specifying situations in which medical consultation or referral is required. Said physician or osteopathic physician shall be available to said nurse for direct communication either in person, by telephone, radio or other form of telecommunication at all times that the registered nurse is engaged in the tattooing of human beings.

(c) A physician assistant shall, when engaging in the tattooing of human beings, do so pursuant to the provisions of Sections 20-12c and 20-12d of the Connecticut General Statutes.

(d) A physician or osteopathic physician supervising a technician engaged in tattooing human beings shall provide explicit instructions and clinical training to the technician with regard to the tattooing of a human being and with regard to sanitation procedures. Annual review of the technician's knowledge and clinical competence shall be documented by said supervising physician or osteopathic physician. Such documentation shall be available to the department and the local health director upon request. Prior to supervising said technician in rendering the service of tattooing, the supervising physician or osteopathic physician shall perform and document an on-site inspection of the technician's site of practice to ensure that appropriate sanitary procedures are in place. Said inspections shall be repeated at least annually, or more frequently as necessary to ensure the health and safety of clients. Documentation of inspections shall be available to the department and the local health director upon request. Said inspection shall not be delegated by the supervising physician or osteopathic physician, and shall be carried out while the technician is on the site of the tattooing activity. Said supervising physician or osteopathic physician shall provide written information to the technician specifying situations in which medical consultation or referral is required. Said physician or osteopathic physician shall be available to said technician for direct communication either in person, by telephone, radio or other form of telecommunication at all times that the technician is engaged in the tattooing of human beings.
(Effective April 20, 1995.)

# The Sale of Turtles

## 19a-102a-1. Caution notice requirements

(a) Each person who offers for sale a turtle, as defined in section 19a-102a of the Connecticut General Statutes, shall comply with the following notice requirements:

(1) The caution notice shall be:

(A) within three feet of each turtle enclosure or display;

(B) in plain unobstructed view;

(C) a minimum of 8 1/2"

(D) firmly attached to a wall or other structure; and

(E) the bottom edge not less than three feet nor the top edge more than six feet from the floor.

(2) The caution notice shall contain the following three parts, each separated by a horizontal four point rule or a space of at least one half inch:

(A) part one has the word "Caution" in capital letters set in Times Roman Bold font of a least 60 points and centered on the line;

(B) part two has the following set in Times Roman font of at least 25 points: "Turtles may carry and transmit germs (including Salmonella) to people." The words "turtles" and "Salmonella" shall be in bold; and

(C) part three has the following centered heading in underlined Times Roman Bold font of at least 25 points: "Preventive Measures." The heading shall be followed by these bulleted sentences set in Times Roman font of a least 25 points: "Wash hands after touching turtles or other reptiles or tank objects. Keep turtles in their tank to avoid contamination of surfaces in the home. Do not allow turtles or materials from their tank to contact food preparation areas. Households with people at increased risk for infection (e.g., immunocompromised persons, children less than 5 years of age, pregnant women) should consult a physician before purchase."

(b) Notwithstanding subsection (a) of this section, a caution notice approved by the national Centers for Disease Control and Prevention which contains the same messages as specified in subdivision (2) of subsection (a) of this section, even if the phrasing is different, may be substituted for the caution message specified in subsection (a) of this section.

(Effective October 7, 1997.)

## 19a-102a-2. Acknowledgment of caution notice

At the time of sale of a turtle:

(a) the seller shall furnish the buyer with a copy of the caution notice and information obtained from a veterinarian regarding the proper care and feeding for the species of turtle being sold; and

(b) the buyer or, if the buyer is less than 16 years of age, parent or guardian, shall sign and date a statement indicating that he has read the notice. Signatures may be collected in logbook format, provided the statement appears at the top of each page.

(Effective October 7, 1997.)

## 19a-102a-3. Written verification of the source of the turtle

Written verification that the turtle was bred at a licensed commercial fish farm or aquaculture facility and was not collected from the wild shall be retained and available for inspection by the Commissioner of Agriculture by the seller or whole sale supplier of the seller. If retained by the wholesale supplier, the seller shall receive and retain a statement from the wholesale supplier that such verification is available for inspection. Requested written verification shall be provided by the seller within 24 hours of a request being made by the Commissioner of Agriculture.

(Effective October 7, 1997.)

# Lead Poisoning Prevention and Control

## 19a-111-1. Definitions

As used in sections 19a-111-1 thru 19a-111-11 inclusive:

(1) "Abatement" means any set of measures designed to eliminate lead hazards in accordance with standards established pursuant to Sections 20-474 through 20-482 and subsections (e) and (f) of Section 19a-88 of the Connecticut General Statutes and regulations of Connecticut State Agencies sections 19a-111-1 through 19a-111-11 and 20-478-1 and 20-478-2 including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead and all preparation, clean-up, disposal and reoccupancy clearance testing.

(2) "Abatement area" means a room or area isolated with containment in accordance with subdivision 19a-111-4(c)(2) of the regulations of Connecticut State Agencies where lead abatement is occurring.

(3) "Accessible surface" means any surface which is below five (5) feet in height or is exposed in such a way that a child can come in contact with the surface.

(4) "Apparent lead concentration" (ALC) means the average of at least three displayed lead concentration readings taken using a direct reading type x-ray fluorescence analyzer.

(5) "Approved training course" or "approved refresher training course" means a training course or a refresher training course, respectively, approved by the department pursuant to Section 20-477 of the Connecticut General Statutes.

(6) "Atomic absorption spectrophotometer" (AAS) means an instrument which measures the lead content in parts per million (ppm) using a lead source lamp, a flame capable of measuring the absorbed energy and converting it to concentration.

(7) "Biological monitoring" means the analysis of a person's blood and/or urine, to determine the level of lead contamination in the body.

(8) "Certificate" means a document issued by the department indicating successful completion of an approved training course.

(9) "Certified historic property" means any building, structure, or site which has been determined historic by the Connecticut Historical Commission. Historic properties must be included in or eligible for inclusion in the national or state registers of historic places.

(10) "Certified industrial hygienist" means a person possessing a certificate from the American Board of Industrial Hygiene which indicates that they have specific academic credentials, five years professional experience in industrial hygiene, and have passed an examination given by the American Board of Industrial Hygiene.

(11) "Certified lead inspector risk assessor" means any lead consultant who completes an appropriate approved training course and obtains a certificate as a lead inspector risk assessor from the department. A certified lead inspector risk assessor conducts inspections and collects and interprets information to assess the level of risk from lead hazards.

(12) "Certified lead abatement supervisor" means any person who completes an appropriate approved training course and obtains a certificate as a lead abatement supervisor from the department. A lead abatement supervisor oversees lead abatement activities.

(13) "Certified lead abatement worker" means any person who completes an appropriate approved training course and obtains a certificate as a lead abatement worker from the department. A lead abatement worker performs lead abatement activities.

(14) "Certified lead inspector" means any lead consultant who completes an appropriate approved training course and obtains a certificate as a lead inspector from the department. A certified lead inspector conducts inspections to determine the presence of lead in paint, other surface coverings and various environmental media. The terms "lead inspector" and "inspector" mean "certified lead inspector" or "code enforcement official" as defined in subsection (20) of this section unless specifically noted otherwise.

(15) "Certified lead planner-project designer" means any lead consultant who completes an appropriate approved training course and obtains a certificate as a lead planner-project

designer from the department. A certified lead planner-project designer designs lead abatement and management activities.

(16) "Chewable surface" means any projection one half (0.50) inch or greater from an interior or exterior surface up to five (5) feet in height that can be mouthed by a child. The chewable surface includes window sills, door frames, stair rails and stairs, two (2) inches back from any edge, and any other exterior and interior surface that may be readily chewed by children. Baseboards with an exposed horizontal edge may have quarter round molding applied to the top so that only vertical edges forming outside corners, if present, constitute a chewable surface.

(17) "Child" means a person under the age of six (6).

(18) "Child day care services" means a program of supplementary care in accordance with section 19a-77(a) of the Connecticut General Statutes.

(19) "Child day care center" means a program of supplementary care in accordance with section 19a-77(a)(1) of Connecticut General Statutes.

(20) "Code enforcement agency" means the local health department responsible for enforcing the public health code or the local housing agency responsible for enforcing housing code regulations or any other agency designated by the appropriate authority to enforce either the public health code or housing code regulations.

(21) "Code enforcement official" means the director of health or a person authorized by him to act on his behalf, the local housing code official or a person authorized by him to act on his behalf, or an agent of the commissioner.

(22) "Commissioner" means the commissioner of public health.

(23) "Common area" means a room or area that is accessible to all tenants in a building (e.g. hallway, boiler room).

(24) "Containment" means a process for protecting workers, residents, and the environment by controlling exposures to lead dust and debris created during abatement.

(25) "Confirmatory testing" means analysis using atomic absorption spectrophotometry (AAS), graphite furnace atomic absorption spectrophotometry (GFAAS), inductively coupled plasma atomic emission spectrophotometry (ICP-AES), or x-ray fluorescence spectrum analysis spectrometry with a 240 second spectrum analyzer test.

(26) "Corrected lead concentration" (CLC) means the difference between the average displayed lead concentration readings (using a direct reading type x-ray fluorescence analyzer) taken on a painted surface and the average of three readings taken on a bare substrate (substrate contribution).

(27) "Department" means the department of public health.

(28) "Defective surface" means peeling, flaking, chalking, scaling or chipping paint; paint over crumbling, cracking or falling plaster, or plaster with holes in it; paint over a defective or deteriorating substrate; or paint that is damaged in any manner such that a child can get paint from the damaged area.

(29) "Director" means the director of the state program for childhood lead poisoning prevention.

(30) "Dwelling" means every building or shelter used or intended for human habitation, including exterior surfaces and all common areas thereof, and the exterior of any other structure located within the same lot, even if not used for human habitation.

(31) "Dwelling unit" means a room or group of rooms within a dwelling arranged for use as a single household by one or more individuals living together who share living and sleeping facilities.

(32) "Elevated blood lead level" means a blood lead concentration equal to or greater than twenty (20) micrograms per deciliter (ug/dl) or as defined by Connecticut General Statutes section 19a-111.

(33) "Encapsulation" means resurfacing or covering surfaces, and sealing or caulking with durable materials, so as to prevent or control chalking, flaking substances containing toxic levels of lead from becoming part of house dust or accessible to children.

(34) "Entity" means any person, partnership, firm, association, corporation, sole proprietorship or any other business concern, state or local government agency or political subdivision

or authority thereof, or any religious, social or union organization, whether operated for profit or otherwise.

(35) "Epidemiological investigation" means an examination and evaluation to determine the cause of elevated blood lead levels. An epidemiological investigation will include an inspection conducted by a lead inspector to detect lead-based paint and report of findings. This investigation must also include evaluation of other sources such as soil, dust, pottery, gasoline, toys, or occupational exposures, to determine the cause of elevated blood lead levels. The investigation may also include isotopic analysis of lead-containing items.

(36) "Family day care home" means a program of supplementary care in accordance with section 19a-77(a)(3) of Connecticut General Statutes.

(37) "Graphite furnace atomic absorption spectrophotometer" (GFAAS) means an instrument that functions the same as an AAS, with one exception, i.e., the flame is replaced by an electrically heated chamber, a graphite tube, into which the sample is deposited.

(38) "Group day care home" means a program of supplementary care in accordance with section 19a-77(a)(2) of Connecticut General Statutes.

(39) "High efficiency particulate air" (HEPA) means a type of filtering system capable of filtering out particles of 0.3 microns or greater diameter from a body of air at 99.97% efficiency or greater.

(40) "High phosphate detergent" is detergent which contains at least five (5%) percent tri-sodium phosphate (TSP).

(41) "Inductively coupled plasma-atomic emission spectrophotometer" (ICP-AES) is an instrument which measures lead in ppm using a heat source (plasma torch) to dissociate and ionize lead atoms thereby emitting energy. This emission energy is measured and converted to concentration by the detector.

(42) "Intact surface" means a defect-free surface with no loose, peeling, chipping or flaking paint. Painted surfaces must be free from crumbling, cracking or falling plaster and must not have holes in them. Intact surfaces must not be damaged in any way such that a child can get paint from the damaged area.

(43) "Isotopic analysis" means a physicochemical method which differentiates between chemical elements having different atomic weight and electrical charge.

(44) "Lead-based" refers to paints, glazes, and other surface coverings, containing a toxic level of lead.

(45) "Lead abatement plan" means a written plan that identifies the location of intact and defective lead-based paint and describes how defective lead-based surfaces will be abated and how the environment, health, and safety will be protected. The plan also identifies the location of soil containing lead and describes sampling protocol used and abatement options.

(46) "Lead consultant" means any person who performs lead detection, risk assessment, abatement design or related services in disciplines including, but not necessarily limited to, inspector, inspector risk assessor and planner-project designer.

(47) "Lead management plan" means a written plan that describes how an intact surface with lead-based paint will be monitored to ensure that defective paint surfaces will be identified and abated.

(48) "Licensed lead abatement contractor" means any entity that contracts to perform lead hazard reduction by means of abatement including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead and obtains a license from the department to conduct such abatement work. The contractor utilizes certified lead abatement supervisors to oversee such lead abatement activities and certified lead abatement workers to perform such abatement activities. The terms "lead abatement contractor" and "abatement contractor" mean "licensed lead abatement contractor" unless specifically noted otherwise.

(49) "Licensed lead consultant contractor" means any entity that contracts to perform lead hazard reduction consultation work utilizing an inspector, inspector risk assessor and/or planner-project designer and obtains a license from the department to conduct such

consultation work. The terms "lead consultant contractor" and "consultant contractor" mean "licensed lead consultant contractor" unless specifically noted otherwise.

(50) "Owner" means any person, partnership, firm, association, corporation, sole proprietorship or any other business concern, state or local government agency or political subdivision or authority thereof, or any religious, social or union organization, whether operated for profit or otherwise, who, alone or jointly with others owns, holds, or controls the whole or any part of the deed or title to any property. No holder of an easement, mortgagee, bank or lender holding the mortgage, shall be considered an owner except when the holder of an easement, mortgagee, banker, or lender takes physical possession of the property.

(51) "Paint removal" means a strategy of abatement which entails stripping lead paint from surfaces.

(52) "Replacement" means a strategy of abatement which entails the removal of components such as windows, doors and trim that contain toxic levels of lead and installing new components which are lead free.

(53) "Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings" means the guidelines and methods approved by the state and federal governments for alterations to historic properties (36 CFR section 67).

(54) "State laboratory for lead and lead poisoning detection" means the laboratory established by the commissioner, for the purpose of analyzing blood specimens from persons for the presence of lead; and analyzing samples of paint, plaster, soil and other materials, within the laboratory or on site with mobile units, for toxic levels of lead.

(55) "State program" means the childhood lead poisoning prevention program established by the department.

(56) "Substrate" means the underlying surface which remains after paint is removed.

(57) "Substrate equivalent lead" (SEL) means the average of at least three displayed lead concentration readings with a direct reading type x-ray fluorescence analyzer after paint is removed from the substrate.

(58) "Target housing" means any housing constructed prior to 1978, except any zero-bedroom dwelling unit or any housing for the elderly or persons with disabilities unless a child resides or is expected to reside in such dwelling unit or housing.

(59)

(60) "Toxic level of lead" means a level of lead that:

(A) when present in paint offered for sale for use on or in a residential dwelling contains more than 0.06 percent lead by weight as measured by atomic absorption spectrophotometry (AAS), graphite furnace atomic absorption spectrophotometry (GFAAS), or inductively coupled plasma atomic emission spectrophotometry (ICP-AES) or another accurate and precise testing method that has been approved by the commissioner, by a laboratory approved by the department for lead analysis.

(B) when present in a dried paint, plaster or other accessible surface on or in a residential dwelling contains equal to or greater than 0.50 percent lead by dry weight as measured by atomic absorption spectrophotometry (AAS), graphite furnace atomic absorption spectrophotometry (GFAAS), inductively coupled plasma-atomic emission spectrophotometry (ICP-AES) or another accurate and precise testing method that has been approved by the commissioner, by a laboratory approved by the department for lead analysis, or equal to or greater than 1.0 milligrams lead per square centimeter of surface as measured on site by an X-ray fluorescence analyzer or another accurate and precise testing method that has been approved by the commissioner.

(61) "Treatment" means any method, technique or process designed to change the physical chemical, or biological character or composition of any hazardous waste so as to render it non-hazardous, or to recover it, or to make it safer to transport, store or dispose of, or to make it amenable for recovery, storage, or volume reduction.

(62) "TSP" means tri-sodium phosphate. A TSP solution contains at least 5% TSP or its equivalent.

(63) "X-ray fluorescence analyzer (XRF)" means an analytical instrument that measures lead concentration of dried paint on surfaces or in a laboratory sample in milligrams per square centimeter (mg/cm[2]) using a radioactive source within the instrument.
(Effective September 29, 1992; Amended effective November 29, 1996; Amended July 25, 1997; Amended effective September 30, 2003.)

## 19a-111-2. Applicability of regulations

(a) When a child resides in a dwelling unit all defective lead-based surfaces shall be abated. A property owner may not avoid abatement by taking eviction action against a family with a child.

(b) When a child resides in a dwelling all defective exterior surfaces and all defective surfaces in common areas containing toxic levels of lead shall be abated.

(c) When a child has an elevated blood lead level then abatement shall include all lead-based chewable surfaces whether or not that surface is defective and all lead-based movable parts of windows and surfaces that rub against movable parts of windows.

(d) When a child resides in a dwelling requiring lead abatement, interior dust, drinking water and exterior soil shall be assessed. When soil or sand areas that are not covered by grass, sod, other live ground covers, wood chips, gravel, artificial turf, or similar covering are found to contain lead concentrations in excess of 400 parts per million, such bare soil or sand areas shall be abated. When lead dust hazards are found to be a source or a potential source of elevated blood lead in a child, lead dust shall be reduced to a safe level using appropriate cleaning methods. When lead in drinking water is determined to be a source or potential source of elevated blood lead in a child, appropriate remedial action approved by the local director of health shall be implemented.

(e) Intact surfaces containing toxic levels of lead except as noted in section 19a-111-2(c) of regulations of Connecticut State Agencies are not required to be abated by these regulations, however, when a child resides in a dwelling the owner shall have a lead management plan written within sixty (60) days of receipt of inspection results. The plan shall be implemented and kept by the owner and transferred with ownership upon transfer of title. The management plan shall identify the location of intact lead surfaces and describe how these intact surfaces will be monitored on a regular basis by the owner to ensure that if they become defective, the surfaces will be identified and abated. The plan must be submitted to the local director of health or the commissioner upon request.

(f) Repealed.
(Effective September 29, 1992; amended November 29, 1995; Amended effective September 30, 2003.)

## 19a-111-3. Inspections, reports and notifications

(a) Methods - Lead inspectors may conduct inspections, tests and measurements and issue reports on forms prescribed by the Department for the purpose of recording the presence of toxic levels of lead. When used to determine compliance with Connecticut General Statutes section 19a-111 and regulations of Connecticut State Agencies Sections 19a-111-1 through 19a-111-11, such reports shall be based upon X-ray fluorescence (XRF), atomic absorption spectrophotometry (AAS) graphite furnace atomic absorption spectrophotometry (GFAAS), or inductively coupled plasma-atomic emission spectrophotometry (ICP-AES). Paint samples taken for AAS, GFAAS, or ICP-AES analysis shall be a minimum size of 1 square inch and shall contain all layers of paint down to the substrate.

(1) Surface testing sites

(A) Interior Locations - In each area of an interior location (e.g. back room closet, pantry, hall, or part of a divided room), the following representative surfaces will be tested for the presence of toxic levels of lead: baseboard, ceiling, crown molding, door surface and side of door frame for a representative interior door, floor, fireplace, radiator, shelf, shelf support, stair riser, stair tread, stair stringer, stair newel post, stair

railing cap, stair balustrade, upper wall, lower wall, chair rail, window sash and window casing and window sill for a representative window, representative door and window lintel.

(B) Exterior Locations - For each side of an exterior surface the following representative surface will be tested for the presence of toxic levels of lead: bulkhead, porch, entrance canopy, exterior wall, siding, lattice, ceiling, railing, railing cap, stair stringer, stair tread, stair riser, trim, cellar window unit, window sill, window casing, window sash for a representative window.

(2) Testing protocols for determining lead present at or above the toxic level using XRF analyzer instruments

(A) The methodology shall be consistent with performance characteristics specific to each make and model of instrument so as to maintain accuracy and precision. Readings shall be classified as (1) lead present at or above the toxic level of lead as defined in section 19a-111-1(59), (2) inconclusive or (3) lead not present at or above the toxic level. Instruments used to determine these classifications shall have verified accuracy and precision utilizing x-ray fluorescence performance characteristic sheets published jointly by the United States Environmental Protection Agency and the United States Department of Housing and Urban Development. The performance characteristic sheets describe the methodology to be used for obtaining x-ray fluorescence readings taken on specific substrates, calibration check tolerances, and provide information describing the performance of the specific model of x-ray fluorescence instrument, including inconclusive ranges.

(B) Multifamily dwelling protocols and decision flowcharts shall not be acceptable methodology for residential lead inspections conducted pursuant to section 19a-111-3 (a) (1).

(C) XRF testing of representative surfaces as described within section 19a-111-3 (a)(1) shall require testing of a representative surface on each listed component when present within an interior area (e.g. room, closet, pantry, hall) or on an exterior side of a building. When multiple readings are required upon a component per performance characteristic sheet protocol, these readings shall be taken on different locations upon the component testing surface. The average of the multiple readings shall then be used to determine the classification of the readings as described within subdivision (2)(A) of this subsection and within the performance characteristic sheet for the specific model of the XRF instrument used to obtain the readings. An inspector or inspector risk assessor may terminate the series of readings when an individual reading or readings are sufficiently high so as to substantiate a conclusion that lead is present at or above the toxic level without completion of the full test sequence.

(D) When the reading classification obtained from a surface has been determined to be within the inconclusive range, confirmation shall be required except as noted in this subsection. Confirmation shall be performed through testing with atomic absorption spectrophotometry (AAS), graphite furnace atomic absorption spectrophotometry (GFAAS), inductively coupled plasma atomic emission spectrophotometry (ICP-AES), or another testing protocol deemed acceptable by the commissioner. Alternatively at the discretion of the owner and in lieu of confirmation, (1) a surface that is found to be within the inconclusive range may be presumed to contain a toxic level of lead and abated with no further confirmation or (2) an intact surface, except for those noted in subsection (c) of section 19a-111-2, may be placed under the auspices

of a lead management plan without confirmatory testing. If deterioration occurs on any such intact surface, the owner shall provide confirmatory testing of that surface and abate the surface if found to contain a toxic level of lead or, at the discretion of the owner, abate any such defective surface as containing a toxic level of lead, without further confirmatory testing.

(E) XRF testing shall be immediately preceded by a minimum of three calibration check readings. Calibration check readings shall be made immediately after an inspection has been completed. Additional calibration check readings shall be made every 4 hours during an inspection or as indicated by the manufacturer, whichever is more frequent. Calibration check readings shall be within the calibration check tolerances outlined in the performance characteristic sheet of the model being utilized before the inspection may proceed. Calibration check readings shall be logged within the inspection documents by the inspector.

(F) XRF instruments may be used to test surfaces that are flat and accessible to the measuring probe of the instrument. XRF instruments shall not be used to test surfaces that are curved, ornate or inaccessible.

(G) For those XRF instruments that require substrate correction, apparent lead concentration (ALC) analysis results may be used to determine that lead is present at or above the toxic level when an ALC result is greater than or equal to 4.0 mg/cm[2].

(H) Where manufacturer's protocol including calibration check criteria are more stringent than those specified in the performance characteristic sheet for that XRF, the manufacturer's protocol shall take precedence.

(b) Soil - The methodology for sampling soil for lead varies depending on the site. The methodology used shall be detailed in the lead abatement plan.

(c) Inspection priorities - Code enforcement agencies shall carry out inspections according to the following priorities:

(1) Elevated blood lead level - As part of an epidemiological investigation of a child's elevated blood lead level, dwelling units in which the child resides shall be inspected for toxic levels of lead by the local director of health. This epidemiological investigation shall begin within five (5) working days after notification of the local director of health by the child's physician, hospital, clinic or by the state lead poisoning prevention program and be completed as expeditiously as possible.

(2) Other dwellings - Inspections shall begin within thirty (30) working days and be completed as expeditiously as possible in all dwelling units in which a child resides in the same building as those identified under section 19a-111-3(c)(1) of regulations of Connecticut State Agencies.

(3) Child day care services - Before licensure or relicensure of a child day care center or group day care home by the department, or before registration of a family day care home by the State of Connecticut department of human services, the premises in which the services are provided shall be inspected by a lead inspector for toxic levels of lead.

(d) Report of inspection - Whenever an inspector finds a toxic level of lead requiring abatement, the inspector shall report this to the owner, local director of health, and the commissioner. This report shall include a properly completed copy of the inspection form prescribed by the department and shall be postmarked and sent by certified mail or hand delivered by the end of the second working day following completion of the inspection. The inspection form will indicate all defective and intact lead-based surfaces. Soil and dust exposure pathways shall be investigated and the potential for lead poisoning to a child assessed. Soil sampling methodology shall be documented.

(e) Notification - Within two (2) days after receipt of an inspection report identifying toxic levels of lead requiring abatement the owner shall have posted notice on each entrance

to the dwelling unit or common area of dwelling if affected. The notice shall measure at least 8 1/2" x 11" with letters measuring at least one half (1/2) inch. The notice shall state that the dwelling unit contains a toxic level of lead which may be dangerous and which a child should not be allowed to mouth or chew. The notice shall not be removed until the dwelling unit has been found to comply with Connecticut General Statutes section 19a-111 and regulations of Connecticut State Agencies sections 19a-111-1 through 19a-111-11. The owner will provide a summary report of the lead inspection and/or lead management plan, and the post-abatement inspection report to the residents. This summary inspection report will contain the results of lead-based surface testing as required by section 19a-111-3 of the regulations of Connecticut State Agencies and will include a description of the testing methods used. The owner shall also provide the residents with information prescribed by the department concerning the toxicity of lead and precautions that should be taken to avoid exposure.

(f) Corrective action - The local code enforcement agency shall issue an order to correct all defective lead-based surfaces requiring abatement and soil areas identified as a source, or potential source for elevated blood lead within the time period specified in section 19a-111-5 of regulations of Connecticut State Agencies.

(g) Identification and certification of historic properties - When a dwelling is fifty (50) years old or older and requires lead abatement, the owner shall within five (5) working days after completion of the inspection report postmark or hand deliver an inspection report and a good quality photograph of the property to the Connecticut Historical Commission. The commission will determine whether properties over fifty (50) years old which require lead abatement are historic in order to provide guidance on which lead abatement techniques are appropriate for historic properties. The commission will certify properties which are included in or eligible for inclusion in the national or state registers of historic places. The commission shall within ten (10) working days after receipt of the inspection report and photograph send by first class mail a written report of the building's historic status.

(h) Post abatement inspection - consists of:

(1) Reinspection: All areas where abatement has been completed in accordance with the abatement plan mandated in section 19a-111-4(a) of the regulations of Connecticut State Agencies shall be reinspected by the code enforcement agency within ten (10) working days after notification has been received from the owner that lead abatement has been completed. The inspection shall ascertain whether the defective lead based paint has been properly abated. A lead abatement project shall be considered complete when all defective lead based paint has been abated, there is no visible residue in the work area, and the level of lead has been reduced in the abatement area to below the toxic level of lead as determined by the use of lead in dust sampling in the abatement area. A copy of the post abatement inspection report shall be sent by certified mail or hand delivered to the owner of the residential property, the local director of health and the commissioner within two (2) working days after the reinspection is completed.

(2) Lead in dust sampling: Wipe sampling procedure – The standard sample size in this technique is one square foot, which is obtained with a plastic template or measuring device according to the following formula: length in inches times width in inches divided by 144 equals the fraction or multiple of one square foot. Disposable gloves are worn throughout the sampling procedure. A pre-moistened wipe or towelette is placed flat on the surface to be sampled. The wipe is rubbed in an "S" pattern over the entire measured area. The wipe is then folded in half and rubbed once over the surface again at a 90 degree angle to the first series of wipes. Finally, the wipe is folded and placed in a marked tube or plastic bag for laboratory determination of lead via AAS, GFAAS, or ICP-AES. A minimum of 2 unused wipes or 1 wipe for every 20 used, whichever number is greater, is submitted to the laboratory as a blank.

(i) Conflict of interest - The lead inspector shall not be an owner or the lead abatement contractor for any property for which the lead inspector issues a lead inspection report.

(j) Risk Assessment-For the purpose of assessing the level of risk from lead dust, a lead dust hazard is present when the concentration of lead in dust is equal to or exceeds the following.
(A) floors -- 40 mg/sq. ft. (micrograms per square foot);
(B) window sills -- 250 mg/sq. ft.
(Effective September 29, 1992; Amended July 25, 1997; Amended effective September 30, 2003.)

## 19a-111-4. Abatement of toxic levels of lead

(a) Lead abatement plan - When toxic levels of lead requiring abatement have been identified the owner shall have a written lead abatement plan prepared and submitted to the local director of health according to the time period for compliance listed in section 19a-111-5 of regulations of Connecticut State Agencies. The local director of health shall review the plan for completeness and compliance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies. The plan shall describe repair work necessary prior to abatement, all surfaces and soil areas containing toxic levels of lead, the sampling and testing methodologies utilized, how surfaces and soil areas requiring abatement will be abated, clean up procedures, and clearance testing prior to reoccupancy. The plan shall state estimated starting and completion dates for the abatement project. The abatement project shall follow the plan and be in compliance with section 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies. If the property is a certified historic property as identified according to section 19a-111-3(g) of the regulations of Connecticut State Agencies the lead abatement plan must also be submitted to the Connecticut Historical Commission for review. Review of the plan by the Connecticut Historical Commission will be completed and state if the lead abatement plan proposes to use lead abatement techniques which are appropriate for historic properties. This written review shall be postmarked within ten (10) working days of receipt of the abatement plan and be sent to the owner and local director of health. If the plan requires revision the local director of health shall establish a time table for development of a revised plan with the owner.

(b) Notice to residents - Prior to beginning a lead abatement project, the owner shall give the affected premises or dwelling unit residents a minimum of five (5) working days written notice of the date the abatement will begin. This notice shall inform the residents of their rights and responsibilities in accordance with general statutes section 19a-111 and sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies and state which surfaces or soil areas shall be abated.

(c) Methods of abatement - The owner of a dwelling is responsible for proper abatement of toxic levels of lead in dwelling units where a child resides. All defective paint, plaster or other material containing toxic levels of lead on both interior and exterior surfaces and soil areas and fixtures shall be adequately abated by proper preparation, containment, abatement, cleanup, and waste disposal.
(1) Preparation prior to abatement
(A) Post warnings - Warning signs shall be placed at all entrances and exits to abatement area.
(B) Packing residents' belongings - The residents shall pack their belongings in easily handled containers. The owner shall have these belongings moved from the abatement area to a secure area where the residents can have access to their belongings on a daily basis. Belongings must be moved unless abatement methods of replacement or encapsulation are used in a limited area and very little dust is expected to be generated and the abatement plan specifies that the belongings will remain in the abatement area.
(C) Covering residents' belongings - The abatement contractor shall ensure that all permanent fixtures are covered with 6 mil polyethylene sheeting and sealed with duct tape.

(D) Repair work prior to abatement - Prior to abatement, repairs shall be made to pre-existing conditions that may impede abatement including water leaks and inadequate heat. A description of these repairs shall be summarized in the lead abatement plan.

(2) Containment - The abatement area shall be properly contained using materials such as 6 mil polyethylene sheeting to prevent lead dust from contaminating the dwelling or environment.

(A) Cover objects - Nonmovable objects shall be covered with 6-mil polyethylene sheeting and floors shall be covered with two layers of 6-mil polyethylene sheeting.

(B) Air systems - Air heating and conditioning systems shall be turned off and air intake and exhaust systems shall be sealed.

(C) Entrances - Entrances to the abatement area shall be sealed by using two layers of 6-mil polyethylene sheeting (each layer attached to the top of the entrance and opposite side using heavy duty tape).

(D) Exterior - Exterior abatement shall have proper containment using 6-mil polyethylene sheeting to prevent release of lead into the environment.

(i) For liquid waste extend the end of the polyethylene sheets a sufficient distance to contain the runoff and raise the outside edge of the sheets to trap liquid waste.

(ii) For dry waste extend the sheeting out from the foundation a distance of three (3) feet per story being abated with a minimum of five (5) feet and a maximum of twenty (20) feet. Erect vertical shrouds to contain any potential dust release into the adjacent environment.

(3) Abatement - Defective lead-based surfaces requiring abatement shall be abated by either replacement, encapsulation or removal methods. Repainting or use of paper or vinyl wall covering without abating the defective lead-based surface does not constitute compliance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies. Appropriate worker protection practices shall be followed as specified in section 19a-111-6 of the regulations of Connecticut State Agencies.

(A) Replacement of surfaces containing toxic levels of lead - Old surfaces shall be removed and new surfaces that have no lead-based surfaces shall be installed.

(B) Encapsulation - A permanent cover shall be installed over the lead-based surface. Encapsulant materials shall bind to the substrate and not just the surface paint.

(C) Removal - Removal methods include:

(i) heat based removal using heat guns with temperature not in excess of 700 degrees F to prevent vaporization of lead (open flames shall not be used);

(ii) chemical removal with caustic or solvent-based chemicals done either on site or components taken off site for removal of the lead-based surface;

(iii) wet scraping by misting the surface and then scraping;

(iv) sanding only with a HEPA vacuum attachment to collect dust;

(v) for exterior lead-based surfaces only, this surface may be removed by abrasive blasting with a HEPA vacuum arrangement or contained water blasting or the methods listed above such that no visible emissions or residue can be observed. Uncontained abrasive blasting is not allowed. Soil shall be sampled for lead content according to methodologies specified in the lead abatement plan both before and after exterior lead abatement to ensure that containment, abatement, and clean-up are effective.

(4) Clean-up - Preliminary clean-up shall be done by wet sweeping the containment area and carefully removing the polyethylene covering by folding the plastic upon itself to trap all dust. After the polyethylene covering is removed the abatement area shall be HEPA vacuumed and then washed with TSP detergent. Then for final clean-up the abatement area shall be HEPA vacuumed, washed with TSP detergent, and HEPA vacuumed again. To give airborne lead time to settle, the final cleanup should be scheduled to start no sooner than twenty-four (24) hours after active abatement has ceased. Final clearance testing should be performed using lead in dust testing and XRF, GFAAS, AAS or ICP-AES after the final clean-up has been performed but before the removal of the polyethylene sheeting material that isolates the abatement area from the rest of the dwelling and seals off the ventilation.

(5) Waste disposal - Disposal of lead abatement waste and soil must be in compliance with local, state, and federal regulations including sections 22a-209-1, 22a-209-8(c), 22a-449(c)-11, and 22a-449(c)-100 through 22a-449(c)-110 of the regulations of Connecticut State Agencies.

(d) Soil Areas - Soil areas shall be abated when necessary in a site specific manner as detailed in the lead abatement plan and in accordance with the Connecticut Department of Environmental Protection regulations as noted in section 19a-111-4(c)(5) of the regulations of Connecticut State Agencies.

(e) Occupancy - Prior to reoccupancy of the abatement area the lead inspector shall ensure through reinspection that the lead abatement plan has been followed and that the following criteria are met.

(1) Every building component upon which removal of lead based surfaces has been performed will be tested using XRF, AAS, GFAAS, or ICP-AES technologies. Successful abatement of these components consists of either meeting the XRF testing criteria defined in 19a-111-3(a)(1) through 19a-111-3(a)(3) or by AAS, GFAAS, or ICP-AES analysis of every component abated and determination of a level of lead less than toxic.

(2) Samples of dust shall be collected at the following locations in each room or area where lead-based paint has been abated. Additionally, if only a portion of a dwelling unit has been abated, a sample shall be collected from the floor outside the containment within ten (10) feet of the entrance to the abatement area upon completion of abatement activities. Any samples collected under this section shall have lead in dust levels that are below the following clearance criteria for reoccupancy to be allowed:

(A) floors -- 40 mg/sq. ft. (micrograms per square foot);

(B) window sills -- 250 mg/sq. ft.;

(C) window wells -- 400 mg/sq. ft.

(3) When abatement methods of replacement or encapsulation are used in a limited area and very little dust is expected to be generated then clearance dust monitoring may be less than specified in section 19a-111-4(e)(2) if the alternative dust monitoring is specified in the lead abatement plan.

(f) Letter of Compliance - After lead abatement has been completed in a dwelling unit according to the lead abatement plan and dust levels have been found to be in compliance with section 19a-111-4(e)(2) of the regulations of Connecticut State Agencies the lead inspector shall issue a letter of compliance within five (5) working days for that dwelling unit stating that the lead inspector has found the dwelling unit free of lead hazards. If intact lead-based surfaces remain then the letter of compliance must state that the lead management plan must be followed to assure compliance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies. (Effective September 29, 1992; Amended effective September 30, 2003.)

## 19a-111-5. Time periods for compliance

The local director of health shall ensure that lead abatement projects be completed in a timely fashion according to the time frames specified in the lead abatement plan and according to the following schedule. However, the local director of health may shorten this time table when he/she deems it necessary for prevention of an imminent health hazard.

(a) Child with an elevated blood lead level - In a dwelling unit in which a child resides, and has an elevated blood lead level, the owner shall submit a written lead abatement plan to the local director of health within fifteen (15) working days of notification of inspection results. When a property is over 50 years old and is being reviewed for historic status by the Connecticut Historical Commission as required in section 19a-111-3(g) of the regulations of Connecticut State Agencies, then the owner shall submit a written lead abatement plan to the local director of health within five (5) working days after notification and guidance from the Connecticut Historical Commission is received. The local director of health shall review the plan for completeness and compliance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies. If the plan is found to be incomplete, the local director of health shall notify the owner in writing within ten (10) working days of receipt of the plan of the reasons why the plan was not complete and establish a time table for compliance. The owner shall initiate abatement of toxic levels of lead within forty-five (45) working days of notification of inspection results and diligently pursue such abatement.

(b) Other dwellings - In a dwelling in which a child resides, but does not have an elevated blood lead level, the owner shall initiate abatement of all toxic levels of lead in defective condition within ninety (90) working days of notification of the inspection results and diligently pursue such abatement. The owner shall submit a written lead abatement plan to the local director of health within twenty (20) working days of initial identification of a lead hazard. The local director of health shall review the plan for completeness and compliance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies. If the plan is found to be incomplete the director of health shall notify the owner in writing within fifteen (15) working days of the reasons why the plan was not approved and establish a time table for compliance.
(Effective September 29, 1992).

## 19a-111-6. Worker protection

(a) Health monitoring - The employer shall provide medical examination and monitoring for lead abatement workers.

(1) Information to physicians - The employer shall instruct any examining physician to:

(A) not reveal to the employer any findings unrelated to a worker's occupational exposure to lead;

(B) advise the worker of any medical condition, occupational or nonoccupational, which dictates further medical examination or treatment;

(C) provide the worker with a clear warning of the reproductive and other health hazards of exposure to high levels of lead.

(2) Employment physical - Health monitoring on all lead abatement workers shall include an employment medical examination by a licensed physician which shall consist of:

(A) a work and medical history;

(B) blood pressure measurement;

(C) blood lead level and erythrocyte protoporphyrin level;

(D) complete blood count;

(E) blood urea nitrogen, serum creatinine, routine urinalysis;

(F) other evaluations deemed necessary by the attending physician.

(3) Periodic monitoring - Lead abatement workers shall have blood lead and erythrocyte protoporphyrin tests monthly for the first three (3) months of employment and every three (3) months thereafter.

(4) Physician's report - Within two (2) working days after the receipt of a medical report from the physician the employer shall furnish the applicant with a copy of a written medical report from the physician which contains:

(A) the physician's opinion as to whether the applicant has any detected medical condition which would place the applicant at increased health risk;

(B) any recommended special protective measures to be provided to the applicant, or limitations to be placed upon the applicant's exposure to lead;

(C) any recommended limitation upon the applicant's use of respirators.

(b) Management of lead poisoned workers

(1) At blood lead level 25-50 ug/dl the following procedures shall apply.

(A) The attending physician shall report the elevated blood lead level to the individual and to the Department.

(B) The attending physician shall determine if there are symptoms of lead poisoning. If symptoms exist then the provisions of subdivision 19a-111-6(b)(2) of regulations of Connecticut State Agencies shall be followed.

(C) The attending physician shall contact the affected individual and arrange for repeat blood lead level and erythrocyte protoporphyrin measurement within one (1) month and repeat blood lead level and erythrocyte protoporphyrin measurement until the blood lead level drops below 25 ug/dl.

(D) The attending physician shall notify the employer of the affected individual that this worker has an elevated blood lead level.

(2) In addition to the procedures in subdivision (1) of this subsection, at a blood lead level of greater than 50 ug/dl the following procedures shall also apply.

(A) The attending physician shall arrange for blood lead and erythrocyte protoporphyrin testing every month until the blood lead level drops below 25 ug/dl.

(B) Until the worker's blood lead is less than 50 ug/dl and exhibits no symptoms of lead poisoning, the worker shall be removed from work. The worker may not return to work until a recommendation to start work from the attending physician is received by the worker with a written copy sent to the Department.

(c) Employer responsibility. The employer is responsible for any costs incurred as a result of the health monitoring system.

(d) Personal protective equipment and precautions

(1) The employer shall ensure that all lead abatement workers wear work clothing and protective equipment during the lead abatement procedure. Such clothing shall include but not necessarily be limited to:

(A) when caustic paste is not used as a deleading agent

(i) coveralls or similar full body covering,

(ii) shoe covers,

(iii) gloves,

(iv) hats,

(v) face shields, vented goggles or other eye protection equipment;

(B) or, when caustic paste is used as a deleading agent

(i) full-body overalls impervious to caustic substances,

(ii) gloves impervious to caustic substances,

(iii) glove extenders

(iv) face shield when workers are applying or removing any caustic substance at or above face level,

(v) appropriate boot or shoe covers;

(C) respirators approved by the National Institute of Occupational Safety and Health (NIOSH) and the U.S. Department of Labor Mine Safety and Health Administration (MSHA) selected according to the type of abatement process as listed below (or, air monitoring may be used according to OSHA lead standard (29 CFR 1910.1025) to demonstrate which form of respiratory protection is appropriate)

(i) for use while vacuum sanding with HEPA filter, scraping and with heat guns - powered air-purifying respirator with high efficiency filters, or the half mask supplied-air respirator operated in the positive-pressure mode;

(ii) for use with caustic materials or during abatement involving replacement - half-mask, air-purifying respirator equipped with high efficiency filters;

(iii) for use with a chemical preparation (for example, a solvent) in conjunction with a mechanical or powered technique – an additional cartridge, appropriate to the exposure, unless a supplied-air respirator is used. Any additional cartridge must meet the requirements of the OSHA/MSHA certification for contaminants appropriate to the exposure.

(2) The employer shall:

(A) maintain records on health monitoring tests required on workers for two (2) years;

(B) provide protective clothing in a clean and dry condition daily;

(C) provide for the cleaning, laundering or disposal of protective clothing or equipment;

(D) repair or replace protective equipment as necessary to maintain its effectiveness;

(E) ensure that all protective clothing is removed only in designated change areas at the completion of a work shift;

(F) ensure that contaminated protective clothing which is to be cleaned, laundered or disposed of, is placed in a closed container located in the designated change area which prevents dispersion of lead outside the container;

(G) inform, in writing, any person who cleans or launders protective clothing and equipment of the potentially harmful effects of exposure to lead

(H) ensure that the containers of contaminated protective clothing and equipment required by these regulations are labeled as follows: CAUTION CLOTHING CONTAMINATED WITH LEAD. DO NOT REMOVE DUST BY BLOWING OR SHAKING. DISPOSE OF LEAD CONTAMINATED WASH WATER IN ACCORDANCE WITH APPLICABLE LOCAL, STATE, AND FEDERAL REGULATIONS;

(I) prohibit the removal of lead from protective clothing or equipment by blowing, shaking or any other means which disperses lead into the air.

(e) Hygiene facilities and practices - The employer shall ensure that:

(1) food or beverage is not present or consumed, smoking or chewing of tobacco is not allowed, and cosmetics are not applied in the lead abatement areas;

(2) designated change areas are equipped with separate storage facilities for equipment and protective clothing and for street clothes to prevent contamination with lead;

(3) plastic with a minimum thickness of 6 mils shall cover the walls and floor;

(4) no person shall exit the changing area to enter the work area unless they are equipped in conformance with subsection 19a-111-6(d) of the regulations of Connecticut State Agencies;

(5) no contaminated person shall exit this area unless such person has removed their protective clothing, gloves, boot or shoe covers, and respirator;

(6) nor will a person in any other way cause lead contamination to enter the non-work area;
(7) employees do not leave the job site wearing any clothing or equipment, worn during the work shift, that may be contaminated with lead;
(8) employees in lead abatement areas wash their hands prior to eating, drinking, smoking or applying cosmetics.
(Effective September 29, 1992).

## 19a-111-7. Absence of non-workers during abatement

(a) Residents - Residents shall not occupy a room or work area where on-site lead paint abatement is occurring. The lead work areas where lead abatement is occurring must be sealed from the remainder of the dwelling according to section 19a-111-4 of the regulations of Connecticut State Agencies.
(b) Work area - No person shall enter or remain in a work area at any time during a lead abatement project which involves the on-site removal of lead paint, except for the lead abatement contractor and lead abatement workers, federal, state, and local enforcement officials and their designees, lead inspectors, and the property owner or the owner's designee.
(1) Persons not listed above may enter the work area only after the lead inspector determines that the lead abatement project has been completed in accordance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies.
(2) All persons present in a work area during a lead abatement project which involves the removal of lead paint shall wear protective equipment as listed in section 19a-111-6(d) of regulations of Connecticut State Agencies.
(3) At all times when a lead abatement project is being conducted in a common area of a dwelling occupied by two (2) or more dwelling units:
(A) residents shall use alternative entrances and exits which do not require passage through the abatement area, if any such entrance and exit exists;
(B) the lead abatement contractor and lead abatement workers shall use all reasonable efforts to create an uncontaminated passage for all dwelling residents;
(C) in the event that the passage in a building can be reached only through the abatement area, abatement in common areas shall be conducted between the hours of 9 A.M. to 3 P.M. only, and the abatement area shall be thoroughly cleaned with a HEPA vacuum at the end of each working day;
(D) all building unit and fire code requirements for access to a dwelling must be maintained for occupied dwellings. If containment required for lead abatement blocks access, then affected dwelling units must be vacated during blockage.
(Effective September 29, 1992).

## 19a-111-8. Reports to the commissioner

In addition to notification of inspection reports required under subsection 19a-111-3(d) of regulations of Connecticut State Agencies, local code enforcement agencies shall submit a report to the commissioner, on a form prescribed by the commissioner by the 15th day of January, April, July, and October for the previous quarter signed by the head of such agency. This report shall list:
(a) the medical status of all lead poisoned children,
(b) all uncorrected violations at the end of the previous quarter,
(c) all violations corrected during the previous quarter, and
(d) what legal action has been taken regarding each uncorrected violation.
(Effective September 29, 1992).

## 19a-111-11. Severability

If any provision of Sections 19a-111-1 through 19a-111-11 inclusive of the regulations of Connecticut State Agencies shall be held inconsistent with federal laws or the laws of the State of Connecticut, that inconsistency shall not affect the remaining provisions.

(Effective September 29, 1992).

## Lifeguards to be Certified in Cardiopulmonary Resuscitation

### 19a-113a-1. Requirement for lifeguards to be certified in cardiopulmonary resuscitation

(a) Definitions. As used in this section:
- (1) "Certified" means currently recognized as a trained practitioner of a skill.
- (2) "Employed" means used in a capacity of responsibility, whether for financial remuneration or as a volunteer.
- (3) "Face mask or shield" means a device constructed so as to prevent the return flow of air from a victim to the rescuer.
- (4) "Lifeguard" means the person employed at the waterfront who has responsibility for the safety and well-being of persons at a pool, beach, or other swimming facility.

(b) Persons who are employed as lifeguards shall be certified in cardiopulmonary resuscitation by the American Heart Association or the American Red Cross.

(c) Cardiopulmonary resuscitation certification - for purposes of this section cardiopulmonary resuscitation certification shall include at least the following components:
- (1) Methods for clearing the obstructed airway.
- (2) One rescuer adult cardiopulmonary resuscitation.
- (3) Two rescuer adult cardiopulmonary resuscitation.
- (4) Infant and small child cardiopulmonary resuscitation.

(d) Each facility employing lifeguards shall provide infant, child, and adult face masks or shields and shall provide appropriate receptacles or holders in proximity to the lifeguard duty stations.

(Effective March 7, 1989.)

## Medical Test Units

### 19a-115-1 through 19a-115-6. [repealed]

(Repealed effective October 7, 2008.)

# Regulations on Abortions

## 19a-116-1. Abortion services in outpatient clinics

Outpatient clinics which offer abortion services shall comply with sections 19-13-D45 through 19-13-D54 of the Regulations of Connecticut State Agencies and in addition thereto, shall comply with the following provisions:

(a) Facilities, equipment and care shall be consistent with the national standards of the American College of Obstetrics and Gynecology.

(b) Any women seeking an abortion shall be given:

- (1) Verification of the diagnosis and duration of pregnancy, including preoperative history and physical examination;
- (2) Information and an explanation of the procedure to be followed in accordance with subsection (c) of this section;
- (3) Counseling about her decision;
- (4) Laboratory tests, including blood grouping and Rh factor;
- (5) Preventive therapy if at risk for Rh sensitization;
- (6) Examination of tissue by a pathologist;
- (7) Consultation as to the need for follow-up care;
- (8) Information on family planning;
- (9) A written discharge summary which indicates the patient's status and discharge plan, signed by both the patient and a licensed or certified health care provider, a copy of which shall be given to the patient and a copy shall be retained as part of the medical record; and
- (10) Information regarding access to her medical record, which shall include a statement of patient confidentiality and the requirement for written consent for release of information to persons not otherwise authorized by law to access the record.

(c) Informed consent. Prior to performing an abortion, a counselor shall obtain informed consent from the woman seeking to have the abortion. Informed consent shall exist only when a consent form is completed voluntarily and in accordance with the following provisions:

- (1) An individual who obtains informed consent from a woman for an abortion procedure shall:
  - (A) Offer to answer any questions the patient may have concerning the procedure;
  - (B) Provide a copy of the informed consent form to the patient as described in subdivision (2) of this subsection;
  - (C) Provide all of the following information orally to the patient:
    - (i) A thorough explanation of the procedures to be performed; and
    - (ii) A full description of the discomforts and risks that may accompany or follow the performance of the procedure; and
  - (D) Assure the patient that an interpreter is provided to assist the patient if she does not understand the language used on the consent form or the language used by the counselor obtaining consent.
- (2) Consent form requirements
  - (A) A consent form shall clearly spell out in language the patient can understand the nature and consequences of the procedure which shall be used.
  - (B) The consent form shall be signed and dated by:
    - (i) the patient;
    - (ii) the interpreter, if one is provided;
    - (iii) the counselor who obtains the consent; and
    - (iv) the physician who will perform the procedure.

(d) Staff qualifications

(1) All counselors in an abortion clinic shall have background preparation in social work, psychology, counseling, nursing, or ministry. Such preparation shall have been obtained in formal course work or through in-service staff training.
(2) Those counselors who do not have a graduate degree in any of the above mentioned fields shall be supervised by a person with such a graduate degree. Such supervision shall consist of the direction, inspection, and on-site observation of the activities of the counselors in performance of their duties.

(e) Quality assurance and risk management. All abortion clinics shall implement a written quality assurance and risk management program which shall include but not necessarily be limited to the following components:
(1) annual program objectives and evaluation;
(2) quarterly clinical record review;
(3) annual documentation of clinical competence of professional staff; and
(4) annual outcome audits.

(f) Emergency preparedness. Each clinic shall formulate and implement when necessary a plan for the safety of the patients in the event of fire, natural and other disasters, and bomb threat.
(1) Fire. A written plan shall include but not necessarily be limited to:
(A) posted fire evacuation plans in prominent areas showing two evacuation routes;
(B) fire drills conducted at unexpected times, at least quarterly on each shift;
(C) a written record of each fire drill including date, time, personnel in attendance and evaluation;
(D) tasks and responsibilities assigned to all personnel; and,
(E) an annual review and acceptance of the plan by the local fire marshal.
(2) Natural and other disasters. A written plan shall include but not necessarily be limited to:
(A) policies for internal and external disasters;
(B) notification of designated persons;
(C) orderly patient removal and relocation if required;
(D) accountability of patients and staff during evacuation; and
(E) patient notification in the event of an interruption in services.
(3) Bomb threat. A written plan shall include but not necessarily be limited to:
(A) collection of all information from the caller by the recipient of the call;
(B) notification of emergency and administrative personnel;
(C) total communication and coordination between emergency and facility personnel;
(D) responsibilities of all staff during bomb threat;
(E) orderly patient removal and relocation if required; and

(f) accountability of patients and staff during evacuation.
(Effective August 1, 1983; Amended effective December 30, 1996.)

## Allocation of AIDS Funds

### 19a-121b-1. Funding

Funds are allocated to qualifying individuals and organizations, including local health departments, that serve persons infected with and affected by human immunodeficiency virus (HIV) or acquired immune deficiency syndrome ("AIDS"), the families of such persons and persons at risk of contracting HIV or AIDS, or both. Services provided shall include, but not be limited to, education, counseling, and prevention.

### 19a-121b-2. AIDS testing

Any agency that receives funds to provide tests for HIV shall give priority to persons in high risk categories.

### 19a-121b-3. Local programs

The Commissioner may issue requests for proposals to qualifying individuals and organizations.

### 19a-121b-4 to 19a-121b-7. [repealed]

(Repealed effective December 8, 2008.)

# Statewide Trauma System

## 19a-177-1. Definitions

As used in section 19a-177-1 to 19a-177-9, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Department" means the Department of Public Health;

(2) "EMS Advisory Board" means the advisory committee on emergency medical services established pursuant to section 19a-177(a) of the Connecticut General Statutes;

(3) "Glasgow Coma Scale" or "GCS" means a standard and generally accepted scoring system for assessing a patient's level of consciousness based on eye opening and response, verbal response, and motor response. The higher the total point score, the better the patient's neurological status;

(4) "Hospital" means an acute care hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care, and treatment of a wide range of acute conditions, including injuries;

(5) "Protocol" means a written instrument that guides the collection of data regarding the patient, provides for actions to be taken based on the collected data, and provides for a minimum level of safe practice in specific situations;

(6) "Trauma" means a wound or injury to the body caused by accident, violence, shock, or pressure, excluding poisoning, drug overdose, smoke inhalation, and drowning;

(7) "Traumatic brain injury" means damage to the brain tissue and any combination of focal and diffuse central nervous system dysfunction, both immediate or delayed, at the brain stem level and above. Such damage and dysfunctions are sustained through the application of external forces including, but not limited to, blows to the head, falls, vehicular crashes, assaults, sports accidents, intrauterine and birth injuries, and violent movement of the body. Such damage and dysfunctions are not developmental or degenerative, and not associated with aging;

(8) "Trauma facility" means a hospital that has met the requirements as prescribed in section 19a-177-4 of the Regulations of Connecticut State Agencies and has received such designation from the Office of Emergency Medical Services (OEMS) in accordance with section 19a-177-3 of the Regulations of Connecticut State Agencies;

(9) "Trauma registry" means a statewide data base to provide information to analyze and evaluate the quality of care of trauma patients and includes all admitted trauma patients, all trauma patients who died, all trauma patients who are transferred, and all traumatic brain injury patients.

(10) "Trauma system" means an organized approach to providing care to trauma patients that provides personnel, facilities, and equipment for effective and coordinated trauma care. The trauma system: identifies facilities with specific capabilities to provide care, triages trauma victims at the scene, requires that all trauma victims be sent to an appropriate trauma facility, and collects and analyzes data for evaluation of the system. The trauma system includes prevention, prehospital care, hospital care, rehabilitation, data collection, and evaluation; and,

(11) "Verification" means a review process carried out in accordance with section 19a-177-4 of the Regulations of Connecticut State Agencies.

(Adopted effective March 22, 1995; amended September 6, 2005.)

## 19a-177-2. Administration

(a) The Office of Emergency Medical Services is the lead division within the department responsible for the development, implementation, evaluation and enforcement of the trauma system for the state of Connecticut.

(b) A Trauma Committee shall be established by the commissioner as a committee of the EMS Advisory Board.

(1) The committee shall include representatives from at least the following:

(A) Commission on Hospitals and Health Care (CHHC) or its successor agency(ies);

(B) Connecticut Committee on Trauma, American College of Surgeons, (CCT/ACS), four (4) persons, one of whom shall represent the interests of Level III, Level IV, or undesignated facilities;
(C) Connecticut College of Emergency Physicians (CCEP), four (4) persons, one of whom shall represent the interests of Level III, Level IV, or undesignated facilities;
(D) Connecticut Emergency Nurses Association (CENA);
(E) Connecticut Hospital Association (CHA);
(F) Paramedic Committee of the EMS Advisory Board; and
(G) Volunteer Committee of the EMS Advisory Board.

(2) The committee shall, at least annually:
(A) review protocols and recommend changes to the commissioner through the EMS Advisory Board; and
(B) evaluate the status of the trauma system and recommend changes to the commissioner through the EMS Advisory Board.

(Adopted effective March 22, 1995; amended effective September 6, 2005.)

## 19a-177-3. Application by hospitals for trauma facility designation

(a) By October 1, 1995, all hospitals required to maintain an emergency service pursuant to Section 19-13-D3 of the Regulations of Connecticut State Agencies shall participate in the statewide trauma system as set forth in Sections 19a-177-1 through 19a-177-9 of the Regulations of Connecticut State Agencies by:
(1) giving triage medical direction in accordance with Section 19a- 177-5 of the Regulations of Connecticut State Agencies;
(2) transferring patients in accordance with the requirements in Section 19a-177-6 of the Regulations of Connecticut State Agencies;
(3) participating in a quality assurance/improvement plan with the trauma registry in accordance with the requirements in Section 19a-177-6 of the Regulations of Connecticut State Agencies; and
(4) submitting data to the trauma registry in accordance with Section 19a-177-7 of the Regulations of Connecticut State Agencies.

(b) Hospitals seeking designation as Level I, Level II, Level III, or Level IV trauma facilities shall apply to the OEMS for designation on forms supplied or approved by the OEMS.

(c) Within thirty (30) days of receipt of an application, the OEMS shall review the application for designation as a trauma facility for completeness and notify the hospital of the result of that review.
(1) If the application is deemed complete, the hospital shall be so notified in writing.
(2) If the application is deemed incomplete, the hospital shall be notified in writing of omissions or errors. The hospital may refile the application when complete, as a new application.

(d) Upon being notified by the OEMS of a complete application, the hospital shall, if not currently verified by the American College of Surgeons, Committee on Trauma, have ninety (90) days to initiate the verification process as outlined in Section 19a-177-4 of the Regulations of Connecticut State Agencies or the application shall be considered withdrawn. Should the verification report not be received by the OEMS within one hundred and eighty (180) days of such notification, an extension of not more than ninety (90) days may be granted by the OEMS upon the request in writing of the hospital. Only one (I) ninety (90) day extension shall be granted by the OEMS.

(e) The hospital shall forward to the OEMS a notarized copy of the verification report or notify the OEMS in writing of its wish to withdraw the application. The verification report shall be considered as an attachment to and part of the application of the hospital for designation as a trauma facility.

(f) Upon receipt of the verification report, the OEMS shall have ninety (90) days to consider the application of the hospital for designation as a trauma facility at the level requested.

In addition to the verification report, the OEMS shall consider the facility's compliance with all other applicable DPHAS statutes and regulations.

(g) The OEMS shall notify the applicant hospital and the department in writing of its decision.

(h) Designation by the OEMS shall expire on the same date as the verification expiration date established by the American College of Surgeons in their verification report.

(i) Redesignation at the same level is contingent upon reverification by the American College of Surgeons, Committee on Trauma and reapplication to the OEMS. It is the hospital's responsibility to seek timely reverification.

(j) Once designated, a trauma facility may apply to the OEMS to surrender the designation at any time without giving cause by notifying the OEMS in writing with a plan for alternative patient care and giving a minimum of sixty (60) days notice. Surrender shall take effect only when approved by the OEMS. In such a case, the application and verification process shall be completed again before any designation may be reinstated. (Adopted effective March 22, 1995; amended effective September 6, 2005.)

## 19a-177-4. Verification process for trauma facility applicants

(a) To be designated as a trauma facility, a hospital shall meet the criteria contained in the American College of Surgeons' most recent version of the publication "Resources for Optimal Care of the Injured Patient" for the level of trauma facility for which it has applied. Verification from the American College of Surgeons, Committee on Trauma, is acceptable documentation that those criteria that are the same as the American College of Surgeons standard have been met. For those criteria that substantially differ, the department shall verify on its own that the applicant meets the criteria.

(b) Each hospital requesting designation as a trauma facility shall be responsible for all expenses of the verification process conducted by the American College of Surgeons. (Adopted effective March 22, 1995; amended effective September 6, 2005.)

## 19a-177-5. Field triage protocols

(a) The following field triage protocol shall provide criteria to categorize trauma patients and determine destination hospitals with resources appropriate to meet the patient s needs.

1. Assess the physiologic signs. Trauma patients with any of the following physiologic signs shall be taken to a Level I or Level II trauma facility:
   - (A) Glasgow Coma Scale of twelve (12) or less; or
   - (B) systolic blood pressure of less than ninety (90) mm Hg; or
   - (C) respiratory rate of less than ten (10) or more than twenty-nine (29) breaths per minute.
2. Assess the anatomy of the injury. Trauma patients with any of the following injuries shall be taken to a Level I or Level II trauma facility:
   - (A) gunshot wound to chest, head, neck, abdomen or groin;
   - (B) third degree burns covering more than fifteen (15) per cent of the body, or third degree burns of face, or airway involvement;
   - (C) evidence of spinal cord injury;
   - (D) amputation, other than digits; or
   - (E) two (2) or more obvious proximal long bone fractures.
3. Assess the mechanism of injury and other factors and, if any of the following is present, determination of destination hospital shall be in accordance with medical direction:
   - (A) Mechanisms of injury:
     - (1) falls from over twenty (20) feet;
     - (2) apparent high speed impact;
     - (3) ejection of patient from vehicle;
     - (4) death of same car occupant;
     - (5) pedestrian hit by car going faster than twenty (20) MPH;
     - (6) rollover; or
     - (7) significant vehicle deformity especially steering wheel.

(B) Other factors
(1) age less than five (5) or greater than fifty-five years;
(2) known cardiac or respiratory disease;
(3) penetrating injury to thorax, abdomen, neck, or groin other than gunshot wounds.

4. Severely injured patients less than thirteen (13) years of age should be taken to a Level I or II facility with pediatric resources including a pediatric ICU.
5. When transport to a Level I or II trauma facility is indicated but the ground transport time to that hospital is judged to be greater than twenty (20) minutes, determination of destination hospital shall be in accordance with local medical direction.
6. If, despite therapy, the trauma patient's carotid or femoral pulses can not be palpated, airway can not be managed, or external bleeding is uncontrollable, determination of destination hospital shall be in accordance with local medical direction.
7. When in doubt regarding determination of destination hospital, contact medical direction.

(b) All EMS providers transporting trauma patients to hospitals shall provide receiving hospitals with a completed OEMS approved patient care form prior to departing from the hospital. A patient care form shall be completed for each trauma patient at the scene who is not transported and shall be forwarded to the OEMS.

(c) Beginning October 1, 1995, all hospitals and EMS providers shall follow the field triage protocols.

(Effective March 22, 1995.)

## 19a-177-6. Interhospital transfers

(a) If a trauma patient who meets the Field Triage Protocol criteria for delivery to a Level I or Level II trauma facility is taken to a facility not so designated, that patient shall be transferred to a Level I or Level II trauma facility or the reason that the trauma patient is admitted, discharged or transferred to a different facility shall be documented in the patient's hospital record.

(b) For all interhospital transfers the sending hospital shall
(1) document patient assessment and efforts to stabilize,
(2) communicate with medical and nursing staff at the receiving hospital;
(3) provide medically appropriate staff and orders for transporting personnel;
(4) transfer copies of the entire chart with copies of any x-rays and laboratory data; and
(5) document, by name, all parties contacted in arranging the transfer.

(c) Level I or Level II trauma facilities shall not refuse the transfer of trauma patients who fall within their designated level of capability unless their ability to provide that level of care is compromised.

(d) The Trauma Committee shall use the following peer review quality assurance/improvement plan to review interhospital transfers:
(1) The care and treatment of trauma patients is to be carried out by each hospital in accordance with standards established by the hospital, its medical staff, and these regulations.
(2) Data collected in accordance with section 19a-177-7 of the Regulations of Connecticut State Agencies shall be supplied to the hospital's internal quality review process and the trauma registry.
(3) The trauma registry shall review and evaluate the data it receives from the hospital for completeness and accuracy.
(4) If data are incomplete or inaccurate the trauma registry shall notify the hospital that the data must be adjusted and resubmitted.
(5) The trauma registry shall produce summaries and reports and forward them to the trauma committee.

(6) Summaries and reports provided by the trauma registry shall be reviewed by the trauma committee to determine if the trauma system standards are being met, including the identification of significant deviations from norms, and to determine if further research is needed to improve the trauma system standards.
(7) The trauma committee shall report back to the hospital and when it believes trauma system standards are not being met may suggest changes that will assist the hospital in meeting those standards.
(8) Should the trauma committee determine that a hospital continues to fail to meet trauma system standards, the trauma committee may make recommendations for action to the Commissioner through the EMS Advisory Board.
(9) Beginning October 1, 1995, all hospitals shall follow the interfacility transfer protocols.

(e) Data and reports used in the peer review quality assurance/improvement plan shall be kept confidential pursuant to sections 19a-25 and 1-19 of the Connecticut General Statutes.
(Effective March 22, 1995.)

## 19a-177-7. Data collection

(a) Trauma registry
(1) The trauma registry shall include data:
(A) on all admitted trauma patients and all traumatic brain injury patients;
(B) on all trauma patients who died in the field, in the Emergency Department and in the hospital; and,
(C) on all trauma patients and all traumatic brain injury patients who are transferred.
(2) Beginning October 1, 1995, for all nonscheduled transports of trauma patients and all traumatic brain injury patients each emergency medical service provider shall provide, on forms approved by the commissioner, to the receiving hospital prior to departing from the hospital, the following data. The forms shall become a part of the patient's medical record at the receiving hospital, and shall include but not necessarily be limited to:
(A) ambulance service identification number;
(B) ambulance run number;
(C) patient's name;
(D) patient's gender and ethnicity;
(E) patient's date of birth;
(F) injury date and time of onset of injury or medical problem;
(G) town and zip code location of site of EMS response;
(H) time of dispatch of first responder;
(I) time of arrival of first responder at scene of the injury/incident;
(J) time of dispatch of ambulance;
(K) time of arrival of ambulance at scene of the injury/incident;
(L) time of departure from scene of the injury/incident;
(M) time of arrival at hospital;
(N) transport interventions;
(O) Glasgow eye opening at scene of the injury/incident;
(P) Glasgow verbal at scene of the injury/incident;
(Q) Glasgow motor response at scene of the injury/incident;
(R) systolic blood pressure at scene of the injury/incident;
(S) respiratory rate at scene of the injury/incident;
(T) date of transport;
(U) work related injury/medical problem;
(V) extrication time if motor vehicle accident;
(W) place where injury occurred;
(X) type and use of protective equipment; and

(Y) mechanism of injury.

(3) Beginning October 1, 1995, each licensed Connecticut acute care hospital shall provide, on forms approved by the commissioner, to the trauma registry the following data:

(A) for all trauma patients and all traumatic brain injury patients admitted to the hospital, transferred to another hospital, or discharged dead:

(1) data elements defined in subdivision (2) of this subsection;
(2) patient's health insurance identification number;
(3) patient's zip code of residence;
(4) emergency department admission and discharge Glasgow eye opening;
(5) emergency department admission and discharge Glasgow verbal response;
(6) emergency department admission and discharge Glasgow motor response;
(7) emergency department admission and discharge systolic blood pressure;
(8) emergency department admission and discharge respiratory rate;
(9) patient's social security number;
(10) referring hospital identification number;
(11) emergency department record number (if different than inpatient record number);
(12) mode of arrival at the emergency department;
(13) trauma team alerted, yes or no;
(14) times of notification and arrival of neurosurgeon;
(15) times of notification and arrival of trauma surgeon;
(16) emergency department interventions;
(17) date and time of discharge from emergency department;
(18) disposition from emergency department;
(19) receiving facility post discharge;
(20) documentation of hourly Glasgow coma score and vital signs; and
(21) medical examiner's case number.

(B) for all trauma patients and all traumatic brain injury patients admitted as inpatients:

(1) inpatient medical record number;
(2) first head CT scan date and time;
(3) first neurosurgery date and time,
(4) first orthopedic surgery date and time;
(5) first thoracic/abdominal surgery date and time;
(6) unanticipated return to the operating room within forty-eight (48) hours;
(7) discharge expression;
(8) discharge locomotion;
(9) discharge self feeding;
(10) medical examiner's case number;
(11) E-codes;
(12) hospital identification code;
(13) anatomic diagnoses;
(14) diagnoses onset;
(15) ICD codes for traumatic brain injury patients;
(16) charges by cost center;
(17) attending physician;
(18) operating physician;
(19) principle diagnosis as defined by ICD-9-CM codes;

(20) secondary diagnoses as defined by ICD-9-CM codes;
(21) principle procedure as defined by ICD-9-CM codes and date;
(22) secondary procedures as defined ICD-9-CM codes and dates of procedures;
(23) inpatient disposition;
(24) expected principle source of payment;
(25) psychiatric or rehabilitation unit discharge;
(26) race;
(27) discharge time;
(28) discharge date;
(29) total charges;
(30) admission date;
(31) admission time;
(32) days in ICU;
(33) days in CCU; and
(34) payor source.

(4) Beginning October 1,1995, for all trauma patients and all traumatic brain injury patients who are immediate transfers from an acute care facility to a rehabilitation service, each provider of rehabilitation services shall provide, on forms approved by the commissioner, to the trauma registry the following data:
(A) admission date;
(B) referring facility;
(C) patient's date of birth;
(D) patient's gender;
(E) patient's zip code;
(F) total charges;
(G) functional independence measures on admission and discharge,
(ii) eating,
(ii) grooming,
(iii) bathing,
(iv) dressing,
(v) toileting,
(vi) bladder management,
(vii) mobility,
(viii) locomotion,
(ix) communication,
(x) social cognition, and
(xi) total function independence measure;
(H) patient's health insurance claim number and social security number;
(I) discharge date;
(J) disposition from rehabilitation;
(K) discharge expression;
(L) discharge locomotion;
(M) discharge self feeding; and
(N) hospital identification code.

(5) Beginning October 1, 1995, for all deaths that occur as a result of injury outside a hospital, the trauma registry shall obtain from the state medical examiner the data specified in this subsection:
(A) date of injury/incident;
(B) time of injury/incident;
(C) location of injury/incident;
(D) type of injury/incident;
(E) victim's date of birth;
(F) victim's gender;
(G) name of pre-hospital provider service, if applicable;
(H) results of the autopsy, if performed;

(I) cause of death;
(J) death date;
(K) place of death;
(L) victim's race;
(M) victim's residence address;
(N) victim's residence zip code; and
(O) victim's social security number.

(6) All data required by subdivisions (2), (3), (4), and (5) of this subsection shall be submitted by the following schedule:
(A) first quarter due June 30;
(B) second quarter due September 30;
(C) third quarter due December 30; and
(D) fourth quarter due March 30.

(7) The trauma registry shall maintain, process, and analyze such data as are needed to provide to the commissioner the following summary data reports within ninety (90) days after the data are due for each quarter:
(A) EMS provider response time by region;
(B) EMS provider response time for Connecticut;
(C) mechanism of injury by region;
(D) type of injury by region;
(E) type of injury, severity and categorization level of triage hospital (Level I, II, III, and IV as designated by the OEMS);
(F) safety device use frequency by type of device;
(G) type, severity, and mechanism of injury by town of injury occurrence;
(H) number of deaths taken directly to the morgue; and
(I) other special studies at an aggregate level at the request of the commissioner that shall facilitate the department's ability to follow a patient through the statewide trauma system.

(b) If the patient is further transported from one acute care hospital to another acute care hospital, a copy of the completed patient care form shall be provided by the sending hospital to the emergency medical service transport personnel and provided to the receiving hospital.

(c) The information contained in the trauma registry shall be made available only to those who have been approved for use of the information by the commissioner pursuant to section 19a-6e of the Connecticut General Statutes and in accordance with sections 19a-25-1 through 19a-25-4, inclusive, of the Regulations of Connecticut State Agencies.

(d) Summary data will be available for public inspection and distribution. However, data containing patient specific information and provider and facility identification shall not be available and shall be kept confidential pursuant to sections 19a-25, 19a-6e and 1-210 of the Connecticut General Statutes.

(e) Each emergency medical service provider shall supply an annual report to the commissioner on all transports. Annual reports for the year ending June 30 shall be due by September 30 each year. Reports shall include:
(1) number of transports per emergency medical service provider;
(2) number of prior arranged transports;
(3) number of transports not arranged prior to the call that results in dispatch;
(4) number of paramedic intercepts; and
(5) number of helicopter assists.

(f) Ownership of data. All raw data collected and maintained by the department or pursuant to a contract with the commissioner shall remain the property of the department. All raw data collected and maintained by a contractor independent of a contract with the commissioner shall remain the property of the contractor.
(Adopted effective March 22, 1995; amended effective September 6, 2005.)

## 19a-177-8. Prohibited acts

(a) No facility, institution or other entity shall represent itself to be a trauma facility unless it is designated as such by the OEMS.
(b) No designated trauma facility shall advertise services or capabilities for the treatment of trauma patients above those for which it has been designated.
(c) No EMS provider shall take a trauma patient meeting the criteria as determined by the field triage protocols to a hospital other than the facility identified by either protocol or medical direction.
(Effective March 22, 1995.)

## 19a-177-9. Investigations and disciplinary action

(a) The department may investigate any reported failure to comply with sections 19a-177-1 to 19a-177-9, inclusive, of the Regulations of Connecticut State Agencies. Failure to cooperate in providing documentation and interviews with appropriate department staff shall constitute grounds for disciplinary action.
(b) Based on findings in subsection (a) of this section, the commissioner may require a hospital to become reverified by the American College of Surgeons as a basis for continued designation as a trauma facility. The expenses of such reverification review shall be borne by the hospital.
(Adopted effective March 22, 1995; amended effective September 6, 2005.)

# Equipment Grants for Emergency Medical Services

## 19a-178b-1. Definitions

As used in section 19a-178b-1 to section 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Commissioner" means the Commissioner of Public Health;

(2) "Department" means the department of public health;

(3) "Equipment" means a nondisposable, reusable item used by emergency medical services personnel in providing direct patient care. Emergency medical services personnel includes Medical Response Technicians, Emergency Medical Technicians, Emergency Medical Technicians-Intermediate, and Paramedics;

(4) "Grant" means an award of money made by the commissioner in accordance with section 19a-178b of the Connecticut General Statutes, and sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies;

(5) "Grant cycle" means the twelve month period beginning on the first day of July following approval of a grant application and ending on the thirtieth day of June of the following year, unless otherwise provided in sections 19a- 178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies, or approved by the commissioner;

(6) "Grantee" means the emergency medical services organization to which a grant is awarded in accordance with sections 19a-178b-1 through 19a-178b- 6, inclusive, of the Regulations of Connecticut State Agencies. Emergency medical services organizations include licensed or certified First Responders, Basic Ambulance Services and Mobile Intensive Care Services which operate on a non-profit basis or are municipal entities;

(7) "Justification of need" means a written explanation submitted as part of a grant application; and,

(8) "Training equipment" means a nondisposable, reusable item used for the training of patient care skills in a program accredited or approved under sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies.

(Added effective August 15, 2000.)

## 19a-178b-2. General provisions

(a) The commissioner may award grants subject to the availability of funds for the program established pursuant to section 19a-178b of the Connecticut General Statutes and sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies.

(b) Grant proposals shall be solicited by the commissioner through such means of public notice as he deems appropriate, including, but not limited to major newspapers, trade publications, emergency medical services organizations, and industry newsletters.

(c) The commissioner shall, with the advice of the Connecticut Emergency Medical Services Advisory Board, establish a list of priorities in the types of grant projects eligible for funding.

(d) The commissioner, with review and comment of the regional emergency medical services councils, has sole discretion in approving or denying any, all, or a portion of a grant application.

(e) Grant funds shall be used solely to improve and expand prehospital emergency medical services in Connecticut.

(Added effective August 15, 2000.)

## 19a-178b-3. Criteria for eligibility

(a) The commissioner shall only approve grants for applicants who are eligible to be grantees pursuant to section 19a-178b of the Connecticut General Statutes, and sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies.

(b) All emergency medical service providers licensed or certified by the department under section 19a-180 of the Connecticut General Statutes shall be eligible to apply for and

receive grants under section 19a-178b of the Connecticut General Statutes, and sections 19a-178b-l through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies, if they operate on a nonprofit basis exclusively for the benefit of the general public or are municipal entities.

(c) In reviewing applications for grants, priority shall be given to those applicants which have underdeveloped or aged emergency medical equipment or systems.

(d) Grant funds shall not be used to replace, decrease or reallocate the existing, budgeted moneys of or provided to the emergency medical services provider by local governmental bodies.

(e) An eligible grantee shall comply with all applicable provisions of sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies. (Added effective August 15, 2000.)

## 19a-178b-4. Grant applications

(a) Grant applications shall be submitted on forms approved by the department.

(b) All grant applications shall bear the original signature of the chief executive officer of the applicant.

(c) A grant application shall be submitted on forms prescribed by the Office of Emergency Medical Services which shall include, at a minimum, the following documents and information:

- (1) federal tax identification number of the applicant;
- (2) contact person, address, and telephone number for the applicant;
- (3) category of grant to which application relates;
- (4) justification of need including:
  - (A) the demonstrated need within the community;
  - (B) the degree to which the proposal serves the state and regional emergency medical services system plan;
  - (C) the extent to which there is available adequate trained staff to carry out the proposal; and
  - (D) the population affected using the most recent population estimates by the department;
- (5) grant agreement form prescribed by the Office of Emergency Medical Services containing the applicant's agreement to comply with and be bound by all of the grant restrictions and requirements of sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies;
- (6) authorized signature of the chief executive officer of the applicant;
- (7) submission date of completed application;
- (8) approval of the chief elected official of the town or towns whose population is most directly affected by the grant; and
- (9) a proposed work plan for utilization of grant funds.

(d) Except as otherwise provided in sections 19a-178b-1 through 19a- 178b-6, inclusive, of the Regulations of Connecticut State Agencies, or approved by the commissioner, all grant applications shall:

- (1) be received by, or postmarked not later than, five p.m. of the second day of January in order to be considered for a grant cycle commencing on the first day of July of the same year; or
- (2) be received by, or postmarked not later than five p.m. of the next regular business day, for calendar years in which the second day of January is a Saturday or Sunday.

(e) Applications shall be submitted to the department, Office of Emergency Medical Services, at such address as is specified in the application form.

(f) The Office of Emergency Medical Services shall provide written verification to each applicant not later than thirty working days after receipt of an application package that satisfies the requirements of sections 19a- 178b-l through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies and shall within thirty working days forward a

complete copy of the grant application to the applicable regional council or councils for their review and comment. The written comment of the applicable regional councils shall be received in the Office of Emergency Medical Services not later than forty-five days after the council's receipt of said application.

(g) Notwithstanding the provisions of this section and sections 19a-178b-1 and 19a-178b-2 of the Regulations of Connecticut State Agencies, for the first round of grant awards to be distributed by the commissioner following the effective date of sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies, the commissioner shall establish an appropriate application deadline date and grant cycle and shall make a good faith effort to inform all potential grant applicants of the availability of grant funds, the application deadline, the dates of the grant cycle, and any other information he considers relevant.

(Added effective August 15, 2000.)

## 19a-178b-5. Grant restrictions and requirements

(a) Grant funds shall not be used for activities or purchases related to an approved grant project if such activities were commenced, or such purchases were made or obligated, prior to formal approval of the grant application by the commissioner.

(b) The commissioner shall have the discretion to restrict the type of expenses for which grant funds may be used. Unless otherwise authorized in writing by the commissioner, expenses for which grant funds shall not be used include the following:

(1) grant preparation or administration;
(2) salaries;
(3) meals or lodging;
(4) travel expenses;
(5) equipment to be used exclusively by one individual;
(6) capital project expenditures including the purchase or construction of buildings or structures;
(7) purchase or lease of real property or vehicles;
(8) operation expenses not related to the improvement or expansion of prehospital emergency medical services in Connecticut.

(c) Grants awarded for emergency medical services training shall be used only for tuition and fees, books, materials, and other expenses related directly to participation in the training program.

(d) Grant funds shall only be expended by the grantee to which the grant is awarded. Failure to comply with this requirement shall be considered to be misappropriation of funds and shall result in forfeiture of unexpended grant funds. The grantee shall be obligated to repay any funds determined by the commissioner to have been inappropriately expended.

(e) A grantee who expends grant funds for purposes other than those authorized under sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies and approved by the commissioner shall be subject to forfeiture of unexpended funds, repayment of any grant funds determined by the commissioner to have been used for an unauthorized purpose, and at the commissioner's discretion, considered ineligible for funding in future grant cycles.

(f) Within seven days after requested by the commissioner or his designee, a grantee shall supply original or verifiable copies of all receipts and other appropriate documentation related to disposition of the grant funds.

(g) Except as otherwise provided in sections 19a-178b-1 through 19a- 178b-6, inclusive, of the Regulations of Connecticut State Agencies, all grant funds must be expended or obligated by a grantee within the twelve month grant cycle for which they were awarded.

(h) Any grant funds not expended or obligated on the final day of the grant cycle shall be remitted to the department not later than thirty days following the end of the grant cycle.

(1) A grantee who fails to expend the full amount of a grant shall not be adversely impacted in future grant cycles provided that all unexpended grant funds are

remitted to the department.

(2) A grantee who fails to remit unexpended grant funds as provided in sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies shall be considered ineligible for funding in future grant cycles until such time as unexpended funds are remitted to the department.

(i) A final report accounting for all grant funds expended by a grantee shall be submitted to the commissioner or his designee not later than thirty days after the end of the grant cycle.

(j) All expenditures and disbursements of grant funds by a grantee shall be subject to generally accepted accounting principles.

(Added effective August 15, 2000.)

## 19a-178b-6. Categories of grants

(a) Subject to the general provisions of sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies, and to the availability of funds, the commissioner may review and award grants in any or all of the following categories:

(1) personnel training;

(2) training equipment;

(3) patient care equipment;

(4) research projects;

(5) local system development projects; and

(6) any other category that the commissioner determines is consistent with the terms of section 19a-178b of the Connecticut General Statutes.

(b) Equipment may be purchased with grant funds provided that the purchase satisfies all of the following:

(1) The equipment is not intended for use, nor will be used, exclusively by one individual;

(2) The grantee provides assurances that the equipment will be retained by the grantee and used in accordance with the terms of the grant award for the useful life of the equipment;

(3) Grant funds represent not more than seventy per cent (70%) of the total purchase or acquisition price;

(4) The grantee provides, or secures from other funding sources, the balance of funding for the purchase or acquisition of equipment;

(c) Unless otherwise expressly waived by the commissioner, grants awarded for research projects are subject to all of the following:

(1) Grant funds may not be used to purchase or acquire equipment for use in research projects, however, grant funds may be used to defray the costs of renting or leasing equipment involved in a research project;

(2) Grantee shall comply with all state and federal statutes and regulations applicable to the project;

(3) All data and information resulting from such research projects shall be available for use by the State of Connecticut, Department of Public Health; and

(4) Grantee shall submit to the commissioner a final report on any findings and conclusions of the research project not later than one hundred and twenty days after completion of the project.

(d) In a given grant cycle, the commissioner shall award not more than ten per cent (10%) of available grant funds, as determined in accordance with sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies, to applicants for research project grants.

(Added effective August 15, 2000.)

## Office of Emergency Medical Services

### 19a-179-1. Emergency medical services regulations. Definitions

Those definitions set forth in C.G.S. Sec. 19a-175 shall govern the provisions of these regulations, in addition to the following:

(a) "Activation time" means the measure of time from notification to the EMS provider that an emergency exists, to the beginning of the response of the emergency vehicle.

(b) "Advertising" means the promotion or announcement of one's business name and services in a manner intended to attract members of the public to use such business services.

(c) "Commissioner" means the commissioner of health services as defined in Sec. 19a-175 of the C.G.S.

(d) "Council" means regional emergency medical services council.

(e) "Director" means the director of the office of emergency medical services (OEMS).

(f) "Dispatch Center" means the organization responsible for receiving emergency calls and notifying the appropriate emergency medical service providers of such calls for help, and assigning them to respond to such calls.

(g) "Emergency Medical Services Provider" or "EMS Provider" mean' a person, association, or organization who provides immediate and/or life saving transportation and medical care away from a hospital to a victim of sudden illness or injury, and who may also provide invalid coach services.

(h) "Emergency Medical Services Instructor" or "EMS-I" means an individual who has successfully completed the requirements of Sec. 19a-179-16 (d) of these regulations and is certified by the office of emergency medical services to teach, supervise and conduct courses in EMS training programs.

(i) "Emergency Medical Technician" or "EMT" means an individual who has successfully completed the requirements established by Sec. 19a-179-16 (b) of these regulations and is certified as an EMT by the office of emergency medical services.

(j) "Emergency Medical Technician-Intermediate" or "EMT-I" means an individual who has successfully completed the requirements established by Sec. 19a-179-16 (c) of these regulations and is certified as an EMT-I by the office of emergency medical services.

(k) "Emergency Medical Technician-Paramedic" or "EMT-P" means an individual who has successfully completed the requirements established by Sec. 19a-179-16 (c) of these regulations and is certified as an EMT-P by the office of emergency medical services.

(l) "First Responder" means the EMS provider who is notified for initial response to a victim of sudden illness or injury.

(m) "Invalid Coach Transportation" means transportation to or from a private home, health care facility, or hospital for examination, diagnosis treatment, therapy or consultation. Invalid Coach transportation is only to include the transportation of non-stretcher patients for whom the need for resuscitation, suctioning, or other emergency medical care or continuous observation is not evident.

(n) "Medical Communications Coordination Center" means an organization responsible for the coordination of medical frequencies to ensure allocation of such frequencies on a priority basis to EMS personnel requesting communications with a medical facility.

(o) "Medical Control" means the active surveillance by physicians of mobile intensive care sufficient for the assessment of overall practice levels as defined by statewide protocols.

(p) "Medical Direction" means the provision of medical advice, consultation, instruction and authorization to appropriately trained or certified personnel by designated staff members at sponsor hospitals.

(q) "Medical Response Technician" or "MRT" means an individual who has successfully completed the requirements established by Sec. 19a-179-16 (a) of these regulations and is certified as an MRT by the office of emergency medical services.

(r) "Mobile Intensive Care" or "MIC" means pre-hospital care involving invasive or definitive skills, equipment, procedures, and other therapies.

(s) "Mobile Intensive Care Medical Director" means a physician on the staff of the sponsor hospital, appointed by the sponsor hospital to be medically responsible for the facility's participation in the mobile intensive care system.

(t) "Mobile Intensive Care Service" means the organized provision of intensive, complex prehospital care, consistent with acceptable emergency medical practices, utilizing qualified personnel supervised by physicians and hospitals as part of a written emergency medical services agreement with the mobile intensive care provider.

(u) "Mobile Intensive Care Unit" means an emergency vehicle equipped in accordance with Sec. 19a-179-18 (b) of these regulations and operated by a mobile intensive care provider.

(v) "Mutual Aid" means a written agreement between emergency medical service providers or among a group of such providers to ensure cooperative aid in times of need.

(w) "Office of Emergency Medical Services" or "OEMS" means the office established within the department of health services pursuant to C.G.S. Sec. 19a-178.

(x) "Primary Service Area Responder" or "PSAR" means the designated EMS provider for first call in a primary service area.

(y) "Primary Service Area" or "PSA" means a specific municipality or part thereof, to which one designated EMS provider is assigned for each category of emergency medical response services.

(z) "Regional Medical Advisory Committee" or "RMAC" means a committee composed of physicians and other members appointed by the regional emergency medical services council, for the purpose of advising the council on medical practices and medical quality assurances.

(aa) "Regional Medical Director" means a physician licensed to practice medicine in Connecticut who is authorized by the council to develop and represent council positions on medical matters.

(bb) "Response Time" means the total measure of time from notification to the EMS provider that an emergency exists, to arrival of the EMS provider, at the patient's side, and is the total of "activation time" and "travel time.

(cc) "Sponsor Hospital" means a hospital which has agreed to maintain staff for the provision of medical control to emergency medical service providers and which has been approved by OEMS in accordance with Sec. 19a-179-12 (a) (7) of these regulations.

(dd) "State Medical Advisory Committee" or "SMAC" means a committee composed of the medical directors of each regional emergency medical Services council and the medical director of OEMS, for the purpose of advising the OEMS on medical matters within the emergency medical services system in the state.

(ee) "Travel Time" means the measure of time from the beginning of the response of the emergency vehicle to arrival on scene.

(Effective June 14, 1988; Amended July 2, 1993.)

## 19a-179-2. Regional emergency medical services councils

(a) There shall be a regional emergency medical services council in each EMS region of the state, such regional council boundaries shall be designated by the commissioner. Each council shall provide advice and guidance on policy to OEMS and the regional coordinator as to the regional problems, needs, and priorities in the area of emergency medical services.

(b) Opportunity for membership on each council shall be available to all appropriate representatives of emergency medical services including, but not limited to, one representative from each of the following:

(1) Local governments;

(2) Fire service and law enforcement officials;

(3) Medical and nursing professions, including mental health, paraprofessional and other allied health professions;

(4) Providers of ambulance services, certified and licensed;

(5) Institutions of higher education;

(6) Consumers

(c) Each regional emergency medical services council shall consider matters of policy and priority regarding emergency medical services within its region and shall annually develop an EMS plan for its region and submit the plan annually to OEMS.

(d) The Council shall submit to OEMS for its approval information concerning its organizational structure, membership, officers and by-laws pursuant to C.G.S. Sec. 19a-183. Any changes in this submitted information shall be forwarded to OEMS quarterly.

(e) Each regional council shall review and within sixty (60) days forward to the commissioner, together with its recommendations, all grant and contract applications for federal and state funding pertaining to emergency medical services.

(Effective June 14, 1988.)

## 19a-179-3. Regional EMS coordinators

(a) There shall be a regional EMS coordinator in each region who shall be appointed by the regional EMS council, subject to the Commissioner" approval that the EMS coordinator can perform the duties in this section in a manner as to enhance the EMS system. In those regions where no regional EMS council exists, such coordinator shall be appointed by the commissioner.

(b) The regional EMS coordinator shall be responsible for the following:

(1) Facilitating the work of the regional EMS council in developing the plan for the coordination of emergency medical services within the region;

(2) Implementing the regional EMS plan;

(3) Continuous monitoring and evaluation of all emergency medical services in that region;

(4) Making a complete inventory of all personnel, facilities and equipment within the region related to the delivery of emergency medical services pursuant to guidelines established by the commissioner.

(5) Maintaining liaison with the director of OEMS or his or her designee;

(6) Acting as staff for the council;

(7) Coordinating EMS planning activities related to disasters and mass casualty events and assisting in the establishment of mutual aid agreements; and

(8) Performing such other duties as are negotiable between the council and the commissioner.

(Effective June 14, 1988.)

## 19a-179-4. Primary service area responder (PSAR)

(a) OEMS shall assign, in writing, a primary service area responder for each primary service area. All municipalities within the State of Connecticut shall be covered by said assignments. Primary service area responders shall be either licensed or certified by OEMS pursuant to C.G.S. Sec. 19a-180. An express condition of licensure or certification as an emergency medical service provider shall be the availability and willingness of the emergency medical service provider to properly carry out any PSAR assignment made by OEMS pursuant to this section of these regulations.

(b) The factors to be considered by OEMS in assigning any emergency medical services provider as a PSAR shall be as follows:

(1) Size of population to be served;

(2) Effect of proposed PSAR assignment on other emergency medical service providers in the area;

(3) Geographic locations of the proposed PSAR provider;

(4) The proposed PSAR's record of response time;

(5) The proposed PSAR's record of activation time;

(6) The proposed PSAR's level of licensure or certification; and,

(7) Other factors which OEMS determines to be relevant to the provision of efficient and effective emergency medical services to the population to be served. Prior to such assignment, OEMS shall solicit the advice and recommendation of the

appropriate regional council and the chief administrative official of the municipality in which the PSAR lies for consideration in light of the above factors.

(c) Each PSAR shall be assigned to only one designated response service for each given category of service available. Any circumstances under which another designated response service would receive first call priority, such as central dispatch sending the closest available vehicle, shall be stipulated in the assignment of the PSAR.

(d) A PSAR assignment may be withdrawn when it is determined by OEMS that it is in the best interests of patient care to do so. Upon transmittal to OEMS of the recommendation of the appropriate regional council, along with reasons in support of said recommendation, that withdrawal of a PSAR assignment is appropriate, OEMS shall institute proceedings pursuant to C.G.S. Sec. 19a-177 through Sec. 19a-182, inclusive, and the applicable regulations of the department of health services promulgated thereunder. The regional council and the designated primary service area responder shall be permitted to present evidence and arguments to the commissioner in support of their respective positions. Upon consideration of the council recommendation and any other evidence or argument presented, the commissioner shall make a decision, in writing, whether to withdraw the assignment. If an assignment is withdrawn, OEMS shall at the same time assign the PSAR responsibility to another provider. The commissioner may initiate such proceedings without being requested to do so by the council, but shall notify the council of its intent.

(e) Where the chief administrative official of the municipality in which the PSA lies can demonstrate to the commissioner that an emergency exists and that the safety, health and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, that chief administrative official may petition the commissioner in writing, to suspend the assignment immediately. In such cases, the chief administrative official shall develop a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities. Upon a finding that an emergency exists and that the safety, health, and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, the commissioner may suspend the assignment immediately and order a plan for alternative provision of emergency medical services, pending prompt compliance with the requirements of the subsection (d) above.
(Effective June 14, 1988.)

## 19a-179-5. Licensure and certification

(a) Any person wishing to provide emergency medical services shall apply to the OEMS for a license or a certificate as appropriate to the service offered in accordance with C.G.S. Sec. 19a-180 and any regulations promulgated thereunder. All response services shall apply to the OEMS indicating that such service is a duly incorporated agency under Connecticut law, with a chief executive officer who shall sign the application for certification or licensure and who is specifically accountable for the EMS operations as such agency, or that such service is a duly designated element of a governmental body with a chief executive officer who shall sign the application for certification or licensure and with an officer of the agency who shall be directly responsible for EMS operations of that agency. Such application shall be made on forms provided by the OEMS and shall contain sufficient information to establish that the proposed service complies with all limitations, conditions and procedures required by the OEMS in accordance with C.G.S. Sec. 19a-175 through Sec. 19a-179, inclusive, Regulations of Connecticut State Agencies, Sec. 19a-180-1 to 19a-180-10, inclusive and these regulations.

(b) Each service holding a license shall apply on forms provided by the OEMS for renewal of such license not later than December 31st of each calendar year. Each service holding a certificate of operation shall apply on forms provided by the OEMS for renewal of such certificate not later than the last day of each assigned quarter during the calendar year. Applications for annual licensure or certification renewal shall include the following information:

(1) Services to be provided;
(2) Address of business location;
(3) Total number of EMS vehicles, by category;
(4) Certificates of malpractice and public liability insurance;
(5) Name and address of any owner of the service in the case of a commercial service, and the names and addresses of its officers if the owner is a corporation, or the name and address of officers in the case of a volunteer service, or the name and address of the chief elected official and any other municipal service;
(6) Agent for service of process and all other official notices required pursuant to C.G.S. Sec. 19a-175 through Sec. 19a-199, inclusive, and any regulations promulgated thereunder;
(7) For licensed service only, payment of the one hundred dollar ($100.00) annual fee imposed by C.G.S. Sec. 19a-180. The renewal application shall be signed by the chief executive officer.

(c) Issuance and renewal of licenses or certificates.
(1) Upon determination by OEMS that an applicant is in compliance with all applicable statutes and regulations, OEMS shall issue a license or certificate, or a renewal of license or certificate, to operate the service for a period not to exceed twelve (12) months.
(2) A license or certificate shall be issued in the name of the service applying for a license or certificate.
(3) The license or certificate shall not be transferable to any other person or service except as provided by Sec. 19a-180-1 through Sec. 19a-180-10, inclusive, of the Regulations of Connecticut State Agencies.

(d) Change in status.
(1) Any change of ownership, services provided, number of vehicles or location shall require a new license or certificate to be issued. The licensee or certificate holder shall apply to OEMS in writing prior to the implementation of any such change.
(2) Any change in other information required by Sec. 19a-179-5 (b) (1) through (6), inclusive shall be reported to OEMS within ten (10) business days of the implementation of any such change.

(e) Change of Ownership for emergency medical service organizations holding a primary service area.
(1) The intended purchaser of any licensed or certified emergency medical service organization holding a primary service area shall:
(A) At least 30 days prior to the intended date of purchase, provide the Department with a written notice of intent to purchase said business.
(B) Complete an "Intent to Purchase" form provided by the Department, which shall include, at a minimum, the following:
(i) Name of business to be purchased;
(ii) A detailed description of what is included in the transaction;
(iii) A description of the geographic boundaries of the Primary Service Area(s) served by the business to be purchased;
(iv) Attestation from the purchaser and the chief administrative official of the municipality in which the Primary Service Area lies, on forms provided by the Department. Said attestation shall indicate that the purchaser has agreed to meet or exceed the performance standards to which the purchased emergency medical service organization was obligated pursuant to its agreement with the municipality. A separate attestation form shall be used for each municipality included in the transaction.
(C) Comply with all state laws and regulations governing licensing or certification of emergency medical services organizations.
(2) A change of ownership of any licensed or certified emergency medical service organization shall not occur unless all provisions of this section are met.

(Effective June 14, 1988; Amended effective September 27, 2001.)

## 19a-179-6. When license or certification not required

When an ambulance service which is operated from a location or headquarters outside the State of Connecticut provides emergency medical services inside of the State of Connecticut, no license or certificate shall be required of the service or its personnel under C.G.S. Sec. 19a-180 with respect to the following activities of such ambulance service:

(a) Transporting a patient from a location outside the state to a location within the state; or,
(b) Transporting a patient from a location within the state to location outside the state; or,
(c) Utilization within Connecticut for assistance during times of mutual aid mass casualty or disaster situations; or,
(d) Responding in this state in accordance with a written mutual aid agreement which has been approved by OEMS.

(Effective June 14, 1988.)

## 19a-179-7. Records

(a) Each licensed or certified emergency medical service shall maintain for a period of at least five (5) years, records on each person employed by the service in a paid or unpaid capacity. Such records shall include at least the following information:
    (1) Name;
    (2) Address and telephone number;
    (3) Type and date of training; and,
    (4) Certification levels, including date of issuance and renewal.
(b) Each licensed and certified emergency medical service shall maintain, for a period of at least seven (7) years, records on each request for service. Such record shall include at least the following information:
    (1) Name;
    (2) Date;
    (3) Time of notification;
    (4) Time of response;
    (5) Location of response;
    (6) Time of arrival at scene;
    (7) Patient condition upon arrival for emergency patients;
    (8) Treatment rendered;
    (9) Destination location; and,
    (10) Time of arrival at destination;
(c) Licensed and certified emergency medical service providers shall maintain all business records, including those required to be maintained by this section, at the business location set forth on the most recent licensure or certification application or renewal form.
(d) All records maintained by a licensed or certified emergency medical services provider, including those required to be maintained by this section shall be subject to routine inspection by the OEMS upon reasonable notice to the service. In cases involving investigations by the OEMS, such records shall be made available to the OEMS during normal business hours, without prior notice. The failure to grant OEMS access to such files shall be grounds for suspension or revocation of a license or certificate.

(Effective June 14, 1988.)

## 19a-179-8. Accident reports

Each ambulance service or invalid coach service shall report to OEMS, in writing, within ten (10) business days of occurrence, any accident which has been deemed by the law enforcement agency or primary jurisdiction to be the fault of the service or which has resulted in personal injury, or property damage estimated to be in excess of six hundred dollars ($600.00), or both. Such report shall include a copy of the accident investigation report by the investigating law enforcement officer or a copy of the report filed with the Connecticut department of motor vehicles by the driver of the vehicle involved.

(Effective June 14, 1988.)

## 19a-179-9. Specifically prohibited acts

(a) No person acting as an emergency medical service provider shall possess or carry dangerous weapons such as firearms, night sticks, explosive devices or knives with blades over four (4) inches long in an emergency medical service vehicle. This provision shall not apply to sworn law enforcement officers while on duty as such.

(b) No person acting as an emergency medical service provider shall possess or carry handcuffs. Nor shall any person possess or carry any other restraint devices except those approved by OEMS in accordance with subsection 19a-179-18 (a) (2) (R) of these regulations. This provision shall not apply to sworn law enforcement officers while on duty as such.

(c) No person shall smoke in the patient compartment of an emergency medical service vehicle.

(d) No person, organization, association or entity shall represent itself as being recognized by the OEMS unless it has in its possession a current certificate or license issued by OEMS.

(e) No person shall represent herself or himself to be an "MRT," "medical response technician," "EMT," "emergency medical technician," "intermediate" or "paramedic" unless she or he is currently certified as such by OEMS in accordance with these regulations.

(f) No person engaged in the provision of emergency medical services shall commit an act which is detrimental to the safety, health, or welfare of a patient or the general public.

(g) No person, acting as part of the emergency medical services system, shall perform treatment methods unless she or he is certified by the OEMS at a level which allows such performance.

(h) No person, acting as part of the emergency medical services system, shall perform treatment methods beyond that for which the responding service is certified.

(i) No person, regardless of certification, shall independently perform treatment methods identified in Sec. 19a-179-12 (b)unless acting as part of the emergency medical services system, in accordance with Sec. 19a-179-12.
(Effective June 14, 1988.)

## 19a-179-10. Categorization of and staffing requirement for services

(a) First Responder. A first responder service shall have the capability of providing at least the following at the scene of each EMS call to which it responds:
- (1) Personnel
  - (A) One medical response technician (MRT) who:
    - (i) Is certified in accordance with Sec. 19a-177-16 (a) of these regulations; and
    - (ii) Has the ability to respond to EMS calls with a two-way radio compatible with the first responder service dispatcher.
- (2) Supplies.
  - (A) Bandaging material and dressing sufficient to control hemorrhage;
  - (B) Oropharyngeal or mouth-to-mouth airways in infant, child and adult sizes. Such airways shall be nonrigid and nonmetal in construction;
  - (C) Portable oxygen administration apparatus with 30 minutes supply at 7 lpm flow rate, which is operable totally detached from the parent vehicle. Such unit shall be capable of accepting attachment to a nasal cannula, mouth/nose mask or as enrichment feed to a forced ventilation unit.

(b) Basic Ambulance Service. A basic ambulance service shall have the capability of providing at least the following at the scene of each EMS call to which it responds:
- (1) Minimum Personnel
  - (A) One medical response technician (MRT) who is certified in accordance with Sec. 19a-179-16 (a) of these regulations; and
  - (B) One emergency medical technician (EMT) who:

(i) Is certified in accordance with Sec. 19a-179-16 (b) of these regulations; and
(ii) Shall attend the patient in the patient compartment of the ambulance at all times.

(2) Basic ambulance service vehicles shall comply with Sec. 19a-179-18 (a) of these regulations.

(c) Mobile Intensive Care-Intermediate Level-(MIC-I). A MIC-I level shall have the capability of providing at least the following at the scene of each EMS call to which it responds.
(1) One emergency medical technician (EMT) who is certified in accordance with Sec. 19a-179-16 (a) of these regulations
(2) One emergency medical technician-intermediate (EMT-I) who:
(A) Is certified in accordance with Sec. 19a-179-16 (c) of these regulations; and
(B) Shall attend the patient in the patient compartment of the ambulance at all times.
(3) MIC-Intermediate level vehicles shall comply with Sec. 19a-179-18 (b) of these regulations.

(d) Mobile Intensive Care-Paramedic Level-(MIC-P). A MIC-P service shall have the capability of providing at least the following at the scene of each EMS call to which it responds:
(1) A minimum of one (1) basic EMT, certified in accordance with Sec. 19a-179-16 (b) of these regulations, and one (1) EMT-P, certified in accordance with Sec. 19a-179-16 (c) of these regulations. The EMT-P shall provide advanced level skills; and
(2) MIC-P service vehicles shall comply with Sec. 19a-197-18 (b) of these regulations.

(e) Invalid Coaches. An invalid coach service shall have the capability of providing at least the following for each request for service to which it responds.
(1) Within ninety (90) days of effective date of these regulations, a minimum of one person trained in CPR in accordance with standards of the American Heart Association or the American Red Cross, and who may also serve as the driver.
(2) An invalid coach vehicle shall comply with Sec. 19a-179-18 (c) of these regulations.

(f) A service may be licensed/certified in one or more categories of service.
(Effective June 14, 1988.)

## 19a-179-11. Availability of response services

Each basic ambulance service and mobile intensive care service shall be prepared to respond to calls for emergency services originated from an EMS dispatch center for its primary service area on a 24 hour a day, 7 day a week, basis, or arrange with other certified or licensed response services to offer coverage for its PSA during nonoperational hours with no reduction in level of service. If such arrangement with other services is necessary, a copy of a written agreement between the services to that effect shall be enclosed in the response service's application, described in Sec. 19a-179-5 of these regulations. The following requirements shall be followed in carrying out the requirement set forth above:

(a) If a service has only one ambulance in operation or only one crew available to respond to calls, and the service is the only service within a municipality, that ambulance and crew shall be reserved for emergency calls within the service's PSA, or for calls for mutual aid.

(b) If a service has only one ambulance in operation but there are other licensed or certified services based within the municipality, the service may use its only ambulance for rendering service other than emergencies only if the service first determines that there is an ambulance and crew available from the other service within the municipality to respond to emergencies.

(c) If a service has only one ambulance in operation but there is a written mutual aid agreement in effect for basic ambulance coverage from an adjacent PSA service and

there is a designated first responder service in the municipality, the service may make its only vehicle available for rendering service other than emergencies.

(d) Each response service shall maintain contact with the dispatch center concerning the location and availability of system vehicles.

(Effective June 14, 1988.)

## 19a-179-12. Mobile intensive care services (MICS): MICS authorization for patient treatment and establishment of mobile intensive care services

(a) Establishment of Mobile Intensive Care Services

(1) A proposal for the establishment of a mobile intensive care service (MICS) shall be submitted to OEMS at least 45 days prior to its anticipated implementation. This proposal must contain:

(A) A plan identifying the relationship between the MICS applicant and the sponsor hospital. This relationship shall be documented by a written agreement between the MICS applicant and the hospital's chief executive officer, and the proposal shall include a copy of this agreement. This agreement shall specifically include the standards for MIC personnel and programs set forth in Secs. 19a-179-10, 19a-179-16 and 19a-179-17 of these regulations.

(B) A statement that the MICS will provide adequate and qualified personnel to ensure that the MICS will be continuously available on a 24 hour a day, 7 day a week, basis.

(2) OEMS will notify the appropriate regional council within five (5) days of receipt of an MICS application. Each regional council will consider the application and make its recommendations to OEMS within forty (40) days. Where a regional council recommendation is not adopted, OEMS will provide written comments to the appropriate regional council.

(3) MIC activities shall be subject to medical control and direction by sponsor hospitals.

(4) MIC personnel shall be under the supervision and direction of a physician at the sponsor hospital from which they are receiving medical direction.

(5) MIC services shall be under the control of the MIC medical director, or his or her designee, such as an on-line emergency department staff member.

(6) To be approved by the OEMS as a sponsor hospital, a hospital must:

(A) Be licensed under C.G.S. Sec. 19a-490 through Sec. 19a-493, inclusive;

(B) Appoint an emergency department staff person as liaison to the MIC personnel;

(C) Have two-way radio communications system interface with the capability to provide prehospital medical direction;

(D) Appoint an MIC medical director who shall be responsible for the following:

(i) Appropriateness of current operating protocols.

(ii) Assurance of medical supervision and training of MIC personnel.

(iii) Review of MIC personnel medical performance.

(iv) Withholding of medical authorization and the recommendation of suspension of MIC personnel from the system when in the interest of patient care, in accordance with Sec. 19a-179-15 (c) of these regulations on licensure and certification.

(7) Each sponsor hospital must provide OEMS with documentation that shall include:

(A) A description of the role that the hospital is to have in the MIC system.

(B) A description of the procedures to be followed by MIC personnel in obtaining medical direction.

(C) The treatment protocols to be used.

(D) Procedure for modification of treatment protocols.

(E) A description of the quality assurance function.

(8) Upon completion of the requirements of subdivisions (5) and (6) above, OEMS shall approve the hospital as a sponsor hospital. Such approval shall continue so long as:

(A) The hospital continues to meet the requirements of subdivision (5) above, and

(B) The hospital notifies OEMS of any changes in the information supplied to OEMS pursuant to subdivision (6) above within thirty (30) days thereof.

(9) Any service providing mobile intensive care on the effective date of these regulations shall have twelve (12) months to comply with these regulations.

(b) MICS Authorization for Patient Treatment

(1) Certified MIC personnel functioning with an approved MICS are authorized to perform the following medical care treatments under medical control:

(A) EMT - Intermediates (EMT-I's) may:

(i) Administer intravenous solutions.

(ii) Apply pneumatic antishock garment.

(iii) Perform pulmonary ventilation by esophageal obturator airway or gastric-gastric tube airway.

(B) EMT - Paramedics (EMT-P's) may:

(i) Administer intravenous solutions.

(ii) Perform pulmonary ventilations by intubation.

(iii) Apply pneumatic antishock garment.

(iv) Administer parenteral medication included in approved protocols.

(v) Perform cardiac defibrillation.

(vi) Perform other procedures and treatments as indicated by patient need when consistent with training and ability and protocols.

(2) Persons other than certified MIC personnel who function with an approved MICS may be authorized to perform any of the medical care treatments under medical control set forth in subsection (b) (1) above provided that:

(A) all other criteria of this section are met; and,

(B) prior application is made and written approval of OEMS is obtained based on its determination that such personnel can perform said treatments at least as proficiently as persons who are certified. Such persons shall be registered but not certified by OEMS.

(3) Prior to licensure or certification, a MICS must submit a roster of its mobile intensive care personnel to its sponsor hospital and to OEMS. The roster must be corrected as changes occur.

(c) Any service licensed or certified on the effective date of these regulations shall have twelve (12) months to comply with Sec. 19a-179-12 (a) of these regulations.
(Effective June 14, 1988.)

## 19a-179-13. Release of care to physician on scene

EMS personnel may release patient care responsibility to an on-scene physician only after:

(a) The physician has been identified as a Connecticut licensed physician and has offered some form of identification, such as a driver's license, which confirms the credentials; and,

(b) Obtaining from the physician a commitment to accompany the patient to the hospital in the vehicle transporting the patient; and,

(c) Having the physician speak directly to the person responsible for medical direction and receiving authority to release the patient.
(Effective June 14, 1988.)

## 19a-179-14. Personnel equivalency

(a) EMT personnel are qualified and authorized to perform the functions of MRT personnel.

(b) EMT-I, and EMT-P personnel are qualified and authorized to perform the functions of EMT personnel.

(Effective June 14, 1988.)

## 19a-179-15. Reprimand, suspension, revocation of a license or certificate

(a) The commissioner of health services, after a hearing, may issue a written reprimand to, or suspend or revoke a license or certificate of, any emergency medical services provider, or may temporarily or permanently suspend from practice any emergency medical service provider in any case in which he finds that there has been a substantial failure to comply with the requirements established under C.G.S. Secs. 19a-175, to 19a-199, inclusive, and these regulations, or in which he finds that the provider has failed to maintain the standards of the emergency medical services profession. Notice of such hearing to the holder of a license or certificate shall be effected by registered or certified mail or by personal service, setting forth the particular reasons for the proposed action and fixing a date, not less than thirty days from the date of such mailing or service, at which the holder of such license or certificate shall be given an opportunity for a hearing. Such hearing may be conducted by the commissioner of health services, a deputy commissioner, or by a member of the department of health services designated by said commissioner. On the basis of such hearing, or upon default of the holder of such license or certificate, the person conducting such hearing shall specify his findings and conclusions, and said department may, upon the basis of such findings and conclusions, revoke or suspend the license or certificate or take any interaction it deems necessary. A copy of such decision shall be sent by registered or certified mail or served personally upon the holder of such license or certificate. The procedure governing hearings authorized by this section shall be in accordance with C.G.S. Secs. 4-177 to 4-182, inclusive, and with Secs. 19-2a-1 to 19-2a-41, inclusive, of the Regulations of Connecticut State Agencies. A full and complete record shall be kept of all proceedings. A copy or copies of the transcript may be obtained by any interested party on payment of the cost of preparing such copy of copies.

(b) A MIC medical director may withhold medical authorization from, and may recommend to OEMS and the regional medical director the removal from practice of, any MIC level personnel or service when such personnel or service act in a manner which evidences incompetence, negligence, or otherwise poses a threat to public health or safety or which is contrary to medical direction.

(Effective June 14, 1988.)

## 19a-179-16. [Repealed.]

(Repealed effective December 29, 2000.)

## 19a-179-16a. Minimum personnel qualifications--certification and licensure

(a) Medical Response Technician.

(1) In order to qualify for initial medical response technician certification, or for current certification of a lapsed certificate, an applicant shall meet one of the following requirements:

(A) successfully complete, within twelve months of the date of application for certification, a training program, which if offered outside Connecticut, adheres to a United States Department of Transportation, National Highway Traffic Safety Administration, First Responder National Standard Curriculum and includes an examination. A training program offered in Connecticut shall be approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies and shall include an examination approved by the Department;

(B) hold current certification as a person entitled to perform similar services

under a different designation by the National Registry of Emergency Medical Technicians or its successor organization as approved by the Department, or by a state which maintains certification requirements equal to or higher than those in this state; or

(C) have held emergency medical technician certification pursuant to section 19a-179-16a(b) of the Regulations of Connecticut State Agencies or emergency medical technician-intermediate pursuant to section 19a-179-16a(c) of the Regulations of Connecticut State Agencies or paramedic licensure pursuant to chapter 384d of the Connecticut General Statutes and completed the examination required in subparagraph (A) of this subdivision.

(2) In order to qualify for recertification an applicant shall meet the following requirement:

(A) complete a minimum of fifteen hours of refresher training, approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed twenty-four months for the period starting with the date of the initial certification and extending through the end of the sixth consecutive year of certification. Starting in the seventh year of certification and thereafter, an applicant shall complete fifteen (15) hours of refresher training, approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed thirty-six months. Refresher training programs shall include both written and practical testing;

(B) individuals may complete one out-of-state refresher training program throughout the lifetime of the certificate which may be accepted in lieu of a refresher training program required pursuant to section 19a-179-16a(a)(2)(A) of the Regulations of Connecticut State Agencies provided:

(i) the individual is currently certified as a medical response technician or as a person entitled to perform similar services under a different designation in another state;

(ii) the refresher training program is equal to the refresher training program required pursuant to section 19a- 179-16a(a)(2)(A) of the Regulations of Connecticut State Agencies; and

(iii) the refresher training program is approved by the approved regulatory body of such other state.

(3) No certificate shall be issued to a person applying for certification pursuant to section 19a-179-16a(a)(1) of the Regulations of Connecticut State Agencies against whom a complaint is pending adjudication in another state or with the Department of Public Health.

(b) Emergency Medical Technician

(1) In order to qualify for initial emergency medical technician certification, or for current certification of a lapsed certificate, an applicant shall successfully complete a written and practical examination prescribed by the Department and meet one of the following requirements:

(A) successfully complete a training program which, if offered outside Connecticut, adheres to the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician National Standard Curriculum. A training program offered in Connecticut shall be approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies;

(B) hold current certification to perform similar services under a different designation by the National Registry of Emergency Medical Technicians or its successor organization as approved by the Department, or by a state which maintains certification requirements equal to or higher than those in this state; or

(C) hold a current unrestricted Connecticut registered nurse, advanced practice registered nurse, physician/surgeon, or physician assistant license and complete a minimum of twenty-five (25) hours of refresher training, approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies.

(2) In order to qualify for recertification, an applicant shall meet one of the following requirements:

(A) complete a minimum of twenty-five (25) hours of refresher training, approved by the Department pursuant to section 19a- 179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed twenty-four months for the period starting with the date of the initial certification and extending through the end of the sixth consecutive year of certification. Starting in the seventh year of certification and thereafter, an applicant shall complete twenty-five (25) hours of refresher training, approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed thirty-six months. Such refresher training programs shall include both written and practical testing;

(B) successfully complete the examination required pursuant to section 19a-179-16a(b)(1) of the Regulations of Connecticut State Agencies at intervals not to exceed twenty-four months for the period starting with the date of the initial certification and extending through the end of the sixth consecutive year of certification. Starting in the seventh year of certification and thereafter, an applicant shall complete the examination required pursuant to section 19a-179-16a(b)(1) of the Regulations of Connecticut State Agencies, at intervals not to exceed thirty-six months;

(C) individuals may complete one out-of-state refresher training program throughout the lifetime of the certificate which may be accepted in lieu of a refresher training program required pursuant to section 19a-179-16a(b)(2)(A) of the Regulations of Connecticut State Agencies provided: (i) the individual is currently certified as an emergency medical technician or as a person entitled to perform similar services under a different designation in another state; (ii) the refresher training program is equal to the refresher training program required pursuant to section 19a-179-16a(b)(2)(A) of the Regulations of Connecticut State Agencies; and (iii) the refresher training program is approved by the appropriate regulatory body of such other state; or

(D) an applicant who is certified as an emergency medical services-instructor issued pursuant to section 19a-179-16a(d) of the Regulations of Connecticut State Agencies may qualify for recertification as an emergency medical technician provided such emergency medical services-instructor served as an emergency medical services-instructor within two years of application for recertification, for the required modules of a training program required pursuant to section 19a-179-16a(b)(1)(A) of the Regulations of Connecticut State Agencies or section 19a-179-16a(b)(2)(A) of the Regulations of Connecticut State Agencies or equivalent modules in any Department-approved initial or refresher course.

(3) No certificate shall be issued to a person applying for certification pursuant to section 19a-179-16a(b)(1) of the Regulations of Connecticut State Agencies against whom a complaint is pending adjudication in another state or with the Department of Public Health.

(c) Emergency Medical Technician-Intermediate

(1) In order to qualify for initial emergency medical technician-intermediate certification, or for current certification of a lapsed certificate, an applicant shall successfully complete, within one year of date of application, an examination

prescribed by the Department, and meet the following requirements:

(A) hold current emergency medical technician certification issued pursuant to section 19a-179-16a(b) of the Regulations of Connecticut State Agencies and successfully complete a training program which, if offered outside Connecticut, includes those modules of a United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Intermediate National Standard Curriculum required by the Department or if offered in Connecticut, shall be approved by the Department. A training program offered in Connecticut must be approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies; or

(B) hold current certification to perform similar services under a different designation by the National Registry of Emergency Medical Technicians or its successor organization as approved by the Department, or by a state which maintains certification requirements equal to or higher than those in this state.

(2) In order to qualify for recertification, an applicant shall meet the following requirements:

(A) complete a minimum of twenty-five (25) hours of refresher training required pursuant to section 19a-179-16a(b)(2)(A) of the Regulations of Connecticut State Agencies and approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed twenty-four months. Such refresher training programs shall include both written and practical testing; and

(B) complete a minimum of twenty-three (23) credit hours of continuing education at intervals not to exceed twenty-four (24) months. Such twenty-three (23) hours shall include, but not be limited to, coursework in intravenous techniques and advanced airway management. One credit hour shall mean a minimum of sixty (60) minutes of live instruction which a participant physically attends, either individually or as part of a group.

(C) Each certified emergency medical technician-intermediate shall maintain written documentation of completion of continuing education activity for a period of four years. Said documentation may be maintained by the sponsor hospital or emergency medical services provider with which such certificate holder is affiliated or employed. The Department may inspect such certificate holder records as it deems necessary. Such documentation shall be submitted to the Department only upon the Department's request to the certificate holder. The certificate holder shall submit such records to the Department within forty-five days of the Department's request.

(3) No certificate shall be issued to a person applying for certification pursuant to section 19a-179-16a(c)(1) of the Regulations of Connecticut State Agencies against whom a complaint is pending adjudication in another state or with the Department of Public Health.

(d) Emergency Medical Services-Instructor

(1) In order to qualify for initial emergency medical services-instructor certification, or for current certification of a lapsed certificate, an applicant shall apply on forms prescribed by the Department and shall meet the following requirements:

(A) hold current emergency medical technician certification issued pursuant to section 19a-179-16a(b) of the Regulations of Connecticut State Agencies or Emergency Medical Technician-Intermediate certification issued pursuant to section 19a-179-16a(c) of the Regulations of Connecticut State Agencies or Paramedic licensure issued pursuant to section 20-206ll of the Connecticut General Statutes;

(B) be recommended by a Connecticut Emergency Medical Services Regional Council or Connecticut State Agency recommendation, the

applicant shall submit to the regional council or Connecticut State Agency:

(i) a letter of endorsement, signed by two currently certified emergency medical services-instructors documenting that the applicant has completed, under the supervision of such instructors, at least twenty-five (25) hours of student teaching in courses approved pursuant to section 19a- 179-17 of the Regulations of Connecticut State Agencies;

(ii) documentation that the applicant has a minimum of twenty-four (24) months of emergency medical service, within thirty-six (36) months of the date of application, with an ambulance or rescue organization or in the emergency medical care field as approved by the Department;

(iii) evidence that the applicant satisfactorily completed, within the previous twelve (12) months, the written examination required pursuant to subdivision (1) or (2) of subsection (b) of this section. The pass point for EMS-I applicants shall be prescribed by the Department; and

(C) shall comply with one of the following:

(i) successfully complete a Department approved emergency medical services instructor course, or its equivalent as approved by the Department. Application for emergency medical services instructor certification must be made to the Department within two years of completing an approved instructor course or its equivalent; or

(ii) individuals who have successfully completed an approved emergency medical services instructor course or its equivalent as approved by the Department, more than two years prior to the date of application for emergency medical services instructor certification, shall provide evidence of at least fifty (50) hours of teaching experience every two years since completion of the course, on forms provided by the Department.

(2) In order to qualify for recertification, an applicant shall meet the following requirements:

(A) satisfactorily accrue a minimum of fifty (50) contact hours consisting of attendance at approved continuing education courses and instruction of approved EMS courses within the prior twenty-four (24) month period. The fifty (50) contact hours shall include a minimum of thirty-five hours of teaching in at least five different topics of a training program approved pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, and a minimum of five hours attained by attending continuing education approved by the Department.

(B) Each certified emergency medical services-instructor shall maintain written documentation of completion of the requirements prescribed pursuant to section 19a-179-16a(d)(2)(A) of the Regulations of Connecticut State Agencies for a period of four years. The Department may inspect such certificate holder records as it deems necessary. Such documentation shall be submitted to the Department only upon the Department's request. The certificate holder shall submit such records to the Department within forty-five (45) days of the Department's request.

(C) Maintain current certification as an emergency medical technician pursuant to section 19a-179-16a(b)(2) of the Regulations of Connecticut State Agencies or as an emergency medical technician-intermediate pursuant to section 19a- 179-16a(c)(2) maintain licensure as a Paramedic pursuant to section 2-- 20611 of the Connecticut General Statutes.

(3) No certificate shall be issued to a person applying for certification pursuant to section 19a-179-16a(d)(1) of the Regulations of Connecticut State Agencies against whom a complaint is pending adjudication in another state or with the Department of Public Health.

(e) Paramedic

(1) In order to qualify for paramedic licensure an applicant shall meet the requirements of Chapter 384d of the Connecticut General Statutes.

(2) The training program, as used in section 20-206mm(a) of the Connecticut General Statutes, means a program that, if offered outside Connecticut, is equal to or exceeds a training program adhering to the United States Department of Transportation, National Highway Traffic Safety Administration, Paramedic National Standard Curriculum. Training programs offered in Connecticut shall be approved in advance by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies.

(3) Reinstatement. A person previously licensed as a paramedic whose license has become void pursuant to section 19a-88 of the Connecticut General Statutes, may apply for licensure pursuant to the provisions of section 19a- 14-1 to 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies.

(Added effective December 29, 2000.)

## 19a-179-17. EMS training programs

(a) In order to conduct an OEMS-approved training program for any classification set forth in Sec. 19a-179-16 of these regulations, a person must:

(1) Deliver to OEMS at least thirty (30) days prior to the planned initiation of the program a written application to conduct said training program on a form prescribed by OEMS. Such application shall include, but is not limited to, the following information:

(A) A list of teaching facilities to be used, and of available teaching aids and supplies.

(B) A proposed list of instructors, assistant instructors, and physician lecturers to be used during the course of the program.

(C) A statement of compliance that the program meets the most recent National Standard Training Curriculae, as approved by the United States Department of Transportation, National Highway Safety Traffic Administration, for the appropriate category.

(2) Ensure that there is a state-certified EMS-I responsible for all class sessions.

(3) Follow the training manual developed by OEMS, as kept current and on file at OEMS, and made available to the general public.

(4) Maintain complete financial and administrative records for inspection by OEMS.

(b) OEMS shall approve or disapprove such training program proposal applications and notify the appropriate regional council within twenty (20) days of the delivery of the proposal to OEMS. Prior to approval, OEMS shall consult with the regional EMS coordinator for his/her recommendation. Where a regional EMS coordinator's recommendation is not adopted, the OEMS will provide written comments to the regional EMS coordinator.

(c) To enroll in an OEMS-approved training program for any classification set forth in Sec. 19a-179-16 of these regulations as a student/trainee, an individual must apply to the person conducting the program in a form and manner Set forth by the OEMS. Applicants who have not attained the age of eighteen shall submit with their application a consent form, prescribed by OEMS, which had been signed by a legal guardian.

(Effective June 14, 1988.)

## 19a-179-18. Minimum vehicle standards

(a) Basic ambulance vehicles shall be inspected at least annually by OEMS and shall conform to the following design and equipment standards:

(1) Design.
- (A) Minimum 60" head room in patient compartment measured from floor aisle space to head liner.
- (B) Minimum 114" interior length in patient compartment from inside back door to rear of driver's compartment.
- (C) Minimum 12" unobstructed aisle space between primary patient stretcher and any obstruction for full length of primary patient stretcher on one side.
- (D) Ability to achieve and maintain an average patient compartment temperature of 65 degrees - 70 degrees regardless of weather conditions.
- (E) Electrical intercom or signal lights or an open partition to permit exchange of patient condition information between patient compartment and driver.
- (F) Sufficient secure storage to permit secure loading and confinement of all items which could move freely about patient area in the event of a collision or roll over.
- (G) Rotating or flashing warning lights visible 3600 about vehicle.
- (H) Mechanical and/or electrical siren.
- (I) Two-way radio communications that are compatible with the state approved communications system and will allow communicating with communications coordinating centers (e.g. regional communications centers, central emergency medical dispatch), dispatch and/or directly to the hospital.
- (J) Exterior identification visible on two opposite sides of vehicle showing the name of the service the vehicle is operated by.
- (K) Any basic ambulance vehicle shall meet or exceed the design criteria of General Services Administration Specifications KKK-A-1822, as amended, with the following exceptions and/or substitutions [Federal specification number shown in parenthesis ()]:
  - (i) Spare tire (3.6.10)
  - (ii) Tire changing tools (3.6.3)
  - (iii) Engine high idle speed control, automatic (3.7.6.1)
  - (iv) Internal 12 volt d.c. power (3.7.7.3)
  - (v) 115 volt a.c. utility power (3.7.8)
  - (vi) Utility power connector (3.7.8.1) - optional
  - (vii) Electrical 115 volt a.c. receptacles (3.7.8.2)
  - (viii) Solid state inverter (3.7.8.3)
  - (ix) Override front bumpers (3.9.6.1)
  - (x) Interior storage accommodations (3.11.3)
  - (xi) Exterior storage accommodations (3.11.1)
  - (xii) Extrication equipment and storage (3.11.2.1)
  - (xiii) Storage compartments and cabinet design transparent doors (3.11.3)
  - (xiv) Color, paint and finish (3.16.2)
  - (xv) Color standards and tolerances (3.16.2.1)
  - (xvi) Emblems and markings (3.16.4)-substitute the following:
    - a. Front of vehicle - the word "AMBULANCE" in block, reflectorized letters, not less than four inches high shall be mirror image, centered above the grill.
    - b. Sides and rear of vehicle - the work "AMBULANCE" shall be in block, reflectorized letters, not less than six inches high, centered on each side and rear of vehicle body.
  - (xvii) Rustproofing (3.18)
  - (xviii) "Star of Life" (4.3)

(xix) Intended Use (6.1)

(2) Equipment

(A) Oxygen administration apparatus with 2 hours supply at 7 lpm flow rate, regulator controlled flow rate permitting adjustment from a minimum of 2 lpm - 10 lpm with visual indication of flow rate. Adaptors so that a minimum of 2 patients may be provided O(2) at the same time. A minimum of 2 each, nasal cannulas and mouth/nose masks.

(B) Portable oxygen administration apparatus with 30 minutes supply at 7 lpm flow rate, which is operable totally detached from parent vehicle. Such unit shall be capable of accepting attachment to a nasal cannula, mouth/nose mask or as enrichment feed to a forced ventilation unit.

(C) Suction apparatus capable of drawing a vacuum of 300mm of mercury. Such unit shall be operable completely independent of parent vehicle for a minimum period of 15 minutes. Such suction apparatus shall be compatible with both rigid and flexible catheters and a minimum of 1 catheter and 1 spare shall be carried.

(D) Mechanical forced resuscitation unit which is either hand operated (bag mask) or cycled only by operator manual control. Pressure cycles units are not acceptable. Such unit shall be compatible with O(2) apparatus carried in the subject vehicle for purposes of oxygen enrichment. Such unit shall be compatible with infant, child and adult masks which shall be made of transparent material and shall be carried.

(E) Nonrigid, mouth-to-mouth, oropharyngeal airway maintenance devices in infant, child and adult sizes. A minimum of 1 and 1 spare for each size.

(F) Bite stick for maintaining an open-jawed position on an unconscious patient.

(G) A minimum of six large dressings of the ABD or multi-trauma type.

(H) Assorted dressings and bandages to facilitate hemorrhage control by direct pressure bandage on any area of the human body regardless of severity of hemorrhage.

(I) Aluminum foil, sterile vaseline gauze or other air excluding dressing material to permit air tight seal of wounds to the chest cavity.

(J) Two sterile sheets for isolating burn patients from external sources of contamination.

(K) A splinting device suitable for providing prolonged traction to a lower limb on a child or adult.

(L) Splinting material to permit immobilization and protection to any portion of a child or adult limb in any position. A minimum of 1 spare shall be carried for each size of splint.

(M) Short extrication device (e.g. short backboard with 2 straps minimum of 9' by 2", forehead and chin restraints) to permit the immobilization of suspected cervical fracture of a child or adult patient during removal from a confined space while in a seated position and during transport.

(N) A long extrication device (long backboard with 2 straps minimum 9' by 2") to permit the immobilization and transport of a spinal column fracture without vertical or horizontal expansion, contraction or twisting. A scoop stretcher is not a suitable device for this requirement.

(O) cervical immobilization collars of assorted sizes (extrication type collars are recommended).

(P) Commercial stair chair to permit the movement of a patient either up or down within a confined stairway.

(Q) Adult and pediatric blood pressure manometer and cuff, and stethoscope for determining patient blood pressure both outside and inside of vehicle.

(R) Restraint devices of sufficient strength to restrain a violent adult and sufficiently padded to prevent chafing or injury to patient.

(S) A poison treatment kit in addition to one half gallon potable water.

(T) An obstetrical kit containing a minimum of 1 pair sterile gloves, scissors, umbilical cord clamps or tapes, sterile vaginal dressings, 2 towels, large plastic bag, and swaddling material.
(U) One emesis basis, 1 bed pan and 1 urinal.
(V) Not less than 2 pillows and 2 sets of linen to include 2 sheets 2 pillow cases, and 1 blanket per set.
(W) A minimum of 210 lb. ABC UL fire extinguishers, 1 carried in driver compartment and 1 in patient compartment.
(X) At least two battery operated, hand carried portable lights.
(Y) One wrecking bar minimum 24" in length.
(Z) At least one cot with 2 patient securing straps. Such cot shall be removable from the ambulance, and provision shall be made for positive locking when the cot is positioned in the vehicle.
(AA) Glucose in a form easily ingested orally.
(BB) A rebreathing device for use in treating hyperventilation syndrome.
(CC) Highway distress signaling devices, either a minimum of 3 hours duration red burning flares, or four reflectorized road marking triangles.
(DD) Two sets of sandbags.
(EE) Disposable procedure gloves, gowns, masks, and goggles.

(3) Each basic ambulance vehicle shall display decals supplied by OEMS on the rear exterior and in the patient compartment of the vehicle indicating it is certified by OEMS. Such decal shall be easily visible in the patient compartment and on the rear exterior of the vehicle.

(4) All required equipment shall be in working order, and each crew member shall be knowledgeable in the operation of such equipment. Substitution for equipment may be made only with the prior written approval of OEMS, upon its determination that the substituted equipment will function at least as well as that which is specified in subsection (2) above.

(5) Each basic ambulance certified vehicle shall be registered by the Connecticut department of motor vehicles as an ambulance.

(b) MIC Units shall conform to the following design and equipment standards.

(1) Design.
(A) Compliance with all safety and design requirements of the Connecticut department of motor vehicles.
(B) Compliance with all federal requirements for vehicle safety design.

(2) Equipment.
(A) Must comply with applicable requirements for basic certification either first responder or basic ambulance.
(B) Airway maintenance equipment as defined by the RMAC and approved by OEMS.
(A) Pneumatic antishock garment.
(B) Intravenous administration sets as defined by the RMAC and approved by OEMS.
(C) Intravenous solutions in nonbreakable containers as defined by RMAC and approved by OEMS.
(D) For EMT-Paramedic units only.
(i) Laryngoscope, batteries and blades in adult and pediatric sizes.
(ii) Adult and pediatric endotracheal tubes.
(ii) Electrocardiograph monitor with the capability of making a permanent record.
(iii) Cardiac defibrillator.
(iv) Blood sampling tubes.
(v) Medications in amounts and administration methods as defined by the RMAC and approved by OEMS.

(3) All equipment including that used for invasive therapies shall be cleaned and maintained between uses to assure protection from infection in subsequent use.

(c) Invalid Coach

(1) Vehicle Type - The vehicle is to be a van type unit of standard manufacture which meets all specifications for operations on Connecticut highways, as evidenced by registration with the Connecticut department of motor vehicles and satisfaction of the following requirements.

(2) Doors:

(A) All van type vehicles used shall be equipped with operating doors on each side of the driver's compartment.

(B) A side entrance door or doors shall be provided. These doors may be of the hinged swing double door type or sliding type single door, with a minimum opening of 40" in width and 54" in height. The door shall be equipped with a device which will activate an audible or flashing signal when the panels are not securely closed. The signal shall be clearly identifiable by the seated driver.

(C) The vehicles shall be equipped with a rear opening door or doors of the hinged type, with a minimum opening of 45" in width and 50" in height. Should the vehicle be equipped with a rear bench seat blocking the rear door the vehicle shall be equipped with a rear bench seat quick release mechanism.

(D) Both side and rear doors shall be equipped with windows.

(3) Interior Design:

(A) The interior side walls shall be insulated with a fire resistant material and covered with suitable material at least equal to that installed by the manufacturer.

(B) The left side of the vehicle behind the driver shall be equipped with windows to be equal to the side door glazing.

(C) The floors shall be designed with 3/4 plywood base and covered with a linoleum, rubberized surface, or commercial grade carpet.

(D) The vehicle shall be equipped with an operating heater and air conditioning system capable of maintaining an interior temperature of 65 degrees - 70 degrees F for the comfort of patients.

(E) The vehicle shall be equipped with a two-way radio with the capability of communicating with a dispatcher at all times when a patient is being transported.

(F) The minimum vehicle interior height shall be 60".

(G) Each van shall be equipped with at least two (2) overhead or dome type interior lights of standard manufacture.

(H) An additional light shall be provided which illuminates the lift device or ramp area. This light shall operate automatically when the side doors are opened.

(4) Roof Design - The vehicle shall be equipped with an extended roof reinforced by rolled bars and/or cages which have been certified to withstand one and one-half times the curb weight of the unloaded vehicle.

(5) Wheelchair Lifting Device - The vehicle shall be equipped with a commercially manufactured manual ramp or an electric or hydraulic lift, which is permanently affixed to the interior of the vehicle. The ramp or lift shall be capable of supporting a minimum total load strength of 600 pounds. The lift or ramp shall be equipped with a protective flange on each longitudinal side, sufficient in height to prevent a wheelchair from accidentally falling off the side of the lift or ramp. The lift or ramp surface shall be composed of or covered with a non-skid material. If an electric or hydraulic lift is utilized, the lift shall also be capable of manual operation in the event of engine failure.

(6) Wheelchair Restraining Devices - The vehicle shall be equipped with wheelchair locking devices securely affixed to the vehicle for each wheelchair position for which the vehicle is designed. The locking device shall be capable of immobilizing the wheelchair so that it is secured in at least two places during

transport with longitudinal movement not to exceed two inches forward and backward, and without any lateral movement.

(7) Minimum Equipment:
- (A) One first aid kit.
- (B) One charged fire extinguisher - at least rated 10 BC. by the Underwriter's Laboratory.
- (C) Four 30 minute road flares or warning reflectors.
- (D) Separate seat restraints for securing patients in wheelchairs prior to loading, in the same quantity as the maximum number of patients the vehicle is designed to accommodate.
- (E) Either motion sickness bags or plastic containers with covers in sufficient number equal to the maximum number of patients the vehicle is designed to accommodate.
- (F) Blankets made of nonflammable material in sufficient number equal to the maximum number of patients the vehicle is designed to accommodate.

(8) Exterior Vehicle Identification:
- (A) Utilize the state approved handicapped sticker minimum of 4" height and located on each side of the vehicle.
- (B) Exterior identification visible on each side of the vehicle identifying the service which operates the vehicle with a minimum 4" lettering.
- (C) Seating capacity shall be displayed in 2" lettering at curb side of the vehicle.

(9) All replacement invalid coach vehicles shall be in compliance with these regulations.

(10) All invalid coach vehicles currently in use shall be in compliance with these regulations by January 1, 1990.

(d) (d) Emergency medical service vehicles shall be inspected every two years by OEMS at formally designated biennial inspections in addition to unannounced inspections or at hospital spot checks of ambulance vehicles. At such inspections, the OEMS inspector shall examine the vehicle for compliance with the above requirements and may also inspect for the following:

(1) Tires--for minimum tread depth as required by the Department of Motor Vehicles or for structural damage to the body of the tire.

(2) Holes in the body of the vehicle into the driver or patient compartment.

(3) Broken or missing windows.

(4) Malfunctioning doors or door latches.

(5) Missing door seals.

(6) Missing or broken safety equipment including lights, mirrors, horns, or other devices required by law or regulation necessary to insure the safe operation of the vehicle

(e) By virtue of the inspection as called for in Sec. 19a-179-18 (d) of these regulations, should an OEMS inspector determine that an ambulance vehicle is unsafe for any reason cited in the aforementioned section, the OEMS inspector shall affix a sticker to the outside of the window in the rear door which reads: "THIS VEHICLE IS UNSUITABLE FOR PATIENT TRANSPORTATION." The sticker shall be removed only by an OEMS inspector upon the reinspection of the vehicle and determination that the missing or damaged equipment has been repaired or replaced. During the period of time when the sticker is affixed to the vehicle, said vehicle shall not be used for patient transportation. The owner may request a hearing before the commissioner of health services or his designee to petition for reconsideration, stating upon what grounds such petition is based. Said hearing shall be conducted within forty-five (45) days of the request unless otherwise agreed by the requester and the commissioner.

(Effective June 14, 1988; Amended effective September 30, 2003.)

## 19a-179-19. Advertising

(a) Emergency.

(1) A provider shall not advertise emergency services by direct mailings, telephone solicitation, or other means specifically designed to solicit business unless such provider is the OEMS-approved primary service area responder in such municipality.

(2) Providers shall not advertise emergency services in print media which reaches beyond PSA boundaries unless the advertisement indicates the location from which the provider is authorized to operate by OEMS in letters at least as large as the name of the provider.

(3) Providers shall not advertise emergency services in audio or video media unless such advertisement clearly states the location from which the provider is authorized to operate by OEMS. The statement of location shall be emphasized at least as prominently as the name of the provider.

(4) Only the telephone numbers designated as primary response numbers by the council and approved by OEMS shall be placed in the emergency or community services sections of the telephone directories; any provider listing in the "yellow pages" section of telephone directories shall be in accordance with section (2) above.

(b) Other than Emergency Medical Services. Licensed or certified emergency service providers may advertise services other than emergency and invalid coach services, provided that the word nonemergency" is explicitly and prominently stated in the advertisement and provided that no word or expression which suggests the provision of emergency services issued. Such words or expressions, which may not be used include, but are not limited to the words "emergency," "call direct," "immediate response," "eliminate delay," or "without delay".

(Effective June 14, 1988.)

## 19a-179-20. Hearing

Any proceedings conducted in accordance with these regulations shall be considered a contested case under the department of health services rules of practice and procedure, Secs. 19-2a-1 through 19-2a-41, Regulations of Connecticut State Agencies.

(Effective June 14, 1988.)

## 19a-179-21. Rate setting for emergency medical services

Pursuant to the authority of C.G.S. 19a-177, the following regulations are enacted.

(a) Definitions

(1) "Commissioner" means the commissioner of the Connecticut department of health services, acting through the office of emergency medical services.

(2) "Department" means the Connecticut state department of health services.

(3) "Certified provider" means a municipal or volunteer ambulance service issued a certificate of operation by the office of emergency medical services.

(4) "Licensed provider" means a commercial ambulance service issued a license by the office of emergency medical services or any volunteer or municipal ambulance service issued a license by the office of emergency medical services prior to July 1, 1981.

(5) "Basic level ambulance response" means the transportation of a patient at the basic life support level.

(6) "Intermediate level ambulance response" means the transportation of a patient requiring definitive medical care by a service certified to the intravenous level.

(7) "ALS/Paramedic level ambulance response" means the transportation of a patient requiring definitive medical care by a service certified to the ALS/Paramedic level.

(8) "Invalid coach response" means a nonemergency request to transport a wheelchair patient.

(9) "Maximum allowable rate" means the highest amount which a licensed or certified provider may charge a patient for a given service in accordance with the appropriate rate schedule.
(10) "Necessary costs" means the costs directly related to the service provided.
(11) "Reasonable return on gross revenue" means that percentage of gross revenue which the commissioner allows to be earned as profits by licensed providers.

(b) The commissioner shall establish maximum allowable rates for each licensed or certified provider annually on or before December 15th of each year. Such rate shall take effect on January 1st of the following year. Certified and licensed providers may render charges which are less than maximum allowable rates.

(c) The commissioner shall set maximum allowable rate schedules for any or all of the following classifications of services:
(1) Basic level ambulance response by a certified provider;
(2) Intermediate level ambulance response by a certified provider;
(3) ALS/Paramedic ambulance response by a certified provider;
(4) Basic level ambulance response by a licensed provider;
(5) Intermediate level ambulance response by a licensed provider;
(6) ALS/Paramedic level ambulance response by a licensed provider;
(7) Invalid coach response by a licensed provider.

(d) The commissioner shall set maximum allowable charges which will allow each provider to impose the following special charges under the following conditions:
(1) Mileage. The mileage charge may be applied from the point of origin within the town of movement of a patient to any final destination other than within the town of origin. Mileage charges are not allowable when the point of origin and the point of final destination of the call are within the boundaries of the same town. Mileage shall be determined from the public utility control authority's official mileage docket no. 6770;
(2) Waiting time. Charges for waiting time may be assessed on the basis of a minimum of one hour. When waiting time is in excess of one hour, additional time may be charged in quarter hour increments;
(3) Night time. Charges may be assessed for a response between the hours of 7:00 p.m. through 7:00 a.m. the following morning;
(4) Special Attendants. Charges may be assessed for use of attendants with characteristics specifically requested by or on behalf of the patient. Such special characteristics may include, but are not limited to, special training or experience or an attendant of a specific gender. There shall be no additional charge if an attendant with the requested characteristics has already been scheduled by the ambulance provider.

(e) A certified or licensed provider shall not charge for services which are not specified in the appropriate rate schedule.

(f) Filing:
(1) On or before July 15th of each year, all licensed or certified providers shall file with the department the following financial information based upon the twelve months immediately preceding April 30th of the year of the application:
(A) Existing rate schedule;
(B) If the provider requests a rate increase, the requested rate schedule;
(C) A complete financial statement for the twelve months immediately preceding April 30th of the year of application, including:
(i) a statement of income and expenses on the forms provided by the department based on an accrual method of accounting;
(ii) a balance sheet indicating the condition of the business as of the close of business on April 30th of the year of application;
(iii) a review financial statement prepared in accordance with accepted accounting practices.

(D) Financial projections covering all items in subsection (f) (1) (C) of this section for the fiscal year of application reflecting the existing and requested rate schedules;
(E) A schedule of real property, transportation equipment and all other equipment owned or leased by the provider and currently in use in the provision of ambulance services;
(F) A schedule of planned capital expenditure over the next three years;
(G) A summary by rate classification of trips logged for the immediately preceding fiscal year;
(H) A schedule of annual compensation and benefits by job classification, including corporate officers and all employees;
(I) Numbers, job titles, annual salary ranges and hourly rate ranges of all corporate officers and employees.
(J) A schedule of any other services provided by the ambulance service provider under the same business structure;
(K) A sworn statement signed by the provider or duly authorized representative thereof that to the best of his/her knowledge the materials submitted in satisfaction of this provision are true, correct and complete and have been prepared from the books and records of the provider.

(2) Ambulance service providers shall provide the commission with any additional financial and operational information which is relevant to the rate setting; is covered under subdivision (1) of this subsection, and requested by it within fifteen (15) calendar days of receipt of the request. The request for additional information shall be made no later than August 31st of each fiscal year.
(3) Any licensed or certified provider who fails to file information required y subdivisions (1) and (2) above by July 15th of each year or within fifteen (15) days of receipt of the department's request, whichever is later, shall be subject to sanctions as provided in section 19-73bb (b), C.G.S., and shall have a maximum allowable rates for all purposes which are the lesser of the following rates:
(A) The rates set in response to the current application;
(B) The rates set following the last filing to which the providers were a party, or if none, the rates in effect at the time these regulations become effective.
(4) The department reserves the right to conduct or order a provider to conduct a full audit as it deems necessary to confirm the accuracy of submitted materials.

(g) For the purpose of the regulations, any application filed in accordance with subsection (f) of this section shall be a contested case; shall require a hearing and shall be governed by sections 19-2a-35 through 19-2a-41, inclusive of the Regulations of Connecticut State Agencies.
(h) Waiver of right to hearing:
(1) The applicant may waive his/her right to a hearing by filing along with the application a signed statement which indicates that:
(A) The applicant knows of his/her right to a hearing held under the provisions of sections 19-2a-35 to 19-2a-41, inclusive, of the Regulations of Connecticut State Agencies; and
(A) The applicant willingly waives the right to such hearing.
(2) Notwithstanding subdivision (1) above, the commissioner may order, not later than August 15th, that a hearing be held.
(i) All information filed by the applicant pursuant to subsections (f), (g) and (h) of this section shall be treated by the commissioner as a substantially complete case in support of the application.
(j) Rate Setting Method. In setting the maximum allowable rates for each provider, the commissioner shall consider the following:
(1) The necessary costs incurred in providing said service;
(2) Net income after taxes;
(3) Utilization rate of equipment and personnel;

(4) Increases or decreases in the United States Department of Labor consumer price index factors relevant to ambulance maintenance and operation in Connecticut, and any other relevant economic inflationary factors;
(5) The anticipated change in cost to the provider of full compliance with new federal and state laws and regulations;
(6) Rate differential set and paid for by other state agencies and third party payors;
(7) The percentage of cancelled calls of the total number of calls during the preceding fiscal year;
(8) A reasonable return on gross revenue; and
(9) Any other information the commissioner may deem relevant to the rate setting process.

(Effective June 14, 1988.)

# Need for Emergency Medical Services

## 19a-180-1. Definitions

(a) "Applicant" means any person that proposes to implement a new or expanded emergency medical service.

(b) "New or expanded emergency medical service" means a service which is not authorized to the applicant under the terms of a current license or certificate from the Office of Emergency Medical Services, which shall include:

(1) The operation of an emergency medical, ambulance, or invalid coach service not authorized by a current license or certificate;

(2) Any service which is not authorized currently;

(3) Principal and branch places of business for an emergency medical, ambulance, or invalid coach service which are not authorized by a current license or certificate;

(4) Emergency medical vehicles, ambulances, and invalid coaches not authorized to an emergency medical, ambulance, or invalid coach service by a current license or certificate.

(c) "Office" means the Office of Emergency Medical Services.

(d) "Person" means a natural person, partnership, corporation, association or political subdivision.

(e) "Mobile Intensive Care Service" means service above basic life support which is intensive and complex prehospital care consistent with acceptable emergency medical practices under the control of physician and hospital protocols.

(Effective December 15, 1983.)

## 19a-180-2. Certification and licensure

No person shall implement a new or expanded emergency medical service without a license or certificate issued in accordance with sections 19a-175 through 19a-195 inclusive of the Connecticut General Statutes and an authorization issued in accordance with these regulations from the Office. Except as noted in section 19a-180-4 of these regulations, no certificate or license shall be issued to an applicant for a new or expanded emergency medical service unless the Office has determined:

(a) That the ambulance or invalid coach will be equipped in accordance with the requirements of section 19-73w-401B4a of these regulations;

(b) That numbers and training of personnel are in accordance with the requirements of section 19-73w-401B1d of these regulations;

(c) That the applicant has paid-in working capital or binding credit agreement which equals six months operating expenses in the aggregate;

(d) That the applicant has not less than the following insurance coverage currently in effect:

(1) Automotive liability and malpractice coverage for damages by reason of personal injury to, or the death of, one person, of at least five hundred thousand dollars and for damage for each incident of at least five hundred thousand dollars; and

(2) Automotive coverage for damage to property of at least one hundred thousand dollars.

(e) That the proposed service is necessary to satisfy the emergency medical, ambulance, or invalid coach service needs of the proposed service area, which determination shall only be made after considering:

(1) The written recommendation of the regional council within whose region the proposed service would be implemented.

(A) The Office shall consult with the appropriate regional council by sending such council a copy of a completed application and a notice of hearing. The regional council recommendation shall be received by the Office at least five working days prior to the hearing required by section 19a-180-5 of these regulations. The regional council shall simultaneously send a

copy of the recommendation to the applicant. Such recommendation shall be entered into evidence at the hearing as an Office exhibit.

(B) A regional council recommendation shall either support or oppose the application for the proposed new or expanded emergency medical service. The recommendation shall contain the reasons for such support or opposition.

(C) Should the regional council not act on an application and report to the Office of Emergency Medical Services within the time limits specified, the Office shall consider the application to have been approved and supported by the council.

(2) All other evidence received at a hearing held to determine the need for the proposed service.

(Effective December 15, 1983.)

## 19a-180-3. Application for a license or certificate for a new or expanded emergency medical service

The applicant shall apply to the Office on forms provided by the Office. The application shall be notarized and shall include the following:

(a) The name, address and nature of the legal entity that will implement the proposed service;

(b) The name, address and telephone number of the individual responsible for making application;

(c) The trade name, department, corporation, association or partnership under which the provider is or shall do business. If the provider is a corporation, name, address and title of all officers;

(d) Name of parent and associated companies if any;

(e) Type of service requested;

(b) Locations of proposed principal place of business and/or branch places of business;

(c) Locations of health facilities and other ambulance providers within the proposed area to be served;

(h) Number and types of currently authorized vehicles;

(i) Number and types of new or expanded emergency medical services being requested;

(j) Geographic area and population to be served in implementing the proposed service;

(k) Source and volume of calls over the past 12 months for a currently licensed applicant;

(l) Total number of calls a currently licensed applicant refused over the past 12 months, and the circumstances for refusal;

(m) Source and volume of calls expected over the next 12 months;

(n) Average response times over the past 12 months for a currently licensed applicant;

(o) Evidence of paid-in working capital or binding credit agreement which equals six months operating expenses in the aggregate;

(p) Analysis of the improvement in cost effectiveness to the provider as a direct result of the proposed service;

(q) Analysis of how the proposed service would integrate with the current emergency medical service system;

(r) Proof of insurance or letter of intent for new services at levels required of by section 19a-180-2 (d) of these regulations; and

(s) Any other information as may be included by the applicant;

(Effective December 15, 1983.)

## 19a-180-4. Volunteer ambulance services

(a) Except as provided in subsection (b) below, any volunteer ambulance service which elects to commence a new or expanded emergency medical Service but which does not intend to charge for such service shall be exempt from section 19a-180-2 (e) of these regulations.

(b) If such exempt provider elects to begin charging for any new or expanded emergency service implemented on or after July 1, 1980, such provider shall apply for a determination of need as required by section 19a-180-2 (e) of these regulations prior to imposing a charge for such service.
(Effective December 15, 1983.)

## 19a-180-5. Schedule for consideration

(a) Additional materials
- (1) The Office may request the filing of additional materials which are necessary to complete the application or pertinent to the determinations to be made pursuant to section 19a-180-7 of these regulations within 30 days of receipt of the application.
- (2) The applicant shall submit any requested material within 10 days of receipt of such request by the Office.
- (3) Failure to submit said material within the time allowed shall be deemed withdrawal of the application without prejudice to its resubmission.

(b) Hearing notice and procedure
- (1) The hearing shall be conducted by the Director of the Office of Emergency Medical Services or other presiding officer designated by such Director. Such hearing shall be conducted in accordance with Chapter 54 of the Connecticut General Statutes, and sections 19-2a-35 through 19-2a-41, inclusive, of the Regulations of Connecticut State Agencies. Two or more proceedings may be heard together by the presiding officer in his discretion.
- (2) The public hearing shall be scheduled by the Office not more than sixty (60) days after the date of filing the completed application. At least fifteen (15) days before the hearing, notice of such hearing shall be mailed to the following:
  - (A) the applicant;
  - (B) any regional council affected by the application; and
  - (C) all emergency medical, ambulance, and invalid coach service providers operating in the region for which the new or expanded emergency medical service is requested.
- (3) The Office shall grant, modify or deny any application for a new or expanded emergency medical service not more than 45 days following the adjournment of the hearing held pursuant hereto.

(Effective December 15, 1983.)

## 19a-180-6. Case in support

All information or materials received by the Office pursuant to sections 19a-180-3 and 19a-180-5 of these regulations shall be treated by the Office as a substantially complete case in support of the application. The burden shall be on the applicant to prove the need for the new or expanded emergency medical service.
(Effective December 15, 1983.)

## 19a-180-7. Factors to be considered

In determining whether a need for a new or expanded emergency medical service has been demonstrated, the Office shall consider the following factor:
(a) The population to be served by the proposed service;
(b) The geographic area to be served by the proposed service;
(c) The volume of calls for the previous 12 months within such areas;
(d) The impact of the proposed service on existing services in the area;
(e) The potential improvement in service in the area including cost effectiveness and response times;
(f) The location of the proposed principal and branch places of business in relation to health facilities and other providers;
(g) The need for special services, if applicable; and

(h) The recommendation of the any applicable regional council.
(Effective December 15, 1983.)

## 19a-180-8. Application limitation

If the Office determines after the hearing that no need exists for a particular new or expanded emergency medical service, no application for the same or substantially similar service from the same applicant shall be considered for a period of one year, except upon a determination of extraordinary circumstances by the Office.
(Effective December 15, 1983.)

## 19a-180-9. Authorization for new or expanded emergency medical services

Any applicant who is granted authorization for a new or expanded emergency medical service shall have a maximum of six (6) months in which to acquire the necessary resources, equipment, and other material to comply with the terms of the authorizations. If the applicant fails to do so, the authorization will automatically become null and void.
(Effective December 15, 1983.)

## 19a-180-10. Exclusion

(a) Nothing in these regulations shall be construed to interpret the implementation of mobile intensive care service by an existing provider of ambulance service as an expansion of service. However, the provision mobile intensive care by a person not previously providing emergency care shall be considered a new service.

(b) Any sale of an existing ambulance service business shall be exempt from the requirements for authorization for a new or expanded emergency medical services provided that: (1) the purchaser only provides services, operates vehicles or establishes branch offices which were provided, operated and established by the seller or purchaser prior to the sale; (2) the entire ambulance service business is transferred by seller to a single purchaser and said seller terminates all participation whatsoever in ambulance service business; and (3) the purchaser has satisfied all other conditions of licensure prior to operation of the purchased ambulance service. Any subsequent expansion of services provided, vehicles operated or locations established by the purchaser or seller shall be considered a "new or expanded service" as defined by section 19a-180-1 (b) hereof and shall be subject to the full need for service process.
(Effective December 15, 1983.)

# Anatomical Gifts

## 19a-279l-1. Definitions

As used in Sections 19a-279l-1 through 19a-279l-4 inclusive, the following terms mean as stated in Section 19a-279a of Connecticut General Statutes:

(a) "Anatomical Gift"
(b) "Decedent"
(c) "Document of Gift"
(d) "Donor"
(e) "Hospital"
(f) "Part"
(g) "Person"
(h) "Physician" or "Surgeon"
(i) "Procurement Organization"
(j) "State"
(k) "Technician"

(Effective February 26, 1990.)

## 19a-279l-2. Documentation

(a) A person who is at least eighteen years of age may make, amend, revoke or refuse to make an anatomical gift in accordance with section 19a-279b of the Connecticut General Statutes.

(b) If there is no medical record of a patient's intention regarding an anatomical gift and the patient is at or near the time of death, the hospital administrator or the administrator's designee shall:

(1) discuss with the patient or the patient's authorized representative the making or refusal to make an anatomical gift;

(2) request the making of such gift unless the gift is not suitable based on accepted medical standards;

(3) enter into the patient's medical record:

(A) name and affiliation of requester;

(B) name, response and relationship to patient of person to whom request was made.

(Effective February 26, 1990; Amended effective December 29, 2000.)

## 19a-279l-3. Notification and search

(a) Upon admission of a person who is at or near the time of death, the hospital shall make a reasonable search for a document of gift or other information identifying the bearer as a donor or as a person who has refused to make an anatomical gift, unless such information is otherwise immediately available.

(b) The hospital shall notify the named donee if one is named and known to the hospital; if not, it shall notify an appropriate procurement organization and cooperate in implementation of the anatomical gift or release and removal of a part if the hospital knows that:

(1) any member of an authorized class of persons has made an anatomical gift of all or part of the body of a person pursuant to section 19a-279c of the Connecticut General Statutes:

(A) The order of priority of the authorized classes is:

(i) spouse;
(ii) adult son or daughter;
(iii) either parent;
(iv) adult brother or sister;
(v) grandparent;
(vi) guardian of the person;
(vii) any person legally authorized to make health care decisions for

the decedent prior to death, including but not limited to a health care agent;

(viii) conservator of the person.

(B) An anatomical gift may be made by a person listed in subparagraph (A) above only if:

(i) a person in a prior class is not available; and

(ii) the person proposing the gift does not know of any contrary indications by the decedent, and

(iii) the person proposing the gift does not know of any objection by a member of that persons class or a prior class.

(2) release or removal of a body part has been permitted under the auspices of the Chief Medical Examiner serving as facilitator for tissue harvesting and organ procurement, or

(3) a person in transit to the hospital is such a donor.

(c) An emergency medical services provider, as defined in section 19a-179- 1(g) of the Regulations of Connecticut State Agencies, finding a person who the emergency medical services provider believes to be dead or near death shall conduct a reasonable search for a document of gift or other information identifying the bearer as a donor or as a person who has refused to make an anatomical gift. The searcher shall send or cause to be sent to the hospital any document or other evidence relating to the making of an anatomical gift.

(Effective February 26, 1990; Amended effective December 29, 2000.)

## 19a-279l-4. Record keeping

(a) The document of gift, or a copy, may be deposited in any hospital.

(b) The medical records department shall establish a policy/procedure to release either appropriate information regarding the document of gift or the document of gift itself to a designated donee.

(c) The hospital shall maintain a system to ensure that if a document of gift is deposited, it will be retained in the medical records department and available, as the original or a copy thereof, to any designated donee.

(Effective February 26, 1990.)

## 19a-279l-5. Coordination agreements

Agreements or affiliations for coordination of procurement and use of human bodies and parts shall be in writing. A copy shall be maintained by each party to the agreement, and made available to the Department of Health Services on request.

(Effective February 26, 1990.)

# Standards for Asbestos Abatement

## 19a-332a-1. Definitions

The following definitions shall apply for the purpose of Section 19a-332a-1 to Section 19a-332a-16 inclusive.

(a) "Adequately wetted" means sufficiently mixed or coated with water, amended water or an aqueous solution; or the use of a removal encapsulant to prevent dust emissions;

(b) "Amended Water" means water to which a chemical wetting agent or removal encapsulant has been added to improve penetration;

(c) "Asbestos" means the asbestiform varieties of actinolite, amosite, anthophyllite, chrysotile, crocidolite and tremolite;

(d) "Asbestos Abatement" means the removal, encapsulation, enclosure, renovation, repair, demolition or other disturbance of asbestos-containing materials, but does not include activities which are related to (A) the removal or repair of asbestos cement pipe and are performed by employees of a water company as defined in Section 25-32a of the Connecticut General Statutes or (B) the removal of nonfriable asbestos-containing material found exterior to a building or structure other than material defined as regulated asbestos- containing material in 40 CFR 61, the national emission standards for hazardous air pollutants, as amended from time to time;

(e) "Asbestos Abatement Project" means any asbestos abatement performed within a facility involving more than three (3) linear feet or three (3) square feet of asbestos-containing material;

(f) "Asbestos Abatement Worker" means any employee of a licensed asbestos contractor who engages in asbestos abatement, has completed a training program approved by the department and has been issued a certificate by the department;

(g) "Asbestos Abatement Site Supervisor" means any employee of a licensed asbestos contractor who has been specifically trained as a supervisor in a training program approved by the department and who has been issued a certificate by the department;

(h) "Asbestos-Containing Material" (ACM) means material composed of asbestos of any type and in an amount greater than one percent by weight, either alone or mixed with other fibrous or nonfibrous material;

(i) "Asbestos Contractor" means any person engaged in asbestos abatement whose employees actually perform the asbestos abatement work and who has been issued a license by the commissioner;

(j) "Authorized Asbestos Disposal Facility" means a location approved for handling and disposing of asbestos waste by the Connecticut Department of Environmental Protection or by an equivalent regulatory agency if the material is disposed of outside the State of Connecticut;

(k) "Commissioner" means the Commissioner of Public Health or his/her authorized agent;

(l) "Conn OSHA" means the Connecticut Department of Labor, Occupational Safety and Health Division;

(m) "Demolition" means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility;

(n) "Department" means the Connecticut Department of Public Health;

(o) "DEP" means the Connecticut Department of Environmental Protection;

(p) "Emergency Asbestos Abatement Project" means an asbestos abatement project which was not planned but results from a sudden unexpected event. This includes operations required by non-routine failures of equipment;

(q) "Emergency Demolition" means a demolition operation ordered by an authorized state or local official, that if not immediately attended to presents a safety or public health hazard;

(r) "Encapsulation" means the treatment of asbestos-containing material with a material that surrounds or embeds asbestos fibers in an adhesive matrix to prevent the release of fibers as the encapsulant creates a membrane over the surface (bridging encapsulant) or penetrates the material and binds its components together (penetrating encapsulant);

(s) "EPA" means the United States Environmental Protection Agency;
(t) "Enclosure" means the construction of an air-tight, impermeable, permanent barrier around asbestos-containing material to control the release of fibers into the air;
(u) "Facility" means any private or public building or structure including but not limited to those used for institutional, residential (including single family homes), commercial or industrial purposes and vessels while ashore or in drydock;
(v) "Facility Owner" means the person or entity having title to the facility. For purposes of publicly owned property only, the Facility Owner shall be defined to be the chief executive officer of the federal, state or municipal agency which owns or controls the use of the facility;
(w) "Friable Asbestos-Containing Material" means any asbestos-containing material that hand pressure can crumble, pulverize, or reduce to powder when dry and non-friable asbestos-containing material that potentially can be broken, crumbled, pulverized or reduced to powder as a result of asbestos abatement;
(x) "Glove Bag" means a manufactured polyethylene bag type of enclosure with built-in gloves, such as is placed with an air-tight seal around asbestos- containing material and which permits the asbestos-containing material contained by the bag to be removed without releasing asbestos fibers to the atmosphere;
(y) "Individual" means any human being;
(z) "Non Friable Asbestos-Containing Material" means any asbestos-containing material that hand pressure can not crumble, pulverize or reduce to powder when dry;
(aa) "OSHA" means the Occupational Safety and Health Administration of the U.S. Department of Labor;
(bb) "Person" means any individual, corporation, partnership, firm, association, sole proprietorship, the State of Connecticut or any of its political subdivisions, or any other entity;
(cc) "Removal" means the taking out or stripping of any asbestos-containing materials from surfaces or structural components of a facility;
(dd) "Renovation" means altering, in any way other than demolition, one or more structural components. Operations in which load-supporting structural members are taken out are excluded;
(ee) "Repair" means the restoration of damaged asbestos-containing material; including but not limited to the sealing, patching, enclosing or encapsulating of damaged asbestos-containing material to prevent fiber release;
(ff) "Spot Repair" means any asbestos abatement performed within a facility involving not more than three (3) linear feet or three (3) square feet of asbestos containing material;
(gg) "Structural Component" means any pipe, duct, boiler, tank, reactor, turbine, furnace or other component at or in a facility or any structural member of a facility;
(hh) "Structural Member" means any load-supporting member of a facility such as beams and load-supporting walls or any non-load supporting member, such as ceilings and non-load supporting walls;
(ii) "Visible Residue" means any debris or dust on surfaces in areas within the enclosed work area where asbestos abatement has taken place and which is visible to the unaided eye. All visible residue is assumed to contain asbestos;
(jj) "Work Area" means the specific area or location where the actual asbestos abatement work is being performed or such other areas of a facility which the Commissioner determines may be hazardous to public health as a result of such asbestos abatement. (Effective August 5, 1988; Amended effective December 27, 1990; April 5, 2001; March 8, 2004.)

## 19a-332a-2. General provision

(a) No person shall engage in asbestos abatement unless in compliance with Section 19a-332a-3 to Section 19a-332a-12 inclusive.
(b) The requirements of Section 19a-332a-3 to Section 19a-332a-12 inclusive, shall apply to each facility as defined by these regulations.

(Effective August 5, 1988; Amended December 27, 1990.)

## 19a-332a-3. Notification Requirements

(a) The asbestos abatement contractor, the facility owners or any person who will be conducting demolition activities shall notify the Commissioner before engaging in any asbestos abatement which involves more than ten (10) linear feet or more than twenty five (25) square feet of asbestos-containing material or before engaging in the demolition of any facility. If the notification is provided by the asbestos abatement contractor, a copy of the notification shall be simultaneously submitted to the facility owner. Notification shall be on forms prescribed by the Commissioner. Notification shall be postmarked or hand delivered at least ten (10) days before the start of asbestos abatement or demolition activities. In the case of emergency asbestos abatement or emergency demolition, notification shall be postmarked or hand delivered within one (1) working day after the start of asbestos abatement or demolition. A copy of the written order requiring demolition shall accompany the notification. This notification shall not relieve the asbestos contractor, facility owner or any person who will be conducting demolition activities of the responsibility for making written notification as may be required by any other municipality, agency of the State of Connecticut, or any agency of the federal government. Such additional federal requirements may include, but are not limited to, notification to the EPA under requirements of the Clean Air Act, the Toxic Substances Control Act, the Asbestos School Hazard Abatement Act, and the Asbestos Hazard Emergency Response Act.

(b) A single asbestos abatement notification may be provided to the Department for asbestos abatement which will cumulatively involve more than ten (10) linear or more than twenty-five (25) square feet of asbestos-containing material when a facility owner can provide an accurate estimate of the additive amounts of asbestos containing material. Such notification may be provided for a period of time not to exceed one year.

(c) Asbestos abatement notification to the Commissioner shall, at a minimum, include the following:
- (1) The name, address and telephone number of the asbestos contractor;
- (2) The name, address and telephone number of the facility owner;
- (3) The exact location of the facility;
- (4) The nature of the asbestos abatement;
- (5) The type of asbestos abatement activity;
- (6) A description of the facility including the size, age and use of the facility;
- (7) The amount of asbestos-containing material to be removed, enclosed or encapsulated or contained in the facility or part thereof to be demolished;
- (8) The scheduled start and completion dates;
- (9) A description of work practices to be followed to comply with Section 19a- 332a-5 to Section 19a-332a-12; and,
- (10) The name and the location of the authorized asbestos disposal facility where asbestos-containing materials will be deposited.

(d) A separate notification form shall be completed for each facility for which there is a proposed demolition.

(e) Demolition notification to the commissioner shall, at a minimum, include the following:
- (1) The name, address and telephone number of any person undertaking the demolition;
- (2) The name, address and telephone number of the facility owner;
- (3) The location and street address (including building number or name and floor or room number, if appropriate), and city of the facility being demolished;
- (4) A description of the facility including its size, age and use;
- (5) A statement of whether an inspection of the facility has been conducted by a licensed asbestos inspector or inspector/management planner;
- (6) The start and completion dates;
- (7) The name and the location of the disposal facility where demolition materials will

be deposited; and,

(8) The name, address and phone number of the demolition waste hauler.

(Effective August 5, 1988; Amended December 27, 1990; March 8, 2004.)

## 19a-332a-4. Recordkeeping

(a) The asbestos contractor shall maintain records of all asbestos abatement projects which it performs and shall provide a complete copy of these records to the facility owner upon completion of the project. The asbestos contractor and facility owner shall retain the records for thirty (30) years following completion of the project. These records shall be available to the Department upon request.

(b) The asbestos contractor shall record the following information for each project.

(1) The location and description of the project and the estimated amount and type of asbestos involved in each project;

(2) The start and completion dates of the project;

(3) A summary of the procedures used to comply with Sections 19a-332a-5 to 19a-332a-12;

(4) The name and address of the authorized asbestos disposal facility and verification from the authorized asbestos disposal facility indicating the amount of asbestos received for disposal;

(5) The methodology and results of all air sampling conducted during the abatement process;

(6) A complete list of the names and social security numbers of asbestos abatement workers, asbestos abatement site supervisors and other agents involved in the asbestos abatement activity and working for the asbestos contractor on that project and individuals entering the enclosed work area;

(7) A log of control of access to the work area;

(8) All records for compliance with the requirements of OSHA, Conn OSHA, DEP and EPA regulations; and,

(9) Documentation to demonstrate compliance with the post abatement reoccupancy criteria established by Section 19a-332a-12.

(Effective August 5, 1988; Amended effective December 27, 1990; March 8, 2004.)

## 19a-332a-5. General requirements for asbestos abatement projects

(a) Signs shall be posted which meet the specifications set forth in 29 CFR 1926.1101(k)(7)(ii)(A) at all approaches to the work area. Signs shall be posted a sufficient distance from the work area to permit a person to read the sign and take precautionary measures to avoid exposure to asbestos.

(b) The facility heating, ventilating and air conditioning (HVAC) systems within the asbestos abatement work area shall be shut down, locked out and isolated to prevent contamination of and fiber dispersal to other areas of the facility.

(c) The work area shall be isolated from non-work areas by air-tight barriers attached securely in place. All openings between the work area and non-work areas including but not limited to windows, doorways, elevator openings, corridor entrances, ventilation openings, drains, ducts, grills, grates, diffusers and skylights, shall be sealed airtight with 6 mil polyethylene sheeting.

(d) All movable objects which can be removed from the work area shall be removed. Cleaning of contaminated items shall be performed if the item is to be salvaged or reused. Otherwise the item shall be properly disposed of as asbestos waste. All non-movable objects in the work area shall be covered with a minimum of 6 mil polyethylene sheeting secured in place.

(e) Floor and wall surfaces in the work area shall be covered with polyethylene sheeting or equivalent. All seams and joints shall be sealed with tape or equivalent. Floor covering shall consist of at least two layers of 6 mil polyethylene and must cover at least the bottom 12 inches of adjoining wall. Wall covering shall consist of a minimum of two layers of 4 mil polyethylene sheet which shall overlap the floor covering to prevent leaks. There

shall be no seams in the polyethylene sheet at the wall-to-floor joints.

(f) Work area access shall be restricted to authorized personnel afforded proper respiratory protection and protective clothing.

(g) Clean-up procedures shall involve high efficiency particulate air (HEPA) filtration and wet cleaning techniques. Amended water shall be used. The sequence of wet cleaning and HEPA-filtered vacuuming shall be repeated until no visible residue is observed in the work area.

(h) Negative pressure ventilation units with HEPA filtration shall be provided in sufficient number to allow at least one (1) work place air change every 15 minutes. Filtered air should be exhausted to areas outside the building which are not near any intake for the building ventilation system.

(i) Waste water generated during asbestos abatement shall be filtered by best available technology prior to discharge.

(j) All asbestos containing waste shall be adequately wetted with an amended water solution and be placed in leak-tight containers.

(k) All leak-tight containers shall be labeled in accordance with OSHA 29 CFR 1910.1200 and EPA 40 CFR Part 61.152 as appropriate.

(l) Disposal of asbestos waste shall be at an authorized asbestos disposal facility. If the authorized asbestos disposal site is located within Connecticut, written authorization for disposal shall be obtained from the Department of Environmental Protection, Bureau of Waste Management.

(Effective August 5, 1988; Amended effective December 27, 1990; March 8, 2004.)

## 19a-332a-6. Worker decontamination system for asbestos abatement projects

(a) At all asbestos abatement projects, work areas shall be equipped with decontamination facilities consisting of: a clean room, a shower room, and an equipment room. Each room shall be separated from the other and from the work area by airlocks such as will prevent the free passage of air or asbestos fibers and shall be accessible through doorways protected with two (2) overlapping 4 mil polyethylene sheets. The clean room (or change room) shall be equipped with suitable hooks, lockers, shelves, etc. for workers to store personal articles and clothing. The shower room shall be contiguous to the clean room and equipment room. All personnel entering or leaving the work area shall pass through the shower room. The number of showers provided shall satisfy the requirements of OSHA 29 CFR 1910.141(d)(3)(ii). Warm water shall be supplied to the showers. The equipment room (dirty room) shall be situated between the shower room and the work area, and separated from both by means of suitable barriers or overlapping flaps such as will prevent the free passage of air or asbestos fibers.

(b) No person or equipment shall leave the asbestos abatement project work area unless first decontaminated by showering, wet washing or HEPA vacuuming to remove all asbestos debris. No asbestos contaminated materials or persons shall enter the clean room.

(c) Where feasible, decontamination systems shall abut the work area. In situations where it is not possible, due to unusual conditions, to establish decontamination systems contiguous to the work area, personnel shall be directed to remove visible asbestos debris from their persons by HEPA-filtered vacuuming prior to donning clean disposable coveralls while still in the work area, and proceeding directly to a remote decontamination system to shower and change clothes.

(d) In specific situations where the asbestos contractor determines that it is not feasible to establish a contiguous decontamination system at a work site, the asbestos contractor shall provide written notification and provide a copy to the facility owner of intent to utilize a remote decontamination system. Such systems must be operated in conformance with 29 CFR 1926.1101(j). Such notice shall be made with the notification required under Section 19a-332a-3.

(Effective August 5, 1988; Amended effective December 27, 1990; March 8, 2004.)

## 19a-332a-7. Specific requirements for asbestos removal

(a) All ACM to be removed or disturbed by removal shall be adequately wetted unless otherwise approved by the Department.

(b) Components shall be removed intact or in large sections whenever possible and carefully lowered to the floor.

(c) A coating of encapsulant, chosen so as to be compatible with subsequent coverings, shall be applied to all surfaces that have been stripped of ACM to securely seal any residual fibers that may be present after the surfaces have been visually inspected and found to be free of all visible residue.

(d) No equipment, supplies, or materials (except properly containerized waste material) shall be removed from an asbestos abatement project work area unless such equipment, supplies, or materials have been thoroughly decontaminated and cleaned free of asbestos debris. Where the configuration of the equipment, supplies or materials is such that decontamination and cleaning free of asbestos debris is neither possible nor feasible, then the object shall be thoroughly wrapped in a minimum of two (2) layers of six (6) mil polyethylene sheeting with all joints, seams and overlaps sealed with tape; or containerized in a metal drum with a locking lid. Examples include, but are not limited to, air filtration or HEPA-filtered vacuuming equipment which may be wrapped in polyethylene rather than dismantling beyond the HEPA filters for cleaning purposes; sections of insulated pipe or other objects to be disposed of intact may be wrapped in polyethylene without prior removal of asbestos. Wood or other materials used to construct on-site decontamination or shower units may be wrapped in polyethylene for disposal or transport to another contaminated work site for re-use.

(e) HEPA-filtered vacuum cleaners shall be emptied of collected asbestos waste contents prior to removal of the equipment from the work area.

(f) All pre-filters in the air filtration devices shall be removed prior to removal of the unit from an asbestos work site. The air filtration device shall be damp cleaned completely inside and out. The equipment shall be wrapped in polyethylene pursuant to Subsection 19a-332a-7 (b) prior to removing it from the work area. The replacement of filters shall occur prior to the beginning of the next asbestos abatement project after installation of containment barriers.

(Effective August 5, 1988; Amended December 27, 1990.)

## 19a-332a-8. Specific requirements for asbestos encapsulation

(a) All loose and hanging ACM shall be adequately wetted and removed as required in Section 19a-332a-7.

(b) Filler material applied to gaps in existing material shall contain no asbestos, adhere well to the substrate and provide an adequate base for the encapsulant.

(c) Encapsulants shall be applied using only airless spray equipment unless otherwise approved by the Department.

(Effective August 5, 1988; Amended December 27, 1990.)

## 19a-332a-9. Specific requirements for asbestos enclosure

(a) All loose and hanging ACM shall be adequately wetted and removed as required in Section 19a-332a-7 unless otherwise approved by the Department.

(b) Areas of ACM shall be sprayed with an encapsulant if they are to be disturbed during the installation of hangers, brackets or other portions of the enclosure.

(c) Non-asbestos containing substitutes shall be used to patch surfacing materials or thermal system insulation.

(Effective August 5, 1988; Amended December 27, 1990.)

## 19a-332a-10. Specific requirements for spot repairs

(a) Air-tight barriers shall be constructed to assure that asbestos fibers released during abatement activities are contained within the work area. Glove bags are permitted for

removal or repair of asbestos-containing materials.

(b) All asbestos-containing materials shall be wet and placed in leak tight containers prior to being disturbed. They shall be kept wet until containerized.

(c) A HEPA-filtered vacuum cleaner or wet cleaning technique shall be used to clean up the work area following abatement until there is no visible residue.

(d) Asbestos-containing waste shall be properly containerized in appropriately labeled impermeable and leak tight containers prior to disposal.

(e) All leak tight containers shall be labeled in accordance with OSHA 29 CFR 1926.1101(k)(8) and EPA 40 CFR part 61.152 as appropriate.

(f) Waste water generated during asbestos abatement shall be filtered by best available technology prior to discharge.

(g) Disposal of asbestos waste shall be at an authorized asbestos disposal facility. If the authorized asbestos disposal site is located within Connecticut, written authorization for disposal shall be obtained from the Department of Environmental Protection, Bureau of Waste Management.

(Effective August 5, 1988; Amended effective December 27, 1990; March 8, 2004.)

## 19a-332a-11. Alternative work practices

The Department may approve an alternative procedure for an asbestos abatement project or spot repair. The alternative procedures shall be submitted in writing and in advance for review by the Department and shall provide equivalent or a greater measure of asbestos emission control than the work practices prescribed by these regulations. Such approval may be granted for a period of time, not to exceed one year, for specified similar asbestos abatement projects or spot repairs performed within a facility. Such approval may be given for specified kinds of facilities or for asbestos abatement projects or spot repairs which utilize similar work procedures.

(Effective August 5, 1988.)

## 19a-332a-12. Post abatement reoccupancy criteria for asbestos abatement projects for friable asbestos-containing material

(a) No individual shall reoccupy the work area of an asbestos abatement project within a facility until compliance with the reoccupancy requirements of this section is achieved.

(b) Except as required by EPA Regulation 40 CFR Part 763 which applies to public and private schools, an asbestos abatement project shall be considered complete when there is no visible residue in the work area and when air samples demonstrate that the ambient interior airborne concentration of asbestos after the abatement project, does not exceed the levels specified in Subsection 19a-332a-12 (e).

(c) Air samples shall be collected using aggressive sampling as described in Appendix A of 40 CFR Part 763, subpart E to monitor air for post abatement reoccupancy after each asbestos abatement project.

(d) Air samples collected under this Section shall be analyzed for asbestos using laboratories accredited by the National Institute of Standards and Technology to conduct such analysis using transmission electron microscopy (TEM) or: Under circumstances specified in this section, laboratories accredited by the American Industrial Hygiene Association Proficiency Analytical Testing Program for phase contrast microscopy (PCM); or individuals listed in the American Industrial Hygiene Association's Asbestos Analyst's Registry, or until the National Institute of Standards and Technology TEM laboratory accreditation program is operational, laboratories that use the protocol described in Appendix A of 40 CFR Part 763, Subpart E.

(e) Except as provided for in Subsections 19a-332a-12(f) and 19a-332a-12 an asbestos abatement project shall be considered complete when the average concentration of asbestos of five air samples collected within the work area and analyzed by the TEM method in Appendix A of 40 CFR Part 763 subpart E, is not statistically significantly different, as determined by the Z-test calculation found in Appendix A of 40 CFR Part 763, subpart E, from the average asbestos concentration of five air samples collected at the same time outside the work area and analyzed in the same manner, and the average

asbestos concentration of the three field blanks described in Appendix A of 40 CFR Part 763, subpart E, is below the filter background level, as defined in Appendix A of 40 CFR Part 763 subpart E, of 70 structures per square millimeter (70 s/mm (2)).

(f) An asbestos abatement project may also be considered complete if the volume of air drawn for each of the five samples collected within the work area is equal to or greater than 1,199 L. of air for a 25 mm. filter or equal to or greater than 2,799 L. of air for a 37 mm. filter, and the average concentration of asbestos as analyzed by the TEM method in Appendix A, of 40 CFR part 763 subpart E. For the five air samples does not exceed the filter background level, as defined in Appendix A, of 70 structures per square millimeter (70 s/mm (2)). If the average concentration of asbestos of the five air samples within the work area exceeds 70 s/mm (2), or if the volume of air in each of the samples is less than 1,199 L. of air for a 25 mm. filter or less than 2,799 L. of air for a 37 mm. filter, the project shall be considered complete only when the requirements of subsections 19a-332a-12 (e) and 19a-332a-12 (g) are met.

(g) Air samples for post abatement reoccupancy may be collected and analyzed by phase contrast microscopy (PCM) to confirm completion of an asbestos abatement project involving less than or equal to 1500 square feet or 500 linear feet of asbestos-containing material. The project shall be considered complete when the results of samples collected in the work area and analyzed by phase contrast microscopy using the most current National Institute for Occupational Safety and Health (NIOSH) method 7400, to show that the concentration of fibers for each of the five samples is less than or equal to a limit of quantitation for PCM (0.010 fibers per cubic centimeter (0.010 f/cm (3)) of air).
(Effective December 27, 1990.)

## 19a-332a-14. Inspection of asbestos abatement projects

(a) The Commissioner or authorized agent shall, after proper identification, have the right to enter into any facility, or onto any property where asbestos abatement is planned or is being performed or has been performed in order to determine whether such asbestos abatement is being performed in a manner consistent with good safe practices and in accordance with these regulations.

(b) Entry into the facility or onto the property where asbestos abatement is being planned or performed shall be at reasonable times.
(Effective August 5, 1988.)

## 19a-332a-15. Order to cease activity

(a) Whenever the Commissioner has reason to believe on the basis of inspections or tests that asbestos abatement is being performed in violation of these regulations or, in the judgment of the Commissioner, is endangering the public's health, the Commissioner may issue a written or printed cease activity order to any person who performs, supervises or controls such asbestos abatement. Such order shall specifically describe the nature of the violation or condition endangering the public's health.

(b) After receipt of a cease activity order, no person shall conduct asbestos abatement except in accordance with the provisions of the order.

(c) Compliance with the provisions of a cease activity order shall be determined by the Commissioner on the basis of re-inspection or additional tests as deemed necessary by the Commissioner.

(d) Within seven (7) business days of receipt of a written request of the person subject to a cease activity order, the Commissioner shall hold a hearing to provide the person subject to the order an opportunity to be heard and show that asbestos abatement is being performed in accordance with these regulations and/or without endangering the public health. The cease activity order shall remain in effect until seven days after said hearing, within which time the Commissioner shall determine whether said order should continue in effect. The cease activity order shall be revoked at the end of said seven day period if no decision is made by the Commissioner or if so ordered by the Commissioner.
(Effective August 5, 1988; Amended December 27, 1990.)

## 19a-332a-16. Application by the attorney general to the court

Whenever, in the judgment of the Commissioner, any person has engaged in or is about to engage in any acts or practices which constitute or will constitute a violation of these regulations, the Commissioner may request the Attorney General to make application to a court of appropriate jurisdiction for an order enjoining such acts or practices or for an order directing compliance with these regulations.

(Effective August 5, 1988.)

# Asbestos-Containing Materials in Schools

## 19a-332e-1. Definitions. As used in sections 19a-332e-1 through 19a-332e2 of the Regulations of Connecticut State Agencies

(1) "Asbestos-containing material" or "ACM" means material composed of asbestos of any type and in an amount greater than one percent by weight, either alone or mixed with other fibrous or nonfibrous material.

(2) "Commissioner" means the commissioner of the Department of Public Health.

(3) "Department" means the Department of Public Health.

(4) "Local Education Agency" or "LEA" means:

(A) Any local educational agency as defined in Section 198 of the Elementary and Secondary Education Act of 1965, 20 U.S.C. § 3381, as amended from time to time;

(B) the owner of any nonpublic, nonprofit elementary, or secondary school building; or

(C) the governing authority of any school operated under the defense dependents' education system provided for under the Defense Dependents' Education Act of 1978, 20 U.S.C. § 921, et seq., as amended from time to time.

(5) "Person" means any individual, corporation, partnership, firm, association, sole proprietorship, the State of Connecticut or any of its political subdivisions, or any other entity except an LEA as defined in subsection (4) of this section.

(Effective June 4, 1999.)

## 19a-332e-2. Assessment of civil penalties

(a) Establishment of civil penalty. In setting a civil penalty in a particular case the commissioner shall consider all factors which he deems relevant, including but not limited to those listed in subsection (b) of section 19a-332e of the Connecticut General Statutes.

(b) Explanation of assessment. When the commissioner imposes a civil penalty under subsection (a) of section 19a-332e of the Connecticut General Statutes, the commissioner shall provide a written explanation of the methodology employed and a written summary of calculations used to determine a particular assessment upon written request by the affected person.

(c) Calculation of assessment. The total penalty assessed shall be calculated by adding all the applicable penalties specified in section 19a-332e-2(a) of the Regulations of Connecticut State Agencies.

(d) Record of mitigation. The department shall maintain a written record of each instance in which the commissioner mitigates a civil penalty pursuant to subsections (b) and (e) of Section 19a-332e of the Connecticut General Statutes. The record shall include the name and address of the person, the violation(s), the amount of the civil penalty before and after mitigation, and the reasons for mitigation.

(e) Schedules of penalties.

(Effective June 4, 1999.)

**TABLE A**

**Asbestos-Containing Materials in Schools**

| | | LEA | Other Person |
|---|---|---|---|
| Section 19a-333a-2 | General Local Education Responsibilities | $50-$5000 | X |
| Section 19a-333a-3 | Inspections and Reinspections | $50-$5000 | $50-$25000 |
| Section 19a-333a-4 | Sampling | $50-$1000 | $50-$2000 |
| Section 19a-333a-5 | Analysis | $50-$1000 | $50-$1000 |
| Section 19a-333a-6 | Assessment | $50-$1000 | $50-$1000 |
| Section 19a-333a-7 | Response Action | $50-$5000 | $50-$25000 |
| Section 19a-333a-8 | Operations and Maintenance | $50-$1000 | $50-$1000 |
| Section 19a-333a-9 | Training and Periodic Surveillance | $50-$2500 | $100-$10000 |
| Section 19a-333a-10 | Management Plans | $50-$5000 | $50-$25000 |
| Section 19a-333a-11 | Recordkeeping | $50-$1000 | $50-$2000 |
| Section 19a-333a-12 | Warning Labels | $50-$1000 | $50-$1000 |
| Section 19a-333a-13 | Exclusions | $50-$5000 | $50-$25000 |

**TABLE B**

**Standards for Asbestos Abatement**

| | | LEA | Other Person |
|---|---|---|---|
| Section 19a-332a-3 | Notification of Asbestos Abatement | $50-$1000 | $50-$2000 |
| Section 19a-332a-4 | Recordkeeping | $50-$1000 | $50-$2000 |
| Section 19a-332a-5 | General Requirements for Asbestos Abatement Projects | $50-$5000 | $50-$25000 |
| Section 19a-332a-6 | Worker Decontamination System for Asbestos Abatement Projects | $100-$2500 | $100-$10000 |
| Section 19a-332a-7 | Specific Requirements for Asbestos Removal | $50-$1000 | $50-$2000 |
| Section 19a-332a-8 | Specific Requirements for Encapsulation | $50-$1000 | $50-$2000 |
| Section 19a-332a-9 | Specific Requirements for Enclosure | $50-$1000 | $50-$2000 |
| Section 19a-332a-10 | Specific Requirements for Spot Repairs | $50-$1000 | $50-$2000 |
| Section 19a-332a-11 | Alternative Work Practices | $50-$5000 | $50-$25000 |
| Section 19a-332a-12 | Post Abatement Reoccupancy Criteria for Asbestos Abatement Projects for Friable Asbestos-Containing Material | $50-$5000 | $50-$25000 |
| Section 19a-332a-14 | Inspection for Asbestos Abatement Projects | $500-$5000 | $1000-$25000 |
| Section 19a-332a-15 | Order to Cease Activity | $500-$5000 | $1000-$25000 |

**TABLE C**

**Licensure and Training Requirements for Persons Engaged in Asbestos Abatement and Consultation Services**

| | | LEA | Other Person |
|---|---|---|---|
| Section 20-440-2 | Licensure of Asbestos Contractors | $100-$2500 | $100-$10000 |
| Section 20-440-3 | Licensure of Asbestos Consultants | $100-$2500 | $100-$10000 |
| Section 20-440-4 | Application for Licensure and Certification as an Asbestos Consultant | $100-$2500 | $100-$10000 |
| Section 20-440-5 | Certification and Employment as an Asbestos Abatement Site Supervisor or as an Asbestos Abatement Worker | $100-$2500 | $100-$10000 |
| Section 20-440-7 | Training Requirements | $100-$2500 | $100-$10000 |
| Section 20-440-8 | Training Provider Administrative Tasks and Certification Requirements | $50-$1000 | $50-$2000 |
| Section 20-440-9 | Recordkeeping | $50-$1000 | $50-$2000 |
| Section 20-441 | Refresher Training | $50-$1000 | $50-$2000 |

## 19a-333-1. Definitions, as used in sections 19a-333-1 through 19a-333-13

(a) "Act" means the federal Toxic Substances Control Act (TSCA), 15 U.S.C. sections 2601 et seq. as amended;

(b) "Accessible" when referring to ACM, means that the material is subject to disturbance by school building occupants or custodial or maintenance personnel in the course of their activities;

(c) "Accredited" or "accreditation" when referring to a person or laboratory, means that such person or laboratory is accredited in accordance with section 206 of Title II of the Act and with the requirements established by sections 19a-332-17 through 19a-332-23 of the regulations of Connecticut State Agencies as amended;

(d) "Air erosion" means the passage of air over friable ACBM which may result in the release of asbestos fibers;

(e) "Approved Training Provider" means any individual or entity which satisfactorily demonstrates through application and submission of course agenda, faculty resumes, training manuals, examination materials, and equipment inventory that it meets the requirements established by section 19a-332-17 through section 19a-332-23 of the regulations of Connecticut State Agencies as amended;

(f) "Asbestos" means the asbestiform varieties of: chrysotile (serpentine), crocidolite (riebeckite), amosite (cummingtonitegrunerite), anthophyllite, tremolite, and actinolite;

(g) (g) "Asbestos-containing material" (ACM) when referring to school buildings, means any material or product which contains more than 1 percent asbestos by weight either alone or mixed with other fibrous or nonfibrous material;

(h) "Asbestos-containing building material" (ACBM) means surfacing ACM, thermal system insulation ACM, or miscellaneous ACM that is found in or on interior structural members or other parts of a school building;

(i) "Asbestos contractor" means any accredited person or entity engaged in asbestos abatement whose employees actually perform the asbestos abatement work;

(j) "Asbestos debris" means pieces of ACBM that can be identified by color, texture, or composition, including dust if the dust is determined by an accredited inspector to be ACM;

(k) "Asbestos inspector" means any accredited person who identifies, assesses the condition of, or collects bulk samples of suspected ACM;

(l) "Asbestos management planner" means a person who is accredited to assess the health hazard posed by the asbestos-containing material, determines the appropriate response action, and develops a schedule for implementing response actions in schools;

(m) "Asbestos project designer" means any accredited person who determines how asbestos abatement work should be conducted and who prepares, for purposes of an abatement project, plans, designs, procedures, workscope or other substantive directions or criteria;

(n) "Assessment" when used in reference to ACBM in a school building, means any evaluation of ACBM, or suspected ACBM, which leads to a determination of the need for response action;

(o) "Commissioner" means the Commissioner of Health Services or his/her authorized agent;

(p) "Damaged friable miscellaneous ACM" means friable miscellaneous ACM which has deteriorated or sustained physical injury such that the internal structure (cohesion) of the material is diminished or, if applicable, which has delaminated such that its bond to the substrate (adhesion) is diminished or which, for any other reason, lacks fiber cohesion or adhesion qualities. Such damage or deterioration may be illustrated by the separation of ACM into layers; separation of ACM from the substrate; flaking, blistering, or crumbling of the ACM from the substrate; significant or repeated water stains, scrapes, gouges, marks, asbestos debris originating from the ACBM in question, or other signs of physical injury on the ACM;

(q) "Damaged friable surfacing ACM" means friable surfacing ACM which has deteriorated or sustained physical injury such that the internal structure (cohesion) of the material is diminished or which has delaminated such that its bond to the substrate (adhesion) is

diminished or which, for any other reason, lacks fiber cohesion or adhesion qualities as illustrated by the separation of ACM into layers; separation of ACM from the substrate; flaking, blistering, or crumbling of the ACM surface; water damage; significant or repeated water stains, scrapes, gouges, marks, asbestos debris originating from the ACBM in question, or other signs of physical injury on the ACM;

(r) "Damaged or significantly damaged thermal system insulation ACM" means thermal system insulation ACM on pipes, boilers, tanks, ducts, and other thermal system insulation equipment where the insulation has lost its structural integrity, or its covering, in whole or in part, is crushed, water-stained, gouged, punctured, missing, or not intact such that it is not able to contain fibers, as may be further illustrated by occasional punctures, gouges, or other signs of physical injury to ACM; occasional water damage on the protective coverings/jackets; or exposed ACM ends or joints, or asbestos debris originating from the ACBM in question;

(s) "Department" means the Connecticut Department of Health Services;

(t) "Encapsulation" means the treatment of ACBM with a material that surrounds or embeds asbestos fibers in an adhesive matrix to prevent the release of fibers, as the encapsulant creates a membrane over the surface (bridging encapsulant) or penetrates the material and binds its components together (penetrating encapsulant);

(u) "Enclosure" means an airtight, impermeable, permanent barrier around ACBM to prevent the release of asbestos fibers into the air;

(v) "EPA" means the United States Environmental Protection Agency;

(w) "Fiber release episode" means any uncontrolled or unintentional disturbance of ACM resulting in visible emission;

(x) "Friable" means that the material, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure, and includes previously nonfriable material after it becomes damaged to the extent that when dry it may be crumbled, pulverized, or reduced to powder by hand pressure;

(y) "Functional space" means a room, group of rooms, or areas of similar usage (including crawl spaces or the space between a dropped ceiling of the floor of roof deck above), such as classroom(s), a cafeteria, gymnasium, hallway(s), designated by a person accredited to prepare management plans, design abatement projects, or conduct response actions;

(z) "High-efficiency particulate air" (HEPA) means a filtering system capable of trapping and retaining at least 99.97 percent of all monodispersed particles 0.3 micrometer in diameter or larger;

(aa) "Homogeneous area" means an area of surfacing material, thermal system insulation material, or miscellaneous material that is uniform in color and texture;

(bb) "Local education agency" means:

(1) any local educational agency as defined in Section 198 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. section 3381) as amended; or

(2) the owner of any nonpublic, nonprofit elementary, or secondary school building; or

(3) the governing authority of any school operated under the defense dependents education system provided for under the Defense Dependents' Education Act of 1978 (20 U.S.C. sections 921, et seq.) as amended;

(cc) "Miscellaneous ACM" means miscellaneous material that is ACM in a school building;

(dd) "Miscellaneous material" means interior building material on structural components, structural members or fixtures, such as floor and ceiling tiles, and does not include surfacing material or thermal system insulation;

(ee) "Moveable object" means a piece of equipment, a fixture or furniture in the work area which can be readily removed from the work area;

(ff) "Nonfriable" means material in a school building which when dry may not be crumbled, pulverized, or reduced to powder by hand pressure;

(gg) "Operations and maintenance program" (O & M) means a program of work practices to maintain friable ACBM in good condition, ensure cleanup of asbestos fibers previously

released, and prevent further release by minimizing and controlling friable ACBM disturbance or damage;

(hh) "OSHA" means the Occupational Health and Safety Administration of the United States Department of Labor;

(ii) "Potential damage" means circumstances in which:
- (1) friable ACBM is in an area regularly used by building occupants, including maintenance personnel, in the course of their normal activities, and
- (2) there are indications that the material or its covering will become damaged, deteriorated, or delaminated due to factors such as changes in building use, changes in operations and maintenance practices, changes in occupancy, or recurrent damage;

(jj) "Potential significant damage" means circumstances in which:
- (1) friable ACBM is in an area regularly used by building occupants, including maintenance personnel, in the course of their normal activities, and
- (2) there are indications that the material or its covering will become significantly damaged, deteriorated, or delaminated due to factors such as changes in building use, changes in operations and maintenance practices, changes in occupancy, or recurrent damage or the material is subject to major or continuing disturbance, due to factors including, but not limited to, accessibility or, under certain circumstances, vibration or air erosions;

(kk) "Preventive measures" means actions taken to reduce disturbance of ACBM or otherwise eliminate the reasonable likelihood of the materials becoming damaged or significantly damaged;

(ll) "Removal" means the taking out or the stripping of substantially all ACBM from a damaged area, a functional space, or a homogeneous area in a school building;

(mm) "Repair" means restoration of damaged ACBM to an undamaged condition or to an intact state so as to prevent fiber release, including but not limited to the sealing, patching, enclosing or encapsulating of damaged asbestos-containing material to prevent fiber release;

(nn) "Response action" means a method, including removal, encapsulation, enclosure, repair, operations and maintenance, that protects human health and the environment from friable ACBM;

(oo) "Routine maintenance area" means an area, such as a boiler room or mechanical room, that is not normally frequented by students and in which maintenance employees or contract workers regularly conduct maintenance activities;

(pp) "Sampling area" means any area, within a school building which contains friable material that is homogeneous in texture and appearance;

(qq) "School" means any elementary or secondary school as defined in Section 198 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. section 2854) as amended;

(rr) "School building" means:
- (1) any structure suitable for use as a classroom, including a school facility such as a laboratory, library, school eating facility, or facility used for the preparation of food;
- (2) any gymnasium or other facility which is specially designed for athletic or recreational activities for an academic course in physical education;
- (3) any other facility used for the instruction or housing of students or for the administration of educational or research programs;
- (4) any maintenance, storage, or utility facility, including any hallway, essential to the operation of any facility described in this definition of "school building" under paragraphs (1), (2), or (3);
- (5) any portico or covered exterior hallway or walkway, or (6) any exterior portion of a mechanical system used to condition interior space;

(ss) "Significantly damaged friable miscellaneous ACM" means damaged friable surfacing ACM in a functional space where the damage is extensive and severe;

(tt) "State" means the State of Connecticut;

(uu) "Surfacing ACM" means surfacing material that is ACM;

(vv) "Surfacing material" means material in a school building that is sprayed-on, troweled-on, or otherwise applied to surfaces, such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing, or other purposes;

(ww) "Suspect ACBM" means building material including thermal system insulation, surfacing material or miscellaneous material that is found in or on interior structural members or other parts of a school building and is determined or assumed by an accredited inspector to be ACM;

(xx) "Thermal system insulation" means material in a school building applied to pipes, fittings, boilers, breeching, tanks, ducts, or other interior structural components to prevent heat loss or gain, or water condensation, or for other purposes;

(yy) "Thermal system insulation ACM" means thermal system insulation that is ACM;

(zz) "Vibration" means the periodic motion of friable ACBM which may result in the release of asbestos fibers.

(Effective December 1, 1992.)

## 19a-333-2. General local education agency responsibilities

Each local education agency shall:

(a) ensure that the activities of any persons who perform inspections, reinspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with the requirements of sections 19a-333-1 through 19a-333-13 of the regulations of Connecticut State Agencies;

(b) ensure that all custodial and maintenance employees are properly trained as required by sections 19a-333-1 through 19a-333-13 of the regulations of Connecticut State Agencies and other applicable federal and/or state regulations (e.g., the OSHA asbestos standard for construction or applicable state regulations);

(c) ensure that workers and building occupants, or their legal guardians, are informed at least once each school year about inspections, response actions, and post-response action activities, including periodic reinspections and surveillance activities that are planned or in progress;

(d) ensure that short-term workers (e.g., telephone repair workers, utility workers, or exterminators) who may come in contact with asbestos in a school are provided information regarding the locations of ACBM and suspected ACBM assumed to be ACM;

(e) ensure that warning labels are posted in accordance with section 19a-333-12 of the regulations of Connecticut State Agencies;

(f) ensure that management plans are available for inspection and notification of such availability has been provided as specified in the management plan under subsection (f) of section 19a-333-10 of the regulations of Connecticut State Agencies;

(g) designate a person to ensure that requirements under this section are properly implemented;

(h) ensure that the training of the person designated under subsection (g) of this section provides a basic knowledge of:

(1) health effects of asbestos,

(2) detection, identification, and assessment of ACM,

(3) options for controlling ACBM,

(4) asbestos management programs, and

(5) relevant federal and state regulations concerning asbestos, including but not necessarily limited to those in sections 19a-333-1 through 19a-333-13 of the regulations of Connecticut State Agencies and those of the following federal agencies;

(A) Occupational Safety and Health Administration,

(B) Department of Labor,

(C) Department of Transportation and

(D) Environmental Protection Agency;

(i) avoid any conflict of interest in the selection of accredited personnel to perform activities under sections 19a-333-1 through 19a-333-13 of the regulations of Connecticut State Agencies.
(Effective December 1, 1992.)

## 19a-333-3. Inspection and reinspections

(a) Inspection
- (1) All local education agencies are required to inspect each school building that they lease, own or otherwise use as a school building to identify all locations of friable and nonfriable ACBM except for those buildings which have been inspected as required by the Act and for which documentation of said inspection was filed with the State as required by the Act. The inspection shall be conducted as described under subdivisions (2) and (3) of this subsection prior to use as a school building.
- (2) Each inspection shall be made by an accredited inspector.
- (3) For each area of a school building, except as excluded under section 19a-333-13 of the regulations of Connecticut State Agencies, each person performing an inspection shall:
  - (A) visually inspect the area to identify the locations of all suspected ACBM;
  - (B) touch all suspected ACBM to determine whether it is friable;
  - (C) identify all homogeneous areas of friable suspected ACBM and all homogeneous areas of nonfriable suspected ACBM;
  - (D) for each identified homogeneous area that is not assumed to be ACM, collect and submit for analysis bulk samples under sections 19a-333-4 and 19a-333-5 of the regulations of Connecticut State Agencies;
  - (E) assess, under section 19a-333-6 of the regulations of Connecticut State Agencies, friable material in areas where samples are collected, friable material in areas that are assumed to be ACBM, and friable ACBM identified during a previous inspection;
  - (F) record the following and submit to the person designated under section 19a-333-2 of the regulations of Connecticut State Agencies, a copy of such record for inclusion in the management plan within thirty (30) days of the inspection:
    - (i) an inspection report with the date of the inspection signed by each accredited person making the inspection, state of accreditation, and if applicable his or her accreditation number;
    - (ii) an inventory of the locations of the homogeneous areas where samples are collected, exact location where each bulk sample is collected, dates that samples are collected, homogeneous areas where friable suspected ACBM is assumed to be ACM, and homogeneous areas where nonfriable suspected ACBM is assumed to be ACM;
    - (ii) a description of the manner used to determine sampling locations, the name and signature of each accredited inspector who collected the samples, state of accreditation, and, if applicable, his or her accreditation number;
    - (iii) a list of whether the homogeneous areas identified under this subparagraph are surfacing material, thermal system insulation, or miscellaneous material;
    - (iv) assessments made of friable material, the name and signature of each accredited inspector making the assessment, state of accreditation, and if applicable, his or her accreditation number.

(b) Reinspection
- (1) At least once every three (3) years after a management plan is implemented, each local education agency shall conduct a reinspection of all friable and

nonfriable known or assumed ACBM and any not previously identified suspect ACBM, regardless of whether or not these areas were included in the original inspection and management plan, in each school building that they lease, own, or otherwise use as a school building. Each local education agency shall submit to the Department within thirty (30) days of the reinspection, documentation that a reinspection has been performed. This documentation shall be submitted on a form prescribed by the Commissioner.

(2) Each inspection shall be made by an accredited inspector.

(3) For each area of a school building, each person performing a reinspection shall:

(A) visually reinspect, and reassess, under section 19a-333-6 of the regulations of Connecticut State Agencies, the condition of all friable known or assumed ACBM;

(B) visually inspect material that was previously considered nonfriable ACBM and touch the material to determine whether it has become friable since the last inspection or reinspection;

(C) visually inspect and assess under section 19a-333-6 of the regulations of Connecticut State Agencies, materials such as, but not restricted to, ceiling tile, wallboard, plaster walls, linoleum, fire doors, duct insulation and vibration dampening cloth, which are considered suspect ACBM;

(D) identify any homogeneous areas with material that has become friable since the last inspection or reinspection;

(E) for each homogeneous area of newly friable material that is already assumed to be ACBM, collect and submit bulk samples for analysis in accordance with sections 19a-333-4 and 19a-333-5 of the regulations of Connecticut State Agencies;

(F) assess, under section 19a-333-6 of the regulations of Connecticut State Agencies, the condition of the newly friable material in areas where samples are collected, and newly friable materials in areas that are assumed to be ACBM;

(G) reassess, under section 19a-333-6 of the regulations of Connecticut State Agencies, the condition of friable known or assumed ACBM previously identified;

(H) record the following and submit to the person designated under section 19a-333-2 of the regulations of Connecticut State Agencies a copy of such record for inclusion in the management plan within thirty (30) days of the reinspection:

(i) the date of the reinspection, the name and signature of the person making the reinspection, state of accreditation, and if applicable, his or her accreditation number, and any changes in the condition of known or assumed ACBM;

(ii) the exact locations where samples are collected during the reinspection, a description of the manner used to determine sampling locations, the name and signature of each accredited inspector who collected the samples, state of accreditation, and, if applicable, his or her accreditation number;

(iii) any assessments or reassessments made of friable material, the name and signature of the accredited inspector making the assessments, state of accreditation, and if applicable, his or her accreditation number.

(c) General. Thermal system insulation that has retained its structural integrity and that has an undamaged protective jacket or wrap that prevents fiber release shall be treated as nonfriable and therefore is subject only to periodic surveillance and preventive measures as necessary.

(Effective December 1, 1992.)

## 19a-333-4. Sampling

(a) Surfacing material. An accredited inspector shall collect bulk samples of surfacing material, in a statistically random manner which is representative of the homogeneous area of friable surfacing material that is not assumed to be ACM, and shall collect such samples as follows:

(1) at least three (3) bulk samples from each homogeneous area that is one-thousand (1,000) square feet or less, except as provided in subsection (d) of section 19a-333-5 of the regulations of Connecticut State Agencies;

(2) at least five (5) bulk samples shall be collected from each homogeneous area that is greater than one-thousand (1,000) square feet but less than or equal to five-thousand (5,000) square feet, except as provided in subsection (d) of section 19a-333-5 of the regulations of Connecticut State Agencies;

(3) at least seven (7) bulk samples shall be collected from each homogeneous area that is greater than five-thousand (5,000) square feet, except as provided in subsection (d) of section 19a-333-5 of the regulations of Connecticut State Agencies.

(b) Thermal system insulation

(1) Except as provided in subdivisions (2) through (4) of this subsection and subsection (c) of section 19a-333-5 of the regulations of Connecticut State Agencies, an accredited inspector shall collect, in a randomly distributed manner, at least three (3) bulk samples from each homogeneous area of thermal system insulation that is not assumed to be ACM.

(2) An accredited inspector shall collect at least one (1) bulk sample from each homogeneous area of patched thermal system insulation that is not assumed to be ACM if the patched section is less than six (6) linear or square feet.

(3) In a manner sufficient to determine whether the material is ACM or not ACM, an accredited inspector shall collect bulk samples from each insulated mechanical system that is not assumed to be ACM where cement or plaster is used on fittings such as tees, elbows, or valves, except as provided under subsection (d) of section 19a-333-5 of the regulations of Connecticut State Agencies.

(4) Bulk samples are not required to be collected from any homogeneous area where the accredited inspector has determined that the thermal system insulation is fiberglass, foam glass, rubber, or other non-ACBM.

(c) Miscellaneous material. In a manner sufficient to determine whether material is ACM or not ACM, an accredited inspector shall collect bulk samples from each homogeneous area of friable miscellaneous material that is not assumed to be ACM.

(d) Nonfriable suspected ACBM. If any homogeneous area of nonfriable suspected ACBM is not assumed to be ACM, then an accredited inspector shall collect, in a manner sufficient to determine whether the material is ACM or not ACM, bulk samples from the homogeneous area of nonfriable suspected ACBM that is not assumed to be ACM. (Effective December 1, 1992.)

## 19a-333-5. Analysis

(a) Local education agencies shall have bulk samples, collected under section 19a-333-4 of the regulations of Connecticut State Agencies and submitted for analysis, analyzed for asbestos using laboratories accredited by the National Institute of Standards and Technology or an equivalent laboratory accreditation as approved by the EPA.

(b) Bulk samples shall not be composited for analysis and shall be analyzed for asbestos content by polarized light microscopy (PLM), using the "Interim Method for the Determination of Asbestos in Bulk Insulation Samples" found at Appendix A to Subpart F in 40 CFR Part 763 as amended, or the current EPA method for the analysis of asbestos in building materials by polarized light microscopy.

(c) A homogeneous area is considered not to contain ACM only if the results of all samples required to be collected from the area show asbestos in amounts of one percent (1%) or less.

(d) A homogeneous area shall be determined to contain ACM based on a finding that the results of at least one (1) sample collected from the area shows that asbestos is present in an amount greater than one percent (1%).

(e) The name and address of each laboratory performing an analysis, the date of analysis, and the name and signature of the person performing the analysis shall be submitted to the person designated under section 19a-333-2 of the regulations of Connecticut State Agencies for inclusion into the management plan within thirty (30) days of the analysis. (Effective December 1, 1992.)

## 19a-333-6. Assessment

(a) For each inspection and reinspection under subsections (a) and (c) of section 19a-333-3 of the regulations of Connecticut State Agencies and previous inspections specified under section 19a-333-13 of the regulations of Connecticut State Agencies, the local education agency shall have an accredited inspector provide a written assessment of all friable known or assumed ACBM in the school building.

(b) Each accredited inspector providing a written assessment shall sign and date the assessment, provide his or her state of accreditation, and if applicable, accreditation number, and submit a copy of the assessment to the person designated under section 19a-333-2 of the regulations of Connecticut State Agencies for inclusion in the management plan within thirty (30) days of the assessment.

(c) The accredited inspector shall classify and give reasons in the written assessment for classifying the ACBM and suspected ACBM assumed to be ACM in the school building into one of the following categories:
- (1) damaged or significantly damaged thermal system ACM,
- (2) damaged friable surfacing ACM,
- (3) significantly damaged friable surfacing ACM,
- (4) damaged or significantly damaged friable miscellaneous ACM,
- (5) ACBM with potential for damage,
- (6) ACBM with potential for significant damage,
- (7) any remaining friable ACBM or friable suspected ACBM.

(a) Assessment shall include the following considerations:
- (1) location and the amount of the material, both in total quantity and as a percentage of the functional space;
- (2) condition of the material, specifying:
  - (A) type of damage or significant damage (e.g., flaking, blistering, water damage, or other signs of physical damage);
  - (B) severity of damage (e.g., major flaking, severely torn jackets, as opposed to occasional flaking, minor tears to jackets) and
  - (C) extent or spread of damage over large areas or large percentages of the homogeneous area;
- (3) whether the material is accessible;
- (4) the material's potential for disturbance;
- (5) known or suspected causes of damage or significant damage (e.g., air erosion, vandalism, vibration, water) and
- (6) preventive measures which might eliminate the reasonable likelihood of undamaged ACM from becoming damaged or significantly damaged.

(e) The local education agency shall select a person accredited to develop management plans to review the results of each inspection, reinspection, and assessment for the school building and to conduct any other necessary activities in order to recommend in writing to the local education agency appropriate response actions. The accredited person shall sign and date the recommendation, provide his or her state of accreditation, and, if applicable, provide his or her accreditation number, and submit a copy of the recommendation to the person designated under section 19a-333-2 of the regulations of Connecticut State Agencies for inclusion in the management plan.
(Effective December 1, 1992.)

## 19a-333-7. Response action

(a) The local education agency shall select and implement in a timely manner the appropriate response actions in this section consistent with the assessment conducted in section 19a-333-6 of the regulations of Connecticut State Agencies. The response actions selected shall be sufficient to protect human health and the environment. The local education agency may then select, from the response actions which protect human health and the environment, that action which is the least burdensome. For purposes of determining which of these response actions is the least burdensome, the local education agency may consider local circumstances, including occupancy and use patterns within the school building, and its economic concerns, including short-term and long-term costs. The response action shall at a minimum meet the requirements as set forth in sub sections (a) through (h) of this section. No asbestos abatement shall be performed in a school building while school is in session without the prior written approval of the Department.

(b) If damaged or significantly damaged thermal system insulation ACM is present in a building, the local education agency shall:
- (1) repair the damaged area; or
- (2) remove the damaged material if it is not feasible, due to technological factors, to repair the damage; and
- (3) maintain all thermal system insulation ACM and its covering in an intact state and undamaged condition.

(c) If damaged friable surfacing ACM or damaged friable miscellaneous ACM is present in a building, the local education agency shall select the response actions that best protects human health and the environment from among the following:
- (1) encapsulation,
- (2) enclosure,
- (3) removal or
- (4) repair.

(d) If significantly damaged friable surfacing ACM or significantly damaged friable miscellaneous ACM is present in a building the local education agency shall:
- (1) immediately isolate the functional space and restrict access unless the accredited management planner determines that isolation is not necessary to protect human health and the environment;
- (2) remove the material in the functional space or, depending upon whether the accredited management planner determines that enclosure or encapsulation would be sufficient to protect human health and the environment, enclose or encapsulate.

(e) If any friable surfacing ACM, thermal system ACM, or friable miscellaneous ACM that has potential for damage is present in a building, the local education agency shall at least implement an O & M program, as described under section 19a-333-8 of the regulations of Connecticut State Agencies.

(f) If any friable surfacing ACM, thermal system insulation ACM, or friable miscellaneous ACM that has potential for significant damage is present in a building, the local education agency shall:
- (1) implement an O & M program as described under section 19a-333-8 of the regulations of Connecticut State Agencies, and
- (2) immediately isolate the area and restrict access if necessary to avoid an imminent and substantial endangerment to human health or the environment, and
- (3) institute preventive measures appropriate to eliminate the reasonable likelihood that the ACM or its covering will become significantly damaged, deteriorated, or delaminated, and
- (4) remove the material as soon as possible if appropriate preventive measures cannot be effectively implemented.

(g) Response actions including removal, encapsulation, enclosure, or repair, other than small-scale, short-duration repairs, shall be designed and conducted by persons accredited to design and conduct response actions.

(h) Completion of response actions

(1) At the conclusion of any action to remove, encapsulate, or enclose ACBM or material assumed to be ACBM, an accredited person designated by the local education agency shall visually inspect each functional space where such action was conducted to determine whether the action has been properly completed.

(2) An accredited person designated by the local education agency shall collect air samples using aggressive sampling as described in Appendix A to 40 CFR Part 763 Subpart E, as amended, to monitor air for clearance after each removal, encapsulation, and enclosure project involving ACBM, except for projects that are spot repairs as defined in section 19a-332a-1 of the regulations of Connecticut State Agencies.

(3) Local education agencies shall have air samples collected under this section analyzed for asbestos using laboratories accredited by the National Institute of Standards and Technology to conduct such analysis using transmission electron microscopy (TEM) or, under circumstances permitted in this section, laboratories enrolled in the American Industrial Hygiene Association Proficiency Analytical Testing Program for phase contrast microscopy (PCM).

(4) Except as provided in subdivisions (5) and (6) of this subsection, an action to remove, encapsulate, or enclose ACBM shall be considered complete when the average concentration of asbestos of five (5) air samples collected within the affected functional space and analyzed by the TEM method in Appendix A to 40 CFR Part 763 Subpart E, as amended, is not statistically significantly different, as determined by the Z-test calculation found in Appendix A from the average asbestos concentration of five (5) air samples collected at the same time outside the affected functional space and analyzed in the same manner, and the average asbestos concentration of the three (3) field blanks described in Appendix A is below the filter background level, as defined in Appendix A, of seventy structures per square millimeter (70 s/sq mm).

(5) An action shall also be considered complete if the volume of air drawn for each of the five (5) samples collected within the affected functional space is equal to or greater than one thousand one hundred and ninety-nine liters (1,199 L) of air for a twenty-five millimeter (25 mm) filter or equal to or greater than two thousand seven hundred and ninety-nine liters (2,799 L) of air for a thirty-seven millimeter (37 mm) filter, and the average concentration of asbestos as analyzed by the TEM method in Appendix A to 40 CFR Part 763 Subpart E, as amended, for the five (5) air samples does not exceed the filter background level, as defined in Appendix A, of seventy structures per square millimeter (70 s/sq mm). If the average concentration of asbestos of the five (5) air samples within the affected functional space exceeds seventy structures per square millimeter (70 s/sq mm), or if the volume of air in each of the samples is less than one thousand one hundred and ninety-nine liters (1,199 L) of air for a twenty-five millimeter (25 mm) filter or less than two thousand seven hundred and ninety-nine liters (2,799 L) of air for a thirty-seven millimeter (37 mm) filter the action shall be considered complete only when the requirements of subdivision (4) or (6) of this subsection are met.

(6) At any time, a local education agency may analyze air monitoring samples collected for clearance purposes by phase contrast microscopy (PCM) to confirm completion of removal, encapsulation, or enclosure of ACBM that is greater than a spot repair as defined in section 19a-332a-1 of the regulations of Connecticut State Agencies, and less than or equal to one hundred and sixty (160) square feet or two hundred and sixty (260) linear feet. The action shall be considered complete when the results of samples collected in the affected functional space and analyzed by phase contrast microscopy using the most current National

Institute for Occupational Safety & Health (NIOSH) Method 7400 as amended in the Federal Register, show that the concentration of fibers for each of the five (5) samples is less than or equal to a limit of quantitation for PCM - 0.01 fibers per cubic centimeter (0.01 f/cc) of air.

(7) To determine the amount of ACBM affected under subdivision (6) of this subsection, the local education agency shall add the total square or linear footage of ACBM within the containment barriers used to isolate the functional space for the action to remove, encapsulate, or enclose the ACBM. Contiguous portions of material subject to such action conducted concurrently or at approximately the same time within the same school building shall not be separated to qualify under subdivision (6) of this subsection.

(i) The requirements of this section in no way supersede the worker protection and work practice requirements under any applicable state regulations.
(Effective December 1, 1992.)

## 19a-333-8. Operations and maintenance (O & M)

(a) Applicability. The local education agency shall implement an O & M program under this section whenever any friable ACBM is present or assumed to be present in a building that it leases, owns, or otherwise uses as a school building. Any material identified as nonfriable ACBM or nonfriable assumed ACBM must be treated as friable ACBM for purposes of this section when the material is about to become friable as a result of activities performed in the school building.

(b) Cleaning

(1) Initial cleaning. Unless the building has been cleaned using equivalent methods within the previous six (6) months, all areas of a school building where friable ACBM, damaged or significantly damaged thermal system insulation ACM, or friable suspected ACBM assumed to be ACM are present shall be cleaned at least once after the completion of the required initial inspection under subsection (a) of section 19a-333-3 of the regulations of Connecticut State Agencies and before the initiation of any response action, other than O & M activities or repair, according to the following procedures:

(A) HEPA-vacuum or steam-clean all carpets, and

(B) HEPA-vacuum or wet-clean all other floors and all other horizontal surfaces, and

(C) Dispose of all debris, filters, mopheads, and cloths in sealed, leak-tight containers.

(2) Additional cleaning. The accredited management planner shall make a written recommendation to the local education agency whether additional cleaning is needed, and if so, the methods and frequency of such cleaning.

(c) Operations and maintenance activities. The local education agency shall ensure that the procedures described below to protect building occupants shall be followed for any operations and maintenance activities disturbing friable ACBM.

(1) Restrict entry into the area by persons other than those necessary to perform the maintenance project, either by physically isolating the area or by scheduling.

(2) Post signs to prevent entry by unauthorized persons.

(3) Shut off or temporarily modify the air-handling system and restrict other sources of air movement.

(4) Use work practices or other controls, such as: wet methods, protective clothing, HEPA-vacuums, mini-enclosures or glove bags, as necessary to inhibit the spread of any released fibers.

(5) Clean all fixtures or other components in the immediate work area.

(6) Place the asbestos debris and other cleaning materials in a sealed, leak-tight container.

(d) Maintenance activities other than spot repairs. The response action for any maintenance activities disturbing friable ACBM, other than spot repairs, shall be designed by persons

accredited to design response actions and conducted by persons accredited to conduct response actions.

(e) Fiber release episodes

(1) Minor fiber release episode. The local education agency shall ensure that the procedures described below are followed in the event of a minor fiber release episode (i.e., the falling or dislodging of three (3) square or linear feet or less of friable ACBM).

(A) Thoroughly saturate the debris using wet methods.

(B) Clean the area, as described in subsection (d) of this section.

(C) Place the asbestos debris in a sealed, leak-tight container.

(D) Repair the area of damaged ACM with materials such as; asbestos-free spackling, plaster, cement, or insulation; or seal with latex paint or an encapsulant; or immediately have the appropriate response action implemented as required by section 19a-333-7 of the regulations of Connecticut State Agencies.

(2) Major fiber release episode. The local education agency shall ensure that the procedures described below are followed in the event of a major fiber release episode (i.e., the falling or dislodging of more than three (3) square or linear feet of friable ACBM).

(A) Restrict entry into the area and post signs to prevent entry into the area by persons other than those necessary to perform the response action.

(B) Shut off or temporarily modify the air-handling system to prevent the distribution of fibers to other areas in the building.

(C) The response action for any major fiber release episode must be designed by persons accredited to design response actions and conducted by persons accredited to conduct response actions.

(D) The local education agency shall notify the Department of any major fiber release episode within twenty-four (24) hours of its occurrence and, if necessary provide written notification as required by applicable federal and/or state regulations.

(Effective December 1, 1992.)

## 19a-333-9. Training and periodic surveillance

(a) Training

(1) The local education agency shall ensure, prior to the implementation of the O & M provisions of the management plan, that all members of its maintenance and custodial staff (custodians, electricians, heating/air conditioning engineers, plumbers, etc.) who may work in a building that contains ACBM receive awareness training of at least two (2) hours, whether or not they are required to work with ACBM. New custodial and maintenance employees shall be trained within sixty (60) days after commencement of employment. Training shall include, but not be limited to:

(A) information regarding asbestos and its various uses and forms,

(B) information on the health effects associated with asbestos exposure,

(C) locations of ACBM identified throughout each school building in which they work,

(D) recognition of damage, deterioration, and delamination of ACBM,

(E) name and telephone number of the person designated to carry out general local education agency responsibilities under section 19a-333-2 of the regulations of Connecticut State Agencies and the availability and location of the management plan.

(2) The local education agency shall ensure that all members of its maintenance and custodial staff who conduct any activities that will result in the disturbance of ACBM shall receive training described in subdivision (1) of this subsection and

fourteen (14) hours of additional training. Additional training shall include, but not be limited to:

(A) descriptions of the proper methods of handling ACBM;

(B) information on the use of respiratory protection as contained in the EPA/NIOSH Guide to Respiratory Protection for the Asbestos Abatement Industry, September 1986 (EPA 560/OPTS-86-001), as amended, and other personal protection measures;

(C) the provisions of: this section and section 19a-333-8 of the regulations of Connecticut State Agencies, Appendices A, B, C, D to Subpart E of 40 CFR Part 763, EPA regulations contained in 40 CFR Part 763, Subpart G, and in 40 CFR Part 61, Subpart M, and OSHA regulations contained in 29 CFR 1926.58, as respectively amended; and

(D) hands-on training in the use of respiratory protection, other personal protection measures, and good work practices.

(3) Local education agency maintenance and custodial staff who have attended a training program accredited under the EPA Model Accreditation Plan which includes as a minimum all of the training requirements listed in this section, shall be considered trained for the purposes of the section.

(b) Periodic surveillance

(1) At least once every six (6) months after a management plan is in effect, each local education agency shall conduct periodic surveillance in each building that it leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. The reinspection required every three (3) years under subsection (b) of section 19a-333-3 of the regulations of Connecticut State Agencies will satisfy the six (6) month periodic surveillance requirement if the reinspection coincides with the date of the six (6) month surveillance inspection.

(2) Each person performing periodic surveillance shall:

(A) Visually inspect all areas that are identified in the management plan as ACBM or assumed ACBM;

(B) record the date of the surveillance, his or her name, and any changes in the condition of the materials; and

(C) submit to the person designated to carry out general local education agency responsibilities under section 19a-333-2 of the regulations of Connecticut State Agencies a copy of such record for inclusion in the management plan.

(Effective December 1, 1992.)

## 19a-333-10. Management plans

(a) Each local education agency shall develop an asbestos management plan for each school, including all buildings that they lease, own, or otherwise use as school buildings, and submit the plan to the Department.

(1) Any asbestos management plan developed under the Act, before December 31, 1992, and submitted to the State pursuant to the Act, shall satisfy the requirements of this section for any building covered by said plan.

(2) If any building or part of any building to be used as a school is leased or acquired after December 31, 1992, the local education agency shall include the building or part of the building in the management plan prior to its use or occupancy of the building or part of the building as a school. The management plan shall be submitted to the Department and approved prior to use or occupancy of the building or part of the building as a school.

(b) The Department shall review and either approve or disapprove the management plan.

(c) Each local education agency must implement its management plan prior to its use or occupancy of the building or part of the building as a school, and complete implementation based on the schedule approved by the Department.

(d) Each local education agency shall maintain and update its management plan to keep it current with ongoing operations and maintenance, periodic surveillance, inspection, reinspection, and response action activities. All provisions required to be included in the management plan under this section shall be retained as part of the management plan, as well as any information that has been revised to bring the plan up-to-date.

(e) The management plan shall be developed by an accredited management planner and shall include:

(1) a list of the name and address of each school building and whether the school building contains friable ACBM, nonfriable ACBM and friable and nonfriable suspected ACBM assumed to be ACM;

(2) a list of specific steps or actions to be completed prior to the use or occupancy of the building or part of the building as a school;

(3) for each inspection conducted before December 14, 1987:

(A) the date of the inspection,

(B) a blueprint, diagram, or written description of each school building that identifies clearly each location and approximate square or linear footage of any homogeneous or sampling area where material was sampled for ACM, and, if possible, the exact locations where bulk samples were collected, and the dates of collection,

(C) a copy of the analyses of any bulk samples, dates of analyses, and a copy of any other laboratory reports pertaining to the analyses.

(D) a description of any response actions or preventive measures taken to reduce asbestos exposure including, if possible, the names and addresses of all contractors involved, start and completion dates of the work, and results of any air samples analyzed during and upon completion of the work,

(E) a description of assessments, required to be made under section 19a-333-6 of the regulations of Connecticut State Agencies, of material that was identified before December 14, 1987, as friable ACBM or friable suspected ACBM assumed to be ACM, and the name, signature, and state of accreditation, and if applicable, accreditation number of each accredited person making the assessments;

(4) for each inspection and reinspection conducted under section 19a-333-3 of the regulations of Connecticut State Agencies:

(A) the date of the inspection or reinspection, and the name and signature, state of accreditation and, if applicable, the accreditation number of each accredited inspector performing the inspection or reinspection.

(B) a blueprint, diagram, or written description of each school building which identifies clearly each location and approximate square or linear footage of homogeneous areas where material was sampled for ACM, the exact location where each bulk sample was collected, date of collection, homogeneous areas where friable suspected ACBM is assumed to be ACM, and where nonfriable suspected ACBM is assumed to be ACM,

(C) a description of the manner used to determine sampling locations, and the name and signature of each accredited inspector collecting samples, the state of accreditation, and if applicable, his or her accreditation number,

(D) a copy of the analyses of any bulk samples collected and analyzed, the name and address of any laboratory that analyzed bulk samples, a statement that the laboratory meets the applicable requirements of subsection (a) of section 19a-333-5 of the regulations of Connecticut State Agencies, the date of analysis, and the name and signature of the person performing the analysis,

(E) a description of assessments, required to be made under section 19a-333-6 of the regulations of Connecticut State Agencies, of all ACBM and suspected ACBM assumed to be ACM, and the name, signature, state of

accreditation, and if applicable, accreditation number of each accredited person making the assessments.

(5) the name, address, and telephone number of the person designated under section 19a-333-2 of the regulations of Connecticut State Agencies to ensure that the duties of the local education agency are carried out, and the course name, and dates and hours of training taken by that person to carry out the duties;

(6) the recommendations made to the local education agency regarding response actions, under subsection (e) of section 19a-333-6 of the regulations of Connecticut State Agencies, the name, signature, state of accreditation of each person making the recommendations, and if applicable, his or her accreditation number;

(7) a detailed description of preventive measures and response actions to be taken, including methods to be used for any friable ACBM, the locations where such measures and action will be taken, reasons for selecting the response action or preventive measure, and a schedule for beginning and completing each preventive measure and response action;

(8) with respect to the person or persons who inspected for ACBM and who will design or carry out response actions, except for operations and maintenance with respect to the ACBM, a statement that the person is accredited;

(9) a detailed description, which shall be updated as response actions are completed, in the form of a blueprint, diagram, or in writing of any ACBM or suspected ACBM assumed to be ACM which remains in the school once response actions are undertaken pursuant to section 19a-333-7 of the regulations of Connecticut State Agencies;

(10) a plan for reinspection under section 19a-333-3 of the regulations of Connecticut State Agencies, a plan for operations and maintenance activities under section 19a-333-8 of the regulations of Connecticut State Agencies, and a plan for periodic surveillance under section 19a-333-9 of the regulations of Connecticut State Agencies, a description of the recommendation made by the management planner regarding additional cleaning under subdivision (2) of subsection (b) of section 19a-333-8 of the regulations of Connecticut State Agencies as part of an operations and maintenance program, and the response of the local education agency to that recommendation;

(11) a description of steps taken to inform workers and building occupants, or their legal guardians, about inspections, reinspections, response actions, and post-response action activities, including periodic reinspection and surveillance activities that are planned or in progress;

(12) an evaluation of the resources needed to complete response actions successfully and carry out reinspection, operations and maintenance, periodic surveillance and training;

(13) with respect to each consultant who contributed to the management plan, the name of the consultant and a statement that the consultant is accredited.

(f) Upon submission of a management plan to the Department for review, a local education agency shall maintain in its administrative office a complete, updated copy of a management plan for each school under its administrative control or direction.

(1) The management plans shall be available, without cost or restriction, for inspection by representatives of EPA and the State, the public, including teachers, other school personnel and their representatives, and parents. The local education agency may charge a reasonable cost to make copies of management plans.

(2) Each school shall maintain in its administrative office a complete, updated copy of the management plan for that school. Management plans shall be available for inspection, without cost or restriction, to workers before work begins in any area of a school building. The school shall make management plans available upon demand for inspection to representatives of EPA and the State. The school shall

make management plans available to the public, including parents, teachers, and other school personnel and their representatives within five (5) working days after receiving a request for inspection. The school may charge a reasonable cost to make copies of the management plan.

(3) Upon submission of its management plan to the Department and at least once each school year, the local education agency shall notify in writing parents, teachers, and employee organizations of the availability of management plans and shall include in the management plan a description of the steps taken to notify such organizations, and a dated copy of the notification. In the absence of any such organizations for parents, teachers, or employees, the local education agency shall provide written notice to that relevant group of the availability of management plans and shall include in the management plan a description of the steps taken to notify such groups, and a dated copy of the notification.

(g) Records required under section 19a-333-11 of the regulations of Connecticut State Agencies shall be made by local education agencies and maintained as part of the management plan.

(h) Each management plan must contain a true and correct statement, signed by the individual designated by the local education agency under section 19a-333-2 of the regulations of Connecticut State Agencies, which certifies that the general local education agency responsibilities, as stipulated by section 19a-333-2 of the regulations of Connecticut State Agencies, have been met or will be met.

(Effective December 1, 1992.)

## 19a-333-11. Recordkeeping

(a) Records required under this section shall be maintained in a centralized location in the administrative office of both the school and the local education agency as part of the management plan. For each homogeneous area where all ACBM has been removed, the local education agency shall ensure that such records are retained for three (3) years after the next reinspection required under subdivision (1) of subsection (b) of section 19a-333-3 of the regulations of Connecticut State Agencies.

(b) For each preventive measure and response action taken for friable and nonfriable ACBM and friable and nonfriable suspected ACBM assumed to be ACM, the local education agency shall maintain as part of the management plan the following:

(1) a detailed written description of the measure or action, including methods used, the location where the measure or action was taken, reasons for selecting the measure or action, start and completion dates of the work, names and addresses of all contractors involved, and if applicable, their state of accreditation, and accreditation numbers, and if ACBM is removed, the name and location of storage or disposal site of the ACM;

(2) the name and signature of any person collecting any air sample required to be collected at the completion of certain response actions specified by subsection (h) of section 19a-333-7 of the regulations of Connecticut State Agencies, the locations where samples were collected, date of collection, the name and address of the laboratory analyzing the samples, the date of analysis, the results of the analysis, the method of analysis, the name and signature of the person performing the analysis, and a statement that the laboratory meets the applicable requirements of subdivision (3) of subsection 19a-333-7(h) of the regulations of Connecticut State Agencies.

(c) For each person required to be trained under subdivisions (1) and (2) of subsection (a) of section 19a-333-9 of the regulations of Connecticut State Agencies, the local education agency shall record the person's name and job title, the date that training was completed by that person, the location of the training, and the number of hours completed in such training.

(d) For each time that periodic surveillance under subsection (b) of section 19a-333-9 of the regulations of Connecticut State Agencies is performed, the local education agency shall

record the name of each person performing the surveillance, the date of the surveillance, and any changes in the conditions of the materials.

(e) For each time that cleaning under subsection (b) of section 19a-333-8 of the regulations of Connecticut State Agencies is performed, the local education agency shall record the name of each person performing the cleaning, the date of such cleaning, the locations cleaned, and the methods used to perform such cleaning.

(f) For each time that an operations and maintenance activity under subsection (c) of section 19a-333-8 of the regulations of Connecticut State Agencies is performed, the local education agency shall record the name of each person performing the activity, the start and completion dates of the activity, the locations where such activity occurred, a description of the activity including preventive measures used, and if ACBM is removed, the name and location of the storage or disposal site of the ACM.

(g) For each time that major asbestos activity under subsection (d) of section 19a-333-8 of the regulations of Connecticut State Agencies is performed, the local education agency shall record the name and signature, state of accreditation, and if applicable, the accreditation number of each person performing the activity, the start and completion dates of the activity, the locations where such activity occurred, a description of the activity including preventive measures used, and if ACBM is removed, the name and location of the storage or disposal site of the ACM.

(h) For each fiber release episode under subsection (e) of section 19a-333-8 of the regulations of Connecticut State Agencies, the local education agency shall record the date and location of the episode, the method of repair, preventive measures or response action taken, the name of each person performing the work, and if ACBM is removed, the name and location of the storage or disposal site of ACM.

(Effective December 1, 1992.)

## 19a-333-12. Warning labels

(a) The local education agency shall attach a warning label adjacent to any friable or nonfriable ACBM or suspected ACBM assumed to be ACM located in routine maintenance areas (such as boiler rooms) at each school building. These labels shall be placed adjacent to the following locations:

(1) friable ACBM for which the response was any action other than removal, and

(2) ACBM for which no response action was carried out.

(b) All labels shall be of large size and prominently displayed in readily visible locations so that persons may read the signs and take necessary protective steps before entering the area. All labels shall remain posted until the ACBM that is labeled is removed.

(c) The warning label shall read, in black print on a contrasting yellow background, as follows: CAUTION: ASBESTOS, HAZARDOUS, DO NOT DISTURB WITHOUT PROPER TRAINING AND EQUIPMENT.

(d) The local education agency shall post these labels in a bilingual form whenever it determines that a significant student and/or employee population requires a translated format.

(Effective December 1, 1992.)

## 19a-333-13. Exclusions

(a) A local education agency shall not be required to perform an inspection under subsection (a) of section 19a-333-3 of the regulations of Connecticut State Agencies in any sampling area or homogeneous area of a school building where any of the following conditions apply.

(1) An accredited inspector has determined that, based on sampling records, friable ACBM was identified in that homogeneous or sampling area during an inspection conducted before December 14, 1987. The inspector shall sign and date a statement to that effect with his or her state of accreditation and if applicable, accreditation number and, within thirty (30) days after such determination, submit a copy of the statement to the person designated under section 19a-333-2 of the

regulations of Connecticut State Agencies for inclusion in the management plan. However, an accredited inspector shall assess the friable ACBM under section 19a-333-6 of the regulations of Connecticut State Agencies.

(2) An accredited inspector has determined, based on sampling records, that nonfriable ACBM was identified in that homogeneous or sampling area during an inspection conducted before December 14, 1987. The inspector shall sign and date a statement to that effect with his or her state of accreditation and if applicable, accreditation number and, within thirty (30) days after such determination, submit a copy of the statement to the person designated under section 19a-333-2 of the regulations of Connecticut State Agencies for inclusion in the management plan. However, an accredited inspector shall identify whether material that was nonfriable has become friable since that previous inspection and shall assess the newly friable ACBM under section 19a-333-6 of the regulations of Connecticut State Agencies.

(3) Based on sampling records and inspection records, an accredited inspector has determined that no ACBM is present in the homogeneous or sampling area and the records show that the area was sampled, before December 14, 1987, in substantial compliance with subsection (a) of section 19a-333-3 of the regulations of Connecticut State Agencies, which for purposes of this subsection means in a random manner and with a sufficient number of samples to reasonably ensure that the area is not ACBM.

(A) The accredited inspector shall sign and date a statement, with his or her state of accreditation and if applicable accreditation number, that the homogeneous or sampling area determined not to be ACBM was sampled in substantial compliance with subsection (a) of section 19a-333-3 of the regulations of Connecticut State Agencies.

(B) Within thirty (30) days after the inspector's determination, the local education agency shall submit a copy of the inspector's statement to the Department and shall include the statement in the management plan for that school.

(4) An accredited inspector has determined, based on records of an inspection conducted before December 14, 1987, that suspected ACBM identified in that homogeneous or sampling area is assumed to be ACM. The inspector shall sign and date a statement to that effect, with his or her state of accreditation and if applicable, accreditation number and, within thirty (30) days of such determination, submit a copy of the statement to the person designated under section 19a-333-2 of the regulations of Connecticut State Agencies for inclusion in the management plan. However, an accredited inspector shall identify whether material that was nonfriable suspected ACBM assumed to be ACM has become friable since the previous inspection and shall assess the newly friable material and previously identified friable suspected ACBM assumed to be ACM under section 19a-333-6 of the regulations of Connecticut State Agencies.

(5) Based on inspection records and contractor and clearance records, an accredited inspector has determined that no ACBM is present in the homogeneous or sampling area where asbestos removal operations have been conducted before December 14, 1987, and shall sign and date a statement to that effect and include his or her state of accreditation and, if applicable, accreditation number. The local education agency shall submit a copy of the statement to the Department and shall include the statement in the management plan for that school.

(6) An architect or project engineer responsible for the construction of a new school building built after October 12, 1988, or an accredited inspector signs a statement that no ACBM was specified as a building material in any construction document for the building, or, to the best of his or her knowledge, no ACBM was used as a building material in the building. The local education agency shall submit a copy of the signed statement of the architect, project engineer, or

accredited inspector to the Department and shall include the statement in the management plan for that school.

(b) The exclusions, under subdivisions (1) through (3) of subdivision (a) of this section, from conducting the inspection under sub section (a) of section 19a-333-3 of the regulations of Connecticut State Agencies shall apply only to homogeneous or sampling areas of a school building that were inspected and sampled before October 17, 1987. The local education agency shall conduct an inspection under subsection (a) of section 19a-333-3 of the regulations of Connecticut State Agencies of all areas inspected before October 17, 1987, that were not sampled or were not assumed to be ACM.

(c) If ACBM is subsequently found in a homogeneous or sampling area of a local education agency that had been identified as receiving an exclusion by an accredited inspector under subdivision (3) or (4) of subsection (a) of this section, or by an architect, project engineer or accredited inspector under subdivision (6) of subsection (a) of this section, the local education agency shall have one hundred and eighty (180) days following the date of identification of ACBM to comply with these regulations.
(Effective December 1, 1992.)

# Medical Protocol for the Administration of Influenza and Pneumococcal Polysaccharide Vaccines for Patients in Hospitals

## 19a-490k-1. Definitions

As used in section 19a-490k-1 through 19a-490k-2, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Hospital" means any short-term hospital or long-term hospital, as defined in subsection (b) of section 19-13-D1 of the Regulations of Connecticut State Agencies;

(2) "Medical protocol" means a set of predetermined criteria developed and adopted by the medical staff of the hospital for a specified medical regimen;

(3) "Medical staff" means an organized group of physicians, licensed in Connecticut, one of whom serves as a chief or president of the medical staff, that have been appointed by the governing board of a hospital and are responsible for the quality of medical care provided to patients by the hospital; and,

(4) "Physician-approved hospital policy" means a medical protocol that has been adopted by the medical staff and approved by the governing board of the hospital.

(Added effective October 28, 2005.)

## 19a-490k-2. Procedures for the administration of influenza and pneumococcal polysaccharide vaccines in accordance with a physician approved hospital policy

(a) A hospital may develop a physician-approved hospital policy for the administration of influenza and pneumococcal polysaccharide vaccines without written or verbal physician orders, and such policy shall be deemed to have the same force and effect as an individual physician order, provided:

- (1) The medical staff of the hospital develops and adopts such policy,
- (2) the medical staff reviews such policy annually, and
- (3) such policy includes, but is not limited to:
  - (A) A specified assessment of each patient that shall be documented in the patient's medical record and shall include contraindications to the vaccinations, dosage, route of administration and site of vaccination;
  - (B) documentation in the medical record of any patient who refused the vaccination;
  - (C) recording of the vaccination in the patient's medical record and on the patient discharge instructions or the inter-agency patient referral report; and,
  - (D) provisions for administering the vaccinations in accordance with the current recommendations of the Centers for Disease Control, as amended from time to time.

(b) Implementation of a physician-approved hospital policy for influenza and pneumococcal polysaccharide vaccines shall include:

- (1) In-service training of all licensed staff who will implement the physicianapproved hospital policy; and,
- (2) provisions for monitoring and evaluation of the policy.

(c) Nothing in these regulations shall be construed to preclude an individual physician from writing an order exempting the physician's patient from the administration of influenza or pneumococcal polysaccharide vaccines.

(Added effective October 28, 2005.)

## Mental Health Day Treatment Facilities, Intermediate Treatment Facilities and Psychiatric Outpatient Clinics for Adults

### 19a-495-550. Licensure of private freestanding mental health day treatment facilities, intermediate treatment facilities and psychiatric outpatient clinics for adults

(a) Definitions.

(1) "Aftercare" means the continuing contact of the client with a facility which helps to maintain and increase his or her well-being after the completion or termination of participation in a residential treatment facility;

(2) "Applicant" means any individual, firm, partnership, corporation or association applying for a license or renewal of a license under these regulations;

(3) "Certificate of need" means approval of capital expenditures or functions or services from the Commission on Hospitals and Health Care in accordance with Sections 19a-154 to 19a-155, inclusive, of the Connecticut General Statutes;

(4) "Client" means an individual utilizing the services of and admitted to facility;

(5) "Commissioner" means the Commissioner of Health Services;

(6) "Department" means the Connecticut Department of Health Services;

(7) "Direct care staff" means those persons who are directly involved in the delivery of care or treatment;

(8) "Goals" means attainable ends towards which facility and client activities or services are directed and focused;

(9) "Governing body" means the individual or individuals with the ultimate authority and responsibility for the overall operation of a facility's program;

(10) "Intermediate treatment facility" means a facility which provides evaluative, diagnostic, and treatment services in a residential setting for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association, as may be revised from time to time, which do not require a hospital level of treatment;

(11) "License" means the form of permission issued by the department that authorizes the applicant to operate a facility;

(12) "Licensee" means any individual, firm, partnership, corporation or association licensed to conduct a facility;

(13) "Licensed nurse" means registered nurse or practical nurse licensed in Connecticut;

(14) "Day treatment facility" means a facility which provides evaluation, diagnosis, and ambulatory treatment services for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association as it may be revised from time to time and whose unit of service to each client is a minimum of four hours and a maximum of twelve hours;

(15) "Objectives" means specific, measurable and time limited statements designed to achieve overall goals in an incremental process;

(16) "Paraprofessional" means a person trained as a mental health aide to assist a professional;

(17) "Patient rights" means those personal, property, and civil rights to which all clients in any facility defined by these regulations are entitled to under the provisions of Sections 17-206a to 17-206k, inclusive, of the Connecticut General Statutes, as well as all present and revised Federal and State laws, statutes, codes or regulations concerning confidentiality of communication and records;

(18) "Physician" means an individual who has a license to practice medicine in Connecticut;

(19) "Psychiatric outpatient clinic" means a facility which provides evaluation, diagnosis, and ambulatory treatment, to individuals who have mental, emotional

or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, as it may be revised from time to time;

(20) "Psychosocial rehabilitation services" means services which are designed for individuals in need of mental health services which enable individuals to live, learn, work in their own communities with maximum independence;

(21) "Therapeutic recreation" means individual and group activities designed to improve the physical and mental health and condition of each client;

(22) "Treatment services" means those services including, but not limited to, psychosocial rehabilitation and counseling, which are designed to arrest, reverse or ameliorate the client's mental, emotional or behavioral problems, disturbances, dysfunctions or disorders.

(b) Licensure Procedure

(1) Commission on Hospitals and Health Care. A facility shall not be constructed, expended or licensed to operate except upon application for, receipt of approval, and compliance with any limitations and conditions required by the Commission on Hospitals and Health Care pursuant to Connecticut General Statutes, Sections 19a-154 through 19a-155, when applicable.

(2) No person shall operate a facility without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.

(3) Application for Licensure.

(A) Application for the grant or renewal of a license to operate a facility shall be made in writing on forms provided by the Department; shall be signed by the person seeking the authority to operate the facility; shall be notarized, and shall include the following information:

(i) Type of facility proposed to be licensed;

(ii) Evidence of compliance with local zoning ordinances and local building codes upon initial application;

(iii) Local fire marshal's annual certificate of compliance;

(iv) Statement of ownership and operation;

(v) Certificate of public liability insurance;

(vi) Current organizational chart;

(vii) Description of services provided;

(viii) Names and titles of professional staff;

(ix) Evidence of financial capacity, upon initial application.

(B) Application for license renewal shall be made in accordance with subdivision A above and not less than 30 days preceding the date of expiration of the facility's current license.

(4) Issuance and Renewal of Licensure.

(A) Upon determination by the Department that a facility is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or renewal of license to operate a facility for a period not to exceed one year.

(B) The license shall not be transferable to any other person, or facility or location.

(C) Each license shall list on its face, the location and licensed capacity of the facility, the name of the licensee, the doing business as name, the name of the executive director, the name of the director of the facility and the date of issuance and expiration.

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

(E) The licensee shall immediately notify the Department of any change in executive director or director.

(F) The licensee shall notify the Department in writing of any proposed change of ownership, location or services at least ninety days prior to the effective date of such proposed changes.

(5) Suspension, Revocation, Denial or Non-Renewal of License.
- (A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the Department the facility:
  - (i) Fails to comply with applicable regulations prescribed by the Commissioner;
  - (ii) Fails to comply with applicable federal, state and local laws, ordinances, rules and regulations relating to building, health, fire protection, safety, sanitation and zoning;
  - (iii) Furnishes or makes any false or misleading statements to the Department in order to obtain or retain the license.
- (B) Refusal to grant the Department access to the facility or to the facility's records shall be grounds for suspension, revocation, denial or nonrenewal of the facility's license.
- (C) Surrender of license. The facility shall notify in writing each client concerned, the next of kin or legal representative, and any third party payors concerned at least 30 days prior to the voluntary surrender of a facility's license or surrender of license upon the Department's order of revocation, refusal to renew, or suspension of license. In such cases, the current license shall be surrendered, to the Department, within seven days of the termination of operation.

(c) Multi-Services Facilities. Each program of a multi-service facility shall conform to those requirements set forth in the Regulations of Connecticut State Agencies governing the applicable program services provided

(d) Governing Body and Management.
- (1) A governing body shall be responsible for a facility.
- (2) The governing body shall provide written documentation of its source of authority through by-laws or charter.
- (3) The governing body shall exercise general direction over the establishment of policies of the organization and may delegate formulation and enactment of procedures in compliance with all local, state, and federal laws. The responsibilities of the governing body shall include:
  - (A) Adoption and implementation of policies governing all administrative record management, program evaluation, personnel, fiscal, rehabilitative clinical, dietary and maintenance aspects of facility operations.
  - (B) Appointment of a qualified executive director, whose qualifications authority, and duties are defined in writing.
  - (C) Provide a safe, equipped physical plant and maintain the facility and services in accordance with any applicable local, state, and federal laws and
  - (D) Establishment of an organizational chart which clearly defines lines of responsibility and authority relating to management and maintenance of
  - (E) Establishment of mechanisms and documentation of annual review of all facility policies and procedures.
  - (F) Meet as required but not less than semi-annually
  - (G) Documentation of all current agreements with consultants, practitioners, agencies and providers required by the facility in the delivery of services.
  - (H) Adoption and review of an emergency preparedness plan.

(e) Director and Executive Director
- (1) Each facility shall have an Executive Director who is accountable to the governing body.
- (2) Each facility shall employ a director responsible for the day-to-day management of the facility. From and after July 1, 1986 no person shall be employed as a director in a facility unless such person has a minimum of a master's degree in a related human service discipline and five years experience in the field of human service, except that any person employed as a director on June 30, 1986 shall be eligible to continue in the facility of employment without restriction.

(f) Fiscal

(1) Each facility shall have an individual with the designated responsibility for fiscal affairs.

(2) Each facility shall develop and implement written policies and procedures which govern the fiscal operation. Such policies shall include at least

(A) An annual written budget which shall have documentation of review and approval by the governing body. Revisions in the budget during the fiscal year shall be reviewed and approved by the governing body.

(B) Identification of revenues by source and expenditures for component

(C) Identification of the fiscal year

(D) Documentation of an annual audit by an independent certified public

(E) Clients' Funds, Monies and Valuable. Intermediate Treatment Facilities:

(i) Whenever a facility receives or disburses client funds or valuables, the facility shall have a written policy and procedure governing this activity and shall document these transactions. Such documentation shall include:

(aa) Source, date and amount of funds or itemized valuables received by the facility for or from each client.

(bb) Receipts, signed and dated by the facility, given to the client verifying receipt of these monies or valuables.

(cc) Amount of the above funds applied toward the services provided to the client by the facility and the amount made available to the client for his or her personal use.

(dd) Receipts, signed and dated by the client verifying monies received for personal use or the identifying of valuables returned to the client.

(ee) For purchases made by the facility on behalf of clients, the client shall sign a receipt which identifies the item, the date of receipt of such item, the amount of such purchase and an acknowledgement of having received the sales slip.

(ff) The facility shall document quarterly in writing to the client by date and amount, monies being held for the client by the facility.

(g) Personnel Practices

(1) Each facility shall have written policies and procedures governing the recruitment, selection, promotion and termination of program staff as well as policies and procedure relating to:

(A) Wage and salary administration;

(B) Employee benefits;

(C) Organization chart;

(D) Employee work rules;

(E) Disciplinary action including suspension or dismissal of staff;

(F) Annual job performance evaluation;

(G) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease.

(2) Personnel policies shall ensure a provision that the facility shall not discriminate because of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability, including, but not limited to, blindness in its hiring, termination, or promotion practices.

(3) Personnel files shall be maintained identifying all personnel, including consultants, and shall be stored in a manner to protect the confidentiality of the employee in accordance with all state or federal laws governing the same. Each file shall contain:

(A) An application as completed by employee;
(B) A resume, if applicable;
(C) Licensed staff credential verification;
(D) Past employment reference checks;
(E) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease;
(F) Job performance evaluations;
(G) Documentation of orientation.

(4) There shall be a written job description for each staff position within the facility which includes:
(A) Definition of duties to be performed;
(B) Supervision received;
(C) Minimum qualifications;
(D) Effective revision date.

(5) The facility shall have written policies and procedures governing the utilization of volunteers and which shall include:
(A) Screening of applicants;
(B) Training;
(C) Supervision exercised;
(D) Responsibilities;
(E) Limitations as to duties;
(F) Termination of services;
(G) A provision that volunteers shall not be utilized in lieu of required staff.

(6) Staff Development and Orientation.
(A) Employees shall have made available to them all policies and procedures necessary for them to perform the duties specified in their job descriptions and provide for the safety of the clients. Changes in these policies and procedures shall be communicated in a manner prescribed by the Executive Director.
(B) Each facility shall establish a plan to provide initial orientation and ongoing training for staff which clearly describes the type of training necessary to maintain current skills and provide for growth in skill and which relates to the objectives of the services offered.
(C) Each facility shall document staff attendance at inservice or workshops seminars, etc., with the date, topic discussed, and the person conducting the session.

(h) Environment.

(1) Physical Plant.
(A) The standards established by the following sources for the construction, renovation, alteration, maintenance and licensure of all facilities, as they are amended from time to time, are hereby incorporated and made a part hereof by reference:
(i) State of Connecticut Basic Building Code.
(ii) State of Connecticut Fire Safety Code.
(iii) State of Connecticut Public Health Code.
(iv) Local Codes and Ordinances.
(B) Waiver.
(i) The Commissioner or his or her designee, in accordance with the general purposes and intent of these regulations, may waive provisions of subparagraphs (D), (F), (G) and (H) of subdivision (1) of subsection (h) if the Commissioner determines that such waiver would not endanger the life, safety or health of any client. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of clients upon the grant of such waiver, or to revoke such waiver upon a finding

that the health, safety or welfare of any client has been jeopardized.

(ii) Any facility requesting a waiver shall apply in writing to the Department. Such application shall include:

(aa) The specific regulations for which the waiver is requested;

(bb) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;

(cc) The specific relief requested; and,

(dd) Any documentation which supports the application for waiver.

(iii) In consideration of any application for waiver, the Commissioner or his or her designee may consider the following:

(aa) The level of care provided;

(bb) The maximum client capacity;

(cc) The impact of a waiver on care provided;

(dd) Alternative policies and procedures proposed.

(iv) The Department reserves the right to request additional information before processing an application for waiver.

(v) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and Department regulations.

(C) Any facility initially licensed after the effective date of these regulations shall conform to the construction requirements described herein. Any facility licensed prior to the effective date of these regulations shall comply with construction requirements in effect at the time of licensure, provided, however, that if the Department shall determine that a pre-existing nonconformity creates serious risk of harm to the clients in the facility, the Department may order such facility to comply with the pertinent portion of subdivision (1) of subsection (h) of these regulations. Failure of the facility to comply with a Department order under this subparagraph shall be grounds for action against the license.

(D) General

(i) The facility shall be structurally sound and equipped in a safe and sanitary manner to prevent or minimize all health and fire hazards.

(ii) The building equipment and services shall be maintained in a good state of repair. A maintenance program shall be established to insure that the interior, exterior and grounds of the building are maintained, clean, and free from accumulations of refuse, dilapidated structures, or other health hazards.

(iii) Residential facilities shall provide for an individualized social and physical environment, including opportunities for privacy, in clearly defined living, sleeping and personal care spaces, and shall be sufficient in size to accommodate comfortably the approved number of clients and staff.

(E) New Facilities, Expansions and Conversions. Notification of new construction, expansions and conversions indicating the proposed use shall be submitted to the Department sixty days prior to the initiation of construction.

(F) Basic Requirements.

(i) Site locations shall be accessible to the community, to emergency service vehicles, and where possible to public transportation.

(ii) Established walkways shall be provided for each exit from the building leading to a driveway or street.

(iii) Administration and Public Areas. The following shall be provided based on program needs:

(aa) A lobby with a reception counter or desk, or a waiting area.

(bb) Access to public toilet facilities and telephones.

(cc) Storage space for office equipment, supplies and records.

(G) Special Requirements. Psychiatric Outpatient Clinics and Day Treatment Facilities. Each facility shall have private office space to conduct direct client services.

(H) Special Requirements. Intermediate Treatment Facilities.

(i) Each facility shall have a private office in which to conduct client interviews.

(ii) Client bedrooms shall meet the following requirements:

(aa) There shall be no more than 3 beds per bedroom;

(bb) Net minimum room floor area shall not be less than 80 square feet in single bedrooms and 70 square feet per bed in multi-bed rooms. A variance of this requirement up to 10% of the total square footage will be permitted if it can be demonstrated that the room configuration results in comfortable accommodation;

(cc) Provide a minimum of three (3) feet space between beds in multi-bed rooms;

(dd) Bunk beds shall not be used;

(ee) All client bedrooms shall open to a common corridor or common room which leads to an exit;

(ff) No client bedroom shall be located in an attic or basement;

(gg) Each client bedroom shall be an outside room with not less than 10% of its total area, devoted to windows;

(hh) Windows shall be equipped with insect screening;

(ii) No room, which opens into the kitchen or necessitates passing through the kitchen to reach any other part of the facility, shall be used as a bedroom; except when occupancy is 15 or less beds;

(jj) Separate rooms shall be provided for men and women;

(kk) The room furnishings for each client shall include: a single bed with a clean, unstained and washable mattress with a mattress pad, an available reading light, one dresser with three drawers, one closet or wardrobe to hang clothing, one chair and one mirror per room.

(iii) Toilet and Bathing Facilities.

(aa) One toilet room shall be directly accessible for each six persons without going through another bedroom; in addition to a toilet, each room shall be equipped with a sink, mirror, toilet tissue, soap, single use disposable paper towels and receptacle.

(bb) A minimum of one toilet, one handwashing sink and one bathtub or shower shall be provided on each residential floor.

(cc) One shower or bathtub shall be provided for each eight clients or fraction thereof in an individual room or enclosure which provides space for the private use of the bathing fixture and for drying and dressing.

(dd) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere, either by means of a window that can be opened, or by exhaust fans.

(iv) Service Areas. Each facility shall provide adequate areas for living, dining and individual or general program functions.

(aa) A space for group therapy activities shall be provided.

(bb) Multi-purpose rooms shall be provided for general meetings, educational and other social purposes. The total area set aside for these purposes shall not be less than 25 square feet times total licensed capacity.

(cc) Dining area sufficient to accommodate all clients in one sitting shall be provided.

(v) Laundry Service.

(aa) If clients are responsible for their own laundry, residential type laundry facilities shall be provided or made accessible in the community.

(bb) Linen and towels sufficient for two times the capacity of the facilities are to be provided.

(cc) Each facility shall supply bedding for each client which consists of at least one blanket, one bedspread, one pillow, one pillow cover, one pillow case, one bottom sheet, one top sheet and one mattress pad. Bedding shall be appropriate to weather and climate.

(dd) If linen is to be processed on the site, space for soiled linen sorting, adequate laundry equipment including washer and dryer, and clean linen storage space shall be provided.

(ee) If linen is processed outside of the facility, a soiled linen holding room and a clean linen storage room or area shall be provided.

(vi) Environmental Details.

(aa) All areas used by clients shall have temperatures of not less than 68 degrees F.

(bb) The hot water heating equipment shall have sufficient capacity to supply hot water at the temperature of 110-120 degrees F and at amounts required at all times.

(cc) Only central or permanently installed heating systems shall be used.

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

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

(ff) Hot water or steam pipes located in areas accessible to clients shall have adequate protective insulation.

(gg) Each building shall be provided with a telephone that is accessible for emergency purposes. The facility shall have a public telephone for client use.

(hh) Provisions shall be made to assure an individual's privacy in the bathroom areas.

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

(jj) All rooms shall have general lighting and all bedrooms, toilet rooms and offices shall have at least one light fixture switch at the entrance to each room.

(kk) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the corridor width below the width of three feet.

(ll) All doors to client bedrooms and means of egress shall be of a swing type.

(mm) The minimum width of all doors to rooms accessible to clients shall be 2' 4"; except that bathroom doors shall be not less than 2'.

(nn) Effective measures shall be taken to protect against the entrance into the facility or breeding on the premises of vermin. During the season when flies are prevalent, all openings into outer air shall be effectively screened and doors shall be provided to prevent the entrance of flies.

(2) Emergency and Disaster Procedures.

(A) Each facility shall establish written policies and procedures governing appropriate intervention in the event of an emergency or disaster. Such procedures shall require:

(i) Orientation of all staff, and volunteers, in the use of fire extinguishers. Such orientation shall be documented.

(ii) Orientation of all staff, including volunteers, and clients to the written evacuation plan and the diagram of the facility exit routes.

(iii) There shall be documentation of staff orientation to emergency and disaster procedures.

(iv) Fire plans and procedures shall be posted in conspicuous areas throughout the facility.

(v) Emergency and disaster drills shall be conducted on a monthly basis for all residential facilities and on a quarterly basis for all non-residential treatment facilities. Resident facilities shall conduct such drills at various times to provide for three drills per shift in a year.

(vi) Each facility shall have a plan for assigning staff specific duties in the event of disaster or emergency.

(vii) Each facility shall develop and implement a written plan for the checking of first aid supplies on a monthly basis. The plan shall specify the supplies to be stocked, the required amounts of each supply and position title of any staff person responsible for the audit. The facility shall document when first aid supplies are checked.

(B) Special Requirements. Intermediate Treatment Facilities.

(i) Each facility shall have written plans for a provision of temporary physical facilities, to include shelter and food services for their clients, in the event the facility becomes uninhabitable due to disaster or emergency.

(ii) Special Requirements. Psychiatric Outpatient Clinics or Day Treatment Facilities. Each non-residential facility shall have written plan to provide appropriate services for their clients in the event the facility becomes unusable due to disaster or emergency.

(3) Dietary Facilities.

(A) Each intermediate treatment facility shall provide an organized dietary service. It shall include space and equipment for storage, preparation assembling and serving food, cleaning dishes and disposal of garbage. The following shall apply:

(i) Kitchens shall be separate from other areas and large enough to allow for adequate equipment to prepare and keep food properly.

(ii) 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 material.

(iii) A dishwashing machine shall be provided in any facility with ten or more beds. Commercial dishwashing machines shall be provided in any facility with twenty-five or more beds and shall be separated from the food preparation areas.

(iv) A handwashing sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area for the exclusive use of the kitchen personnel.

(v) Dry storage space, for at least a three-day supply of food.

(vi) Functional refrigerators and freezers shall be provided for the storage of food to meet the needs of the clients.

(vii) Trash shall be kept in covered receptacles outside the facility.

(viii) A ventilation system shall be provided in the kitchen area

(4) Pharmaceutical Facilities. Each facility which dispenses medications shall provide: locked storage space; handwashing sink, a non-portable steel narcotics locker, soap and paper towel dispenser; and equipment for preparing and dispensing of medications.

(i) Food Services. Intermediate Treatment Facility.

(1) Each facility that provides residential services, shall have a written plan for the provision of food services.

(2) Each facility shall have a dietitian who shall provide consultation on a semi-annual basis. Records of such consultation shall be maintained by the facility.

(3) Each facility shall have written menus for the minimum of a one week period in advance which includes breakfast, lunch and dinner. Substitutions in planned menus shall be recorded on the menu in advance whenever possible. Menus and substitutions shall be kept on file for at least a thirty day period.

(4) Menu selection and food preparation shall take into consideration the clients' cultural background, personal preferences, food habits and dietary needs.

(5) A minimum of three days supply of staple foods shall be maintained at all times.

(j) Accident or Incident Reports.

(1) Classification. All accident or incident reports to the department shall employ the following classifications of such events:

Class A: One which has resulted or had the potential to result in serious injury to death.

Class B: One which has interrupted or has the potential to interrupt the services provided by the facility.

Class C: One which results in legal action against the facility.

(2) Report. The Executive Director shall report any accident or incident to the Department as follows:

Class A & B: Immediately by telephone to the department, to be confirmed by written report as provided herein within seventy-two hours of said events.

Class C: Written report to the department as provided herein within seventy-two hours of the initiation of legal action.

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

(A) Date of report and date of event.

(B) Facility classification.

(C) Identification of the individuals affected by the event, including, where available: client identification and age, name of employee, visitor, or other, nature of incident, action taken by the facility and disposition.

(D) If an affected individual is or was at the time of the reported event a client of the facility:

(i) Date of admission;
(ii) Current diagnosis;
(iii) Physical and mental status prior to the event; and
(iv) Physical and mental status after the event.

(E) The location, nature and brief description of the event.

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

(G) The name of any witnesses to the event.

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

(I) The signature of the person who prepared the report and the Executive Director.

(4) Numbering. Each report shall be identified on each page with a number as follows: the number appearing on the facility license; the last two digits of the calendar year; the sequential number of the report during the calendar year.

(5) The Executive Director shall submit subsequent reports relevant to any accident or incident.

(k) Service Operations

(1) Program Evaluation.

(A) Each facility shall have established goals and objectives appropriate to the population served and program model.

(B) Each facility shall establish a program evaluation process, which will determine the degree to which these goals and objectives are being met. Documentation of corrective action shall be based on this evaluative process.

(2) Client Records.

(A) An organized written record for each client shall be maintained which contains current information sufficient for identification and assessment for the provision of appropriate care, treatment and other applicable services.

(B) Each client record shall contain the following:

(i) Documentation of advisement of client rights;
(ii) Social or family background;
(iii) Next of kin or other designated individual to be notified in the event of an emergency;
(iv) Physical examination inclusive of medical history when indicated;
(v) Substance abuse history, if applicable;
(vi) Educational background;
(vii) Employment history;
(viii) Referral source summary to include reason for referral and medications at time of referral;
(ix) Legal history;
(x) Releases and notations of release of information.

(C) Each client record shall contain an individualized care plan which must include:

(i) Specific objectives which are related to stated goals;
(ii) Name of assigned staff person to develop and monitor the individualized care plan;
(iii) Description of the type and frequency of services to be provided;
(iv) Provision for periodic review by designated staff member;
(v) Description of supportive services determined to be needed;
(vi) Signatures of the counselor or other staff person formulating the individualized care plan.

(D) Each individual client record shall contain progress notes which document services provided to the client and progress made towards

goals and objectives in accordance with the individualized care plan. Each note shall be entered in ink by a direct care staff member or consultant and shall be dated, legible, signed by the person making the entry and his or her position title.

(E) Each individual client record shall contain a current list of all medications and instructions for administration.

(F) Each client record shall contain documentation of the periodic individualized care plan review. Such documentation shall include the date of the review, person conducting the review and any changes in the individualized care plan as the result of the review.

(G) Each client records shall contain a discharge summary which has been written within fifteen days of the individual client's discharge date. This summary shall:

(i) Indicate the client's progress towards the established individualized care plan goals;

(ii) Address original reason for referral;

(iii) Describe the type, frequency and duration of treatment or services;

(iv) Specify reasons for discharge; and

(v) Identify expectations for future functioning.

(H) Client records shall be stored in a secure manner and shall be accessible only to authorized persons. Originals or copies of these records shall be retained for at least seven years following discharge. The method of destruction of any such records shall be either incineration or shredding.

(I) Each client record shall have documentation, at the time of admission, or an initial assessment which identifies the client's appropriateness for participation in the facility.

(J) Each client record shall contain a comprehensive written assessment which shall be written within 15 days of admission and include identification of individual needs of the client as well as the approaches to meet each identified need, i.e., psychiatric, psychological, recreational, creative arts, dietary, nursing and social work as applicable.

(K) A comprehensive individualized care plan based on the above assessment shall be developed and reviewed as follows:

(i) Day and Intermediate Treatment Facilities.

(aa) Developed no later than thirty calendar days after admission.

(bb) Reviewed at least every sixty calendar days.

(ii) Psychiatric Outpatient Clinics.

(aa) Developed no later than thirty calendar days after admission.

(bb) Reviewed at least every ninety calendar days.

(3) Admissions, Discharge, or Referrals. Each facility shall have written policies and procedures governing admissions, discharges, and referrals. Such policies shall include:

(A) Identification of the target population and the length of stay;

(B) Criteria for assessing the clients for appropriateness for the facility;

(C) Criteria for admission and readmission;

(D) The admission process;

(E) Criteria for voluntary and involuntary discharge;

(F) Discharge summaries;

(G) Referrals.

(4) Other Agency Agreements. Each facility shall maintain a written agreement with a hospital for emergency and inpatient treatment.

(5) Staffing.

(A) Each facility shall have a sufficient number of staff qualified by virtue of education and training to meet the needs of the clients and the programs or services the facility proposes to deliver.

(B) The services of a consultant may be utilized, in the area of treatment, to meet the needs of the facility or client.

(i) Each consultant to a facility shall have a minimum of a masters degree or license or registration in the field, or in a related area, to which he or she is providing consultation.

(ii) Each consultant's hours and duties shall be documented.

(C) Each facility shall designate a psychiatrist to be responsible for diagnostic and treatment services, whose hours and duties shall be documented. Such psychiatrist shall be a currently licensed physician in the State of Connecticut who is certified or is eligible for certification by the American Board of Psychiatry.

(D) Each psychiatric outpatient clinic and day treatment facility which administers medication shall have a licensed nurse on duty to administer such medications.

(E) Intermediate treatment facilities during sleeping hours shall have at least one direct care staff person on duty and awake for each thirty clients or fraction thereof.

(F) Intermediate treatment facilities during non-sleeping hours shall at no time have less than one direct care staff person on duty for each ten clients or fraction thereof.

(G) At no time shall there be less than two direct care staff on duty in any intermediate treatment facility.

(H) Each intermediate treatment facility shall have a qualified person designated responsible for a program of recreation or creative arts activities.

(I) Each intermediate treatment facility shall have a licensed nurse on duty and awake at all times.

(6) Medication Control.

(A) Each facility shall have policies and procedures governing medications as they relate to the services provided. Such policies and procedures shall include:

(i) Identification of the system to be utilized;

(ii) Method of obtaining prescription medications;

(iii) Storage of medications;

(iv) Establishment of reasonable controls and monitoring methods necessary to assure the safety of all clients;

(v) Method of destruction and documentation of controlled and uncontrolled substances;

(vi) Disposal of unused medication; and

(vii) A provision for staff education related to medication. This shall be conducted on a semi-annual basis.

(C) Facilities which administer drugs obtained pursuant to the prescriptions of physicians in a therapeutic program shall provide medical, pharmaceutical and nursing services which are consistent with the needs of the clients, the stated purposes of the facility, and State, Federal laws.

(Effective May 23, 1986; Amended June 25, 1990.)

## Private Freestanding Mental Health Residential Living Centers

## 19a-495-551. Licensure of private freestanding mental health residential living centers

(a) Definitions
- (1) "Applicant" means any individual, firm, partnership, corporation or association applying for a license or renewal of a license under these regulations;
- (2) "Commissioner" means the Commissioner of Health Services;
- (3) "Department" means the Connecticut Department of Health services;
- (4) "Director" means the individual designated by the executive director as directly responsible for the management of the residence;
- (5) "Executive director" means the Chief Executive Officer of an agency or facility;
- (6) "Goals" means attainable ends towards which residence or resident activities or services are directed and focused;
- (7) "Governing body" means the individual or individuals with the ultimate authority and responsibility for the overall operation of a residence's program;
- (8) "License" means the form of permission issued by the department that authorizes the applicant to operate a residence;
- (9) "Licensee" means any individual, firm, partnership, corporation or association licensed to conduct a residence;
- (10) "Objectives" means statements designed to achieve measurable and time limited statements of overall goals in an incremental process;
- (11) "Physician" means an individual who has a license to practice medicine in Connecticut;
- (12) "Psychosocial rehabilitation services" means services which are designed for individuals in need of mental health services which enable individuals to live, learn, and/or work in their own communities with maximum independence;
- (13) "Resident" means an individual requiring the services of and admitted to a residential living center.
- (14) "Residential Living Center" or "residence" means a facility which provides a supervised, structured and supportive group living arrangement which includes psychosocial rehabilitation services and may also provide assistance in obtaining necessary community services to persons in need of mental health service;

(b) Licensure Procedure
- (1) No person shall operate a residence without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.
- (2) Application for Licensure
  - (A) Application for the grant or renewal of a license to operate a residence shall be made in writing on forms provided by the Department; shall be signed by the person seeking the authority to operate the residence; shall be notarized, and shall include the following information:
    - (i) Evidence of compliance with local zoning ordinances and local building codes upon initial application and when applicable;
    - (ii) Local fire marshal's annual certificate of compliance;
    - (iii) Statement of ownership and operation;
    - (iv) Certificate of public liability insurance;
    - (v) Current organizational chart;
    - (vi) Description of services provided;
    - (vii) Names and titles of professional staff;
    - (viii) Evidence of financial capacity upon initial application.
  - (B) Application for license renewal shall be made in accordance with subdivision (A) above not less than 30 days preceding the date of expiration of the residence's current license.
- (3) Issuance and Renewal of Licensure

(A) Upon determination by the Department that a residence is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or renewal of license to operate a residence for a period not to exceed one year.
(B) The license shall not be transferable to any other person, residence or location.
(C) Each license shall list on its face, the location and licensed capacity of the residence, the name of the licensee, the doing business as name, the name of the executive director, the name of the director of the residence and the date of issuance and expiration.
(D) The license shall be posted in a conspicuous place in a room accessible to the public.
(E) The licensure shall immediately notify the Department of any change in executive director or director.
(F) The licensee shall notify the Department in writing of any proposed change of ownership, location or services at least ninety days prior to the effective date of such proposed change.

(4) Suspension, Revocation, Denial or Non-Renewal of License
(A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the Department the residence:
(i) Fails to comply with applicable regulations prescribed by the Commissioner;
(ii) Fails to comply with applicable federal, state and local laws, ordinances, rules and regulations relating to building, health, fire protection, safety, sanitation and zoning;
(iii) Furnishes or makes any false or misleading statements to the Department in order to obtain or retain the license.
(B) Refusal to grant the Department access to the residence or to the residence's records shall be grounds for suspension, revocation, denial or nonrenewal of the residence's license.
(C) Surrender of license. The residence shall in writing notify each resident concerned, the next of kin or legal representative, and any third party payors concerned at least 30 days prior to the voluntary surrender of a residence's license or surrender of license upon the Department's order or revocation, refusal to renew or suspension of license. In such cases, the license shall be surrendered to the Department within the seven days of the termination of operation.

(c) Multi-Services Residences. Each program of a multi-service residence shall conform to those requirements set forth in the Regulations of Connecticut State Agencies governing the applicable program services provided.

(d) Governing Body and Management
(1) Every residence shall be responsible to a governing body.
(2) The governing body shall provide written documentation of its source of authority through by-laws or charter.
(3) The governing body shall exercise general direction over the establishment of policies of the organization and may delegate formulation and enactment of procedures in compliance with all local, state, and federal laws. The responsibility of the governing body shall include:
(A) Adoption and implementation of policies governing all administrative, record management, program evaluation, personnel, fiscal, rehabilitative, dietary and maintenance aspects of residence operations.
(B) Appointment of a qualified Executive Director whose qualifications, authority, and duties are defined in writing.
(C) Provide a safe, equipped physical plant and maintain the residence and services in accordance with any applicable local, state and federal laws and regulations.

(D) Establishment of an organizational chart which clearly defines lines of responsibility and authority relating to management and maintenance of the residence.
(E) Establishment of mechanisms and documentation of annual review of all residence policies and procedures.
(F) Meet as required but not less than semi-annually.
(G) Documentation of all current agreements with consultants, practitioners, agencies and providers required by the residence in the delivery of services.
(H) Adoption and review of an emergency preparedness plan.

(e) Director and Executive Director
(1) Each residence shall have an executive director who is the chief executive officer and shall be accountable to the governing body.
(2) Each residence shall employ a director responsible for the day to day management of the residence. From and after July 1, 1986 no person shall be employed as a director in a residence unless such person has a minimum of a baccalaureate degree in a related human service discipline plus three years experience in the field of mental health or three years experience in an administrative or supervisory capacity in the field of human services, except that any person employed as a director on June 30, 1986 shall be eligible to continue in the facility of employment without restriction.

(f) Fiscal
(1) The governing body of each residence shall have or delegate an individual responsibility for fiscal affairs.
(2) Each residence shall develop and implement written policies and procedures which governs the fiscal operation, such policies shall include at least the following:
(A) An annual written budget which shall have documentation of review and approval by the governing body. Revisions in the budget during the fiscal year shall be reviewed and approved by the fiscal officer designated by the governing body.
(B) Identification of revenues by source and expenditures of component/services.
(C) Identification of the fiscal year from the beginning to ending date.
(D) Documentation of an annual audit by an independent certified public accountant.
(E) Resident's Funds, Monies and Valuables.
(i) Whenever a residence receives or disburses resident funds or valuables, the residence shall have and implement a written policy and procedure governing this activity and shall document these transactions. Such documentation shall include:
(aa) Source, date and amount of funds or itemized valuables received by the residence for or from each resident.
(bb) Receipts, signed and dated by the residence, given to the resident verifying receipt of the monies or valuables.
(cc) Amount of the above funds applied toward the services provided to the resident by the residence and the amount made available to the resident for his/her personal use.
(dd) Receipts, signed and dated by the resident verifying monies received for personal use or the identifying of valuables returned to the resident.
(ee) For purchases made by the residence on behalf of residents, the resident shall sign a receipt which identifies the item, the date of receipt of such item, the

amount of such purchase and an acknowledgement of having received the sales slip.

(ff) The residence shall document quarterly in writing to the resident by date and amount, monies being held for the resident by the residence.

(g) Personnel Practices

(1) Each residence shall have written policies and procedures governing the recruitment, selection, promotion and termination of program staff as well as policies and procedures relating to:

(A) Wage and salary administration;
(B) Employee benefits;
(C) Table of organization;
(D) Employee work rules;
(E) Disciplinary action including supervision or dismissal of staff;
(F) Annual job performance evaluation;
(G) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease.

(2) Personnel policies shall ensure a provision that the residence shall not discriminate because of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability, including, but not limited to, blindness in its hiring, termination, or promotion practices.

(3) Personnel files shall be maintained identifying all personnel, including consultants, and shall be stored in a manner to protect the confidentiality of the employee in accordance with all state and federal laws governing the same. Each file shall contain:

(A) An application as completed by employee;
(B) A resume, if applicable;
(C) Licensed staff credential verification;
(D) Past employment or experience verification;
(E) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease;
(F) Job performance evaluations;
(G) Documentation of orientation.

(4) There shall be a written job description for each staff position within the residence and which includes:

(A) Definition of duties to be performed;
(B) Supervision received;
(C) Minimum qualifications;
(D) Effective or revision date.

(5) Any residence which utilizes volunteers shall have written policies and procedures governing their utilization and which shall include:

(A) Screening of applicants;
(B) Training;
(C) Supervision exercised;
(D) Responsibilities;
(E) Limitations as to duties;
(F) Termination of services;
(G) A provision that volunteers shall not be utilized in lieu of required staff.

(6) Staff Development and Orientation

(A) Employees shall have made available to them all policies and procedures necessary for them to perform the duties specified in their job descriptions and provide for the safety of the residents. Changes in these

policies and procedures shall be communicated in a manner prescribed by the Executive Director.

(B) Each residence shall establish a plan providing initial orientation and ongoing training to staff which clearly describes the type and extent of training necessary to maintain current skills, provides for growth in skill and which relate to the objectives of the services offered.

(C) Each residence shall document staff attendance at inservice or workshops, seminars, etc., with the date, topic discussed, and any presenting person.

(h) Environment

(1) Physical Plant

(A) The standards established by the following sources for the construction, renovation, alteration, maintenance and licensure of all residences, as they are amended from time to time, are hereby incorporated and made a part hereof by reference:

(i) State of Connecticut Basic Building Code.

(ii) State of Connecticut Fire Safety Code.

(iii) State of Connecticut Public Health Code.

(iv) Local Codes and Ordinances.

(B) Any residence initially licensed after the effective date of these regulations shall conform to the construction requirements described herein. Any residence that was licensed prior to the effective date of these regulations shall comply with the construction requirements in effect at the time of licensure, provided, however, that if the department determines that a preexisting non-conformity with subdivision (1) of subsection (h) of these regulations creates serious risk or harm to residents in the residence, the commissioner may order such residence to comply with the pertinent portion of subdivision (1) this subsection of (h). Failure to comply with the commissioner's order will be grounds for suspension, revocation or non-renewal of the license.

(C) Waiver.

(i) The Commissioner, in accordance with the general purposes and intent of these regulations, may waive provisions of subparagraphs (D) and (F) of subdivision (1) of subsection (h) if the Commissioner determines that such waiver would not endanger the life, safety or health of any resident. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of residents upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety or welfare of any resident has been jeopardized.

(ii) Any residence requesting a waiver shall apply in writing to the Department. Such application shall include:

(aa) The specific regulations for which the waiver is requested;

(bb) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the residence upon enforcement of the regulations;

(cc) The specific relief requested; and

(dd) Any documentation which supports the application for waiver.

(iii) In consideration of any application for waiver, the Commissioner or his or her designee may consider the following:

(aa) The level of care provided;

(bb) The maximum resident capacity;

(cc) The impact of a waiver on care provided;

(dd) Alternative policies or procedures proposed.

(iv) The Department reserves the right to request additional information before processing an application for waiver.

(v) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and Department regulations.

(D) General

(i) The residence shall be structurally sound and equipped in a safe and sanitary manner to prevent or minimize all health and fire hazards.

(ii) Any building, equipment and services shall be maintained in a good state of repair. A maintenance program shall be established to insure that the interior, exterior and grounds of the building are maintained, kept clean, and orderly, and free from accumulations of refuse, dilapidated structures, or other health hazards.

(iii) The residence shall provide for an individualized social and physical environment, including opportunities for privacy, in clearly defined living, sleeping and personal care spaces, and shall be sufficient in size to accommodate comfortably the approved number of residents and staff.

(E) New Facilities, Expansions and Conversions. Notification of new construction, or expansions, indicating the proposed use, shall be submitted to the State Department of Health Services, sixty days prior to the initiation of construction.

(F) Basic Requirements

(i) Site locations shall be accessible to the community, to emergency service vehicles, and where possible to public transportation.

(ii) Established walkways shall be provided for each exit from the building leading to a driveway or street.

(iii) Each residence shall have a private office in which to conduct resident interviews.

(iv) Resident bedrooms shall meet the following requirements:

(aa) There shall be no more than 3 beds per bedroom;

(bb) Net minimum room floor area shall be not less than 80 square feet in single bed rooms and 70 square feet per bed in multi-bed rooms. A variance of this requirement up to 10% of the total square footage will be permitted if it can be demonstrated that the room configuration results in comfortable accommodation;

(cc) Provide a minimum of three (3) feet space between beds in multi-bed rooms;

(dd) Bunk beds shall not be used;

(ee) All resident rooms shall open to a common corridor or common room which leads to an exit;

(ff) No resident room shall be located in an attic or basement;

(gg) Each resident bedroom shall be an outside room with not less than 10% of its floor area, excluding closets, devoted to windows;

(hh) Windows shall be equipped with insect screening;

(ii) No room which opens into the kitchen or necessitates passing through the kitchen to reach any other part of the residence shall be used as a bedroom; except when occupancy is 15 or less beds;

(jj) Separate rooms shall be provided for men and women;

(kk) The room furnishings for each resident shall include: a single bed with a clean unstained mattress, a washable mattress pad or cover, an available reading light, one dresser with three drawers, one closet or wardrobe to hang clothing, and one chair. One mirror per room shall be provided.

(v) Toilet and Bathing Facilities.

(aa) One toilet room shall be directly accessible for each six persons without going through another bedroom; in addition to a toilet, each room shall be equipped with a sink, mirror, toilet tissue, soap, single use disposable towels and receptacle.

(bb) A minimum of one toilet, one handwashing sink and one bathtub or shower shall be provided on each residential floor.

(cc) One shower or bathtub shall be provided for each eight residents or fraction thereof in an individual room or enclosure which provides space for the private use of the bathing fixture and for drying and dressing.

(dd) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere, either by means of a window that can be opened, or by exhaust fans.

(vi) Service Areas. Each residence shall provide adequate areas for living, dining and individual or general program functions.

(aa) Multi-purpose rooms shall be provided for general meetings, educational and other social purposes. The total area set aside for these purposes shall not be less than 25 square feet times total licensed capacity.

(bb) Dining area sufficient to accommodate all residents in one sitting shall be provided.

(vii) Laundry Service.

(aa) If residents are responsible for their own laundry, laundry facilities shall be provided or accessible in the community.

(bb) Each residence shall supply towels for any resident who does not have them.

(cc) Each residence shall supply bedding for each resident which consists of at least one blanket, one bedspread, one pillow, one pillow case cover, one pillow case, one top sheet, one bottom sheet and one mattress pad. Bedding shall be appropriate to weather and climate.

(viii) Environmental Details.

(aa) All areas used by residents shall have temperatures of not less than 68 degrees F.

(bb) The hot water heating equipment shall have sufficient capacity to supply hot water at the temperature of 110-120 degrees F and at amounts required at all times.

(cc) Only central heating or permanently installed electric heating systems shall be used.

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

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

(ff) Hot water or steam pipes located in areas accessible to residents shall have adequate protective insulation.

(gg) Each building shall be provided with a telephone that is accessible for emergency purposes. Each building shall have a public telephone for resident use.

(hh) Provisions shall be made to assure an individual's privacy in the bathroom areas.

(ii) The interior of the residence shall be furnished in a home-like setting.

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

(kk) All rooms shall have general lighting and all bedrooms, toilet rooms and offices shall have at least one light fixture at the entrance to each room.

(ll) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the corridor width below the width of three feet.

(mm) All doors to residents bedrooms and means of egress shall be of a swing type.

(nn) The minimum width of all doors to rooms accessible to residents, shall be 2'-4"; except that bathroom doors shall not be less than 2'.

(oo) Effective measures shall be taken to protect against the entrance into the residence or breeding on the premises of vermin. During the season when flies are prevalent, all openings into outer air shall be effectively screened and doors shall be provided to prevent the entrance of flies.

(2) Emergency and Disaster Procedures

(A) Each residence shall develop and implement written policies and procedures governing appropriate intervention in the event of an emergency or disaster. Such procedures shall require:

(i) Orientation of all staff, residents and volunteers, in the use of fire extinguishers. Such orientation shall be documented.

(ii) Orientation of all staff, including volunteers, and residents with the written evacuation plan instructions and diagrams for routes of exit.

(iii) There shall be documentation of staff and resident orientation to emergency and disaster procedures.

(iv) Fire plans and procedures shall be posted in conspicuous areas throughout the residence and in each resident bedroom.

(v) Fire drills shall be conducted as often as the local fire marshal recommends, at irregular intervals during the day, evening and night, but not less than monthly.

(vi) Each residence shall have documentation of assignment of each staff member to specific duties in the event of disaster or emergency.

(vii) Each residence shall develop and implement a written plan for the checking of first aid supplies on a monthly basis. The plan shall specify the supplies to be stocked, the required amounts of each supply and position title of the staff person(s) responsible for the audit. The residence shall document when first aid supplies are checked.

(viii) Each residence shall develop and implement written plans for a provision of temporary physical facilities to include shelter and

food services for their residents in the event the residence becomes uninhabitable due to disaster or emergency.

(3) Dietary Facilities

(A) Each residence shall have its own kitchen area which shall have the quality and appearance of that in a normal home. It shall include space and equipment for storage, preparation, assembling and serving food, cleaning or disposal of dishes and garbage. The following shall apply:

(i) Kitchens shall be separate from other areas and large enough to allow for adequate equipment to prepare and keep food properly.

(ii) 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 material.

(iii) A dishwashing machine shall be provided in all residences. Commercial dishwashing machines shall be provided in any residence with twenty-five or more beds and separated from the food preparation areas.

(iv) A sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area.

(v) Dry storage space, for at least a three day supply of food.

(vi) Functional refrigerators and freezers shall be provided for the storage of food to meet the needs of the residents.

(vii) Trash shall be kept in covered receptacles outside the residence.

(viii) A ventilation system shall be provided in the kitchen area.

(i) Food Services

(1) Each residence shall have a written plan for the provision of food services. These services shall assure the arrangement for a nourishing and well balanced meals to all residents which includes at least three (3) meals a day provided at normal times.

(2) Each residence shall make available nutritional information such as cookbooks and opportunities for residents to learn cooking techniques as a routine part of the in-house program.

(3) Each residence shall have written menus for the minimum of a one week period in advance which includes available breakfast, foods for lunch and a planned dinner. Substitutions in planned menus shall be recorded on the menu in advance whenever possible. Menus and substitutions shall be kept on file for at least a thirty day period.

(4) Menu selection and food preparation shall take into consideration the residents cultural background, personal preferences, food habits and dietary needs.

(5) A minimum of three days supply of staple foods shall be maintained at all times.

(j) Accident or Incident Reports

(1) Classification. All accident or incident reports to the department shall employ the following classifications of such events:

Class A: One which has resulted in or had the potential to result in serious injury or death.

Class B: One which has interrupted or had the potential to interrupt the services provided by the residence.

Class C: One which results in legal action against the residence.

(2) Report. The Executive Director shall report any accident or incident to the department as follows:

Class A & B: Immediate by telephone to the department, to be confirmed by written report as provided herein within seventy-two hours of said events;

Class C: Written report to the department as provided herein within seventy-two hours of the initiation of legal action.

(3) Each written report shall contain the following information:
- (A) Date of report and date of event.
- (B) Residence classification.
- (C) Identification of the individuals affected by the event, including, where available: resident identification, age, and status (or name, of employee visitor, and other), nature of incident, action taken by the residence and disposition.
- (D) If an affected individual is or was at the time of the reported event a resident of the residence:
  - (i) Date of admission;
  - (ii) Current diagnosis;
  - (iii) Physical and mental status prior to the event; and
  - (iv) Physical and mental status after the event.
- (E) The location, nature and brief description of the event
- (F) The name of the physician consulted, if any, and time of notification of the physician and a report summarizing any subsequent physical examination, including findings and orders.
- (G) The name of any witnesses to the event.
- (H) Any other information deemed relevant by the reporting authority.
- (I) The signature of the person who prepared the report and the Executive Director.

(4) Numbering. Each report shall be identified on each page with a number as follows: The number appearing on the residence license; the last two digits of the calendar year; the sequential number of the report during the calendar year.

(5) The Executive Director shall submit subsequent reports relevant to any accident or incident.

(k) Service Operations

(1) Program Evaluation
- (A) Each residence shall have established goals and objectives appropriate to the population served and program model.
- (B) Each residence shall establish a program evaluation process, which will determine the degree to which these goals and objectives are being met. Documentation of corrective action shall be based on this evaluative process.

(2) Resident Rights
- (A) Resident Grievance Procedure
  - (i) A residence shall have a written grievance procedure which shall be available to residents upon admission that identifies areas appropriate for grievance, including, but not limited to dismissal from the residence and a perceived lack of compliance to program rules;
  - (ii) It shall be the duty of the residence staff to assist the resident in exercising his or her rights under the grievance procedure;
  - (iii) It shall be the duty of the governing body or management to adopt a mechanism to review unresolved resident grievances.
- (B) Dismissal From the Residence. A resident shall be fully informed of the grounds for his or her dismissal from the residence and in writing when requested by the resident. In the event that a resident is aggrieved by such a dismissal, such resident shall have recourse to the mechanism established by the governing body or management.

(3) Resident Records.
- (A) An organized written record for each resident shall be maintained which contains current information sufficient for identification and assessment for the provision of appropriate services.

(B) Each resident record shall contain the following:
- (i) Documentation of advisement of resident rights, program rules and regulations;
- (ii) Psychosocial summary;
- (iii) Next of kin or other designated individual to be notified in the event of an emergency;
- (iv) Physical examination performed by a licensed physician;
- (v) Medical history;
- (vi) Substance abuse history, is applicable;
- (vii) Educational background;
- (viii) Employment history;
- (ix) Referral source summary to include reason for referral and current medications;
- (x) Criminal history, if applicable
- (xi) Releases and notations of release of information, if any.

(C) Each resident record shall contain an individualized program plan based on individual resident needs, and which shall include:
- (i) Description of the type and frequency of services to be provided by the residence program;
- (ii) Description of the services determined to be needed that are available in the community;
- (iii) Specific objectives which are related to stated goals;
- (iv) Name of assigned staff person to document and monitor the individualized program plan;
- (v) Provision for periodic review by designated staff members(s);
- (vi) Signatures of the resident and counselor or other appropriate staff person to verify participation in the formulation of the individualized program plan.

(D) Each individual resident record shall contain notes which document services provided and progress made towards goals and objectives by the resident in accordance with the individualized program plan. Each note shall be entered in ink by a qualified staff member or consultant and shall be dated, legible, signed by the person making the entry and his or her position title.

(E) Each individual resident record shall contain current list of all medications and instructions for use.

(F) Each resident record shall contain documentation of the periodic individualized program plan review. Such documentation shall include the date of the review, the name of any person conducting the review and any changes in the individualized program plan as the result of the review.

(G) Each resident record shall contain a departure summary which has been written within fifteen days of the individual resident's leaving the program. This summary shall:
- (i) Indicate the resident's progress towards the objective of independent living.
- (ii) Address original reason for referral, indicating level of functioning upon admission and leaving the residence
- (iii) Address the services received,
- (iv) Specify reasons for departure and length of stay;
- (v) Describe departure plan.

(H) Current resident records shall be stored in a secure manner on the premises and shall be accessible only to authorized persons. Resident records (originals or copies) shall be preserved in a secure manner for at least five years following departure. The method of destruction of any such records shall be either incineration or shredding.

(I) An individualized program plan shall be written no later than thirty calendar days after entrance into the program and reviewed at least every ninety calendar days thereafter.

(J) Any materials required to be kept confidential under statute shall be maintained separately in the resident's record and apart from program entries.

(4) Admissions, Departure, Referrals. Each residence shall have written policies and procedures governing admissions, departures, and referrals. Such policies shall include

(A) Identification of the target population and the length of stay.

(B) Criteria for assessing the resident for appropriateness for the residence.

(C) Criteria for admission and readmission.

(D) The admission process.

(E) Criteria for dismissal or departure which includes the residents' rights to leave the residence at any time.

(F) Departure summaries.

(G) Referrals.

(5) Each residence shall develop and implement policies and procedures which govern all rehabilitative and support services to be provided on an individual and group basis, which shall include:

(i) Direct training in activities of daily living (i.e., personal hygiene and self care, menu planning and food preparation, household chores, budgeting of money and use of transportation systems and goal setting).

(ii) Assistance in linking residents with those community systems or agencies with which residents may interact (i.e., medical, psychiatric, recreational, social, welfare, educational or vocational).

(iii) Offering assistance to all residents with respect to departure planning.

(6) Each resident in a residence shall have a documented physical examination not more than one month prior to or an appointment scheduled not later than five days after admission

(7) Staffing.

(A) Each residence shall have appropriately qualified individuals, professional or paraprofessionals to meet the needs of the residents and the programs or services the residence proposes to deliver.

(B) When services of a consultant are utilized to meet the needs of the residence or resident, the following shall apply:

(i) Each consultant to a residence shall have a minimum of a masters degree or license or registration in the field, or in a related area, or in lieu thereof, five years demonstrated experience in the field to which he or she is providing consultation.

(ii) Each consultant's hours and duties shall be documented.

(C) There shall be a minimum overall ratio of total number of staff to residents of at least 1:8,

(D) There shall be at least one staff person present when a resident is scheduled to be in the residence, except that such staff person may leave the residence to perform staff duties necessary to meet the needs of the residents, provided that the health and safety of any resident will not be endangered and the activity of the staff person is authorized by the executive director, if possible, or the director is notified of same and the activity is documented in writing.

(E) Provisions shall be made to ensure that sufficient backup personnel are available to respond in emergency situations.

(8) Medication Control

(A) Each residence shall have policies and procedures governing either the self administration or supervised self administration of medication practice of the residence. Such policies and procedures shall include:
- (i) Identification of the system to be utilized.
- (ii) Storage of medications if a supervised self administration program is utilized.
- (iii) Method of destruction and documentation of controlled and uncontrolled substances.
- (iv) Disposal of unused medication.
- (v) A provision for staff education related to medication. This shall be conducted on a semi-annual basis.

(B) Each residence shall develop and implement a policy and procedure for securing from a referring or attending physician a written assessment of the resident's ability to possess and self-administer medications utilized in the treatment of a psychiatric disorder. This written assessment shall be done upon admission and at least every six months thereafter.

(C) Facilities which utilize a supervised self-administration of medication program shall provide for the following:
- (i) Central, non-portable locked storage areas.
- (ii) A list of staff members authorized to supervise the self-administration of medications.
- (iii) Supervision of self-administration of medication shall be witnessed and documented in the resident record after each dose.

(Effective May 23, 1986; Amended June 25, 1990.)

## Private Freestanding Community Residences

### 19a-495-560. Licensing of private freestanding community residences

(a) Applicability. This section applies only to community residences as that term is used in Sections 8-3g, 19a-495 (c), and 19a-507a of the Connecticut General Statutes.

(b) Definitions.

(1) "Community residence" means a community residence as defined in the General Statutes of Connecticut, Section 19a-507a (4).

(2) "Mentally ill adult" means a mentally ill adult as defined in the General Statutes of Connecticut, Section 19a-507a (1).

(3) "Regional mental health board" means a regional mental health board, as defined in the General Statutes of Connecticut, Section 17-226j.

(4) "Regional mental health director" means a director appointed by the commissioner of mental health under the General Statutes of Connecticut, Section 17-226g.

(c) Standards and Requirements.

(1) Each community residence shall conform to the Regulations of Connecticut State Agencies, Section 19a-495-551 and shall comply with the General Statutes of Connecticut, Sections 19a-507a, 19a-507b, 19a-507c and 19a-507d. In addition, such community residence shall comply with the additional requirements described herein. Where conflicts in the regulations exist, the more stringent shall apply.

(2) Population to be served. Each community residence shall develop and implement a policy and procedure which shall limit admissions in accordance with the General Statutes of Connecticut, Section 19a-507a.

(3) Medication Control. Each community residence shall include a provision in medication control policies and procedures for assuring each residents' compliance with their individually prescribed medication regimes.

(4) Staffing. Each community residence shall have a minimum overall ratio of total number of staff to residents of at least 1:4.

(5) Program goals and objectives. Each community residence shall conduct a program evaluation on a semi-annual basis. Documentation of the date that the review was conducted, the names of the persons performing the review and content of the review shall be maintained.

(6) Administration. Each community residence shall maintain a copy of the Department of Mental Health evaluation findings and shall document action taken by the residence as a result of these findings.

(7) Human Rights. Each community residence shall post in a conspicuous place the names, addresses and telephone numbers of those federal, state or local agencies for residents to refer complaints regarding violations of human rights.

(8) Services to be offered. Each community residence shall provide those services as defined in the General Statutes of Connecticut, Section 19a-507a (4).

(9) Fire Safety.

(A) If the basement area is to be used for client recreation, a second means of exit shall be provided from the basement area exclusive of a hatchway.

(B) A source of continuous illumination not less than five (5) foot candles shall be provided in all exit access corridors.

(C) Emergency lighting shall be provided on each level/floor to illuminate the way to the exitways.

(D) Wall mounted portable extinguishers shall be located on each level of the residence.

(E) If a fireplace is to be used, its opening shall be enclosed with an approved tempered glass screen. The opening shall be permanently sealed, if an existing fireplace is not to be used.

(10) Physical Plant. All bathroom electrical receptacles shall be of ground fault interrupter type.

(11) Maintenance. Records of all major maintenance programs undertaken shall be retained for a period of three years.

(Effective December 23, 1987.)

# Private Freestanding Facilities for the Care or the Treatment of Substance Abusive or Dependent Persons

## 19a-495-570. Licensure of private freestanding facilities for the care or the treatment of substance abusive or dependent persons

(a) Definitions. For the purposes of these regulations:

(1) "Administering" means an act in which a single dose of a prescribed drug or biological is given to a client by an authorized person in accordance with Federal and State laws and regulations governing such act. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's order, giving the individual dose to the proper client, and recording the time and dose given;

(2) "Ambulatory Chemical Detoxification" means a non-residential service to which a person may be admitted for a systematic reduction of physical dependence upon a substance. This service utilizes prescribed chemicals and provides an assessment of needs and motivation of the client toward continuing participation in the treatment process;

(3) "Applicant" means any individual, firm, partnership, corporation, association or other entity applying for a license or renewal of a license under these regulations;

(4) "Auricular Acupuncture" means the insertion of needles at a specified combination of points, on the surface of the outer ear, for the purpose of facilitating the detoxification treatment and rehabilitation of substance abusers;

(5) "Biologicals" means products such as antitoxins, antiuenins, blood, blood derivatives, immune serums, immunologic diagnostic aids, toxoids, vaccines and related articles that are produced under license in accordance with the terms of the Federal Public Health Service Act (58 Stat. 682) approved 7/1/44, as amended;

(6) "Care and Rehabilitation" means a residential service to which a person may be admitted for a structured and supervised group living experience;

(7) "Certificate of Need" means approval of capital expenditures or functions or services from the Commission on Hospitals and Health Care in accordance with the Connecticut General Statutes;

(8) "Chemical Maintenance Treatment" means a service to which a person may be admitted for continued medical supervision of the planned use of a prescribed substance;

(9) "Client" means an individual receiving services from a substance abuse care or treatment facility;

(10) "Community Pharmacy" means a pharmacy licensed pursuant to Section 20-168 of the Connecticut General Statutes;

(11) "Controlled Substance" means a drug, substance, or immediate precursor in Schedule I to V, inclusive, of Section 21a-242 of the Connecticut General Statutes or in regulations promulgated by the Department of Consumer Protection;

(12) "Compounding" means the act of selecting, mixing, combining, measuring, counting or otherwise preparing a drug or medicine;

(13) "Day or Evening Treatment" means a non-residential service to which a person may be admitted for the provision of counseling and other supervised activities, whose daily unit of service to each person is a minimum of four hours, which are designed and developed to arrest, reverse or ameliorate the disorder or problem;

(14) "Department" means the Connecticut Department of Public Health;

(15) "Dispense" means that act of processing a drug for delivery to a client pursuant to the order of a practitioner consisting of: The checking of the directions on the label with the directions on the prescription or order to determine accuracy; the selection of the drug from stock to fill the order; the counting, measuring,

compounding or preparing of the drug; the placing of the drug in the proper container; the affixing of the label to the container; and the addition to a written prescription of any required notations;

(16) "Facility" or "Private Freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons" means an ambulatory chemical detoxification treatment, care and rehabilitation, chemical maintenance treatment, day or evening treatment, intensive treatment, intermediate and long term treatment, medical triage, outpatient treatment, and residential detoxification and evaluation, center;

(17) "Governing Authority" means the individual or individuals with the ultimate authority and responsibility for the overall operation of a facility's program;

(18) "Institutional Pharmacy" means that area within a care-giving institution, commonly known as the pharmacy, which is under the direct charge of a full-time pharmacist and wherein drugs are stored and regularly compounded or dispensed and the records of such compounding or dispensing maintained, by such pharmacist, including the stock room from which such pharmacist obtains supplies but not including other rooms or areas in such institutions wherein drugs may be stored for the convenience of nursing units, surgical units, laboratories and the like notwithstanding that a pharmacist may control the stocks thereof and may compound or dispense drugs therein. Such full-time pharmacist shall be actively engaged in the practice of pharmacy at such institution no less that thirty-five hours per week;

(19) "Intensive Treatment" means a residential service to which a person may be admitted for twenty-four hour a day supervision and services which are designed to arrest, reverse, or ameliorate the disorder or problem and motivate the person toward recognizing dependence, needs, and to obtain help and make changes;

(20) "Intermediate and Long Term Treatment and Rehabilitation" means a residential service to which a person may be admitted for a structured and supervised group living experience, the aim of which is to arrest, reverse, or ameliorate the problem or disorder and providing ongoing evaluation and activities supportive of integration into educational, vocational, familial or social structures independent of the service;

(21) "Legend Drug" means any article, substance, preparation or device which bears the legend: Caution: Federal Law Prohibits Dispensing Without a Prescription;

(22) "License" means the form of permission issued by the Department that authorizes the applicant to operate a facility;

(23) "Licensee" means the person, firm, corporation, organization or other legal entity licensed to conduct a facility as defined in these regulations;

(24) "Licensed Nurse" means a registered nurse or practical nurse licensed in Connecticut;

(25) "Medical Triage" means a service to which a person may be received for the provision of immediate assessment of symptoms of substance abuse, the immediate care and treatment of these symptoms as necessary, a determination of need for treatment, and assistance in attaining appropriate continued treatment;

(26) "Objectives" means specific statements which are related to the attainment of goals and which shall be quantitative, qualitative and time limited;

(27) "Outpatient Treatment" means a non-residential service to which a person may be admitted for a variety of counseling and other structured activities which are designed to arrest, reverse, ameliorate the disorder or problem;

(28) "Pharmaceutical Services" means the functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the facility and the monitoring of client drug therapy;

(29) "Pharmacist" means a person duly licensed by the Connecticut Commission of Pharmacy to engage in the practice of pharmacy pursuant to Section 20-170 of the Connecticut General Statutes;

(30) "Pharmacist's Drug Room" means a room within a care-giving institution or a correctional or juvenile training institution, containing drugs in bulk and from which drugs are regularly dispensed for clients of such institution when such institution does not have an institutional pharmacy but employs a pharmacist on a part-time basis;

(31) "Practitioner" means a physician, dentist, or other person authorized to prescribe drugs in the course of professional practice in the State of Connecticut;

(32) "Physician" means an individual licensed pursuant to Section 20-10 of the Connecticut General Statutes;

(33) "Private" means not a unit of or part of a unit of a public or government entity;

(34) "Residential Detoxification and Evaluation" means a residential service to which a person may be admitted for the management of detoxification from a substance or substances of abuse, for an assessment of needs and motivation toward continuing participation in an ongoing treatment process or for a combination of both detoxification and assessment;

(35) "Serious Condition" means an event which significantly jeopardizes or impairs a person's physical or mental well being.

(36) "Substance Abuse" means the illegal use of a controlled substance; or the compulsive use of alcohol or a drug, apart from or outside of licensed medical care, which usage results in impaired function;

(37) "Substance Dependence" means the physical or psychological reliance upon alcohol or a drug, which reliance results (1) from substance abuse, or (2) from the lawful use of any alcohol or drug for the sole purpose of alleviating such a physical or psychological reliance, or (3) from repeated use of prescribed alcohol or drug within or as part of licensed medical care;

(38) "Substance-Dependent Persons" means individuals who are physically or psychologically reliant upon alcohol or a drug (1) as a result of substance abuse or (2) as a result of the lawful use of alcohol or a drug for the sole purpose of alleviating such a physical or psychological reliance, or (3) as the result of repeated use of prescribed alcohol or drug within or as part of licensed medical care;

(39) "Substance" means any alcohol or drug or controlled substance;

(40) "Treatment" means the engaging of persons in a particular plan of action, the aim of which is to arrest, reverse, ameliorate substance abuse;

(41) "Treatment Services" means those activities which are designed and developed to arrest, reverse or ameliorate the client's disorder or problem.

(b) Service Classifications Which Are Defined Categories of Care or Treatment Services Contained in These Regulations

(1) Ambulatory Chemical Detoxification Treatment
(2) Care and Rehabilitation
(3) Chemical Maintenance Treatment
(4) Day or Evening Treatment
(5) Intensive Treatment
(6) Intermediate and Long Term Treatment and Rehabilitation
(7) Medical Triage
(8) Outpatient Treatment
(9) Residential Detoxification and Evaluation

(c) Licensure Procedure

(1) A facility shall not be constructed, expanded or licensed to operate except upon application for, receipt of, and compliance with any limitations and conditions required by the Commission on Hospitals and Health Care per Connecticut General Statutes, Sections 19a-154 through 19a-155, when applicable.

(2) No one shall operate a facility without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.

(3) Application for Licensure.

(A) Application for the grant or renewal of a license to operate a facility shall be made in writing on forms provided by the Department; shall be signed by the applicant seeking the authority to operate the facility; shall be notarized, and shall contain the following information:
- (i) Evidence of compliance with local zoning ordinances and local building codes upon initial application;
- (ii) Local fire marshal's annual certificate of compliance;
- (iii) Statements of ownership and operation;
- (iv) Certificate of public liability insurance;
- (v) Current organizational chart;
- (vi) Licensed classification(s) requested and description of services provided;
- (vii) Names and titles of staff;

(B) Application for license renewal shall be made in accordance with Subdivision A above not less than 30 days preceding the date of expiration of the facility's current license.

(4) Issuance and Renewal of Licensure.

(A) Upon determination by the Department that a facility is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or renewal of license to operate a facility for a period not to exceed one year.

(B) The license shall not be transferable to any other entity, location or facility.

(C) Each license shall list on its face the level of service to be provided, the location and licensed capacity of the facility, where applicable, the name of the licensee, and the name of executive director of the facility, the date of issuance and expiration.

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

(E) The licensee shall notify the Department prior to any change in executive director or change in the facility name.

(F) The licensee shall notify the Department in writing of any proposed change of ownership ninety days prior to the effective date for the purposes of initiating application for a new license.

(G) The licensee shall notify the Department in writing of any proposed change of location or services at least ninety days prior to the effective date of such proposed change.

(5) Suspension, Revocation, Denial or Non-Renewal of License.

(A) Refusal to grant the Department access to the facility or to the facility's record shall be grounds for denial or revocation of the facility's license.

(B) Surrender of License. The facility shall notify the Department of Health Services, each facility client, and third party payors, as appropriate, in writing, at least 30 days prior to the voluntary surrender of a facility's license. In the event of surrender of license upon the Department's order of revocation, refusal to renew or suspension of license, 30 day written notice to each facility client and third party payors shall be provided by the facility. The license shall be surrendered to the Department within seven days of the termination of operation.

(d) Transfer or Discharge of Clients. Plan Required Except in an emergency, or when a client leaves of his or her own accord or against program advice, no client shall be transferred or discharged unless a written plan has been developed by the facility staff in conjunction with the client and his or her primary counselor.

(e) Multi-Service Facilities

(1) Each program of a multi-service facility shall conform to those requirements set-forth in the Regulations of Connecticut State Agencies governing the applicable program services provided.

(f) Governing Authority and Management
- (1) The governing authority shall have overall responsibility for the management and operation of the facility.
- (2) The governing authority shall provide written documentation of its source of authority.
- (3) The governing authority shall exercise general direction over the establishment of written policies of the organization and may delegate formulation and enactment of same in compliance with all local, state, and federal laws. The responsibilities of the governing authority shall include:
  - (A) Adoption and implementation of policies governing all administrative, program evaluation, personnel, fiscal, rehabilitative, clinical, dietary and maintenance aspects of facility or operations.
  - (B) Establishment of the qualifications, authority and duties of the executive director and appointment of a qualified executive director.
  - (C) Provision of a safe, equipped physical plant and maintenance of the facility and services in accordance with any applicable local, state and federal regulations.
  - (D) Establishment of an organizational chart which clearly defines lines of responsibility and authority relating to management and maintenance of the facility.
  - (E) Establishment of procedures for and documentation of, annual review of all facility policies and procedures.
  - (F) Meet not less than semi-annually.
  - (G) Documentation of all current agreements with consultants or practitioners required by the facility in the delivery services.
    - (i) Each medical triage facility shall have written agreements for the provision of the following:
      - (a) Laboratory services,
      - (b) Referral to other levels of care or treatment
    - (ii) Each facility providing services shall have written transfer agreements with a facility(s) to provide for clients continued participation in the care giving process when indicated.
  - (H) Each residential detoxification and evaluation, ambulatory detoxification, chemical maintenance treatment facility which admits persons whose substances of abuse is other than alcohol, shall have a provision for regular monitoring of chemical levels in urine specimens collected from clients.
  - (I) Documentation of a written agreement maintained with a licensed laboratory for the purpose of performing the required urine screenings.
  - (J) Adoption and review of an emergency preparedness plan.

(g) Executive Director
- (1) Each facility shall have an executive director who is accountable to the governing authority.
- (2) The executive director shall be responsible for the management of the facility.

(h) Fiscal Management
- (1) Each facility shall have an individual with the designated responsibility for fiscal affairs.
- (2) Each facility shall develop and implement written policies and procedures governing the fiscal operation which shall include:
  - (A) An annual written budget which shall have documentation of review and approval by the governing authority.
  - (B) Identification of revenues by source and expenditures by service component.
  - (C) Identification of the fiscal year.
  - (D) Documentation of an annual audit by an independent public accountant.

(i) Personnel Practices

(1) Each facility shall develop and implement written policies and procedures governing the recruitment, selection, promotion and termination of program staff as well as policies and procedures relating to:

(A) Employee work rules;

(B) Disciplinary action including suspension or dismissal of staff;

(C) Annual job performance evaluation;

(D) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease.

(2) Personnel policies shall ensure a provision that the facility shall not discriminate because of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history or mental disorder, mental retardation or physical disability, including, but not limited to, blindness in its hiring, termination, or promotion practices.

(3) Personnel files shall be maintained identifying all personnel, including consultants, and shall be stored in a manner to protect the confidentiality of the employee in accordance with all state or federal laws governing the same. Each file shall contain:

(A) A written verification of the date of hire and position for which hired;

(B) A resume, if applicable;

(C) Verification of credentials of licensed or certified staff;

(D) Past employment reference checks;

(E) Documentation of required physical examinations;

(F) Job performance evaluations, except for consultants;

(G) Documentation of orientation.

(4) There shall be a written job description for each staff position within the facility which includes:

(A) Definition of duties to be performed;

(B) Notation of direct supervision;

(C) Minimum qualifications;

(D) Effective and/or revision date.

(5) The facility shall develop and implement written policies and procedures governing the utilization of volunteers which shall include:

(A) Screening of applicants;

(B) Training;

(C) Supervision of activities;

(D) Responsibilities;

(E) Limitations as to duties;

(F) Termination of services;

(G) A provision that volunteers shall not be utilized in place of a staff person required by these regulations.

(6) Staff Development and Orientation

(A) Employees shall receive orientation to all policies and procedures necessary for them to perform duties specified in their job descriptions and provide for the safety of the clients. Changes in these policies and procedures shall be communicated in a manner prescribed by the executive director.

(B) Each facility shall establish and implement a staff development plan.

(C) Each facility shall document staff attendance at inservice or workshops, seminars, etc., with the date, topic discussed, and the presenting person(s).

(j) Environment

(1) Physical Plant

(A) The standards established by the following sources for the construction, renovation, alteration, maintenance and licensure of all facilities, as they

are amended from time to time, are hereby incorporated and made hereof by reference:

(i) State of Connecticut Basic Building Codes.
(ii) State of Connecticut Fire Safety Code.
(iii) State of Connecticut Public Health Code.
(iv) Local Zoning Codes.

(B) Any facility initially licensed after the effective date of these regulations shall conform to the requirements described herein. Any facility licensed prior to the effective date of these regulations shall comply with construction requirements in effect at the time of licensure, provided however, that if the Department shall determine that a pre-existing non-conformity creates serious risk of harm to clients in the facility, the Department may order such facility to comply with the pertinent portion of Subdivision (1) of Subsection (j) of these regulations. Failure of the facility to comply with a Department order under this Subparagraph shall be grounds for action against the license.

(C) Waiver

(i) The Commissioner or his or her designee, in accordance with the general purposes and intent of these regulations, may waive provisions of subparagraphs (D) and (F) of subdivision (1) of subsection (j) Environment of this section if the Commissioner determines that such waiver would not endanger the life, safety or health of any client. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of client upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety, or welfare of any client has been jeopardized.

(ii) Any facility requesting a waiver shall apply in writing to the Department. Such application shall include:

(a) The specific regulations for which the waiver is requested;
(b) Reasons for requesting a waiver, including a statement of the type, cost, and degree of hardship that would result to the facility upon enforcement of the regulations;
(c) The specific relief requested; and
(d) The duration of time for which the waiver is requested.
(e) Any documentation which supports the application for waiver.
(f) The level of care provided;
(g) The maximum client capacity;
(h) The impact of a waiver on care provided:
(i) Alternative policies or procedures proposed.

(iii) The Department reserves the right to request additional information before processing an application for waiver.

(iv) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and Department regulations.

(D) General

(i) The facility shall be of structurally sound construction, equipped, and operated so as to sustain its safe and sanitary characteristics to prevent or minimize all health and fire hazards in the facility for the protection of clients, personnel and visitors.

(ii) The interior, exterior and grounds of the building shall be maintained in an acceptable state of repair, kept clean, and

orderly and free from accumulations of refuse, dilapidated structures, or other health hazards.

(iii) The design, construction and furnishings of the clients' living and clinical or rehabilitative service areas shall be sufficient in size to accommodate the changing needs of the clients.

(E) New Facilities, Expansions and Conversions

(i) Notification of new construction, expansions or conversions indicating the proposed use shall be submitted to the State Department of Health Services, 60 days prior to the initiation of construction.

(F) Basic Core Requirements

(i) Site locations shall have unobstructed passage to emergency vehicles.

(ii) Walkways shall be provided for each exit from the building leading to a driveway or street.

(iii) Administration and Public Areas. The following shall be provided:

(a) Storage space for office equipment, supplies and records.

(b) Each facility shall have a private office in which to conduct client interviews.

(iv) Client bedrooms shall meet the following requirements:

(a) Except in residential detoxification and evaluation and medical triage facilities there shall be no more than 4 single beds per bedroom;

(b) The net minimum room floor area shall be not less than 80 square feet for single bed room and 70 square feet per individual in multi-bed rooms. A variance of this requirement up to 10% of the total square footage shall be permitted if it can be demonstrated that the room configuration results in comfortable accommodation;

(c) Provide a minimum of three (3) feet space between parallel beds in multi-bed rooms;

(d) All client bedrooms shall open to a common corridor or common room which leads to an exit;

(e) No client bedroom shall be located in an attic or basement;

(f) Each client bedroom shall be an outside room with windows devoted to not less than 10% of its floor area, excluding closets;

(g) Windows shall be equipped with insect screening;

(h) No room which opens into the kitchen or necessitates passing through the kitchen to reach any other part of the facility shall be used as a bedroom; except when occupancy is 15 or less beds;

(i) The bedroom furnishings for each client shall include: a single bed with a mattress, three dresser drawers, closet or wardrobe space to hang clothing. One mirror per room shall be provided. In addition, each client in a residential facility, except residential detoxification and evaluation and medical triage facilities, shall be provided a chair and a reading light.

(v) Toilet and Bathing Facilities:

(a) Each facility shall have a lavatory equipped with a toilet, sink, mirror, toilet tissue, soap and single service towels. In a residential facility one toilet shall be provided for every eight persons.

(b) A minimum of one toilet, one handwashing sink and one bathtub or shower shall be provided on each floor, designated as client sleeping areas.

(c) In each residential facility one shower or bathtub shall be provided for each 10 clients or fraction thereof. An individual enclosure which provides space for private bathing and dressing, shall be available in bathing areas with multiple bathtubs or showers.

(d) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere, either by means of a window that can be opened or by exhaust fans.

(vi) Services Areas. Each facility shall provide adequate areas for living, dining and individual or general program functions.

(a) Multi-purpose rooms shall be provided for general meetings, educational and other social purposes. The total area set aside for these purposes shall not be less than 25 square feet per licensed bed capacity.

(b) Dining area(s) sufficient to accommodate all clients shall be provided.

(vii) Laundry Service - Residential Facilities.

(a) If clients are responsible for their own laundry, residential type laundry facilities shall be provided or made accessible in the community.

(b) Facilities which supply towels shall maintain a stock equivalent to two times the capacity of the facility.

(c) Facilities which supply bedding shall provide for each client at least one blanket, one pillow, one pillowcase, one top sheet, one bottom sheet and one mattress pad or plastic covered mattress. Bedding shall be appropriate to weather and climate.

(d) Each facility which does not provide bedding or towels shall make provisions to supply such items to any client who does not have such supplies.

(e) If linen is processed outside of the facility, a soiled linen holding room and a clean linen storage room or area shall be provided.

(viii) Environmental Details

(a) All areas used by clients shall have temperatures of not less than 68 degrees F. during the heating season.

(b) The hot water heating equipment shall have sufficient capacity to supply hot water at the temperature of 110-120 degrees F. at client use taps.

(c) Only central heating or permanently installed electric heating systems shall be used.

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

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

(f) Hot water or steam pipes located in areas accessible to clients shall have adequate protective insulation.

(g) Each building shall be provided with a telephone that is accessible for emergency purposes. Each facility shall have a telephone for client use except in non-residential facilities.

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

(i) All rooms shall have lighting and all bedrooms, toilet rooms and offices shall have general illumination with a control switch at the entrance to each room.

(j) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the corridor width below the width of three feet.

(k) All doors to bedrooms and doors which are a means of egress from the facility shall be of a swing type.

(l) The minimum width of all doors to rooms accessible to clients, shall be 2'-4" except bathroom doors shall not be less than 2'.

(G) Special Requirement - Medical Triage

(i) In each medical triage service there shall be specified areas to conduct examinations. Such areas shall contain the equipment necessary to conduct such examinations. In addition, there shall be the following minimum equipment:

(a) A suction machine,

(b) Oxygen,

(c) Breatholizer,

(d) Scale,

(e) Lamp,

(f) Ambu bag,

(g) Airways,

(h) In multiple occupancy rooms, privacy screens or curtains,

(i) A washable examination table.

(ii) Each medical triage facility shall have a designated holding room area for clients awaiting proper disposition. This area shall provide for each client:

(a) A single bed with a mattress,

(b) In multiple occupancy rooms, private screens or curtains.

(2) Emergency and Disaster Procedures

(A) Each facility shall develop and implement written policies and procedures governing appropriate intervention in the event of an emergency or disaster. Such procedures shall require:

(i) Orientation to staff, volunteers, in the use of fire extinguishers. Such orientation shall be documented.

(ii) Orientation of all staff, including volunteers, and clients with the written evacuation plan instructions and diagrams for facility exit routes.

(iii) There shall be documentation of staff orientation to emergency and disaster procedures.

(iv) Fire plans shall be posted in conspicuous areas throughout the facility.

(v) Fire drills shall be conducted on a monthly basis, at various times, to provide for four drills per shift each year, for all residential facilities. All fire drills shall be documented.

(vi) Each facility shall develop and implement a written plan for the checking of first aid supplies on a monthly basis. The plan shall specify the supplies to be stocked, the required amounts of each supply and title of the staff person(s) responsible for the audit. The facility shall document when first aid supplies are checked.

(vii) Each facility shall have a written emergency preparedness plan which shall include the following:
(a) Identification and notification of appropriate persons.
(b) Instructions as to locations and use of emergency equipment and alarm systems.
(c) Tasks and responsibilities of assigned staff.
(d) Evacuation routes.
(e) Procedures for relocation and/or evacuation of clients.
(f) Transfer of casualties.
(g) Transfer of records.
(h) Procedures for maintenance of the care and meal service for clients in a residential facility.
(i) Handling of drugs and biologicals.

(3) Dietary Service Areas - Residential Facilities
(A) Each facility shall have a kitchen area, which shall include space and equipment for storage, preparation, assembling and serving food, cleaning or disposal of dishes and garbage. The following shall apply:
(i) Kitchens shall be separate from other areas and large enough to allow for adequate equipment to prepare and keep food properly.
(ii) No food shall be stored directly on the floor.
(iii) 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 material.
(iv) A dishwashing machine shall be provided in all facilities with ten or more beds. Commercial dishwashing machines shall be provided in any residence with twenty-five or more beds and physically separated from the food preparation areas.
(v) A handwashing sink with a soap dispenser and single service towels shall be provided.
(vi) A covered waste receptacle shall be provided in the kitchen area.
(vii) Dry storage space, for at least a three-day supply of food.
(viii) Functional refrigerators and freezers shall be provided for the storage of food to meet the needs of the clients.
(ix) Trash shall be kept in covered receptacles outside the facility.

(k) Food Services
(1) Each residential facility shall have a written plan for the provision of food services.
(2) Each residential facility shall have a dietetic consultation based on individual facility needs at least once a year. Such consultation shall be documented by the dietitian.
(3) Each residential facility shall screen all staff and clients who have access to food preparation areas for infectious and communicable diseases. Persons with known infectious or communicable diseases shall be restricted from food preparation areas.
(4) Each residential facility shall have written menus for the minimum of a one week period in advance which includes foods available for breakfast and lunch and a planned dinner. Substitutions in planned menus shall be recorded on the menu in advance whenever possible. Menus and substitutions shall be kept on file for at least a thirty day period.
(5) Menu selection and food preparation shall take into consideration the clients dietary needs.
(6) A minimum of three days supply of staple food shall be maintained at all times.
(7) Food shall be stored, prepared and served at proper temperatures.

(l) Accident or Incident Reports

(1) Classification. All accident or incident reports to the Department shall employ the following classifications of such events:
Class A: One which has resulted in a serious condition or death.
Class B: One which has or may interrupt the services provided by the facility.

(2) Report. The executive director shall report any accident or incident within Class A or B, to the Department, immediately by telephone, to be confirmed by written report within seventy-two hours of said events.

(3) Each written report shall contain the following information:
(A) Date of report and date of event.
(B) Facility classification.
(C) Identification of the individuals affected by the event, including, where available: client identification, age, and status (or name, of employee, visitor, or other), nature of incident, action taken by the facility and disposition.
(D) If the affected individual is or was at the time of the reported event a client of the facility:
(i) Date of admission;
(ii) Current diagnosis, if applicable;
(iii) Physical and mental status prior to the event; and
(iv) Physical and mental status after the event.
(E) The location, nature and brief description of the event.
(F) The name and time of notification of the physician or hospital consulted, if applicable.
(G) The name of any witnesses to the event.
(H) Any other information deemed relevant by the reporting facility.
(I) The signature of the person who prepared the report and of the executive director.

(4) Numbering. Each report shall be identified on each page with a number as follows: The number appearing on the facility license; the last two digits of the calendar year; the sequential number of the report during the calendar year.

(5) The executive director shall submit subsequent reports, if applicable, relevant to any accident or incident.

(6) With respect to any information pertaining to (1) Accident or Incident Reports, the Connecticut State Department of Health Services shall comply with all state and federal laws and regulations concerning confidentiality of alcohol and drug abuse client records.

(m) Service Operations

(1) Program Evaluation - All Service Classifications
(A) Each facility shall have established goals and objectives related to the client population served.
(B) Each facility shall establish an annual program evaluation, which will determine the degree to which these goals and objectives are being met. Action taken by the facility, based on this evaluative process, shall be documented.

(2) Client Rights - All Service Classifications
(A) Each client shall be informed of his or her rights relating to the services provided in the language of his or her understanding. A statement that the client has been advised of his or her rights, signed by the client shall be placed in the client's record
(B) A client shall be informed at the time of admission, in writing, of the criteria for involuntary termination from a facility. In the event that a client is aggrieved by such a dismissal, such client shall have recourse to the mechanism established by the governing authority or management.

(3) Client Records - All Service Classifications

(A) An organized written record for each client shall be maintained which contains current information sufficient for an assessment of need for the provision of appropriate care or treatment services.

(B) Each client record shall contain the following:

(i) The client name and identifier, address, date of birth, telephone number, sex, social security number, and date of admission. In addition, the time of admission to a residential detoxification and evaluation and medical triage facility shall be included.

(ii) Presenting problem(s);

(iii) Documentation of advisement of client rights;

(iv) Social or family background;

(v) Next of kin or other designated individual to be notified in the event of an emergency;

(vi) Results of physical examination inclusive of medical history as required herein;

(vii) Substance abuse history;

(viii) Educational background;

(ix) Employment history;

(x) Referral source summary, if any, to include reason for referral and current medications;

(xi) Legal history, if applicable;

(xii) Releases and notations of release of information.

(xiii) Progress notes which document services provided to the client and progress made toward objectives in accordance with the individualized program plan.

(xiv) Documentation of services as rendered.

(C) Each client record shall contain an individualized program plan, as required herein, which must include:

(i) Specific objectives;

(ii) Name of assigned staff person to develop and monitor the individualized program plan;

(iii) Description of the type and frequency of services to be provided;

(D) All entries in the client record shall be typewritten or written in ink by a qualified staff member or consultant and shall be dated, legible, and signed by the person making the entry with his or her position title.

(E) Each individual client record shall contain a current list of all medications and instructions for administration.

(F) Each client record shall contain documentation of the periodic individualized program plan review as required herein. Such documentation shall include the date of the review, person(s) conducting the review and any changes in the individualized program plan as the result of the review.

(G) Each client record shall contain a discharge summary which has been written within fifteen working days of the individual client leaving the program. This summary shall:

(i) Indicate the client's progress towards the established plan;

(ii) Address original reason for referral;

(iii) Describe the type, frequency and duration of treatment or services;

(iv) Specify reasons for discharge and, if appropriate, recommended referral.

(H) Client records shall be stored in a secure manner and shall be accessible only to authorized persons. These records, originals or copies, shall be preserved for at least seven years following discharge.

(I) Each client record shall have documentation, at the time of admission, of an initial assessment which identifies the client's appropriateness for participation in the facility.

(4) Admissions, Discharges, and Referrals - All Service Classifications
Each facility shall develop and implement written policies and procedures governing admissions, discharges, and referrals. Such policies shall include:
(A) Identification of the target population.
(B) Criteria for admission.
(C) Criteria for readmission.
(D) The admission process.
(E) Criteria for voluntary and involuntary discharge.
(F) Referrals.

(5) Physical Examinations
(A) Residential Detoxification and Evaluation Chemical Maintenance and Ambulatory Chemical Detoxification Facilities.
(i) Each client shall receive within 24 hours of admission a medical history and physical examination, by a physician, physician's assistant or registered nurse practitioner. Any physical examination that is performed by a physician assistant or registered nurse practitioner shall be dated and countersigned by a physician within 72 hours signifying his or her review of and concurrence with the findings.
(ii) Each client shall receive within 72 hours of admission, diagnostic tests as determined by the physician.
(iii) Each client whose substance of abuse is other than alcohol shall be required to have an initial drug-screening urinalysis upon admission and at least eight additional random urinalyses' shall be performed on each client during the first year while in a maintenance program. A minimum of quarterly random urinalysis shall be performed on each client while that client is in a maintenance program for more than one year.
(a) Urine specimens must be collected on a randomly scheduled basis and in a manner that minimizes falsification.
(b) Each urine specimen screened is required to be analyzed for opiates, methadone, amphetamines, cocaine and barbiturates as well as other drugs as indicated.
(iv) When a person is readmitted within six months to a facility the decision determining the physical examination, laboratory, and diagnostic tests to be performed shall be made by the program physician.
(v) Any person readmitted to the facility after a six month period of time, shall receive a physical examination and laboratory and diagnostic tests as required in subparagraphs (i), (ii), and (iii) of subsection (5) (A).
(B) Medical Triage Facilities
(i) Each client received shall have a physical examination performed by a physician, physician's assistant or registered nurse at the time of acceptance for triage. The examination shall include the following:
(a) Investigation of the organ systems for possibilities of infectious disease, pulmonary, liver, cardiac abnormalities, dermatologic sequalae of addiction and possible concurrent surgical problems;

(b) Determination of the client's vital signs, examination of the general condition including head, ears, eyes, nose, throat (thyroid), chest (heart, lungs and breasts), abdomen, extremities, skin and neurological assessment and the overall impression of the client.

(c) Laboratory tests as appropriate.

(C) Intensive Treatment. Intermediate and Long Term Treatment and Rehabilitation and Care and Rehabilitation Facilities

(i) Each client shall have a documented physical examination, performed by a physician licensed in the State of Connecticut, physician's assistant or registered nurse practitioner not more than one month prior to or an appointment scheduled not later than five days after admission. Any client receiving uninterrupted treatment or care in a licensed facility shall require only the documentation of the initial physical examination.

(6) Individualized Program Plan - All Services Classifications

(A) An individualized program plan based on the client's needs shall be initiated at the time of admission and reviewed as follows:

(i) Each facility providing care and rehabilitation, intermediate and long term treatment and rehabilitation, outpatient treatment, day or evening treatment and chemical maintenance treatment shall review the individualized program plan no later than thirty calendar days after admission.

(a) Intermediate and Long Term Treatment and Rehabilitation, and Day or Evening Treatment

(1) Each individualized program plan shall be reviewed at least every sixty calendar days after the initial thirty day review.

(b) Care and Rehabilitation and Chemical Maintenance

(1) Each individualized program plan shall be reviewed every ninety calendar days after the initial thirty day review for the first year and at least every one hundred eighty calendar days thereafter.

(ii) Each residential detoxification and evaluation, medical triage facility or ambulatory chemical detoxification facility shall modify the individual program plan as needed until the client is discharged

(iii) Each facility providing outpatient treatment shall review the individualized program plan sixty days after the initial thirty day review and at least every ninety calendar days thereafter.

(iv) Each chemical maintenance treatment facility shall rewrite the individualized program plan every two years.

(v) Each intensive treatment facility shall review the individualized program plan on a weekly basis.

(7) Staffing - All Service Classifications

(A) Each facility shall have individuals, who meet the qualifications as described in the facility's job descriptions and who comply with all mandated state and federal laws, to meet the needs of the clients and the programs or services the facility proposes to deliver.

(B) The services of a consultant may be utilized where applicable to meet the special needs of the facility or clients.

(C) Each facility shall have a designated individual or individuals to provide clinical supervision.

(D) Each facility which provides residential services shall have at least, one direct care staff person in each building, when a client is known to be

present and who shall have immediate access to back up staff, for urgent or emergency situations.

(E) Special Requirements - Medical Triage

(i) A physician, who is currently licensed in the State of Connecticut, shall be designated to direct the medical services of the facility. Such a physician shall have experience or training in providing services for substance dependent persons.

(ii) A physician, currently licensed in the State of Connecticut, shall be on call and physically available within 20 minutes during those hours when a physician is not physically present.

(iii) A registered nurse, who is currently licensed in the State of Connecticut, shall be designated to direct nursing services. Such a registered nurse shall have experience or training in providing services for substance dependent persons.

(iv) There shall be on duty at all times at least one registered nurse who is currently licensed in the State of Connecticut. In each separate medical triage unit there shall be at all times a licensed nurse and other direct care staff to meet the needs of the clients.

(v) Where there are other care or treatment services provided, assignments shall clearly designate the service to which staff are assigned.

(vi) There shall be a pharmacist, currently licensed in the State of Connecticut, who shall be responsible for the supervision of the pharmaceutical services.

(F) Special Requirements - Residential Detoxification and Evaluation Facilities

(i) A physician, who is currently licensed in the State of Connecticut, shall be designated to direct the medical services of the facility. Such a physician shall have experience or training in providing services for substance dependent persons.

(ii) A physician, currently licensed in the State of Connecticut, shall be on-call during those hours when a physician is not physically present.

(iii) A registered nurse, who is currently licensed in the State of Connecticut, shall be designated to direct the nursing services of the facility. Such a registered nurse shall have experience or training in providing services for substance dependent persons.

(iv) There shall be on each shift at least one registered nurse who is currently licensed in the State of Connecticut. In each separate residential detoxification and evaluation unit there shall be at all times a licensed nurse and other direct care staff on duty to meet the needs of the clients.

(v) There shall be a physician, currently licensed in the State of Connecticut and who is eligible to be certified by the American Board of Psychiatry and Neurology; or, a clinical psychologist, currently licensed in the State of Connecticut, to provide psychological evaluation and treatment when necessary.

(vi) There shall be a pharmacist, currently licensed in the State of Connecticut, who shall be responsible for the supervision of the pharmaceutical services.

(G) Special Requirements - Intensive Treatment Facilities

(i) There shall be a physician, licensed in the State of Connecticut, and who is eligible to be certified by the American Board of Psychiatry and Neurology to provide psychiatric diagnosis or treatment when necessary, or, a psychologist currently licensed

in the State of Connecticut to provide psychological evaluation and treatment when necessary.

(H) Special Requirements - Chemical Maintenance Treatment and Ambulatory Chemical Detoxification Treatment Facilities

(i) A physician, who is currently licensed in the State of Connecticut, shall be designated to direct the medical services of the facility. Such a physician shall have experience or training in providing services for substance dependent persons.

(ii) There shall be at least one nurse, currently licensed in the State of Connecticut, on duty during medication administration hours. Such a nurse shall have experience or training in providing services for substance dependent persons.

(iii) There shall be a physician, currently licensed in the State of Connecticut and who is eligible to be certified by the American Board of Psychiatry and Neurology to provide psychiatric diagnosis or treatment when necessary; or, a psychologist, currently licensed in the State of Connecticut, to provide psychological evaluation and treatment when necessary.

(iv) There shall be a pharmacist, currently licensed in the State of Connecticut, who shall be responsible for the supervision of the pharmaceutical services.

(I) Special Requirement - Residential Detoxification and Evaluation. Chemical Maintenance or Ambulatory Chemical Detoxification and Medical Triage Facilities

(i) Each facility providing services shall develop and implement written policies and procedures protecting against the diversion of controlled substances within the program.

(ii) Each facility providing services shall develop and implement written policies and procedures concerning the transfer of controlled substances and alcohol from visitors to clients.

(8) Special Requirement - Care and Rehabilitation Facilities

(i) Each facility shall develop and implement written policies and procedures governing work therapy.

(9) Pharmaceutical Services - All Service Classifications Which Dispense or Administer Medications

(A) Each facility which utilizes medication as an integral part of treatment shall provide pharmaceutical services to meet the needs of the clients.

(i) The pharmaceutical services shall be conducted in accordance with all applicable federal and state laws and regulations.

(ii) Drug dispensing functions shall be provided through:

(a) A community pharmacy; or

(b) An institutional pharmacy or pharmacist's drug room operated by the facility.

(B) If the facility maintains a pharmacist's drug room, a pharmacist:

(i) Shall be responsible for the control of all bulk drugs and maintain records of their receipt and disposition.

(ii) Shall compound, dispense or distribute all drugs from the drug room.

(iii) Shall monitor the service to ensure its accuracy.

(C) The pharmaceutical services shall be under the supervision of a pharmacist.

(i) If the facility operates an institutional pharmacy, the pharmacist shall be responsible for developing, supervising, and coordinating all activities of the service.

(ii) When pharmaceutical services are obtained through a community pharmacy, the facility shall have a written agreement

with a licensed pharmacist to serve as a consultant on pharmaceutical services.

(a) The consultant pharmacist shall visit the facility at least monthly, to review the pharmaceutical services, make recommendations for improvements and monitor the services to ensure its accuracy.

(b) Signed dated reports for each pharmacist's on-site visits with the findings and recommendations shall be kept on file in the facility.

(D) A pharmacist shall be responsible for:

(i) Developing procedures for the distribution and controls of drugs and biologicals in the facility.

(ii) Compounding, packaging, labeling and dispensing all drugs to be administered to clients.

(iii) Monitoring drug therapy for drug interactions and incompatibilities and documentation of the same.

(iv) Inspecting all areas where drugs are stored (including emergency supplies) to assure that all drugs are properly labeled, stored and controlled.

(E) The facility in consultation with the pharmacist shall develop and implement written policies and procedures for control and accountability, distribution, and assurance of quality of all drugs and biologicals.

(i) Records shall be maintained for all transactions of pharmaceutical services as required by law and as necessary to maintain control of, and accountability for, all drugs and pharmaceutical supplies.

(ii) Drugs shall be distributed in the facility in accordance with an established procedure which shall include the following requirements

(a) All drugs shall be dispensed to clients on an individual basis except for predetermined floor stock medication.

(b) Floor stock shall be limited to emergency drugs, contingency supplies of legend drugs needed to maintain clients during detoxification and chemical maintenance and to initiate new therapy, and routinely used non-legend drugs.

(c) Emergency drugs shall be readily available in a designated location(s).

(iii) Drugs and biologicals shall be stored under conditions which assure security and environmental control at all storage locations.

(a) Drugs shall be accessible only to persons who are legally authorized to dispense or administer drugs and shall be kept in locked storage at any time such a legally authorized person is not in attendance.

(b) All drugs requiring refrigeration shall be stored separately in a refrigerator used exclusively for medication which is locked or in a locked room.

(c) The inside temperature of a refrigerator in which drugs are stored shall be maintained within a 36 degrees F to 46 degrees F range.

(iv) Drugs shall be packaged in containers which meet the requirements of the United States Pharmacopeia for adequate protection from light and moisture.

(a) Drugs to be dispensed to clients shall be packaged in accordance with provisions of the poison prevention packaging act.

(v) Drugs and biologicals shall be properly labeled:

(a) The label for containers of medication dispensed from an institutional pharmacy or pharmacist's drug room for floor stock use shall include as a minimum the following information:

(1) Name and strength of the medication.
(2) The expiration date.
(3) The lot or control number.

(b) The label for containers of medication dispensed from an institutional pharmacy or pharmacist's drug room for inpatient use shall include as a minimum the following information:

(1) Name of the client.
(2) Name of the prescribing practitioner.
(3) Name and strength of drug dispensed.
(4) Lot number and expiration date.

(c) The label of containers of medication dispensed from a community pharmacy for inpatient use shall as a minimum include the following information:

(1) Name, address, and telephone number of the dispensing pharmacy.
(2) Name of the client.
(3) Name of the prescribing practitioner.
(4) Specific directions for use.
(5) Name, strength, and quantity of drug dispensed.
(6) Date of dispensing the medication.
(7) Expiration date.

(d) The label for containers of medication dispensed for outpatient use shall as a minimum include the following information:

(1) Name, address, and telephone number of the dispensing pharmacy or facility.
(2) Name of the client.
(3) Name of the prescribing practitioner.
(4) Specific directions for use.
(5) Name, strength, and quantity of the drug dispensed (unless contraindicated).
(6) Date of dispensing the medication.

(vi) Drugs which are outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued, or obsolete shall be disposed in accordance with an established procedure which includes the following requirements:

(a) Controlled substances shall be disposed of in accordance with Section 21a-262-3 of the Regulations of Connecticut State Agencies.

(b) Non-controlled substances and devices shall be destroyed on the premises by a licensed nurse or pharmacist in the presence of another staff person, in a safe manner so as to render the drugs and devices non-recoverable. The facility shall maintain a record of any such destructions.

(vii) Pharmaceutical reference material shall be maintained in order to provide the professional staff with comprehensive information concerning drugs.

(F) Facilities shall be provided for the storage, safeguarding, preparation, dispensing, and administration of drugs.

(i) Any storage or medication administration area shall serve clean functions only and shall be well illuminated and ventilated. When any mobile drug storage cabinet is not being used in the administration of medicines to clients, it shall be stored in a room which meets this requirement.

(ii) When there is an institutional pharmacy:

(a) Special locked and ventilated storage space shall be provided to meet the legal requirements for storage of controlled substances, flammable fluids and other prescription drugs.

(b) The premises shall be kept clean, lighted and ventilated, and the equipment and facilities necessary for compounding, manufacturing and/or dispensing drugs shall be maintained in good operational condition.

(G) There shall be written policies and procedures, approved by the medical staff, for the safe prescribing and administration of drugs, and the recording of medication administration.

(i) Medication shall be administered only upon written and signed orders of a practitioner acting within the scope of a license.

(a) Verbal orders for medications or treatment shall be taken only by personnel authorized by law. The order shall include the date, time, and full signature of the person taking the order and shall be countersigned by the practitioner within 48 hours.

(b) Medications not specifically prescribed as to time or number of doses shall be stopped in accordance with an automatic stop order policy.

(ii) Drugs shall be administered directly by a practitioner, physician assistant or by a licensed nurse.

(a) Except that the self-administration of medication by clients may be permitted on a specific written order by the physician. Self-administered medications shall be dispensed, stored, monitored and recorded in accordance with an established procedure.

(b) When intravenous medications are administered by nurses, they shall be administered only by registered nurses who have specific training and clinical experience in the field of intravenous therapy.

(iii) An individual medication record shall be maintained for all clients.

(a) All administered, refused or omitted medication shall be recorded on the client's medication record by the individual responsible for administering the medication.

(b) Medications given on a "as needed" basis shall be recorded on the client's medication record and a corresponding entry made in the nurses' notes indicating the following additional information:

(1) The client's subjective symptoms or complaints.

(2) The time, dose, route of administration, and, if appropriate, the injection site.

(3) The results of the medication given.

(4) The nurse's signature.

(c) Medication treatments shall be recorded in the client's record.

(iv) Medications administered by the physician shall be recorded in the client's record in accordance with procedures established in the facility.

(v) Medication error and apparent adverse drug reactions shall be recorded in the client's medical record, reported to the attending physician and to the nurse supervisor and pharmacist, as appropriate, and described in a full incident report.

(10) Alternate Medication Systems - All Service Classifications Which Do Not Dispense or Administer Medication

(A) Each facility which utilizes a self-administration or supervised self-administration of medications system shall develop and implement written policies and procedures governing medications as they relate to the services provided. Such policies and procedure shall include:

(i) Identification of the system to be utilized;

(ii) Method of obtaining prescription medications;

(iii) Storage of medications;

(iv) Establishment of reasonable controls and/or monitoring methods necessary to assure the safety of all clients.

(v) Disposal of unused medication and documentation of the method of destruction of controlled and uncontrolled substances.

(vi) A provision for staff education related to medication. At a minimum this shall be conducted on a semi-annual basis.

(B) Facilities which utilize a supervised self-administration of medication program shall provide for the following:

(i) Central, non-portable locked storage areas.

(ii) A list of staff members authorized to supervise the self-administration of medications.

(iii) Supervision of self-administration of medication shall be witnessed and documented in the client record after each dose.

(11) Restraints

(A) Residential Detoxification and Evaluation and Medical Triage Facilities

(i) Physical restraints shall be utilized only when there is imminent danger to the client or others and when other alternatives have not been successful or are not applicable.

(ii) No client shall be placed in a physical restraint without a physician's order.

(iii) A client in restraint must be kept under constant visual observation by staff and cannot be kept restrained for more than one hour at any one time. If there is not sufficient change in the behavior of the client after an initial three hour period, efforts must be initiated to transfer the client to a general hospital or to a psychiatric hospital for evaluation.

(B) Monitoring

(i) The facility shall develop and implement written procedures for the utilization of restraints which shall include:

(a) Staff assignment to observe and monitor the restrained client.

(b) Documentation of the staff member's visual observation and assessment of the client while in restraints.

(c) A provision requiring that the physician's order shall specify the type of restraint to be utilized and the duration of restraint.

(d) A provision requiring that the restraints shall be applied in such a manner as to provide for proper body alignment.

(e) A provision requiring that each client in restraints shall be offered fluids unless restricted by a physician's order, and toileting every hour.

(f) A provision requiring that each client in restraints shall receive active or passive range of motion, repositioning and skin care every 30 minutes.

(g) A provision requiring that each client in restraints shall be assessed by a licensed nurse every 30 minutes. Such observation and assessment shall be documented and shall include:

(1) Blood pressure;

(2) Pulse;

(3) Respiration;

(4) Condition of skin under restraints;

(5) Evidence of circulatory impairment such as discoloration, change in temperature, edema, numbness and tingling, etc.

(6) Each client in restraints shall be afforded privacy.

(n) Computerized Medication Administration Systems and Computerized Records

(1) Licensed private freestanding facilities for the care or the treatment of substance abusive or dependent persons may use computerized systems to maintain an organized record for each client and for the administration of medications.

(2) Notwithstanding subsections (m) (9) (A) (ii) (b) and (m) (9) (B) (ii) of this section, facilities utilizing computerized systems to maintain client records or for medication administration shall be in compliance with this section.

(3) Entries in client records shall be made only by individuals who are authorized to access and make entries in the client records as specified in facility policies and procedures.

(4) For the purpose of this subsection, all entries in client records shall be signed in writing or electronically or initialed by the person making the entry.

(5) Facilities utilizing computerized systems to maintain client records or for medication administration shall develop policies and procedures that shall include, but not necessarily be limited to:

(A) operation and maintenance of the system to include a back up plan in the event that the computer system is not functioning;

(B) required contents of computerized client records; and

(C) a plan for producing printed copies of computerized client records, which shall be maintained in accordance with subsection (m) (3) (H) of this section, at least once every seven (7) days.

(6) All client information shall be maintained in a secure and confidential manner. Policies and procedures shall be developed to address the following:

(A) Unauthorized access to computerized systems shall be protected by use of confidential codes or electronic identifiers in accordance with Section 21a-244a of the Connecticut General Statutes and regulations that may be adopted thereunder.

(B) Entries that require countersigning by a practitioner shall be countersigned in accordance with Subsection (a) of Section 21a-251 of the Connecticut General Statutes

(C) Each system user shall sign a commitment to maintain the confidentiality of their personal identifier, to prevent unauthorized access to their identifier and client records and to ensure authenticity of record entry validity.

(D) Facility staff shall be restricted to system use for only those portions of the computerized client information that are essential to perform their professional duties as assigned.

(7) A licensed health care practitioner who administers medication from a computerized medication administration system shall, in the case of liquid forms of medication, visually monitor the dosage.

(8) Use of computerized administration systems shall be restricted to facility staff members and health care practitioners who have documented evidence of successfully completing a comprehensive training program in the use of computerized administration systems, and who have documented evidence of demonstrated competency in the use of the system.

(9) The facility shall establish a quality assurance program to address the use of computerized systems for the maintenance of client records and the administration of medication. The quality assurance program shall include, but not necessarily be limited to, monitoring compliance with all policies and procedures for the use of such systems.

(10) The facility shall provide the department with unrestricted access to client records and records of medication dispensing and administration maintained within the computerized systems.

(11) Prior to the implementation of a computerized system for the dispensing of medications, the licensee shall submit, in writing, authorization from the Department of Consumer Protection for the system.

(o) Auricular Acupuncture

(1) Private Freestanding Facilities for the Care or Treatment of Substance Abusive or Dependent Persons may utilize auricular acupuncture for substance abuse treatment.

(2) The department shall approve an organization to provide training for substance abuse acupuncture specialists in auricular acupuncture if the organization's curriculum meets the requirements listed in subdivision (4) of this subsection. Application for approval shall be made on forms provided by the department. The organization shall maintain records on substance abuse acupuncture specialists who successfully complete a training program that meets or exceeds the requirements listed in subdivision (4) of this subsection and receive certification from the organization.

(3) Prior to performing auricular acupuncture, a person who is not licensed as an acupuncturist shall be trained by a licensed acupuncturist or a substance abuse auricular acupuncture trainer, affiliated with an organization approved by the department. Such person shall receive from an organization approved by the department, written certification that he has successfully completed training to perform substance abuse auricular acupuncture as a substance abuse acupuncture specialist.

(4) The training in auricular acupuncture shall be at least seventy (70) hours in length, shall be a clinical, apprentice based program, and shall include, but not be limited to, the following:

(A) objectives;

(B) the theoretical basis of auricular acupuncture;

(C) the ethical principles that guide the practice of auricular acupuncture detoxification specialists;

(D) the evaluation of the effectiveness of treatment;

(E) case studies and research;

(F) patient counseling, education, and selection criteria, counter indications, and techniques;

(G) appropriate protocol, including:

(i) preparation of the setting and supplies, including sterilization of needles;

(ii) universal precautions;

(iii) counseling strategies;
(iv) the use of urine testing;
(v) data collection and record keeping;
(vi) liaisons with other agencies or programs; and
(vii) disposal of infectious waste.

(H) the relationship of auricular acupuncture to the overall treatment plan of individuals at various stages of rehabilitation;
(I) observations of the treatment process, including patient interviews;
(J) demonstration of auricular acupuncture techniques by the trainer, and return demonstration of techniques by the trainee;
(K) an understanding of the limitations of auricular acupuncture, and that the trainee has been trained to perform auricular acupuncture only in relation to the treatment of substance abuse and not any other type of treatment; and
(L) procedures for handling medical emergencies.

(5) A copy of the current certification documentation from the trainer or the approved organization for each person performing auricular acupuncture shall be on file at the facility where auricular acupuncture is being practiced, and available for review by the department upon request.
The certification documentation shall include the following information:

(A) the name of the organization, approved by the commissioner under which the certification is issued;
(B) the full name, signature, title, license number (when applicable), address and telephone number of the person who gave the training;
(C) the location and date the training was given;
(D) a statement that the required curriculum areas listed in subdivision (4) of this subsection were successfully mastered;
(E) the name, address and telephone number of the person who completed the training successfully; and
(F) the expiration date of the approval.

(6) The trainee shall obtain from the trainer or the approved organization an outline of the curriculum content which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the facility where the trainee is employed for department review. The department may require at any time that the facility obtain the full curriculum from the trainer or the approved organization for review by the department.

(7) Auricular acupuncture shall be conducted under the supervision of a physician. A written agreement with the supervising physician shall be maintained which includes at least the following provisions:

(A) The supervising physician shall be on call and physically available within twenty (20) minutes during those hours when he is not physically present at the facility.
(B) The supervising physician shall be notified immediately if a medical emergency occurs during auricular acupuncture treatment, by the person performing the procedure.
(C) The supervising physician shall document a review of the auricular acupuncture program which includes treatment observation and client record reviews with recommendations as appropriate. Such reviews shall be conducted at least once every three months. The reports of the supervising physician's reviews shall be maintained on file at the facility for not less than two years.

(8) Each facility that elects to use auricular acupuncture shall make educational material on the procedure available to clients and shall offer auricular acupuncture as an adjunct therapy to all interested clients.

(9) Each facility that elects to use auricular acupuncture shall develop policies that include, but are not limited to:

(A) universal precaution standards;
(B) infection control standards that include employees' risk of exposure and vaccination availability;
(C) provisions for hazardous biomedical waste disposal;
(D) provisions for restricting auricular acupuncture to substance abuse and dependency treatment;
(E) contraindications or precautions regarding the use of auricular acupuncture;
(F) integration of auricular acupuncture with other substance abuse treatment modalities;
(G) auricular acupuncture detoxification treatment;
(H) auricular acupuncture rehabilitation treatment;
(I) maintenance of a needle use log and a lost needle log; and
(J) documentation of related accidents or incidents and reportable diseases.

(10) Each facility that elects to use auricular acupuncture shall develop procedures that include the following:
(A) client indication or contraindication assessment;
(B) specification of auricular acupuncture points to be used for substance abuse treatment;
(C) proper handwashing technique;
(D) prohibition of contact between the substance abuse acupuncture specialist and the client that could result in the exchange of body fluid during the procedure;
(E) preparation of the client for treatment by cleansing the external ear with an antiseptic solution;
(F) visual examination of the client's ear for signs of infection or inflammation;
(G) the use of sterile needles for all needle insertions;
(H) compliance with autoclaving sterilization standards, as identified in the most recent edition of standards by the American Operating Room Nurse Association, when nondisposable needles are used;
(I) identification of the procedure duration, extraction and proper disposal of contaminated needles;
(J) a provision that clients are encouraged to remove their own needles;
(K) a provision that all necessary supplies are readily available during the procedure;
(L) the use of containers that safely store sharps;
(M) documentation of all employee needle stick injuries and blood exposures occurring during procedures, such record to be maintained for not less than three years; and
(N) the use of a physician to evaluate all employee needle stick injuries and blood exposures.

(11) Records of clients receiving auricular acupuncture shall contain the following:
(A) an assessment of the indication for the provision of auricular acupuncture;
(B) informed consent signed by the client, or the client's parent or guardian if the client is a minor, and witnessed by a staff counselor;
(C) a written order signed by a physician;
(D) inclusion of auricular acupuncture on the individual program plan as identified in subsection (m)(3)(c) of this section; and
(E) documentation of the treatment provided and response to treatment.

(12) Each facility that elects to use auricular acupuncture shall provide inservice education for staff, at least once every six months, on infection control issues. Such training shall be documented and kept on file at the facility for not less than two years.

(13) Each facility that elects to use auricular acupuncture shall maintain a program for quality assurance that includes, but is not limited to, infection prevention, surveillance and monitoring of adverse reactions and monitoring compliance with policies and procedures for auricular acupuncture.

(Effective February 2, 1988; Amended June 25, 1990; Effective September 25, 1996; Amended October 30, 1998; Amended April 29, 1999.)

# Recovery Care Centers and Standards for In-hospital Recovery Care Centers

## 19a-495-571. Licensure of recovery care centers and standards for in-hospital recovery care centers

(a) Definitions. As used in this section:

(1) "Administer" means to initiate the venipuncture and deliver an IV fluid, IV admixture, blood and blood components into the blood stream via a vein; monitor the patient; care for the venipuncture site; terminate the procedure; and record pertinent events and observations.

(2) "Care partner" means an individual whose intent is to help the patient in his or her recovery. A care partner may provide assistance with personal care and routine needs.

(3) "Commissioner" means the Commissioner of the Department of Public Health and Addiction Services, or his or her designee.

(4) "Community pharmacy" leans a pharmacy licensed pursuant to Section 20-168 of the Connecticut General Statutes. An exception may be made for those cases in which a specific patient has a third-party prescription drug plan that requires the patient to obtain medications from a specific pharmacy located outside the State of Connecticut, provided such pharmacy complies with the requirements of the State of Connecticut regulations and the policy of the facility regarding labeling and packaging.

(5) "Department" means the Connecticut Department of Public Health and Addiction Services.

(6) "HV admixture" means an IV fluid to which one or more additional drug products have been added.

(7) "IV fluid" means sterile solutions intended for intravenous infusion.

(8) "IV therapy" means the introduction of an IV fluid or IV 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 facility's medical staff. "IV Therapy" also means the introduction of blood and blood components into the blood stream via a vein.

(9) "IV therapy nurse" means a registered nurse who is qualified by education and training and has demonstrated proficiency in the theoretical and clinical aspects of IV therapy to administer an IV fluid, IV admixture, blood and blood components.

(10) "IV therapy trainer" means a registered nurse who has been certified in IV Therapeutics by the National Intravenous Therapy Association and possesses current certification from that entity.

(11) "IV therapy program" means the overall plan by which the facility shall implement, monitor and safeguard the administration of IV therapy to patients.

(12) "Life support system" as defined in section 19a-570(1) of the Connecticut General Statutes means any medical procedure or intervention which, when applied to an individual, would serve only to postpone the moment of death or maintain the individual in a state of permanent unconsciousness. In these circumstances, such procedures shall include, but are not necessarily limited to, mechanical or electronic devices including artificial means of providing nutrition or hydration.

(13) "Nurse's aides" means unlicensed workers employed and trained to assist licensed nursing personnel and entered on the nurse's aide registry maintained by the department.

(14) “Practitioner" means a physician, dentist or other person authorized to prescribe drugs in the course of professional service in the State of Connecticut.

(15) "Qualified social work consultant" means a person who possesses at least a master's degree in social work from college or university that was accredited by

the Council on Social Work Education at the time of his or her graduation, and has at least two (2) years of post graduate social work experience in a health care setting.

(16) "Qualified social worker" means a person who possesses at least a bachelor's degree in social work from a college or university that was accredited by the Council of Social Work Education at the time of his or her graduation, and has at least one (1) year of post degree social work experience in a health care setting.

(17) "Recovery care center" or "center" means a center providing care and services to patients following an acute event as a result of illness, injury or exacerbated disease process and who are in need of a high degree of medical direction, but for whom acute-hospitalization is not required.

(A) An in-hospital recovery care center is a special unit of a licensed hospital and must be located attached to or on the grounds of a licensed hospital. Duplication of services is not required if the services are approximate to the point of service as determined by the department.

(B) A recovery care center is a freestanding licensed facility or otherwise specifically designated unit of a licensed facility that shall contain all of the elements for service and function contained in this section.

(18) "Reportable event" means an occurrence, situation or circumstance which is unusual or inconsistent with the policies and practices of the facility.

(19) "Supervision" means the direction, inspection, and on-site observation of the functions and activities of others in the performance of their duties and responsibilities.

(b) Licensure procedure

(1) Application for a separate license to operate a recovery care center may be made only by an existing facility which was operating independently as of July 1, 1994, and that has not been issued a license as a facility under any category in Connecticut General Statutes, Chapter 368v, Section 19a-490.

(2) If it is determined by the appropriate state agency that a certificate of need is required to operate a recovery care center, the certificate of need shall be a prerequisite to licensing or provision of service.

(3) Application for licensure

(A) No person shall operate a recovery care center without a license issued by the department in accordance with Connecticut General Statutes, Section 19a-491.

(B) Application for the grant or renewal of a license to operate a recovery care center shall be made to the department in writing, on forms provided by the department; shall be signed by the person seeking authority to operate the service; shall be notarized; and shall include, but not necessarily be limited to the following information:

(i) names and titles of administrative staff including the administrator, director of nursing services, supervisor or head nurse, medical director or specified physician;

(ii) patient capacity;

(iii) total number of employees, by category;

(iv) services provided;

(v) evidence of financial viability to include a projected two (2) year budget, including estimates of net income and expenditures, at the time of initial application, and a balance sheet as of the end of the most recent fiscal year, at the time of license renewal;

(vi) certificate of malpractice and public liability insurance;

(vii) certificate of good standing, if applicable;

(viii) statement of ownership and operation, including, but not necessarily limited to the name and address of each owner and, if the center is a corporation, all ownership interests (direct or indirect) of ten percent (10%) or more and the name and

address of each officer, director and member of the governing authority;

(ix) relevant statistical information requested by the department;

(x) agent for service; and

(xi) local fire marshal's annual certificate.

(C) The recovery care center shall notify the department of any changes in the information provided in accordance with subparagraph (B) of this subdivision.

(4) Issuance and renewal of license

(A) Upon determination by the department that the recovery care center is in compliance with the statutes and regulations pertaining to its licensure, the department shall issue a license or renewal of license to operate the center for a period not to exceed two (2) years.

(B) Application for license renewal shall be made in accordance with subparagraph (B) of subdivision (3) of this subsection and not less than thirty (30) days preceding the date of expiration of the center's current license.

(C) A license shall be issued in the name of the entity that has submitted application for the license.

(D) The license shall not be transferable to any other person, entity or service and shall be applicable only to the site for which it is issued.

(E) Each license shall list on its face, the name of the licensee, the "doing business as" name, the location, and the date of issuance and expiration.

(F) The license shall be posted in a conspicuous and centrally located place.

(G) The licensee shall immediately notify the department in writing or any change in administrative personnel of the recovery care center.

(H) Any change in the ownership of a recovery care center owned by an individual, partnership or association or the change in ownership or beneficial ownership of ten percent (10%) or more of the stock of a corporation that owns or operates such center, shall be subject to prior approval by the department. The licensee shall notify the department in writing of any such proposed change of ownership, at least ninety (90) days prior to the effective date of such proposed change;

(5) Suspension, revocation, denial, non-renewal or voluntary surrender of license

(A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the department the center:

(i) fails to comply with applicable regulations and/or laws prescribed by the commissioner;

(ii) furnishes or makes any false or misleading statements to the department in order to obtain or retain the license; or

(iii) fails to provide the mandatory care services on a continual basis.

(B) In the event of the suspension, revocation, denial or non-renewal of a license, the recovery care center shall be provided the opportunity for a hearing in accordance with the contested case provisions of Chapter 54 of the Connecticut General Statutes and Sections 19a-4-1 through 19a-4-31 of the regulations of Connecticut State Agencies, as applicable.

(C) Refusal to grant the department access to the patient's records, or staff of the center shall be grounds for suspension, revocation, denial or non-renewal of the license.

(D) Surrender of license. The center shall notify, in writing, each patient receiving services from the center, the next of kin or legal representative, and any third-party payors concerned, at least fourteen (14) days prior to the voluntary surrender of a recovery care center license or surrender of license upon the department's order of revocation, refusal to renew, or suspension of license. Arrangements shall be made by the licensee for

the continuation of care and services as required for patients following the surrender of the center's license.

(c) General conditions for admission

(1) Patients admitted to recovery care centers shall not require intensive care services, coronary care services, or critical care services. Recovery care services do not include surgical services, radiology services, pre-adolescent pediatric services or obstetrical services over twenty-four (24) weeks gestation.

(2) No patient whose condition is documented as terminal, in need of hospice care, below the Rancho Los Amigos Level VI of cognitive functioning or mentally incapable of recognizing that an emergency situation exists shall be admitted to the center.

(3) Admission to the center shall be restricted to patients who fall within the following categories and for whom it is reasonable to expect an uncomplicated recovery:

(A) emergency room procedures that do not require hospitalization;

(B) diagnostic or surgical procedures that do not routinely require hospitalization;

(C) medical, chemical or radiological treatments that are performed on an outpatient basis;

(D) medically stable hospitalized patients who require continued health care services to meet the hospital's discharge criteria (Intensity, Severity and Discharge (ISD-A) Severity of Illness, Intensity of Service Criteria); or

(E) patients requiring post surgical care who have had outpatient surgical procedures performed and who need or desire continued care.

(4) No patients who have had cardiac catheterizations may be admitted to the center with the exception of those patients who meet American College of Cardiology and American Heart Association Guidelines for cardiac catheterization Class I and are deemed stable by a cardiologist, which patients may not be admitted sooner than four (4) hours post cardiac catheterization procedure.

(5) No patient shall be admitted to an out-of-hospital recovery care center who requires support services from a hospital or a laboratory to ensure safety and stability of the patient's condition, including, but not necessarily limited to, blood gas monitoring.

(6) Lengths of stay shall be as follows:

(A) Patients admitted from any ambulatory surgical setting shall be limited to an anticipated three (3) day period of time. Patients who unexpectedly exceed a three (3) day period shall require a progress note written by the attending physician that shall justify the unanticipated extended length of stay.

(B) Patients admitted from acute or community settings whose length of stay exceeds a three (3) day period require a progress note written by the attending physician every three (3) days that shall justify the extended length of stay for continuation of treatment.

(C) The length of stay shall not exceed twenty-one (21) days.

(d) Governing body. Out-of-hospital recovery care centers

(1) The center shall have a governing body which shall have the general responsibilities to:

(A) set policy;

(B) oversee the management and operation of the facility;

(C) ensure the financial viability of the facility: and

(D) ensure compliance with current standards or practice relative to any practice or procedure performed in the facility or by any professional staff or consultant utilized by the facility.

(2) Specific responsibilities of the governing body necessary to carry out its general duties shall include, but not necessarily be limited to, the following:

(A) adoption and documented annual review of written center and medical staff by-laws;

(B) development of an annual budget;
(C) annual review and update of the center's institutional plan, including anticipated needs, income and expenses;
(D) review of center compliance with established policy;
(E) appointment of an administrator who is qualified in accordance with subsections (e) (1) and (2) of this section;
(F) provision of a safe physical plant equipped and staffed to maintain the center and services;
(G) approval of an organizational chart which establishes clear lines of responsibility and authority in all matters relating to management and maintenance of the center;
(H) determination of the frequency of meetings of the governing body and documentation of such meetings through minutes;
(I) written confirmation of all appointments made or approved by the governing body; and
(J) adoption of a written policy concerning potential conflict of interest on the part of members of the governing body, the administration, medical and nursing staffs and other employees who might influence corporate decisions.

(e) Administrator

(1) The administrator shall possess a master's degree in a health related field or in administrative studies. If the administrator is a physician, he or she shall also possess an unrestricted license for the practice of medicine in the State of Connecticut.
(2) The administrator shall have two (2) years of administrative experience in a health care facility.
(3) The administrator shall be responsible for the following:
(A) enforcing any applicable local, state and federal laws, and regulations and center by-laws;
(B) appointing, with the approval of the governing body, of a medical director who is qualified under subsection (i) of this section and a director of nursing services who is qualified under subsection (n) of this section;
(C) serving as a liaison between the governing body, medical and nursing staffs, and other professional and supervisory staff;
(D) appointing, in writing, and with the approval of the governing body, a responsible employee to act in his or her behalf in temporary absences;
(E) employing qualified personnel in sufficient numbers to assess and meet patient needs including the provision of orientation and training as necessary, with the advice of the medical director and director of nursing services;
(F) defining the duties and responsibilities of all personnel classifications;
(G) maintaining a patient roster and a daily census of all patients admitted and discharged by the facility which shall be submitted to the department the last day of each quarter unless otherwise requested and shall include but not necessarily be limited to the following information:
(i) admission date, discharge date and length of stay;
(ii) diagnosis;
(iii) type of admission;
(iv) reason for admission;
(v) surgical procedure, if applicable;
(vi) identification of any medical or surgical complication that developed during patient's stay;
(vii) discharge location;
(viii) any other information requested by the department; and
(H) developing a coordinated program for orientation to the center, in-service training and continuing education for all categories of staff in order to

develop skills and increase knowledge so as to improve patient care, in cooperation with the medical director and director of nursing services.

(4) The administrator or the administrator's designee for an out-of- hospital recovery care center shall serve no less than twenty (20) hours per week on the premises of the center and shall be on twenty-four (24) hour call for a center of twenty-one (21) or less beds.

(5) The administrator or the administrator's designee for an out-of- hospital recovery care center shall serve full time on the premises of the center, and shall be on twenty-four (24) hour call, for a center of more than twenty-one (21) beds.

(6) The administrator or the administrator's designee for an in- hospital recovery care center shall serve no less than ten (10) hours per week on the premises of the center and shall provide for twenty-four (24) hour on-call coverage.

(f) Personnel policies for a recovery care center

(1) A recovery care center shall have written personnel policies that shall include but not necessarily be limited to:

(A) documentation that all employees have satisfactorily completed an orientation program appropriate to their job description;

(B) provision of in-service education at least quarterly, with content appropriate to the scope of services provided;

(C) policy and procedure for annual performance evaluations, which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation;

(D) job descriptions;

(E) physician documentation of biennial physical examinations; and

(F) annual tuberculin testing.

(2) For all employees of the recovery care center, the center shall maintain individual personnel records containing at least the following:

(A) an application that contains educational preparation and work experience;

(B) verification of current licensure or certification as appropriate;

(C) written annual performance evaluations;

(D) signed contract or letter of appointment specifying conditions of employment;

(E) record of health examinations; and

(F) documentation of orientation.

(g) Patients' bill of rights. A patients' bill of rights shall be implemented for each patient admitted to the center. A notice shall be conspicuously posted on each nursing unit that states the following: "Any complaints regarding care or services may be made to the Department of Public Health and Addiction Services, Hospital and Medical Care Division, 150 Washington Street, Hartford, Connecticut 06106." The bill of rights shall provide that each patient:

(1) is fully informed of these rights, as evidenced by his or her written acknowledgment, prior to or at the time of admission;

(2) is fully informed by a physician of his or her medical condition, unless medically contraindicated as documented by the physician in the medical record, and is afforded the opportunity to participate in the planning of his or her medical treatment and to refuse to participate in experimental research;

(3) may be physically or chemically restrained only to ensure their physical safety and only upon the written order of a physician that specifies the type of restraint and the duration and circumstances under which the restraints are to be used, except in emergencies until a specific order can be obtained;

(4) is assured confidential treatment of his or her medical records, and may approve or refuse their release to any individual outside the center, except in case of transfer to another health care institution or as required by law or third-party payment contract;

(5) is advised of the requirements of the Patient Self Determination Act of 1990, P.L.101-508, section 4206(a)(2) and section 4751(a)(2) on advance directives; and

(6) is encouraged and assisted, throughout the length of stay, to exercise his or her rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to center staff, free from abuse, restraint, interference, coercion, discrimination or reprisal.

(h) Reportable event(s)

(1) Classification. All reportable events shall be classified as follows:

(A) Class A: an event that has caused or resulted in a patient's death or presents an immediate danger of death or serious harm;

(B) Class B: an event that indicates an outbreak of disease or foodborne outbreaks as defined in section 19a-36-A1 of the regulations of Connecticut State Agencies; a complaint of patient abuse or an event that involves an abusive act to a patient by any person; for the purpose of this classification, abuse means a verbal, mental, sexual, or physical attack on a patient that may include the infliction of injury, unreasonable confinement, intimidation, or punishment;

(C) Class C: an event (including but not limited to loss of emergency electrical generator power, loss of heat, loss of water system) that shall result in the evacuation of one (1) or more patients within or outside of the facility and all fires regardless of whether services are disrupted; or

(D) Class D: an event that has caused or resulted in a serious injury or a significant change in a patient's condition; an event which involves medication error(s) of clinical significance; or an adverse drug reaction of clinical significance which for the purpose of this classification, means an event that adversely alters a patient's mental or physical condition.

(2) All documentation of reportable events shall be maintained at the center for not less than three (3) years.

(3) The administrator or his or her designee shall report any reportable event to the department according to the following schedule:

(A) Classes A, B and C: immediate notice by telephone to the department, to be confirmed by written report as provided herein within seventy-two (72) hours of said event; and

(B) Class D: written report to the department as provided herein within seventy-two (72) hours of said event.

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

(A) date of report and date of event;

(B) identification of the patient(s) affected by the event including:

(i) name;

(ii) age;

(iii) injury;

(iv) distress or discomfort;

(v) disposition;

(vi) date of admission;

(vii) current diagnosis;

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

(ix) physical and mental status after the event;

(C) location, nature and brief description of the event;

(D) name of the physician consulted, if any, time of notification of the physician and a report summarizing any subsequent physical examination, including findings and orders;
(E) names of any witnesses to the event;
(F) any other information deemed relevant by the reporting authority or the licensed administrator; and
(G) signatures of the person who prepared the report and the licensed administrator.

(5) All reportable events that have occurred in the center shall be reviewed on a monthly basis by the administrator and director of nursing services. All situations that have a potential for risk shall be identified. A determination shall be made as to what preventative measures shall be implemented by the center staff. Documentation of such determination shall be submitted to the medical staff. This documentation shall be maintained for not less than three (3) years.

(6) An investigation shall be initiated by the center within twenty- four (24) hours of the discovery of a patient(s) with an injury of suspicious or unknown origin or receipt of an allegation of abuse. The investigation and the findings shall be documented and submitted to the center's medical staff for review. This documentation shall be maintained at the center for a period of not less than three (3) years.

(7) Numbering. Each report shall be identified on each page with a number as follows: the last two (2) digits of the year and the sequential number of the report during the calendar year.

(8) Subsequent reports. The administrator shall submit subsequent reports relevant to any reportable event as often as is necessary to inform the department of significant changes in the status of affected individuals or changes in material facts originally reported. Such reports shall be attached to a photocopy of the original reportable event report.

(i) Medical director

(1) The medical director shall be a physician licensed to practice medicine in Connecticut, shall serve on the facility's medical advisory board, shall be board certified in a specialty appropriate to the types of patients being served in the center as specified by the governing body and shall be a member of the medical staff of a general hospital licensed in Connecticut.

(2) The position of medical director shall not be held by the same person who holds the position of administrator.

(3) In-hospital recovery care centers shall provide medical direction through the designation of a specified physician in accordance with the hospital medical staff by-laws. A minimum of ten (10) hours a week of medical direction and supervision shall be provided.

(4) The medical director in an out-of-hospital recovery care center shall be appointed by the governing body and shall have the following powers and responsibilities:
(A) enforcing the bylaws governing medical care;
(B) approving or denying applications for membership on the center's medical staff in accordance with subsection (k) of this section;
(C) appointing all physicians by letter of appointment which delineates the physicians' privileges, duties and responsibilities and is acknowledged in writing by the appointee;
(D) in accordance with the medical staff bylaws, suspending or terminating the center privileges of a medical staff member if that member is unable or unwilling to adequately care for a patient in accordance with state statutes, regulations, and standards of practice;
(E) assuring that quality medical care is provided in accordance with quality assurance requirements as established by the center; and
(F) serving as a liaison between the medical staff and administration;

(5) The medical director or his or her designee shall have the following responsibilities:
- (A) approving or disapproving a patient's admission based on the center's ability to provide adequate care for the individual in accordance with the medical staff bylaws and subsection (c) of this section by record review or patient examination prior to admission;
- (B) assuring that each patient in the center has an assigned personal physician;
- (C) providing or arranging for the provision of necessary medical care to the patient if the individual's personal physician is unable or unwilling to do so;
- (D) visiting the center daily to assess the adequacy of medical care provided in the center;
- (E) providing a minimum of twenty (20) hours a week of medical direction and supervision on-site;
- (F) receiving reports from the director of nurses on significant clinical developments; and
- (G) documenting visits to the recovery care center which shall minimally include the date and time of the visit, the names of the patients reviewed and a summary of problems discussed with the staff.

(j) Medical staff and allied health professionals. In-hospital recovery care centers. In-hospital recovery care center medical staff and allied health professional appointments shall be consistent with the medical staff organization and bylaws.

(k) Medical staff and allied health professionals. Out of-hospital recovery care centers
- (1) All members of the medical staff and allied health professionals shall:
  - (A) possess a full and unrestricted Connecticut license; and
  - (B) satisfy specific standards and criteria set in the medical bylaws of the center.
- (2) All members of the medical staff shall be available by phone twenty-four (24) hours a day, be available to respond promptly in an emergency, and be able to provide an alternate physician for coverage whenever necessary.
- (3) Each member of the center's medical staff shall sign a statement attesting to the fact that such member has read and understood the center's medical bylaws, policies and procedures, and applicable statutes and regulations, and that such member shall abide by such requirements to the best of his or her ability.

(l) Medical advisory board members. Out-of-hospital recovery care centers
- (1) The center shall have a medical advisory board. The medical advisory board shall include no less than five (5) physicians licensed in Connecticut.
- (2) The medical advisory board shall meet at least once every ninety (90) days. Minutes shall be maintained for all such meetings with copies sent to all medical staff members. The regular business of the medical advisory board meetings shall include, but not necessarily be limited to, the hearing and consideration of reports and other communications from physicians, the director of nursing services, and other health professionals on:
  - (A) patient care topics, including all deaths, accidents, complications and infections; and
  - (B) interdisciplinary care issues including, but not necessarily limited to, nursing, physical therapy, social work and pharmacy.
- (3) Medical advisory board members shall attend at least fifty percent (50%) of medical advisory board meetings per year. If two (2) or more members of the medical advisory board are members of the same partnership or incorporated group practice, one (1) member of such an association may fulfill the attendance requirements for the other members of that association provided quorum requirements are met. In such case, the member in attendance shall be entitled to only one (1) vote.

(4) The medical advisory board shall adopt written bylaws governing the medical care of the center's patients. Such bylaws shall be reviewed biennially and approved by the medical director and the governing body. The bylaws shall include, but not necessarily be limited to:

(A) acceptable standards of practice for the medical staff;

(B) criteria and methodology for evaluating the quality of medical care provided in the center;

(C) criteria by which the medical director shall decide the admission or denial of admission of a patient based on the center's ability to provide care which shall specifically define the types of physical and mental disabilities and conditions for which the center intends to provide care and services and which are consistent with the criteria for admission, types of services and diagnostic procedures that shall be performed, types of medical conditions and surgical procedures for which the center shall provide aftercare services, and admission criteria as noted in subsection (c) of this section;

(D) standards for the medical director to grant or deny privileges and to discipline or suspend the privileges of members of the medical staff, including assurance of due process in the event of such actions;

(E) quorum requirements for medical advisory board meetings, provided a quorum may not be less than fifty percent (50%) of the physicians on the medical advisory board;

(F) specific definition of services, if any, that may be provided by non-physician health professionals such as physician assistants or nurse practitioners;

(G) standards to ensure that members of the medical staff make safe, appropriate and timely referrals to other health care institutions when a patient's condition has changed since admission and said patient can no longer be safely housed in this setting;

(H) standards to ensure that, in the event of the medical director's absence, inability to act, or vacancy of the medical director's office, another physician on the center's medical advisory board is temporarily appointed to serve in that capacity; and

(I) criteria for appointment to the medical advisory board.

(m) Director of nursing services. In-hospital recovery care centers. In-hospital recovery care centers shall provide nursing direction through the designation of a specified registered nurse licensed in Connecticut in accordance with nursing standards of practice. This designated person shall serve full time in this capacity.

(n) Director of nursing services. Out-of-hospital recovery care centers

(1) The director of nursing services shall be a nurse licensed and registered in Connecticut with a master's degree in nursing and at least two (2) years of experience in medical, surgical or rehabilitative nursing and one (1) year of experience in nursing service administration.

(2) The director of nursing services shall be responsible for the supervision and quality of nursing care provided in the facility. The director of nursing services' responsibilities and duties shall include, but not necessarily be limited to, the following:

(A) development and maintenance of written nursing service standards of practice, to be ratified by the governing body;

(B) development of written job descriptions for nurses and nurse's aides;

(C) development and implementation of a patient acuity system upon which the staffing model shall be based, which shall include, but not necessarily be limited to, the following:

(i) categorization of patient population;

(ii) determination of direct and indirect patient activities and related functions;

(iii) classification of care givers and levels of responsibility; and
(iv) provision of staff replacement time;
(D) development of a methodology to ensure that staffing remains appropriate to the patient population being served;
(E) appointment of nurse supervisors as required to meet the needs of the population served;
(F) coordination and direction of the total planning for nursing services, including recommending to the administrator the number and levels of nurses and nurse's aides to be employed;
(G) assistance in the development of and participation in a staff orientation and training program, in cooperation with the administrator and medical director; and
(H) appointment, with the approval of the administrator, of a nurse employed at the facility to act on behalf of the director of nursing services in temporary absences.
(3) The director of nursing services shall work forty (40) hours per week.

(o) Nurse supervisor. A nurse supervisor shall be a nurse registered and licensed in Connecticut. Nursing supervision shall be provided twenty-four (24) hours a day, seven (7) days a week. The responsibilities of the nurse supervisor shall include:
(1) supervision of nursing activities during his or her shift;
(2) notification of a patient's attending physician if there is a significant change in the condition of the patient or if the patient requires immediate medical care, or notification of the medical director if the patient's personal physician does not respond promptly; and
(3) maintenance of standards of care.

(p) Nursing staff
(1) The center shall employ sufficient nurses and nurse's aides to provide appropriate care of patients housed in the center twenty-four (24) hours a day, seven (7) days a week.
(2) There shall be at least two (2) registered nurses on duty from seven (7) a.m. to eleven (11) p.m., seven (7) days a week. From eleven (11) p.m. to seven (7) a.m. there shall be at least one (1) registered nurse on duty. At no time shall there be less than two (2) persons in attendance for patient care.
(3) Nursing staff shall ensure that each patient:
(A) receives treatments, therapies, medications and nourishments as prescribed in the patient care plan;
(B) is clean and comfortable;
(C) is protected from accident, incident, infection, or other unusual occurrence; and
(D) is provided with teaching appropriate to his or her needs.
(4) The nurse supervisor shall report significant clinical developments to the patient's personal physician.
(5) All nursing staff shall be certified in advanced cardiac life support.
(6) All nurse's aides who are employed to provide care and services to patients must be registered with the department.

(q) Care partners
(1) The care partner's responsibilities are limited to the following:
(i) acting as an observer in providing information about the patient (such as temperature and appetite) to the nursing staff;
(ii) participating in the patient's educational sessions; and
(iii) being a companion to the patient.
(2) Each care partner shall be provided with all necessary training, supervision and monitoring to ensure that said person performs each activity without risk to the patient or self. This training shall be provided and accordingly documented by qualified personnel.

(r) Medical and professional services

(1) Admission procedures. All patients are to be certified by their attending physicians as medically stable prior to admission. Documentation to this effect shall be present in the patient's medical record.

(2) The patient or his or her next of kin or legal representative shall be provided with the names of all persons providing professional health care services to the patient.

(3) A method for identification of all patients shall be established and maintained at all times.

(4) Admission documents must include one of the following:

(A) Hospital discharge. The referring physician must complete the hospital's discharge summary and a W-10 form. Both documents must accompany the patient to the center on the day of transfer.

(B) Ambulatory surgery discharge. Copies of the referral history and physical form, anesthesiology record and post-operative instruction sheet must accompany the patient to the center at the time of transfer.

(C) Direct admissions from the community. A comprehensive medical history and medical examination shall be completed for each patient within forty-eight (48) hours prior to admission and must either accompany the patient at the time of admission or must be on file in the center prior to the admission of the patient.

(5) A patient assessment shall be completed by a registered nurse upon admission to the recovery care center.

(A) Post surgical patients shall have a post-surgical assessment that includes physical condition, post-operative status, and deviations from the pre-operative assessment.

(B) Medically stable post-institutional patients shall have physical assessments which verify the discharge summary data and transfer documents from the transferring health care agency.

(C) Admissions directly from home shall have assessments completed by all disciplines to be involved in the care of the patient which shall include, but not necessarily be limited to, health history, physical, mental and social status, evaluation of problems and rehabilitation potential.

(6) A nursing assessment shall be performed upon admission and shall include but not necessarily be limited to, the following:

(A) temperature, pulse and respiration;

(B) blood pressure;

(C) dressing and cast checks;

(D) status of parenteral fluids or other lines;

(E) respiratory and circulatory state; and

(F) cognitive status.

(7) No medication or treatments shall be given without a physician's order. If orders are given verbally, they shall be recorded by a licensed nurse on duty or professional with statutory authority to receive verbal orders and shall be signed by the physician within twenty-four (24) hours.

(8) Attending physicians shall visit the facility daily to assess the adequacy of medical care rendered to their patients.

(9) Informed consent. It shall be the responsibility of the facility to ensure that, except in emergency situations, the responsible physician shall obtain informed consent as a prerequisite to any procedure or treatment and provide evidence of consent by a form signed by the patient.

(10) Standards of practice. Recovery care centers and their staff shall comply with established standards of practice relative to any practice or procedure performed in the center or by any professional staff member or consultant utilized by the center.

(s) Rehabilitation services

(1) Rehabilitation needs shall be met either through services provided directly or through arrangements with outside resources appropriately licensed or certified, upon a physician's written order.
(2) Each rehabilitative service performed shall be recorded in the patient's record and shall be signed and dated by the person providing the service.
(3) Rehabilitation services shall be available a minimum of five (5) days a week and be provided a minimum of three (3) hours a day.

(t) Therapeutic recreation
(1) The recovery care center shall provide therapeutic recreation services as patient needs indicate. An assessment of each patient shall be completed within seven (7) days of admission to identify individual needs or problems to be addressed through therapeutic recreation services.
(2) Services shall be provided on an individual or group level to meet patient needs and to contribute to the overall plan of care.

(u) Personal care services. Provision shall be made for personal care services based on individual patient needs.

(v) Dietary services
(1) The center shall meet the daily nutritional needs of the patients and is responsible to:
(A) provide a diet for each patient, as ordered by the patient's personal physician, based upon current recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the patient;
(B) adopt a diet manual, as recommended by the center's dietitian or dietary consultant and approved by the center's medical staff which shall be used to plan, order, and prepare regular and therapeutic diets;
(C) employ a food service supervisor who is a dietitian or receives regular monthly consultation from a dietitian who shall supervise the overall operation of the dietary service; and
(D) employ sufficient personnel to carry out the functions of the dietary service and to provide continuous service over a period of twelve (12) hours, which period shall include all mealtimes.
(2) The center shall ensure that the dietary service:
(A) considers the patients' cultural backgrounds, food habits and personal food preferences in the selection of menus and preparation of foods and beverages pursuant to subparagraphs (A) and (B) of subdivision (1) of this subsection;
(B) has written and dated menus, approved by a dietitian, planned at least three (3) days in advance;
(C) distributes a menu to each patient;
(D) serves at least three (3) meals, or their equivalent, daily at regular hours;
(E) provides appropriate food substitutes of similar nutritional value to patients who refuse the food served;
(F) provides special equipment, implements or utensils to assist patients while eating, if necessary; and
(G) maintains at least a three (3) day supply of staple foods at all times.
(3) Records of menus served and food purchased shall be maintained for at least thirty (30) days.

(w) Social work. In-hospital recovery care centers
(1) Any in-hospital recovery care center, as defined in subsection (a)(17)(A) of this section, must provide a social work services program to the patients of the unit consistent with this section.
(2) If the provision of social work services to the in-hospital recovery care center is coordinated through the hospital social work department, these provisions must be consistent with subsection (x) of this section and must be defined in policies

and procedures of the respective hospital social work department and the in-hospital recovery care center.

(x) Social work. Out of hospital recovery care centers

(1) Personnel and staffing requirements

(A) The delivery of social work services shall be provided by a social worker who is qualified under subsection (a)(16) of this section.

(B) If the delivery of social work services is provided by a baccalaureate level social worker, the center shall contract for regular consultation by a social work consultant who is qualified under subsection (a)(15) of this section, on no less than a monthly basis, to review the social work service program.

(C) When consultation is required, the consultant shall prepare a written report to the administrator of each visit describing hours visited, policy and procedure review, medical record review, inservice education and other significant activities.

(D) The center shall provide or contract for sufficient hours of social work service to meet the medically related psychosocial needs of all patients but not less than a ratio of one (1) hour per week per licensed bed.

(2) Social work service provision

(A) Written policies and procedures shall be developed by a social worker who is qualified under subsection (a)(16) of this section or a social work consultant who is qualified under subsection (a)(15) of this section and ratified by the governing body, and shall include, but not necessarily be limited to:

(i) identifying the responsibilities and duties of personnel who will be providing social work services to the patients;

(ii) conducting a social work intake assessment for all patients within seventy-two (72) hours of admission;

(iii) referring a patient or his or her next of kin or legal representative to appropriate agencies for financial assistance, support services, counseling services, legal services, and residential services as needed if such referrals have not already been made;

(iv) serving as liaison between patients, families, facility staff, hospital, institution or community agency staff and caregivers and significant others as necessary; and

(v) ensuring the confidentiality of all patients' social, emotional and medical information.

(B) Social work services shall be provided to assist each patient or his or her next of kin or legal representative in adjusting to the social and emotional aspects of the patient's illness, treatment(s) and stay in the center. Services provided to the patient shall be documented in the patient's medical record.

(C) The social worker or social work consultant shall be responsible for reviewing the discharge or transfer of each patient.

(D) All staff of the center shall receive inservice training by a social worker or social work consultant at least twice a year in an area specific to the needs of the center's patient population.

(y) Pharmaceutical services. In-hospital recovery care center. Pharmaceutical services for in-hospital recovery care centers shall ensure the availability of pharmaceutical services to meet the needs of the patients. All such pharmaceutical services shall be provided in accordance with applicable federal and state laws and regulations and hospital policies and procedures.

(z) Pharmaceutical services. Out-of-hospital recovery care center

(1) Services

(A) The center shall ensure the availability of pharmaceutical services to meet the needs of the patients. All such pharmaceutical services shall be provided in accordance with all applicable federal and state laws and regulations. Drug distribution and dispensing functions shall be conducted through a pharmacy licensed in Connecticut.

(B) The pharmaceutical services obtained by the center shall be provided under the supervision of a pharmacist.

(i) The center shall have a written agreement with a pharmacist to serve as a consultant on pharmaceutical services.

(ii) The consultant pharmacist shall visit the center at least every three (3) months to review the pharmaceutical services provided, make recommendations for improvements and monitor the service to ensure the ongoing provision of accurate, efficient and appropriate services.

(iii) Signed and dated reports of the pharmacist's quarterly reviews, findings and recommendations shall be forwarded to the center's administrator, medical director, and director of nursing services and be kept on file in the center for no less than three (3) years.

(iv) The center shall ensure that a pharmacist is responsible for the following functions: compounding, packaging, labeling, dispensing and distributing all drugs to be administered to patients; monitoring patient drug therapy for potential drug interactions and incompatibilities; notifying attending physicians of any potential drug interactions and incompatibilities which are identified during this review; and inspecting all areas within the center where drugs (including emergency supplies) are stored at least quarterly, to ensure that all drugs are properly labeled, stored and controlled.

(2) Proper space and equipment shall be provided within the center for the storing, safeguarding, preparation, dispensing and administration of drugs.

(A) Any medication storage or administration area shall serve clean functions only and shall be well illuminated and ventilated.

(B) All medication cabinets shall be closed and locked when not in use unless they are stationary cabinets located in a locked room that serves exclusively for storage of drugs and supplies and equipment used in the administration of drugs.

(C) Controlled substances shall be stored and handled in accordance with provisions set forth in Chapter 420b of the Connecticut General Statutes and regulations thereunder.

(3) The center shall develop, implement and enforce written policies and procedures for control and accountability, distribution, and assurance of quality of all drugs and biologicals, which shall include, but not necessarily be limited to, the following:

(A) Records shall be maintained for all transactions involved in the provision of pharmaceutical services as required by law and necessary to maintain control of, and accountability for, all drugs and pharmaceutical supplies.

(B) Drugs shall be distributed in the center in accordance with the following requirements:

(i) All medications shall be dispensed to patients on an individual basis except for predetermined floor stock medication.

(ii) Floor stock shall be limited to emergency drugs, contingency supplies of legend drugs for initiating therapy when the pharmacy is closed, and routinely used non-legend drugs.

(iii) Emergency drugs shall be readily available to staff in a designated location.

(C) Drugs and biologicals shall be stored under proper conditions of security, segregation and environmental control at all storage locations.

(i) Drugs shall be accessible only to legally authorized persons and shall be kept in locked storage at any time a legally authorized person is not in immediate attendance.

(ii) All drugs requiring refrigeration shall be stored separately in a locked refrigerator or in a locked room that is used exclusively for medication and medication adjuncts.

(iii) The inside temperature of a refrigerator in which drugs are stored shall be maintained within a 36 to 46 Fahrenheit range.

(D) All drugs shall be kept in containers that have been labeled by a pharmacist or in their original containers labeled by their manufacturer and shall not be transferred from the containers in which they were obtained except for preparation of a dose for administration.

(E) Drugs and biologicals shall be properly labeled as follows:

(i) Floor stock containers shall be labeled with at least the following information: name and strength of drug; manufacturer's lot number or internal control number; and expiration date.

(ii) The label for containers of medication obtained from a community pharmacy shall include at least the following information: name, address and telephone number of the dispensing pharmacy; name of the patient; name of the prescribing practitioner; name, strength and quantity of drug dispensed; date of dispensing the medication; route of administration; and expiration date. Specific directions for use must be included in the labeling of prescriptions containing controlled substances.

(iii) The label for containers of medication dispensed to patients for inpatient self-care use or at discharge from the center shall include at least the following information: name, address and telephone number of the dispensing pharmacy; name of the patient; name of the prescribing practitioner; specific directions for use; name, strength, quantity of the drug dispensed; route of administration; and date of dispensing.

(iv) In cases where a multiple dose package is too small to accommodate a standard prescription label, the standard label may be placed on an outer container into which the multiple dose package is placed. A reference label containing the name of the patient, prescription serial number and the name and strength of the drug shall be attached to the actual multiple dose package. Injectables intended for single dose that are ordered in a multiple quantity may be banded together for dispensing and one label placed on the outside of the banded package.

(F) Drugs on the premises of the center that are outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued, or obsolete shall be disposed of in accordance with the following requirements:

(i) Controlled substances shall be disposed of in accordance with Section 21a-262-3 of the Regulations of Connecticut State Agencies.

(ii) Non-controlled substances shall be destroyed on the premises by a licensed nurse or pharmacist in the presence of another staff person, in a safe manner so as to render the drugs non-recoverable. The center shall maintain a record of any such destructions including as a minimum the following information: date, strength, form and quantity of drugs destroyed; and the

signatures of the persons destroying the drugs and witnessing the destruction.

(iii) Records for the destruction of drugs shall be kept on file for three (3) years.

(G) Current pharmaceutical reference material shall be kept on the premises in order to provide the professional staff with complete information concerning drugs.

(4) The center shall develop and follow written policies and procedures for the safe prescribing and administration of drugs.

(A) Medication orders shall be explicit as to drug, dose, route, frequency, and if pro re nata (p.r.n.), reason for use.

(i) Controlled substances not specifically limited as to time or number of doses shall be stopped within three (3) days.

(ii) A staff member shall notify the practitioner of the impending stop order prior to the time the drug would be automatically stopped.

(B) Patients shall be permitted to self-administer medications on a specific written order from the physician. Self-administered medications shall be monitored and controlled in accordance with procedures established in the center. A medication administration record must be utilized to document self-administered medications.

(C) Medication errors and apparent adverse drug reactions shall be recorded in the patient's medical record, reported to the attending physician, director of nursing services, and consultant pharmacist, as appropriate, and described in a full incident report in accordance with subsection (h) of this section.

(5) A pharmacy and therapeutics committee shall oversee the pharmaceutical services provided, make recommendations for improvement thereto, and monitor the service to ensure its accuracy and adequacy.

(A) The committee shall be comprised of at least one (1) pharmacist, the center's director of nursing services, the center's administrator, and a physician.

(B) The committee shall meet at least quarterly, and document its activities, findings and recommendations.

(C) Specific functions of the committee shall, include but not necessarily be limited to the following:

(i) developing procedures for the distribution and control of drugs and biologicals in the center in accordance with this subsection;

(ii) reviewing adverse drug reactions that occur in the center and reporting clinically significant incidents to the federal Food and Drug Administration; and

(iii) reviewing medication errors that occur in the center and recommending appropriate action to minimize the recurrence of such incidents.

(aa) Intravenous therapy program. In-hospital recovery care centers. Intravenous therapy in in-hospital recovery care centers shall be provided in a manner consistent with hospital policy and procedures.

(bb) Intravenous therapy program. Out-of-hospital recovery care centers

(1) Intravenous therapy program prohibited, exceptions. The administration of IV therapy is prohibited except when administered directly by a licensed physician or as provided in subdivision (2) of this subsection.

(2) Approved IV therapy program. IV therapy may be administered in the center provided the center applies for permission from the commissioner, and the commissioner or the commissioner's designee approves the center's application.

(3) The center shall submit to the department a written protocol that shall demonstrate that the program shall be developed and implemented in a manner

that ensures safe care for all patients receiving IV therapy and shall include but not necessarily be limited to the following:

(A) the name and credentials of the IV therapy trainer in the event the facility elects to conduct an in-house IV therapy training program;

(B) a description of the objectives, goals and scope of the IV therapy program;

(C) names, titles, duties and responsibilities of persons responsible for the direction, supervision and control of the program and alternates to serve in their absences; and

(D) written policies and procedures concerning the establishment of the standards for education, training, ongoing supervision, in-service education and evaluation of all personnel in the program including the IV therapy nurses, licensed nursing personnel and supportive nursing personnel; the origin, form, content, duration and documentation of physician orders for the IV therapy; the safe administration, monitoring, documentation and termination of IV therapy; the safe preparation, labeling and handling of IV admixtures; the procurement, maintenance, and storage of specific types of equipment and solutions that will be used in the program; IV therapy related complications, early recognition of the signs and symptoms of sepsis and acute untoward reaction, and appropriate intervention in a timely manner; surveillance, prevention and review of infections associated with IV therapy; and the ongoing review of the effectiveness and safety of the program to include problem identification, corrective action and documentation of same.

(4) An IV therapy nurse operating an approved IV therapy program pursuant to a physician's order may:

(A) initiate a venipuncture in a peripheral vein and deliver an IV fluid or IV admixture into the blood stream;

(B) deliver an IV fluid or IV admixture into a central vein; and

(C) administer blood and blood components.

(5) An IV therapy nurse may insert and remove Peripheral Intravenous Catheter (PICC) lines upon the order of a physician. There shall be radiological confirmation of catheter position when the tip placement is positioned beyond the axillary vein prior to use of the PICC for any reason.

(6) Only a physician licensed in Connecticut may initiate or terminate a central vein access.

(7) Only an IV therapy nurse or physician may use a central vein access for blood drawing purposes.

(8) A person trained in phlebotomy procedures may use a peripheral line access for blood drawing purposes.

(9) Blood and blood components may be administered provided the following conditions are met:

(A) A physician shall be in the center during the period of time in which the blood and blood components are being administered.

(B) Vital signs (blood pressure, temperature, pulse and respirations) shall be monitored and documented, prior to initiating the infusion of a blood and blood component IV, every fifteen (15) minutes during the first hour of administration and every hour until the transfusion is completed.

(C) The administration of blood or blood components shall be completed in accordance with standards of practice.

(10) An IV therapy nurse may deliver an IV fluid or IV admixture or blood and blood components into the blood stream via existing lines, monitor, care for the venipuncture site, terminate the procedure, and record pertinent events and observations.

(11) A log shall be maintained of each IV therapy procedure and blood and blood component administration initiated and shall be made available to the

department upon the request of the commissioner. The log shall contain as a minimum the following information: date and time of initiating the procedure, name of patient, name of prescriber, description of the therapy, date and time of terminating the therapy, outcome of the therapy, and complications encountered, if any.

(12) Negative reactions to blood and blood components shall be reported to the department within twenty-four (24) hours and as required by the blood bank of the cooperating hospital.

(13) There shall be no changes in the protocol developed pursuant to subdivision (3) of this subsection or modifications in the scope of the IV therapy program as defined in subsection (a)(11) of this section without the written approval of the commissioner.

(14) Approval to participate in the program may be revoked at any time for failure to comply with this subsection.

(cc) Diagnostic services

(1) All diagnostic services shall be provided only on the order of a Connecticut licensed physician, dentist, podiatrist, physician assistant or advanced practice registered nurse.

(2) Out-of hospital recovery care centers shall arrange for diagnostic services through written agreements with facilities appropriately licensed and certified to provide such services.

(dd) Out-of-hospital recovery care center transfer agreements

(1) A licensed recovery care center shall have a written transfer agreement with one (1) or more hospitals. This agreement shall ensure that:

(A) patients shall be transferred from the center to the hospital and ensured of timely admission to the hospital when transfer is medically appropriate as determined by a physician; and

(B) medical and other information needed for care and treatment of a patient is transferred with the patient.

(2) A licensed recovery care center shall have a written agreement with one (1) or more ambulance service(s) staffed with emergency medical technicians qualified under subsection 19a-179-16(b) of the regulations of Connecticut State Agencies. This agreement shall ensure an immediate response by the ambulance service for emergency medical services or transportation to a hospital.

(ee) Medical records

(1) The center shall maintain a complete medical record for each patient. All parts of the record pertinent to the daily care and treatment of the patient shall be maintained on the nursing unit in which the patient is located.

(2) The complete medical record that is initiated at the time of admission shall include, but not necessarily be limited to:

(A) patient identification data, including name, date of admission, most recent address prior to admission, date of birth, sex, marital status and religion;

(B) referral source;

(C) insurance numbers;

(D) next of kin or legal representative and address and telephone number;

(E) name of patient's attending physician;

(F) complete medical diagnosis;

(G) all initial and subsequent orders by the physician;

(H) a patient assessment completed upon admission;

(I) the initial patient care plan which is based on the patient assessment, developed within three (3) hours of the patient's admission, including input by all disciplines involved in the care of the patient within twenty-four (24) hours of admission, containing the identification of patient

problems and needs, treatments, approaches and measurable goals and updated as necessary but no less frequently than every seven (7) days;

(J) a record of all visits by the physician including physician progress notes;

(K) nurses notes including condition on admission, current condition, ongoing monitoring, changes in patient condition, treatments and responses to such treatments;

(L) a record of medications administered including the name and strength of drug, date, route and time of administration, dosage administered and with respect to p.r.n. medications, reasons for administration, patient response and result(s) observed;

(M) documentation of all care and ancillary services rendered;

(N) summaries of conferences and records of consultations if applicable; and

(O) record of any physician visits, treatment, medication or service refused by the patient and the patient's understanding of the potential effects of the refusal which shall be documented in the medical record by the physician, physician assistant or registered nurse and signed by the patient whenever possible.

(3) All entries in the patient's medical record shall be typewritten or written in black ink and legible. All entries shall be verified according to accepted professional standards (i.e., legal signature: first name or initial, last name and discipline).

(4) Medical records shall be safeguarded against loss, destruction or unauthorized use.

(5) All medical records, originals or copies, shall be preserved for at least ten (10) years following the death or discharge of the patient. In-hospital recovery care centers shall maintain records according to section 19-13-D3(d) of the regulations of Connecticut State Agencies.

(ff) Discharge planning

(1) Patient education shall begin on the day of admission and shall focus on the individual's immediate post discharge needs.

(2) Every patient shall have a written discharge plan that shall be given to the patient or his or her next of kin or legal representative prior to discharge.

(3) The discharge plan shall include but not necessarily be limited to identification of the patient's needs for continued skilled care or support services and the specific resources to be utilized to meet these needs.

(4) The discharge plan shall be completed on a timely basis so that appropriate arrangements for post discharge care management are made before discharge.

(5) The discharge plan shall be developed in collaboration with the patient, or his or her next of kin or legal representative, and the social worker and other care providers.

(6) The discharge plan shall be approved by the physician of record.

(7) The written discharge plan shall be signed by the patient or his or her next of kin or legal representative indicating their understanding of the discharge plan of care.

(8) The documentation of the written discharge plan shall be retained as a permanent part of the patient's medical record.

(9) Information necessary to ensure the continuity of care shall be sent to participating providers in a timely manner to ensure continuity of care.

(gg) Infection control. In-hospital recovery care centers. Infection control practices for in-hospital recovery care centers shall be consistent with hospital policy, procedure and standards.

(hh) Infection control. Out-of-hospital recovery care centers

(1) The center shall develop an infection prevention, surveillance and control program which shall have as its purpose the protection of patients and personnel from nosocomial infections and community- associated infections.

(2) The structure and function of this program shall be approved by, and become a part of the bylaws or rules and regulations of, the medical staff of the center. The authority for this program shall be delegated to an infection control committee which shall report on its activities with recommendations on at least a quarterly basis to the medical advisory board for their consideration and action.

(3) The membership of the infection control committee shall include representatives from the center's administration, medical staff, nursing staff, pharmacy, dietary, maintenance and housekeeping. The committee shall meet at least quarterly. Minutes of all meetings shall be maintained for ten (10) years.

(4) The infection control committee shall:

(A) adopt working definitions of nosocomial infections;

(B) develop standards for surveillance of incidence of nosocomial infections and conditions predisposing to infection;

(C) develop a mechanism for monitoring and reporting infections in patients and environmental conditions with infection potential; and

(D) develop control measures including an isolation policy, aseptic techniques, and a personal health program.

(5) The chairman of the infection control committee shall be a Connecticut licensed physician and shall be a member of the active medical staff of a general hospital licensed in Connecticut.

(6) The services of a physician, board certified in infectious diseases, shall be available to the infection control committee and chairman, as needed.

(7) There shall be a registered nurse employed by the center who shall conduct the infection control program as directed by the infection control committee. This individual shall be directly responsible to, and be a member of, the infection control committee. This individual shall make a monthly report to the medical director and a quarterly report to the medical advisory board.

(8) The infection control committee shall meet at least quarterly and shall, at a minimum:

(A) review information obtained from day-to-day surveillance activities of the program;

(B) review and revise existing standards; and

(C) report to the active organized medical staff.

(9) There shall be quarterly in-service education programs regarding infection prevention, surveillance and control for appropriate personnel. Documentation of these programs shall be available to the department for review.

(10) The minutes of the committee meetings shall document the review and evaluation of the surveillance data and the development and revision of measures for control of infection. These records shall be available to the department for review.

(11) The center shall comply with the requirements for the handling and disposing of biomedical wastes in accordance with applicable state and federal laws and regulations.

(ii) Quality assurance. In-hospital recovery care centers. In-hospital recovery care center quality assurance programs shall be consistent with the hospital program procedures and standards to include all quality assurance components identified under subsection (jj) of this section.

(jj) Quality assurance. Out-of-hospital recovery care centers. The center shall have a quality assurance program to monitor and evaluate the quality and appropriateness of patient care, measure patient outcomes and pursue ways to improve patient care and resolve problems.

(1) The quality assurance program shall be implemented by a quality assurance committee comprised of the administrator, medical director, director of nursing services, at least one (1) physician from a participating surgical specialty and one (1) from medicine, two (2) staff registered nurses, one (1) of whom shall be the infection control nurse, and the social worker.

(2) The quality assurance committee shall adopt written procedures for fulfilling their responsibilities. These procedures are subject to approval by the governing body and the department.

(3) The quality assurance committee shall:

(A) review the appropriateness of patient admissions to the center;

(B) review appropriateness of the professional services provided in the center;

(C) identify opportunities for improving patient care and services;

(D) review pharmaceutical services and the appropriateness of medication usage for patients in conjunction with the consultant pharmacist;

(E) review the records of all patients requiring a third day of care for continued appropriateness of setting;

(F) review within twenty-four (24) hours all patient cases where a medical emergency or death occurs and submit to the department, within seven (7) days, a written report of their findings in such cases;

(G) review for appropriateness of admission and services, all patient cases requiring unexpected transfer to an acute facility and report to the medical director within twenty-four (24) hours of the transfer;

(H) provide for quarterly review of availability of resources necessary to respond to medical emergencies;

(I) review the procedures and surveillance program for minimizing the sources and transmission of infection, including post discharge;

(J) evaluate all services provided by contract or agreement on an annual basis or more frequently as necessary;

(K) provide for medical records review to determine accuracy and completeness of information contained in the patients' medical records; and

(L) review the records of all patients who are readmitted to the recovery care center or acute care facility within ten (10) days after discharge for appropriateness of services and discharge and report such findings to the department on a quarterly basis.

(4) The quality assurance committee shall meet at least quarterly and report its findings and activities to the center's governing body and medical staff.

(5) The quality assurance committee shall be responsible to ensure that appropriate follow-up results.

(6) Minutes shall be taken at each meeting, retained at the center for five (5) years and made available to the department upon its request.

(kk) Physical environment standards

(1) General provisions

(A) Review of drawings and specifications

(i) No new construction of or alteration to a recovery care center, new or existing, shall be undertaken until final project drawings and specifications have been approved by the department.

(ii) Concurrent with the submission of drawings and specifications a project narrative shall be submitted to the department which includes a description of the overall physical project. If it is to be a distinct center within an existing licensed facility, a description of the project with the proposed use of existing services to be utilized shall also be included.

(iii) Each center shall demonstrate compliance with building and fire safety codes prior to project approval by the department.

(iv) The department may require submission of site, architectural, structural, heating, ventilation, plumbing and electrical drawings of the existing structure for alteration projects.

(v) In addition to a narrative description of the physical project, the sponsor for each project shall provide a functional program

narrative for the recovery care center which defines services and programs to be provided.

(B) Recovery care center occupancy shall be classified as a health care occupancy. The recovery care center shall comply with the provisions of the State Building Code as a rehabilitative health care facility. The standards established for the construction, renovation, alteration, maintenance and licensure of all facilities as adopted by the Commissioner of the Department of Public Safety, are hereby incorporated and made a part hereof and include but are not necessarily limited to:

(i) State of Connecticut Building Codes;

(ii) State of Connecticut Fire Safety Code; and

(iii) National Electrical Code.

(C) The standards established within the Public Health Code of the State of Connecticut for the construction, renovation, alteration, maintenance and licensure of all facilities, as may be amended from time to time, are hereby incorporated and made a part hereof by reference.

(2) Waiver(s)

(A) The commissioner or his or her designee, in accordance with the general purposes and intent of this section, may waive provisions of this subsection if the commissioner determines that such waiver would not endanger the life, safety or health of any patient. 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 a finding that the health, safety, or welfare of any patient has been jeopardized.

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

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

(ii) reasons for requesting the waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;

(iii) the specific relief requested; and

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

(C) In consideration of any application for waiver, the commissioner or his or her designee may consider the level of care provided, the maximum patient capacity, the impact of a waiver on care provided, and alternative policies or procedures proposed.

(D) The department reserves the right to request additional information before processing an application for waiver.

(E) Any hearing held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and sections 19a-4-1 through 19a-4-31 of the regulations of Connecticut State Agencies, as applicable.

(3) General conditions

(A) Applicability. This subdivision covers freestanding facilities or a distinct part of a health care facility and represents minimum requirements for new construction or alterations.

(B) Ancillary services. When the recovery care center is part of, or contractually linked with another facility, services such as dietary, storage, pharmacy, and laundry may be shared insofar as practical. In some cases, ancillary service requirements may be met by the principal facility. In other cases, programmatic concerns and requirements may dictate separate services.

(C) Basic requirements

(i) The recovery care center shall provide sufficient space to accommodate all administrative, business, clinical, medical records, professional staff and support functions.
(ii) The sponsor shall demonstrate that the project drawings will meet the functional program submitted to the department.
(iii) A separate entry to the recovery care center shall be provided.
(iv) Services of the recovery care center shall be provided in a distinct location of the facility.
(v) Site locations shall be accessible to emergency service vehicles.
(vi) Paved walkways shall be provided for each exit from the building leading to a driveway or street.
(vii) Handicapped and staff visitor parking shall be provided in proximity to the recovery care center entrance.

(D) Administration and public areas. The following shall be provided:
(i) an entrance at grade level, sheltered from inclement weather, and accessible to the handicapped;
(ii) a lobby to include a reception and information counter or desk, waiting space(s), access to public toilet facilities, public telephones, and drinking fountain(s);
(iii) spaces for private interviews relating to social service, credit or admissions;
(iv) general or individual office(s) for business transactions, medical and financial records and administrative and professional staffs;
(v) multipurpose room(s) for conferences, meetings and education purposes;
(vi) storage for office equipment and supplies; and
(vii) adequate space for reviewing, dictating, sorting, recording, and storing of medical records.

(E) Nursing unit. Each nursing unit shall comply with the following:
(i) The size of the nursing unit shall not exceed forty-five (45) beds.
(ii) The maximum travel distance from the nurses' station to a patient bedroom door shall be one hundred and fifty (150) feet.

(F) Patient rooms
(i) Maximum room occupancy shall be two (2) patients.
(ii) Minimum room areas (exclusive of toilets, closets, wardrobes, alcoves or vestibules) shall be one hundred and twenty (120) square feet for a single bedroom and one hundred (100) square feet per bed in multiple-bed rooms.
(iii) In multiple-bed rooms, clearance shall allow for the movement of beds and equipment.
(iv) The dimensions and arrangement of rooms shall be such that there is a minimum of four (4) feet clearance between the sides and foot of the bed and any wall, other fixed obstruction, or furniture and six (6) feet between beds in multiple-bed rooms.
(v) Handwashing facilities shall be provided within each patient room.
(vi) Each patient shall have access to a toilet room without having to enter the general corridor area.
(vii) The toilet room shall contain a water closet and a handwashing fixture and the door should swing outward or be double acting.
(viii) A toilet room may not serve more than two (2) patients.
(ix) All associated patient bathrooms and toilet rooms shall be accessible to the physically disabled.
(x) In recovery care centers which specialize in rehabilitative services, a minimum of fifty percent (50%) of patient rooms shall be equipped with a private bathing unit.

(xi) Cubicle curtains shall be provided in each bedroom.

(xii) The design for privacy shall not restrict patient access to the entrance, lavatory or toilet.

(xiii) The following equipment shall be provided for each patient in each bedroom: one (1) closet or wardrobe with adjustable clothes rod and a shelf of sufficient size and design to hang clothing; one (1) dresser with three (3) separate storage areas for patient clothing; one (1) adjustable hospital bed with gatch spring, and side rails; one (1) moisture proof mattress; one (1) enclosed bedside table; one (1) overbed table; one (1) chair; one (1) full length mirror; and one (1) piped oxygen and vacuum outlet.

(G) Isolation Room(s)

(i) At least one (1) isolation room, designed to minimize infection hazards to or from the patient, shall be provided for each nursing unit.

(ii) Each isolation room shall contain only one (1) bed and shall be located within individual nursing units. These rooms may be used for regular care when not required for isolation cases.

(iii) A handwash sink shall be provided within the room.

(iv) Room entry shall be through a work area that provides for facilities that are separate from patient areas for handwashing, gowning, and storage of clean and soiled materials. The work area entry shall be a separate enclosed anteroom. A viewing panel shall be provided for observation of each patient by staff from the anteroom.

(v) One (1) separate anteroom may serve several isolation rooms.

(vi) Toilet, shower or bathing unit, and handwashing facilities are required for each isolation room. These shall be arranged to permit access from the bed area without the need to enter or pass through the work area of the vestibule or anteroom.

(vii) Piped oxygen and vacuum shall be provided.

(H) Central Bathing Facilities. At least one (1) central bathing unit shall be provided in each nursing unit.

(i) One (1) shower or bathing unit shall be provided for each ten (10) beds not equipped with a private bathing unit.

(ii) Each bathtub or shower shall be in an individual room or enclosure that provides privacy for bathing, drying, and dressing.

(iii) Special bathing facilities, including space for attendant, shall be provided for patients on stretchers, carts, and wheelchairs.

(iv) At least one (1) bathing unit shall have four (4) feet clearance of three (3) sides.

(v) Bathing and shower rooms shall be of sufficient size to accommodate a patient and attendant and shall not have curbs.

(vi) Controls shall be located outside shower stalls.

(vii) Patient toilet rooms shall be conveniently located to each central bathing facility.

(viii) A handwash sink and storage cabinet(s) shall be provided within the central bathing facility.

(ix) Patient toilet room(s) of handicapped design shall be conveniently located to multi-purpose rooms and may also be designated for public use.

(x) At least one (1) handicapped accessible shower shall be located within each central bathing unit.

(I) Nursing Station

(i) The area shall have space for counters and storage, and shall have convenient access to handwashing facilities. The station shall permit visual observation of traffic into the unit. A minimum of one hundred and fifty (150) square feet for a thirty (30) bed nursing unit or two hundred (200) square feet for a forty-five (45) bed nursing unit shall be provided.

(ii) A dictation area shall be adjacent to, but separate from the nurse's station.

(iii) A separate charting room of one hundred (100) square feet shall be located adjacent to the nursing station.

(iv) A storage area for active charts and office supplies shall be provided.

(v) Nurse or supervisor office space shall be provided.

(vi) A staff toilet room shall be conveniently located to each nursing station.

(vii) Staff lounge and locker facilities shall be provided. These facilities may be on another floor.

(viii) Lockable closets, drawers, or compartments shall be provided for safekeeping of staff personal effects.

(ix) Emergency equipment storage space that is easily accessible to staff, such as a crash cart, shall be available.

(x) Essential equipment. The following medical equipment shall be provided at each nursing station: one (1) gurney stretcher and one (1) wheelchair; one (1) suction machine; one (1) oxygen cylinder with transport carrier; manual breathing bag, mask and airways; cardiac defibrillator; cardiac monitoring equipment; tracheotomy set; emergency medical equipment and related supplies specified by the medical staff; and cardiac board. The following support equipment shall be provided at each nursing station: one (1) mobile chair scale; one (1) water cooler; public telephone; and one (1) ice machine.

(J) Examination and treatment room. One (1) examination and treatment room shall be provided for each nursing unit. Such rooms shall have a minimum floor area of one hundred and twenty (120) square feet. The room shall contain a handwashing fixture, storage facilities, a desk, counter, or shelf space for writing and one (1) oxygen and vacuum outlet.

(K) Clean utility room. There shall be a clean utility room of a least one hundred (100) square feet. It shall minimally contain a counter, enclosed locked storage cabinets and handwashing facilities.

(L) Soiled utility room. There shall be a soiled utility room of at least one hundred and ten (110) square feet. It shall minimally contain a handwashing facility, a bedpan flushing and washing device, a flushrim sink, locked cabinet storage and a work counter. The room may be utilized for the temporary storage of bio-medical waste.

(M) Medication preparation room. There shall be a medication preparation room of at least eighty (80) square feet. The room shall be visually controlled from the nurse's station. It shall contain a work counter, sink, refrigerator, locked storage for controlled drugs and space for medication carts.

(N) Soiled linen holding room. A separate room of at least sixty (60) square feet shall be provided.

(O) Clean linen storage. A separate closet shall be designated for the storage of linen, blankets, pillows, towels and personal belongings.

(P) Bulk equipment storage room. There shall be a bulk equipment storage room of at least one hundred and fifty (150) square feet for thirty (30) beds or two hundred (200) square feet for forty-five (45) beds.

(Q) Wheelchair storage. Storage space for wheelchairs shall be available.

(R) Nourishment station. This room shall contain a work counter, refrigerator, storage cabinets and a sink for serving nourishments between meals. Ice for resident consumption shall be provided by ice maker units.

(S) Medical supply room. There shall be a medical supply room of at least one hundred and fifty (150) square feet.

(T) Oxygen storage. Storage space of twenty-five (25) square feet for oxygen shall be provided.

(U) Patient support areas. Each recovery care center shall provide the following:

(i) a dining area with a minimum of twenty (20) square feet per patient in a distinct, centrally located area;

(ii) a lounge with a minimum area of two hundred and fifty (250) square feet for each thirty (30) beds or fraction thereof, with at least one (1) lounge on each nursing unit; and

(iii) storage space for supplies and resident personal needs.

(V) Rehabilitative therapy areas. Recovery care centers which specialize in rehabilitative services shall provide areas and equipment necessary for the effective function of the program. Each rehabilitative therapy area shall include the following:

(i) office and clerical space;

(ii) reception and control station(s) with visual control of waiting and activities areas which may be combined with office and clerical space;

(iii) patient waiting area(s) with provisions for wheelchairs;

(iv) space for storing wheelchairs and stretchers out of traffic; and

(v) a janitor's closet with a service sink.

(W) Physical therapy. If physical therapy is a service provided, the following minimum facilities shall be included:

(i) individual treatment area(s) with cubicle curtains for visual privacy;

(ii) handwashing facilities for staff conveniently located at each treatment space (one (1) handwashing facility may serve several treatment stations);

(iii) exercise area and related equipment;

(iv) clean linen and towel storage;

(v) separate storage for soiled linens, towels and supplies;

(vi) patient dressing areas and lockers;

(vii) a shower for patient use;

(viii) provisions for thermotherapy, diothermy, and ultrasonics when required by the functional narrative program;

(ix) toilet facilities located within the room that are accessible to the handicapped, which may also be used for toilet training; and

(x) a water cooler.

(X) Occupational therapy. If this service is provided, the following shall be included at a minimum:

(i) work areas and counters suitable for wheelchair access;

(ii) handwashing facilities;

(iii) storage for supplies and equipment; and

(iv) therapeutic equipment for activities of daily living.

(Y) Hydro therapy. If this service is provided, the following shall be included at a minimum:

(i) patient dressing areas and lockers;

(ii) showers for patient use;
(iii) [None]
(iv) limb and body tanks required to meet recovery care center narrative program requirements;
(v) individual treatment areas with cubicle curtains for visual privacy;
(vi) handwashing facilities; and
(vii) handicapped toilet facilities which may be shared if appropriate other facilities are in proximity.

(Z) Speech and hearing therapy. If this service is provided the following elements shall be included at a minimum:
(i) office space for evaluation and treatment; and
(ii) space for equipment and storage.

(AA) Respiratory therapy. If respiratory service is provided, the following elements shall be included at a minimum:
(i) office and clerical space with provision for filing and retrieval of patient records;
(ii) room(s) for patient education and demonstration;
(iii) storage space for equipment and supplies;
(iv) physical separation of the space for receiving and cleaning soiled materials from the space for storing of clean equipment and supplies; and
(v) handwashing facilities.

(BB) Laboratory services. If laboratory procedures are performed on- site, provisions shall be made for space and equipment and Federal Clinical Laboratory Improvement Act (CLIA) standards shall be met.

(CC) Dietary Facilities
(i) The functional elements of the dietary department shall provide for services that are separate from other service areas and sized to permit working space and equipment, for receiving, storing, food preparation, tray assembly, serving of food and disposal of waste products and returnable items.
(ii) The following minimum facilities shall be provided within the dietary department: receiving, breakdown and control areas; storage spaces for bulk, refrigerated and frozen foods; stock of a minimum of three (3) days supplies; freezers, capable of maintaining temperatures down to freezing; food preparation work spaces and equipment; tray assembly area; food cart distribution system with space for storage, loading, distribution, receiving and sanitizing; a dishwashing room which shall be designed to separate dirty and clean dishes and include a breakdown area and food cart hold area; waste storage room; potwashing facilities which include a three (3) pot sink; handwashing facilities located conveniently in the area; janitorial and housekeeping services; office space for food service supervisor and dietitian; toilet and locker spaces; and ice making equipment.
(iii) The dietary service shall provide for the protection of food delivered to ensure freshness, retention of hot or cold temperature and avoidance of contamination.
(iv) Under counter conduits, piping and drains shall not interfere with cleaning of the floor below the equipment. No plumbing lines shall be exposed overhead.
(v) All cooking equipment shall be equipped with automatic shut-off devices to prevent excessive heat buildup.
(vi) Dining space shall be provided for staff.

(DD) Laundry services

(i) Each recovery care center shall have provisions for storing and processing clean and soiled linen for appropriate patient care and infection control. Processing may be done within the center, in a separate building on or off-site, or in a commercial or shared laundry.

(ii) The following elements shall be included: a separate room for receiving and holding soiled linen until ready for pickup or processing, a clean linen storage room, and cart storage area.

(iii) Employee handwashing facilities shall be provided in each area where clean and soiled linen is processed or handled.

(iv) If linen is processed in a laundry on-site, the recovery care center shall provide a laundry processing room with commercial-type equipment that is arranged to permit an orderly work flow and minimize cross traffic that might mix soiled and clean operations.

(v) Linens and towels shall be provided, sufficient for four (4) times the licensed capacity of the center.

(EE) Waste storage and disposal. Waste processing services shall provide for the sanitary storage, treatment or disposal of waste and infectious materials of the center.

(FF) Housekeeping Rooms. Housekeeping rooms shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each housekeeping room shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. There shall not be less than one (1) housekeeping room for each floor or nursing unit.

(GG) Elevators

(i) Where patient beds or patient facilities and services are located on any floor other than the grade level entrance, the size and number of elevators shall be based on the following criteria: number of floors, number of beds per floor, procedures or functions performed on upper floors, and level of care provided.

(ii) In no instance shall elevators be less than the following: for one (1) to sixty (60) beds located above the main floor, one (1) hospital elevator; or for sixty-one (61) to two hundred (200) beds located above the main floor, two (2) hospital elevators.

(iii) An elevator shall be provided to service facilities located above or below the first floor such as materials handling and infectious waste.

(iv) At least one (1) elevator shall be connected to the emergency electrical equipment system.

(HH) Service and equipment areas. The following shall be provided as essential for effective service and maintenance functions:

(i) rooms for boilers, mechanical and electrical equipment;

(ii) general maintenance shop(s) for repair and maintenance;

(iii) general storage room(s); and

(iv) storage for solvents and liquids.

(II) Operational features

(i) Patient rooms shall open into a common corridor.

(ii) Doors. The minimum width of a door to patient bedrooms, central bathing units, examination and treatment rooms and to treatment and rehabilitation areas shall not be less than forty-six (46) inches. All other doors to patient and staff use areas shall not be less than three (3) feet wide. Floor hardware for patient use shall be of a design to permit ease of opening. Doors to all rooms containing bathtubs, showers, and water closets for

patient use shall be equipped with privacy hardware that permits emergency access without keys. When such rooms have only one (1) entrance, the door shall open outward or be double acting.

(iii) Corridors shall be a minimum width of eight (8) feet in patient use areas. No objects shall be located so as to project into the required width of corridors.

(iv) Handrails shall be located on both sides of patient use corridors and mounted thirty-two (32) to thirty-four (34) inches above the floor. Rail ends shall be finished to minimize the potential for personal injury.

(v) Grab bars with sufficient strength and anchorage to sustain two hundred and fifty (250) pounds for five (5) minutes shall be provided at all patient toilets, showers and tubs.

(vi) Windows. Patient rooms shall be on an outside wall and have operable windows that open from the inside. Windows shall have a protective device so as to prevent accidental falls when open. Windows in patient bedrooms shall not be higher than thirty-six (36) inches above the finished floor to the sill. Windows and outer doors that may be left open shall have insect screening.

(vii) Thresholds shall be designed to comply with accessibility standards in accordance with the Americans with Disabilities Act.

(viii) Full size mirrors shall be arranged to accommodate their convenient use by patients in wheelchairs and ambulatory patients in patient bedrooms.

(ix) Patient bedrooms shall be numbered and the room capacity posted on the corridor wall on the door knob side and correlated with the fire evacuation plan.

(x) Soap and paper towel dispensers shall be provided at each staff use sink.

(xi) Ceilings shall be a minimum of eight (8) feet high in corridors, patient rooms and ancillary service areas.

(xii) Fire extinguishers shall be provided in recessed locations throughout the building as established by the local fire marshal.

(JJ) Finishes

(i) Cubicle curtains and draperies shall be non-combustible or flame- retardant as prescribed in both the large and small scale tests in National Fire Protection Association (NFPA) standard 701.

(ii) Materials provided by the facility for finishes and furnishings, including mattresses and upholstery, shall comply with NFPA 101.

(iii) Floor materials shall be readily cleanable, appropriate for the location and be maintained for patient safety. Floors in areas used for food preparation and assembly shall be water-resistant. Floor surfaces, including tile joints, shall be resistant to food acids. Floor materials shall not be adversely physically affected by germicidal cleaning solutions. Floors subject to traffic while wet (such as shower and bath areas, kitchens, and similar work areas) shall have a slip-resistant surface.

(iv) Wall bases in areas subject to routine wet cleaning shall be covered, integrated with the floor, and tightly sealed.

(v) Wall finishes shall be washable, smooth and moisture-resistant.

(vi) Floor and wall openings for pipes, ducts, and conduits shall be tightly sealed to resist fire and smoke and to minimize entry of pests.

(vii) The finishes of all exposed ceilings and ceiling structures in resident rooms and staff work areas shall be readily cleanable.

(KK) Medical gas and vacuum systems

(i) The installation of nonflammable medical gas and air systems shall comply with the requirements of the most current NFPA 99 Health Care Facilities. When any piping or supply of medical gases is installed, altered, or augmented, the altered zone shall be tested and certified as required by NFPA 99.

(ii) Clinical vacuum system installations shall be in accordance with the most current NFPA 99.

(iii) All piping, except control-line tubing, shall be identified. All valves shall be tagged, and a valve schedule shall be provided to the facility owner for permanent record and reference.

(LL) Mechanical standards

(i) Boilers shall have the capacity, based upon the net ratings published by the Hydronics Institute or another acceptable national standard that is widely accepted in the boiler industry, to supply the normal heating and hot water to all systems and equipment. Their number and arrangement shall accommodate facility needs despite the breakdown or routine maintenance of any one boiler. The capacity of the remaining boiler(s) shall be sufficient to provide hot water service for clinical, dietary, and patient use.

(ii) Patient occupied areas shall be maintained in a temperature range of 72 and 75 Fahrenheit for heating purposes. Non-patient use areas may be maintained in a temperature range of 70 and 75 Fahrenheit.

(iii) Air conditioning shall be provided in all patient use areas and maintained in a range of 70 and 76 Fahrenheit during the cooling season.

(iv) The ventilation systems shall be designed and balanced to provide directional flow as in Table 1.

**Table 1**
**PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN AREAS [1]**

| Area designation | *Air Movement relationship to adjacent area* | *Minimum air changes of outdoor air Per hour* | *Minimum total air change per hour* | *All Air exhausted directly to outdoors* | *Recirculated by means of room units* | *Relative humidity (%)* |
|---|---|---|---|---|---|---|
| PATIENT CARE | | | | | | |
| Patient room | -- | 2 | 2 | -- | -- | 50-60 |
| Patient area corridor | -- | -- | 2 | -- | -- | 45-60 |
| Toilet room | In | -- | 10 | Yes | -- | -- |
| Isolation Room | In | 1 | 6 | Yes | No | -- |
| Isolation Anteroom | In | -- | 10 | Yes | No | -- |
| DIAGNOSTIC AND TREATMENT | | | | | | |
| Examination/Treatment | -- | 2 | 6 | -- | -- | -- |
| Physical therapy | In | 2 | 6 | -- | -- | -- |
| Hydro therapy | In | 2 | 6 | -- | -- | -- |
| Occupational therapy | In | 2 | 6 | -- | -- | -- |
| Speech and Hearing | In | 2 | 6 | -- | -- | -- |
| Soiled workroom | In | 2 | 10 | Yes | No | -- |
| Clean workroom | Out | 2 | 4 | -- | -- | -- |

| | | | | | | |
|---|---|---|---|---|---|---|
| Medication Room | -- | -- | 4 | -- | -- | -- |
| SUPPORT | | | | | | |
| Laundry, general | -- | 2 | 10 | Yes | No | -- |
| Soiled linen | In | -- | 10 | Yes | No | -- |
| Clean linen storage | Out | -- | 2 | Yes | No | -- |
| Laboratory | In | -- | 6 | Yes | No | -- |
| SERVICE | | | | | | |
| Food Preparation center | -- | 2 | 10 | Yes | Yes | -- |
| Warewashing room | In | -- | 10 | Yes | Yes | -- |
| Dietary day storage | -- | -- | 2 | Yes | No | -- |
| Janitor closet | In | -- | 10 | Yes | No | -- |
| Bathroom | In | -- | 10 | Yes | No | -- |
| Waste Storage | In | -- | 10 | Yes | No | -- |

[1] The ventilation rates in this table cover ventilation for comfort, as well as for asepsis and odor control in areas of recovery care centers that directly affect patient care and are determined based on health care facilities being predominantly no smoking facilities. Where smoking may be allowed, ventilation rates shall need adjustments.

(v) Design of the ventilation system shall, insofar as possible, provide that air movement is from clean to less clean areas.

(vi) All air-supply and air-exhaust systems for interior rooms shall be mechanically operated.

(vii) Corridors shall not be used to supply air to or exhaust air from any room.

(viii) All systems which serve more than one smoke or fire zone shall be equipped with smoke detectors to shut down fans automatically. Access for maintenance of detectors shall be provided at all dampers.

(MM) Plumbing and other piping systems

(i) Plumbing fixtures. All fixtures used by medical staff, nursing staff 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 be at least four and one-half (4 1/2) inches in length, except that handles on clinical sinks shall be not less than six (6) inches long. Single lever faucet handles shall extend six (6) inches in length.

(ii) Water supply systems. Systems shall be designed to supply water to the fixtures and equipment on the upper floor at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods. 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. Hot water plumbing fixtures intended for patient use shall carry water at temperatures between 105° and 120° Fahrenheit.

(iii) Vacuum breakers shall be installed on hose bibbs and supply nozzles used for connection of hoses in housekeeping sinks, bedpan-flushing attachments, and outdoor hose bibbs.

(NN) Electrical standards

(i) Circuit breakers or fusible switches shall be enclosed with a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons.

(ii) Lighting and appliance panel boards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

(iii) All spaces within the building, approaches thereto, and parking lots shall have electric lighting.

(iv) Patient bedrooms shall have general room lighting, overbed examination lighting, and a patient accessible reading light. General room lighting shall be switched at the room entrance and be connected to emergency power.

(v) Night lighting shall be provided in the patient bedroom and the toilet room. Night lights shall be switched at the nursing station to assure effective use.

(vi) Receptacles (convenient outlets). Each patient bed shall have a double duplex, hospital grade, grounded receptacle on each side of each bed. In addition, one (1) duplex shall be provided on each other wall in the room. If electric beds are used an additional receptacle shall be provided. At least two (2) receptacles installed at the head of each patient bed shall provide emergency power. Receptacles that provide emergency power shall be color coded red to indicate their use. Duplex grounding receptacles for general use in corridors shall be installed approximately fifty (50) feet apart and within twenty-five (25) feet of ends of corridors; and ground fault circuit interrupters shall be installed at all wet locations.

(OO) Nurse's call system

(i) In patient areas, each patient room shall be served by at least one (1) calling station for two-way voice communication. Each bed shall be provided with a call device. Two (2) call devices serving adjacent beds may be served by one (1) calling station. Calls shall activate a visible signal in the corridor at the patient's door, in the clean workroom, in the soiled workroom, and at the nursing station of the nursing unit. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two (2) or more calling stations, indicating lights shall be provided at each station. Nurse's calling systems at each calling station shall be equipped with an indicating light which remains lighted as long as the voice circuit is operating.

(ii) A nurse's emergency call system shall be provided at each inpatient toilet, bath or shower room.

(iii) A staff emergency assistance system for staff to summon additional assistance shall be provided in examination and treatment rooms, dining, activity, and therapy areas. This system shall annunciate at the nurse station with back-up to another staffed area from which assistance can be summoned.

(PP) Emergency service

(i) The facility shall provide an emergency source of electricity, which shall have the capacity to deliver eighty percent (80%) of normal power and lighting and shall be sufficient to provide for regular nursing care and treatment and the safety of the occupants. Such source shall be reserved exclusively for emergency use.

(ii) As a minimum, each patient bed shall provide one (1) duplex electrical receptacle that is connected to the emergency power source. Task lighting and emergency power shall be provided to essential equipment in treatment areas and patient bedrooms.

(iii) Fuel shall be stored at the facility sufficient to provide seventy-two (72) hours of continuous operation.

(QQ) Telephone Systems. A telephone system shall be provided that is sufficient to meet the needs of the recovery care center's staff and patients.

(RR) Enclosed carts shall be used for transportation and handling of materials.

(SS) Prior to the licensure of the center all electrical, mechanical and fire protection systems, equipment, appliances and biomedical equipment shall be tested, balanced and operated to demonstrate that the installation and performance of these systems conform to the requirements of the plans and specifications.

(4) Operations, maintenance and housekeeping

(A) Maintenance, safety and sanitation

(i) The center shall be equipped, operated and maintained so as to sustain its safe, clean and sanitary characteristics and to minimize all health hazards. Maintenance shall include provision and surveillance of services and procedures for the safety and well-being of patients, personnel and visitors.

(ii) Buildings and grounds shall be maintained free of environmental pollutants and such nuisances as may adversely affect the health or welfare of patients to the extent that conditions are within the reasonable control of the recovery care center.

(iii) A written manual on the maintenance of all heating, mechanical, alarm, air conditioning and ventilation, communication, biomedical equipment and fire protection systems shall be adopted and implemented.

(iv) Maintenance logs of services performed on the equipment shall be retained for review in the recovery care center for a minimum of five (5) years.

(v) Air conditioning and ventilation systems shall be inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply, meeting minimum filtration, humidity, and temperature requirements, is provided.

(B) Housekeeping

(i) The recovery care center shall set forth and implement written housekeeping procedures and ensure adequate numbers of housekeeping personnel to implement the program.

(ii) The supervisor of housekeeping shall coordinate housekeeping activities with safety and infection control programs.

(iii) The procedures of housekeeping shall minimally provide for the use, care and cleaning of equipment; selection and use of supplies; completion of cleaning schedules; evaluation of cleaning effectiveness; and maintenance of a clean and sanitary environment.

(5) Emergency preparedness plan

(A) The recovery care center shall have a written emergency preparedness plan that includes procedures to be followed in case of medical emergencies, or in the event that all or part of the building becomes uninhabitable because of a natural or other disaster. The fire plan component shall be submitted to the local fire marshal for comment prior to its adoption.

(B) The emergency preparedness plan shall specify the following procedures:

(i) identification and notification of appropriate persons;

(ii) instructions as to locations and use of emergency equipment and alarm systems

(iii) tasks and responsibilities assigned to all personnel;

(iv) evacuation routes;
(v) procedures and arrangements for alternative site relocation or evacuation of patients;
(vi) transfer of casualties;
(vii) transfer of records;
(viii) care of patients; and
(ix) handling of drugs and biologicals.

(C) A copy of the fire plan shall be maintained on each nursing station and in each service area. Fire evacuation plans shall be conspicuously posted in the corridor of each fire zone.

(D) All personnel shall receive training in emergency preparedness as part of their employment orientation, and annually thereafter. Staff shall be required to read and acknowledge by signature their understanding of the emergency preparedness plan as part of the orientation. The content and participants of the training orientation shall be documented in writing.

(E) Drills testing the effectiveness of the fire plan shall be conducted on each shift at least four (4) times per year. A written record of each drill, including the date, hour, description of drill, and signatures of participating staff and the person in charge shall be maintained by the facility.

(Effective March 2, 1995.)

# Strike Contingency Plans for Health Care Facilities

## 19a-497-1. Strike contingency plans for health care facilities

Upon receipt of notice of an anticipated strike action, a health care institution, as defined in section 19a-490 of the Connecticut General Statutes, shall immediately notify the Department of Public Health of such anticipated action. A strike contingency plan shall be submitted to the department pursuant to section 19a-497 of the Connecticut General Statutes. Such plan shall be filed with the department as soon as possible, but in no event shall be filed later than five (5) calendar days prior to the onset of an anticipated strike action. The strike contingency plan shall contain the following information, as appropriate:

(a) Strike Contingency Plan Requirements for Hospitals:
- (1) Name, address, level of care and licensed capacity of the facility;
- (2) Name of labor organization that has notified the facility of its intention to strike;
- (3) Date and time the strike is expected to occur;
- (4) Categories and numbers of personnel expected to strike;
- (5) Names, addresses and telephone numbers of the following: facility owner, administrator, medical director, medical staff, director of nurses, assistant director of nurses, maintenance supervisor;
- (6) Names and emergency telephone numbers of the following:
  - (A) Local fire department;
  - (B) Local police department;
  - (C) Local director of health;
  - (D) Utility companies: (gas, water, electricity, telephone);
  - (E) Ambulance service;
  - (F) Closest hospital able to admit patients or clients in case of an emergency; and
  - (G) All providers of basic services to the facility (i.e., oxygen service, emergency generator repair service, fuel supplier, electrical and plumbing service also, suppliers or vendors of food and provisions, linen, pharmaceutical and medical supplies); and
- (7) Description of plans for the operation of professional and support services during the strike.

(b) Strike Contingency Plan Requirements for Nursing Homes, Rest Homes, Residential Care Homes, Health Care Facilities for the Handicapped, Residential Alcohol or Drug Treatment Facilities, and Infirmaries in Educational Institutions:
- (1) Name, address, level of care and licensed capacity of the facility;
- (2) Name of labor organization that has notified the facility of its intention to strike;
- (3) Date and time the strike is expected to occur;
- (4) Categories and numbers of personnel expected to strike;
- (5) Names, addresses and telephone numbers of the following: facility owner, administrator, medical director, medical staff, director of nurses, assistant director of nurses, maintenance supervisor;
- (6) Names and emergency telephone numbers of the following:
  - (A) Local fire department;
  - (B) Local police department
  - (C) Local director of health;
  - (D) Utility companies: (gas, water, electricity, telephone);
  - (E) Ambulance service;
  - (F) Closest hospital able to admit patients or clients in case of an emergency;
  - (G) All providers of basic services to the facility (i.e., oxygen service, emergency generator repair service, fuel supplier, electrical and plumbing service also, suppliers or vendors of food and provisions, linen, pharmaceutical and medical supplies); and

(H) Staff person charged with overall coordination of the facility's services during the strike;

(7) Current patient or client census;

(8) Numbers and diagnoses of critical, unstable, bed bound, ambulatory patients or clients;

(9) Procedure by which to notify patients or clients and their spouses, relatives, guardians or conservators of the impending strike;

(10) Staffing patterns, by shift, for all services which the facility intends to maintain during the strike;

(11) Names and titles of all facility staff, by assignment and shift, who will be on duty during the strike;

(12) Sources of any additional personnel that may be necessary to meet the staffing patterns described in subdivision (10) of this subsection;

(13) Plan for orientation and training in emergency procedures for personnel unfamiliar with the facility or the facility's patients or clients;

(14) Plan for update of patient care plans, discharge plans and W-10 transfer forms;

(15) Any changes in the tasks and responsibilities assigned to personnel;

(16) If a reduction of patient or client census is anticipated, the names and types of health care facilities which will admit transferred patients or clients during the strike;

(17) Plan for assuring access of patients or clients, personnel or visitors to and from the facility during the strike;

(18) Description of special security arrangements to assure patient or client, staff and facility safety;

(19) Inventory of pharmaceutical and medical supplies and amount of provisions needed for at least the period of one (1) week and description of plans for delivery of same;

(20) Inventory of food supplies and amount of provisions needed for at least the period of one (1) week and description of plans for delivery of same;

(21) Inventory of linen supply and laundry needed for at least the period of one (1) week and description of plans for delivery of same;

(22) Inventory of fuel supply and amount needed for at least the period of one (1) week and description of plans for delivery of same; and

(23) Description of plans for the operation of professional and support services during the strike.

(c) Strike Contingency Plan Requirements for Out-Patient Medical Facilities Operated by a Corporation or Municipality:

(1) Name, address, and level of care of the facility;

(2) Name of labor organization that has notified the facility of its intention to strike;

(3) Date and time the strike is expected to occur;

(4) Categories and numbers of personnel expected to strike;

(5) Names, addresses and telephone numbers of the following: facility owner, administrator, medical director, medical staff, nursing staff;

(6) Names and emergency telephone numbers of the following:

(A) Local fire department;

(B) Local police department;

(C) Local director of health;

(D) Utility companies: (gas, water, electricity, telephone);

(E) Ambulance Service;

(F) Closest hospital able to admit patients in case of an emergency;

(G) All providers of basic services to the facility (i.e., oxygen service, emergency generator repair service, fuel supplier, electrical and plumbing service also, suppliers or vendors of food and provisions, linen, pharmaceutical and medical supplies); and

(H) Staff person charged with overall coordination of the facility's services during the strike;

(7) Current patient or client caseload;
(8) Procedure by which to notify patients or clients and their spouses, relatives, guardians or conservators of the impending strike;
(9) Staffing patterns, by shift, for all services which the facility intends to maintain during the strike;
(10) Names and titles of all facility staff, by assignment and shift, who will be on duty during the strike;
(11) Plan for orientation and training in emergency procedures for personnel unfamiliar with the facility or the facility's patients or clients;
(12) Any changes in the tasks and responsibilities assigned to personnel;
(13) If a reduction in caseload or services is anticipated, the names and types of facilities which will provide service to these patients or clients during the strike, and plans for transmitting information on the care or services to be provided;
(14) Plan for assuring access of patients or clients, personnel or visitors to and from the facility during the strike;
(15) Description of special security arrangements to assure patient or client, staff and facility safety;
(16) Inventory of pharmaceutical and medical supplies and amounts needed for at least the period of one (1) week and description of plans for delivery of same;
(17) Inventory of linen supply and laundry needed for at least the period of one (1) week and description of plans for delivery of same;
(18) Inventory of fuel supply and amount needed for at least the period of one (1) week and description of plans for delivery of same; and
(19) Description of plans for the operation of professional and support services during the strike.

(d) Strike Contingency Plan Requirements for Home Health Care Agencies and Homemaker-Home Health Aid Agencies:
(1) Name, address and level of care of the agency;
(2) Name of labor organization that has notified the agency of its intention to strike;
(3) Date and time the strike is expected to occur;
(4) Categories and numbers of personnel expected to strike;
(5) Names, addresses and telephone numbers of the following: agency owner; administrator; supervisor of clinical services; and other supervisory personnel;
(6) Names and emergency telephone numbers of the following:
(A) Local director of health;
(B) Ambulance service;
(C) Closest medical facilities available to admit patients in case of an emergency;
(D) All providers of basic services to the patients of the agency (i.e., oxygen service, suppliers or vendors of pharmaceutical and medical supplies); and
(E) Staff person charged with overall coordination of the agency's services during the strike;
(7) Current patient caseload;
(8) Numbers and diagnosis of critical, unstable, bed-bound and ambulatory patients;
(9) Procedure by which to notify patients and their spouses, relatives, guardians or conservators of the impending strike;
(10) Staffing patterns, by shift, for all services which the agency intends to maintain during the strike;
(11) Names and titles of all agency staff, by assignment and shift, who will be on duty during the strike;
(12) Sources of any additional Personnel that may be necessary to meet the staffing pattern described in subdivision (10) of this subsection;
(13) Plan for orientation to the agency's policies and patient caseload and training in emergency procedures or personnel unfamiliar with the agency or patients;
(14) Plan for update of patient care plans, discharge plans and W-10 transfer forms;

(15) Any changes in tasks and responsibilities assigned to personnel;
(16) If a reduction of patient caseload is anticipated, the names, telephone numbers and types of health care facilities which will admit transferred-- patients during the strike;
(17) Plans for assuring access of patients, staff or visitors to and from the agency during the strike;
(18) Description of special security arrangements to assure patient and staff safety during the strike;
(19) Inventory of pharmaceutical and medical supplies and amounts needed for at least a one week period and description of plans for delivery of same; and
(20) Description of plans for the operation of professional and support services during the strike.

(e) Civil Penalty. Each institution as defined in section 19a-490 of the Connecticut General Statutes shall be subject to a civil penalty pursuant to section 19a-497 of the Connecticut General Statutes for noncompliance with any provision of said section 19a-497 including, but not limited to:
(1) Failure to submit a strike contingency plan to the Department of Public Health not later than five (5) days prior to the indicated strike date; or,
(2) Failure of the plan to include documentation sufficient to support that the institution has arranged for:
(A) adequate staffing;
(B) security;
(C) pharmaceuticals;
(D) essential supplies to include but not be limited to food, fuel and medical supplies; and
(E) necessary services to meet the needs of the patient population served by the institution in the event of a strike.

(Added effective August 17, 1983; Amended effective July 3, 2007.)

# Discharge Planning

## 19a-504c-1. Discharge planning

(a) Every hospitalized patient shall have a written discharge plan, which shall be given to the patient or family or representative prior to discharge.

(b) The discharge plan shall include but not necessarily be limited to identification of the patient's needs for continued skill care or support services, and the specific resources to be utilized to meet these needs.

(c) The discharge plan must be completed on a timely basis so that appropriate arrangements for post hospital care management are made before discharge.

(d) The discharge plan is to be developed in collaboration with the patient, or appropriate family or representative and other care givers.

(e) The discharge plan shall be approved by the physician of record.

(f) The written discharge plan must be signed by the patient and/or family member or representative indicating their understanding of the discharge plan of care.

(g) The documentation of the written discharge plan shall be retained as a permanent part of the patient's medical record.

(h) Information necessary to ensure the continuity of care will be sent to participating providers, as appropriate, a copy of which will be retained as a permanent part of the patient's medical record.

(Effective September 25, 1989.)

# Maternity Homes

## 19a-506-1. Licensure of maternity homes. Definitions

(a) "Maternity home" or "home" means any place operated and maintained in whole or in part for the purpose of caring for women during pregnancies and women and their infants following pregnancies, but shall not include maternity hospitals subject to the provisions of Section 19a-505.
(b) "Operator" means any individual, firm, partnership, corporation or association to whom a license to operate a maternity home is issued.
(c) "Department" means the Connecticut State Department of Health Services.
(d) "Commissioner" means the Commissioner of Health Services.
(e) "Licensed Capacity" means the maximum number of women and infants permitted to be in attendance at any one time.
(f) "Attendance" means the number of clients present at the home.
(g) "Program Staff" means those persons responsible for the direct card of the women and infants.
(h) "Women" means females of reproductive age. (i) "Administrator" means the person who is responsible for day-to-day operation of the program.
(j) "Supervision" means the direction and/or on-site observation of the functions and activities of others in the performance of their duties.
(k) "Job Description" means a written outline developed for each position in the home, containing the qualifications, duties, responsibilities and accountability required of all employees in the position.
(l) "Facility" means the space identified on the license application in which the operator will provide the maternity home.
(m) "Client" means any woman or infant admitted to the program and receiving services from program staff.
(n) "Infant" means any child from newborn to two years of age.
(o) "Related field" means a discipline such as social work, psychology counseling, theology, nursing or health education.
(Effective August 7, 1985.)

## 19a-506-2. Licensure procedure

No person shall operate a maternity home without a license issued by the department, in accordance with Section 19a-506. No person under 18 years of age shall be licensed to operate a maternity home.

(a) Application for Initial Licensure.
  (1) Any individual, firm, partnership, corporation or association may apply for a license to maintain a maternity home. Each applicant shall meet the requirements for licensure in accordance with this section.
  (2) Application for the issuance of an initial license to operate a maternity home shall be made in writing on forms provided by the Department, shall be signed by the person seeking authority to operate the facility, shall be notarized, and shall include at least the following information.
    (A) Name of maternity home, address, and the phone number;
    (B) Operator's address and phone number;
    (C) Sources of financial support;
    (D) Written verification of compliance with local zoning requirements for homes where they are defined in zoning ordinances;
    (E) Copy of the current fire marshal's certificate of approval;
    (F) Written verification of compliance with the State of Connecticut Building Code;
    (G) A statement of compliance with applicable state statutes and regulations.
    (H) Client capacity;
    (A) Total number of employees, by category;
    (B) Services provided;

(C) A statement verifying the required experience of the administrator and other professional staff.

(b) Application for Renewal of License.

(1) Sixty days prior to the expiration of the term for which a license has been issued, each operator who desires to renew the license shall make application for said renewal to the Commissioner.

(2) Application for the renewal of a license to operate a home shall be made in writing on forms provided by the Department; shall be signed by the person seeking authority to operate the facility; shall be notarized; and shall contain information required in subsections (a) (2) of this section.

(3) An annual report shall be submitted to the Department as part of the renewal application, and shall include the following:

(A) Number of clients admitted;

(B) Age, race, and educational levels;

(C) Length of stay of clients during the prenatal period. If clients left prior to delivery, indicate number and reasons for leaving;

(D) Clients who returned after delivery and length of stay;

(E) Infants admitted and length of stay;

(F) Clients who applied but were not admitted, and reasons such clients were not admitted; and

(G) Clients who applied and decision pending.

(4) Documentation of the staff development plan implementation shall be submitted as part of the reapplication process.

(c) Issuance and Maintenance of License.

(1) Upon determination by the Department that a maternity home is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or a renewal of license to operate that home for a period of one year.

(2) A license shall be issued to the operator for a specific facility. The license shall not be transferable to any other person or facility. Change of operator, facility, licensed capacity or services shall require a new license to be issued. The number of clients in attendance at any one time shall not exceed the licensed capacity.

(3) Notice to Public. The license shall be posted in a prominent place in the facility, visible to visitors and clients.

(4) The Commissioner shall make or cause to be made at any time unannounced inspections or investigations of a home including the home's records.

(5) Failure to grant the Department access to the home or the home's records shall be grounds for denial, revocation or suspension of the home's license.

(6) Surrender of License. The home shall directly notify in writing each client concerned at least 30 days prior to the voluntary surrender of the home's license or surrender of license upon the Department's order of revocation, refusal to renew or suspension of license. In such cases, the license shall be surrendered to the Department within 10 days of termination of operation.

(7) Any maternity home license may be revoked, suspended or refused renewal by said department for violation of, or lack of compliance with these regulations.

(8) Appeal. An opportunity for a hearing in conformance with the Uniform Administrative Procedures Act, Chapter 54 of the Connecticut General Statutes and the Department regulations shall be given to the operator of the maternity home with respect to a refusal to issue or renew or by revocation or suspension of an existing license.

(9) Any person aggrieved by refusal to issue or renew or by any order issued under the provisions of this section may appeal therefrom in accordance with the provisions of Section 4-183, except venue for such appeal shall be in the judicial district within which the home is, or is proposed to be located.

(Effective August 7, 1985.)

## 19a-506-3. Administration of a maternity home

(a) Governing Body.
- (1) The home shall have a governing body, which shall have the general responsibilities to:
  - (A) Set policy;
  - (B) Oversee the management and operation of the home; and
  - (C) Assure the financial viability of the home.
- (2) Specific responsibilities of the governing body necessary to carry out its general responsibilities shall include, but not be limited to the following:
  - (A) Adoption and documented annual review of written home by-laws and budget;
  - (B) Appointment of a qualified administrator;
  - (C) Provision of a safe physical plant equipped and staffed to maintain the facility and services in accordance with any applicable local and state regulations and any federal regulations that may apply to federal programs in which the home participates;
  - (D) Approval of an organizational chart which establishes clear lines of responsibility and authority in all matters relating to management and maintenance of the home and client care;
  - (E) Annual review of personnel policies;
  - (F) Adoption of written policies assuring the protection of clients' rights and client grievance procedures. The description of client rights policies and the grievance procedures shall be posted conspicuously in the facility and distributed personally to each client;

(b) Operator. The operator shall be responsible for the overall management and operation of the home in a manner to reasonably ensure the health, safety and welfare of the women and infants in attendance. The operator shall have the following responsibilities:
- (1) Compliance with any applicable state laws and regulations;
- (2) Provision of a safe facility equipped and staffed on a 24 hour basis to maintain the home and services in accordance with any applicable state laws and regulations;
- (3) Development of a written organizational chart which establishes a clear line of authority and responsibility in all matters relating to the management and maintenance of the home and the care of the women and infants;
- (4) Adoption and submission to the Department of a comprehensive program plan for the home including a mission statement, operating policies and procedures, personnel policies, client services and house rules;
- (5) Employment of personnel in accordance with subsection (c) of this section;
- (6) Adoption and maintenance of written personnel policies including job descriptions defining the duties and responsibilities of all personnel classifications, consultation agreements, provisions for substitute staff, and staff development. These shall be reviewed annually and be available to all members of the staff and the consumers of the services offered; and
- (7) Appointment in writing and with the approval of the governing body, of a responsible employee to act in behalf of the administrator in temporary absences.

(c) Personnel.
- (1) Qualifications.
  - (A) Where the operator is not the designated administrator, a person who meets the qualifications as defined in subdivision (2) (A) (i) of this subsection shall be employed in this capacity.
  - (B) Minimum qualifications shall be met. All staff of maternity homes shall have the personal qualities necessary to work with women, especially adolescents, and infants.

(C) When a staff member functions in more than one capacity the person must have the qualifications for each responsibility assigned.

(D) A pre-employment certificate of good health, including a report of a negative tuberculin test or normal chest X-ray for each staff member, shall be on file at the home.

(2) Staff. Each maternity home shall maintain a staff adequate for the number, ages and needs of the women and infants to be accommodated. There must be sufficient relief staff to assure adequate coverage of all functions.

(A) Each maternity home shall include the following staff:

(i) An administrator who shall be full-time and who shall have all the following minimum qualifications:

(aa) Eighteen years of age or older;

(bb) Supervisory experience of two years in a related clinical setting;

(cc) A Master's degree in administration or a related field, or equivalent work experience;

(dd) Three years of supervised experience in a human services organization.

(ii) A full-time housemother with strong parenting skills; and

(iii) One child care worker for each four infants, or fraction thereof, to provide care when mothers are absent from the home. Each child care worker shall have a minimum of one year supervised experience in infant day care.

(B) Plan for consultation. The operator of a maternity home shall provide and adhere to a written plan for qualified professional consultation and referral services which shall include the following:

(i) Health care services under the direction of a physician licensed in the state of Connecticut with obstetrical, gynecological, family practice or pediatric experience of at least three years.

(ii) Social work services provided by a social worker with a Master's Degree in social work with experience working with adolescents and children.

(iii) Nursing services provided by a registered nurse licensed in the state of Connecticut with maternal and child health training.

(iv) Nutrition services provided b a nutritionist or dietitian experienced in adolescent and infant nutritional needs.

(v) Health education services provided by a registered nurse licensed in Connecticut with maternal and child health experience, a childbirth educator certified by the American Society for Psychoprophylaxis in Obstetrics (ASPO) or other training program acceptable to the Commissioner of Health Services, or a health educator with a Master's degree and special preparation in the field of maternal and child health. Such education shall include the areas of pregnancy, childbirth, infant care and parenting.

(C) Plan for Staff Development.

(i) The operator of a maternity home shall develop and maintain a written plan for staff development to increase skills and competence through experience or training under supervision.

(ii) The operator shall present evidence on behalf of each staff member of active pursuit of further individual development.

(d) Group Living Policies.

The policies reflect the philosophy of the maternity home and serve the following purposes:

(1) In general, policies constitute a "Bill of Rights" which defines for client' the areas of individual freedom permitted, as well as the limitations necessary to protect

the rights of others. Undue restrictions should be avoided, but those considered essential to group living and to proper compliance with fire, safety and health regulations should be clearly stated.

(2) To provide a framework for daily group living which defines for the clients in residence the requirements essential to the orderly maintenance of the home in a group living situation; to insure maximum freedom within limits and given assurance that reasonable adjustment can be made when there is need for flexibility.

(3) To provide the staff with a picture of daily living to present to the pregnant client so that the latter can make a decision as to whether or not she wishes to use their particular service.

(4) To provide a basis on which the staff carries out the maternity home program.

(e) Admission Policies.

Each home shall develop admission policies which shall reflect the philosophy of the home and clearly define criteria for admission, rejection and discharge. A copy of group living policies shall be given to clients at application for admission. Admission policies shall include at least the following:

(1) A mother, with or without her infant, may return from the hospital where she was delivered to the maternity home for a period to be determined by the client and the program staff. Except in an emergency situation, an infant must not be admitted to the maternity home without his or her mother and, must not remain after his or her mother has left.

(2) When an infant is admitted to the maternity home, the hospital discharge summary shall accompany the infant. The admission record shall also include information from the mother's prenatal, labor and delivery record considered pertinent to the infant's welfare.

(Effective August 7, 1985.)

## 19a-506-4. Records

The operator of a maternity home shall be responsible for maintaining an individual client record for each client admitted to the home.

(a) The record must be kept confidential, current, in a locked file in the home, and shall be available to the Department for inspection.

(b) Women client records shall include preadmission, intake, health, social service, educational, progress reports, and discharge information.

(c) Infant records shall include preadmission and intake information including pertinent data from the mother's record, progress reports and discharge information.

(d) The health record of each client shall include the history and verification of preadmission examination, dates, times and reasons for each medical service received during stay in the program.

(e) Records shall be retained for seven years post discharge of clients.

(Effective August 7, 1985.)

## 19a-506-5. Program requirements

The program in the maternity home shall be designed to help clients understand and resolve the situations which led to the unplanned pregnancy, to help make a good plan for the baby, the help plan for the future of mother and child and to develop the skills that will increase self-sufficiency and confidence.

(a) Health Services.

(1) The daily program must meet the health, diet, exercise, rest and recreation needs of the individual clients.

(2) There shall be a pre-admission health examination for women and infants, and ongoing prenatal care for all pregnant women admitted to the program. The care for women shall conform to the standards set by the American College of

Obstetrics and Gynecology. Care provided to program infants must conform to standards set by the American Academy of Pediatrics.

(3) Arrangements shall be made for all deliveries to be conducted in a licensed setting.

(4) Arrangements for specialized care shall be made available to the program clients.

(5) There shall be a health education program which will provide opportunities for the women to discuss the physiological changes of pregnancy and comfort and relaxation responses; nutritional needs in pregnancy; labor and delivery; the hospital experience; postpartum adjustment; child development and parenting skills.

(b) Child Care.

(1) Infants shall be within auditory or visual distance of the mother or staff, and supervised at all times.

(2) Any infant shall be immunized in accordance with the American Academy of Pediatrics standards.

(3) Good personal hygiene shall be followed in the care of infants by mothers and staff, particularly in the areas of feeding and diapering.

(c) Nutrition and Food Services.

(1) The nutritional needs of clients, including pregnant and lactating women, and children in maternity homes, must be met in accordance with the National Research Council's current recommended dietary allowances.

(2) Menus shall be written at least a week in advance, dated, posted where clients can see them and a copy kept in file for three months.

(3) All areas used for the preparation and serving of food shall be maintained in accordance with good sanitary practices and standards. Food handlers shall adhere to appropriate standards for good personal hygiene.

(4) The kitchen shall not be used as a play room, but may be used for nutritional and home economics education under supervision. It shall be separated by a door or gate from the rooms used by the infants in the home to prevent them from entering the kitchen except under supervision.

(5) Nutrition education for women concerning themselves and their infants shall be provided as part of program activities.

(d) Social Work Services.

(1) A social worker shall provide direct client services including intake, assessment, individual and group counseling, and discharge planning.

(2) Services shall include casework with the client's family and father of the baby where possible.

(e) Academic Instruction.

(1) As required by Connecticut Statutes 10-186 educational opportunities must be made available through the local Board of Education to the girl whose schooling has been interrupted by pregnancy.

(2) Instruction must be provided by qualified teachers and standard school records maintained.

(3) Arrangements with the appropriate Board of Education must include provisions for insuring pupil confidentiality and continuity with the pupil's home school record both before and after enrollment in the maternity home program.

(f) Group Living Needs. Provisions shall be made for other group living needs spelled out in policies to include a non-smoking policy, homemaking and leisure time activities, house meetings, and religious expression. House meetings are a means of group communication between the staff and the residents and shall be held regularly.

(Effective August 7, 1985.)

## 19a-506-6. Physical plant and equipment

(a) Site.

(1) Buildings and equipment shall meet the requirements of the state fire safety code. Application for initial licensure and licensure renewal shall be accompanied by a certificate of inspection by the local fire marshal.
(2) The home must provide a safe and adequate water supply.
(3) The home must be served by public sewerage or an on-site subsurface sewerage disposal system in accordance with sections 19-13-B103a through 19-13-B103f, inclusive, or 19-13-B104a through 19-13-B104d, inclusive, of the Regulations of Connecticut State Agencies.
(4) The maternity home and its grounds shall be maintained free of hazardous conditions and materials.
(5) There shall be a telephone in working order at all times at the maternity home.

(b) Community Living Areas.
(1) Dining Room. The dining room shall be adequate to provide comfortable seating arrangements without overcrowding. The room shall be well lighted and ventilated.
(2) The kitchen must be adequate for the efficient preparation, storage, refrigeration and service of food.
(3) Living and Recreation Rooms. At least one separate living room must be provided, large enough to allow free and informal use by all residents.
(4) When rooms such as dining rooms and recreation rooms are used for special purposes, arrangements must not interfere with the primary purpose of such rooms.
(5) Staff Quarters. When staff are in residence, bedrooms for resident staff must meet the same requirements as those established for sleeping rooms of program participants. Bath and toilet facilities for the use of the resident staff should be provided adjacent to or near their bedrooms. If separate facilities are not reserved for staff, the staff must be counted in applying the required ratio of one bath or shower to each six persons and one toilet and wash basin to each four persons.
(6) Offices. Every maternity home must provide sufficient space for its business, clerical and managerial functions and for the safekeeping of records.
(7) Interviewing room. There must be at least one separate interviewing room suitable for the use of the case worker and others. This may be the same room as the office, if such office provides suitable privacy.
(8) Storage room. Adequate storage space shall be provided for the following: food bought in quantity, linen, cleaning equipment and supplies, luggage and extra clothes.
(9) A first aid kit shall be available to staff at all times. It shall contain all items contained in the American Red Cross 24-unit first aid kit and shall be checked periodically.
(10) There must be a locked storage space for medicines.
(11) Locks. If locks are provided on doors within the home they shall be able to be opened in an emergency from both the inside and the outside.

(c) Individual Living Areas.
(1) There shall be bedrooms for both single and multiple occupancy and no bedroom shall accommodate more than four persons. There must be at least 3 feet between beds: a minimum floor area of 65 sq. ft. per person for multiple occupancy rooms, and 80 sq. ft. for single occupancy rooms must be provided.
(2) A separate room shall be provided for each mother who returns with her baby. The room provided shall be at least 100 sq. ft. Handwashing facilities shall be available in close proximity to the room where mother and baby are housed.
(3) An isolation room shall be available for any client with a communicable disease. Care for communicable diseases will be in accord with the Public Health Code Sec. 19-13A2.
(4) There must be an individual bed with springs, mattress, linens and covers for each client. The linens, including towels, must be changed at least once a week,

and more often if necessary. There must also be adequate closet and drawer space for individual clothing and personal possessions and a chair for each occupant.

(5) Toilets and baths. Toilets shall be located on each floor that is used by the clients. There must be a ratio of one shower or tub to each six clients and a ratio of one toilet and wash basin to each four clients.

(Effective August 7, 1985.)

# Nursing Home Administrator - Educational Licensure Requirements

## 19a-519-1. Definitions

As used in these regulations, the following terms shall have the meanings specified.

(a) "Accredited institution of higher education" means an institution which has received accreditation to grant post-secondary degrees from one of the following regional accrediting bodies: New England Association of Schools and Colleges; Middle States Association of Colleges and Schools; North Central Association of Colleges and Schools; Northwest Association of Schools and Colleges; Southern Association of Colleges and Schools; and Western Association of Schools and Colleges.

(b) "Commissioner" means the Commissioner of Health Services or his designee.

(c) "Department" means the Department of Health Services.

(d) "Program director" means the individual responsible for developing and administering an approved educational and training program at an accredited institution of higher education.

(e) "Business Affiliation" means having a financial, or personal beneficial, interest in or having any type of employment or contractual relationship with the long-term care facility or hospital within the two years immediately preceding the beginning of the residency training.

(f) "Familial Affiliation" means having a spouse, child, child's spouse, parent, brother, or sister who is either an officer, director, owner, limited or general partner, or holds more than 5% of outstanding stock in a facility.

(g) "Applying for licensure" means submitting a completed application and such supporting documentation as are sufficient to satisfy licensure eligibility requirements as determined by the Department.

(Effective October 30, 1987.)

## 19a-519-2. Course in long-term care administration

A course in long term care administration, as used in Section 19a-512 of the Connecticut General Statutes, shall consist of two components: academic instruction in long term care administration and residency training in long term care administration.

(a) A course in long term care administration offered by an educational institution in Connecticut must be approved pursuant to Section 19a-519-4 of these regulations.

(b) The academic component of a course in long term care administration shall consist of a minimum of three (3) semester credit hours, or equivalent, of academic instruction in Administration and Management of Long Term Care Facilities within an accredited institution of higher education and shall include the following content areas: General Administration and Management of Long Term Care Facilities; Financial Management of Long Term Care Facilities; Laws and Regulations Governing Long Term Care Facilities; Personnel Management and Labor Relations in Long Term Care Facilities; Patient Care and Services; Long Term Care Planning and Delivery Systems; and Gerontology.

(c) The residency training in long term care administration, also referred to as the one year residency period required by Connecticut General Statutes Section 19a-512 (a) (2), shall consist of a program of at least nine hundred (900) clock hours of administrative training in a long-term care facility providing skilled nursing care twenty-four hours per day under medical supervision and direction, and shall be completed under the joint supervision and direction of a licensed nursing home administrator in such facility and the program director.

Such program shall include the following areas of experience: Administration, including Business Office, Human Resources, Management Information Processing, Marketing, Planning and Public Relations; Staff Development; Nursing Services; Medical and Professional Services; Rehabilitative Services, including Physical Therapy, Occupational Therapy, and Speech Therapy; Social Services; Medical Records; Recreation Therapy;

Dietetics; and Physical Plant, including Maintenance, Housekeeping, Central Supply, and Laundry.

(d) In all cases, the trainee must receive approval of residency training from the program director prior to beginning the training. A minimum of four hundred fifty (450) clock hours of residency training shall be completed in a long-term care facility with which the trainee has no business or familial affiliation. Upon the prior written approval of the program director, the remaining four hundred fifty (450) clock hours can be completed in a facility where a business or familial affiliation does exist. A minimum of twenty (20) hours of residency training must be completed each week.

(e) The residency training shall not commence prior to the approved academic instruction. The residency training may commence concurrent with the approved academic instruction with the prior written approval of the program director.

(Effective October 30, 1987.)

## 19a-519-3. Masters' degree requirements

(a) A master's degree program offered by an educational institution in Connecticut for Nursing Home Administrator licensure in Connecticut must be approved pursuant to Section 19a-519-4 of these regulations.

(b) The master's degree referenced in Connecticut General Statutes 19a-512(b)(2)(B) shall either be accredited by the Accrediting Commission On Education For Health Services Administration or consist of: (1) a minimum of forty-five (45) semester hours of graduate level study completed in an accredited institution of higher education. A minimum on fifteen (15) for the forty-five (45) semester hours shall be classroom instruction within the area of health care administration. The coursework in health care administration shall include, but not necessarily be limited to, the following areas of administration of health care facilities: General Administration and Management of Health Care Facilities; Laws and Regulations Governing Health Care Facilities; Financial Management; Personnel Management and Labor Relation; Patient Care and Services; Health Care Planning and Delivery Systems; and Gerontology; and (2) a supervised field experience of at least five hundred (500) clock hours of training in the overall operation and administration of a hospital providing inpatient medical services or of a long term care facility providing skilled nursing care twenty-four hours per day under medical supervision and direction. Such experience shall be obtained in a facility with which the trainee has no business of familial affiliation.

(Effective May 21, 1990.)

## 19a-519-4. Program approval

Program approval shall be administered as follows:

(a) Initial approval shall be granted to a program in the following manner:

(1) The program shall provide to the Commissioner:

(A) Written notice of intent to seek program approval;

(B) A feasibility study for the planned program, which shall include discussion of at least the following:

(i) Applicant pool;

(ii) Graduate employment opportunities;

(iii) Educational and training facilities to be utilized;

(iv) Funding sources to be utilized

(C) A plan for the employment of program director and faculty. The plan shall specify the numbers and types of staff to be employed, the requisite qualifications of such staff, the timelines for employment of such staff, and projected future staffing needs.

(D) A comprehensive plan for the development and implementation of the educational program, including admission policies, educational objectives, curricula, course outlines, course sequences, graduation requirements, staffing, residency training or field experience sites,

residency training or field experience supervisors, timelines, and a systematic self-evaluation plan;

(E) Any other information that the Commissioner may reasonably request.

(2) Pending satisfactory reviews of the program's educational standards, such initial approval shall remain in effect until the results of the first two licensure exams for program participants are available. However, the Commissioner shall have the discretion to conduct an earlier re-evaluation of program approval status should educational deficiencies become apparent during the period of initial approval.

(3) Acceptable program graduate performance shall be defined as at least an average of 80% of all program graduates who take the exam within any one year period successfully passing the licensing exam.

(4) Initial approval can only be retained for a maximum of eighteen months from the date of first program graduate.

(5) Conditional approval may be granted for one year to a program previously having initial or full approval if:

(A) The graduates of the program fail to achieve the standards prescribed in subsection (a) (3) of this section; or

(B) The program has initiated a major change from the approved plan pursuant to subsection (d) of this section.

(C) The program is not administered in a manner consistent with these regulations.

(6) Special progress reports shall be required of programs under conditional approval status.

(b) Full approval is granted by the Commissioner after the initial or conditional approval based on evidence that the program is meeting its educational objectives as demonstrated by graduates' performance, as defined in subsection (a) (3) of this section and that the program has maintained compliance with these regulations.

(c) The Commissioner, after a hearing, may remove a program from the list of approved programs when:

(1) The program has been on conditional approval for at least one year and has failed to correct identified deficiencies which caused it to be placed on conditional status;

(2) The Commissioner provides written notice of such hearing to the program director setting forth the particular reasons for the proposed action and fixing a date, not less than thirty days from the date of such written notice, at which time representatives of the program will have an opportunity for a hearing;

(3) Upon completion of the hearing, the commissioner makes a decision regarding what action should be taken regarding the program;

(d) When a change is sought in the program director, faculty, curriculum or training experiences, the previously approved program must remain in place until the new program is approved by the Commissioner. Notice of such change shall be sent to the Commissioner accompanied by:

(1) Rationale for change;

(2) Concise presentation of current vs. proposed program;

(3) Explanation of the effects of changes on:

(i) Currently enrolled students;

(ii) Functions and roles of graduates of new program.

(4) Timetable for implementation of change.

(Effective October 30, 1987.)

## 19a-519-6. Licensure of applicants licensed in other states

(a) Applicants seeking Connecticut licensure under this section shall be currently licensed competent nursing home administrators in good standing in another state.

(b) Applicants under this section who have completed an administrator training program approved by the appropriate regulatory body of another state and equal to the training

program required in this state may have that training accepted in lieu of the approved residency training requirement of Section 19a-519-2 of these regulations.

(c) Applicants under this section who have not completed an approved training program may have their licensed work experience accepted in lieu of the approved residency training requirement if they have been licensed and working full-time as the administrative head of a long term care facility providing skilled nursing services twenty four hours per day under medical supervision and direction for at least one year in such other state.

(d) Applicants under this section who hold a master's degree which lacks either course work or supervised field experience requirements may take supplemental coursework or supervised field experience to address those deficiencies. Such supplemental coursework or supervised field experience shall be approved in advance by the Department.

(Effective October 30, 1987.)

## 19a-519-7. Reinstatement

A person previously licensed as a Nursing Home Administrator whose license has become void may apply for licensure pursuant to the provisions of Sections 19a-14-1 to 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies.

(Effective October 30, 1987.)

# Civil Penalty Violations for Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision

## 19a-527-1. Classification of civil penalty violations of regulations for chronic and convalescent nursing homes and rest homes with nursing supervision

Any rest home with nursing supervision or chronic and convalescent nursing home as defined in section 19a-521 of the Connecticut General Statutes found by the Commissioner of Public Health to be in violation of one of the following provisions of the Regulations of Connecticut State Agencies shall be subject to the class of violation indicated below and penalties indicated in section 19a-527 of the Connecticut General Statutes:

(a) A violation of any of the following regulatory provisions shall result in a Class A violation:
- (1) 19-13-D8t (j) (2) (L);
- (2) 19-13-D8t (n) (6);
- (3) 19-13-D8t (v) (2) (B);
- (4) 19-13-D8t (v) (2) (C) (i); (iii);
- (5) 19-13-D8u (b);
- (6) 19-13-D8u (c) (2);

(b) A violation of any of the following regulatory provisions shall result in a Class B violation:
- (1) 19-13-D8t (d) (3);
- (2) 19-13-D8t (e) (1);
- (3) 19-13-D8t (f) (3);
- (4) 19-13-D8t (h) (1); (2);
- (5) 19-13-D8t (j) (1);
- (6) 19-13-D8t (j) (2), (A); (D); (I);
- (7) 19-13-D8t (m) (1);
- (8) 19-13-D8t (m) (2);
- (9) 19-13-D8t (m) (4);
- (10) 19-13-D8t (m) (5); (6);
- (11) 19-13-D8t (m) (7); (8);
- (12) 19-13-D8t (n) (1);
- (13) 19-13-D8t (n) (2);
- (14) 19-13-D8t (n) (3);
- (15) 19-13-D8t (n) (5);
- (16) 19-13-D8t (n) (7);
- (17) 19-13-D8t (q) (2) (A); (C);
- (18) 19-13-D8t (t) (2); (3);
- (19) 19-13-D8t (u) (2); (4);
- (20) 19-13-D8t (v) (3);
- (21) 19-13-D8t (v) (15) (A);
- (22) 19-13-D8t (v) (16) (D) (ii);
- (23) 19-13-D8t (v) (17) (E) (i);
- (24) 19-13-D8t (v) (18) (B);
- (25) 19-13-D8t (v) (20) (B); (C);
- (26) 19-13-D8u (c) (1) (C) (i).

(Added effective March 1, 1988; Amended effective July 3, 2007.)

## 19a-527-2. Classification of violations of statutes by a nursing home facility

Any nursing home facility as defined in section 19a-521 of the Connecticut General Statutes found by the Commissioner of Public Health to be in violation of one of the following provisions of the Connecticut General Statutes shall be subject to the class of violation indicated below and penalties indicated in section 19a-527 of the Connecticut General Statutes:

(a) A violation of any of the following statutory provisions shall result in a Class A violation:
- (1) 19a-535 (c);
- (2) 19a-555 (c);

(b) A violation of any of the following statutory provisions shall result in a Class B violation:
(1) 19a-535 (a);
(2) 19a-550 (a) (8);
(3) 19a-550 (a) (18);
(4) 19a-555 (a);
(5) 19a-555 (b);
(6) 19a-555 (d).

(c) A violation of the following statutory provision shall result in a civil penalty of not more than ten thousand dollars for each day of non-compliance:
(1) 19a-497

(d) A violation of the following statutory provision shall result in a civil penalty in an amount determined by the commissioner in accordance with section 19a-527 and section 19a-528 of the Connecticut General Statutes:
(1) 17b-406

(Added effective March 1, 1988; Amended effective July 3, 2007.)

# DNR Orders

## 19a-580d-1. Definitions

As used in sections 19a-580d-1 through 19a-580d-9 of the Regulations of Connecticut State Agencies:

(1) "Attending physician" means the Connecticut licensed physician selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient. Where more than one physician shares such responsibility, any such physician may act as the attending physician.

(2) "Authorized representative" means a person who is otherwise authorized by law to provide consent to the issuance or revocation of a DNR order for an incapable or incompetent patient.

(3) "Department" means the Connecticut Department of Public Health.

(4) "Designated agency" means either a healthcare institution or a physician licensed by the department.

(5) "Do Not Resuscitate order" or "DNR order" means an order written by a Connecticut licensed physician to withhold cardiopulmonary resuscitation, including chest compressions, defibrillation, or breathing or ventilation by any assistive or mechanical means including, but not limited to, mouth-to-mouth, mouth-to-mask, bag-valve mask, endotracheal tube, or ventilator for a particular patient.

(6) "DNR bracelet" means the bracelet approved by the department for the transmission of a `Do Not Resuscitate' order and meeting the requirements of section 19a-580d-4.

(7) "DNR transfer form" means a form approved by the department for the transmission of a `Do Not Resuscitate' order issued by a licensed physician.

(8) "Emergency Medical Services provider" or "EMS Provider" means a person, association, or organization who provides immediate or life saving transportation and medical care away from a hospital to a victim of sudden illness or injury, and who may also provide invalid coach services.

(9) "Healthcare institution" means an institution licensed or regulated under chapter 368v of the Connecticut General Statutes.

(10) "Medical direction" means the provision of medical advice, consultation, instruction and authorization to appropriately trained or certified personnel by designated staff members at sponsor hospitals.

(Effective December 30, 1996.)

## 19a-580d-2. DNR transfer form

(a) To transmit a DNR order between healthcare institutions or during transport by an EMS provider between healthcare institutions, the DNR order shall be documented on the DNR transfer form.

(b) The DNR transfer form signed by a licensed physician or a registered nurse shall be recognized as such and followed by healthcare institutions and EMS providers.

(Effective December 30, 1996.)

## 19a-580d-3. Transfer and recognition of DNR orders when patients are transported

(a) When a patient who is to be transferred between healthcare institutions has a DNR order which is to remain in effect during and after the transfer, that order shall be documented on a DNR transfer form which is signed by the physician who entered the DNR order or by a registered nurse who attests to the existence of such order. The DNR transfer form or a legible copy shall be sent with the patient when the patient is transferred to another healthcare institution.

(b) The DNR transfer form or a legible copy shall be retained with the patient's medical record.

(c) The DNR transfer form or a legible copy or a DNR bracelet shall be shown to all EMS providers by the healthcare facility staff person who transfers care of the patient to the

EMS providers. The EMS provider shall show the DNR transfer form or a legible copy or a DNR bracelet to a nurse or physician at the receiving healthcare institution or, in the absence of a nurse or physician, the person in charge of patient care.

(d) Any healthcare institution receiving a patient with a DNR transfer form, a legible copy, or DNR bracelet shall honor the DNR order until such time as admitting orders are written in accordance with the healthcare institution's policies.

(e) When a patient has a DNR order which is to remain in effect after discharge from a healthcare institution to home, that patient shall be offered a DNR bracelet by the healthcare institution prior to discharge.

(f) Any EMS provider receiving a patient with a DNR transfer form or a legible copy or a DNR bracelet shall honor the DNR order.

(Effective December 30, 1996.)

## 19a-580d-4. DNR bracelets

(a) A DNR bracelet shall be the only valid indication recognized by EMS providers that a DNR order exists for patients outside a healthcare institution, other than those patients received by an EMS provider directly from a healthcare institution. A valid DNR bracelet shall:

(1) Be of a design approved by the department,

(2) be affixed to the patient's wrist or ankle,

(3) display the patient's name and attending physician's name, and

(4) not have been cut or broken at any time.

(c) A DNR bracelet shall be recognized and honored by healthcare institutions and EMS providers.

(d) A patient or the patient's authorized representative may obtain a DNR bracelet from any designated agency based on a written order from the patient's attending physician.

(1) The designated agency shall maintain a permanent record including a copy of the written DNR order.

(2) A designated agency may obtain DNR bracelets and DNR transfer forms from the organization selected by the department to maintain a central supply of such items.

(Effective December 30, 1996.)

## 19a-580d-5. EMS providers

DNR patients under the care of EMS providers shall be given medical care as determined by consultation with medical direction, recognizing the limitations of the DNR order.

(Effective December 30, 1996.)

## 19a-580d-6. Assistance by attending physicians

When requested by a patient or his authorized representative the attending physician who issued the DNR order shall:

(a) Provide the patient with information on how to contact a designated agency, or

(b) if a patient is unable to obtain a DNR bracelet from any other source, the attending physician shall obtain and provide one.

(Effective December 30, 1996.)

## 19a-580d-7. Revocation

A DNR order may be revoked by the patient or authorized representative in any of the following ways:

(a) Removing the bracelet from the patient's extremity, or

(b) telling an individual licensed healthcare provider or certified emergency medical technician. Such healthcare provider or emergency medical technician shall enter, or cause to be entered, the contents of the statement in the patient's permanent medical record and notify the attending physician and the physician who issued the DNR order.

(Effective December 30, 1996.)

## 19a-580d-8. Provision for patients with certain considerations

(a) Nothing in these regulations shall be construed to limit the authority of the commissioner of mental retardation under subsection (g) of section 17a-238 of the general statutes concerning orders applied to persons receiving services under the direction of the commissioner of mental retardation.
(Effective December 30, 1996.)

## 19a-580d-9. Ethical, philosophical, religious objections

(a) Healthcare providers who have an ethical or philosophical, or religious objection to implementing a DNR order shall turn over care of the patient without delay to another provider who will implement the DNR order. Pending the assumption of care by another provider, the DNR order shall be followed.
(Effective December 30, 1996.)

# Aids Related Testing and Medical Information and Confidentiality

## 19a-589-1. Definitions

As used in sections 19a-589-1 through 19a-589-3 inclusive as follows:

(a) "AIDS" means acquired immune deficiency syndrome, as defined by the Centers for Disease Control of the United States Public Health Service;

(b) "Confidential HIV-related information" means any information pertaining to the protected individual or obtained pursuant to a release of confidential HIV related information, concerning whether a person has been counseled regarding HIV infection, has been the subject of an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or information which identifies or reasonably could identify a person as having one or more of such conditions, including information pertaining to such individual's partners;

(c) "Exposure evaluation group" means at least three impartial health care providers, at least one of whom shall be a physician, designated by the chief administrator of a health facility, correctional facility or other institution to determine if a health care or other worker has been involved in a significant exposure. No member of the group shall be directly involved in the exposure;

(d) "FDA" means the United States Food and Drug Administration;

(e) "Health care provider" means any physician, dentist, nurse, provider of services for the mentally ill or persons with mental retardation, or other person involved in providing medical, nursing, counseling, or other health care, substance abuse or mental health service, including such services associated with, or under contract to, a health maintenance organization or medical services plan;

(f) "Health facility" means an institution, as defined in section 19a-490 of the general statutes, blood bank, blood center, sperm bank, organ or tissue bank, clinical laboratory or facility providing care or treatment to the mentally ill or persons with mental retardation or a facility for the treatment of substance abuse;

(g) "HIV infection" means infection with the human immunodeficiency virus or any other related virus identified as a probable causative agent of AIDS;

(h) "HIV-related illness" means any illness that may result from or may be associated with HIV infection;

(i) "HIV-related test" means any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent whatsoever thought to cause or indicate the presence of HIV infection;

(j) "Meaningful immediate action" means any one of:

(1) the following actions related to drug therapy/prophylaxis

(A) to start taking a drug that has been FDA approved for treatment of HIV related illness or has been approved for investigational use in humans for treatment of HIV-related illness, or to stop taking such drug if the source of the exposure tests negative for HIV, provided the drug:

(i) may prevent seroconversion in persons who have been exposed to HIV, or

(ii) may limit or ameliorate the effects of HIV infection,

(B) to enroll in an experimental trial to determine whether a certain drug is effective in lessening the risk of HIV infection when administered after a significant exposure; or

(2) the following actions related to pregnancy/breast-feeding

(A) a woman's decision whether to continue with or terminate a pregnancy where information concerning the HIV status of the person who was the source of the exposure may affect this decision,

(B) a woman's decision regarding planning pregnancy, where delay of pregnancy for a period of 6 months to 1 year may have adverse consequences due to age or other medical factors or if the worker or the worker's partner has had difficulty conceiving, where information

concerning the HIV status of the person who was the source of the exposure may affect this decision,

(C) a breast-feeding woman's decision concerning continuation of breast-feeding, where information concerning the HIV status of the person who was the source of the exposure may affect this decision; or

(3) the following other actions - actions which could be taken before the worker would be able to know whether he/she was infected as a result of the exposure, provided that such action must either:

(A) be medically beneficial or potentially medically beneficial to the exposed person or to another person, or

(B) prevent potential HIV transmission that could not be prevented by any other means;

(k) "Partner" means an identified spouse or sex partner of the protected individual or a person identified as having shared hypodermic needles or syringes with the protected individual;

(l) "Protected individual" means a person who has been counseled regarding HIV infection, or is the subject of an HIV-related test or who has been diagnosed as having HIV infection, AIDS or HIV-related illness;

(m) "Release of confidential HIV-related information" means a written authorization for disclosure of confidential HIV-related information which is signed by the protected individual or a person authorized to consent to health care for the individual and which is dated and specifies to whom disclosure is authorized, the purpose for such disclosure and the time period during which the release is to be effective. A general authorization for the release of medical or other information is not a release of confidential HIV-related information, unless such authorization specifically indicates its dual purpose as a general authorization and an authorization for the release of confidential HIV-related information and complies with the requirements of this subsection;

(n) "Seroconversion" means the development of antibodies in response to HIV infection;

(o) "Significant exposure," means an exposure as defined in Section 19a-581 (14) of the general statutes and:

(1) contact between the mucous membranes (e.g. mouth or eyes) and at least one of the following: blood, a body fluid containing visible amounts of blood, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid;

(2) contact through the skin (such as contact through an open wound or cut or by means of a needlestick or puncture wound injury) with at least one of the following: blood, a body fluid containing visible amounts of blood, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid;

(3) contact of skin, especially when the exposed skin is chapped, abraded or afflicted with dermatitis or the contact is prolonged or involving an extensive area, with at least one of the following: blood, a body fluid containing visible amounts of blood, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid;

(4) sexual assault (involving anal, vaginal or oral intercourse) on a worker in the course of his or her occupational duties;

(p) "Significant exposure" does not include:

(1) exposure to urine, feces, sputum, nasal secretions, saliva, sweat, tears, or vomitus, unless the fluid in question contains visible amounts of blood;

(2) human bites or scratches, unless there is direct blood to blood or blood to mucous membrane contact;

(3) any exposure that would otherwise constitute a significant exposure, if the person exposed already has HIV infection.

(Effective April 2, 1991)

## 19a-589-2. Testing and disclosure without consent

HIV related testing without the consent of the test subject, or disclosure of confidential HIV-related information without obtaining a release from the protected individual, is permitted in cases where a health care provider or other person in the course of his or her occupational duties has had a significant exposure, provided that all of the criteria set forth in section 19a-582 (e) (5) (A) through (e) (5) (I) or section 19a-583 (a) (7) (A) through (7) (F) of the general statutes are met.
(Effective April 2, 1991.)

## 19a-589-3. Records maintained for occupational exposures

(a) A health facility, correctional facility, other institution, or physician shall maintain records concerning each review of a request for testing or disclosure made pursuant to these regulations. Such records shall include sufficient documentation to establish whether the criteria for the occupational exposure exception specified in section 19a-582 (e) (5) (A) through (e) (5) (I) or section 19a-583 (a) (7) (A) through (a) (7) (F) of the general statutes and the requirements of these regulations have been satisfied, including (where appropriate):
- (1) an incident report completed by the worker within forty-eight (48) hours of the exposure identifying the parties to the exposure, witnesses, time, place and nature of the event
- (2) documentation that the worker obtained a baseline HIV test within seventy-two (72) hours of the exposure and was negative on such test
- (3) a statement that the person who was the source of the exposure refused to consent to testing or disclosure, or is deceased;
- (4) a statement of the exposure evaluation group's or physician's reasons for determining that a significant exposure has occurred and;
- (5) a statement that if results are known the worker would be able to take meaningful immediate action as defined in subsection 19a-589-1 (J) of these regulations which could not otherwise be taken.

(b) These records shall be maintained separately from the person's medical record or any other records maintained by the health facility, correctional facility, other institution, or physician concerning that person.
- (1) Such records shall be securely maintained.
- (2) Access to these records shall be limited to the physician or to persons designated by the director or chief administrator of the health facility, correctional facility, other institution, or physician.
- (3) Such records shall be maintained for a length of time in accordance with federal and state law.

(c) The laboratory performing the HIV-related test shall maintain records of any test result obtained pursuant to these regulations to the extent required by federal and/or state law.

(d) When the person's physician obtains voluntary consent to testing after an occupational exposure, or when involuntary testing is authorized, as provided in section 19a-581 (e) (5) (D) of the general statutes, no record of the existence or results of the HIV-related test will appear in the person's medical or other records unless the test result is relevant to the medical care the person is receiving at that time, or the person makes a specific written request that the test result be recorded.
- (1) If the person consents to testing, they shall be told during the informed consent discussion that the test result may be recorded in their medical record if it is relevant to the medical care they are receiving at that time or if they make a specific written request that the result be recorded
- (2) If the person has refused to consent to testing but involuntary testing as provided in section 19a-582 (e) (5) of the general statutes is authorized, at the time the person is offered their test result and provided with counseling as required by subsections (d) and (e) (5) (H) of said section, the person shall be informed that their test result may be recorded in

their medical record if it is relevant to the medical care they are receiving at that time or if they make a specific written request that the test result be recorded.

(3) If the result is recorded because it is relevant to the medical care the person is receiving at that time, the physician's reasons for determining that the test result is relevant shall be documented.

(4) Test results shall not be recorded in a person's medical record for the purpose of enabling health care providers or other persons to avoid contact with, or take special precautions when coming into contact with that person.

(Effective April 2, 1991.)

# Medical Education Requirements

## 20-10-1. Definitions

As used in Sections 20-10-1 through 20-10-3, inclusive:

(a) "Accredited hospital" means a hospital accredited by the Joint Commission on Accreditation of Hospitals.

(b) "Department" means the Department of Health Services.

(c) "Liaison Committee on Medical Education" means the Liaison Committee on Medical Education of the Association of American Medical Colleges and of the Council on Medical Education of the American Medical Association.

(d) "Month," as used in subsection (b) of section 20-10-3 of these regulations, means a minimum of 30 days. No more than one month of attendance can be credited within any 30-day calendar period.

(e) "Recognized regional accrediting body" means one of the following regional accrediting bodies: New England Association of Schools and Colleges; Middle States Association of Colleges and Schools; North Central Association of Colleges and Schools; Northwest Association of Schools and Colleges; Southern Association of Colleges and Schools; and Western Association of Schools and Colleges.

(f) "Week," as used in subsection (b) of section 20-10-3 of these regulations, means a minimum of 30 hours of supervised clinical instruction. No more than one week of supervised clinical instruction can be credited within any 7-day calendar period.

(Effective April 20, 1990.)

## 20-10-2. Medical education in the United States, its territories, or Canada

(a) An applicant graduating from a medical school located in the United States, its territories, or Canada shall be a graduate of a school which held accreditation by the Liaison Committee on Medical Education throughout the period of his attendance.

(b) An applicant attending, but not graduating from, a medical school located in the United States, its territories, or Canada shall attend a school which held accreditation by the Liaison Committee on Medical Education throughout the period of his attendance, in order to receive advanced standing credit for coursework successfully completed at such school.

(Effective April 20, 1990.)

## 20-10-3. Medical education outside the United States, its territories, or Canada

(a) An applicant graduating from a medical school located outside the United States, its territories, or Canada shall be deemed to have satisfied educational requirements for licensure, pursuant to subsection (1) (B) of section 20-10 of the Connecticut General Statutes, provided he is a graduate of a school which was listed in the World Directory of Medical Schools: 1970, published by the World Health Organization, Geneva, Switzerland, 1973.

(b) An applicant graduating from a medical school located outside the United States, its territories, or Canada which was not listed in the World Directory of Medical Schools: 1970 shall be deemed to have satisfied educational requirements for licensure, pursuant to subsection (1)(B) of section 20-10 of the Connecticut General Statutes, provided he demonstrates, to the satisfaction of the Department, successful completion of a program of education satisfying all requirements of this subsection. Documentation, satisfactory to the Department, of the program of education shall be the responsibility of the applicant.

(1) The applicant shall have successfully completed a minimum of 2 years of post-secondary study prior to enrollment in the medical education program.

(A) Such study shall consist of a minimum of 60 semester units, or its equivalent, of post-secondary coursework successfully completed.

(B) Such study shall include post-secondary coursework in the following areas: biology; inorganic chemistry; organic chemistry; and physics.

(C) Post-secondary education shall, if undertaken in the United States or its territories, be done in an institution of post-secondary education accredited by a recognized regional accrediting body.

(D) Post-secondary education shall, if undertaken outside the United States or its territories, be done in an institution of post-secondary education legally chartered to grant post-secondary degrees in the country in which located, and shall be demonstrated to provide the equivalent of 60 semester units granted by an institution of post- secondary education accredited by a recognized regional accrediting body in the United States.

(2) The applicant's medical education shall be earned in a school that is fully licensed and approved, by the appropriate regulatory body of the jurisdiction in which it is located, to award the degree of doctor of medicine or its equivalent.

(3) The applicant shall have completed, prior to his graduation, a program of medical education deemed by the Department to be equivalent to that provided by medical schools accredited by the Liaison Committee on Medical Education. Equivalency shall be demonstrated by:

(A) Successful completion of a medical curriculum of not less than 32 months, or its equivalent, of full-time classroom and supervised clinical instruction;

(B) Successful completion of basic science coursework including, but not limited to the following disciplines: anatomy; biochemistry; microbiology; pathology; pharmacology; physiology; and behavioral sciences, which coursework shall be completed while physically attending the medical school and studying in residence in the jurisdiction in which the medical school is located; and

(C) Following completion of basic science coursework, successful completion of not less than 72 weeks, or its equivalent, of full-time supervised clinical coursework during which the applicant participated in hands-on direct patient care, of which not less than 36 weeks of full- time supervised clinical coursework shall be in the core clinical disciplines of medicine, surgery, obstetrics and gynecology, pediatrics and psychiatry. The minimum length of full-time supervised clinical coursework successfully completed in each of the core clinical disciplines shall be as follows: medicine, 8 weeks; surgery, 8 weeks; obstetrics and gynecology, 6 weeks; pediatrics, 6 weeks; and psychiatry, 4 weeks. Clinical coursework in subspecialty areas shall not be credited to satisfy the minimum lengths of coursework in the specified core clinical disciplines.

(4) The applicant shall have completed all clinical coursework in a hospital or hospitals which, at the time of the applicant's coursework, satisfied at least one of the following requirements:

(A) the hospital:

(i) was an accredited hospital serving as a primary teaching hospital of a medical school located in the United States, its territories, Canada, or England, which school held accreditation by the Liaison Committee on Medical Education or was recognized by the Educational Committee of the General Medical Council for the United Kingdom;

(ii) documented and evaluated the applicant's performance in writing as a basis for academic credit by the medical school; and

(iii) has certified to the Department, based on records contemporaneous with the applicant's coursework, that both the scope and content of the applicant's coursework and the applicant's performance were equivalent to those required of students of medical schools accredited by the Liaison Committee

on Medical Education or recognized by the Educational Committee of the General Medical Council for the United Kingdom; or

(B) the hospital:

(i) was an accredited hospital providing a residency training program in the clinical area of the applicant's coursework, which program was accredited by either the Accreditation Council on Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, or the Joint Committees on Higher Medical Training and Higher Surgical Training of the United Kingdom;

(ii) documented and evaluated the applicant's performance in writing as a basis for academic credit by the medical school; and

(iii) has certified to the Department that, based on records contemporaneous with the applicant's coursework, both the scope and content of the applicant's coursework and the applicant's performance were equivalent to those required of students of medical schools accredited by the Liaison Committee on Medical Education or recognized by the Educational Committee of the General Medical Council for the United Kingdom; or

(C) the hospital was the primary affiliated teaching hospital of the medical school attended by the applicant, located in the same country as the medical school attended, and staffed by full-time faculty of the medical school attended.

(5) If the applicant has undertaken supervised clinical coursework in the United States or its territories, all such course work shall have been completed in accordance with all statutes and regulations governing the approval and conduct of such coursework in the jurisdiction in which the coursework was completed.

(6) Supervised clinical training, provided in a Fifth Pathway program by a medical school accredited by the Liaison Committee on Medical Education, shall be credited towards the requirements of supervised clinical coursework specified in subsection (b)(3)(C) of this section.

(7) If the applicant has undertaken medical studies at more than one medical school he:

(A) shall have attended a school which satisfies the requirements of this section, in order to have received advanced standing credit for any course-work successfully completed at such school; and

(B) shall have attended the medical school granting the degree of doctor of medicine or its equivalent for a minimum of two full-time academic years or 16 months of full-time instruction prior to graduation.

(8) If an applicant has graduated with the degree of doctor of medicine or its equivalent from a medical school located outside the United States, its territories, or Canada, and fails to document the successful completion of the post-secondary study requirements of subsection (b)(1) of this section, the applicant shall be deemed to have satisfied educational requirements of this subsection, provided that he demonstrates, to the satisfaction of the department, that he has:

(A) successfully completed an integrated program of pre-medical and medical education encompassing a minimum of five full-time academic years or forty months of full-time classroom and supervised clinical instruction; or

(B) successfully completed not less than 36 months of full-time progressive postgraduate medical education within a single specialty area recognized by the Accreditation Council on Graduate Medical Education in a program that is either accredited by the Accreditation Council on

Graduate Medical Education or deemed equivalent to such program by the department and the Connecticut medical examining board; or

(C) been certified by a specialty board approved by the American Board of Medical Specialties.

(9) If an applicant has graduated with the degree of doctor of medicine or its equivalent from a medical school located outside the United States, its territories, or Canada, and fails to document the successful completion of the basic science coursework requirements of subparagraph (b)(3)(B) of this section, the applicant shall be deemed to have satisfied educational requirements of this subsection, provided that he demonstrates, to the satisfaction of the department, that he has:

(A) successfully completed an integrated program of pre-medical and medical education encompassing a minimum of five full-time academic years or forty months of full-time classroom and supervised clinical instruction; or

(B) successfully completed not less than 36 months of full-time progressive postgraduate medical education within a single specialty area recognized by the Accreditation Council on Graduate Medical Education in a program that is either accredited by the Accreditation Council on Graduate Medical Education or deemed equivalent to such program by the department and the Connecticut medical examining board; or

(C) been certified by a specialty board approved by the American Board of Medical Specialties.

(10) If an applicant has graduated with the degree of doctor of medicine or its equivalent from a medical school located outside the United States, its territories, or Canada, and fails to document the successful completion of the clinical coursework requirements of subsections (b)(3), (b)(4), or (b)(7) of this section, the applicant shall be deemed to have satisfied educational requirements of this subsection, provided that he has successfully completed not less than 36 months of full-time progressive postgraduate medical education within a single specialty area recognized by the Accreditation Council on Graduate Medical Education in a program that is either accredited by the American Council on Graduate Medical Education or deemed equivalent to such program by the Department and the Connecticut Medical Examining Board, or has been certified by a specialty board approved by the American Board of Medical Specialties.

(Effective April 20, 1990; Amended effective March 31, 1992; Amended effective January 17, 1996)

## 20-10-4. Definitions

For the purposes of sections 20-10-4 to 20-10-6, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Applicant" means a person seeking physician licensure pursuant to Chapter 370 of the Connecticut General Statutes.

(2) "Department" means the Department of Public Health.

(3) "Senior physician executive" means a sponsoring department chair, training program director or medical staff officer in the United States.

(Effective November 29, 1999.)

## 20-10-5. Equivalent training program

An applicant may be deemed to have completed an equivalent program, pursuant to subdivision (2) of section 20-10 of the Connecticut General Statutes, provided he has had no lapse greater than six consecutive months of active clinical practice during the twenty-four months immediately preceding the submission of his application to the department and satisfies one of the following criteria:

(1) Holds current certification by a specialty board approved by the American Board of Medical Specialties or has been admitted for the certification examination by such board;

(2) Holds current certification by a foreign specialty board accepted as meeting the education and training requirements for certification examination by a board approved by the American Board of Medical Specialties; or
(3) Has successfully completed, at a level greater than the second post graduate year, one year of an Accreditation Council for Graduate Medical Education accredited residency or fellowship training program.
(Effective November 29, 1999.)

## 20-10-6. Individual review

An applicant who does not satisfy the criteria of section 20-10-5 of the Regulations of Connecticut State Agencies may petition the department for an individual review of his credentials. Such petition shall be supported by evidence of education and training and a letter of reference from a senior physician executive. If deemed appropriate by the department, the request will be presented for review before the Connecticut Medical Examining Board.
(Effective November 29, 1999.)

# Reporting and Investigation of Complaints Against Physicians

## 20-13d-1. Reporting and investigation of complaints against physicians

Reporting disciplinary actions taken against physicians
(a) The Department of Public Health shall post a summary of disciplinary actions taken by the Connecticut Medical Examining Board on the Board's web page within five business days of the Board's monthly meeting.
(b) The summary posted to the Board's web page in accordance with subsection (a) of this section shall note specifically any disciplinary actions that are stayed pursuant to section 4-183(f) of the Connecticut General Statutes while an appeal is pending.
(Effective September 28, 1985; Amended effective September 1, 2006.)

# Continuing Education for Chiropractors

## 20-32b-1. Definitions

For the purpose of sections 20-32b-1 through 20-32b-7 of the Regulations of Connecticut State Agencies, the following definitions apply:

(1) "Active practice" means the treatment in Connecticut of one or more patients by a licensee during any given registration period.

(2) "Certificate of completion" means a document issued to a participant by a provider which certifies that said participant has successfully completed a continuing education activity. Such certificate shall include:
- (A) participant's name;
- (B) provider's name;
- (C) title or subject area of the activity;
- (D) date and location of attendance; and
- (E) number of contact hours completed.

(3) "Self-assessment program" means a comprehensive, complex, interactive self-study, primary-care, patient-centered evaluation covering each of the following areas:
- (A) differential diagnosis;
- (B) treatment programs;
- (C) risk management; and
- (D) cost effective managed care.

(4) "Contact hour" means a minimum of fifty minutes of continuing education activity.

(5) "Continuing education monitoring period" means a period beginning in an odd-numbered year and consisting of two consecutive registration periods.

(6) "Department" means the Department of Public Health.

(7) "Face-to-face instruction" means in-person, live instruction which a participant physically attends, either individually or as part of a group of participants.

(8) "Licensee" means a chiropractor licensed pursuant to Section 20-27 of the Connecticut General Statutes.

(9) "License renewal due date" means the last day of the month of the licensee's date of birth.

(10) "Participant" means a licensee who successfully completes a continuing education activity.

(11) "Provider" means the individual, organization, educational institution or other entity conducting the continuing education activity.

(12) "Registration period" means the one-year period during which a license which has been renewed in accordance with Section 19a-88 of the Connecticut General Statutes, is current and valid and which one year period terminates on the license renewal due date.

(Effective April 29, 1997.)

## 20-32b-2. Number of credits required

(a) Each licensee shall complete a minimum of forty-eight credit hours of continuing education during each continuing education monitoring period.

(b) A licensee shall not carry over continuing education credit hours to a subsequent continuing education monitoring period.

(Effective April 29, 1997.)

## 20-32b-3. Basic requirements for continuing education programs

Continuing education activities shall meet the following requirements:

(a) the activity involves face-to-face instruction or a self- assessment program;

(b) the provider implements a mechanism to monitor and document attendance at face-to-face instruction or, in the case of a self- assessment program, the provider implements a mechanism to document completion of such program;

(c) the provider retains written records for three years from the participant's actual successful completion of the activity, including but not necessarily limited to:
  (1) content description;
  (2) instructor;
  (3) date of course;
  (4) location of course;
  (5) list of participants; and
  (6) number of contact hours;
(d) the provider implements a mechanism to evaluate participants' attainment of educational objectives and to provide for participants' assessment of the educational activity;
(e) the provider issues a certificate of completion after the participant's actual successful completion of the activity; and
(f) the activity focuses on content specified in section 20-32b-4 of the Regulations of Connecticut State Agencies.
(Effective April 29, 1997.)

## 20-32b-4. Qualifying programs

(a) Content. To qualify for award hours in accordance with subsection (b) of this section, continuing education programs shall concentrate on one or more of the topics in subsection (1) of Section 20-24 and Section 20-28 of the Connecticut General Statutes. Self-assessment programs shall be offered or sponsored by a college of chiropractic accredited by the Council of Chiropractic Education or a provider of continuing medical education approved or accredited by the Accreditation Council for Continuing Medical Education.
(b) Award of credit hours
  (1) Continuing education credit hours shall be awarded as follows:
    (A) courses, institutes, seminars, programs, clinics, and scientific meetings: one credit hour for each contact hour of attendance;
    (B) first presentation by licensee of an original paper, essay, or formal lecture in chiropractic to a recognized group of fellow professionals at a scientific meeting: two credit hours for the first presentation of the material in any two year period;
    (C) original scientific paper published by licensee in a scientific professional journal that accepts papers only on the basis of independent review by experts: six credit hours for the first publication only of the material; and
    (D) self-assessment programs: one credit hour for each contact hour of time spent completing the self-assessment program. Self-assessment programs may include distance learning and internet-based educational programs.
  (2) Eight credit hours shall be the maximum continuing education credit hours granted for any one day's participation in the activities specified in subsection (b)(1) of this section.
  (3) The licensee shall successfully complete a continuing education activity for award of any continuing education credit hour.
  (4) Activities that do not qualify for award of credit hours include:
    (A) professional organization business meetings;
    (B) speeches delivered at luncheons or banquets;
    (C) reading of books, articles, or professional journals; and
    (D) with the exception of self-assessment programs that meet the requirements specified in Section 20-32b-3 of the Regulations of Connecticut State Agencies, home study courses, correspondence courses, audio-visual materials, and other mechanisms of self-instruction.

(Added effective April 29, 1997; amended effective October 6, 2004, amended December 5, 2005.)

## 20-32b-5. Record retention by licensees

(a) Each licensee shall obtain a certificate of completion from the provider for each continuing education activity successfully completed. Each licensee shall maintain, for continuing education activities specified in (B), (C) and (D) in subdivision (1) of subsection (b) of section 20-32b-4 of the Regulations of Connecticut State Agencies, written documentation of completion. The licensee shall retain certificates of completion if issued or, if not, other written evidence of completion for a minimum of three years after the end of the continuing education monitoring period during which the licensee successfully completed the activity.

(b) The Department may inspect such licensee records as it deems necessary. The licensee shall submit certificates of completion if applicable or other written evidence of completion to the Department only upon the Department's request. The licensee shall submit such records to the Department within forty-five days of the Department's request.

(c) A licensee who fails to comply with the requirements of sections 20-32b-1 through 20-32b-6 of the Regulations of Connecticut State Agencies may be subject to disciplinary action, pursuant to Section 20-29 of the Connecticut General Statutes, or a non-renewal of his or her license.

(Effective April 29, 1997.)

## 20-32b-6. Waiver of the continuing education requirement for good cause

(a) A licensee who is not engaged in any active practice during a given continuing education monitoring period shall be exempt from continuing education requirements on submission, prior to the expiration of the continuing education monitoring period, of a notarized application on a form provided by the Department. The application shall contain the statement that the licensee shall not engage in active practice until the licensee has shown proof of completion of requirements specified in section 20-32b-2 through Section 20-32b-5 of the Regulations of the Connecticut State Agencies.

(b) A licensee applying for license renewal for the first time is exempt from continuing education requirements.

(Effective April 29, 1997.)

## 20-32b-7. Requirements for return to active practice following exemption from continuing education requirements

A licensee who has been exempt, pursuant to subsection (a) of section 20-32b-6 of the Regulations of Connecticut State Agencies, shall submit to the department evidence of successful completion of twenty-four credit hours of continuing education within six months after returning to active practice.

(Effective April 29, 1997.)

## Permits to Physicians to Serve as Interns or Residents in Hospitals in this State for the Purpose of Extending Their Education

### 20-44-1. Educational permits for physicians ineligible for license.

Physicians ineligible for licensure to practice medicine in the state of Connecticut, for lack of residence or citizenship requirements, or because they are graduates of foreign medical schools not accredited in this state, seeking permits to serve as interns or residents in Connecticut hospitals for the purpose of extending their education, shall complete the following application in all of its details and submit it to the hospitals for its endorsement, and shall file the same together with a ten dollar fee, to the Connecticut medical examining board.

APPLICATION FOR EDUCATIONAL PERMIT

I hereby make application for a [ ] first [ ] renewal permit to serve as an intern or resident in an approved hospital in the State of Connecticut for the purpose of extending my medical education as provided in section 20-44 of the General Statutes of Connecticut for a period of one year from_____to_____.
date date

Name_____
Last First Middle

Place of Birth_____Date of Birth_____

Present Address_____

I obtained my medical education at the following institution(s):

Name in full and location of institution(s) Month Year to Month Year

_____

_____

_____

_____

I received a degree of _____from_____

_____in _____(month) 19____

Subsequent training and hospital service_____

_____

I am a citizen of _____and entered the United States (or intend to enter the
country

United States) on or about_____
date

on a student; visitor; or permanent (underline which) visa on Passport No. _____

issued by _____ and expect to remain in the United States
name of country

_____ months. It is my intent to accept an appointment as intern (or resident) in the

_____Hospital
name of hospital

located in _____Connecticut.

If the Educational Permit applied for is issued to me I accept it with full understanding that it is not a registration to practice medicine and surgery in the State of Connecticut and will not lead to such registration at a later date unless all requirements of Connecticut Statutes relating to registration to practice medicine and surgery are met.

Signature _____

Date _____

STATEMENT OF HOSPITAL

I _____acting in behalf of the
_____
name of hospital
certify to the identity of the signer of the above application and that Dr. _____
_____ for the applicant herein, has been appointed an intern or
resident) in this hospital for the period _____ to _____
(if a resident, state to which service the applicant is appointed._____).

Signed _____
Official title _____
Date_____

## 20-44-2. Term of permit.

Permits shall be for the term of one year from date of issuance and may be renewed at the board's discretion for an additional year in the original or another hospital in Connecticut upon reapplication by the physician.

## 20-44-3. Cancellation or revocation.

Permits shall be subject to cancellation or revocation (a) if the physician holding the permit is separated from the hospital where he is serving for any cause; (b) if in the opinion of the hospital he is not competent because of lack of education and training; (c) if the physician is guilty of unprofessional conduct or misconduct.

## Board of Examiners for Physical Therapists

### 20-68-16. Physical therapist licensing fees. [Repealed]

(Effective June 28, 1985, repealed effective August 3, 2006)

## Continued Competency Requirements for Biennial License Renewal by Occupational Therapists and Occupational Therapy Assistants

### 20-74i-1. Definitions

For the purpose of these regulations, the following definitions shall apply.

(a) "Department" means the Department of Health Services.

(b) "Licensee" means an occupational therapist or occupational therapy assistant licensed pursuant to Connecticut General Statutes, Chapter 376a.

(c) "License renewal due date" means the last day of the month of July during an odd-numbered year in which licenses expire.

(d) "Registration period" means the two-year period during which a license which has been renewed in accordance with Connecticut General Statutes, Section 20-74h, is current and valid and which two-year period terminates on the license renewal due date.

(e) "Active practice" means the treatment in Connecticut of one or more patients by a licensee during any given registration period.

(f) "Provider" means an individual health care provider or educator, organization, educational institution or other entity conducting a continued competency activity. Providers shall include but not necessarily be limited to: educational institutions accredited by the American Occupational Therapy Association; the American Occupational Therapy Association and its constituent organizations; and the Veterans Administration and Armed Forces when conducting programs at United States governmental facilities.

(g) "Participant" means a licensee who completes a continued competency activity.

(h) "Contact hour" means a minimum of 50 minutes of continued competency activity.

(i) "Certificate of completion" means a document issued to a participant by a provider which certifies that said participant has successfully completed a continued competency activity.

(Effective August 22, 1988)

### 20-74i-2. Number of continued competency units required

(a) Each licensee applying for license renewal in and after 1991 shall have completed a minimum of 12 units of qualifying continued competency activity for occupational therapists, or a minimum of 9 units of qualifying continued competency activity for occupational therapy assistants, during the preceding registration period. Each licensee applying for licensure renewal in 1989 shall have completed a minimum of 6 units of qualifying continued competency activity for occupational therapists, and a minimum of 4 units of qualifying continued competency activity for occupational therapy assistants, during the period from June 1, 1988, through July 31, 1989.

(b) Continued competency completed in one registration period shall not be allowed to carry-over to a subsequent registration period.

(Effective August 22, 1988)

### 20-74i-3. Award of continued competency units

(a) Continued competency units shall be awarded as follows:

(1) 1 continued competency unit for each two contact hours of participation shall be awarded for academic courses, institutes, seminars, programs, structured didactic inservice training and scientific meetings directly related to the practice of occupational therapy.

(2) 1 continued competency unit per academic credit of coursework taught, to a maximum of 6 continued competency units per registration period, shall be awarded for faculty appointment at a school of occupational therapy accredited by the American Occupational Therapy Association.

(3) 12 continued competency units per registration period shall be awarded for full-time post-graduate attendance throughout the registration period in an advanced educational program accredited by the American Occupational Therapy Association.

(4) 6 continued competency units shall be awarded, in registration period in which completed, for successful completion of the Certification Examination for Occupational Therapist, Registered, or the Certification Examination for Certified Occupational Therapy Assistant, if taken five years or more after graduation.

(5) 2 continued competency units shall be awarded, for the first presentation only, for original presentation by licensee of a paper, essay or formal lecture in occupational therapy to a recognized group of fellow professionals at an educational meeting.

(6) 2 continued competency units shall be awarded, for the first presentation only, for original presentation of a scientific or educational exhibit at a professional meeting.

(7) 4 continued competency units shall be awarded, for the first publication only, of original scientific paper of at least 1000 words published by licensee in a juried scientific professional journal.

(8) 12 continued competency units for a book or 6 continued competency units for a chapter shall be awarded, for the first publication only, for authorship of original work in occupational therapy, published in the scientific or professional press.

(9) 4 continued competency units shall be awarded, for the registration period in which funded, for preparation of an original grant proposal for research in or advancement of the practice of occupational therapy which is awarded funding by State, Federal, or institutional grantor.

(10) 1 continued competency unit for each 50 documented hours of clinical activities in a research project shall be awarded for appointment as a research assistant to a research project in occupational therapy which is funded by State, Federal or institutional grant.

(11) 1 continued competency unit for assisting in a course awarding 3 academic credits, to a maximum of 4 continued competency units per registration period, shall be awarded for appointment as a teaching assistant at a school of occupational therapy accredited by the American Occupational Therapy Association.

(12) 1 continued competency unit per 4 weeks of supervision, to a maximum of 6 continued competency units per registration period, shall be awarded for supervision as the primary direct clinical supervisor of a 12-week field work placement for an occupational therapy student or an 8-week field work placement for an occupational therapy assistant student enrolled in a program accredited by the American Occupational Therapy Association.

(13) 4 continued competency units shall be awarded, for the first report only, for original design of new equipment for occupational therapy, reported in a scientific meeting or juried scientific professional journal.

(b) Four continued competency units shall be the maximum granted for any one calendar day of participation in one or more of the foregoing activities.

(c) Successful completion of an entire continued competency activity shall be required for award of any continued competency units.

(d) Activities which will not qualify for award of continued competency units include: professional organizational business meetings; speeches delivered at luncheons or banquets; reading of books, articles, or professional journals; home study courses, correspondence courses, and other mechanisms of self-instruction; and audio-visual

materials, except when the latter is used as a component of a qualifying continued competency activity identified in subsection (a) of this section.
(Effective August 22, 1988)

## 20-74i-4. Criteria for qualifying continued competency activities

Continued competency activities identified in subsection (a) (1) of Section 3 of these regulations shall qualify to satisfy the requirements of these regulations, provided:

(a) the activity involves face-to-face instruction;

(b) the provider implements a mechanism to monitor and document physical attendance at such face-to-face instruction;

(c) the provider retains written records for a period of three years including but not limited to: content description; instructor; date(s) of activity; location of activity; list of participants; and number of contact hours;

(d) the provider implements a mechanism to evaluate participants' attainment of competency objectives and/or participants' assessment of the competency activity;

(e) the provider issues a certificate of completion; such certificate shall not be issued by the provider prior to actual completion of the activity; such certificate shall include: participants' name; provider's name; title or subject area of the activity; date(s) and location of attendance; and number of contact hours completed;

(f) the activity focuses on content specified in Section 5 of these regulations.
(Effective August 22, 1988)

## 20-74i-5. Content areas for qualifying continued competency activities

(a) Subject matter for qualifying continued competency activities shall reflect the professional needs of the licensee in order to meet the health care needs of the public. Only those continued competency activities which provide significant theoretical and/or practical content directly related to the clinical practice of occupational therapy or the development, administration, and supervision of clinical practice or service delivery programs by occupational therapists shall qualify to meet the requirements of these regulations.

(b) Activities shall not qualify which provide content related to organization and design of occupational therapy treatment facilities; practice development, business management, or marketing; investments or financial management; personnel management; personal health or development; and similar topics of professional concern.
(Effective August 22, 1988)

## 20-74i-6. Record retention by licensees

(a) Each licensee shall obtain a certificate of completion, for those activities properly completed, from the provider of continued competency activities. Each licensee shall maintain, for continued competency activities Specified in subsection (a) (3) through (a) (11) of Section 3 of these regulations, written documentation of completion. Certificates of completion and other required documentation shall be retained by the licensee for a minimum of three years following the license renewal due date for which the activity satisfies license renewal requirements.

(b) The Department shall audit such licensee records as it deems necessary. Certificates of completion and other required documentation shall be submitted by the licensee to the Department only upon the Department's request. Such records shall be submitted to the Department by the licensee within 45 days of the Department's request for an audit. It shall not be necessary for the licensee to submit such documentation in order to renew the license.

(c) A licensee who fails to comply with the continued competency requirements of these regulations may be subject to disciplinary action, pursuant to Connecticut General Statutes, Section 20-74g and Section 4-177.
(Effective August 22, 1988)

## 20-74i-7. Exemption from continued competency requirements

(a) Individuals applying for initial licensure in Connecticut and licensees applying for the first renewal of the license in Connecticut shall be exempt from continued competency requirements.
(Effective August 22, 1988)

## 20-74i-8. Reinstatement of lapsed licenses

Any licensee whose license has been void and who applies to the Department for reinstatement shall be required to submit certificates of completion documenting completion of continued competency activities as specified below:

(a) if the license has been void for two years or less, a minimum of 12 units of qualifying continued competency activity during the two-year period immediately preceding the application for reinstatement;

(b) if the license has been void for more than two years, a minimum of 24 units of qualifying continued competency activity during the four-year period immediately preceding the application for reinstatement.
(Effective August 22, 1988)

# Certification and Licensure Standards for Alcohol and Drug Counselors

## 20-74s-1. Work experience or internship

(a) Work experience or internship required under section 20-74s(e)(2) of the Connecticut General Statutes shall constitute approved experience for Connecticut certification when all of the criteria specified below are satisfied:

(1) The work experience or internship shall entail: (A) working directly with persons who have been assessed or diagnosed as having an alcohol or other drug abuse dependency; and (B) providing specific counseling interventions that are directed toward the amelioration of a substance use disorder and that are identified in a treatment plan.

(2) The work experience or internship shall be specifically related to the knowledge and skills necessary to perform all of the following core counseling functions: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, report and record keeping, and consultation.

(3) The work experience or internship shall be no less than 6000 hours, except that a master's degree may be substituted for 2000 hours. Not less than 2000 of the required hours shall be in the core counseling functions specified in subdivision (2) of this subsection.

(4) The supervisor of the work experience or internship shall be (A) if in Connecticut, an alcohol and drug counselor licensed pursuant to section 20- 74s of the Connecticut General Statutes, or certified as a clinical supervisor by the Connecticut Certification Board, or if the experience or internship occurred in Connecticut prior to October 2, 1998, an individual deemed licensed pursuant to section 20-74s(l) of the Connecticut General Statutes; (B) if outside Connecticut, an alcohol and drug counselor licensed as such or as a person entitled to perform similar services under a different designation, in the state or jurisdiction in which the training is completed; or (C) a person licensed in the state in which the training is completed to practice medicine and surgery, psychology, marital and family therapy, clinical social work, professional counseling, advanced practice registered nursing, or registered nursing when acting within the scope of such license, who has completed 50 hours of specialized alcohol and drug counseling education in the areas of pharmacology, assessment and treatment planning, and treatment techniques, and has experience working directly with persons who have been assessed or diagnosed as having an alcohol or other drug abuse dependency.

(5) The 300 hours of practical training in alcohol and drug counseling required under section 20-74s(e)(1) of the Connecticut General Statutes, may be part of the work experience or internship and shall include at least ten hours of practical training in each of the core counseling functions specified in subdivision (2) of this subsection.

(b) Work experience required under section 20-74s(n)(1) of the Connecticut General Statutes shall constitute approved experience for Connecticut certification when all of the criteria specified below are satisfied:

(1) Full time employment shall consist of a minimum of 2,000 hours per year and part time employment shall be not less than 50% of full time employment. For individuals working in facilities that define full time employment at a level less than 2,000 hours per year, the Department may consider accepting such employment as equivalent to full time employment provided such employment consists of at least 1,350 hours per year.

(2) The supervisor of the experience shall be (A) if in Connecticut, an alcohol and drug counselor licensed pursuant to section 20-74s of the Connecticut General Statutes, or certified as a clinical supervisor by the Connecticut Certification

Board, or if the experience occurred in Connecticut prior to October 2, 1998, an individual deemed licensed pursuant to section 20-74s(l) of the Connecticut General Statutes; (B) if outside Connecticut, an alcohol and drug counselor licensed as such or as a person entitled to perform similar services under a different designation, in the state or jurisdiction in which the training is completed; or (C) a person licensed in the state in which the training is completed to practice medicine and surgery, psychology, marital and family therapy, clinical social work, professional counseling, advanced practice registered nursing or registered nursing when acting within the scope of such license, who has completed 50 hours of specialized alcohol and drug counseling education in the areas of pharmacology, assessment and treatment planning, and treatment techniques, and has experience working directly with persons who have been assessed or diagnosed as having alcohol or other drug abuse dependency.

(c) Individuals who are certified by a board that is a member of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse shall be deemed to have met the requirements of this section.
(Added effective February 3, 2000.)

## 20-74s-2. Education

(a) The attainment of a master's degree or higher advanced degree from an accredited institution of higher education, with a minimum of 18 graduate semester hours in counseling or counseling--related subjects, shall satisfy the requirement of attainment of a masters degree under section 20-74s(d) of the Connecticut General Statutes.

(b) Education as required under section 20-74s(e)(3) of the Connecticut General Statutes, shall conform to the following:

(1) Cover each of the core counseling functions as specified in section 20- 74s-1(a)(2);

(2) Of the 360 hours required, a minimum of 90 hours shall be in counseling theories and techniques. Up to 120 hours may be in areas that are not specific to alcohol and drug abuse, but shall be in the field of human behavior;

(3) Of the 240 hours pertaining to alcohol and drug abuse, 18 hours shall be in pharmacology, 30 hours shall be in assessment and treatment planning, 12 hours shall be in cross-cultural, special population and ethnically diverse groups, 12 hours shall be in ethics, and 6 hours shall be in Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome; and

(4) No more than 40 hours of in-service training may be credited toward satisfying the educational requirements.

(c) Individuals who are certified by a board that is a member of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse shall be deemed to have met the requirements of subsection (b) of this section.
(Added effective February 3, 2000.)

## 20-74s-3. Supervision

(a) The supervision required under section 20-74s(w) of the Connecticut General Statutes, shall be provided by an alcohol and drug counselor licensed or certified pursuant to section 20-74s of the Connecticut General Statutes, or a person licensed to practice medicine and surgery, psychology, marital and family therapy, clinical social work, professional counseling, advanced practice registered nursing, or registered nursing when acting within the scope of such license, who has completed 50 hours of specialized alcohol and drug counseling education in the areas of pharmacology, assessment and treatment planning, and treatment techniques, and has experience working directly with persons who have been assessed or diagnosed as having an alcohol or other drug abuse dependency.

(b) "Regular" on-site observation, as required under section 20-74s(a)(7) of the Connecticut General Statutes, means a minimum of one time per week.
(Added effective February 3, 2000.)

## Settings and Conditions for the Advanced Level Nursing Practice Activities of Advanced Practice Registered Nurses

### 20-87a-1. Settings in which advanced practice registered nurses may perform advanced level nursing practice activities [Repealed]

(Effective March 25, 1992. Repealed, effective December 4, 2002.)

### 20-87a-2. Directing physician [Repealed]

(Effective March 25, 1992. Repealed, effective December 4, 2002.)

### 20-87a-3. Patient relationship [Repealed]

(Effective March 25, 1992. Repealed, effective December 4, 2002.)

### 20-87a-4. Protocols [Repealed]

(Effective March 25, 1992. Repealed, effective December 4, 2002.)

### 20-87a-5. Periodic review [Repealed]

(Effective March 25, 1992. Repealed, effective December 4, 2002.)

### 20-87a-6. Prescription forms and use of professional titles [Repealed]

(Effective March 25, 1992. Repealed, effective December 4, 2002.)

## Nursing Education Programs and Licensure Requirements General

### 20-90-45. Definition of terms

As used in sections 20-90-45 to sections 20-90-56, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Academic Semester" means the semester length as established by policy by the parent institution;
(2) "Accreditation" means a level of quality achieved by educational programs and clinical facilities which have participated in voluntary evaluation by recognized agencies using predetermined criteria;
(3) "Administrator" means the registered nurse educator responsible for policies, contracts, curriculum, and overall administration of a nursing education program;
(4) "Admission with advanced standing" means academic credit for previous education or experience is given to a student;
(5) "Advanced degree in nursing" means a master's or doctoral degree in nursing;
(6) "Advanced levels of students" means students in the final year of study in a registered nursing education program;
(7) "Approval" means those nursing education programs and clinical facilities that are approved by the Board of Examiners for Nursing with the consent of the Commissioner;
(8) "Board" means the Connecticut Board of Examiners for Nursing;
(9) "Client" means the focus of nursing care, including individuals, families, groups, and communities;
(10) "Collaborative judgment" means shared decision making;
(11) "Commissioner" means the Commissioner of the Department of Public Health, or his or her designee;
(12) "Contact hour" means a fifty (50) or sixty (60) minute period of time spent by students in the presence of program faculty;
(13) "Data collection" means the process of collecting information, observing the client, recording, and reporting to the appropriate person signs, symptoms, and other pertinent data which may indicate that the client's condition deviates from normal or that there is a

change in the client's condition;

(14) "Direct client care experience" means student learning that involves the provision of primary nursing services to clients;

(15) "Educational outcomes" means behaviors demonstrated by the graduate of a registered nurse or practical nurse education program;

(16) "Laboratory experience" means student learning that involves the manipulation of concepts or materials within a controlled environment;

(17) "Licensing examination" means the examination for the licensure of registered nurses or practical nurses and shall be an examination approved by the board of examiners for nursing, with the consent of the department, such as an examination provided by the National Council of State' Boards of Nursing;

(18) "Major curriculum changes" means significant deviations in content or length from a currently approved education program;

(19) "Nursing education program" or "program" means a school of nursing;

(20) "Nursing process" is a problem-solving approach consisting of five sequential and interrelated phases: assessment, which involves the gathering of data related to a client's health needs; diagnosis, which involves the analysis of the data obtained; planning, which involves the design of nursing interventions to address client needs; implementation, which involves performing the interventions; and evaluation, which involves determining whether the diagnosis was accurate, the plan appropriate, and the interventions effective in addressing the client's needs;

(21) "Observational experience" means a structured student learning experience in which learners observe but do not provide direct client care services;

(22) "Parent institution" means the single agency or institution that administers the nursing education program in its entirety;

(23) "Precepted clinical experience" means student learning that involves the provision of primary nursing services to clients under the guidance and direction of a preceptor in collaboration with nursing education program faculty;

(24) "Preceptor" means a registered nurse who guides and directs students in the provision of nursing services to clients and who meets the requirements of section 20-90-51(f) of the Regulations of Connecticut State Agencies.

(25) "Requirements" means the minimum standards which nursing education programs must meet in order to be approved;

(26) "Simulated experience" means student learning that involves interaction with computer-generated or other lifelike models of clinical nursing situations;

(27) "Supervision" means the acceptance by a registered nurse educator of the responsibility and accountability for the health care delivered to clients by students under his or her onsite direction;

(28) "Therapeutic nursing measures" means those actions taken to implement the plan of care for a client;

(29) "Transfer" means a student with post-secondary coursework who seeks admission to a program; and

(30) "Unexpected resignation" means an unanticipated resignation effective within an academic year or after hiring of faculty for an academic year has been completed.

(Effective November 29, 1983; Amended January 6, 1992; December 30, 1994; May 4, 2004.)

## 20-90-46. Types of programs

(a) All programs that prepare the graduate for licensure by examination as a registered nurse shall be approved by the board with the consent of the commissioner. Only those programs within one of the following types of organizations are eligible for approval:

(1) College or university: A program conducted by an educational unit in nursing within the structure of a college or university approved pursuant to Section 10a-34 of the Connecticut General Statutes leading to an associate, baccalaureate or higher degree in nursing.

(2) Hospital: a program conducted by a hospital licensed pursuant to Chapter 368V of the Connecticut General Statutes leading to a diploma in nursing.
(3) External Degree Program in Nursing: A curriculum based on theory and clinical practice or assessment conducted by an educational unit in nursing leading to an associate, baccalaureate, or higher degree in nursing.

(b) All programs that prepare the graduate for licensure by examination as a Licensed practical nurse shall be approved by the board with the consent of the commissioner. Only those programs within one of the following types of organizations shall be eligible for approval:
(1) Vocational-Technical: A program conducted by the State Department of Education pursuant to Section 10-95 of the Connecticut General Statutes, in cooperation with affiliating health agencies, which prepares individuals for eligibility for licensure as practical nurses.
(2) Private school: A program conducted and operated by a person, board, organization, association or other entity, which prepares individuals for eligibility for licensure as practical nurses and meet the following requirements:
(A) Is approved by the State Commissioner of Higher Education as a private occupational school pursuant to Section 10a-22b of the Connecticut General Statutes; and
(B) Current accreditation by the Association of Independent Colleges and Schools or appropriate national accrediting association.
(3) College or university: A program conducted by an educational unit in nursing within the structure of a college or university approved pursuant to section 10a-34 of the Connecticut General Statutes preparing individuals for eligibility for licensure is a practical nurse.
(4) Hospital: a program conducted by a hospital licensed pursuant to Chapter 368V of the Connecticut General Statutes preparing individuals for eligibility for licensure as practical nurses.

(Effective November 29, 1983; Amended December 30, 1994; May 4, 2004.)

## 20-90-47. Program approval

Board approval, with the consent of the commissioner, shall be administered as follows:

(a) Initial approval:
(1) To be granted initial approval, the parent institution shall provide to the board:
(A) Written notice of intent to establish a program;
(B) A feasibility study for the planned program, which shall include discussion of at least the following:
(i) Applicant pool;
(ii) Graduate employment opportunities;
(iii) Educational and clinical facilities to be utilized;
(iv) Potential overlapping with other programs in the use of clinical facilities and the impact on both the proposed and existing programs;
(C) A timeline for employment of administration and nursing faculty. Initial hiring of the faculty shall be completed at least two (2) months prior to the proposed starting date. The administrator shall be actively employed at least six (6) months prior to the proposed starting date. The timeline shall also identify projected future staffing needs;
(D) A comprehensive plan for the development and implementation of the education program, including philosophy and educational outcomes, curricula, course outlines with plans for student evaluation, resource needs, timelines, and a systematic self-evaluation;
(E) Any other information that the board may reasonably request.
(2) Proposed programs significantly different from current approved programs shall provide detailed information relative to activities which provide the student with

opportunities to attain defined competencies and demonstrate in ongoing evaluations that students are meeting defined educational outcomes on schedule.

(3) The board shall:

(A) Upon receipt of all documents provided by the program, conduct a scheduled onsite visit to review the program;

(B) Upon determination that the documents and results of the onsite review were acceptable, extend initial approval to the program, with the consent of the commissioner.

(4) Pending satisfactory board review of the program's educational standards, such initial approval shall remain in effect until the results of the first licensing examination for program graduates are available. At that time the board will review the results and recommend either full approval, conditional approval, or program removal.

(b) Full approval:

(1) Full approval is granted by the board with the consent of the commissioner after the initial period of approval based on evidence that the program is meeting its educational outcomes as demonstrated by an acceptable level of graduates' performance, as defined in subdivision (2) of this subsection.

(2) An acceptable level of a program's graduates' performance shall be defined as:

(A) demonstrated mastery of nursing principles as evidenced by an average passing rate of at least 80% of students taking the licensing examination prescribed pursuant to Section 20-92 of the Connecticut General Statutes, upon their first attempt after graduation, as reported from May 1 to April 30; and

(B) demonstrated mastery of nursing practice as evidenced by an evaluation of graduates' achievement of the educational outcomes required by Section 20-90-53 or 20-90-56, as applicable, of the Regulations of Connecticut State Agencies, in a manner approved by the board.

(c) Conditional approval:

(1) Conditional approval may be granted for one year to a program previously having initial or full approval if:

(A) the graduates of the program fail to achieve the standards prescribed in subsection (B) of this section; or

(B) the program has initiated a major curriculum change pursuant to subsection (D) of this section; or

(C) conditions previously identified in violation of these regulations or the board's recommendations continue to be unresolved and pose a risk to public health or safety, as determined by the board.

(2) Special progress reports or onsite visits, or both, shall be required for programs with conditional approval, at the discretion of the board.

(3) The outcome of the board's subsequent review of special progress reports or onsite visits or both may be:

(A) return of the program to full approval; or

(B) placement of the program on an additional one year of conditional approval; or

(C) recommendation of program removal from the list of approved nursing education programs.

(d) Major curriculum changes:

(1) When a program proposes major curriculum changes, the administrator shall present a comprehensive plan to the board for approval with the consent of the commissioner prior to implementation. Plans shall include:

(A) rationale for the change;

(B) comparison of current versus proposed curriculum;

(C) explanation of the effects of the change on:

(i) currently enrolled students;

(ii) functions and role of graduates of the proposed program;
(D) timetable for implementation of the change; and
(E) plan for evaluation of the change.
(2) The previously approved curriculum must remain in effect until the proposed program is approved by the board.
(e) Periodically, the board shall review each nursing education program and shall conduct onsite visits to a program when it deems necessary.
(f) When a change of administration within a nursing education program is made, notice of the appointment of the new administrator shall be submitted to the board, accompanied by a summary of qualifications of the appointee. The board shall verify that the appointee meets the qualifications of Section 20-90-51(b) of the Regulations of Connecticut State Agencies.
(g) Program removal. The board, after a hearing, may remove a program from the list of approved programs, and the program must suspend the enrollment of students, when:
(1) The program has been on conditional approval for at least two years and has railed to correct the identified deficiencies which caused them to be placed on conditional approval;
(2) The board provides written notice of such hearing to the administrator of the program setting forth the particular reasons for the proposed action and fixing a late, not less than thirty days from the date of such written notice, at which time representatives of the program shall have an opportunity for a prompt and fair hearing;
(3) Upon completion of the hearing the board shall make a recommendation to the commissioner regarding what action should be taken regarding the program; and
(4) The commissioner approves the recommended action.
(h) Program closure. When a decision is made to close a nursing education program, the program shall notify the board and submit a written plan and timetable for termination. All requirements and standards for students shall be maintained until the last student is transferred or graduated from the program. The parent institution shall develop and implement a policy providing for the safe storage of vital program records, including transcripts of all graduates and of students who fail to graduate. The program shall notify the board of the person, by title, name and address, responsible for providing transcripts and references for students.
(Effective November 29, 1983; Amended January 6, 1992; May 4, 2004.)

## Education Standards – All Programs

## 20-90-48. Administration

(a) School organization
(1) The authority of and administrative responsibility for the nursing education program shall be vested in the program administrator, who is responsible to the controlling body of the program either directly or indirectly through administrative channels. Each nursing education program shall have its own administrator.
(2) There shall be faculty sufficient to meet the educational outcomes of the program, the learning needs of the students, and the safety of the recipients of Health Care Services.
(A) The overall faculty/student ratio shall be no less than one (1) clinical faculty member for every ten (10) students engaged in direct client care experiences.
(B) The preceptor to student ratio shall be no less than one (1) preceptor for every two (2) students. Preceptors shall work in collaboration with program faculty, who retain responsibility for student evaluation. The ratio of faculty to precepted students shall be no less than one (1) faculty member for every sixteen (16) students.

(C) Upon written request from the program director, the board may, within its discretion and after reviewing the merits of the request, provide a temporary exception from the mandated faculty/student ratio.

(3) There shall be clerical staff to meet the needs of the administration and instructional personnel.

(4) Planning, selecting, directing, and evaluating of student learning experiences shall be the responsibility of the faculty. Planning of the clinical experience, including consideration of the appropriate faculty to student ratio and use of preceptors for the specific settings being utilized, shall be done in cooperation with the administrator of nursing service or the appropriate nursing personnel of cooperating health care entities.

(b) Contractual agreements

(1) There shall be signed contractual agreements between the nursing education program and cooperating health care entities when the program and the entities are independent.

(2) Contracts shall be developed by the program and shall be reviewed annually by the cooperating health care entity. Contracts shall be renewed at least every third year.

(c) Philosophy and educational outcomes

The philosophy and educational outcomes of the nursing education program shall:

(1) Be developed by the nursing program administrator and faculty;

(2) Be consistent with philosophy and objectives of the parent institution;

(3) Describe the competencies of the graduate; and

(4) Provide the framework for the development, implementation and periodic evaluation of the program.

(d) Students

(1) There shall be written policies for admission, promotion and graduation of students which shall appear in at least one official publication of the program and which shall comply with applicable state and federal laws and regulations.

(2) The nursing education program shall be responsible for verifying the satisfactory completion of a secondary school educational program, or its equivalent, for each applicant before admission.

(3) Previous education shall be established by the program from transcripts obtained and kept on file. Graduation from an accredited or approved prior educational program shall be recorded.

(4) Readmission and transfer. The program shall establish and adhere to written policies for transfer and readmission. The program shall determine the remaining educational experiences necessary for the student to meet the educational outcomes of the nursing education program.

(5) Admission with advanced standing. Applicants with previous experience or courses of study relating to nursing may be admitted to a program preparing for registered nurse licensure or practical nurse licensure with advanced standing after an evaluation has been made by the nursing education program.

(6) There shall be written policies that are implemented for safeguarding the health and well being of the students which shall include, but not be limited to, provisions for counseling and guidance and admission physical examinations and which shall comply with applicable state and federal laws and regulations.

(Effective November 29, 1983; Amended January 6, 1992; May 4, 2004.)

## 20-90-49. Records

The nursing education program shall maintain a system of administrative records that shall include current course outlines and evaluation instruments, faculty personnel records, faculty meeting and committee meeting reports, student records, pertinent correspondence, pertinent reports, and official publications of the nursing education program.

(Effective November 29, 1983; Amended May 4, 2004.)

## 20-90-50. Facilities

(a) The parent institution responsible for the nursing education program shall provide facilities including: a library offering resources and services, office space, conference rooms, classrooms, and nursing laboratories sufficient to meet the needs of the program.

(b) Health care entities utilized by a nursing education program must provide the range of clinical nursing experiences appropriate to course objectives.

(Effective November 29, 1983; Amended May 4, 2004.)

# Registered Nursing Education

## 20-90-51. Nursing faculty

(a) The faculty and administrator must maintain an active R.N. licensure in Connecticut.

(b) Faculty Education and Experience

(1) Except as provided in subsection (c) of this section, the administrator of the program shall be a registered nurse and shall have an earned advanced degree in nursing, teaching experience in a program in nursing, and administrative experience.

(2) Except as provided in subsection (c) of this section, nurse faculty members in programs preparing registered nurses shall have earned advanced degrees in nursing and shall have appropriate nursing education or experience in their teaching area(s).

(3) Nurse faculty members in programs preparing practical nurses shall have earned baccalaureate and master's degrees, one of which shall be in nursing, and shall have appropriate nursing education or experience in their teaching area(s) except:

(A) faculty who meet the requirement in subsection (c) of this section; or

(B) faculty members who do not have an earned master's degree must complete a master's degree within four (4) years of hire, but shall hold a minimum of an earned baccalaureate degree in nursing upon hire and shall have three (3) years of clinical experience in nursing; and

(C) faculty members in nursing education programs requiring state teacher certification will have an additional two (2) years to complete the master's degree.

(c) Grandfathering

(1) Any faculty member or program administrator employed by a nursing education program approved by the board who was employed as such on the effective date of this section, shall be determined to have met the educational degree requirements in subsection (b) of this section provided such person holds the minimum of an earned master's degree.

(2) This provision shall apply even if the individual changes his or her place of employment provided that such individual remains employed in a faculty or administrative capacity in a nursing education program approved by the board.

(d) Temporary Waiver

(1) The board, in its discretion, may grant a temporary waiver of the educational requirements of subdivision (b)(2) or (b)(3) of this section to address emergency situations. Such waiver shall be granted for an individual up to a maximum of two years. Emergency situations include but are not limited to:

(A) the discharge or unexpected resignation of a faculty member;

(B) the death of a faculty member or extended illness of a faculty member that prevents the performance of teaching or clinical responsibilities;

(C) the inability to obtain faculty who satisfy the requirements of sections 20-90-45 to 20-90-56, inclusive, of the Regulations of Connecticut State Agencies, even after advertising for faculty qualified as provided in subsection (b) of this section.

(2) In evaluating an application for a temporary waiver requested by a nursing education program, the board may consider the following:

(A) Whether the program demonstrates an acceptable level of graduates' performance as defined in subsection 20-90-47(b) of the Regulations of Connecticut State Agencies; and

(B) Whether the faculty member to be hired possesses qualifications which include:

(i) competence and experience as a registered nurse in the clinical area in which the faculty member will be teaching;

(ii) a bachelor of science degree in nursing; and

(iii) matriculation in a master of science in nursing program.

(3) No waiver shall be granted unless at least 90% of full and part-time faculty members are in compliance with subsection (b), (c) or (e) of this section.

(4) A temporary waiver may be renewed if deemed appropriate by the board, based on consideration of the conditions in subdivisions (1), (2), and (3) of this subsection, except that no waiver shall be renewed unless the faculty member is matriculated in a master of science in nursing program.

(e) Permanent Waiver

(1) The board, in its discretion, may grant a permanent individual waiver of subsection (b)(2) of this section for faculty holding an advanced degree in a field other than nursing.

(2) In evaluating a request by a nursing education program for a permanent waiver, the board shall consider the appropriateness of the advanced degree for the particular course work the faculty member engages in.

(f) Preceptors used to guide and direct advanced levels of students in registered nursing education programs shall hold an active license as a registered nurse in Connecticut or in the state in which precepting occurs, a baccalaureate degree in nursing, and a minimum of two (2) years of experience in the role or specialty being experienced by the student.

(Effective September 19, 1986; Amended December 30, 1994; May 4, 2004.)

## 20-90-52. Curriculum

(a) The curriculum shall meet the requirements of the parent institution in which the Nursing Education Program is housed and the state requirements for eligibility of the graduate for admission to the registered nurse licensing examination prescribed pursuant to Section 20-92 of the Connecticut General Statutes.

(b) The curriculum shall integrate theory and clinical practice in a manner that shall cause the Nursing Education Program graduates to meet the educational outcomes for registered nursing described in Section 20-90-53 of the Regulations of Connecticut State Agencies.

(c) The minimum length of the nursing component of the program must be equivalent to four (4) fifteen (15) week academic semesters and contain a minimum of thirty-five (35) semester hours of credit in nursing. Fifty percent (50%) of contact hours shall be in supervised direct client care experiences, observational experiences and simulated experiences appropriate to the program's educational outcomes, and laboratory experiences for the acquisition and practice of clinical nursing skills.

(Effective June 26, 1989; Amended May 4, 2004.)

## 20-90-53. Educational outcomes

A graduate of a registered Nursing Education Program shall be able to:

(1) Perform the duties and responsibilities of the registered nurse within the framework of the

nurse practice Act, Chapter 378 of the Connecticut General Statutes;

(2) Synthesize knowledge from nursing theory and the biological, physical, social, and behavioral sciences in providing health care to clients;

(3) Exercise critical thinking, ethical decision making, and independent judgment in using the nursing process to provide care to clients;

(4) Apply the nursing process to design, implement, and evaluate care for clients using a variety of technologies. The scope of care shall include preventive, curative, supportive, and restorative nursing interventions in both institutional and community-based settings;

(5) Develop and implement a variety of teaching and learning strategies in the provision of health teaching for clients in a variety of settings, using a variety of technologies;

(6) Identify the scientific basis for assessments and therapeutic nursing measures;

(7) Manage information and resources, contributing to the achievement of optimum client outcomes in a cost effective manner;

(8) Use leadership, management, delegation and collaborative skills as a member of a multidisciplinary team within the health care delivery system to develop, implement, and evaluate health care provided to clients; and

(9) Demonstrate professional accountability by acting as an advocate for clients and by maintaining accepted standards of nursing care for a registered nurse.

(Effective November 29, 1983; Amended May 4, 2004.)

# Practical Nursing Education Program

## 20-90-54. Faculty [Repealed]

(Effective December 30, 1994; Repealed, effective May 4, 2004)

## 20-90-55. Curriculum

(a) The curriculum shall meet the requirements of the parent institution in which the program is housed and state requirements for eligibility of the graduate for admission to the practical nurse licensing examination prescribed pursuant to Section 20-92 of the Connecticut General Statutes.

(b) The curriculum shall integrate theory and clinical practice in a manner that shall cause the Nursing Education Program graduates to meet the educational outcomes for practical nursing described in Section 20-90-56 of the Regulations of Connecticut State Agencies.

(c) The length of the program shall be a minimum of fifteen hundred (1500) hours over no less than ten (10) months. Fifty percent (50%) of contact hours shall be in supervised direct client care experiences and observational experiences appropriate to the Program's Educational Outcomes.

(Effective November 29, 1983; Amended May 4, 2004.)

## 20-90-56. Educational outcomes

A graduate of a practical nursing education program shall be able to:

(1) Perform the duties and responsibilities of the licensed practical nurse within the framework of the Nurse Practice Act, Chapter 378 of the Connecticut General Statutes;

(2) Apply nursing principles and theories in the implementation of the plan of care for clients under the direction of and in collaboration with the registered nurse by:

- (A) collecting data concerning the biologic and psychosocial needs of individual clients along the wellness/illness continuum;
- (B) implementing therapeutic nursing measures to maintain, promote, and restore optimum health to clients within the established plan of care;
- (C) performing therapeutic nursing interventions based on principles from the biophysical and behavioral sciences, adapting these to the individual needs of clients as members of families and community systems;
- (D) using ethical decision making and judgment in providing care;

(3) Assist in evaluating the effectiveness of nursing interventions, using observations and data collection to recommend changes in the plan of care;

(4) Perform appropriate data collection to monitor client status in response to alterations in health, treatment of health problems, and therapeutic nursing interventions;

(5) Recognize and report deviations from expected responses to alterations in health status or in the treatment of health problems;

(6) Intervene appropriately in emergency situations;

(7) Interact effectively with clients, families, and health team members through appropriate verbal, nonverbal, and written communications;

(8) Implement the care of groups of clients, using appropriate principles of priority setting, time management, and delegation;

(9) Utilize resources and the environment of care effectively to meet client needs and attain expected outcomes of care; and

(10) Demonstrate individual accountability by acting as an advocate for health care consumers and by maintaining accepted standards of care for a practical nurse.

(Effective November 29, 1983; Amended May 4, 2004.)

## 20-90-57. Endorsement

(a) Graduate nurses from a nursing education external degree program who are licensed in another state of the United States on the basis of standards which meet or exceed the

requirements of this state, shall be eligible for licensure without examination in Connecticut.

(b) Persons seeking endorsement who were graduated from an educational program which is shorter in length than the minimum length for Connecticut educational programs shall provide documentation of clinical work experience. Such work experience, when combined with their educational program, shall equal the minimum program length for nursing education programs approved in Connecticut. Such work experience must be under the supervision of a licensed registered nurse and occur after completion of the basic educational program.

(c) Nurses trained and licensed in Canada prior to 1970 who meet the current educational requirements of Connecticut shall take the licensing examination prescribed pursuant to Section 20-92 of the Connecticut General Statutes.

(d) Nurses trained and licensed in Canada in or after 1970 who meet the current educational requirements of Connecticut may be licensed without examination if their Canadian licensing examination was in English. If their Canadian examination was not in English, then they must demonstrate proficiency in English pursuant to section 20-90-57(e).

(e) Nurses licensed in Canada on the basis of an examination in a language other than English who are seeking licensure by examination in Connecticut must demonstrate proficiency in English on an examination, and at a level, prescribed by the Commissioner with the consent of the Board.

(f) Persons licensed pursuant to section 20-90-57(d) shall have attained a passing score on the Canadian licensing examination prescribed by the Commissioner with the consent of the Board. The prescribed passing score shall be one deemed by the Commissioner to be equivalent to passing scores on comparable licensing examinations used in the United States.

(Effective December 30, 1994)

## 20-90-58. Foreign-trained

Persons educated in nursing in a foreign country must successfully complete the examination offered by the Commission on Graduates of Foreign Nursing Schools prior to being accepted for examination and licensure as a Registered Nurse in Connecticut.

(Effective December 30, 1994)

## 20-90-59. Out-of-state programs

(a) A program in nursing located in another state or territory of the United States shall be deemed approved pursuant to section 20-90 of the Connecticut General Statutes, provided that:

(1) said program, if a registered nursing education program, complies with the provisions of section 20-90-52 of the regulations of Connecticut State Agencies:

(2) said program is approved by the duly authorized nurse licensure board or agency of the state or territory in which it is located: and

(3) said state or territory maintains licensure requirements substantially similar to or higher than those of this state.

(b) A program in nursing located in another state or territory of the United States which provides clinical experience to students in cooperating health care agencies in this state shall comply with the provisions of the regulations of Connecticut State Agencies contained in subdivision (2) of subsection (a) of section 20-90-48 and subsection (b) of section 20-90-48. Faculty providing on-site clinical supervision to students in cooperating health care agencies in this state shall:

(1) maintain an active registered nurse license in this state:

(2) have earned baccalaureate and master's degrees, one of which must be in nursing: and

(3) have clinical experience in their teaching area.

(Effective December 30, 1994)

# Dentists

## 20-104-8. Dental offices and laboratories. Sanitation

Dental offices and dental laboratories shall be kept and maintained in a clean and sanitary condition in accordance with local ordinances and the public health code.

# Continuing Education Requirements for Annual License Renewal by Dental Hygienists

## 20-111-1. Definitions

For the purpose of these regulations, the following definitions apply.

(a) "Department" means the Department of Health Services.

(b) "Licensee" means a dental hygienist licensed pursuant to Connecticut General Statutes, Section 20-111.

(c) "License renewal due date" means the last day of the month of the licensee's birth.

(d) “Registration period" means the one-year period during which a license which has been renewed in accordance with Connecticut General Statutes, Section 19a-88, is current and valid and which one year period terminates on the license renewal due date.

(e) "Continuing education monitoring period" means a period beginning in an odd-numbered year and consisting of two consecutive registration periods.

(f) "Active practice" means the treatment in Connecticut of one or more patients by a licensee during any given registration period.

(g) "Provider" means the individual, organization, educational institution or other entity conducing the continuing education activity. Providers include but are not limited to: educational institutions accredited by the American Dental Association; the American Dental Association and its component organizations; the National Dental Association and its component organizations; the American Dental Hygienists Association and its component organizations; The National Dental Hygienists Association and its component organizations; the Academy of General Dentistry and its component organizations; the American Red Cross and the American Heart Association when sponsoring programs in cardiopulmonary resuscitation or cardiac life support; and the Veterans Administration and Armed Forces when conducting programs at United States governmental facilities.

(h) "Participant" means a licensee who completes a continuing education activity.

(i) "Contact hour" means a minimum of 50 minutes of continuing education activity.

(j) "Face-to-face instruction" means direct, live instruction which a participant physically attends, either individually or as part of a group of participants.

(k) "Certificate of completion" means a document issued to a participant by a provider which certifies that said participant has successfully completed a continuing education activity. Such certificate shall include: participant's name; provider's name; title or subject area of the activity; date(s) and location of attendance; and number of contact hours completed.
(Effective August 22, 1988.)

## 20-111-2. Number of credits required

(a) Each licensee shall complete a minimum of 16 credit hours of continuing education during each continuing education monitoring period.

(b) A licensee shall not carry over continuing education credit hours to a subsequent continuing education monitoring period.
(Effective August 22, 1988.)

## 20-111-3. Criteria for continuing education

Continuing education activities will satisfy the requirements of these regulations, provided:

(1) the activity involves face-to-face instruction;

(2) the provider implements a mechanism to monitor and document physical attendance at such face-to-face instruction;

(3) the provider retains written records for a period of three years including but not limited to: content description; instructor; date(s) of course; location of course; list of participants; and number of contact hours;
(4) the provider implements a mechanism to evaluate participants' attainment of educational objectives and participants' assessment of the educational activity;
(5) the provider issues a certificate of completion; such certificate may not be issued by the provider prior to the licensee's actual completion of the activity;
(6) the activity focuses on content specified in Section 4 of these regulations.
(Effective August 22, 1988.)

## 20-111-4. Content areas for continuing education

Subject matter for continuing education will reflect the professional needs of the licensee in order to meet the health care needs of the public. Accordingly, only those continuing education activities which provide significant theoretical or practical content directly related to clinical or scientific aspects of dental hygiene will meet the requirements of these regulations. Activities consisting of the following subject matter will not qualify as continuing education activities: organization and design of a dental office, practice development, marketing, investments or financial management, personnel management, or personal health, growth or development when content is designed for personal use as opposed to patient care or patient instruction.
(Effective August 22, 1988.)

## 20-111-5. Award of credit hours

(a) Continuing education credit hours will be awarded as follows:
(1) courses, institutes, seminars, programs, clinics, and scientific meetings: 1 credit hour for each contact hour of attendance.
(2) Multiday convention-type meetings at the state, regional, or national level: 2 credit hours for attendance.
(3) Full-time post-graduate enrollment in an advanced educational program accredited by the American Dental Association: 16 credit hours in continuing education monitoring period in which enrolled.
(4) Successful completion of the National Board Dental Hygiene Examination or the North East Regional Board of Dental Examiners Examination in Dental Hygiene, if taken five years or more after graduation from an educational institution teaching dental hygiene which is approved by the dental commission with the consent of the commissioner; 16 credit hours in continuing education monitoring period in which completed.
(5) Original presentation by licensee of a paper, essay, or formal lecture in dental hygiene to a recognized group of fellow professionals at a scientific meeting: 3 credit hours for the first presentation only.
(6) Original scientific paper published by licensee in a scientific professional journal which accepts papers only on the basis of independent review by experts: 6 credit hours for the first publication only.
(7) Original presentation of scientific, educational, or clinical exhibit at a professional meeting: 2 credit hours.
(b) Eight credit hours will be the maximum continuing education credits granted for any one day's participation in the activities specified in Subsection (a), above.
(c) The licensee shall successfully complete a continuing education activity for award of any continuing education credit.
(d) Activities which will not quality for award of credit hours include professional organizational business meetings; speeches delivered at luncheons or banquets; reading of books, articles, or professional journals; home study courses, correspondence courses, audio-visual materials, and other mechanisms of self-instruction.
(Effective August 22, 1988.)

## 20-111-6. Record retention by licensees

(a) Each licensee shall obtain a certificate of completion, for those activities properly completed, from the provider of continuing education activities. Each licensee shall maintain, for continued competency activities specified in Subsection (a) (3) through (a) (7) of Section 5 of these regulations, written documentation of completion. The licensee shall retain certificates of completion and other required documentation for a minimum of two years after the end of the continuing education monitoring period during which the licensee completed the activity.

(b) The Department shall audit such licensee records as it deems necessary. The licensee shall submit certificates of completion and other required documentation to the Department only upon the Department's request. The licensee shall submit such records to the Department within 45 days of the Department's request for an audit. It will not be necessary for the licensee to submit such documentation in order to renew the license.

(c) A licensee who fails to comply with the continuing education requirements of these regulations may be subject to disciplinary action, pursuant to Connecticut General Statutes, Section 20-114.

(Effective August 22, 1988.)

## 20-111-7. Exemption from continuing education requirements

(a) A licensee who is not engaged in active practice during a given continuing education monitoring period shall be exempt from continuing education requirements on submission of a notarized application on a form provided by the Department. The application must contain the statement that the licensee shall not engage in active practice until the licensee has shown proof of completion of requirements specified in Section 20-111-8 of these regulations.

(b) A licensee applying for license renewal for the first time shall be exempt from continuing education requirements.

(Effective August 22, 1988.)

## 20-111-8. Requirements for return to active practice following exemption from continuing education requirements

A licensee who has been exempt, pursuant to Subsection (a) of Section 20-111-7 of these regulations, shall submit the following documents upon return to active practice:

(a) a notarized application on a form provided by the Department; and

(b) evidence, acceptable to the Department, of:

(1) practice of dental hygiene in another state or territory of the United States, or the District of Columbia, for at least one year immediately preceding the application; or

(2) successful completion of the National Board Dental Hygiene Examination or the North East Regional Board of Dental Examiners Examination in Dental Hygiene during the year immediately preceding the application; or

(3) completion of 8 credit hours of continuing education within six months after returning to active practice, to be applied to the continuing education monitoring period during which the licensee was exempt from such continuing education requirements.

(Effective August 22, 1988.)

## 20-111-9. Reinstatement of lapsed licenses

Any licensee whose license has become void and who applies to the Department for reinstatement may apply for licensure under the terms of Sections 19a-14-1 to 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies.

(Effective August 22, 1988.)

## 20-111-10. Effective date of continuing education requirements

These requirements will be effective for registration periods commencing on and after January 1, 1989.

(Effective August 22, 1988.)

# Administration and Use of Anesthesia and Conscious Sedation in Dentistry

## 20-123b-1. Definitions

(a) "OMFS" means an Oral and Maxillofacial Surgeon who has completed a full course in a post-doctoral training program in Oral and Maxillofacial Surgery approved by the American Dental Association Commission on Dental Accreditation.
(b) "ADA" means American Dental Association.
(c) "CSOMS" means Connecticut Society of Oral and Maxillofacial Surgeons.
(d) "BCLS" means a course in Basic Cardiac Life Support approved by the American Red Cross or the American Heart Association.
(e) "ACLS" means a course in Advanced Cardiac Life Support approved by the American Red Cross or the American Heart Association.
(f) "Commissioner" means Commissioner of Public Health or his designee.
(g) "On-Site Evaluation Team" means those individuals designated by the Commissioner to determine compliance with Section 20-123b-6 of the Regulations of Connecticut State Agencies.
(h) "Practitioner" means a person licensed to practice dentistry pursuant to Chapter 379 of the Connecticut General Statutes who is applying for a permit or being evaluated pursuant to Sections 20-123b-1 through 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies.
(i) "Anesthesia Assistant" means a chairside assistant or a dentist licensed pursuant to Chapter 379 of the Connecticut General Statutes whose sole responsibility is to monitor the patient undergoing general anesthesia.
(j) "Calendar Quarter" means a period of three consecutive months beginning on January 1, April 1, July 1, or October 1.
(k) "Department" means the Connecticut Department of Public Health.
(Effective March 23, 1988; Amended January 27, 1994; November 4, 2004.)

## 20-123b-2. Permit application procedures

(a) A practitioner may apply to the Commissioner for one of the following:
  (1) Permit for the Administration of General Anesthesia and Conscious Sedation; or
  (2) Permit for the Administration of Parenteral Conscious Sedation.
(b) An applicant shall, at the time of application, submit such documentation of credentials as the Commissioner may require. The application and related documents shall be reviewed by the Commissioner or his designee. The Commissioner or his designee may, as necessary, consult with the Dental Commission concerning documentation of applicant credentials.
(Effective February 1, 1988.)

## 20-123b-3. Qualifications for general anesthesia and conscious sedation permit

An applicant for a General Anesthesia and Conscious Sedation permit shall:
(a) Successfully complete one of the following:
  (1) a full course in a post-doctoral training program in Oral and Maxillofacial Surgery, approved by the ADA Commission on Dental Accreditation, or
  (2) a minimum of one-year full-time training in post-doctoral program in Anesthesiology, structured in accordance with Part Two of the ADA Council on Dental Education "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," or
  (3) Certification as a diplomate of the American board of oral and maxillofacial surgery, provided the individual holding such certification graduated from dental school or a post-doctoral dental residency training program no later than 1966, or
  (4) Designation of practice as limited to oral and maxillofacial surgery, in accordance with Section 20-106a of the Connecticut General Statutes, for a period of at least

ten years prior to application for a general anesthesia and conscious sedation permit; and

(b) Demonstrate current certification in ACLS; and

(c) Successfully complete an on-site evaluation pursuant to Section 20-123b-6 of the Regulations of Connecticut State Agencies.

(Added effective March 23, 1988; Amended effective November 4, 2004.)

## 20-123b-4. Qualifications for conscious sedation permit

An applicant for a conscious sedation permit shall:

(a) Comply with one of the following:

(1) document by patient anesthesia or sedation records the completion of a minimum of twelve parenterally administered conscious sedation procedures per year performed in the office, for each of the three one-year periods immediately preceding the date of application; and submit certification of completion of a minimum of twenty-four hours of continuing education in one of the following areas within the three year period immediately preceding the issuance of the permit; anesthesia, parenterally administered conscious sedation, or emergency medicine; or

(2) graduate from a dental school or post-doctoral dental residency program accredited by the ADA Commission on Dental Accreditation within two years prior to applying for the permit, which included either a minimum of four weeks active participation in full-time rotation in hospital operating room anesthesia, or ten documented clinical cases utilizing parenterally administered conscious sedation in the dental operatory; and which included a didactic course in conscious sedation in dentistry with a curriculum that fulfills the minimum requirements set forth in the ADA Council on Dental Education, "Guidelines or Teaching the Comprehensive Control of Pain and Anxiety in Dentistry"; or

(3) complete an "Intensive Course" or a "Supplemental (or Refresher) Course" (as applies) in a post-doctoral continuing education program, structured in accordance with Part Three of the ADA Council on Dental Education "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety"; or

(4) satisfy the requirements of subsection (a) of Section 20-123b-3 of these regulations; and

(b) demonstrate current certification in ACLS; and

(c) successfully complete an on-site evaluation pursuant to Section 20-123b-6 of the Regulations of Connecticut State Agencies.

(Added effective March 23, 1988; Amended effective November 4, 2004.)

## 20-123b-5. The evaluation team

The on-site evaluation team shall include, but not be limited to, the following:

(a) Two members recommended to the Commissioner by the Chairperson of the Anesthesia Committee of the CSOMS who have fulfilled the requirements of the CSOMS to be an office anesthesia evaluator; or

(b) one member who has fulfilled the requirements of the CSOMS to be an office anesthesia evaluator, and one member who is a fellow of the American Dental Society of Anesthesiology, both of whom shall be recommended to the Commissioner by the Chairperson of the Anesthesia Committee of the CSOMS.

(Added effective February 1, 1988; Amended effective November 4, 2004.)

## 20-123b-6. Site evaluation

(a) In the case of a practitioner applying for the initial issuance of a permit, or the reinstatement of a lapsed permit, the on-site evaluation team shall observe the general anesthesia or parenteral conscious sedation technique (as appropriate) employed by the practitioner during a minimum of two operative cases, with the total time for both cases not to exceed two hours.

(b) During the on-site evaluation, an exact simulation of the method of management of medical emergencies shall be demonstrated by the practitioner with full participation of the office staff, and may include, but not be limited to, the management of: laryngospasm, bronchospasm, emesis, aspiration of vomitus, foreign body in airway, angina pectoris, acute myocardial infarction, acute hypotensive and hypertensive crises, cardiopulmonary resuscitation, acute allergic reactions, hyperventilation syndrome, syncope, and convulsions of unknown etiology.

(c) The on-site evaluation team shall review the practitioner's office equipment, emergency drugs and anesthesia records to determine full compliance with the requirements established in Section 20-123b-9 of the Regulations of Connecticut State Agencies.

(d) An exit interview between the practitioner and the evaluation team shall be conducted to review deficiencies and make positive suggestions for improving the office facility and patient emergency management.

(e) The on-site evaluation team shall verify that the practitioner is currently certified in BCLS and that the practitioner's entire staff is currently certified in BCLS.

(Effective March 23, 1988; Amended January 27, 1994; November 4, 2004.)

## 20-123b-7. Failure to successfully complete the site evaluation

(a) A practitioner who, in the opinion of the on-site evaluation team, fails to satisfactorily complete the requirement of subsection (a) of Section 20-123b-6 of the Regulations of Connecticut State Agencies shall be denied a permit and may reapply to be re-evaluated only after documenting the completion of a Continuing Education Course in ambulatory general anesthesia or parenteral conscious sedation (as appropriate) approved by the Commissioner in consultation with the on-site evaluation team.

(b) A practitioner who, in the opinion of the on-site evaluation team, fails to satisfactorily complete the requirements of subsection (b) of Section 20-123b-6 of the Regulations of Connecticut State Agencies shall be denied a permit and may reapply to be re-evaluated only after documenting the completion of a Continuing Education Course in the management of medical emergencies in the dental office approved by the Commissioner in consultation with the on-site evaluation team.

(c) A practitioner who, in the opinion of the on-site evaluation team, fails to satisfactorily complete the requirements of subsection (c) of Section 20-123b-6 of the Regulations of Connecticut State Agencies shall be denied a permit and may reapply to be re-evaluated.

(d) If any member of the on-site evaluation team has reason to believe that the practitioner being evaluated is unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct towards a patient, such member shall file a petition with the Department of Public Health pursuant to Section 19a-14 of the Connecticut General Statutes.

(Effective February 1, 1988; Amended January 27, 1994; November 4, 2004.)

## 20-123b-8. Frequency of inspection

(a) Following initial issuance of the permit, the on-site evaluation specified in Section 20-123b-6 of the Regulations of Connecticut State Agencies shall be completed for each practitioner issued a permit pursuant to Sections 20-123b-1 through 20-123b-9 of the Regulations of Connecticut State Agencies in accordance with the following schedule:

(1) For each practitioner first issued a permit on or before December 31, 1989, the on-site evaluation shall be completed not later than December 31, 1995. Thereafter, the on-site evaluation shall be completed for each such practitioner not later than five years from the last day of the calendar quarter in which last evaluated.

(2) For each practitioner first issued a permit on or after January 1, 1990, the on-site evaluation shall be completed not later than five years from the last day of the calendar quarter in which last evaluated.

(b) A practitioner may request to schedule the on-site evaluation at a time earlier than specified in subsection (a) of this Section. However, in no event shall such alternative scheduling result in an interval longer than five years to the next on-site evaluation.

(Effective February 1, 1988; Amended January 27, 1994.)

## 20-123b-9. Office equipment, emergency drugs, and anesthesia records

(a) Except as specifically noted, all practitioners who are being evaluated pursuant to Sections 20-123b-1 through 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies, or who have been issued a permit pursuant to Section 20-123b of the Connecticut General Statutes, shall demonstrate and maintain the following office equipment in any and all offices where they administer general anesthesia or conscious sedation:

(1) Portable gas delivery system capable of positive pressure ventilation;
(2) Equipment capable of administering 100% oxygen in all rooms (operatory, recovery, examination, and reception);
(3) Portable bag-mask ventilator (ambu-bag);
(4) Full facemask:
  (A) adult; and
  (B) pediatric;
(5) Nasal hood or cannula;
(6) Oral airways (oropharyngeal airways):
  (A) adult; and
  (B) pediatric;
(7) Nasopharyngeal airways:
  (A) adult; and
  (B) pediatric;
(8) Endotracheal tubes with appropriate connectors and syringe for inflation, as follows: (not required for conscious sedation permit)
  (A) adult endotracheal tubes;
  (B) child endotracheal tubes;
  (C) connectors;
  (D) syringe; and
  (E) stylet (pediatric and adult);
(9) Laryngoscope (straight or curved blade), as follows: (not required for conscious sedation permit)
  (A) adult blade;
  (B) pediatric blade;
  (C) extra batteries; and
  (D) extra bulb (or blade if fiberoptic blade);
(10) Combi tube (not required for general anesthesia permit);
(11) Portable suctioning equipment capable of use during electrical power failure;
(12) Equipment capable of suctioning the throat in all rooms;
(13) Nasopharyngeal suction catheter, for pulmonary lavage via endotracheal tube (not required for conscious sedation permit);
(14) Yankauer or similar suction;
(15) McGill forceps;
(16) Tongue grasping forceps;
(17) Equipment for emergency crico-thyrotomy or tracheotomy and the appropriate connectors for administering 100% oxygen;
(18) Blood pressure cuffs:
  (A) adult; and
  (B) pediatric;
(19) ECG;
(20) Defibrillator;
(21) Board or rigid surface for cardiopulmonary resuscitation (CPR);
(22) Light source capable of use during electrical power failure;
(23) Intravenous solutions and equipment for administration:
  (A) 250 cc bags & 1000 cc bags of sterile saline; and
  (B) Sterile water for mixing or dilution of drugs; and

(24) Appropriate intravenous needles, tubing and drips.

(b) Except as specifically noted, all practitioners who are being evaluated pursuant to sections 20-123b-1 to 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies, or who have been issued a permit pursuant to Section 20-123b of the Connecticut General Statutes, shall demonstrate and maintain the following equipment and personnel for continuous monitoring during the administration of anesthesia in any and all offices where they administer general anesthesia or conscious sedation:

(1) Equipment and personnel for continuous monitoring during the administration of deep sedation or general anesthesia:

(A) means of monitoring heart rate:

(i) ECG;

(ii) pulsemeter;

(iii) pretracheal or Precordial stethoscope; or

(iv) direct palpation of pulse;

(B) means of following respirations and level of oxygenation:

(i) pretracheal or precordial stethoscope, or capnography; and

(ii) pulse oximeter;

(C) means of monitoring blood pressure for child and adult.

(2) Equipment and personnel for continuous monitoring during the administration of conscious sedation:

(A) means of monitoring heart rate:

(i) ECG;

(ii) pulsemeter;

(iii) pretracheal or precordial stethoscope; or

(iv) direct palpation of pulse;

(B) means of following respirations and level of oxygenation:

(i) pretracheal or precordial stethoscope, capnography or direct observation of chest; and

(ii) pulse oximeter;

(C) means of monitoring blood pressure for child and adult.

(c) All practitioners who are being evaluated pursuant to Sections 20-123b-1 through 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies, or who have been issued a permit pursuant to Section 20-123b of the Connecticut General Statutes, shall maintain the following emergency drugs in any and all offices where they administer general anesthesia or conscious sedation:

(1) anticonvulsant drugs:

(A) midazolam; or

(B) diazepam;

(2) antiemetic:

(A) droperidol;

(B) odansetron;

(C) prochiorperazine;

(D) promethazine; or

(E) metoclopramide;

(3) beta agonist: albuterol inhaler;

(4) cardiovascular medications:

(A) antiarrhythmics:

(i) lidocaine or amiodarone;

(ii) procainamide; and

(iii) diltiazem;

(B) atropine (either 0.4 mg/ml or 1.0 mg/ml);

(C) aspirin 160 or 325 mg dose;

(D) beta blocker:

(i) esmolol;

(ii) propranolol;

(iii) atenolol; or

(iv) metoprolol;
(E) epinephrine 1 mg:
(i) 1:1,000 solution; and
(ii) 1:10,000 solution;
(F) diuretic: furosemide 10mg/ml;
(G) nitroglycerin (tablet or spray);
(H) vasodilators:
(i) labetalol; and
(ii) hydrazaline or diazoxide;
(I) vasopressors:
(i) ephedrine; and
(ii) phenylephrine;
(J) corticosteroids:
(i) dexamethasone;
(ii) hydrocortisone sodium succinate; or
(iii) methylprednisolone sodium succinate;
(K) dantrolene (must be in facility for offices in which agents causing malignant hypothermia are used);
(L) dextrose 50%;
(M) diphenhydramine;
(N) reversal agents:
(i) naloxone; and
(ii) flumazenil;
(0) opioid: morphine;
(P) procaine 10 mg/ml; and
(Q) succinylcholine.

(d) All practitioners who are being evaluated pursuant to Sections 20-123b-1 through 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies, or who have been issued a permit pursuant to Section 20-123b of the Connecticut General Statutes, shall maintain anesthesia or conscious sedation records which include the date of procedure, nothing by mouth (NPO) status, availability of responsible adult escort, allergies, vital signs, drugs, and doses administered.
(Effective March 23, 1988; Amended January 27, 1994; November 4, 2004.)

## State Board of Examiners in Optometry

### 20-128-6. Patient records

In the practice of his profession each licensed optometrist shall keep an adequate chart or record on file for each patient examined by him. He shall make a complete minimum examination and shall keep a record from actual tests made on each patient, which record shall show the following minimum conditions:

(1) Complete history and symptoms;
(2) habitual visual acuities;
(3) external examination, including motility tests;
(4) ophthalmoscopic examination recording description of all media and grounds, nervehead and vascular tree;
(5) phoria tests vertical and horizontal for near and far;
(6) tests for fusion near and far;
(7) keratometer (ophthalmometer) readings;
(8) refraction obtained retinoscopically;
(9) refraction obtained subjectively including tests for astigmatism and axis;
(10) amplitudes of accommodation, convergence and divergence;
(11) disposition of case and prescription with corrected visual acuities right eye, left eye, both eyes, including facial measurements.

### 20-128-8. Continuing education requirements for annual license renewal

(a) Every optometrist actively engaged in the practice of optometry in the State of Connecticut, shall submit satisfactory proof that he has attended, during the twelve month period immediately preceding the date of registration, at least eight clock hours of post graduate study, (each year) as a prerequisite for the renewal of his license. The board shall designate the courses of study which will be recognized and the method of certifying satisfactory completion of said course to the state board. In no instance shall the board require a greater number of hours of study than are available within the State of Connecticut within a twelve month period, although recognized courses of study given outside the state are also acceptable.

(b) Those optometrists who because of illness or other extraordinary situations are unable to comply with regulation, may make application to the state board, and the board, in its discretion, may relieve the applicant from complying for such time and under such circumstances as the board deems proper.

(c) The board will, from time to time, (at least once every two years) issue and/or revise the designated courses of study which it recognizes as acceptable. Any request for board approval of a specific educational program for recognition by the board, must be submitted in a timely manner with due regard for the necessity of investigation and consideration by the board.

(d) Evidence of completion of acceptable course is the responsibility of the optometrist. A signed certificate by the person or institution responsible for the course will be required as evidence of course completion. Failure to comply with the above regulation by January 1st of each year, will be considered a reason for nonrenewal of license. (Effective December 19, 1975.)

# Commission of Opticians

## 20-141-1. Experience in the producing and mounting of ophthalmic lenses

Experience in producing and mounting ophthalmic glasses is a combination of education and skill in both mechanical functions and technical knowledge. Thus, such experience refers to theoretical knowledge, education and practical training, skill and proficiency in all functions related to the required mechanical and technical knowledge pertaining to the producing and reproducing of ophthalmic lenses and kindred products to given formulas. The producing and mounting of ophthalmic glasses is defined as the operations of grinding, fining, polishing, truing, molding, casting or other surfacing processes, as well as the operations of edging, cutting, forming, shaping, positioning, fastening and molding or other mounting processes.

## 20-141-2. Experience in the fitting of ophthalmic lenses to the eyes by mechanical manipulation

Experience in the fitting of ophthalmic lenses by mechanical manipulation, molding technique or other related functions is a combination of education and skill in both the mechanical functions and technical knowledge. Thus, such experience refers to theoretical knowledge, education and practical training, skill and proficiency in all functions related to the required mechanical and technical knowledge pertaining to the theory and practice of fitting, adapting and designing of optical glasses from given formulas or kindred products directly to the ultimate wearer by mechanical manipulation, molding techniques or other related functions. The fitting, adapting and designing or ophthalmic glasses is defined as comprising the techniques and art of forming, shaping, bending, adjusting and molding or other fitting processes as they may be required and the scientific and technical interpretation of ophthalmic prescriptions into a correctly constructed therapeutic device as an optician's personal function of dispensing optical glasses directly to the person of the ultimate wearer; as well as the measuring, fitting and adapting of prostheses and the molding, casting or fitting of contact lenses.

## 20-141-4. Equipment for opticians

In order to protect the public health and safety, each applicant being issued an optical license shall have in his place of business and at his disposal the following equipment in order to complete the requirements for such license:

(1) A complete set of neutralizing lenses or mechanical instrument for the measurement of focus power, in which case such instrument should bear a maximum tolerance of accuracy of .06;
(2) lens-centering device;
(3) lens measure;
(4) thickness caliper;
(5) equipment for accurately measuring pupillary distance.

## 20-141-6. Defining optical glasses and eyeglasses

Optical glasses to aid vision are the means for correcting eyesight defects when own as complete glasses, or when adapted to the ultimate wearer or consumer, of which the component parts, i.e. lenses and supporting materials, are produced or reproduced to individual specific formulas; and which given formulas include the Rx for foci, lens power, the specifications or mold for the form, size, shape and structure of the lens and/or of the supporting material and indications for the proper placement for fitting to the eyes and for their fitted application, such as the centers, the plane and the angle. Such optical glasses are referred to as optical glasses from given formulas, ophthalmic glasses or instruments from given formulas an eyeglasses.

## 20-141-7. Defining kindred products and optical merchandise

Kindred products of optical glasses generally are complete eyeglasses principally worn as an aid to vision and sold as optical stock-in-trade articles of merchandise, i.e., plano safety glasses, plano welding goggles and similar optical goods which are largely produced by grinding optical

glass or substitutes therefor for the optical control of light or protection without causing light deviation and in so doing conform only to general formulas instead of given formulas and which may be utilized by any rather than specific individuals.

(Effective June 16, 1982.)

## 20-141-8. Defining optical instruments to aid vision

"Other instruments to aid vision" are optical glasses and ophthalmic instruments as aids to vision, which are lenses, therapeutic devices or other appliances from given formulas intended to be used for the aid and correction of visual or ocular anomalies of the eye; and include optical systems of lenses or combination of lenses assembled into a supporting structure which, when viewed through, are aids to vision, and which are sold as optical stock-in-trade articles of merchandise, i.e., magnifiers, readers, microscopes, field glasses, binoculars, telescopes, transits or articles of similar type which are largely produced by optically grinding glass to formulas base upon the laws of optics.

## 20-141-10. Contact lenses - definition

The sale of contact lenses in the state of Connecticut is an inclusion under the provision that optical glasses, instruments and kindred products to aid vision may be sold only by licensed opticians in licensed optical establishments. Contact lenses are tiny, thin oval shaped lenses about the size of a five-cent piece, made of glass or smooth nonirritating plastic. They may be ground to any power to correct any eye defect and are worn under the eyelids.

## 20-141-10a. Contact lenses - sale and fitting

The sale of contact lenses in the state of Connecticut is included under the provision that optical glasses, instruments and kindred products to aid vision may be sold by licensed opticians in licensed optical establishments. Contact lenses may be fitted by licensed opticians in licensed optical establishments upon prescriptions for contact lenses prescribed by licensed physicians or surgeons or licensed optometrists or in any other location under the direction of a licensed physician or surgeon. This regulation does not apply to physicians or surgeons or certified optometrists exempt under section 20-162 of the general statutes.

(Effective April 6, 1971.)

## 20-141-11. Optical license permits

Any establishment under the personal and direct supervision of a licensed optician may be granted permission to sell at retail, dispense or supply to the ultimate wearer prescription glasses and optical instruments from given formulas which are optical aids to vision, instruments, eyeglasses, spectacles, other kindred products and reproduction of the same; to fit, adapt, adjust or bend frames by mechanical manipulations, molding techniques or other related functions, either with or without lenses, to the individual wearer whether the glasses are from prescription or under repair; to use the term "optician" or any synonym; to sell at retail optical goods as merchandise. Any establishment whose optical shop, laboratory, department or processing operations are under the personal and direct supervision of a licensed optician may be granted permission to make, process, produce and reproduce optical prescription glasses and optical instruments from given formulas which are optical aids to vision, instruments, appliances, eyeglasses, spectacles and other kindred products, to mount the same to supporting materials and to perform other related processes of compounding, fabricating or molding.

## 20-141-12. Optical license selling permit

(a) Any licensed optician or any optical department in any optical establishment, office, department or store conducted under the personal and direct supervision of a licensed optician shall file an application of facts to qualify for an optical license selling permit when requesting permission to sell, dispense or supply to the ultimate wearer optical aids to vision, instruments, eyeglasses, spectacles and other kindred products. Application shall be made annually on forms issued by the commission an shall be sworn to before a

proper person authorized to take oaths. All information given the commission of opticians by the applicant shall be considered representative of fact. Such application shall be forwarded to the commission of opticians, together with the required fee.

(b) Any applicant qualifying for the optical license selling permit shall be issued an annual certificate which shall be valid at the one and only address named therein and shall expire on the first day of September of each year. Such permit shall record specified optical goods and enumerate the names of all employed licensed opticians, assistant licensed opticians, mechanical opticians, assistant mechanical opticians and apprentices.

(a) The optical license selling permit shall be prominently displayed in the establishment and at the department where ophthalmic glasses and optical goods are sold, dispensed or supplied or distributed to the public. Each optical establishment, office, store or department, as defined in section 20-141-11, shall require a separate optical license selling permit at each location at which ophthalmic glasses are sold, dispensed, supplied or distributed to the public.

## 20-141-17. Dispensing, supplying and distributing to the public

To "dispense or supply" is to prepare, make or furnish as well as to distribute to the public optical glasses or ophthalmic instruments as aids to vision to the ultimate wearer of consumer, or any kindred products of optical glasses, whether or not the act of such dispensing or supplying or distribution is construed as technically involving a sale.
(See G.S. 20-153.)

## 20-141-18. Disassociation of licensed optician from establishment

Immediately upon disassociation or severance of the recorded licensed optician in charge from any establishment for which an optical license permit has been granted, the optical license permit is terminated. A new optical license permit shall be applied for.

## 20-141-19. Establishment, office, department, store, shop or laboratory

Each individual retail or service unit located at a recorded address is a separate establishment requiring a separate permit; and this is true although such a store or unit is part of an interstate or intrastate chain.

## 20-141-20. Licensed optician responsible for all establishments for which he is granted an optical license permit

Every licensed optician is required to have an optical license permit for the declared establishment, location or premises where he proposes to act as such licensed optician. A licensed optician is responsible for any optical department, firm or establishment of which he is in charge, being deemed to be in charge of the same only when he is the owner or manager or equal in authority with another similarly licensed optician, and from which he receives his complete or major means of livelihood and to which he gives the mayor part of his time. Such an optical license permit shall be issued for more than one such optical establishment or location if such licensed optician assumes supervision of other locations or establishments; but in all instances such permits shall include the name of the responsible licensed optician in charge and under whose supervision such establishment or location is being operated, and shall be subject to the provision that such licensed optician transfer such individual license to the location or establishment at which he is functioning and that he is personally responsible for all acts or omissions (by himself or by others under such location) pertaining to the opticians' law and its regulations, under which such or establishment or location holds itself open as an optical establishment or department. Both the license of the licensed optician and the optical license permit shall at all times be conspicuously displayed in the place in which such licensed optician practices as an optician.

## 20-141-21. Standards applying to sun glasses, etc.

(1) Sun glasses, goggles, plano safety glasses and plano welding goggles are optical lenses; spectacles, eyeglasses, optical appliances or other kindred products are optical glasses to aid vision and

(2) in the interest of public health and safety such optical products shall be in accordance with standards for quality, the specifications for which shall govern the glass or other material used for glasses in order that they shall not produce distortion in excess of the allowable tolerances, the required degree of transparency for the transmission of light and the certification that such standard has been complied with.

## 20-141-22. Standard of quality for sun glasses and goggles sold at retail

(a) All sun glasses and goggles sold at retail in the state of Connecticut shall meet the following standard and shall bear certification by the manufacturer, wholesaler or distributor. The sun glasses and goggles regulated by this standard are optical glasses or kindred products or other instruments to aid vision by the control of light other than prescription lenses, visors and eye shades. These specifications for the Connecticut sun glass standard apply to any material, whether ground and polished, blown, drawn or dropped, or whether curved or flat, and do not restrict the price of the merchandise sold nor its make or type of manufacture.

(b) (1) The lenses shall be of a quality suitable for optical products, i.e., free from striae, bubbles, seeds or other defects visible to the unaided eye. Both optical surfaces of the lenses shall be well polished and free from visible surface defects, such as scratches, waves and grayness.

(2) Surfaces of lenses shall be essentially parallel or of compensated curvatures; prismatic effect shall not exceed one-eighth prism diopter.

(3) Lenses shall be essentially without focal power; there shall not be more than one-sixteenth diopter of power in any meridian. The difference in power between any two meridians shall not exceed one-sixteenth diopter.

(4) Lenses shall be substantially matched in color and density.

(c) Lenses shall be treated for prismatic effect and focal power by any recognized optical method which provides the degree of accuracy indicated by these specifications.

(d) glasses and goggles sold at retail in the state of Connecticut shall bear a self-certifying label, securely attached directly to the article, certifying that the quality conforms to all requirements and tests of the Connecticut sun glass standard, which certification shall bear the certifier's name or identification mark registered with the commission of opticians. The commission of opticians will permit manufacturers, wholesalers or distributors to certify to the above, provided the labels shall bear either of the following printed inscriptions:

(1) "Certified by (manufacturer's, wholesaler's or distributor's identification) Conn. S.G. Standard-40."

(2) "Certified (manufacturer's, wholesaler's or distributor's identification) Nat'l. Std. CS78-39 Ground and Polished." The commission of opticians will permit the

(3) holders or optical license selling permits or optical license processing permits to certify to the above, provided the labels shall bear the following inscription: "Certified by (OLsP number or OLpP number) Conn. S.G. Standard-40."

(Effective April 7, 1964.)

## 20-141-25. Periods of apprenticeship

(a) The computation of any period of apprenticeship as an optical apprentice shall commence at the date of registration, provided such apprentice is employed in the state of Connecticut and in an establishment which has a licensed optical department which is capable of giving, and where the opportunity is available for such apprentice to obtain, practical experience, skill and optical knowledge as required and, further, is under the supervision of a licensed optician or a mechanical optician.

(b) Any person who registers with the commission as is required by law for the purpose of producing or reproducing ophthalmic lenses and similar products or mounting the same to supporting materials or fitting the same by mechanical manipulations, molding techniques or other related functions and is employed in an establishment which does not comply with the conditions set forth in subsection (a) shall be recorded but shall not have such period accredited as time spent to qualify for examination except after satisfactory proof has been furnished the commission that such service is satisfactory, in which circumstances partial credit may commence at the date of registration as hereinafter set forth.

(c) Any person, upon application, may be registered by the commission as an optical apprentice even though the place of employment has only a partial opportunity available for an apprentice to obtain practical experience, skill and optical knowledge required in order to qualify for examination. Under this condition a limited apprenticeship will result and such registered apprentice may obtain a part of the credit required by acquiring experience, skill and optical knowledge in surfacing, edging, benchwork or fitting and adjusting, either separately or in combinations, which, however, will not be all of the functions of producing and reproducing optical prescription glasses, mounting the same to supporting materials and fitting and adjusting the same to the ultimate wearer. Such a limited apprenticeship would require a subsequent application in order to register for such further opportunity as was not previously available in order to complete the required credit to qualify for examination.
(See G.S. 20-159.)

## 20-141-31. Exemption of certified optometrists

The exemption for optometrists is personal only to such certified optometrists as individuals, and such exemption does not extend to any other person, firm, corporation or any other kind of an establishment with which such certified optometrists may be associated.
(Last sentence deleted by House Joint Resolution No. 179, adopted by House of Representatives June 4, 1963, and by Senate June 5, 1963.)
(See G.S. 20-137, 20-162.)

# Continuing Education for Opticians

## 20-146(c)-1. Definitions

For the purposes of sections 20-146(c)-1 to 20-146(c)-7, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Department" means the Department of Public Health.
(2) "Licensee" means an optician licensed pursuant to Section 20-146 of the Connecticut General Statutes.
(3) “License renewal due date" means the last day of the month of the licensee's date of birth.
(4) "Registration period" means the one-year period during which a license has been renewed in accordance with Section 19a-88 of the Connecticut General Statutes and is current and valid.
(5) "Provider" means the individual educator or sponsor conducting a continuing education activity.
(6) "Participant" means a licensee who successfully completes a continuing education activity.
(7) "Contact hour" means a minimum of fifty minutes of continuing education activity.
(8) "Certificate of completion" means a document issued to a participant by a provider which certifies that the participant has successfully completed a continuing education activity.
(9) "Active Practice" means the treatment in Connecticut of one or more patients by a licensee during any given registration period.

(Effective October 30, 1998.)

## 20-146(c)-2. Number of credits required

(a) Each licensee applying for license renewal shall have completed a minimum of seven contact hours of qualifying continuing education for opticians during the preceding registration period.
(b) Continuing education contact hours completed in one registration period shall not carry over to a subsequent registration period.
(c) Successful completion of an entire continuing education activity shall be required for award of any continuing education contact hours.

(Effective October 30, 1998.)

## 20-146(c)-3. Basic requirements for qualifying continuing education activities

(a) Continuing education activities shall meet the following requirements:
    (1) Providers are approved by the American Board of Opticianry, the National Contact Lens Examiners or other nationally recognized organization approved by the department after consultation with the Connecticut Board of Examiners for Opticians.
    (2) the activity involves face-to-face didactic instruction.
    (4) the provider implements a mechanism to monitor and document physical attendance at such instruction.
    (5) the provider retains written records for a period of three years from the participant's actual successful completion of the activity, including but not limited to: content description; instructor; date of activity; location of activity; list of participants; participant's evaluation of instruction presented; and number of contact hours.
    (6) the provider issues a certificate of completion after the participant's successful completion of the activity. Such certificate shall include the participant's name, provider's name, title or subject area of the activity, date and location of attendance, and number of contact hours completed.

(b) Activities which do not qualify for award of contact hours include: professional organizational business meetings; speeches delivered at luncheons or banquets; reading of books, articles, or professional journals; home study courses, correspondence courses, and other mechanisms of self instruction; and audio-visual materials, except when the latter is used as a component of a qualifying continuing education activity identified in subsection (a) of this section.
(Effective October 30, 1998.)

## 20-146(c)-4. Content areas for qualifying continuing education activities

(a) Subject matter for qualifying continued education activities shall reflect the scope of practice authorized under chapter 381 of the Connecticut General Statutes. Only those continued education activities which provide significant theoretical or practical content directly related to the clinical practice of opticianry shall qualify to meet the requirements of sections 20-146(c)-2 to 20-146(c)-4, inclusive, of the Regulations of Connecticut State Agencies.

(b) Continued education activity that provides content related to organization and design of optical stores, practice development, business management or marketing, investments or financial management, personnel management, personal health or development, and similar topics of professional concern, shall be limited to not more than one contact hour in contact lens nor one contact hour in eyewear in any one registration period.
(Effective October 30, 1998.)

## 20-146(c)-5. Record retention by licensees

(a) Each licensee shall obtain a certificate of completion from the provider of continuing education activities successfully completed. Each licensee shall maintain, for continuing education activities specified in subsection 20-146(c)-4(a) of these regulations, written documentation of completion. Certificates of completion shall be retained by the licensee for a minimum of three years following the license renewal due date for which the activity satisfies license renewal requirements.

(b) The department may inspect such licensee records as it deems necessary. Certificates of completion shall be submitted by the licensee to the department only upon the department's request. Such records shall be submitted to the department by the licensee within 45 days of the department's request.

(c) A licensee who fails to comply with the continuing education requirements of these regulations may be subject to disciplinary action, pursuant to section 20-154 of the Connecticut General Statutes.
(Effective October 30, 1998.)

## 20-146(c)-6. Exemptions from and waiver of the continuing education requirements

(a) A licensee applying for license renewal for the first time in Connecticut shall be exempt from continuing education requirements.

(b) A licensee who is not engaged in active practice during a given continuing education registration period shall be exempt from continuing education requirements on submission, prior to the expiration of the continuing education registration period, of a notarized application on a form provided by the department. The application shall contain the statement that the licensee shall not engage in active practice until the licensee has shown proof of completion of requirements specified in sections 20-146(c)-2 to 20-146(c)-4, inclusive, of the Regulations of Connecticut State Agencies.
(Effective October 30, 1998.)

## 20-146(c)-7. Requirements for return to active practice following exemption from continuing education requirements

(a) A licensee who has been exempt, pursuant to subsection

(b) of section 20-146(c)-6 of the Regulations of Connecticut State Agencies, shall submit to the department evidence of successful completion of seven contact hours of continuing education within six months after returning to active practice.

(Effective October 30, 1998.)

# Application Fees for Respiratory Care Practitioners

## 20-162o-1. Respiratory care practitioner application fee

Respiratory Care Practitioner Application Fee. Persons applying for certification as respiratory care practitioners shall pay an application fee of $75.00.

(Effective September 16, 1987.)

# Licensure of Psychologists

## 20-188-1. Definitions

(a) "Accreditation by the American Psychological Association" shall mean that:
  (1) he program held provisional accreditation status or full accreditation status throughout the period of the applicant's enrollment, provided said provisional status subsequently progressed without interruption to full accreditation; or
  (2) the program held probationary accreditation status during the applicant's enrollment and, upon termination of said probationary status, subsequently achieved full accreditation.

(b) "Recognized regional accrediting body" shall mean one of the following accrediting bodies: New England Association of Schools and Colleges Middle States Association of Colleges and Schools; North Central Association of Colleges and Schools; Northwest Association of Schools and Colleges Southern Association of Colleges and Schools; and Western Association of Schools and Colleges.

(b) "Accreditation by a recognized regional accrediting body" shall mean that:
  (1) he institution held accreditation status or candidacy for accreditation throughout the period of the applicant's enrollment, provided said candidacy status subsequently progressed without interruption to full accreditation; or
  (2) the institution held accreditation status under probation or show-cause order during the applicant's enrollment and, upon termination of said probation or show-cause order, accreditation status was maintained without interruption.

(d) "Acceptable documentation" shall mean published institutional documents contemporaneous with the applicant's enrollment. In the absence of such published documents, "acceptable documentation" may be satisfied by appropriate certifications, based on institutional records, by the institution's Chief Academic Officer.

(e) "Acceptable evidence of professional identification" shall mean: member or fellow status in the American Psychological Association; or Diplomate status with the American Board of Professional Psychology; or state psychology licensure or certification; or receipt of the doctoral degree based in part upon a psychological dissertation, or the doctoral degree based on other evidence of proficiency in psychological scholarship from a program primarily psychological in content and conferred by a graduate or professional school that is regionally accredited, or that has achieved such accreditation within five years of the year the doctoral degree was granted, or one of equivalent standing outside the United States.

(f) "Acceptable evidence of applicant coursework" shall mean official transcript records of coursework completed with a passing grade, such records to be supplemented, where necessary to validate course content, with course catalogue descriptions, course outlines or syllabi, and/or student plans of study from official institutional files contemporaneous with the applicant's enrollment.

(g) "Closely related" shall mean related as a spouse, child, grand-child, child's or grandchild's spouse, parent, grandparent, brother, or sister.

(h) "Department" shall mean the Department of Health Services

(i) "Board" shall mean the Board of Examiners of Psychologists, as established by Connecticut General Statutes, Section 20-186.

(j) "Employ on a full-time basis" shall mean to employ an individual for a minimum of thirty (30) hours per week.

(Effective March 23, 1988; Amended April 2, 1991.)

## 20-188-2. Doctoral educational standards for Connecticut psychology licensure

(a) A program holding accreditation by the American Psychological Association shall constitute an approved doctoral educational program in psychology for Connecticut psychology licensure, pursuant to Connecticut General Statutes, Sections 20-188 and 20-189.

(b) A program, in which the applicant completed the doctoral degree prior to July 1, 1989, and which does not hold accreditation by the American Psychological Association shall be an approved doctoral educational program in psychology for Connecticut psychology licensure, pursuant to Connecticut General Statutes, Section 20-188 and 20-189, when the Department has determined, with the advice and assistance of the Board, that the program was in compliance with recognized written national standards for the preparation of psychologists which were in effect at the time of the applicant's matriculation in such program. These standards shall include, but not necessarily be limited to, those contained within the following publications: The American Psychological Association's "accreditation procedures and criteria" in effect at the time of the applicant's matriculation in the program; and for an applicant matriculating in such program in and after 1977, the national register of health service providers in psychology's "guidelines for defining doctoral degrees in psychology."

(c) A program located within the United States or its territories, in which the applicant completed the doctoral degree on or after July 1, 1989, which does not hold accreditation by the American Psychological Association shall be an approved doctoral educational program in psychology for Connecticut psychology licensure, pursuant to Connecticut General Statutes Sections 20-188 and 20-189, when all of the criteria specified below are satisfied:

(1) The program shall be offered in an institution of higher education holding accreditation by a recognized regional accrediting body. The institution which granted the applicant's doctoral degree shall hold accreditation by a recognized regional accrediting body to grant degrees at the doctoral level. Any other institution at which the applicant completed graduate-level coursework in psychology shall have held accreditation by a recognized regional accrediting body to grant degrees at the graduate level.

(2) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Acceptable documentation shall clearly identify the program as a psychology program with the intent to educate and train professional psychologists.

(3) The program shall stand as a recognizable, coherent organizational entity within the institution. Acceptable documentation shall clearly demonstrate that the institution has recognized and established an organizational structure, curriculum administration, and faculty for the psychology program.

(4) Psychologists shall have clear authority and primary responsibility for the core and specialty areas within the program.

Acceptable documentation shall clearly identify a psychologist or psychologists responsible for core and specialty areas within the program. When the professional identification of the responsible individual(s) is in question, acceptable evidence of professional identification shall be required.

(5) The program shall be an organized, integrated sequence of required study designed and predominately taught by the psychology faculty responsible for the doctoral program. Acceptable documentation shall clearly identify specific educational objectives and an organized, sequenced plan for meeting these objectives through required coursework, elective study, and related training experiences. Said objectives and plan must be designed and predominately taught by faculty of the program. The requirements of this subsection shall not be satisfied when a program permits educational objectives to be met solely by the completion of a specified number of course credits, examinations, independent study experiences, and/or hours of work experience.

(6) The program shall have an identifiable core of full-time psychology faculty. Acceptable documentation shall clearly identify a core of psychologists serving as full-time faculty for the program. When the professional identification of the responsible individual(s) is in question, acceptable evidence of professional identification shall be required

(7) The program shall have an identifiable body of students who are matriculated in that program for a doctoral degree. Acceptable documentation shall clearly demonstrate that the program has an identifiable body of doctoral students matriculated in that program

(8) The applicant shall complete a course of studies which encompasses a minimum of three academic years, or its equivalent, of full-time graduate study, of which a minimum of one academic year, or its equivalent, of full-time academic graduate study in psychology must be completed in residence at the institution granting the doctoral degree.

Acceptable evidence of applicant coursework shall document completion of the specified minimum lengths of full-time graduate study and study in residence. The requirement for study in residence shall be satisfied by full-time registration, attendance at, and participation in didactic coursework at the physical site of the institution granting the doctoral degree. Such requirement shall not be satisfied solely by the accumulation of contact hours with faculty or supervisors remote from the physical site of the institution granting the doctoral degree, nor solely by the completion of a specified number of course credits, independent study experiences, examinations, and/or hours of work experience.

(9) The applicant shall complete a course of studies which encompasses instruction in scientific methods in psychology and which shall include instruction in research design and methodology, statistics, and psychometrics.

Acceptable evidence of applicant coursework shall document satisfactory completion of a minimum of six graduate semester hours, or ten graduate trimester hours, of study in scientific methods of psychology, including the study of research design and methodology, statistics, and psychometrics. Not less than three graduate semester hours, or five graduate trimester hours, of the applicant's study in scientific methods of psychology shall be in research design, methodology, and statistics.

(10) The applicant shall demonstrate that the content of his doctoral program was primarily psychological by completion of classroom instruction in at least three of the following four substantive basic science areas:

(A) BIOLOGICAL BASES OF BEHAVIOR, for example, physiological psychology, comparative psychology, neuro-psychology, sensation and perception, psychopharmacology.

(B) COGNITIVE-AFFECTIVE BASES OF BEHAVIOR, for example, learning, thinking, motivation, emotion.

(C) SOCIAL BASES OF BEHAVIOR, for example, social psychology, group processes, organizational and systems theory.

(D) INDIVIDUAL DIFFERENCES, for example, personality theory, human development, abnormal psychology. Acceptable evidence of applicant coursework shall document satisfactory completion of a total of at least twenty-one graduate semester hours, or thirty-five graduate trimester hours, of classroom instruction encompassing at least three of the four substantive content areas specified in this criterion. The requirements of this subsection shall not be satisfied by any course which had a predominately applied or clinical focus.

(11) The applicant shall complete a course of studies which includes a formal practicum, internship, field training, or laboratory training which is supervised by program faculty, which is appropriate to the practice of psychology, and which is a minimum of one academic year or its equivalent in duration. Acceptable evidence of applicant coursework shall document satisfactory completion of a formal supervised practicum, internship, field training or laboratory training in psychology. The requirements of this section shall not be satisfied by dissertation work alone.

(d) A program located outside the United States or its territories which does not hold accreditation by the American Psychological Association shall be an approved doctoral educational program in psychology for Connecticut licensure, pursuant to Connecticut General Statutes, Sections 20-188 and 20-189, when all of the criteria specified below are satisfied:

(1) The program shall be offered by an institution of higher education approved to grant degrees at the doctoral level by the appropriate governmental or government-recognized body of the jurisdiction in which it is located. The applicant shall be required to demonstrate that the degree granted is equivalent in level and content to a doctoral degree in psychology as granted by an approved United States program, as defined by these regulations. The applicant shall be responsible for providing official documentation of educational program, translations of any non-English language documentation, and professional evaluations of educational credentials by a credentials evaluation service designated by the Department.

(2) The program and applicant shall be required to meet the criteria of subsections (c) (2) and (c) (11) of this Section.

(Effective March 23, 1988; Amended April 2, 1991.)

## 20-188-3. Post-doctoral experience standards for Connecticut psychology licensure

Post-doctoral work experience initiated on or after April 1, 1988, shall be satisfactory for Connecticut Psychology Licensure, pursuant to Connecticut General Statutes, Section 20-188, when all of the criteria specified below are satisfied.

(a) The work experience shall consist of at least one year at the post-doctoral level.

(1) The work experience shall be salaried work experience consisting of either:

(A) no less than thirty-five hours per week for no less than forty-six weeks within twelve consecutive months, or

(B) no less than 2000 hours within twenty-four consecutive months. No more than forty hours per week shall be credited toward the required experience.

(2) The starting date of such experience shall be no earlier than the date certified by the institution granting the doctoral degree as that date on which all academic, practicum, thesis, and examination requirements for the doctoral degree were met. The completion date of such experience shall be no later than eight weeks prior to the scheduled date of administration of the licensure examination to which the applicant is seeking admission.

(b) The work experience shall be supervised in accordance with this subsection and subsection (d) of this section by one or more doctoral-level psychologist(s) licensed in the state where the experience was completed and supervised. A doctoral-level licensed psychologist shall have either directly supervised the applicant, or consulted with the applicant under contract to the employment setting. For each 40 hours of post-doctoral work experience, such supervision or consultation shall consist of at least three hours, in the case of an employment setting described in subparagraph (d)(1)(A) of this section, or four hours, in the case of an employment setting described in subparagraph (d) (1) (B) of this section, of which no less than one hour in either case shall be individual, direct, face-to-face supervision or consultation. The source and amount of any compensation received by the consulting psychologist for such supervision shall be disclosed on application materials submitted to the Department of Health Services. The supervisor shall not be closely related to the supervisee nor have such other relationship to the supervisee that may reasonably be seen to compromise the objectivity of the supervisor. The supervisor shall not concurrently supervise more than a total of three individuals completing the post-doctoral work experience.

(c) The post-doctoral work experience shall be within an area for which the applicant is qualified by his doctoral education and shall be appropriate to the applicant's intended

area of practice. The duties the applicant shall be performing, as documented by the supervisor, shall be within an area for which the applicant has completed a directly related sequence of graduate coursework and a supervised pre-doctoral internship, practicum, field training or laboratory training. Acceptable evidence of applicant coursework shall be required.

(d) The post-doctoral work experience shall be within an acceptable salaried employment setting as defined in this subsection.

(1) Documentation from the employment setting shall establish that the setting provides supervision for the applicant in accordance with subsection (b) of this section. An acceptable employment setting shall satisfy all of the conditions in either subparagraph (A) or (B):

(A)

(i) the setting shall employ on a full-time basis no fewer than two (2) individuals with acceptable evidence of professional identification as psychologists who are engaged in work in an area for which the applicant is qualified by his doctoral education in accordance with subsection (c) of this section; and

(ii) the setting shall provide the applicant an opportunity for regularly occurring professional interaction and collaboration with other disciplines, an opportunity to utilize a variety of techniques and interventions, and an opportunity to work with a broad range of populations and conditions; and

(iii) a licensed doctoral-level psychologist shall have direct and continuing administrative control of, as well as full professional responsibility and accountability for, the activities performed and services provided by the applicant; and

(iv) one or more licensed doctoral-level psychologists employed in the setting or under contract to the setting shall provide or participate on an active ongoing basis in providing direct, face-to-face supervision or consultation to the applicant; or

(B)

(i) the setting shall be either an institution licensed pursuant to subsection (a) of section 19a-491 of the general statutes or a facility operated by a state agency, municipality or private nonprofit corporation, including facilities for the care and treatment of mentally ill persons or persons with mental retardation or substance abuse problems; and

(ii) the setting shall be engaged in the delivery of mental health services; and

(iii) the setting shall provide the applicant an opportunity for continuous professional interaction and collaboration with other disciplines, an opportunity to utilize a variety of techniques and interventions, and an opportunity to work with a broad range of populations and conditions; and

(iv) the setting shall employ on a full-time basis a licensed, doctoral-level psychologist who is engaged in work in an area for which the applicant is qualified by his doctoral education in accordance with subsection (c) of this section and who shall participate on an active, ongoing basis in providing direct, face-to-face supervision or consultation to the applicant, and

(v) such licensed doctoral-level psychologist shall have direct and continuing administrative control of, as well as full professional responsibility and accountability for, the activities performed and services provided by the applicant; and

(vi) the setting shall contract or otherwise provide for the services of a licensed, doctoral-level psychologist, in addition to the

psychologist referenced in subparagraph (d)(1)(B)(iv), who shall participate on an active, ongoing basis in providing direct, face-to-face supervision or consultation to the applicant; and

(vii) both psychologists shall certify to the applicant's satisfactory completion of the post-doctoral work experience in accordance with subsection (e) of this section.

(2) The requirements of this subsection shall not be satisfied when the experience is completed within an applicant's or individual licensee's independent practice setting, or when the applicant receives direct client fees or variable compensation based upon client contact hours or client fees generated.

(e) The post-doctoral work experience shall be certified as satisfactorily completed by a person or persons qualified to evaluate the applicant's experience, as required under subdivision (d) (1) of this section. The experience shall be certified as satisfactorily completed by either:

(1) a licensed doctoral-level psychologist who directly supervised the applicant; or

(2) both the licensed doctoral-level psychologist who consulted with the applicant under contract to the employment setting, and a psychologist employed full-time in the employment setting.

(f) When such experience is to be completed in Connecticut, the applicant may file a supervised post-doctoral experience plan with the Department on forms prescribed by the Department and approved by the Board. Written approval of the plan of supervised post-doctoral experience may be obtained from the Department prior to the applicant's beginning such experience, based upon compliance of the plan with the requirements of this section.

(1) In order to obtain such approval, the applicant shall:

(A) satisfy the Department that he has completed a doctoral education program in psychology approved for Connecticut psychology licensure; and

(B) submit an acceptable plan for post-doctoral work experience to the Department.

(2) Prior to licensure and during the period of time devoted to completing the post-doctoral experience in Connecticut under the terms of an approved plan, the applicant shall be permitted to describe himself as a "psychology resident" solely in the conduct of his approved post-doctoral work experience plan. Outside of an applicant's employment under the terms of a plan approved pursuant to subsection (f) (1) of this section, in accordance with Connecticut General Statutes, Section 20-187a, applicants shall refrain from using any title employing the terms "psychologist," "psychology," or "psychological" to describe their services offered to the public, or to any public or private organization for a fee or other remuneration. Activities exempt from this provision are set forth in Connecticut General Statutes, Section 20-195.

(Effective March 23, 1988; Amended April 2, 1991.)

# Marital and Family Therapist Certification

## 20-195a-1. Definitions

Definitions. As used in sections 20-195a-1 to 20-195a-3, inclusive

(1) "Department" means the Department of Public Health.

(2) "Regionally accredited college or university" means one of the following regional accrediting bodies:

(a) New England Association of Schools and Colleges;

(b) Middle States Association of Colleges and Schools;

(c) North Central Association of Colleges and Schools;

(d) Northwest Association of Schools and Colleges;

(e) Southern Association of Colleges and Schools; and

(f) Western Association of Schools and Colleges.

(Effective February 2, 1988; Amended April 29, 1997.)

## 20-195a-2. Graduate degree programs

A graduate degree program specializing in marital and family therapy shall be a graduate degree program satisfying all the criteria specified below, as evidenced by acceptable documentation:

(a) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a marital and family therapy program with the intent to educate and train professional marital and family therapists.

(b) The program shall stand as a recognizable, coherent organizational entity within the institution, which institution shall have recognized and established an organizational structure, curriculum, administration, and faculty for the marital and family therapy program.

(c) Marital and family therapists shall have clear authority and primary responsibility for the core and specialty areas within the program. Acceptable documentation shall clearly identify a marital and family therapist or marital and family therapists responsible for core and specialty areas within the program. When the professional identification of the responsible individual(s) is in question, acceptable evidence of professional identification shall be submitted to the Department.

(d) The program shall be an organized, integrated sequence of required study designed and taught by the faculty responsible for the graduate program. Acceptable documentation shall clearly identify specific educational objectives and an organized, sequenced plan for meeting these objectives. Said objectives and plan must be designed and taught by faculty of the program. The requirements of this subsection shall not be satisfied when a program permits educational objectives to be met solely by the completion of a specified number of course credits, examinations, independent study experiences, or hours of work experience.

(e) The program shall have an identifiable core of full-time marital and family therapy faculty. Acceptable documentation shall clearly identify a core of marital and family therapists serving as full-time faculty for the program. When the professional identification of the faculty is in question, acceptable evidence of professional identification shall be submitted to the Department.

(f) The program shall have a body of students who are matriculated in that program for a graduate degree specializing in marital and family therapy.

(g) An applicant for marital and family therapy licensure shall demonstrate by acceptable evidence of applicant coursework that he has completed a course of study which encompassed a minimum of two academic years of full-time graduate study, or its equivalent, in marital and family therapy, including a minimum of one academic year of full-time graduate study, or its equivalent, in marital and family therapy completed at the institution granting the graduate degree.

(h) An applicant for marital and family therapy licensure shall demonstrate that the content of his graduate degree program specialized in marital and family therapy by acceptable

evidence of applicant coursework indicating completion of a curriculum which provided not less than:

(1) a total of 45 semester hours, or its equivalent, of coursework in the degree program;
(2) six (6) semester hours, or its equivalent, of classroom instruction in the theoretical foundations of Marital and Family Systems;
(3) six (6) semester hours, or its equivalent, of classroom instruction in the theories and practices of Marital and Family Therapy, including diagnosis assessment and treatment processes;
(4) six (6) semester hours, or its equivalent, of classroom instruction in Individual Development including, but not necessarily limited to, life-span human development, personality theory, psychopathology, or human sexuality;
(5) a total of 27 semester hours, or its equivalent, of classroom instruction in the content areas specified in (2), (3), and (4) combined;
(6) three (3) semester hours, or its equivalent, of classroom instruction in Professional Ethics and Standards, including but not necessarily limited to professional socialization, legal responsibilities and liabilities, ethics and family law, licensure or certification laws, confidentiality, independent practice and interprofessional cooperation;
(7) three (3) semester hours, or its equivalent, of classroom instruction in Research Methodology including, but not necessarily limited to, research design, statistical analysis, computer applications, or critical appraisal of published research; and
(8) one (1) calendar year of Supervised Clinical Practice in marital and family therapy, including a minimum of 500 supervised clock hours of direct face-to-face client contact.

(Effective February 2, 1988; Amended April 29, 1997.)

## 20-195a-3. Post graduate experience and supervised casework

(a) The supervisor of the postgraduate casework shall be licensed in the state where the experience is being completed.
(b) Of the 100 hours of postgraduate supervised casework required, 50 hours shall be individual supervision consisting of one supervisor sitting face to face with either one or two supervisees. The remaining 50 hours may be individual supervision or group supervision consisting of no more than six supervisees meeting face to face with one supervisor.
(c) In cases where the supervisor of the postgraduate casework is being compensated, such compensation shall be provided by the employing agency or by the institute which has contracted with the candidate to provide the supervision or any other relationship in which the supervisee does not gain financial control over his supervisor.
(d) Any attempts on the part of the applicants to influence his supervision through compensation shall be grounds for denial of licensure
(Effective February 2, 1988; Amended April 29, 1997.)

# Continuing Education for Marital and Family Therapists

## 20-195c-1. Definitions

For the purposes of sections 20-195c-1 to 20-195c-7, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Active practice" means the treatment in Connecticut of one or more patients by a licensee during any given registration period;
(2) "Certificate of completion" means a document issued to a participant by a provider which certifies that the participant has successfully completed a continuing education activity;
(3) "Contact hour" means a minimum of fifty minutes of continuing education activity;
(4) "Department" means the Department of Public Health;

(5) "Face-to-face instruction" means in-person, live instruction which a participant physically attends, either individually or as a part of a group of participants;
(6) "Home study program" means continuing education activities clearly related to maintaining skills necessary for the safe and competent practice of marital and family therapy that include a proficiency examination and are sponsored, endorsed or approved by a regionally accredited academic institution, or the American Association for Marriage and Family Therapy or its affiliates;
(7) "Licensee" means a marital and family therapist licensed pursuant to section 20-195c of the Connecticut General Statutes;
(8) "License renewal due date" means the last day of the month of the licensee's date of birth;
(9) "Participant" means a licensee who successfully completes a continuing education activity;
(10) "Provider" means the individual educator or sponsoring organization conducting a continuing education activity; and
(11) "Registration period" means the one-year period for which a license has been renewed in accordance with section 19a-88 of the Connecticut General Statutes and is current and valid.
(Effective November 4, 2003.)

## 20-195c-2. Number of contact hours required

(a) Each licensee applying for license renewal shall have completed a minimum of fifteen contact hours of qualifying continuing education during each registration period.
(b) Continuing education contact hours completed in one registration period shall not carry over to a subsequent registration period
(c) Each licensee applying for license renewal shall sign a statement attesting that the licensee satisfies the continuing education requirements specified in sections 20-195c-1 to 20-195c-7, inclusive, of the Regulations of Connecticut State Agencies.
(Effective November 4, 2003.)

## 20-195c-3. Basic requirements for qualifying continuing education activities

(a) Qualifying continuing education activities are the following:
  (1) courses offered or approved by the American Association for Marriage and Family Therapy or its affiliates;
  (2) courses accredited, approved or offered by the Commission on Accreditation for Marital and Family Therapist Education, National Board of Certified Counselors, the American Counseling Association, the National Association of Social Workers, the American Association of Social Workers, the American Psychological Association, or their affiliates, provided the coursework is clearly related to maintaining skills necessary for the safe and competent practice of marital and family therapy;
  (3) courses offered or approved by institutions accredited by the commission on accreditation for marital and family therapist education;
  (4) graduate coursework in or related to the discipline of marital and family therapy field offered by a regionally accredited academic institution, either audited or by credit; or
  (5) programs in or related to the discipline of marital and family therapy sponsored or approved by a regionally accredited academic institution, provided the coursework is clearly related to maintaining skills necessary for the safe and competent practice of marital and family therapy.
(b) Continuing education activities shall meet the following requirements:
  (1) the activity involves face-to-face instruction or a home study program;
  (2) the provider implements a mechanism to monitor and document physical attendance at such instruction or to verify licensee completion in the case of a home study program;

(3) the provider retains written records for a period of three years from the participant's actual successful completion of the activity, including but not limited to: content description; instructor; date of activity; location of activity; list of participants; participant's evaluation of instruction presented and number of contact hours; and

(4) the provider issues a certificate of completion after the participant's successful completion of the activity. Such certificate shall include the participant's name, provider's name, title or subject area of the activity, date and location of attendance and number of contact hours completed.

(c) Subject matter for qualifying continuing education activities shall reflect the scope of practice authorized under Chapter 383a of the Connecticut General Statutes.

(d) Activities which do not qualify for award of contact hours include: professional organizational business meetings; reading of books, articles, or professional journals; correspondence courses and other mechanisms of self instruction, except when used as a component of a home study program; and audio-visual materials, except when the latter is used as a component of a qualifying continuing education activity identified in subsections (a) and (b) of this section.

(Effective November 4, 2003.)

## 20-195c-4. Award of contact hours

(a) Continuing education contact hours shall be awarded as follows:

(1) Courses, institutes, seminars, programs, clinics, conferences and teleconferences: one contact hour for each hour of attendance;

(2) first presentation by licensee of an original paper, essay or formal lecture or workshop in marriage and family therapy to a recognized group of colleagues at a professional meeting: five contact hours; and

(3) original paper published by licensee in a professional journal that accepts papers or an invited chapter or book only on the basis of independent review by experts: six contact hours for the first publication only of the material.

(b) Eight contact hours shall be the maximum continuing education contact hours granted for any one day's participation in the activities specified in subsection (a) of this section.

(c) Graduate level coursework shall be credited at one contact hour for each hour of attendance. Audited courses shall have hours of attendance documented.

(d) Continuing education activities that provide content related to organizational structure, marketing and similar topics relating to business management, shall be limited to not more than six contact hours in any one registration period.

(e) The licensee shall successfully complete a continuing education activity for award of any continuing education contact hours.

(Effective November 4, 2003.)

## 20-195c-5. Record retention by licensees

(a) Each licensee shall obtain a certificate of completion from the provider of continuing education activities successfully completed. Each licensee shall maintain, for continuing education activities specified in subsection (a) of section 20-195c-3 of the Regulations of Connecticut State Agencies, written documentation of completion. Certificates of completion shall be retained by the licensee for a minimum of three years following the license renewal due date for which the activity satisfies license renewal requirements.

(b) The department may inspect such licensee records as it deems necessary. Certificates of completion shall be submitted by the licensee to the department only upon the department's request. Such records shall be submitted to the department by the licensee within 45 days of the department's request.

(c) A licensee who fails to comply with the continuing education requirements of sections 20-195c-1 to 20-195c-7, inclusive, of the regulations of Connecticut State Agencies may be subject to disciplinary action, pursuant to section 20-195d of the Connecticut General Statutes.

(Effective November 4, 2003.)

## 20-195c-6. Exemptions from and waiver of the continuing education requirements

(a) A waiver of the continuing education requirements may be extended to a licensee who is not engaged in active practice during a given registration period provided the licensee submits, prior to the expiration of the registration period, a notarized application on a form provided by the department. The application shall contain a statement that the licensee shall not engage in active practice until the licensee has shown proof of completion of the requirements specified in sections 20-195c-1 to 20-l95c-7, inclusive, of the Regulations of Connecticut State Agencies.

(b) The Department may, in individual cases involving a medical disability or illness, grant waivers of the minimum continuing education requirements or extensions of time within which to fulfill the same. The application for waiver or time extension shall be accompanied by a verifying document signed by a licensed physician. Waivers of the minimum continuing education requirements or extensions of time may be granted by the department for a period not to exceed one (1) calendar year. If the medical disability or illness, upon which a waiver or time extension has been granted continues beyond the period of the waiver or extension, the licensee shall reapply for the waiver or extension.

(c) A licensee whose license is due to expire within twelve months of the effective date of sections 20-195c-1 to 20-1 95c-7, inclusive, of the Regulations of Connecticut State Agencies, shall be exempt from continuing education requirements until such licensee's next registration period.

(d) A licensee applying for license renewal for the first time is exempt from continuing education requirements.
(Effective November 4, 2003.)

## 20-195c-7. Requirements for return to active practice following waiver of the continuing education requirements

(a) A licensee who has received a waiver pursuant to subsection (a) of section 20-195c-6 of the Regulations of Connecticut State Agencies shall successfully complete seven contact hours of qualifying continuing education prior to returning to active practice, which shall be applied to the continuing education requirements for the current registration period.
(Effective November 4, 2003.)

# Continuing Education for Professional Counselors

## 20-195cc-1. Definitions

For the purposes of sections 20-195cc-1 to 20-195cc-7, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Active practice" means the treatment in Connecticut of one or more patients by a licensee during any given registration period;

(2) "Certificate of completion" means a document issued to a participant by a provider which certifies that the participant has successfully completed a continuing education activity;

(3) "Contact hour" means a minimum of fifty minutes of continuing education activity;

(4) "Department" means the Department of Public Health;

(5) "Face-to-face instruction" means in-person, live instruction which a participant physically attends, either individually or as a part of a group of participants;

(6) "Home study program" means continuing education activities, clearly related to maintaining skills necessary for the safe and competent practice of professional counseling that require the successful completion of a proficiency examination and are sponsored, endorsed or approved by the National Board of Certified Counselors, the American Counseling Association, the American Association of Marriage and Family Therapy, the National Association of Social Workers, the Association of Social Work Boards, the American Psychological Association, or their affiliates, a regionally accredited academic institution, the Connecticut Department of Education or the Connecticut Department of Mental Health and Addiction Services;

(7) "Licensee" means a professional counselor licensed pursuant to section 20-195cc of the Connecticut General Statutes;

(8) "License renewal due date" means the last day of the month of the licensee's date of birth;

(9) "Participant" means a licensee who successfully completes a continuing education activity;

(10) "Provider" means the individual educator or sponsoring organization conducting a continuing education activity; and

(11) "Registration period" means the one-year period for which a license has been renewed in accordance with section 19a-88 of the Connecticut General Statutes and is current and valid.

(Added effective March 3, 2003.)

## 20-195cc-2. Number of contact hours required

(a) Each licensee applying for license renewal shall have completed a minimum of fifteen contact hours of qualifying continuing education during the preceding registration period.

(b) Continuing education contact hours completed in one registration period shall not carry over to a subsequent registration period.

(c) Each licensee applying for license renewal shall sign a statement attesting that he satisfies the continuing education requirements specified in section 20-195cc-1 to section 20-195cc-7, inclusive of the Regulations of Connecticut State Agencies.

(Added effective March 3, 2003.)

## 20-195cc-3. Basic requirements for qualifying continuing education activities

(a) Qualifying continuing education activities are the following:

(1) courses offered or approved by the National Board of Certified Counselors, the American Counseling Association, the American Association of Marriage and Family Therapy, the National Association of Social Workers, the Association of Social Work Boards, the American Psychological Association, or their affiliates, or the Connecticut Department of Education or the Connecticut Department of Mental Health and Addiction Services;

(2) graduate coursework in or related to the discipline of professional counseling offered by a regionally accredited academic institution, either audited or by credit; or

(3) programs in or related to the discipline of professional counseling sponsored or approved by a regionally accredited academic institution, provided the coursework is clearly related to maintaining skills necessary for the safe and competent practice of professional counseling.

(b) Continuing education activities shall meet the following requirements:

(1) the activity involves face-to-face instruction or a home study program;

(2) the provider implements a mechanism to monitor and document physical attendance at such instruction or to verify licensee completion in the case of a home study program;

(3) the provider retains written records for a period of three years from the participant's actual successful completion of the activity, including but not limited to: content description; instructor; date of activity; location of activity; list of participants; participant's evaluation of instruction presented and number of contact hours; and

(4) the provider issues a certificate of completion after the participant's successful completion of the activity. Such certificate shall include the participant's name, provider's name, title or subject area of the activity, date and location of attendance and number of contact hours completed.

(c) Subject matter for qualifying continuing education activities shall reflect the scope of practice authorized under Chapter 383c of the Connecticut General Statutes.

(d) Activities which do not qualify for award of contact hours include: professional organizational business meetings; speeches delivered at luncheons or banquets; reading of books, articles, or professional journals; correspondence courses and other mechanisms of self instruction, except when used as a component of a home study program; and audio-visual materials, except when the latter is used as a component of a qualifying continuing education activity identified in subsections (a) and (b) of this section. Home study programs may include distance learning and Internet-based educational programs.

(Added effective March 3, 2003.)

## 20-195cc-4. Award of contact hours

(a) Continuing education contact hours shall be awarded as follows:

(1) Courses, institutes, seminars, programs, clinics, conferences and teleconferences: one contact hour for each hour of attendance;

(2) first presentation by licensee of an original paper, essay or formal lecture in professional counseling to a recognized group of fellow professionals at a scientific meeting: five contact hours; and

(3) original paper published by licensee in a professional journal that accepts papers only on the basis of independent review by experts: six contact hours for the first publication of the material; and

(b) Graduate level coursework shall be credited at one contact hour for each hour of attendance. Audited courses shall have hours of attendance documented.

(c) Twelve contact hours shall be the maximum continuing education hours granted for any one day's participation in the activities specified in subsection (a) of this section.

(d) Continuing education activities that provide content related to organizational structure, marketing and similar topics relating to business management, shall be limited to not more than three contact hours in any one registration period.

(e) The licensee shall successfully complete a continuing education activity for award of any continuing education contact hours.

(Added effective March 3, 2003.)

## 20-195cc-5. Record retention by licensees

(a) Each licensee shall obtain a certificate of completion from the provider of continuing education activities. Certificates of completion shall be retained by the licensee for a minimum of three years following the license renewal due date for which the activity satisfies license renewal requirements.

(b) The department may inspect such licensee records as it deems necessary. Certificates of completion shall be submitted by the licensee to the department only upon the department's request. The licensee shall submit such records to the department within 45 days of the department's request.

(c) A licensee who fails to comply with the continuing education requirements of sections 20-195cc-1 to 20-195cc-7, inclusive, of the Regulations of Connecticut State Agencies may be subject to disciplinary action, pursuant to section 20-195ee of the Connecticut General Statutes.

(Added effective March 3, 2003.)

## 20-195cc-6. Exemptions from and waiver of the continuing education requirements

(a) A waiver of the continuing education requirements may be extended to a licensee who is not engaged in active practice during a given registration period provided he submits, prior to the expiration of the registration period, a notarized application on a form provided by the department. The application shall contain a statement that the licensee shall not engage in active practice until the licensee has shown proof of completion of the requirements specified in sections 20-195cc-1 to 20-195cc-7, inclusive, of the Regulations of Connecticut State Agencies.

(b) The department may, in individual cases involving a medical disability or illness, grant waivers of the minimum continuing education requirements or extensions of time within which to fulfill the same. The application for waiver or time extension shall he accompanied by a verifying document signed by a licensed physician. Waivers of the minimum continuing education requirements or extensions of time may be granted by the department for a period not to exceed one (1) calendar year. If the medical disability or illness, upon which a waiver or time extension has been granted continues beyond the period of the waiver or extension, the licensee shall reapply for the waiver or extension.

(c) A licensee whose license is due to expire within twelve months of the effective date of sections 20-195cc-1 to 20-195cc-7, inclusive, of the Regulations of Connecticut State Agencies, shall be exempt from continuing education requirements until such licensee's next registration period.

(d) A licensee applying for license renewal for the first time is exempt from continuing education requirements.

(Added effective March 3, 2003.)

## 20-195cc-7. Requirements for return to active practice following waiver of the continuing education requirements. Reinstatement of lapsed licenses

(a) A licensee who has received a waiver pursuant to subsection (a) of section 20-195cc-6 of the Regulations of Connecticut State Agencies shall successfully complete seven contact hours of qualifying continuing education prior to returning to active practice, which shall be applied to the continuing education requirements for the current registration period.

(b) Any licensee whose license has been void and applies to the Department for reinstatement shall be required to submit certificates of completion documenting successful completion of qualifying continuing education as follows:

(1) if the license has been void for two years or less, a minimum of fifteen contact hours of qualifying continuing education during the one year period immediately preceding application for reinstatement; or

(2) if the license has been void for more than two years, a minimum of thirty contact hours of qualifying continuing education during the two year period immediately preceding application for reinstatement.

(Added effective March 3, 2003.)

# Continuing Education for Clinical Social Workers

## 20-195o(c)-1. Definitions

For the purposes of sections 20-195o(c)-1 to 20-195o(c)-7, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Active practice" means the treatment in Connecticut of one or more patients by a licensee during any given registration period;
(2) "Certificate of completion" means a document issued to a participant by a provider which certifies that the participant has successfully completed a continuing education activity;
(3) "Contact hour" means a minimum of fifty minutes of continuing education activity;
(4) "Department" means the Department of Public Health;
(5) "Face-to-face instruction" means in-person, live instruction which a participant physically attends, either individually or as a part of a group of participants;
(6) "Home study program" means continuing education activities clearly related to maintaining skills necessary for the safe and competent practice of clinical social work that require successful completion of a proficiency examination, and may include distance learning and internet-based educational programs;
(7) "Licensee" means a clinical social worker licensed pursuant to Section 20-195n of the Connecticut General Statutes;
(8) "License renewal due date" means the last day of the month of the licensee's date of birth;
(9) "Participant" means a licensee who successfully completes a continuing education activity;
(10) "Provider" means the individual educator or sponsoring organization conducting a continuing education activity; and
(11) "Registration period" means the one-year period during which a license has been renewed in accordance with Section 19a-88 of the Connecticut General Statutes and is current and valid.

(Added effective October 1, 1999; amended effective December 5, 2005.)

## 20-195o(c)-2. Number of credits required

(a) Each licensee applying for license renewal shall have completed a minimum of fifteen credit hours of qualifying continuing education for clinical social workers during the preceding registration period.
(b) Continuing education credit hours completed in one registration period shall not carry over to a subsequent registration period.
(c) Each licensee applying for license renewal shall sign a statement attesting that he satisfies the continuing education requirements specified in section 20-195o(c)-1 to section 20-195o(c)-7 of the Regulations of Connecticut State Agencies.

(Effective October 1, 1999.)

## 20-195o(c)-3. Basic requirements for qualifying continuing education activities

(a) Continuing education activities shall meet the following requirements:
(1) The providers of continuing education are graduate schools of social work accredited by the Council on Social Work Education, or programs that are approved by the National Association of Social Workers, Association of Social Work Boards or other nationally recognized organization that demonstrates to the department that their standards are substantially similar;
(2) the activity involves face-to-face instruction or a home study program;
(3) the provider implements a mechanism to monitor and document physical attendance at such instruction or to verify that a licensee completed a home study program as defined in section 20-195o(c)-1(6) of the Regulations of

Connecticut State Agencies;

(4) the provider retains written records for a period of three years from the participant's actual successful completion of the activity, including but not limited to: content description; instructor; date of activity; location of activity; list of participants; participant's evaluation of instruction presented and number of contact hours; and

(5) the provider issues a certificate of completion after the participant's successful completion of the activity. Such certificate shall include the participant's name, provider's name, title or subject area of the activity, date and location of attendance and number of contact hours completed.

(b) Subject matter for qualifying continued education activities shall reflect the scope of practice authorized under Chapter 383b of the Connecticut General Statutes.

(c) Activities which do not qualify for award of contact hours include: professional organizational business meetings; speeches delivered at luncheons or banquets; reading of books, articles, or professional journals; correspondence courses and other mechanisms of self instruction, except when used as a component of a home study program; and audio-visual materials, except when the latter is used as a component of a qualifying continuing education activity identified in subsection (a) of this section.
(Added effective October 1, 1999; amended effective December 5, 2005.)

## 20-195o(c)-4. Award of credit hours

(a) Continuing education credit hours shall be awarded as follows:

(1) Courses, institutes, seminars, programs, clinics, conferences and teleconferences: one credit hour for each contact hour of attendance;

(2) graduate level coursework offered by schools of social work accredited by the Council on Social Work Education: one credit hour for each hour of attendance. Audited courses shall have hours of attendance documented;

(3) first presentation by licensee of an original paper, essay or formal lecture in clinical social work to a recognized group of fellow professionals at a scientific meeting: five credit hours; and

(4) original paper published by licensee in a professional journal that accepts papers only on the basis of independent review by experts: six credit hours for the first publication only of the material.

(b) Eight credit hours shall be the maximum continuing education credit hours granted for any one day's participation in the activities specified in subsection (a) of this section.

(c) Continuing education activity that provides content related to organizational structure, marketing and similar topics relating to business management, shall be limited to not more than three contact hours in any one registration period.

(d) Continuing education activities that are completed as part of a home study program shall be limited to not more than six contact hours in any one registration period.

(e) The licensee shall successfully complete a continuing education activity for award of any continuing education credit hours.
(Added effective October 1, 1999; amended effective December 5, 2005.)

## 20-195o(c)-5. Record retention by licensees

(a) Each licensee shall obtain a certificate of completion from the provider of continuing education activities successfully completed. Each licensee shall maintain, for continuing education activities specified in subsection (a) of section 20-195o(c)-4 of the Regulations of Connecticut State Agencies, written documentation of completion. Certificates of completion shall be retained by the licensee for a minimum of three years following the license renewal due date for which the activity satisfies license renewal requirements.

(b) The department may inspect such licensee records as it deems necessary. Certificates of completion shall be submitted by the licensee to the department only upon the department's request. Such records shall be submitted to the department by the licensee within 45 days of the department's request.

(c) A licensee who fails to comply with the continuing education requirements of Sections 20-195o(c)-1 to 20-195o(c)-7 of the regulations of Connecticut State Agencies may be subject to disciplinary action, pursuant to section 20-195p of the Connecticut General Statutes.
(Effective October 1, 1999.)

## 20-195o(c)-6. Exemptions from and waiver of the continuing education requirements

(a) A licensee applying for license renewal for the first time in Connecticut shall be exempt from continuing education requirements.

(b) A waiver of the continuing education requirement may be extended to a licensee who is not engaged in clinical social work during a given continuing education registration period provided he submits, prior to the expiration of the continuing education registration period, a notarized application on a form provided by the department. The application shall contain a statement that the licensee shall not engage in active practice until the licensee has shown proof, to the satisfaction of the department, of completion of the requirements specified in sections 20-195o(c)-1 to 20-195o(c)-7, inclusive, of the Regulations of Connecticut State Agencies.

(c) The department may, in individual cases involving a medical disability or illness, grant waivers of the minimum continuing education requirements or extensions of time within which to fulfill the same. The application for a waiver or extension of time shall be accompanied by a document signed by a licensed physician detailing the nature of the medical disability or illness. Waivers of the minimum continuing education requirements or extensions of time may be granted by the department for a period not to exceed one (1) year. If the medical disability or illness, upon which a waiver or extension of time is granted continues beyond the period of the waiver or extension of time, the licensee may reapply for an additional waiver or extension of time.
(Added effective October 1, 1999; amended effective December 5, 2005.)

## 20-195o(c)-7. Requirements for return to active practice following waiver of the continuing education requirements

(a) A licensee who has received a waiver, pursuant to subsection (b) of section 20-195o(c)-6 of the Regulations of Connecticut State Agencies, shall submit to the department evidence of successful completion of seven contact hours of continuing education within six months after returning to active practice.
(Effective October 1, 1999.)

# Connecticut Board of Veterinary Medicine
# RULES OF PRACTICE
# Part I

## 20-196-1. Procedure governed

These regulations govern the use of any facility for the treatment of animals, used by a veterinarian licensed by the State of Connecticut for the practice of veterinary medicine, surgery and dentistry.
(Effective March 14, 1974.)

# Part II

## 20-196-3. Definitions as used in these regulations

(a) "Office" means a building, room or series of rooms in which the practice of a veterinarian is conducted.
(b) "Clinic" means a veterinary clinic is a facility giving medical and surgical care to patients. A facility that meets the definition of a hospital may be called either hospital or clinic, but if the facility meets the definition of a clinic and not a hospital, it must be called a clinic.
(c) "Hospital" means a veterinary hospital is a facility for medical and surgical treatment of animals. The practice conducted within this facility includes the confinement as well as the treatment of patients. Veterinary service should be available 7 days a week and emergency service should be available on a 24-hour basis.

**TYPES OF HOSPITALS**

(a) Private or partnership hospital - a facility operated by one or two individuals.
(b) Group hospital - a facility organized, controlled and operated by a group of veterinarians for the medical and surgical treatment of their own patients.
(c) Central hospital - a central veterinary hospital organized, controlled and operated by licensed veterinarians as a facility with a fixed location, which receives patients from offices, clinics or other hospitals, is equipped to care for medical, surgical and dental cases and has a resident veterinarian in attendance at all times.
(d) Veterinary medical center - a veterinary medical center is a facility that performs full and complete consultative, clinical, and hospital services by an adequate staff of duly accredited veterinary scientists who perform scientific research and conduct advanced professional educational programs.
(e) Large animal veterinary medical facility - any facility used as a treatment center for the care of equines and bovines under the direct supervision of a veterinarian identified as such.
(Effective March 14, 1974.)

# Part III

## 20-196-4. Standards for all facilities

(a) Structural strength. Housing facilities for animals shall be structurally sound and shall be maintained in good repair to protect the animals from injury, to contain the animals and to restrict the entrance of other animals.
(b) Water and electrical power. Reliable and adequate electrical power and adequate potable water shall be available.
(c) Storage. Supplies of food and bedding shall be stored in facilities which adequately protect such supplies against infestation or contamination by vermin and rodents. Refrigeration shall be provided for supplies of perishable food.
(d) Washrooms and sinks. Facilities such as washrooms, basins or sinks shall be provided to maintain cleanliness among animal caretakers.
(Effective March 14, 1974.)

## 20-196-5. Standards for indoor facilities

(a) Heating. Indoor housing facilities for animals shall be sufficiently heated when necessary to protect the animals from cold and provide for their health and comfort.

(b) Ventilation. Indoor housing facilities for animals shall be adequately ventilated to provide for the health and comfort of the animals at all times.

(c) Lighting. Indoor housing facilities for animals shall have ample light by natural or artificial means, of good quality and well distributed routine examination and cleaning during the entire working period. The enclosure shall be so placed as to protect the animals from excessive illumination.

(d) Interior surfaces. The interior building surfaces of indoor housing facilities shall be constructed and maintained so that they are substantially impervious to moisture and shall be readily sanitized.

(e) Drainage. A suitable method shall be provided in rapidly eliminating excess water from indoor housing facilities. If drains are used, they shall as be equipped with traps and so installed as to prevent any backup of sewerage onto the floor of the room.

(f) Solid wastes. All solid wastes must be removed from enclosures as often as is necessary.

(Effective March 14, 1974.)

## 20-196-6. Standards for outdoor facilities

(a) Shelter from sunlight. When sunlight causes overheating or discomfort, sufficient shade shall be provided to allow all animals kept outdoors to protect themselves from tee direct rays of the sun.

(b) Shelter from rain or snow. Animals kept outdoors shall be provided with access to shelter to allow them to remain dry during rain or snow.

(c) Drainage. A suitable method shall be provided in rapidly eliminating excess water from outdoor housing facilities. If drains are used, they shall be equipped with traps and so installed as to prevent any back-up of sewerage.

(d) Solid wastes. All solid wastes must be removed from animal enclosure as often as is necessary.

(Effective March 14, 1974.)

## 20-196-7. Enclosures for animals for all facilities shall conform to the following requirements

(a) Primary enclosures shall be structurally sound and maintained in good repair to protect the animals from injury, to contain them and to keep predators out.

(b) Primary enclosure shall be constructed and maintained so as to enable the animals to remain dry and clean.

(c) Primary enclosures shall be constructed and maintained so that the animals contained therein have convenient access to clean food and water as required for their general health and well-being.

(d) The floors, doors, and gates of the primary enclosure shall be constructed so as to protect the animals feet and legs from injury.

(Effective March 14, 1974.)

## 20-196-7-1. Additional requirements for primary enclosures housing cats

(a) In all enclosures having a solid floor, sufficient clean litter shall be provided to contain excreta.

(b) Each primary enclosure housing more than one cat shall be provided with a solid resting surface or surfaces which shall be of adequate size to hold all the occupants of the primary enclosure at the same time comfortably. Such resting surface or surfaces shall be elevated in primary enclosures housing two or more cats.

(Effective March 14, 1974.)

## 20-196-7-2. Space requirements

(a) Dogs and cats. Primary enclosures shall be constructed and maintained so as to provide sufficient space to allow each dog and cat to turn out freely and to stand, sit and lie in a comfortable, normal position with ease.

(b) Dogs. Each dog housed in any primary enclosure shall be provided a minimum square footage of floor space equal to the mathematical square (1.) of the sum of the length of the dog in inches as measured from the tip of its nose to the base of its tail expressed in square feet. Not more than 12 adult non-conditioned dogs shall be housed in the same primary enclosure. Cats - Each adult cat housed in any primary enclosure shall be provided a minimum of 2 1/2 square feet of floor space; not more than 12 adult non-conditioned cats shall be housed in the same primary enclosure.

(1.) This requirement may be figured by using the following equation:

$$(\text{length of dog in inches})\times(\text{length of dog in inches})\frac{\text{Required area in inches}}{144} =$$

Required square feet of floor space.

(Effective March 14, 1974.)

## 20-196-8. Feeding

(a) Animals shall be fed at least once each day except as otherwise might be required to provide adequate veterinary care.

(b) Food receptacles shall be accessible to all animals and shall be located so as to minimize contamination by body wastes.

(Effective March 14, 1974.)

## 20-196-9. Watering

If potable water is not accessible to the animals at all times, potable liquids shall be offered to such animals at least twice daily for periods of not less than one hour except as might otherwise be required to provide adequate veterinary care.

(Effective March 14, 1974.)

## 20-196-10. Sanitation

(a) Cleaning of primary enclosures. Body waste shall be removed from primary enclosures as often as necessary to prevent contamination of animals contained therein and to reduce disease hazards and odors.

(b) Sanitation of primary enclosures. Prior to the introduction of non-conditioned animals into empty primary enclosures previously occupied, such enclosures shall be sanitized by washing them with hot water and soap or detergent, followed by a safe and effective sanitizing agent.

(Effective March 14, 1974.)

## 20-196-11. Housekeeping

(a) Premises (buildings and grounds) shall be kept clean and in good repair in order to protect the animals form injury and to promote their good health. Premises shall remain free of accumulations of trash.

(b) Pest control. An effective program for the control of insects, ectoparasites and avian and mammalian pests, shall be established and maintained.

(Effective March 14, 1974.)

## 20-196-12. Employees

A sufficient number of employees shall be utilized to maintain the prescribed level of husbandry practices set forth in this section. Such practices shall be under the direct supervision of the veterinarian in charge.

(Effective March 14, 1974.)

## 20-196-13. Veterinary care

(a) All programs of disease control and prevention, euthanasia and veterinary care shall be established and maintained under the supervision and assistance of a Doctor of Veterinary Medicine who shall assume direct responsibility for meeting the requirements of these regulations by the Connecticut State Board of Veterinary Registration and Examination Each animal shall be observed daily by the veterinarian in charge or by qualified person under his direct supervision.

(b) Animals under quarantine or treatment for a communicable disease shall be separated from other animals and other susceptible species of animals in such a manner as to minimize dissemination of such disease.

(Effective March 14, 1974.)

## 20-196-14. Large animal veterinary medical facility

(a) Surgery area should be a minimum of 20' x 20' with the ceiling sealed overhead, and constructed with impervious material to facilitate cleaning.

(b) Surgical area should be dust free.

(c) Holding pen size should be a minimum of 10' x 10' and should be covered, preferably.

(d) Box stalls shall be covered and cleaned daily when in use.

(e) Fly control shall be maintained.

(f) Adequate storage facilities shall be provided.

(g) Feed stuffs and bedding shall be maintained in a separate room in the hospital barn.

(h) Adequate drainage for holding pens shall be provided.

(i) Floors may be dirt or of impervious material, but must be kept clean and free of manure.

(j) Recovery stalls must be padded, and should be a minimum of 10' x 10'.

(k) Bovine chutes must be kept clean.

(1) Solid waste shall be kept in a covered area and removed daily.

(Effective March 14, 1974.)

# Embalmers and Funeral Directors
# General

## 20-211-17. Employment of registered students to be full time

Employment of registered student embalmers or student funeral directors shall be on a full-time paid basis. Part-time or side-line employment is not sufficient to meet the board's requirement. "Full time" means working a minimum of forty hours per week under a licensed funeral director or embalmer. Other employment may be allowed provided the student shall have obtained the prior written approval of the board.

(Effective August 5, 1969.)

## 20-211-19. Licenses and certificates. Display

Licenses and certificates issued by this board are nonassignable and nontransferable and shall be displayed by the holder thereof in a conspicuous place in his office or his place of business. Pocket licenses shall be carried on the person of the licensee at all times.

## 20-211-20a. Registration procedures

Student embalmers and student funeral directors shall register as apprentices with the Department of Public Health and Addiction Services, for purposes of completing practical training and experience pursuant to chapter 385 of the Connecticut General Statutes. Applications for registration shall be submitted to the department, on forms provided by the department, and shall be accompanied by documentation satisfactory to the department that the applicant has completed a program of education approved pursuant to section 20-213 or section 20-217 of the Connecticut General Statutes and has successfully completed an examination in mortuary science prescribed pursuant to section 20-213 or section 20-217 of the Connecticut General Statutes. Said application shall include a statement to be signed by the licensed embalmer or funeral director indicating that such licensee shall be responsible for supervising the applicant's practical training and experience. Registration shall be issued to each applicant determined to be eligible under this section, for a period not to exceed one year, and may be renewed for an additional year at the discretion of the department if the department determines that such additional period of time is necessary for satisfactory completion of the practical training and experience. Computation of any period of practical training and experience shall commence at the date of registration by the department.

(Effective November 30, 1993.)

## 20-211-21a. Registration of pregraduate students

Notwithstanding any provision of section 20-211-20a of the Regulations of Connecticut State Agencies to the contrary, the department may, upon application, issue registration as a pregraduate student embalmer or pregraduate student funeral director to a person who has not yet completed the program of education or examination referenced in said section. Said registration shall be valid for a period not to exceed three months and shall be non-renewable.

(Effective November 30, 1993.)

## 20-211-28. Serving of food or drink in funeral home prohibited. Exception

Serving of food or drink in a funeral home or in connection with a funeral service or the storage of equipment and supplies for such purposes in a funeral home is prohibited, provided it shall not be a violation of this section if

(a) the proprietor of a funeral home lives upon the premises and serves food or drink to his invitees or family not in connection with a funeral;

(b) a proprietor of a funeral home stores equipment and supplies for the use of his employees or otherwise makes available to his employees facilities for food or drink.

(Effective August 5, 1969.)

## 20-211-29. Signs identifying funeral service establishments

Where a sign is used to identify a funeral service establishment and the name of a licensee is not a part of the corporate or firm name, the name of the licensee of record shall be placed in a conspicuous place easily visible to the public.

(Effective May 4, 1971.)

# Mandatory Disclosure Rules

## 20-211-34. Mandatory disclosure

Every funeral firm in this state and/or the funeral service licensee thereof shall give or cause to be given to the person or persons making funeral arrangements or arranging for disposition of a dead human body, at the time such arrangements are completed and prior to the time of rendering the service and/or providing the merchandise, a written statement showing to the extent then known:

(1) the price of the service that the person or persons have selected and what is included therein;
(2) the price of each of the supplemental items of service and/or merchandise requested;
(3) the amount involved for each of the items for which the firm will advance monies as an accommodation to the family;
(4) the method of payment.

(Effective May 22, 1975.)

## 20-211-35. Billing "cash advanced" items

No funeral firm shall bill or cause to be billed any item that is referred to as a "cash advanced" item (Section 20-211-34) unless the net amount paid for such item or items by the funeral firm is the same as is billed by the funeral firm. Failure to comply with Sections 20-211-34 or 20-211-35 shall result in a hearing as provided for in Sections 20-211-30 to 20-211-33.

(Effective May 22, 1975.)

# Electrologist Licensure Requirements

## 20-269-3. Definitions

As used in sections 20-269-3 to 20-269-8, inclusive, of the Regulations of Connecticut State Agencies:

(a) "Department" means the Department of Public Health.

(b) "Board" means the Board of Examiners of Electrologists.

(Effective October 30, 1987; Amended effective March 8, 2001; Amended effective July 25, 2002.)

## 20-269-4. Pre-professional education

All applicants for licensure shall be high school graduates or hold a high school equivalency diploma issued by the appropriate state educational or federal armed services authority.

(Effective October 30, 1987.)

## 20-269-5. Professional education program approval

(a) In order for a professional education program to be utilized by an applicant for licensure, it must meet the following requirements:

(1) The curriculum shall consist of a minimum of six hundred hours of electrology instruction.

(2) The curriculum shall include the following:

(A) At least two hundred hours of classroom instruction in basic sciences applicable to electrology, including but not limited to: bacteriology, sanitation and hygiene, biology, dermatology, trichology, theory of electricity, electrolysis and principles of infection control.

(B) At least four hundred hours of practical instruction in epilation techniques, utilizing electrolysis (direct current/DC) and thermolysis (alternating current/AC) modalities.

(b) Programs shall be individually reviewed and approved by the Board with the consent of the Department. The program shall submit such materials as may be required to the Board and Department for the purpose of review and approval.

(Effective October 30, 1987; Amended effective March 8, 2001; Amended effective July 25, 2002.)

## 20-269-6. Professional education

(a) All applicants for licensure shall have successfully completed a curriculum of electrology instruction approved by the Board with the consent of the Department in accordance with Section 20-269-5 of the Regulations of Connecticut State Agencies.

(b) The electrology instruction shall be completed within a program which holds all licensure, approval, and accreditation required by Connecticut or such other state as the program is located within.

(Effective October 30, 1987; Amended effective July 25, 2002.)

## 20-269-7. Infection control standards

(a) All licensed hypertrichologists shall maintain infection control standards during the practice of hypertrichology to include, but not be limited to the following:

(1) Universal blood and body fluid precautions as recommended by the centers for disease control;

(2) A state of cleanliness in all treatment areas;

(3) Cleaning and sterilization of reusable instruments;

(4) Handling and disposal of instruments, needles and contaminated items.

(b) A supply of non-sterile disposable examination gloves shall be available for use in the treatment areas at all times.

(c) A sink with hot and cold running water shall be accessible to the treatment area.

(Effective October 30, 1987; Amended effective March 8, 2001.)

## 20-269-8. Approved electrical methods

The electrical methods approved by the Commissioner of Public Health for the permanent removal of superfluous hair are those utilizing only needle/probe electrode type epilation which

includes electrolysis (Direct Current/DC), thermolysis (Alternating Current/AC), or the blend (a combination of both electrolysis and thermolysis).
(Added effective March 8, 2001.)

## Continuing Education for Electrologists

### 20-275b-1. Definitions

For the purposes of sections 20-275b-1 to 20-275b-7, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Active practice" means the treatment in Connecticut of one or more patients by a licensee during any given registration period;
(2) "Certificate of completion" means a document issued to a participant by a provider which certifies that the participant has successfully completed a continuing education activity;
(3) "Contact hour" means a minimum of fifty minutes of continuing education activity, unless otherwise specified in these regulations;
(4) "Department" means the Department of Public Health;
(5) "Face-to-face instruction" means in-person, live instruction which a participant physically attends, either individually or as a part of a group of participants;
(6) "Home study program" means continuing education activities, clearly related to maintaining skills necessary for the safe and competent practice of electrology that require the successful completion of a proficiency examination and are sponsored, endorsed or approved by the American Electrology Association or its affiliates;
(7) "Licensee" means an electrologist licensed pursuant to section 20-270 of the Connecticut General Statutes;
(8) "License renewal due date" means the last day of the month of the licensee's date of birth;
(9) "Participant" means a licensee who successfully completes a continuing education activity;
(10) "Provider" means the individual educator or sponsoring organization conducting a continuing education activity; and
(11) "Registration period" means the one-year period for which a license has been renewed in accordance with section 19a-88 of the Connecticut General Statutes and is current and valid.

(Added effective July 25, 2002.)

### 20-275b-2. Number of contact hours required

(a) Each licensee applying for license renewal shall have completed a minimum of ten contact hours of qualifying continuing education during the preceding registration period, at least two of which shall be in infection control, blood borne diseases, universal precautions or sanitation and sterilization, or any combination thereof.
(b) Continuing education contact hours completed in one registration period shall not carry over to a subsequent registration period.
(c) Each licensee applying for license renewal shall sign a statement attesting that the licensee satisfies the continuing education requirements specified in section 20-275b-1 to section 20-275b-7, inclusive of the Regulations of Connecticut State Agencies.

(Added effective July 25, 2002.)

### 20-275b-3. Basic requirements for qualifying continuing education activities

(a) Qualifying continuing education activities are the following:
    (1) courses offered or approved by the American Electrology Association or its affiliates;
    (2) hospital or medical school sponsored educational offerings, provided the coursework is related to health issues of practitioners;
    (3) post-graduate coursework offered at electrology schools approved in accordance

with section 20-269 of the General Statutes of Connecticut for the purposes of licensure, either audited or by credit;

(4) credit-bearing college courses and other post-graduate classes for continuing education credit offered at a regionally accredited academic institution, provided the coursework is clearly related to electrology theory, technical and clinical aspects of electrolysis, electrology research, ethical or legal aspects of practicing electrolysis or health issues of electrologists;

(5) cardiopulmonary resuscitation (CPR) course given by an American Heart Association or American Red Cross qualified instructor;

(6) presentation by a licensee of an original paper, essay or formal lecture in electrology; or

(7) original paper published by a licensee in a professional journal.

(b) Continuing education activities shall meet the following requirements:

(1) the activity involves face-to-face instruction or a home study program;

(2) the provider implements a mechanism to monitor and document physical attendance at such instruction or to verify licensee completion in the case of a home study program;

(3) the provider retains written records for a period of three years from the participant's actual successful completion of the activity, including but not limited to: content description; instructor; date of activity; location of activity; list of participants; participant's evaluation of instruction presented and number of contact hours; and

(4) the provider issues a certificate of completion after the participant's successful completion of the activity. Such certificate shall include the participant's name, provider's name, title or subject area of the activity, date and location of attendance and number of contact hours completed.

(c) Subject matter for qualifying continuing education activities shall reflect the scope of practice authorized under Chapter 388 of the Connecticut General Statutes, or as otherwise specified in these regulations.

(d) Activities which do not qualify for award of contact hours include: professional organizational business meetings; speeches delivered at luncheons or banquets; reading of books, articles, or professional journals; correspondence courses and other mechanisms of self instruction, except when used as a component of a home study program; and audio-visual materials, except when audio-visual materials are used as a component of a qualifying continuing education activity identified in subsections (a) and (b) of this section.

(Added effective July 25, 2002.)

## 20-275b-4. Award of contact hours

(a) Continuing education contact hours shall be awarded as follows:

(1) Courses, institutes, seminars, programs, clinics, conferences and teleconferences: one contact hour for each hour of attendance;

(2) first presentation by licensee of an original paper, essay or formal lecture in electrology to a recognized group of fellow professionals at a scientific meeting: five contact hours;

(3) original paper published by licensee in a professional journal that accepts papers only on the basis of independent review by experts: six contact hours for the first publication of the material; and

(4) post-graduate coursework shall be credited at one contact hour for each hour of attendance. Audited courses shall have hours of attendance documented.

(b) Eight contact hours shall be the maximum continuing education hours granted for any one day's participation in the activities specified in subsection (a) of this section.

(c) Successful completion of a cardiopulmonary resuscitation (CPR) course given by an American Heart Association or American Red Cross qualified instructor shall be credited at a maximum of three contact hours per registration period.

(d) The licensee shall successfully complete a continuing education activity for award of any continuing education contact hours.
(Added effective July 25, 2002.)

## 20-275b-5. Record retention by licensees

(a) Each licensee shall obtain a certificate of completion from the provider of continuing education activities. Certificates of completion shall be retained by the licensee for a minimum of three years following the license renewal due date for which the activity satisfies license renewal requirements.

(b) The department may inspect such licensee records as it deems necessary. Certificates of completion shall be submitted by the licensee to the department only upon the department's request. The licensee shall submit such records to the department within 45 days of the department's request.

(c) A licensee who fails to comply with the continuing education requirements of sections 20-275b-1 to 20-275b-7, inclusive, of the Regulations of Connecticut State Agencies may be subject to disciplinary action, pursuant to section 20-271 of the Connecticut General Statutes.
(Added effective July 25, 2002.)

## 20-275b-6. Exemptions from and waiver of the continuing education requirements

(a) A waiver of the continuing education requirements may be extended to a licensee who is not engaged in active practice during a given registration period provided the licensee submits, prior to the expiration of the registration period, a notarized application on a form provided by the department. The application shall contain a statement that the licensee shall not engage in active practice until the licensee has shown proof of completion of the requirements specified in sections 20-275b-1 to 20-275b-7, inclusive, of the Regulations of Connecticut State Agencies.

(b) The department may, in individual cases involving a medical disability or illness, grant waivers of the minimum continuing education requirements or extensions of time within which to fulfill the requirements. The application for waiver or time extension shall be accompanied by a verifying document signed by a licensed physician. Waivers of the minimum continuing education requirements or extensions of time may be granted by the department for a period not to exceed one (1) calendar year. If the medical disability or illness, upon which a waiver or time extension has been granted continues beyond the period of the waiver or extension, the licensee shall reapply for the waiver or extension.

(c) A licensee whose license is due to expire within twelve months of the effective date of sections 20-275b-1 to 20-275b-7, inclusive, of the Regulations of Connecticut State Agencies, shall be exempt from continuing education requirements until such licensee's next registration period.

(d) A licensee applying for license renewal for the first time is exempt from continuing education requirements.
(Added effective July 25, 2002.)

## 20-275b-7. Requirements for return to active practice following waiver of the continuing education requirements

A licensee who has received a waiver, pursuant to subsection (a) of section 20-275b-6 of the Regulations of Connecticut State Agencies, shall submit to the department evidence of successful completion of four contact hours of continuing education prior to returning to active practice, which shall be applied to the registration period during which the licensee was exempt from such continuing education requirements.
(Added effective July 25, 2002.)

# Hearing Aid Dealers

## 20-406-1. Definitions

(a) "Department" means the department of health Services.

(b) "Regular place of business" means that location at which a licensee engaging in the fitting and sale of hearing aids hold himself out to be physically available to the public. (Effective March 27, 1989.)

## 20-406-4. Course of study

(a) The course of study, as required by section 20-398 (a) of the Connecticut General Statutes, shall consist of two parts: a formal course of instruction approved by the Department of Health Services and a practical course of study of not less than forty (40) hours of instruction administered by a Connecticut-licensed hearing aid dealer. Both parts of the course of study shall include the following areas of study:
  (1) the basic physics of sound;
  (2) anatomy and physiology of the ear;
  (3) the function of hearing aids;
  (4) practical knowledge of fitting and dispensing hearing aids;
  (5) the taking of ear mold impressions; and
  (6) use of equipment employed in the fitting and dispensing of hearing aids.

(b) The practical course of study shall also include instruction in the provisions of the Connecticut General Statutes, Sections 20-396 through 20-407, inclusive, as most recently amended, these regulations, and any federal laws and regulations governing the sale and fitting of hearing aid devices.

(c) The hearing aid dealer providing the practical course of study shall document in writing to the Department of Health Services the dates and successful completion of the forty hours of practical instruction.

(d) In lieu of the course of study described in subsection (a) of this section, an applicant may substitute successful completion of either a master's degree in audiology from a regionally accredited institution of higher education or a post-secondary course in hearing aid dispensing at a regionally accredited institution of higher education. In either case, the program shall contain the content areas described in subdivisions (1) through (6), inclusive, of subsection (a) of this section. Candidates shall provide such documentation as the department may request to verify that the master's degree program or post-secondary course contained the required content areas.

(e) A person engaged in a course of study and holding a temporary permit may engage in activities authorized by Chapter 398 of the Connecticut General Statutes, as amended, only under the supervision of a Connecticut-licensed hearing aid dealer. Such person shall cause to be documented in writing to the Department of Health Services the dates and successful completion of the course of study.
(Effective March 27, 1989.)

## 20-406-5. Period of training

(a) Each applicant who has not completed a course of study, as described in Section 20-406-4 as amended by Section 2 of these regulations, shall complete a period of training as required by Section 20-398 (a) of the Connecticut General Statutes. The period of training shall be supervised by a Connecticut-licensed hearing aid dealer in good standing and shall consist of at least twenty weeks of training, each week to include not less than 30 hours of supervised work experience. A practical course of study of not less than forty hours of instruction covering the content areas specified in subsections (a) and (b) of Section 20-406-4, as amended by these regulations, shall be completed as part of the twenty-week period of training. Any person engaged in a period of training and holding a temporary permit may engage in activities authorized by chapter 398 of the

Connecticut General Statutes, as amended, only under the supervision of a Connecticut-licensed hearing aid dealer.

(b) The supervising hearing aid dealer shall document in writing to the Department of Health Services the successful completion of the training period specified in subsection (a) of this section, specifying the dates of training, content areas of training, evaluation of knowledge and skills learned, and the fitting and dispensing activities completed. The supervisor shall certify that the applicant has, in his opinion, satisfactorily completed the period of training.

(Effective March 27, 1989.)

## 20-406-9. Equipment and procedures

(a) Each licensed hearing aid dealer and each person holding a temporary permit shall comply with the following while testing for the fitting or sale of any hearing aid:

(1) test in a room which shall have a maximum ambient noise level of fifty-five (55) dBA slow scale; and

(2) within six (6) months after the adoption of these regulations, employ audiometers which conform to the standards of the American National Standards Institute (hereinafter ANSI) approved by the department.

(b) Each licensed hearing aid dealer and each person holding a temporary permit shall furnish to the department between September first and September thirtieth of each year a copy of the calibration certificate of each audiometer used during the preceding year. For the purposes of this provision the term "the preceding year" shall mean the twelve month period ending on the thirty-first day of August immediately prior to said September first. The calibration certificate shall bear the name and address of the calibrator and shall state that the calibration was done according to the requirements of the standards of ANSI approved by the department.

(c) Biological checks of audiometers shall be accomplished at least once a month and records of such checks shall be maintained for at least three (3) years.

(d) The department may make random unannounced examinations or inspections of any audiometric facility.

(e) Prospective hearing aid purchasers who, during testing, fitting and taking of history evince any of the following, shall be advised to consult a physician or an otolaryngologist (ear, nose and throat specialist), and a written statement regarding such advice shall accompany the sale of a hearing aid and proof of receipt thereby the purchaser shall be maintained on file:

(1) visible congenital or traumatic deformity or injury to the ear;

(2) a history of, or active drainage from the ear within the previous ninety (90) days, or complaint of ear pain or discomfort within the previous sixty (60) days;

(3) a history of sudden or rapidly progressive hearing loss within the previous ninety (90) days;

(4) complaint of acute or chronic dizziness;

(5) unilateral hearing loss of sudden or recent onset within the previous ninety (90) days;

(6) an audiometric air-bone gap of 15 dB or greater at 500, 1000, or 2000 Hz;

(7) visible evidence of cerumen accumulation or a foreign body in the ear canal;

(8) a history of, or onset of, or changes in tinnitus within the previous sixty (60) days.

(f) (1) Testing by a licensed hearing aid dealer or each person holding a temporary permit for the purpose of fitting and selling hearing aids shall be conducted as follows:

(a) pure tone testing for air conduction from 250 through 8000 Hz, with masking where appropriate;

(b) pure tone testing for bone conduction from 250 through 4000 Hz, with masking where appropriate;

(c) speech testing to determine the feasibility of the use of a hearing aid by means of formalized audiometry or by the use of a master or live hearing aid.

(2) The tests described in subsection (f) (1) of this regulation may be omitted in whole or in part when prohibited or expressly not required, by a licensed physician or an otolaryngologist in writing, or when an audiological examination incorporating at least the requirements of section 20-406 (f) (1) of these regulations performed by a licensed audiologist or a licensed physician, has been performed upon the prospective hearing aid purchaser within the ninety (90) days preceding, and a copy of the results thereof furnished to the licensed hearing aid dealer or the person holding a temporary permit.

(Effective February 9, 1979.)

## 20-406-10. Sales to persons under the age of eighteen

No licensed hearing aid dealer or person holding a temporary permit shall sell a hearing aid to a person under the age of eighteen (18) unless no more than ninety (90) days shall have elapsed since the later to occur of

(a) the otolaryngological examination, or

(b) the audiological examination, which are required by section 20-404 (a) (6) of the Connecticut General Statutes.

(Effective February 9, 1979.)

## 20-406-13. Temporary permit

(a) A temporary permittee may engage in activities authorized by Chapter 398 of the Connecticut General Statutes, as amended, only under the supervision of a Connecticut-licensed hearing aid dealer. Supervision requires the supervisor to review and approve all work, and sign and date all records, except that, while a temporary permittee engaged in a course of study or a period of training is completing the initial eight weeks of activity under a temporary permit, he may engage in activities authorized by Chapter 398 of the Connecticut General Statutes, as amended, only in the presence of a licensed hearing aid dealer. The supervisor is responsible for all activities of the temporary permittee, in so far as these activities are regulated by Chapter 398 of the Connecticut General Statutes. Any violation by a temporary permittee of any state or federal statute or regulation pertaining to hearing aid devices or the fitting or dispensing of hearing aid devices shall be deemed a violation by the supervising hearing aid dealer as well as the temporary permittee. A temporary permittee shall apply for and take the licensure examination prescribed pursuant to subsection (a) of section 20-398 no later than 12 months following issuance of the temporary permit, and, if unsuccessful on such examination, shall take each subsequent licensure examination scheduled during the effective period of his temporary permit. A temporary permittee who fails to take an examination required by this subsection or who fails an examination shall, for a period of four weeks from the date of receipt of failing examination results by the temporary permittee or from the date of an examination not taken, engage in activities authorized by Chapter 398 of the Connecticut General Statutes, as amended, only in the presence and under the training of a licensed hearing aid dealer.

(b) The department shall issue a temporary permit to a qualified applicant only upon receipt of certification from a Connecticut-licensed hearing aid dealer that supervision shall be provided by the licensee. The temporary permit shall be valid for a one year period, limited to employment under the supervision of the specified licensed hearing aid dealer. In the event that a temporary permittee discontinues employment with the supervising hearing aid dealer, the temporary permit shall become void. The department shall re-issue the temporary permit without a fee, for any unused portion of the one year period, upon receipt of certification of a Connecticut-licensed hearing aid dealer that supervision shall be provided by the licensee. When engaging in the fitting or selling of hearing aids,

a temporary permittee shall represent himself at all times as a person holding a temporary permit pursuant to Chapter 398 of the Connecticut General Statutes.

(c) A temporary permittee shall not independently own or operate a hearing aid establishment or branch office nor in any other way shall he independently provide services in the fitting or selling of hearing aids.

(d) No more than four permittees may be under the supervision of a single licensed hearing aid dealer at any time.

(e) The supervising licensee shall immediately notify the department in writing if the supervisory relationship specified in Section 20-400 (a) of the Connecticut General Statutes is terminated.

(f) The supervising licensee is responsible for ensuring that an unlicensed individual employed under his training and supervision holds a current, valid temporary permit at all times that such individual engages in any commercial activity in hearing aid fitting and dispensing.

(Effective March 27, 1989.)

## 20-406-14. License or permit required

Any person evaluating customers for the fitting of a hearing aid device or fitting or dispensing such devices shall either be licensed to perform such functions or shall hold a temporary permit pursuant to Chapter 398 of the Connecticut General Statutes.

(Effective March 27, 1989.)

## 20-406-15. Time limit for refund

Any purchaser of a hearing aid entitled to a refund pursuant to Connecticut General Statutes, subsection (a) of section 20-402a, shall be given such refund within 60 days of his request.

(Effective March 27, 1989.)

# Licensure of Speech Pathologist and Audiologists

## 20-416(b)-1. Definitions

The following definitions Shall apply for the purpose of sections 20-416 (b)-2 to 20-416 (b)-14, inclusive:

(a) The term "speech pathologist" shall include an individual who practices speech pathology under any title or description of Service incorporating the words: speech pathologist, speech pathology, speech therapist, speech therapy, speech correction, speech correctionist, speech clinician, speech clinic, language pathologist, language pathology, language therapist, logopedics, logopedist, communicology, communicologist, aphasiologist, aphasia therapist, voice therapy, voice therapist, voice pathologist, phoniatrist, communication disorder specialist, communication specialist, or any similar titles or description of services.

(b) The term "audiologist" shall include an individual who practices audiology under any title or description of service incorporating the words: audiology, audiologist, audiological, hearing clinician, hearing clinic, hearing therapy, hearing therapist, hearing conservationist, industrial audiologist, or any similar titles or description of services.

(c) A "certificate from a national professional organization" shall mean the certificate of clinical competence in speech-language pathology or audiology issued by the American Speech-Language-Hearing Association, or any other comparable certificate, awarded by a comparable national organization, approved by the Commissioner of Health Services.

(d) "Screening" is defined as the use of test procedures (usually pure tone frequency testing) for the purpose of identifying those individuals whose hearing may be at risk. Screening is not diagnostic testing. It does not employ threshold seeking techniques.

(e) "Audiometric testing" is defined as the assessment of hearing Sensitivity for pure tone air conduction stimuli.

(f) "Provisional" and "standard certificate for speech pathologists and audiologists" according to the regulations for teacher's certification means the certificate issued by the Connecticut state department of education.

(g) "Department" shall mean the Connecticut Department of Health Services.

(h) "Candidate" shall mean a person applying for licensure as either a speech pathologist or audiologist pursuant to section 20-411 of the Connecticut General Statutes.
(Effective December 23, 1987.)

## 20-416(b)-12. Supervised professional employment in Connecticut

(a) In order to meet the requirements of Section 20-411 (a) (4) of the Connecticut General Statutes, professional employment undertaken in Connecticut shall be approved in advance by the Department. Applications for approval shall be upon such forms and provide such information as the Department shall prescribe. The duties of the period of professional employment shall be appropriate to, and shall be supervised by an individual holding, the type of license sought. Candidates seeking licensure in both speech pathology and audiology shall complete two periods of professional employment, one appropriate to speech pathology and one appropriate to audiology.

(b) The length of a professional employment period approved by the Department shall be no longer than 12 months full-time employment or 24 months part-time employment.

(c) The licensed speech pathologist or audiologist supervising the candidate during the professional employment period shall submit an evaluation of the candidate's performance at the end of the professional employment period upon such forms as the Department shall prescribe.

(d) If a candidate beginning the period of approved supervised professional employment has not previously satisfactorily completed the examination prescribed pursuant to Section 20-411 (a) of the Connecticut General Statutes, the candidate shall apply for and take the first available examination.

(e) A professional employment period shall not be accepted as meeting the requirements of Section 20-411 (a) (4) of the Connecticut General Statutes if the candidate fails to

receive an evaluation satisfactory to the Department from the licensed speech pathologist or audiologist supervising the professional employment. When a candidate fails to receive a satisfactory evaluation of performance for his period of professional employment, the Department may, in its discretion, approve an additional period of professional employment if the candidate provides documentation of additional formal education or training acceptable to the Department which addresses the deficiencies identified by the Department in its review of the evaluation of the professional employment period.

(f) The Department shall not approve an additional period of professional employment for any candidate who has not passed the examination prescribed pursuant to Section 20-411 (a) of the Connecticut General Statutes.

(g) The supervision of the professional employment period shall consist of at least six (6) sessions of supervision per month providing a total of at least four (4) hours of supervision per month. At least two (2) of these six sessions shall provide a total of at least two (2) hours of direct on-site observation of speech pathology or audiology services delivered by the candidate.

(Effective December 23, 1987.)

## 20-416(b)-13. Examination

(a) The examination prescribed pursuant to Section 20-411 (a) of the Connecticut General Statutes shall be the Educational Testing Service's NTE Specialty Area Test in Speech Pathology or the Educational Testing Service's NTE Specialty Area Test in Audiology. Candidates seeking licensure in both speech pathology and audiology shall be required to pass both Specialty Area Tests.

(b) The examination passing score prescribed pursuant to Section 20-411 (a) of the Connecticut General Statutes shall be a scaled score of 600.

(Effective December 23, 1987.)

## 20-416(b)-14. Professional employment in another state

In lieu of the supervised professional employment period specified in Section 20-416(b)-12 of the regulations of Connecticut State Agencies, the Department may, in its discretion, accept an equivalent supervised professional employment period satisfactory to the Department which was undertaken in another state. Alternatively, the Department may, in its discretion, accept professional employment of equivalent duration in another state, provided the candidate had satisfied the educational requirement set forth in subdivision (2) of subsection (a) of Section 20-411 of the Connecticut General Statutes, at the time such employment was undertaken, and provided the candidate was licensed, certified, or held a certificate from a national professional organization, at the time such employment was undertaken.

(Effective December 23, 1987; Amended effective April 20, 1995.)

# Licensure and Training Requirements for Persons Engaged in Asbestos Abatement and Consultation Services

## 20-440-1. Definitions

As used in sections 20-440-1 through 20-440-9 of the Regulations of Connecticut State Agencies:

(1) "Accredited" or "accreditation" when referring to an individual means that an individual has successfully completed the training requirements as set forth in section 20-440-7 of the regulations of Connecticut State Agencies or the refresher training requirements as set forth in section 20-441 of the regulations of Connecticut State Agencies, and has been issued a document of accreditation by the training provider;

(2) "Approved training provider" means any person who satisfactorily demonstrates through application and submission of course agenda, faculty resumes, training manuals, examination materials, and equipment inventory that he meets the minimum requirements established by section 20-440-8 of the regulations of Connecticut State Agencies;

(3) "Asbestos" means the asbestiform varieties of actinolite, amosite, anthophyllite, chrysotile, crocidolite and tremolite;

(4) "Asbestos Abatement" means the removal, encapsulation, enclosure, renovation, repair, demolition or other disturbance of asbestos-containing materials, but does not include activities which are related to (A) the removal or repair of asbestos cement pipe and are performed by employees of a water company as defined in section 25-32a of the Connecticut General Statutes or (B) the removal of nonfriable asbestos-containing material found exterior to a building or structure other than material defined as regulated asbestos- containing materials in 40 CFR 61, the national emission standards for hazardous air pollutants, as amended from time to time;

(5) "Asbestos abatement site supervisor" means any abatement worker employed by a licensed asbestos contractor who has been specifically trained as a supervisor in a training program approved by the department and who has been issued a certificate by the department;

(6) "Asbestos abatement worker" means any employee of a licensed asbestos contractor who engages in asbestos abatement, has completed a training program approved by the department and has been issued a certificate by the department;

(7) "Asbestos-containing material" or "ACM" means material composed of asbestos of any type and in an amount greater than one percent by weight, either alone or mixed with other fibrous or nonfibrous material;

(8) "Asbestos consultant" means any person who engages in any activity directly involved with asbestos consultation services and who has been issued a certificate by the commissioner and a license by the department;

(9) "Asbestos contractor" means any person engaged in asbestos abatement whose employees actually perform the asbestos abatement work and who has been issued a license by the commissioner;

(10) "Asbestos consultation services" means the inspection or evaluation of a building for asbestos hazards, including, but not limited to, the development of asbestos abatement plans, site inspections, air monitoring and provisions of industrial hygiene services related to asbestos abatement:

(11) "Certified" or "certification" when referring to an individual means that a certificate has been issued by the department under the provisions of sections 20-440-1 through 20-440-9 of the regulations of Connecticut State Agencies to an individual upon successful completion of an approved training or refresher training course, the receipt of a document of accreditation issued by the training provider, and the fulfillment of any other requirements of the department;

(12) "Commissioner" means the commissioner of the department of public health;

(13) "Department" means the department of public health;

(14) "EPA" means the United States Environmental Protection Agency;

(15) "Facility" means the interior and exterior of any private or public building or structure including but not limited to those used for institutional, residential, including single family homes, commercial or industrial purposes and vessels while ashore or in dry dock;
(16) "Facility owner" means the person or entity having title to the facility. For purposes of publicly owned property only, the facility owner shall be defined as the chief executive officer of the federal, state or municipal agency which owns or controls the use of the facility;
(17) "Friable asbestos-containing material" means any material containing more than one percent asbestos which when dry may be crumbled, pulverized, or reduced to powder by hand pressure. The term includes non-friable asbestos- containing material after such previously non-friable material becomes damaged to the extent, that when dry, it may be crumbled, pulverized, or reduced to powder by hand pressure;
(18) "High efficiency-particulate air" or "HEPA" means a filtering system capable of trapping and retaining at least 99.97 percent of all monodispersed particles 0.3 micrometer in diameter or larger;
(19) "HVAC" means heat, ventilation and air conditioning;
(20) "Individual" means any human being;
(21) "Inspector" means any licensed asbestos consultant who is certified as an inspector, and identifies, assesses the condition of, or collects bulk samples of suspected asbestos-containing material;
(22) "License" means a document issued by the commissioner authorizing an asbestos contractor to engage in asbestos abatement work, or an asbestos consultant to engage in any activity directly involved with asbestos consultation services for which the asbestos consultant is certified. Licensure as an asbestos consultant shall authorize the licensee to engage in activities within the scope of the licensee's certification which includes inspector, management planner, project designer and project monitor;
(23) "Management planner" means any licensed asbestos consultant who is certified as a management planner and who uses data gathered by asbestos inspectors to assess asbestos hazards, determine responses and develop implementation plans;
(24) "NESHAP" asbestos regulations means the National Emission Standards for Hazardous Air Pollutants codified at 40 CFR 61, subpart M;
(25) "Non-friable asbestos-containing material" means any material containing more than one percent asbestos that, when dry, cannot be crumbled, pulverized or reduced to powder by hand pressure;
(26) "0SHA" means the Occupational Safety and Health Administration of the United States Department of Labor;
(27) "Person" means any individual, corporation, partnership, firm, association, sole proprietorship, the State of Connecticut or any of its political subdivisions, or any other entity;
(28) "Project designer" means any licensed asbestos consultant who is certified as a project designer and who determines how asbestos abatement work shall be conducted and prepares the plans, designs, procedures, workscope or other substantive direction or criteria for abatement projects;
(29) "Project monitor" means any licensed asbestos consultant who is certified as a project monitor and who functions as an on-site representative of the facility owner or other persons by over-seeing the activities of the asbestos abatement contractor;
(30) "Response action" means a method, including removal, encapsulation, enclosure, repair and operation and maintenance that protects human health and the environment from ACM;
(31) "Spot repair" means any asbestos-abatement activity involving not more than three linear feet or three square feet of asbestos-containing material; and
(32) "TSCA" means Title II of the Toxic Substances Control Act, 15 U.S.C. § 2641 et seq.
(Added effective February 9, 1989; Amended effective June 4, 1999, formerly 19a-332a-17; Amended effective April 5, 2001.)

## 20-440-2. Licensure of asbestos contractors

(a) No person shall provide services as an asbestos contractor in this state without first obtaining a license as an asbestos contractor issued by the commissioner. Applications for such license shall be made to the department on forms provided by it, and shall contain such information regarding the applicant's qualifications as the department requires in subsection (b) of this section.

(b) The following provisions apply to the issuance of asbestos contractor licenses:

(1) Application. Applicants for licensure as an asbestos contractor shall document that all employees of the asbestos contractor who perform asbestos abatement have passed a training course approved by the department as defined in subsection 19a332a-22(c) of these regulations, and shall submit to the department in addition to a completed application as prescribed by the commissioner, the following:

(A) A list of any occupational safety and health, asbestos related citations or notices of violation received within two years prior to the date of application, including the name of the issuing agency or department and final disposition of such citation or notice;

(B) a list of states in which the applicant held or currently holds a license, certification, accreditation, or approval for asbestos abatement work;

(C) written documentation that all asbestos abatement workers and asbestos abatement site supervisors to be engaged in asbestos abatement are or will be trained pursuant to the requirements of section 20-440-7 of the regulations of Connecticut State Agencies. Copies of current certificates issued by the department shall be submitted for each asbestos abatement worker and asbestos abatement site supervisor;

(D) a list of the names and legal addresses of current principal officers, partners or owners;

(E) a list of the names and legal addresses of any asbestos abatement entities in which the applicant's officers, partners or owners have a financial interest;

(F) a list of all names, acronyms, or other identifiers by which the applicant is known or under which the applicant does business or has done business;

(G) a listing of all of the equipment owned by the applicant at the time of application including information on the number of HEPA-filtered vacuum cleaners, HEPA-filtered portable ventilation systems, glove bags and other equipment necessary for asbestos abatement work;

(H) a list of at least three asbestos abatement projects previously completed by the applicant, where applicable, including: the name, address, and phone number of the facility owners of the projects listed; air monitoring data from the projects; and any notification letters or permits which were required; and

(I) demonstration of sufficient recordkeeping and documentation of activities related to asbestos abatement work covering: the recordkeeping requirements of section 19a-332a-4 of the regulations of Connecticut State Agencies, medical monitoring, employee training, equipment specifications, air monitoring data, permits, violations, and any legal actions.

(2) Fees. A certified or bank check, payable to the State of Connecticut, in the amount of five hundred dollars shall be submitted with the application.

(3) Renewal of Licenses. In accordance with section 19a-88 of the Connecticut General Statutes, each person holding a license as an asbestos contractor shall annually, during the month of his or her birth; or if the holder is not an individual, during such other month as the department shall choose, apply for renewal of such license to the department. The license shall be renewed provided the

current license holder submits to the department a completed application establishing eligibility for renewal, on forms provided by the department and a certified or bank check in the amount of five hundred dollars. In accordance with section 19a-88(f) of the Connecticut General Statutes, any person who fails to comply with the provisions of this regulation shall be notified by the department that said license shall become void ninety days after the time for its renewal. Any such license shall become void upon the expiration of such ninety day period.

(4) Reciprocity. The commissioner may issue a license under this section to any person who is licensed in another state under a law that provides standards that are equal to or higher than those of Connecticut, unless the application is otherwise subject to denial pursuant to section 19a-14(a)(6) of the Connecticut General Statutes.

(c) Change of office or residence address. Whenever any licensed asbestos contractor changes his office or residence address, he shall, within thirty days thereafter, notify the department of his new office or residence address.

(Effective February 9, 1989; Amended January 17, 1996; amended effective June 4, 1999.)

## 20-440-3. Licensure and certification of asbestos consultants

(a) No individual shall provide services as an asbestos consultant in this state without first obtaining a license as an asbestos consultant issued by the department. Applications for such license shall be made to the department on forms provided by it, and shall contain such information regarding the applicant's qualifications and experience in asbestos-related consultations as the department may require as set forth in this section. Asbestos consultants shall perform their activities in compliance with generally recognized standards of practice of the asbestos consulting industry and asbestos professional associations. Certification in one or more disciplines shall be required for licensure as an asbestos consultant.

(b) Certification shall be offered in the following disciplines of asbestos consultation: inspector, management planner, project designer and project monitor. Applicants shall apply for licensure and certification as asbestos consultants simultaneously in the same application. A licensee's activities shall be restricted to the scope of practice of each discipline in which the individual is also certified. However, providing all requirements are met, a licensed asbestos consultant who is certified as a management planner may also perform the duties of an inspector.

(1) Inspector

(A) Scope of Certification. Certification as an inspector authorizes a licensed asbestos consultant to review facilities' records and perform visual inspection or surveillance of facilities; to identify, document or inventory materials suspected of containing asbestos; to collect bulk samples for asbestos analysis according to procedures established by applicable state or federal laws and regulations; and to provide direct supervision to non-certified individuals collecting bulk samples of materials suspected of containing asbestos. Inspectors shall apply current concepts and knowledge of best available technology to evaluate the conditions and accessibility of ACM.

(B) Qualifications. Applicants shall hold either an associate's or a bachelor's degree from a regionally accredited institution in engineering, architecture, industrial hygiene or an environmental science degree as determined by the commissioner to be closely related, including but not limited to environmental health, biology, and earth science. Applicants shall have a minimum of six months employment experience in an occupation determined by the commissioner to be closely related to that of an inspector or two months of field experience under the direct supervision of a licensed inspector or licensed management planner.

Applicants shall have successfully completed the required training as set forth in subdivision 20-440-7(c)(4) or refresher training requirements outlined in section 20-441 of the regulations of Connecticut State Agencies.

(C) Exempted activities. The following activities are exempted from the requirement of certification as an inspector:

(i) Periodic surveillance. A person does not need to be certified as an inspector to perform visual observations of an area that previously has been identified as containing interior ACM or that previously has been assigned to contain interior ACM and that is being inspected to identify changes in the physical condition of that interior ACM. However, no touching or taking of samples is permitted without a certificate as an inspector.

(ii) Compliance inspections. An authorized person from a federal or state agency need not be certified as an inspector to perform a compliance inspection the primary purpose of which is to determine adherence to applicable statutes or regulations and not to locate, assess or remedy the condition of ACM.

(iii) Visual inspections. A person who conducts a visual inspection to determine whether a response action is complete need not be certified as an inspector, but shall be certified as a project monitor.

(2) Management planner

(A) Scope of Certification. Certification as a management planner authorizes a licensed asbestos consultant to utilize information developed from facility inspections to assess potential hazards of ACM; to develop abatement response actions, operations and maintenance plans; to select and recommend abatement actions; and, to perform duties within the scope of certification as an inspector.

(B) Qualifications. Applicants shall hold a bachelor's degree from a regionally accredited institution in engineering, architecture, industrial hygiene or an environmental science degree as determined by the commissioner to be closely related, including but not limited to environmental health, biology, and earth science. Applicants shall have a minimum of six months experience in asbestos abatement, including experience in asbestos management or three months of field experience under the supervision of a licensed asbestos consultant certified as a management planner. Applicants shall have successfully completed training requirements as set forth in subdivision 20-440-7(c)(5) of the regulations of Connecticut State Agencies and be certified as an Inspector.

(3) Project Designer

(A) Scope of Certification. Certification as a project designer authorizes a licensed asbestos consultant to apply knowledge of facility construction, design and development of abatement projects; abatement specifications; bidding documents; architectural drawings; and, schematic representations of material locations. Project designers may also determine how asbestos abatement should be conducted.

(B) Qualifications. Applicants shall hold a bachelor's degree from a regionally accredited institution in engineering, architecture, industrial hygiene or an environmental science degree as determined by the commissioner to be closely related, including but not limited to environmental health, biology, and earth science. Applicants shall have a minimum of one year experience in asbestos abatement, including experience in asbestos abatement design or six months field experience under the supervision of a licensed asbestos consultant certified as a

project designer. Applicants shall have successfully completed the training requirements as set forth in subdivision 20-440-7(c)(6) of the regulations of Connecticut State Agencies.

(4) Project Monitor

(A) Scope of Certification. Certification as a project monitor authorizes a licensed asbestos consultant to function in the capacity of on-site representative of the facility owner or other persons, interpret project specifications or abatement management plans, monitor and evaluate contractor or employee compliance with applicable regulations or specifications and ensure that abatement projects are properly conducted and completed. The project monitor shall not also function as the asbestos contractor or as an employee of the asbestos contractor on the same asbestos abatement project for which he is the project monitor.

(B) Qualifications. Applicants shall hold either an associate's or a bachelor's degree from a regionally accredited institution in engineering, architecture, industrial hygiene or an environmental science degree as determined by the commissioner to be closely related, including but not limited to environmental health, biology, and earth science. Applicants shall have a minimum of one year experience in asbestos abatement, including experience in asbestos abatement project monitoring or six months field experience under the supervision of a licensed asbestos consultant certified as a project monitor. Applicants shall have successfully completed the training requirements as set forth in subdivision 20-440-7(c)(7) of the regulations of Connecticut State Agencies.

(Effective February 9, 1989; amended effective June 4, 1999.)

## 20-440-4. Applications for licensure and certification as an asbestos consultant

(a) Applicants shall make written application for licensure and certification as an asbestos consultant to the commissioner using forms prescribed by the commissioner. Such application shall, as a minimum, require the following:

(1) Evidence that the applicant has successfully completed the training requirements as set forth in subsection 20-440-7(c) of the regulations of Connecticut State Agencies. Evidence shall be in the form of legible copies of the original and current documents of accreditation in the appropriate discipline;

(2) Documentation demonstrating that the applicant has the required educational background and employment experience; and

(3) Payment of a licensure fee.

(b) Fees. A certified or bank check, payable to the State of Connecticut, in the amount of two hundred dollars shall be submitted with the application for each discipline in which certification is also being sought.

(c) Renewal of Licenses. In accordance with section 19a-88 of the Connecticut General Statutes, each individual holding a license as an asbestos consultant shall annually, during the month of his or her birth apply for renewal of such license to the department. The license shall be renewed provided the current license holder submits to the department a completed application establishing eligibility for renewal, on forms provided by the department and a certified or bank check in the amount of two hundred dollars. In accordance with section 19a-88(f) of the Connecticut General Statutes, any person who fails to comply with the provisions of this regulation shall be notified by the department that said license shall become void ninety days after the time for its renewal. Any such license shall become void upon the expiration of such ninety day period.

(d) Renewal of certification. Certification expires simultaneously with accreditation and shall lapse one year from the date of examination of training course or refresher training

course. Any individual either seeking licensure or possessing licensure as an asbestos consultant shall maintain current certification in the appropriate discipline.

(e) Reciprocity. The commissioner may issue a license under this section to any person who is licensed in another state under a law that provides standards that are equal to or higher than those of Connecticut, unless the application is otherwise subject to denial pursuant to section 19a-14(a)(6) of the Connecticut General Statutes.

(f) Exemption. Notwithstanding the provisions of section 20-440-3 of the regulations of Connecticut State Agencies, an individual who between July 1, 1985 and November 1, 1994, has been employed for a minimum of two years as an asbestos consultant may be licensed as an asbestos consultant without a bachelor's degree, provided the applicant has met all other requirements of this section.

(g) Asbestos consultants shall be in physical possession of initial and current license, certification and training accreditation at a job site when performing work requiring licensure, certification and accreditation.

(h) Change of office or residence address. Whenever any licensed asbestos abatement consultant changes his office or residence address, he shall, within thirty days thereafter, notify the department of his new office or residence address.

(Effective February 9, 1989; amended January 17, 1996; amended effective June 4, 1999.)

## 20-440-5. Certification and employment as an asbestos abatement site supervisor or as an asbestos abatement worker

(a) No asbestos contractor or asbestos consultant shall employ or allow an individual to work as an asbestos abatement worker or asbestos abatement site supervisor unless such individual has:

(1) provided copies of the initial and most recent documents of accreditation; and

(2) provided a copy of the current certificate issued by the department.

(b) No individual shall provide services as an asbestos abatement site supervisor or as an asbestos abatement worker in this state without a certification to do so issued by the department. Applications for such certification shall be made to the department on forms provided by it, and shall contain such information regarding the applicant's qualifications as required in subsection (d)(1) of this section.

(c) Asbestos abatement, except for spot repairs, shall be performed by a certified asbestos abatement site supervisor or a certified asbestos abatement worker. Asbestos abatement site supervisors and asbestos abatement workers shall have initial and current certificates at the location where they are conducting work. Certification is valid for one year and expires on the same date as that of accreditation.

(d) The following provisions shall apply to the issuance of certificates to asbestos abatement site supervisors and asbestos abatement workers:

(1) Applicants shall make written application to the department using forms prescribed by the commissioner. Such application shall, as a minimum, require the following:

(A) Evidence that the applicant has successfully completed the training requirements as set forth in subsection 20-440-7(c) of the regulations of Connecticut State Agencies. Evidence shall be in the form of legible facsimiles of the original and when appropriate, current documents of accreditation in the appropriate discipline;

(B) A list of states in which the applicant currently holds or has held a license, certification, accreditation or approval for asbestos abatement work;

(C) The applicant's current residence address; and,

(D) A list of names and legal addresses of all asbestos contractors and asbestos consultants for whom the applicant has performed work the last three years.

(2) Scope of certification of an asbestos abatement site supervisor. Certification as an asbestos abatement site supervisor authorizes an individual to supervise any of the following activities with respect to friable ACM at a facility:
(A) a response action other than a spot repair activity;
(B) a maintenance activity that disturbs friable ACM other than a spot repair activity; and
(C) a response action for a major fiber release episode.
(3) Scope of certification of an asbestos abatement worker. Certification as an asbestos abatement worker authorizes an individual to carry out any of the following activities with respect to friable ACM at a facility:
(A) a response action other than a spot repair activity;
(B) a maintenance activity that disturbs friable ACM other than a spot repair activity; and
(C) a response action for a major fiber release episode.

(e) Reciprocity. The commissioner may issue a certificate under this section without examination to any individual who is certified in another state under a law that provides standards equal to or higher than those of Connecticut and who is not subject to any unresolved complaints or pending disciplinary actions, unless the application is otherwise subject to denial pursuant to section 19a-14(a)(6) of the Connecticut General Statutes.

(f) Change of residence address. Whenever any certified asbestos abatement supervisor, or certified asbestos abatement worker his residence address, he shall, within thirty days thereafter, notify the department of his new residence address.
(Effective February 9, 1989; amended effective June 4, 1999.)

## 20-440-6. Denial of eligibility of applicants; Disciplinary action

(a) Denial of eligibility of applicant for licensure, or certification, or renewal. The department may deny the eligibility of any applicant for licensure or certification or for the renewal of a license or certificate in accordance with the provisions of section 19a-14(a)(6) of the Connecticut General Statutes.

(b) Disciplinary action by the department. Following notice and a hearing held in accordance with the provisions of Chapter 54 of the Connecticut General Statutes, the department may take any action permitted by sections 19a-17 and 19a-332e of the Connecticut General Statutes, against any person issued a license or certificate under sections 20-440-1 through 20-440-9 of the Regulations of Connecticut State Agencies for conduct including but not limited to:
(1) Violation of the provisions of section 20-440-1 through 20-440-9 of the Regulations of Connecticut State Agencies;
(2) violation of any other regulations and statutes governing asbestos abatement or licensure;
(3) violation of the standard of care of the profession;
(4) negligence in performing activities that require licensure or certification;
(5) aiding or abetting persons who engage in activities that require licensure or certification, but are not licensed or certified; and,
(6) fraud and deceit in the course of professional services or activities.
(Effective June 4, 1999.)

## 20-440-7. Training requirements

(a) General. Training programs serving to qualify asbestos abatement site supervisors or asbestos abatement workers for certification and employment and asbestos consultants for certification and licensure shall be subject to approval by the department.

(b) Approved training
(1) Training available in other states may be acceptable to the department if the training provider successfully demonstrates that it has met the minimum requirements for training providers established by section 20-440-8 of the regulations of Connecticut State Agencies or that the training provider is an

approved provider of training for asbestos in the state in which it is located. If the state in which the training provider is located does not have a regulatory program which approves, certifies or accredits asbestos training programs, the training provider shall be an EPA accredited training facility under the Federal Asbestos Hazard Emergency Response Act of 1986 as amended from time to time.

(2) Training courses not approved by the Commissioner shall not substitute for approved courses and shall not satisfy the requirements for approved training.

(c) Training curriculum. Any training course required for certification or licensure as required in sections 20-440-1 through 20-440-5, of the regulations of Connecticut State Agencies shall be conducted by an approved training provider and, as a minimum, meet the following criteria of duration, subject matter and examination.

(1) General

(A) Courses of instruction required for each type of certificate and license identified in sections 20-440-1 through 20-440-5 of the regulations of Connecticut State Agencies shall focus specifically on the activities authorized by each type of license or certificate. The subjects of instruction which a person shall receive to meet the training requirements shall be presented through a combination of lectures, demonstrations, and field trips or hands-on practice, as appropriate.

(B) A training course shall provide instruction in the curriculum described in this subsection to be approved.

(C) Courses requiring hands-on training shall be presented in an environment suitable to permit participants to have actual experience performing tasks associated with asbestos abatement. Demonstrations that do not involve individual participation shall not be accepted as hands-on training. Hands-on training sessions shall maintain a student to instructor ratio not greater than fifteen to one (1).

(D) One training day shall consist of eight hours of actual instruction, hands-on training and field trips or combination thereof, including lunch and breaks.

(2) Asbestos abatement site supervisors. An individual seeking certification and employment as an asbestos abatement site supervisor shall successfully complete an approved five day training course that shall include lectures, demonstrations, at least fourteen hours of hands-on training, individual respirator fit testing, course review, and a written examination. Successful completion of the training shall be demonstrated by achieving a score of at least seventy percent on the examination. The examination shall be comprised of one hundred multiple choice questions. The course shall address the following topics:

(A) physical characteristics of asbestos and ACM: identification of asbestos, aerodynamic characteristics, typical uses, physical appearance, a review of hazard assessment considerations, and a summary of abatement control options;

(B) potential health effects related to asbestos exposure: the nature of asbestos-related diseases; routes of exposure; dose-response relationships and the lack of a safe exposure level; synergism between cigarette smoking and asbestos exposure; latency period for disease and a discussion of the relationship of asbestos exposure to asbestosis, lung cancer, mesothelioma, and cancers of other organs;

(C) employee personal protective equipment: classes and characteristics of respirator types; limitations of respirators; selection, inspection, donning, use, maintenance, and storage procedures for respirators; methods for field testing of the facepiece-to-face seal including positive and negative pressure fit checks; qualitative and quantitative fit testing procedures; variability between field and laboratory protection factors; factors that alter respirator fit (e.g., facial hair); the components of a proper

respiratory protection program; selection and use of personal protective clothing; use, storage, and handling of non-disposable clothing and regulations covering personal protective equipment;

(D) state-of-the-art work practices: proper work practices for asbestos abatement activities including descriptions of proper construction and maintenance of barriers and decontamination enclosure systems; positioning of warning signs; electrical and ventilation system lock-out; proper working techniques for minimizing fiber release; use of wet methods; use of negative pressure exhaust ventilation equipment; use of HEPA vacuums and proper clean-up and disposal procedures; work practices for removal, encapsulation, enclosures, and repair of ACM; emergency procedures for unplanned releases; potential exposure situations; transport and disposal procedures; recommended and prohibited work practices; discussion of new asbestos abatement-related techniques and methodologies shall be included;

(E) personal hygiene: entry and exit procedures for the work area; use of showers; avoidance of eating, drinking, smoking, and chewing gum or tobacco in the work area; potential exposures, such as family exposure, shall also be included;

(F) additional safety hazards: hazards encountered during abatement activities and how to deal with them, including electrical hazards, heat stress, air contaminants other than asbestos, fire and explosion hazards, scaffold and ladder hazards, slips, trips and falls, and confined spaces;

(G) medical monitoring: OSHA and EPA worker protection rule requirements for physical examinations including a pulmonary function test, chest x-rays and a medical history for each employee;

(H) air monitoring: procedures to determine airborne concentrations of asbestos fibers, including a description of aggressive air sampling, sampling equipment and methods, reasons for air monitoring, types of samples, and interpretation of results, especially from analysis performed by polarized light, phase-contrast, and electron microscopy analyses;

(I) relevant federal, state and local regulatory requirements: procedures and standards including but not necessarily limited to:

(i) Requirements of TSCA, Title II;

(ii) 40 CFR Part 61, NESHAP, Subparts A, General Provisions, and M, National Emission Standards for Asbestos;

(iii) OSHA respirator standard, 29 CFR 1910.134.

(iv) OSHA Asbestos Construction Standard, 29 CFR; and

(v) EPA Worker Protection Rule, 40 CFR Part 763, Subpart G.

(J) Respiratory protection programs and medical monitoring programs;

(K) insurance and liability issues: contractor issues; worker's compensation coverage and exclusions; third-party liabilities and defenses; insurance coverage and exclusions;

(L) recordkeeping for asbestos abatement projects: records required by federal, state and local regulations; records recommended for legal and insurance purposes;

(M) supervisory techniques for asbestos abatement activities: supervisory practices to enforce and reinforce the required work practices and discourage unsafe work practices;

(N) contract specifications: discussion of key elements that are included in contract specifications;

(O) course reviews: a review of key aspects of the training course.

(3) Asbestos Abatement Workers. An individual seeking certification and employment as an asbestos abatement worker shall successfully complete at least a four day approved training course as outlined in this subdivision or the

course required under subsection (c)(2) of this section. The worker training course shall include lectures, demonstrations, at least fourteen hours of hands-on training, individual respirator fit testing, course review, and a written examination. Successful completion of the course shall be demonstrated by achieving a score of at least seventy percent on the examination. The examination shall be comprised of fifty multiple choice questions. The course shall address the following topics:

(A) physical characteristics of asbestos: identification of asbestos and its aerodynamic characteristics, typical uses, and physical appearance, and a summary of abatement control options;

(B) potential health effects related to asbestos exposure: the nature of asbestos-related diseases; routes of exposure; dose-response relationships and the lack of a safe exposure level; synergistic effect between cigarette smoking and asbestos exposure; latency period for related diseases; and a discussion of the relationship of asbestos exposure to asbestosis, lung cancer, mesothelioma, and cancers of other organs;

(C) employee personal protective equipment: classes and characteristics of respirator types; limitations of respirators and their proper selection, inspection, donning, use, maintenance, and storage procedures; methods for field testing of the facepiece-to-face seal including positive and negative pressure fit checks; qualitative and quantitative fit testing procedures; variability between field and laboratory protection factors; factors that alter respirator fit, e.g., facial hair; the components of a proper respiratory protection program; selection and use of personal protective clothing; use; storage; and handling of non-disposable clothing; and regulations covering personal protective equipment;

(D) state-of-the-art work practices: proper work practices for asbestos abatement activities, including descriptions of proper construction and maintenance of barriers and decontamination enclosure systems; positioning of warning signs; electrical and ventilation system lock-out; proper working techniques for minimizing fiber release; use of wet methods; use of negative pressure exhaust ventilation equipment; use of hepa vacuums; proper clean-up and disposal procedures; work practices for removal, encapsulation, enclosure, and repair of ACM; emergency procedures for sudden releases; potential exposure situations; transport and disposal procedures; and recommended and prohibited work practices;

(E) personal hygiene: entry and exit procedures for the work area; use of showers; avoidance of eating, drinking, smoking, and chewing gum or tobacco in the work area; and potential exposures, such as family exposure;

(F) additional safety hazards: hazards encountered during abatement activities and how to deal with them, including electrical hazards, heat stress, air contaminants other than asbestos, fire and explosion hazards, scaffold and ladder hazards, slips, trips, and falls and confined spaces;

(G) medical monitoring: OSHA and EPA worker protection rule requirements for physical examinations, including a pulmonary function test, chest x-rays and a medical history for each employee;

(H) air monitoring : procedures to determine airborne concentrations of asbestos fibers, focusing on how personal air sampling is performed and the reasons for it;

(I) relevant federal, state and local regulatory requirements, procedures, and standards: particular attention directed at relevant EPA, OSHA, and state regulations concerning asbestos abatement workers;

(J) establishment of respiratory protection programs; and

(K) course review: a review of key aspects of the training course.

(4) Inspector. An individual seeking certification in this discipline shall Successfully complete an approved course of training consisting of at least three days training, as outlined in this subdivision. The inspector training course shall include lectures, demonstrations, at least four hours of hands-on training, individual respirator fit testing, course review and a written examination. Successful completion of the course shall be demonstrated by achieving a score of at least seventy percent on the examination. The examination shall be comprised of fifty multiple choice questions. Courses shall include instruction on:

(A) Background information on asbestos: identification of asbestos, and examples and discussion of the uses and location of asbestos in facilities and physical appearance of asbestos;

(B) potential health effects related to asbestos exposure: the nature of asbestos-related diseases; routes of exposure; dose-response relationships and the lack of a safe exposure level; the synergistic effect between cigarette smoking and asbestos exposure; the latency period for asbestos-related diseases and a discussion of the relationship of the asbestos exposure to asbestosis, lung cancer, mesothelioma and cancer of other organs;

(C) the functions, qualifications and role of inspectors: discussions of prior experience and qualifications for inspectors and management planners; discussions of the functions of an inspector as compared to those of a management planner and discussion of inspection process including inventory of acm and physical assessment;

(D) legal liabilities and defenses: responsibilities of the inspector and management planner; a discussion of comprehensive general liability policies, claims made and occurrence policies, environmental and pollution liability policy clauses; state liability insurance requirements and bonding and the relationship of insurance availability to bond availability;

(E) understanding facility systems: the interrelationship between facility systems, including an overview of common facility physical plan layouts; HVAC system types, physical organization and where asbestos is found on hvac components; facility mechanical systems, their types and organization and where to look for asbestos on such systems; inspecting electrical systems, including appropriate safety precautions; and reading blueprints and as-built drawings;

(F) occupant relations: notifying employee organizations about the inspection; signs to warn facility occupants; tact in dealing with occupants and the press; scheduling of inspections to minimize disruption; and education of facility occupants about actions being taken;

(G) pre-inspection planning and review of previous inspection records: scheduling the inspection and obtaining access; facility record review; identification of probable homogeneous areas from blueprints or as-built drawings; consultation with maintenance or facility personnel; review of previous inspection, sampling and abatement records of a facility and the role of the inspector in exclusions for previously performed inspections;

(H) inspecting for friable and non-friable ACM and assessing the condition of friable ACM: procedures to follow in conducting visual inspections for friable and non-friable ACM; types of building materials that may contain asbestos; touching materials to determine friability; open return air plenums and their importance in hvac systems; assessing damage, significant damage, potential damage, and potential significant damage; amount of suspected ACM, both in total quantity and as a percentage of the total area; type of damage; accessibility; material's potential for disturbance; known or suspected causes of damage or significant damage and deterioration as assessment factors;

(I) bulk sampling and documentation of asbestos in schools and public and commercial buildings: detailed discussion of "A Simplified Sampling Scheme for Friable Surfacing Materials (EPA 560/5-85-030a October 1985)"; techniques to ensure sampling in a randomly distributed manner for non-friable surfacing materials; sampling of non-friable materials; techniques for bulk sampling; inspector's sampling and repair equipment; patching or repair of damage done in sampling; an inspector's repair kit; discussion of polarized light microscopy; choosing an accredited laboratory to analyze bulk samples; quality control and quality assurance procedures;

(J) inspector respiratory protection and personal protective equipment: classes and characteristics of respirator types; limitations of respirators; proper selection, inspection, donning, use, maintenance, and storage procedures for respirators; methods for field testing of facepiece-to-face seal including positive and negative pressure fit checks; qualitative and quantitative fit testing procedures; variability between field and laboratory protection factors that alter respiratory fit, e.g., facial hair; the components of a proper respiratory protection program; selection and use of personal protective clothing; use, storage, and handling of non-disposable clothing;

(K) recordkeeping and writing the inspection report: labeling of samples and keying sample identification to sampling location; recommendations on sample labeling; detailing of ACM inventory; photographs of selected sampling areas and examples of ACM condition; and information required for inclusion in the management plan by TSCA title ii section 203 (i)(1);

(L) regulatory review : the following topics shall be covered: national emission standard for hazardous air pollutants, neshap; 40 CFR Part 61, Subparts A and M; EPA worker protection rule found at 40 CFR part 763, subpart G; OSHA asbestos construction standard found at 29 CFR 1926.1101; OSHA respirator requirements found at 29 CFR 1910.134; the friable asbestos in schools rule found at 40 CFR part 763, subpart F; applicable state and local regulations, and differences between federal and state requirements where they apply, and the effects, if any, on public and non-public schools or commercial or public facilities;

(M) field trip: a field exercise including a walk-through inspection; on-site discussion on information gathering and determination of sampling locations; on-site practice in physical assessment and classroom discussion of field exercise;

(N) course review: a review of key aspects of the training course.

(5) Management planners: an individual seeking certification in this discipline shall successfully complete the training program as described in subdivision (c)(4) of this section, and successfully complete a two day management planner training course consisting of lectures, demonstrations, course review and a written examination. Successful completion of the course shall be demonstrated by achieving a score of at least seventy percent on the examination. The examination shall be comprised of fifty multiple choice questions. The course shall address but not be limited to the following topics:

(A) Course overview: the role and responsibilities of the management planner; operations and maintenance programs; setting work priorities; and protection of facility occupants;

(B) evaluation and interpretation of survey results: review of TSCA Title II requirements for inspection and management plans for school buildings as given in section 203 (i)(l) TSCA Title II interpretation of field data and laboratory results and comparison of field inspector's data sheet with laboratory results and site survey;

(C) hazard assessment: amplification of the difference between physical assessment and hazard assessment; the role of the management planner in hazard assessment; explanation of significant damage, damage, potential damage, and potential significant damage; use of a description decision treecode for assessment of ACM; assessment of friable ACM and relationship of accessibility, vibration sources, use of adjoining space, and air plenums and other factors to hazard assessment;

(D) legal implications: liability; insurance issues specific to planners; liabilities associated with interim control measures, in-house maintenance, repair, and removal and use of results from previously performed inspections;

(E) evaluation and selection of control options: overview of encapsulation, enclosure, interim operations and maintenance, and removal; advantages and disadvantages of each method; response actions described via a decision tree or other appropriate method; work practices for each response action; staging and prioritizing of work in both vacant and occupied facilities; and the need for containment barriers and decontamination in response actions;

(F) role of other professionals: use of industrial hygienists, engineers and architects in developing technical specifications for response actions; any requirements that may exist for architect sign-off of plans; and team approach to design of high-quality job specifications;

(G) developing an operations and maintenance plan: purpose of the plan; discussion of applicable EPA guidance documents; what actions should be taken by custodial staff; proper cleaning procedures, steam cleaning and HEPA-vacuuming; reducing disturbance of ACM; scheduling operation and maintenance for off-hours; rescheduling or canceling renovations in areas with ACM; boiler room maintenance; disposal of ACM; in-house procedures for ACM-bridging and penetrating encapsulants; pipe fittings; metal sleeves; polyvinylchloride, canvas and wet wraps; muslin with straps; fiber mesh cloth; mineral wool, and insulating cement; discussion of employee protection programs and staff training; case study in developing an operation and maintenance plan to include the development, implementation process and problems that have been experienced;

(H) regulatory review: focusing on the OSHA Asbestos Construction Standard found at 29 CFR 1926.1001; NESHAP requirements, found at 40 CFR Part 61 Subparts A, General Provisions, and M, National Emission Standards for Asbestos, EPA Worker Protection Rule found at 40 CFR Part 763, Subpart G; TSCA Title II; applicable state and local regulations, and differences in federal and state requirements - where they apply and the effects, if any, on public and non-public schools;

(I) recordkeeping for the management planner: use of field inspector's data sheet along with laboratory results; on-going recordkeeping as a means to track asbestos disturbance; and procedures for recordkeeping;

(J) assembling and submitting the management plan: plan requirements for schools in TSCA Title II Section 203 (i) (1); the management plan as a planning tool;

(K) financing abatement actions: economic analysis and cost estimates; development of cost estimates; present costs of abatement versus future operation and maintenance costs; Asbestos School Hazard Abatement Act grants and loans;

(L) course review: a review of key aspects of the training course.

(6) Project designers: An individual seeking certification in this discipline shall successfully complete a course of instruction of three days duration consisting of

lectures, demonstrations, individual respirator fit testing, a field trip, course review and written examination. Successful completion of the course shall be demonstrated by achieving a score of at least seventy percent on the examination. The examination shall be comprised of one hundred multiple choice questions. The course shall address the following topics:

(A) Background information on asbestos: identification of asbestos; examples and discussion of the uses and locations of asbestos in facilities and physical appearance of asbestos;

(B) potential health effects related to asbestos exposure: nature of asbestos related diseases; routes of exposure; dose-response relationships and the lack of a safe exposure level; the synergistic effect between cigarette smoking and asbestos exposure; the latency period of asbestos related diseases; and a discussion of the relationship between asbestos exposure and asbestosis, lung cancer, mesothelioma and cancer of other organs;

(C) overview of abatement construction projects : abatement as a portion of a renovation project and OSHA requirements, 29 CFR 1926.1101, for notification of other contractors on a multi-employersite.

(D) Safety system design specification: design, construction and maintenance of containment barriers and decontamination enclosure systems; positioning of warning signs; electrical and ventilation system lock-out; proper working techniques for minimizing fiber release; entry and exit procedures for the work area; use of wet methods; proper techniques for initial cleaning; use of negative pressure exhaust ventilation equipment; use of HEPA vacuums; proper clean-up and disposal of asbestos; work practices as they apply to encapsulation, enclosure, and repair; and use of glove bags and a demonstration of glove bag use;

(E) field trip: a visit to an abatement site or other suitable facility site, including onsite discussion of abatement design, and facility walk-through inspection including a discussion of rationale for the concept of functional spaces during the walk-through and a discussion following the walk-through;

(F) employee personal protective equipment: classes and characteristics of respirator types; limitations of respirators; proper selection, inspection, donning, use, maintenance, and storage procedures for respirators; methods for field testing of the facepiece-to-face seal including positive and negative pressure fit checks; qualitative and quantitative fit testing procedures; variability between field and laboratory protection factors; factors that alter respirator fit, e.g., facial hair; components of proper respiratory protection program; selection and use of personal protective clothing; use, storage and handling of non-disposable clothing; and regulations covering personal protective equipment;

(G) additional safety hazards: hazards encountered during abatement activities and how to deal with them, including electrical hazards, heat stress, air contaminants other than asbestos, fire and explosion hazards;

(H) fiber aerodynamics and control: aerodynamic characteristics of asbestos fibers; importance of proper containment barriers; settling time for asbestos fibers; wet methods in abatement; aggressive air monitoring following abatement; aggressive air movement and negative-pressure exhaust ventilation as a clean-up method;

(I) designing abatement solutions: discussions of removal, enclosure, and encapsulation methods; asbestos waste disposal;

(J) final clearance process: discussion of the need for a written sampling rationale for aggressive final air clearance; requirements of a complete

visual inspection and the relationship of the visual inspection to final air clearance;

(K) budgeting and cost estimating: development of cost estimates; present costs of abatement versus future operation, and maintenance costs; and setting priorities for abatement jobs to reduce cost;

(L) writing abatement specifications: preparation of and need for a written project design; means and methods specifications versus performance specifications; design of abatement in occupied facilities; modification of guide specifications for a particular facility; worker and facility occupant health and medical considerations; replacement of ACM with non-asbestos substitutes; clearance of work area after abatement; and air monitoring for clearance;

(M) preparing abatement drawings: significance and need for drawings; use of as-built drawings as base drawings; use of inspection photographs and on-site reports; methods of preparing abatement drawings; diagramming containment barriers; relationship of drawings to design specifications and particular problems related to abatement drawings;

(N) contract preparation and administration;

(O) legal liabilities and defenses: insurance considerations; bonding; hold-harmless clauses; use of abatement contractor's liability insurance; and claims-made versus occurrence policies;

(P) replacement: replacement of asbestos with asbestos-free substitutes;

(Q) role of other consultants: development of technical specification sections by industrial hygienists or engineers; the multidisciplinary team approach to abatement design;

(R) occupied facilities: special design procedures required in occupied facilities; education of occupants; extra monitoring recommendations; staging of work to minimize occupant exposure; and scheduling of renovation to minimize exposure;

(S) relevant federal, state and local regulatory requirements, procedures and standards including but not limited to:

(i) TSCA, Title II.

(ii) 40 CFR Part 61, NESHAP, Subparts A, General Provisions, and M, National Emission Standard for Asbestos.

(iii) OSHA Respirator Standard, 29 CFR 1910.134.

(iv) EPA Worker Protection Rule, 40 CFR Part 763, Subpart G.

(v) OSHA Asbestos Construction Standard, 29 CFR 1926.1101.

(vi) OSHA Hazard Communication Standard, 29 CFR 1910.1200.

(T) course review: a review of key aspects of the training course.

(7) Project monitor. An individual seeking certification in this discipline shall successfully complete an approved course of training consisting of at least five days training, as outlined in subdivision (c)(2) of this section. On and after one year following the effective date of these regulations, an individual seeking certification in this discipline shall have successfully completed an approved course of training consisting of at least five days training, as outlined in this subdivision. The project monitor training course shall include lectures, demonstrations, at least six hours of hands-on training, individual respirator fit-testing, course review and a written examination. Successful completion of the training shall be demonstrated by achieving a score of at least seventy percent on the examination. The examination shall be comprised of one hundred multiple choice questions. The course shall address the following topics:

(A) roles and responsibilities of the project monitor: definition and responsibilities of the project monitor, including regulatory/specification compliance monitoring, air monitoring, conducting visual inspections and final clearance monitoring;

(B) characteristics of asbestos and asbestos-containing materials: typical uses of asbestos; physical appearance of asbestos; review of asbestos abatement and control techniques; presentation of the health effects of asbestos exposure, including routes of exposure, dose-response relationships and latency periods for asbestos-related diseases;

(C) federal asbestos regulations: overview of pertinent EPA regulations, including: NESHAP, 40 CFR Part 61, subparts A and M; AHERA, 40 CFR part 763, Subpart E and the EPA worker protection rule, 40 CFR part 763, subpart G; overview of pertinent OSHA regulations, including: construction industry standard for asbestos, 29 CFR 1926.1101; respirator standard, 29 CFR 1910.134 and hazard communication standard, 29 CFR 1910.1200 applicable state and local asbestos regulations and regulatory interrelationships;

(D) understanding facility construction and facility systems: facility construction basics and facility physical plan layout; understanding facility systems, HVAC, electrical, etc.; layout and organization, where asbestos is likely to be found on facility systems; renovations and the effect of asbestos abatement on facility systems;

(E) asbestos abatement contracts, specifications and drawings: basic provisions of the contract; relationships between principle parties and establishing chain of command; types of specifications, including means and methods; performance and proprietary and nonproprietary; reading and interpreting records and abatement drawings; discussion of change orders; common enforcement responsibilities and authority of project monitor;

(F) response actions and abatement practices: pre-work inspections; pre-work considerations, precleaning of the work area, removal of furniture, fixtures and equipment; shutdown/modification of facility systems; construction and maintenance of containment barriers and proper demarcation of work areas; work area entry and exit and hygiene practices; determining the effectiveness of air filtration equipment; techniques for minimizing fiber release, wet methods and continuous cleaning; abatement methods other than removal; abatement area clean-up procedures; waste transport and disposal procedures and contingency planning for emergency response;

(G) asbestos abatement equipment: typical equipment found on an abatement project; air filtration devices, vacuum systems and negative pressure differential monitoring; HEPA filtration units, theory of filtration, design and construction of filtration units, qualitative and quantitative performance of HEPA filtration units, sizing the ventilation requirements, location of HEPA filtration units, qualitative and quantitative tests of containment barrier integrity and best available technology;

(H) personal protective equipment: proper selection of respiratory protection; classes and characteristics of respirator types, limitations of respirators; proper use of other safety equipment, protective clothing selection, use and proper handling, hard or bump hats, safety shoes, breathing air systems, high pressure versus low pressure, testing for Grade D air and determining proper backup air volumes;

(I) air monitoring strategies: sampling equipment, sampling pumps low versus high volume pumps; flow regulating devices including critical and limiting orifices, use of fibrous aerosol monitors on abatement projects; sampling media, types of filters, types of cassettes, filter orientation, storage and shipment of filters; calibration techniques, primary calibration standards, secondary calibration standards, temperature and pressure effects, frequency of calibration, recordkeeping and field work documentation and calculations; air sample analysis, techniques

available and limitations of ahera on their use, transmission electron microscopy, e.g. background to sample preparation and analysis, air sample conditions which prohibit analysis, EPA's recommended technique for analysis of final air clearance samples; phase contrast microscopy, background to sample preparation and AHERA's limits on the use of phase contrast microscopy; and what each air sampling technique measures; analytical methodologies, AHERA TEM protocol, NIOSH 7400, OSHA reference method, non clearance, and EPA recommendation TEM for clearance; sampling strategies for clearance monitoring, types of air samples including personal breathing zone versus fixed-station area, sampling location and objectives to include preabatement, during abatement and clearance monitoring; number of samples to be collected, minimum and maximum air volumes; clearance monitoring to include post-visual-inspection, e.g. number of samples required, selection of sampling locations, period of sampling, aggressive sampling, interpretations of sampling results and calculations, and quality assurance; special sampling problems, crawl spaces, acceptable samples for laboratory analysis and sampling in occupied facilities such as barrier monitoring;

(J) safety and health issues other than asbestos: confined-space entry, electrical hazards, fire and explosion concerns, ladders and scaffolding, heat stress, air contaminants other than asbestos, fall hazards and hazardous materials on abatement projects;

(K) conducting visual inspections: inspections during abatement, visual inspections using the ASTM E1368 document; conducting inspections for completeness of removal and discussion of "how clean is clean?"

(L) legal responsibilities and liabilities of project monitors: specification enforcement capabilities; regulatory enforcement; licensing and powers delegated to project monitors through contract documents;

(M) recordkeeping and report writing: developing project logs and daily logs; what should be included and who sees them; final report preparation and recordkeeping under federal regulations;

(N) workshops - six hours spread over three days:

(i) Workshop A - contracts, specifications and drawings. Participant shall be issued a set of contracts, specifications, and drawings and then asked to answer questions and make recommendations to a project architect, engineer or to the building owner based on given conditions and these documents.

(ii) Workshop B - air monitoring strategies and asbestos abatement equipment: simulated abatement sites for which sampling strategies would have to be developed e.g. occupied facilities, industrial situations.

(iii) Workshop C - conducting visual inspections: an interactive video in which a participant is "taken through" a work area and asked to make notes of what is seen. A series of questions shall be asked which are designed to stimulate a person's recall of the area. A series of two or three videos with different site conditions and different degrees of cleanliness. A reasonable substitute may be used subject to the approval of the department; and

(O) course review: a review of key aspects of the training course.

(Effective February 9, 1989; amended June 4, 1999.)

## 20-440-8. Training provider administrative tasks and certification requirements

(a) Approval of training providers.

(1) Training courses required for licensure, certification, and employment as set forth in sections 20-440-1 through 20-440-7 of the Regulations of Connecticut State Agencies shall be approved by the commissioner in writing.
(2) Persons wishing to provide such training courses shall meet the minimum qualifications and criteria described in this subsection. The commissioner, upon application, may approve either initial training courses or refresher training courses or both.
(3) Each of the courses of training that are to be used to fulfill training requirements shall obtain individual approval by the commissioner. Providers of approved training shall permit up to two representatives of the commissioner to attend each course and to take the written examination without cost to the department.
(4) Courses of training may be approved following the submission of an application to the commissioner on forms provided by the department.
(5) Approval shall be for a period of one year from the date of last approval. Providers shall reapply for course approval at least thirty days, but not more than sixty days prior to the expiration date of the approved course. Re-application for approval shall include all the information required by this subsection.
(6) Providers located outside the State of Connecticut shall submit all of the information required by this subsection and copies of applicable state or federal approvals, including the name, address, telephone number of the person, department or agency giving such approval.

(b) Training providers shall perform the following as a condition of maintaining their approved status:
(1) Issue written documentation of accreditation within thirty calendar days to students who complete the training course or refresher training course and pass the course examination. The written documentation shall include a unique certificate number, the name of the accredited person, the discipline of the training course completed, the dates of the training course, the date of the examination, an expiration date of one year after the date upon which the person successfully completed the course and examination, the name, address and telephone number of the training provider that issued the certificate, or statement that the person receiving the certificate has completed the requisite training for asbestos accreditation under TSCA Title II and the name of the state in which the course was given. Written documentation shall state that accreditation shall lapse one year from the date of the exam.
(2) provide to the commissioner within thirty calendar days of the conclusion of the course, the name, address, telephone number, social security number, course title and dates given, for each student passing the course examination; retain such information for a period of three years.
(3) notify the commissioner, in writing, of any changes in course content, training aids used, facility utilized or other matters which would alter the instruction from that described in the approval application. Minor changes in agenda, such as guest speaker, if otherwise qualified, and course schedule are exempted.
(4) notify the commissioner, in writing, of courses scheduled at least ten days prior to the starting date for the course.
(5) utilize and distribute, as part of the course, content information or training aids furnished by the department.

(c) Application for training course approval. Application for approved training provider status shall be submitted to the commissioner in writing on forms provided by the department. Such applications shall contain the following information:
(1) The name under which the training provider conducts or intends to conduct the training;
(2) name, address, telephone number of the person conducting the course;
(3) the type of course for which approval is requested;
(4) a list of any other states that currently approve the training course;

(5) a course outline showing topics covered, the amount of time given to each topic, the amount of time given to each type of hands-on training and the length of the training day;
(6) a copy of the course manuals for instructors and students, including all printed material to be distributed in the course;
(7) a description of teaching methods to be employed, including description of audio-visual aids to be used;
(8) a description of the hands-on training, including the facility to be utilized, including protocol of instruction, number of students to be accommodated and the number of instructors;
(9) a description of the equipment that will be used in both classroom lectures and in hands-on training;
(10) a description of the background, training, and experience of the faculty providing the training, including instructors' names and qualifications;
(11) an example of the written examination to be given showing the standard length and format along with required passing score;
(12) a detailed statement about the development of the examination as used in the course;
(13) a list of the fees required;
(14) a sample copy of the written documentation given to course participants upon successful completion of the course;
(15) an example of the numbered documents of accreditation issued to students who attend the course and pass the examination; and
(16) any additional information or documentation as may be required by the commissioner to evaluate the adequacy of the application.

(d) Suspension and withdrawal of training course approval.
(1) General. The department shall conduct periodic reviews of approved training courses and may revoke approval at any time it determines that the course fails to meet the requirements established by this section or the Connecticut General Statutes governing the provision of such services.
(2) Criteria. Suspension or withdrawal of training course approval by the department shall be based on the following criteria:
(a) Misrepresentation of the extent of a training course's approval by another state or EPA;
(b) failure to submit required information or notifications in a timely manner;
(c) failure to maintain requisite records;
(d) falsification of accreditation records, instructor qualifications, or other accreditation information;
(e) failure to adhere to the training standards and requirements of sections 20-440 and 20-441 of the Connecticut General Statutes and corresponding regulations; or
(f) violation of other asbestos regulations administered by the department.

(Effective June 4, 1999.)

## 20-440-9. Recordkeeping

(a) Approved training providers. Approved training providers shall establish and maintain records and documents pursuant to the requirements of section 20-440-8(b) of the regulations of Connecticut State Agencies and shall make such records and documents available to the commissioner and/or the EPA upon request. Training providers whose principal place of business is outside of the State of Connecticut shall provide hard copy of such records or documents within ten business days of receipt of such a request from the commissioner.

(b) Duration of record retention and circumstances requiring notification. Records and documents or copies thereof required by the regulations of Connecticut State Agencies shall be retained for a period of three years from the date of course completion. Training

providers ceasing to do business, or relocating the principal place of business shall so notify the commissioner in writing within thirty days of such event. The commissioner, on receipt of such notification, may instruct that records required by this section or copies thereof be surrendered to the department. Training providers shall comply with the commissioner's instructions within sixty days.

(c) Storage of records.

(1) Training course materials. A training provider shall retain copies of all instructional materials used in the delivery of the classroom training such as student manuals, instructor notebooks and handouts.

(2) Instructor qualifications. A training provider shall retain copies of all instructors' resumes, and the documents issued by the department approving each instructor. Instructors shall have been approved by the department before teaching courses for accreditation purposes. A training provider shall notify the department in advance whenever it changes course instructors. Records shall accurately identify the instructors who taught each particular class for each date that a class was offered.

(3) Examination. A training provider shall document that every individual who receives accreditation for an initial training course has achieved a passing score on the examination. These records shall clearly indicate the date on which the exam was administered, the training course and discipline for which the exam was given, the name of the individual who proctored the exam, a copy of the exam and the name and the test score of each individual taking the exam. The topic and dates of the training course shall correspond with those listed on that individual's certificate.

(4) Documents of accreditation. Training providers shall maintain records that document the names of all individuals who have been accredited, their documents of accreditation numbers, the disciplines for which accreditation was conferred, training and expiration dates, and the training location. The training provider shall maintain the records in a manner that allows verification by telephone of the required information.

(5) Verification of accreditation information. Training providers offering the initial management planner training course shall verify that students have met the prerequisite of possessing valid inspector accreditation at the time of course admission.

(Effective February 9, 1989; amended effective June 4, 1999.)

## 20-441. Refresher training

(a) Asbestos abatement site supervisors and asbestos abatement workers shall receive refresher training annually. The time period between successful completion of initial training and refresher training or refresher training and subsequent refresher training programs shall not exceed two years. Upon satisfactory completion of such training, the training provider shall issue written documentation of accreditation. Such documentation of accreditation shall lapse one year after the date of issuance. Certification issued by the department will reflect date of refresher training completion and shall lapse one year after the date of issuance.

(b) Refresher training providers shall perform the following as a condition of approved status:

(1) Issue written documentation of accreditation within thirty calendar days to students who complete the refresher training course and pass the course examination. The written documentation shall include a unique certificate number, the name of the accredited person, the discipline of the training course completed, the dates of the training course, the date of the examination, an expiration date or one year after the date upon which the person successfully completed the course and examination, the name, address and telephone number of the training provider that issued the certificate, or statement that the person receiving the certificate has completed the requisite training for asbestos

accreditation under TSCA Title II and the name of the State in which the course was given. Written documentation shall state that accreditation shall lapse one year from the date of the examination.

(2) provide the name, address, telephone number, social security number, course title and dates given for each student passing the course examination to the commissioner within thirty calendar days of the conclusion of the course, and retain such information for a period of three years.

(3) notify the commissioner, in writing, of changes in course content, training aids used, facility utilized or other matters which would alter the instruction from that described in the approval application, and minor changes in agenda such as guest speaker (if otherwise qualified) and course schedule.

(4) notify the commissioner, in writing, of courses scheduled at least ten days prior to the starting date for the course.

(5) utilize and distribute, as part of the course, content information or training aids furnished by the department.

(c) Approval of refresher training providers.

(1) General

(A) Refresher training courses required for certification and employment as an asbestos abatement site supervisor or an asbestos abatement worker, and for certification and licensure in the various disciplines of consultant, shall be approved by the commissioner in writing.

(B) Persons wishing to provide refresher training courses required for certification and employment as an asbestos abatement site supervisor, asbestos abatement worker, or for certification and licensure as an asbestos consultant, shall meet the minimum qualifications and criteria described in this subsection. The commissioner, upon application, may approve refresher training courses.

(C) Each of the different courses of refresher training that are to be used to fulfill refresher training requirements shall obtain individual approval by the commissioner. Providers of approved refresher training shall permit up to two representatives of the commissioner to attend each course and to take the written examination without cost to the department.

(D) Courses of refresher training may be approved following the submission of an application to the commissioner on forms provided by the department.

(E) Approval shall be for a period of one year from the date of last approval. Providers shall reapply for course approval at least thirty days, but not more than sixty days prior to the expiration date of the approved course. Re-application for approval shall include all the information required by this section.

(F) Providers located outside the State of Connecticut shall submit all of the information required by this subsection and copies of applicable state or federal approvals, including the name, address, telephone number of the person, department or agency giving such approval.

(2) Application for refresher training course approval. Application for approved refresher training provider status shall be submitted to the commissioner in writing on forms provided by the department. Such applications shall contain the following information:

(A) The name under which the refresher training provider conducts or intends to conduct the refresher training;

(B) name, address and telephone number of the person conducting the course;

(C) the type of course for which approval is requested;

(D) a list of any other states that currently approve the refresher training course;

(E) a course outline showing topics covered, the amount of time given to each topic, the amount of time given to each type of hands-on training and the length of the refresher training day;
(F) a copy of the course manuals for instructors and students, including all printed material to be distributed in the course;
(G) a description of teaching methods to be employed, including description of audio-visual aids to be used;
(H) a description of the hands-on training facility to be utilized, including the protocol of instruction, number of students to be accommodated and the number of instructors;
(I) a description of the equipment that will be used in both classroom lectures and in hands-on training;
(J) a description of the background, training, and experience of the faculty providing the refresher training, including instructors' names and qualifications;
(K) an example of the written examination to be given showing the standard length and format along with required passing score;
(L) a detailed statement about the development of the examination as used in the course;
(M) a list of the tuition required;
(N) a sample copy of the written documentation given to course participants upon successful completion of the course;
(O) an example of the numbered documents of accreditation issued to students who attend the course and pass the examination; and
(P) any additional information or documentation as may be required by the commissioner to evaluate the adequacy of the application.

(3) Suspension and withdrawal of refresher training course approval.
(A) General. The department shall conduct periodic reviews of approved refresher training courses and may revoke approval after a hearing conducted in accordance with Chapter 54, of the Connecticut General Statutes at any time it determines that the course fails to meet the requirements established by this section or of the Connecticut General Statutes governing the provision of such services.
(B) Criteria. Suspension or withdrawal of refresher training course approval by the department is based on the following criteria:
(i) Misrepresentation of the extent of a refresher training course's approval by another state or EPA;
(ii) failure to submit required information or notifications in a timely manner;
(iii) failure to maintain requisite records;
(iv) falsification of accreditation records, instructor qualifications, or other accreditation information;
(v) failure to adhere to the refresher training standards and requirements of sections 20-440 and 20-441 of the Connecticut General Statutes and corresponding regulations; or
(vi) violation of other asbestos regulations administered by the State of Connecticut.
(C) Curriculum requirements. Refresher training shall be at least one day duration for asbestos abatement site supervisors, asbestos abatement workers, management planners, project designers and project monitors. Refresher training for inspectors shall be at least half a day. The refresher training course for management planners shall be comprised of at least half a day of inspector refresher training and at least half a day of refresher training for management planners. Refresher courses shall be conducted as separate and distinct courses and not combined with any other training during the period of the refresher course. Refresher

training shall include review and discussion of changes in and interpretation of applicable state and federal laws, regulations, policies and guidelines, developments or changes in state-of-the art procedures and equipment and a review of key areas of initial training specific to each discipline. In order to renew certification, currently accredited asbestos abatement workers, project designers and project monitors who have received certification in their disciplines by successfully completing the training program for asbestos abatement site supervisors as described in subdivision 20-440-7(c)(2), shall take the refresher training course specifically designed for their disciplines.

(D) Verification of accreditation information. Training providers of refresher courses shall confirm that their students possess valid accreditation before granting course admission.

(E) Examination. Refresher training providers shall determine successful completion of a refresher course by conducting a written examination at the conclusion of the course. A score of seventy percent or higher shall be considered passing.

(F) Refresher course record retention. A refresher training provider shall document that every individual who receives accreditation for a refresher training course has achieved a passing score on the examination. These records shall clearly indicate the date upon which the exam was administered, the training course and discipline for which the exam was given, the name of the individual who proctored the exam, a copy of the exam and the name and the test score of each individual taking the exam. The topic and dates of the training course shall correspond with those listed on that individual's document of accreditation.

(i) Approved refresher training providers. Approved refresher training providers shall establish and maintain records and documents pursuant to the requirements of subsection (a) of Section 20-440-8 of the Regulations of Connecticut State Agencies and shall make such records and documents available to the commissioner and/or the EPA upon request. Refresher training providers whose principal place of business is outside of the State of Connecticut shall provide hard copy of such records or documents within ten business days of receipt of such a request from the commissioner.

(ii) Duration of record retention and circumstances requiring notification. Records and documents or copies thereof required by this section shall be retained for a period of three years from the date of course completion. Persons ceasing to do business, or relocating the principal place of business shall so notify the commissioner in writing within thirty days of such event. The commissioner, on receipt of such notification, may instruct that the records or copies thereof be surrendered to the department. The person shall comply with the commissioner's instructions within sixty days.

(G) Required storage of records. The following records shall be stored:

(i) Refresher training course materials. A training provider shall retain copies of all instructional materials used in the delivery of the classroom training such as student manuals, instructor notebooks and handouts.

(ii) Instructor qualifications. A refresher training provider shall retain copies of all instructors' resumes, and the documents approving each instructor issued by the State. Instructors shall be approved by the department before teaching courses for accreditation purposes. A refresher training provider shall notify the

department in advance whenever it changes course instructors. Records shall accurately identify the instructors that taught each particular course for each date that a course is offered.

(iii) Examination. A refresher training provider shall document each individual who receives accreditation for a refresher training course has achieved a passing score on the examination. These records shall clearly indicate the date upon which the exam was administered, the refresher training course and discipline for which the exam was given, the name of the individual who proctored the exam, a copy of the exam and the name and the test score of each individual taking the exam. The topic and dates of the refresher training course shall correspond with those listed on that individual's certificate.

(iv) Documents of accreditation. The refresher training providers shall maintain records that document the names of all individuals who have been accredited, their documents of accreditation numbers, the disciplines for which accreditation was conferred, refresher training and expiration dates, and the refresher training location. The refresher training provider shall maintain the records in a manner that allows verification by telephone of the required information.

(Effective June 4, 1999.)

# Standards for Licensure and Certification of Lead Abatement Contractors, Lead Consultants, and Lead Abatement Personnel

## 20-478-1. Definitions

As used in section 20-478-2:

(1) "Abatement" means any set of measures designed to eliminate lead hazards in accordance with standards established pursuant to sections 20- 474 through 20-482 and subsections (e) and (f) of section 19a-88 of the Connecticut General Statutes and regulations of Connecticut State Agencies sections 19a-111-1 through 19a-111-11 and 20-478-1 and 20478-2 including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead and all preparation, clean-up, disposal and reoccupancy clearance testing.

(2) "Certificate" means a document issued by the department indicating successful completion of an approved training course.

(3) "Certified industrial hygienist" means a person possessing a certificate from the American Board of Industrial Hygiene which indicates that they have specific academic credentials, five years professional experience in industrial hygiene, and have passed an examination given by the American Board of Industrial Hygiene.

(4) "Certified lead inspector risk assessor" means any lead consultant who completes an appropriate approved training course and obtains a certificate as a lead inspector risk assessor from the department. A certified lead inspector risk assessor conducts inspections and collects and interprets information to assess the level of risk from lead hazards.

(5) "Certified lead abatement supervisor" means any person who completes an appropriate approved training course and obtains a certificate as a lead abatement supervisor from the department. A lead abatement supervisor oversees lead abatement activities.

(6) "Certified lead abatement worker" means any person who completes an appropriate approved training course and obtains a certificate as a lead abatement worker from the department. A lead abatement worker performs lead abatement activities.

(7) "Certified lead inspector" means any lead consultant who completes an appropriate approved training course and obtains a certificate as a lead inspector from the department. A certified lead inspector conducts inspections to determine the presence of lead in paint, other surface coverings and various environmental media.

(8) "Certified lead planner-project designer" means any lead consultant who completes an appropriate approved training course and obtains a certificate as a lead planner-project designer from the department. A certified lead planner-project designer designs lead abatement and management activities.

(9) "Department" means the department of public health.

(10) "Lead consultant" means any person who performs lead detection, risk assessment, abatement design or related services in disciplines including, but not necessarily limited to, inspector, inspector risk assessor and planner-project designer.

(11) "License" means the whole or part of any department permit, approval or similar form of permission required by the general statutes and which further requires:

(A) practice of the profession by licensed persons or entities only;

(B) that a person or entity demonstrate competence to practice through an examination or other means and meet certain minimum standards; and

(C) enforcement of standards by the department.

(12) "Licensed lead abatement contractor" means any entity that contracts to perform lead hazard reduction by means of abatement including, but not limited to, the

encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead and obtains a license from the department to conduct such abatement work. The contractor utilizes certified lead abatement supervisors to oversee such lead abatement activities and certified lead abatement workers to perform such abatement activities.

(13) "Licensed lead consultant contractor" means any entity that contracts to perform lead hazard reduction consultation work utilizing an inspector, inspector risk assessor and/or planner-project designer and obtains a license from the department to conduct such consultation work.

(14) "Principally engage in such work as a lead abatement contractor" means to engage in work as a lead abatement contractor performed pursuant to a written or verbal contract with another where the primary intent or primary scope of such work is lead abatement, provided that if such primary intent or primary scope of any nonincidental portion of such contract is for the purpose of lead abatement, licensure is required only for such portion.

(15) "Principally engage in such work as a lead consultant contractor" means to engage in work as a lead consultant contractor performed pursuant to a written or verbal contract with another where the primary intent or primary scope of such work is lead detection, risk assessment, abatement design or related services, provided that if such primary intent or primary scope of any nonincidental portion of such contract is for the purpose of lead detection, risk assessment, abatement design or related services, licensure is required only for such portion.

(Effective November 29, 1995)

## 20-478-2. Qualifications for licensure and certification

(a) Licensing of abatement contractors and consultant contractors. On and after January 1, 1996, no entity shall hold itself out as a lead abatement contractor or lead consultant contractor, or principally engage in such work unless it has been granted a license issued by the department. A property owner is not required to be so licensed in order to abate lead hazards on that owner's property. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending pursuant to Section 20-481 of the Connecticut General Statutes, or whom the department determines to be ineligible pursuant to subsection (a)(6) of Section 19a-14 of the Connecticut General Statutes. Applications for licensure and licensure renewal shall contain the following information regarding the applicant's qualifications:

(1) a statement signed by the applicant attesting that:

(A) all present and future employees who require certification by the department pursuant to Section 20-476 of the Connecticut General Statutes will be so certified;

(B) if applying for a license as an abatement contractor:

(i) records on health monitoring tests as described in subsection (d)(2)(A) of section 19a-111-6 of the regulations of Connecticut State Agencies shall be maintained for two (2) years for supervisors and workers; and,

(ii) the following information shall be retained for a minimum of three (3) years from completion of abatement: the lead abatement plan including any deviations from the plan and the reasons for such changes or verification that no deviations occurred; starting and completion dates of the project; the names, signatures, and certificate numbers of all abatement supervisors; the letter of compliance; copies of all residual dust level analysis results on samples collected for reoccupancy clearance; and copies of all hazardous waste manifests;

(C) if applying for a license as a consultant contractor all inspection reports, forms and related data will be retained for a minimum of three (3) years from the issuance of such reports;

(D) the applicant understands that the information in this subdivision is subject to disclosure requirements developed pursuant to Section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992;

(E) the contractor will submit copies of the records described in subparagraph B(ii) and paragraph (C) of this subdivision to the department no later than ten (10) working days following receipt of the department's request;

(F) all lead related activities will be conducted in accordance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies;

(2) a list of technical equipment owned by the applicant; and,

(3) a list of the number of personnel currently employed by job category.

(b) Certification of consultants, supervisors and workers. On and after January 1, 1996, no person shall hold himself out as a lead consultant, lead abatement supervisor or lead abatement worker unless that person has been granted a certificate issued by the department. A property owner and a property owner's regular employees are not required to be so certified in order to abate lead hazards on that owner's property. Applications for certification and renewal of certification shall contain information demonstrating that the applicant has successfully completed an appropriate approved training course and possesses experience and education as specified in subsections (c) and (e) of this section. A separate certificate is required for each discipline. No certificate shall be issued under this section to any applicant against whom professional disciplinary action is pending pursuant to Section 20-481 of the Connecticut General Statutes, or whom the department determines to be ineligible pursuant to subsection (a)(6) of Section 19a-14 of the Connecticut General Statutes. Applications for certificate renewal shall include documentation of successful completion of an appropriate approved refresher training course within one (1) year of the certificate renewal date.

(c) Experience and educational requirements for consultants. An individual may be certified as a lead consultant in any of the following disciplines: inspector; inspector risk assessor; planner-project designer. An applicant for a consultant certificate shall complete an approved training course and pass the course examination as specified in subsection (d) of Section 20-477 of the Connecticut General Statutes for the appropriate discipline. Alternatively, an applicant for certification as a lead inspector who is a certified industrial hygienist and possesses experience in lead inspection and lead hazard identification shall complete a lead inspector refresher approved training course and pass the course examination as specified in subsection (d) of Section 20-477 of the Connecticut General Statutes. In addition, an applicant for certification as an inspector risk assessor shall:

(1) have completed a minimum of twenty-five (25) inspections over at least a three (3) month period as a certified or licensed lead inspector or one (1) year experience in a related field including, but not necessarily limited to, lead, asbestos, radon or other environmental remediation work and;

(2) meet one (1) of the following criteria:

(A) have a baccalaureate degree from an accredited institution of higher education, and at least one (1) year of experience in a related field as defined in subdivision (1) of this subsection; or

(B) be a certified industrial hygienist, or be licensed, registered or certified as an engineer, architect or in a related scientific field or be registered as a sanitarian; or

(C) have a high school diploma or equivalency and at least two (2) years of experience in a related field, as defined in subdivision (1) of this subsection.

(d) Alternate qualifications for consultants. Notwithstanding the provisions of subsections (b) and (c) of this section, the department shall, until no later than June 30, 1996, issue a certificate for a lead consultant discipline to persons meeting the following requirements:
- (1) An applicant for certification as an inspector or as an inspector risk assessor shall have successfully completed:
  - (A) a lead inspector training course that had been approved by the department pursuant to section 19a-111-10 of the regulations of Connecticut State Agencies; or
  - (B) a lead inspector training course that has not been approved by the department and a lead inspector or inspector risk assessor refresher training course that has been approved by the department.
- (2) An applicant for certification as a planner-project designer shall have successfully completed:
  - (A) the design of at least three (3) lead abatement and/or management projects; and
  - (B) a lead abatement contractor or lead abatement supervisor training course.

(e) Experience requirements for abatement supervisors. In addition to the requirements of subsection (b) of this section, an applicant for certification as a lead abatement supervisor shall demonstrate at least one (1) year of experience as a lead abatement worker, or at least two (2) years of experience in the building trades or in a related field, as defined in subdivision (1) of subsection (c) of this section.

(f) Alternate qualifications for supervisors and workers. Notwithstanding the provisions of subsections (b) and (e) of this section, the department shall, until no later than June 30, 1996, issue a certificate to persons meeting the following requirements. An applicant for certification as a lead abatement supervisor or as a lead abatement worker shall have successfully completed:
- (1) A lead abatement contractor training course that had been approved by the department pursuant to section 19a-111-10 of the regulations of Connecticut State Agencies; or
- (2) a lead abatement contractor, lead abatement supervisor, or lead abatement worker training course that has not been approved by the department and a refresher training course in the appropriate discipline that has been approved by the department.

(g) Certification examinations. In addition to the certification requirements established in subsections (b), (c) and (e) of this section, within one hundred and eighty (180) days of successful completion of an appropriate approved training course, candidates for certification as lead inspectors, inspector risk assessors or lead abatement supervisors, shall successfully complete a department administered or authorized neutral or third party certification examination in the appropriate discipline when such examinations become available. The applicant may not attempt to successfully complete the examination more than three (3) times during the one hundred and eighty (180) day period. Failure to successfully complete a certification examination within this time period shall result in the candidate being required to retake and successfully complete a training course approved by the department prior to reapplication for certification and retaking the certification examination.

(h) Applicants currently licensed or certified by other authorities. The department shall issue certificates to lead consultant, lead abatement supervisor and lead abatement worker certification applicants who are currently licensed or certified in the appropriate discipline by the U.S. Environmental Protection Agency or by other state or tribal programs authorized by the U.S. Environmental Protection Agency. Such candidates shall be required to successfully complete a department administered or authorized neutral or third party reciprocity examination which is specific to State of Connecticut laws, regulations, policies and work practice requirements when such examinations become available.

(Effective November 29, 1995)

## 20-478-3. Disciplinary action

The department may take disciplinary action pursuant to Section 20-481 of the Connecticut General Statutes against a person or entity licensed or certified under section 20-478-2 of the regulations of Connecticut State Agencies.

(Effective November 29, 1995)

# Use of Living Dogs for Medical or Biological Teaching, Research or Study

## 22-332b-1. Definitions.

For the purpose of sections 22-332b-1 to 22-332b-11, inclusive, the following definitions shall apply: "Hospital" means any institution for the medical care of human patients licensed under sections 19-31 to 19-42, inclusive, of the general statutes. "Educational institution" means a college or university licensed and accredited to confer academic degrees under the provisions of the general statutes, or a school, institute or academy of any kind giving instruction requiring use of dogs. "Laboratory" means any other facility utilizing living dogs for medical or biological research or study. "Medical or biological teaching" shall include instruction in any subject under circumstances involving surgical manipulation of living dogs, administration to dogs of drugs, anesthetics or toxic substances, or the subjection of dogs to unusual physical, environmental, psychological or nutritional stress or stimulus. "Research or study" means subjection of living dogs to experimental procedures involving surgery, administration of drugs, anesthetics or toxic substances, or the application of unusual physical, environmental, nutritional or psychological stress or stimulus.

(Effective October 15, 1963.)

## 22-332b-2. Eligibility for license to procure and use dogs.

No person shall be eligible to apply for a license to procure or use any living dog for medical or biological teaching, research or study except the owner or authorized and responsible agent of a hospital, educational institution or laboratory.

(Effective October 15, 1963.)

## 22-332b-3. Exemptions.

A person, firm or corporation engaged in the care, breeding, training or use of living dogs under the provisions of the general statutes pertaining to the practice of veterinary medicine or to the operation of a kennel or pet shop shall be exempt from the provisions of sections 22-332b-1 to 22-332b-11, inclusive, unless engaged in an activity which, in the judgment of the commissioner of health, falls within the meaning of research or study as defined above.

(Effective October 15, 1963.)

## 22-332b-4. Application for license.

Application for a license to procure or use living dogs for medical or biological teaching, research or study shall be made on forms procurable from the state department of health and shall be made by an authorized and responsible agent of the hospital, educational institution or laboratory proposing to engage in such activity. Each application shall contain the name of the facility and its address, a description of the land, buildings, equipment and facilities available, a description of the nature of the proposed uses of living dogs, the location of such activity and such other data as may be required by the commissioner of health. Such application shall further designate the person or persons who shall be responsible for compliance with the provisions of sections 22-332b-1 to 22-332b-11, inclusive, and shall set forth pertinent data concerning qualifications of such person or persons.

(Effective October 15, 1963.)

## 22-332b-5. Fees.

A fee of fifty dollars shall be paid at the time of application for a license or renewal thereof. Such fee shall not be returnable.

(Effective October 15, 1963.)

## 22-332b-6. Issuance or denial of license.

Issuance of a license shall be dependent upon presentation by the applicant of evidence acceptable to the commissioner of health that the proposed teaching, research or study program is design to impart or elicit knowledge or understanding of the problems of human or animal

health and that the use of living dogs in such program is essential. If, after investigation, it is found that this evidence is not sufficient or it is found that the application does not have facilities and personnel adequate for reasonable compliance with standards hereinafter set forth, the application will be denied and the applicant formed in writing of the reasons for such denial.

(Effective October 15, 1963.)

## 22-332b-7. Revocation or suspension of license.

When investigation inspection discloses that a licensee has failed to maintain substantial compliance with standards set forth in sections 22-332b-1 to 22-332b-11, inclusive, or has wilful and materially failed to comply with the provisions of any law or regulation relating to the acquisition, housing and care of dogs, his license may be suspended revoked after written notice from the commissioner of health. Within ten days after receipt of a notice of intent to suspend or revoke a license, the licensee may request a hearing to show cause why the license should not be suspended or revoked. If: request for a hearing is made within the aforesaid ten days, Suspension or revocation of the license, at the discretion of the commissioner of health, shall become effective upon issuance to the licensee of an order of suspension or revocation accompany by the commissioner's findings and conclusions. In a similar manner, after a hearing suspension or revocation of license shall be effective when in the judgment of in commissioner such action is necessary. No facility shall procure or use living dogs of medical or biological teaching, research or study while its license is suspended after revocation thereof. Reinstatement of a suspended license may be request after the correction of conditions leading to suspension, at which time reinstatement may be granted at the discretion of the commissioner when such evidence as may require indicates that acceptable corrective measures have been made effective.

## 22-332b-8. Renewal of license.

(a) Each license shall be renewed annually on or before July first. Application for renewal shall be filed annually before such date and shall be accompanied by the renewal fee.

(b) In addition, renewal license shall be required at any time when the premises of the facility licensed are be changed or when there is to be any additional use of living dogs not covered by license then current. Licenses are not transferable with respect to either condition.

## 22-332b-9. Standards for housing, care, treatment, handling and disposition of dogs.

(a) The activity shall be under the direction of a person or person with qualifications acceptable to the state department of health who shall designated by the licensee as responsible for the operation of the facility license Except for limited activities and with express approval of the commissioner health, the following are the minimum acceptable qualifications;

  (1) Possession of an earned doctoral degree from a recognized college or university in veterinary medicine, medicine, dentistry or the biological sciences, or

  (2) essentially equivalent specialized education, training and experience.

(b) The licensee may be required employ other personnel with such qualifications as the commissioner of health deems reasonable and necessary for the activity licensed.

(c) The premises in which dogs are quartered or used shall be adequate in size for the number of dogs house or used therein.

(d) The licensee shall at all times maintain the dogs in a manner providing a minimum of bodily discomfort compatible with the activity license

(e) When a licensee has acquired ownership of a dog or dogs for medical or biological research or study, he shall promptly cause such dog or dogs to be transported to the facility licensed under conditions compatible with humane and sanitary maintenance.

(f) Dogs shall at all times be kindly and humanely treated and provided with adequate amounts of wholesome, nutritious food and of clean water from a source acceptable to

the state department of health. Inhumane exposure of dogs to extremes of temperature and humidity shall be avoided at all times.

(g) Quarters shall be of such size that each animal may stand, sit and lie in a normal position and turn around with ease.

(h) The licensee shall provide reasonable facilities for the removal and disposal of excreta and such other facilities for maintenance of animal health, comfort and exercise as the commissioner of health may require.

(i) Quarters shall be kept clean, well lighted and ventilated and be maintained at a proper temperature. After being vacated and before being reoccupied they shall be cleaned by procedures acceptable to the state department of health for the prevention of spread of communicable diseases.

(j) Surgery or experimental procedures capable of inducing discomfort greater than that attending anesthetization shall not be performed without proper administration of a suitable anesthetic and the dog shall be maintained under such anesthesia until the operation or experimental procedure is completed. Exceptions to this are permissible only when provisions for maximum comfort, including anesthesia, would defeat the object of the experiment and then only by direction of a person qualified in the judgment of the commissioner of health to evaluate the need for and conditions of the procedure.

(k) Surgery shall be performed under strict asepsis whenever the animal is expected to survive. No dog shall be used for two or more successive painful experiments unless it is a part of the original operation.

(l) When a surgical or experimental procedure has been performed on a dog which will continue to cause discomfort or pain to the animal or might significantly shorten its normal life expectancy, the animal shall be destroyed painlessly by intravenous injection of a drug acceptable to the commissioner of health. This shall be done promptly upon conclusion of a reasonable postoperative or postexperimental observation period during which the animal shall be given care to minimize discomfort equivalent to that which would be rendered to human beings under similar circumstances.

(m) Bodies of dead animals shall be disposed of promptly by incineration or by other means approved by the commissioner of health.

(n) Premises wherein dogs are quartered or used shall be open for inspection to an agent of the state department of health at all times.

## 22-332b-10. Records and reports.

Suitable records on all dogs procured or used shall be maintained and shall include:

(1) A description or other identification of each animal;

(2) the date and source from which the animal was procured;

(3) the condition of the animal upon receipt;

(4) the use to which the animal was put;

(5) details of administration of anesthesia;

(6) the method of humane destruction of the animal or other disposition of it. Such records shall be available for inspection at all times to an agent of the state department of health. The licensee shall submit upon request reports on such matters and at such times as the commissioner of health may require.

## 22-332b-11. Display of regulation.

A copy of sections 22-332b-1 to 22-332b-11, inclusive, shall be displayed prominently on the premises of licensees wherein dogs are quartered or utilized for experimental purposes.

# Qualifications of Operators of Water Treatment Plants

## 25-32-7a. Definitions

As used in Sections 25-32-7a to 25-32-14, inclusive:

(a) "(ABC)" means the Association of Boards of Certification.

(b) "Available" means reasonably accessible in order to respond to plant or system changes or malfunctions.

(c) "Certified Operator" means an operator who has met the education, experience and examination requirements specified in sections 25-32-7a to 25-32-14, inclusive, of the Regulations of Connecticut State Agencies and has been certified by the department.

(d) "Chief Operator" means a certified operator who has been designated by the system as the operator who has direct responsible charge for the operation and maintenance of the plant, distribution system or small water system.

(e) "Community water system" means a public water system that serves at least twenty-five (25) residents.

(f) "Conditional operator" means an existing operator who had direct responsible charge, for at least the one year prior to the effective date of the most recent revisions of sections 25-32-7a to 25-32-14, inclusive, of the Regulations of Connecticut State Agencies, of a plant, distribution system, or small water system which is required to have a certified operator for the first time as a result of the most recent revisions of sections 25-32-7a to 25-32-14, inclusive, of the regulations of Connecticut state agencies and has been duly certified by the department.

(g) "Department" means Connecticut Department of Public Health.

(h) “Direct Responsible Charge" means active, daily responsibility for the operation of a plant, distribution system, or small water system.

(i) "Distribution system" means any combination of pipes, tanks, pumps, etc. which delivers water from the source(s) and/or treatment facility or facilities to the consumer.

(j) "Limited Operator" means an existing operator who had direct responsible charge as of February 9, 1989 and has been duly certified by the department.

(k) "Non-transient non-community water system" (NTNC) means a public water system that is not a community system and that regularly serves at least twenty-five (25) of the same persons over six (6) months per year.

(l) “Operator" means any individual either employed or retained by a public water system who, as part of their job duties, is assigned the responsibility for operational activities that shall directly impact the quality and/or quantity of drinking water provided to consumers.

(m) "Operator-in-Training" means a person who has received either a Certificate of Achievement in Water Management from a Connecticut Community- Technical College, or an equivalent as determined by the Department and who has met the examination requirements specified in sections 25-32-7a to 25-32- 14, inclusive, of the Regulations of Connecticut State Agencies.

(n) “Provisional Operator" means an operator who is given permission by the Department to have direct responsible charge, for up to 2 years, to allow the operator to become certified.

(o) “Public water system" or "system" means any water company, as defined in section 25-32a of the Connecticut General Statutes (CGS), supplying water to fifteen (15) or more consumers, as defined in section 25-32a of the CGS, or twenty-five or more persons daily, at least sixty (60) days of the year.

(p) “Small water system" means a community water system or a non-transient non-community water system that serves less than 1000 persons and has no treatment or has only treatment which does not require any chemical treatment, process adjustment, backwashing or media regeneration by an operator.

(q) “Treatment plant" or "plant" means a building or structure containing equipment for altering the characteristics of drinking water. Plants, which do not involve any chemical treatment, process adjustment, backwashing or media regeneration by an operator, are excluded from this definition.

(Effective February 9, 1989; Amended effective July 26, 2001.)

## 25-32-8. Classification of water treatment plants

(a) Water treatment plants shall be classified according to points assigned to each plant based on the ABC system. The classification form shall be provided by the Department, and shall be filled in by the system. The contents of such form shall be verified by the department. The classifications are as follows:

| | |
|---|---|
| Class I | 30 points or less |
| Class II | 31-55 points |
| Class III | 56-75 points |
| Class IV | 76 points or greater |

(Effective February 9, 1989; Amended effective July 26, 2001.)

## 25-32-9. Qualifications for certified water treatment operators

(a) Except as provided in subsections (e) and (f) of this section, every community water system and every non-transient non-community water system treatment plant shall have at least one operator who is certified at the plant's class or higher and who shall be designated by the system as the chief operator. The chief operator shall have direct responsible charge of the plant. In the event that the chief operator is not available, the system shall place an operator, who is certified at the plant's class or higher, in direct responsible charge to serve in the interim. All operators in direct responsible charge and any operators making process control/system integrity decisions about water quality or quantity, that affect public health, shall be certified at the plant's class or higher or certified as a conditional or provisional operator.

(b) To become certified as a water treatment plant operator a person must demonstrate the ability to responsibly operate a plant of the given classification applied for (I, II, III, IV) by passing a written examination. To qualify to take the examination, a person shall submit an application to the Department on a form provided by the Department.

(c) Minimum education and experience requirements to qualify for the written examination:

| Class | Education (yrs.) | Experience in class (yrs.) |
|---|---|---|
| I | 12 | 1 |
| II | 12 | 2 |
| III | 12 | 3 |
| IV | 12 | 4 |

The minimum education requirement shall be met by either a high school diploma or a high school equivalency diploma. Any amount of educational training beyond high school (12 years) in a field of study applicable to water treatment may be substituted for an equal amount of the experience requirement; however, one year of experience is, for purposes of this subsection, required for all classes. Experience in class means experience gained in operating a particular class plant or the next lower class providing that the operator has direct responsible charge.

(d) Examination requirement for certification A written examination administered by the Department will be given to qualifying operator candidates. The examination will test the candidate's ability to responsibly operate a plant of the given classification applied for (I, II, III, IV). A passing score will be required for certification.

(e) Existing operators--If an operator having direct responsible charge of a plant as of February 9,1989 is not certified, the department may certify that operator as a limited operator upon presentation of an application by the system by February 9, 1990. This certification is only granted for a specific plant and cannot be transferred to another plant, system or individual. A limited operator cannot be designated as a chief operator but can serve in direct responsible charge.

If an operator has had direct responsible charge of a non-transient non- community water system water treatment plant for at least the one year prior to the effective date of the most recent revisions of sections 25-32-7a to 25-32-14 inclusive, of the Regulations of Connecticut State Agencies and is not certified, the Department may certify that operator as a conditional operator upon presentation of an application by the system within one year of the effective date of the most recent revisions of sections 25-32-7a to 25-32-14, inclusive, of the Regulations of Connecticut State Agencies. This certification is only granted for a specific plant and cannot be transferred to another plant, system or individual. The conditional certification is no longer valid if the plant classification changes to a higher level. A conditional operator shall meet all renewal requirements including training hour requirements for the operator class equal to the classification of the specific plant. The Department may certify a maximum of two conditional operators per non-transient non-community water system. A conditional operator can perform the functions of a certified operator.

(f) Provisional operators--If a system does not have a qualified operator as outlined in Section 25-32-9(a) and if the department determines that this is due to reasons beyond the system's control, the Department may certify an operator as a provisional operator. The system must submit a request in writing, which indicates the reasons for not having a qualified operator and include an application. The provisional operator certificate would only be granted for a given plant and only be given to an operator who could qualify to take the appropriate class exam within 2 years. A provisional operator can perform the functions of a certified operator.

(g) Operator-in-training--A person who has received either a certificate of achievement in water management from a Connecticut Community-Technical College, or an equivalent as determined by the Department, may apply to take any class examination. After successful completion of the examination, the person will be an operator-in-training. After the operator-in-training has completed the education and experience requirements of the appropriate class, he may apply to become a certified operator.
(Effective February 9, 1989; Amended effective July 26, 2001.)

## 25-32-10. Classification of water distribution systems

(a) Each water distribution system shall be classified according to the population served. The classifications are as follows:

| | |
|---|---|
| Class I | 1000-5000 persons served |
| Class II | 5001-50,000 persons served |
| Class III | Over 50,000 persons served |

(Effective February 9, 1989.)

## 25-32-11. Qualifications for certified distribution system operators

(a) Except as provided in subsections (f) and (g) of this section, every community water and every non-transient non-community water distribution system which serves 1,000 or more persons shall have at least one operator who is certified at the distribution system's class or higher and who shall be designated by the system as the chief operator. The chief operator shall have direct responsible charge of the distribution system. In the event that the chief operator is not available, the system shall place an operator, who is certified at the distribution system's class or higher, in direct responsible charge to serve in the interim. Except as provided in subsections (f) and (g), all operators in direct responsible charge and any operators making process control/system integrity decisions about water quality or quantity, that affect public health, shall be certified at the distribution system's class or higher or certified as a conditional or provisional operator.

(b) To become certified as a distribution system operator a person must demonstrate the ability to responsibly operate a distribution system of the given classification applied for (I, II, III) by passing a written examination. To qualify to take the examination, a person shall submit an application to the Department on a form provided by the Department.

(c) Minimum education and experience requirement to qualify for the written examination:

| Class | Education (yrs.) | Experience (yrs.) |
|---|---|---|
| I | 12 | 1 |
| II | 12 | 2 |
| III | 12 | 4 |

Each year of education beyond high school (12 years) in a field applicable to water distribution may serve to satisfy one year of the experience requirement to qualify for the written examination. The minimum education requirements shall be met by either a high school diploma or a high school equivalency diploma. A minimum of one year of experience in operating a distribution system is required for all classes.

(d) Examination requirement for certification--A written examination administered by the Department will be given to qualifying system operator candidates. The examination will test the candidate's ability to responsibly operate a distribution system of the given classification applied for (I, II, III). A passing score shall be required for certification.

(e) Every public water system which is required to have testable backflow prevention devices in its system, pursuant to section 19-13-B38a of the Regulations of Connecticut State Agencies, shall have those devices tested by a person who has completed and passed a course on the testing of backflow preventers administered or approved by the Department.

(f) Existing operators--If an operator having direct responsible charge of a distribution system as of February 9, 1989 is not certified, the Department may certify that operator as a limited operator upon presentation of an application by the system by February 9, 1990. This certification is only granted for a specific distribution system and cannot be transferred to another distribution system. A limited operator cannot be designated as a chief operator but can serve in direct responsible charge.

If an operator has had direct responsible charge of a non-transient non- community water system distribution system, which serves 1,000 or more persons, for at least the one year prior to the effective date of the most recent revisions of sections 25-32-7a to 25-32-14, inclusive, of the regulations of Connecticut State Agencies and is not certified, The Department may certify that operator as a conditional operator upon presentation of an application by the system within one year of the effective date of the most recent revisions of sections 25-32-7a to 25-32-14, inclusive, of the Regulations of Connecticut State Agencies. This certification is only granted for a specific distribution system and cannot be transferred to another system, plant, or individual. The conditional certification is no longer valid if the distribution system classification changes to a higher level. A conditional operator shall meet all renewal requirements including training hour requirements for the operator class equal to the classification of the specific distribution system. The Department may certify a maximum of two conditional operators per distribution system.

(g) Provisional operators--If a system does not have a qualified operator as outlined in Section 25-32-11(a)and if the Department determines that this is due to reasons beyond the system's control, the Department may certify an operator as a provisional operator.

The system must submit a request in writing which indicates the reasons for not having a qualified operator and include an application. The provisional operator certificate would only be granted for a given distribution system and only be given to an operator who could qualify to take the appropriate class exam within 2 years.

(h) Every public water system which has consumer premises required to be inspected for cross connections, pursuant to section 19-13-B102(f) of the Regulations of Connecticut State Agencies, shall have those premises inspected by a person who has completed and passed a course on cross connection inspections administered or approved by the Department.

(i) Operator-in-Training--A person who has received either a certificate of achievement in

water management from a Connecticut Community-Technical College, or an equivalent as determined by the Department, may apply to take any class examination for a certified distribution system operator. After successful completion of the examination, the person will be an operator-in-training. After the operator-in-training has completed the education and experience requirements of the appropriate class, he may apply to become a certified operator.
(Effective February 9, 1989; Amended effective July 26, 2001.)

## 25-32-11a. Qualifications for small water system operators

(a) Except as provided in subsection (e) and (f) of this section, every community water system and every non-transient non-community water system which meets the definition of small water system shall have at least one operator who is certified as a small water system, water treatment plant or water distribution system operator who shall be designated by the system as the chief operator. In the event that the chief operator is not available, the system shall make arrangements to ensure that another certified operator is available to serve in direct responsible charge in the interim. All operators in direct responsible charge and any operators making process control/system integrity decisions about water quality or quantity, that affect public health, shall be certified as an operator, conditional operator or provisional operator for that system.

(b) To become certified as a small water system operator, a person shall demonstrate the ability to responsibly operate a small water system by passing a written examination. To qualify to take the examination, a person shall submit an application to the department on a form provided by the department.

(c) Minimum education and experience requirements to qualify for the written examination:

| Class | Education (yrs.) | Experience |
|---|---|---|
| Small water system | 12 years | 6 months |

The minimum education requirement shall be met by either a high school diploma or a high school equivalency diploma. Six (6) months experience operating a small water system, water treatment plant or water distribution system may be substituted for the education requirement. These six (6) months of experience shall not also be used to meet the experience requirement.

The experience requirement shall be met by operating a small water system, water treatment plant or water distribution system. A minimum of twenty (20) hours of training acceptable to the department may be substituted for the experience requirement.

(d) Examination Requirement for Certification -- A written examination administered by the department shall be given to qualifying operator candidates. The examination shall test the candidate's ability to operate a small water system. A passing score shall be required for certification.

(e) Conditional Operators -- If an operator has had direct responsible charge of a small water system for at least the one year prior to the effective date of the most recent revisions of Sections 25-32-7a to 25-32-14, inclusive, of the regulations of Connecticut State Agencies and is not certified, the department may certify an operator as a conditional operator upon presentation of an application by the system within one year of the effective date of the most recent revisions of Sections 25-32-7a to 25-32-14, inclusive, of the regulations of Connecticut State Agencies. This certification is only granted for a specific system and cannot be transferred to another system, plant or individual. The conditional certification is no longer valid if the system classification changes to a higher level. A conditional operator shall meet all renewal requirements including training hour requirements for a small water system operator. The department may certify a maximum of two conditional operators per small water system.

(f) Provisional Operators -- If a system does not have a qualified operator as outlined in

section 25-32-11a(a) and if the department determines that this is due to reasons beyond the system's control, the department may certify an operator as a provisional operator. The system shall submit a request in writing which indicates the reasons for not having a qualified operator and include an application. The provisional operator certificate shall only be granted for a given system and only be given to an operator who could qualify to take the appropriate class exam within 2 years.
(Added effective July 26, 2001; Amended effective May 2, 2003.)

## 25-32-12. Reciprocity

The Department may waive the examination requirements specified in Section 25- 32-9(d) Section 25-32-11(d), and Section 25-32-11a(c) in the event that the applicant has passed an examination given by another state or ABC and the Department has entered into a reciprocity agreement with that state or ABC. A reciprocity agreement may only be established if the Department deems that the requirements of the other state or ABC are at least as stringent as those of the Department.
(Effective February 9, 1989; Amended effective July 26, 2001.)

## 25-32-13. Revocation of certification

The commissioner may take any disciplinary action set forth in section 19a- 17 of the Connecticut General Statutes, except for the assessment of a civil penalty, against an operator holding a certificate issued pursuant to sections 25-32-7a to 25-32-14, inclusive, of the Regulations of Connecticut State Agencies, for any of the following reasons: fraud or material deception in procuring a certificate, the renewal of a certificate or the reinstatement of a certificate; fraud or material deception in the performance of the certified operator's professional activities; incompetent, negligent or illegal performance of the certified operator's professional activities; conviction of the certified operator for a felony; or failure of the certified operator to complete the training required under sections 25- 32-7a to 25-32-14, inclusive, of the Regulations of Connecticut State Agencies.
(Effective February 9, 1989; Amended effective July 26, 2001.)

## 25-32-14. Renewal

(a) Treatment plant, distribution system and small water system operators-- Certificates issued pursuant to sections 25-32-9, 25-32-11 and 25-32-11 a of the Regulations of Connecticut State Agencies must be renewed every 3 years by the operator to remain valid. The renewal form shall be provided by the Department and must be completed by the operator. This section does not apply to certificates for Provisional Operators issued pursuant to sections 25-32- 9(f), 25-32-11(g) and 25-32-lla(e) of the Regulations of Connecticut State Agencies.

Renewal requirements--to qualify for renewal, a treatment plant, distribution system or small water system operator shall complete the training hours specified in table 1, for each three year renewal period.

Table 1

| Operator Class | Training Hours |
|---|---|
| Treatment I, Distribution I, Small system | 10 |
| Treatment II, Distribution II | 20 |
| Treatment III & IV, Distribution III | 30 |

In order to phase in the training hour requirements, applicants shall complete the training hours specified for the following renewal periods in table 2. These requirements only apply for certificates, which expire less than three years after the effective date of the most recent revisions of sections 25- 32-7a to 25-32-14 of the Regulations of Connecticut State Agencies. After that, table 1 applies.

Table 2

| Operator Class | Training Hours Per Renewal Period | | |
|---|---|---|---|
| | A | B | C |
| Treatment I, Distribution I, Small System | 0 | 3 | 7 |
| Treatment II, Distribution II | 0 | 7 | 13 |
| Treatment III & IV, Distribution III | 0 | 10 | 20 |

Renewal period a applies to certificates, which expire less than one year after the effective date of the most recent revisions of sections 25-32-7a to 25-32-14 of the Regulations of Connecticut State Agencies.

Renewal period B applies to certificates which expire one year or more and less than two years after the effective date of the most recent revisions of sections 25-32-7a to 25-32-14 of the Regulations of Connecticut State Agencies.

Renewal period C applies to certificates, which expire two years or more and less than three years after the effective date of the most recent revisions of sections 25-32-7a to 25-32-14 of the Regulations of Connecticut State Agencies.

The training shall be in treatment plant, distribution system or small system operation and be acceptable to the Department.

(b) If an operator does not renew his or her certificate by the expiration date, the certificate expires and the operator is no longer certified. An operator may renew an expired certificate for up to six months after the expiration date by meeting all renewal requirements. To become certified greater than six months after the expiration date, an operator shall meet all current certification requirements including successful completion of an examination to be recertified.

(Effective February 9, 1989; Amended effective July 26, 2001.)

## Water Supply Plans

### 25-32d-1. [Repealed.]

(Repealed effective August 10, 2000.)

### 25-32d-1a. Definitions

(a) As used in sections 25-32d-1a to 25-32d-6, inclusive, of the Regulations of Connecticut State Agencies:

(1) "1 in 100 occurrence frequency" means the 1 in 100 year recurrence interval for the critical dry period or the one percent non-exceedance probability for the critical drawdown duration;

(2) "Active source" means a department approved source of supply which meets state and federal water quality standards, with adequate department approved treatment facilities as needed, or for which compliance schedules are in place. An active source is one that is permanently connected to the system and may include, but need not be limited to, a seasonal or standby source of supply that may be used intermittently or on a partial year basis;

(3) "Adequate water supply" means a quantity of water sufficient to meet demands even in a critical dry period;

(4) "Available water" means the maximum amount of water a company can dependably supply, taking into account the following reductions applied to safe yield: any limitations imposed by hydraulics, treatment, well pump capabilities, reductions of well yield due to clogging that can be corrected with redevelopment, transmission mains, permit conditions, source construction limitations, approval limitations, or operational considerations; and the safe yield of active sources and water supplied according to contract, provided that the contract is not subject to cancellation or suspension and assures the availability of water throughout a period of drought and that the supply is reliable;

(5) "Average daily demand" means the total annual production from all sources of supply divided by the number of days in that calendar year;

(6) "Commissioner" means the Commissioner of Public Health or his designated representative;

(7) "Complete plan" means a plan that satisfies the content requirements of sections 25-32d-2 to 25-32d-4, inclusive, of the Regulations of Connecticut State Agencies and that is technically adequate for its intended purpose;

(8) "Conservation" or "water conservation" means measures designed to promote efficient use of water and to eliminate waste of water;

(9) "Consumptive losses" means any water uses which do not result in the water being discharged back into the water source at or near the withdrawal point in substantially the same quality and quantity as prior to use;

(10) "Contaminant" means any physical, chemical, biological, or radiological substance or matter in water.

(11) "Critical drawdown duration" means the length of time for a reservoir to go from full to the bottom of usable storage for single-year cycle reservoirs, and from full to the bottom of usable storage without spilling in the intervening period for multi-year cycle reservoirs;

(12) "Critical dry period" means the historic drought event for which yield is the least. For surface water sources of supply the critical dry period has both a critical drawdown duration and a 1 in 100 occurrence frequency. For ground water sources of supply the critical dry period is the 180 day pumping event with no precipitation recharge and a seven day duration and a one in ten year recurrence frequency of the stream flow;

(13) "Critical Lands to be protected" means any land located within a source water protection area;

(14) "Critical system component" means any water system component or facility necessary to deliver, with at least twenty-five pounds per square inch of pressure, one hundred percent of the average daily demand of the system or any portion of the system that it serves;

(15) "Demand management" means conservation measures which provide assistance for consumers to use water economically and efficiently and that may achieve permanent water savings;

(16) "Department" means the Department of Public Health or its designated representative;

(17) "Emergency source" means a source of supply identified by the water company within its water supply emergency contingency plan for possible use at various stages of an emergency. An emergency source is not an active source and is not considered part of available water. An emergency source may be prohibited from use as a source of supply due to contractual limitations, lack of water quality monitoring, known or suspected water quality limitations, the need for additional treatment prior to use, or the absence of any required state and local approval;

(18) "Flashboards" means temporary or semi-permanent structures across the spillway of a reservoir. Flashboards increase water levels and storage volumes that are designed to be released during flood events;

(19) "Inactive source" means a source of supply that is not used or maintained as an active or emergency source of supply, but has not been abandoned in

accordance with Section 25-33k of the Connecticut General Statutes, is not routinely monitored, and is physically disconnected from the system;

(20) "Initial plan" means the first plan for a water company ever requested by the commissioner pursuant to section 25-32d of the Connecticut General Statutes;

(21) "Major users" means the ten water customers with the greatest annual volumes of water use for the most recent calendar year and all other users with individual meters or estimated use exceeding an annual average of 50,000 gallons of water per day based on the most recent calendar year;

(22) "Margin of safety" means the unitless ratio of available water to demand;

(23) "Mass balance methodology" means a technique based on the continuity equation, in which the sum of all water inflows minus the sum of all water outflows is equal to the change in storage. Inflows include streamflow, direct precipitation, diversions, routing from upstream reservoirs, ground water discharge, and supplementation from wells. Outflows include water supply withdrawals, streamflow releases, evaporation, diversions, consumptive losses, groundwater recharge, uncontrolled releases downstream or spills from the reservoir, and dam leakage;

(24) "Maximum month demand" means the highest water demand in a month calculated by dividing the total production from all sources of supply for each calendar month by the number of days in that month and expressed in gallons per day;

(25) "Minimum stream flow releases" means water released from a reservoir for the purpose of providing a specified flow rate downstream of a dam. The flow requirements may be fixed or variable;

(26) "Modified plan" means any amendments, modifications or page revisions to an initial or revised plan as requested by the commissioner or submitted by a water company in order to satisfy the requirements for completeness or plan approval;

(27) "Non-revenue water" means the difference between total annual metered water production and the sum of annual metered water consumption plus any other properly estimated revenue-producing unmetered water;

(28) "Peak day demand" means the annual maximum daily rate of water use measured in gallons per day;

(29) "Planning periods" means time periods for projecting future demands for planning to meet future water supply needs. Planning periods are five years from the time of plan preparation and twenty years (20) and fifty (50) years from the last decennial census;

(30) "Public or privately-owned protected lands" means any combination of state forest, parklands and municipally or privately held land, excluding water company-owned lands, designated as protected open space in a delineated source water protection area;

(31) "Regional planning organization" means regional planning agencies created pursuant to the provisions of sections 8-31a to 8-37b, inclusive, of the Connecticut General Statutes, regional councils of elected officials created pursuant to the provisions of sections 4-124c to 4-124h, inclusive, of the Connecticut General Statutes, where such councils have undertaken to exercise the powers of regional planning agencies and regional councils of governments created pursuant to the provisions of sections 4-124i to 4- 124p, inclusive, of the Connecticut General Statutes;

(32) "Revised plan" means any subsequent plan requested by the commissioner or submitted by a water company pursuant to section 25-32d of the Connecticut General Statutes after the initial plan and excluding modified plans;

(33) "Safe yield" means the maximum dependable quantity of water per unit of time which may flow or be pumped continuously from a source of supply during a critical dry period without consideration of available water limitations;

(34) "Source of supply" means any well, spring, reservoir, stream, river or other location where water is siphoned, pumped, channeled, or withdrawn for water

supply purposes, including interconnections with other water companies;

(35) "Source water assessment program" (SWAP) means a program adopted by the State to evaluate the susceptibility of public water supply sources to potential sources of contamination, pursuant to the federal Safe Drinking Water Act (SDWA) Amendments of 1996, 42 U.S.C. Section 300j-13;

(36) "Source Water Assessment Program Work Plan" means the strategy plan prepared by the Department of Public Health to implement the provisions of the Source Water Assessment Program.

(37) "Source Water Assessment Report" means the official document created by the Department of Public Health pursuant to the Safe Drinking Water Act (SDWA) Amendments of 1996, 42 U.S.C. Section 300j-13;

(38) "Source water protection area" means an area of land delineated by the state Source Water Assessment Program (SWAP), and identified in the Connecticut Source Water Assessment Program Work Plan, that contributes water to any public water supply source where significant potential contaminant sources (SPCS) are identified, evaluated, and inventoried in order to protect the purity of any public water supply source;

(39) "Stabilization" means a condition measured during a pumping test when no more than a total of 0.25 feet of drawdown occurs over the last twelve hours prior to completion of the test or, where drawdown cannot be determined to that accuracy due to equipment inadequacy, no more than a total of 1.0 foot;

(40) "State agency" means the Department of Public Health, the Department of Environmental Protection, the Department of Public Utility Control, or the Office of Policy and Management, as applicable;

(41) "Supply deficient" means a supply of available water insufficient to meet average daily demand, maximum month demand, or peak day demand;

(42) "Supply management" means conservation measures which improve the efficiency of and eliminate waste in the production and distribution of water within a system;

(43) "Usable storage" means the difference between total storage volume of a water supply reservoir and the remaining volume below the minimum operational level, intake pipe elevation, or water elevation above which water can be treated to meet water quality standards, whichever is least;

(44) "User category" means metered residential, metered commercial, metered industrial, metered public authorities, unmetered residential, unmetered commercial, unmetered industrial, unmetered public authorities, and non-revenue water. Residential includes apartments and condominiums;

(45) "Water company" or "company" means a water company as defined in Section 25-32a of the Connecticut General Statutes;

(46) "Water supply emergency contingency plan" means response procedures and preparations for water supply emergencies due to contamination, power outages, drought, flood or failure of any or all critical system components by natural or manmade events;

(47) "Water supply emergency" means any event that may adversely impact the quality or quantity of potable water supplies such that it may not be sufficient to serve customers in accordance with the provisions of the Public Health Code;

(48) "Water supply system" means any combination of interconnected sources and facilities for the purposes of supplying potable water which are owned and operated by the same water company; and

(49) "Watershed" means land from which water drains into a water company's source of supply.

(Added effective August 10, 2000; Amended effective August 3, 2006.)

## 25-32d-2. Preparation of plans and schedule for submission

(a) Each water company supplying water to 1,000 or more persons or 250 or more

consumers, and any other water company requested by the commissioner, shall submit a water supply plan for approval in conformance with Sections 25-32d- 1a through 25-32d-6, inclusive, of the Regulations of Connecticut State Agencies.

(b) If the commissioner requests a water company to submit an initial plan, the water company shall submit the plan within two years from the date of the request.

(c) If the commissioner requests a water company to submit a revised plan, the water company shall submit the plan within one year from the date of the request.

(d) In preparing the plan, the water company shall:

(1) Provide a separate analysis for each water supply system;

(2) use gallons as a unit of measure; and

(3) use the most current national geodetic vertical datum from the National Geodetic Survey, unless otherwise specified.

(Added effective August 10, 2000.)

## 25-32d-3. Contents of the plan

Each water supply plan submitted shall evaluate the water supply needs in the service area of the water company and propose a strategy to meet such needs. The plan shall contain:

(a) A description of the existing water supply system, including:

(1) The legislative or franchise authority for the areas proposed to be served by the plan;

(2) a list and description of: service areas; sources of supply, including active, emergency and inactive sources, with a description of what portion of the service area is served by each source of supply; pump stations; and storage and treatment facilities;

(3) a map of: water company owned lands, service areas, sources of supply, interconnections, pumping stations, pressure zones, source water protection area boundaries, storage, treatment facilities, public or privately-owned protected lands.

(4) a map and description of existing transmission and distribution facilities, including age, materials, capacity and condition, if known;

(5) a description of meter reading and testing program and extent of metering;

(6) a schematic of the water supply system's hydraulic profile;

(7) a general discussion of the water supply system's fire flow capabilities;

(8) the calculation of the safe yield of each source of supply in accordance with Section 25-32d-4 of the Regulations of Connecticut State Agencies;

(9) a summary of monthly system production data by sources of supply and a summary of system average daily demands, maximum month demands and peak day demands for the previous five years;

(10) a list, description, and map of existing interconnections, and the quantities of water sold to or purchased from other water companies during the previous five years, and any limitations on their use;

(11) a history of water quality violations in each water supply system for the previous five years and a trend analysis for water quality parameters that may be approaching water quality standards;

(12) a description of the watershed inspection program required pursuant to subsection (b) of section 19-13-B102 of the Regulations of Connecticut State Agencies and the cross connection inspection program required pursuant to subsection (f) of section 19-13-B102 of the Regulations of Connecticut State Agencies, and demonstration of compliance with certification requirements pursuant to sections 25-32-7a to 25-32-14, inclusive, of the Regulations of Connecticut State Agencies;

(b) An analysis of present and future water supply demands for the five, twenty, and fifty year planning periods, including:

(1) A description of the present population distribution patterns and population served;

(2) data and an evaluation of current and historic water use in each water supply system for the past five years of record, or since the most recent submittal of a water supply plan, including average daily, maximum month and peak day demands and sales to other water companies. Water companies that have this data compiled by user categories shall provide data in that form;

(3) a description of local, state and regional land use plans, policies and zoning as related to projected water demands and future service areas;

(4) projected water demands for the five, twenty and fifty year planning periods, A 4 including sales to other water companies, based on user categories if data is available, and local land use plans and zoning regulations;

(5) an assessment of population changes within existing and future service areas for the five, twenty, and fifty year planning periods using the Office of Policy and Management's most current population data and projections, including an explanation of any deviations thereto and maps depicting the existing and future service areas;

(6) identification of any sources of supply that will no longer be used to meet system demands or any sources of supply to be abandoned;

(7) an analysis of the relationship between available water and average daily demand as determined for the most recent representative period of record not affected by unusual demand conditions such as drought or a significant temporary increase in demand, maximum month demand and peak day demand and the margin of safety to be maintained by the water company currently and for the five, twenty, and fifty year planning periods;

(8) demonstration that the margin of safety is sufficient to meet the water company's current and future needs considering factors such as potential increases or decreases in demand, the time required to bring new sources of supply on line, potential losses of sources of supply or decreased capacities, land area available for development, available interconnections and other factors which may increase or reduce supply or demand;

(9) an analysis of any treatment limitations, water quality concerns, or distribution system limitations and the ability to meet demands currently and for the five, twenty and fifty year planning periods; and

(10) an analysis of any system improvements necessary to minimize the effect of a water supply emergency on critical system components as identified in subdivision (1) of subsection (d) of this section.

(c) An assessment of potential alternative sources of supply, including:

(1) An analysis of alternatives to allow the use of inactive or emergency sources of supply and the safe yield of existing active sources of supply beyond any current limitations in order to meet demands currently and in the five, twenty and fifty year planning periods;

(2) an evaluation of potential new sources of supply and a description of existing state, local and regional land use plans, policies, classifications and zoning as they relate to source development;

(3) identification of potential or historic pollution sources which may affect any new source of supply; and

(4) a demonstration of the ability of the selected alternatives to meet future system demands, including a conceptual implementation plan.

(d) A water supply emergency contingency plan, including emergencies due to contamination of water, power outages, drought, flood or failure of any or all-critical system components. Such water supply emergency contingency plan shall include:

(1) A list identifying critical system components and potential water supply emergencies that may affect them including contamination, power outages, drought, flood or failure, but excluding routine events, such as water main breaks and inoperable valves;

(2) A list identifying significant user groups in commercial, industrial, municipal and residential categories, and discussions of mechanisms of direct technical

assistance to these significant quantity user groups.

(3) a description of the level of service to be sustained during water supply emergencies, including identification of priority users, procedures for public notification of priority users, and the means for provision of essential potable water to priority users where priority is based on the potential risk to health, safety and welfare posed by the curtailment of service; and procedures for advance notice to users for which service may be suspended if rationing is required and for implementation of rationing and use bans;

(4) procedures for responding to toxic spills or hazardous materials that may contaminate a watershed or aquifer used for drinking water;

(5) an inventory of equipment needs and availability, including location of existing emergency equipment, generators and spill response materials, identification of additional emergency equipment needs, and procedures for obtaining additional equipment or services;

(6) a list prioritizing emergency sources, including interconnections and independent industrial and commercial water supplies within the service area, and describing contractual, technical and financial requirements for their use, a schedule for activation, available yield and known water quality problems or limitations;

(7) procedures for notification of local, state and federal officials and the public;

(8) a description of duties and responsibilities of key personnel involved in emergency response actions, and a procedure for contacting and scheduling staff;

(9) a description of local ordinances and municipal authority to implement water use restriction.

(10) a description of four stages of response during drought based emergencies, including identification of trigger levels which initiate each stage based on water supply availability and demand situation, reservoir storage levels, or critical operational indicators, including storage tank recovery, pumping capacity, or for groundwater dependent systems, the number of hours of continuous well pump operation. Additional trigger levels may include; precipitation, groundwater, stream flow, and reservoir levels, and also include, the Palmer Drought Severity Index, crop moisture index and fire danger index. The four stages of response shall include: a drought advisory, a drought watch, a drought warning, and a drought emergency. Triggers shall give sufficient lead time to adequately implement response actions. The plan shall include the following stages and actions unless otherwise approved by the department:

(A) a list of actions to be taken in a drought advisory, including contacting the department and affected municipalities, evaluation of emergency source options, schedule for obtaining emergency equipment, implementation of internal measures to maximize use of existing active sources, promotion of voluntary conservation in residential, commercial and industrial facilities to reduce demand by ten percent from previous non-drought average for the appropriate month, preparation for mandatory conservation including necessary enforcement mechanisms, activation of the budget process for funding necessary projects;

(B) a list of actions to be taken in a drought watch, including contacting the department, preparing emergency sources for use, implementation of voluntary conservation to reduce demand by an additional five percent for a total of fifteen percent from previous non-drought average for the appropriate month, coordination with local officials concerning alternative facilities for obtaining water, reevaluation of priority among users and those actions required under previous water supply emergency contingency plan stages;

(C) a list of actions to be taken in a drought warning, including contacting the department, activation of emergency sources upon department approval, institution of mandatory conservation to reduce demand by an additional

five percent for a total of twenty percent from previous non-drought average for the appropriate month, initiation of weekly reporting of reservoir water supply status to the department and those actions required under previous water supply emergency contingency plan stages; and

(D) a list of actions to be taken in a drought emergency, including contacting the department, activation of emergency sources upon department approval, institution of the second phase of mandatory conservation to reduce demand by an additional five percent for a total of twenty-five percent from the previous non-drought average for the appropriate month, coordination with local officials for the provision of emergency services for bathing and obtaining drinking water for the highest priority users, enforcement of measures through local ordinances and state and municipal authorities and those actions required under previous water supply emergency contingency plan stages; and

(11) a signed statement by the water company's chief executive officer attesting to the existence of procedures for sabotage prevention and response. For security and safety reasons, procedures for sabotage prevention and response shall not be submitted for state agency review.

(e) Recommendations for new water system development or system improvements, including:

(1) A conceptual plan for improvements necessary to meet current and projected water demands for the planning periods, to serve current and future service areas, and to minimize the effect of a water supply emergency, limited to improvements for transmission, pumping, emergency power generation, storage and treatment to deliver water to the projected service areas;

(2) identification of improvements in subdivision (1) of this subsection which are anticipated to be implemented in the five year planning period and a proposed schedule for implementation; and

(3) a conceptual implementation plan for the items identified in subdivision (1) of this subsection for the twenty and fifty year planning periods.

(f) A forecast of future land sales that includes a list of the address, associated source of supply and acreage included for each anticipated parcel of land projected to be sold during the five, twenty and fifty year planning periods and other information required by section 25-32d(b)(6) of the Connecticut General Statutes;

(g) A plan for strategic ground water monitoring in conformance with the strategic groundwater monitoring plan required pursuant to section 22a-354aa of the Connecticut General Statutes; and

(h) An analysis of the impact of water conservation practices and a strategy for implementing supply and demand management measures, as follows:

(1) The water conservation plan shall be designed to meet the specific needs of the water supply system for which it is designed. In all cases the plan shall be designed to increase the efficiency of the system, reduce waste and encourage consumer water conservation efforts.

(2) Water conservation plans shall include both demand management and supply management measures and address short and long-term water conservation. The measures that will be implemented and the implementation schedule shall depend on the specific needs of the water supply system and its ability to meet current and future water system needs. There shall be detailed discussion of each water conservation measure which shall include the following:

(A) objective;

(B) assessment of current conditions including deficiencies, if any;

(C) activities and measures taken or to be taken to achieve or maintain the objectives; and

(D) procedures for implementation, including an identification of the groups and agencies which need to be involved.

(3) The demand management section of the water conservation plan shall be designed to reduce peak day demand or average daily demand or both, depending upon the condition of the system, and shall include at least the following information:

(A) goals and objectives for demand management;

(B) strategies to reduce maximum month and peak day demands;

(C) existing demand management elements including a detailed description of each element with the dates or period of introduction;

(D) alternative demand management solutions to supply deficiencies, if applicable, including the feasibility of establishing a no demand increase policy for new service connections, which would require potential customers to invest in water saving programs within the existing system which would save the amount of water needed to serve new development;

(E) a program to provide technical assistance to major users in the performance of water audits and in the formulation and implementation of retrofitting. Such programs shall:

(i) provide a list of the current major users with their annual water use for the last year of record in gallons per day, and type of use, prioritizing those which have the greatest potential to conserve water;

(ii) describe and evaluate the water audit programs available to the major users, including the following categories of water use: process, sanitary, domestic, heating, cooling and outdoor, for each customer; the areas in which overall efficiency of water use can be improved, and an estimate of water savings if improvements are made;

(iii) address recycling, reuse, process changes, replacement or retrofitting, and other efficiency measures; the areas in which peak demands can be reduced and the estimated amount of the reductions; leak detection services which can be offered to consumers; a written report to the customer, with specific recommendations, projected water savings, implementation cost estimates and pay-back period estimates;

(iv) report on past program accomplishments since the last water supply plan, including the number of audits performed, and a summary of estimated water use reduction achieved; and

(v) describe any additional technical assistance that has been undertaken or is planned;

(F) plumbing retrofit programs that:

(i) briefly describe any residential retrofit program since the last water supply plan; and

(ii) describe how water companies that are supply deficient or anticipate development of a new source of supply within the next ten years will investigate ways to encourage residences to retrofit with additional efficient and water-conserving appliances and fixtures and ways to encourage the retrofitting of process and domestic uses of commercial, industrial, and institutional users;

(G) water rates and pricing information that:

(i) discusses the present rate structure; and

(ii) assesses rate structure alternatives and frequency of billing to evaluate their anticipated impact on water conservation. Rate structure alternatives to be assessed include: eliminating or consolidating the blocks of existing declining block rate

structures; implementing a separate uniform metered rate for each user category or for all consumption by the elimination of declining block rates; minimizing customer service charge that will recover no more than the minimum costs of reading meters, billing of customers, and meter-related costs; implementing seasonally increased rate structures to reduce peak demands; implementing an inclining block structure for all metered consumption or for each user category; for water companies not regulated by the Department of Public Utility Control, assessing enterprise fund accounting with a program for establishing full-cost pricing and self-sustaining budgets; and

(H) a public education program that:

(i) addresses water conservation for all residential, industrial, commercial, institutional, agricultural, and public authority customers, and evaluates the following components for inclusion: advice to local hydrant users about proper utilization and maintenance of hydrants; bill stuffers; consumer education on self monitoring using home water meters; displays at home shows, fairs, libraries, and town halls; displays or information regarding water efficient plantings and gardening methods and native landscaping; education program for municipal and water company employees; notification to customers with unusually high recorded uses to check for household leaks; newspaper and magazine articles; pamphlets, handbooks, posters, newsletters, and billboards; information to homeowners on more efficient means of watering lawns and ornamental shrubs; speakers on various water conservation topics; and school programs. If there is an existing program, it shall discuss how it can be continued or, if necessary, what improvements should be made in the program;

(ii) describes how the program of public education will be implemented; and

(iii) addresses compliance with sections 25-32k and 25-32l of the Connecticut General Statutes, to provide to residential customers, without charge, educational materials or information on water conservation.

(4) The supply management section of the water conservation plan shall:

(A) state the goals and objectives for supply management;

(B) discuss a meter management program, with the discussion including:

(i) a schedule for one hundred percent source metering in compliance with subsection (n) of section 19-13-B102 of the Regulations of Connecticut State Agencies within five years, if all sources of supply are not currently metered; details on the current source meter reading, testing, calibrating, repair, and replacement program; the adequacy of the metering program and a schedule of activities necessary to correct deficiencies and to achieve source metering objectives; and the extent of metering of other major system components; and

(ii) the extent of consumer metering, plans to expand metering, and the current frequency of meter testing, maintenance and calibration, and the replacement rate; the benefits of metering all individual, residential, commercial, industrial, and public authority customers, if no metering is in place or if there is only partial metering; whether existing meters are of appropriate size and design type; and if meter downsizing should be implemented to reduce lost water;

(C) determine, by means of an annual evaluation of the water supply system, the amount, location, and causes of non-revenue water; discuss the annual water system evaluation process based on the actual evaluation data from the previous five years, or if such data is unavailable, on the most current calendar or fiscal year data; and discuss the results and conclusions of such evaluations and where applicable plans to reduce non-revenue water; and

(D) discuss the current leak detection and repair program and any plans to expand leak detection efforts and plans to reduce water lost from leaks, including the following:

(i) an explanation of the method used for leak detection and description of the sensitivity of the equipment used;

(ii) a discussion based upon the most recent leak detection survey, if one has been performed, of the number of leaks found, the number fixed, the estimated amount of water saved, and the existing leakage rate in gallons per day per mile;

(iii) a discussion of the existing and projected costs of this program and an evaluation of the cost effectiveness of further distribution system rehabilitation to correct sources of lost water; and

(iv) if leak detection and repair objectives have been achieved, a discussion of the planned continuing maintenance program to retain and achieve the lowest leakage rate feasible; and

(E) evaluate the effects that a pressure reducing program would have with respect to water conservation and discuss plans to reduce water losses through pressure reduction.

(5) A five year implementation plan shall be developed providing a schedule and estimated budget for implementing selected demand and supply management measures.

(6) This analysis of the impacts of water conservation practices shall discuss the procedures and criteria to measure the effectiveness of the water conservation measures to be implemented.

(i) Provide an evaluation of source water protection measures. The evaluation shall analyze potential hazards to public drinking water sources of supply. This evaluation shall also, at a minimum, include the following information:

(1) Drinking water sources of supply identified in the 5-year planning period of the approved water supply plan, including all active, emergency, and future drinking water sources of supply;

(2) Identification of critical lands to be protected, in table format, including: number of acres by town for all water company-owned lands; percentage or acreage of land owned or controlled within 200 feet of ground water wells, through easement or other means; number of acres for all source water protection areas; and number of acres of public or privately-owned protected lands located within each source water protection area if known or available;

(3) An inventory of land use activities for each delineated source water protection area, in table format, that are of immediate concern to water quality, or have a significant potential to contaminate a public drinking water supply, as determined by a public water system. Such inventory shall be based on: 1) source water assessment reports developed by the Department of Public Health and; 2) inspection reports or survey data, or both, compiled or maintained by the public water system. The following supportive information shall also be provided:

(A) For each delineated source water protection area: a description and location of inventoried land use activities with significant potential to contaminate; and an assessment as to which of these activities are the most significant regarding the potential to contaminate a public drinking water source of supply.

(B) Description and location of any historic spills, discharges or environmental issues which occurred within the delineated source water protection area, that may affect sources of supply, or are of immediate concern to water quality;

(C) A compilation of untreated water quality data for each source of public drinking water, required under section 19-13-B102(c) of the Regulations of Connecticut State Agencies for the previous five years, and a summary analysis of such data. Test results, if available, for volatile and synthetic organic chemicals shall also be included in the compilation and summary analysis.

(4) A narrative describing:

(A) Land use activities with the most significant potential to contaminate, as assessed and identified in subdivision (3)(A) of this subsection;

(B) Information about plans or programs to reduce potential public health risks for each inventoried land use activity of immediate concern to water quality, to include;

(i) Engineering controls,

(ii) Drinking water source protection management plans,

(iii) Recognized best management practices or other strategies.

(C) Existing state, local, and regional land use plans, policies, classifications and zoning ordinances as they relate to drinking water source protection within the source water protection area; and

(D) The public water system's drinking water source protection program including a discussion of measures to strengthen source water protection within each delineated source water protection area.

(Added effective August 10, 2000; Amended effective August 3, 2006.)

## 25-32d-4. Calculation of safe yield

(a) Surface water sources. Safe yield shall be developed using a mathematical mass balance methodology and shall be based on a ninety-nine percent dry year or a critical dry period with a 1 in 100 occurrence frequency and shall be based on the usable storage capacity of a reservoir which can be used without additional equipment or treatment, except that the safe yield may be less due to requirements for the passing of minimum stream flows or other release requirements. The statistical frequency analysis shall be performed by developing a low flow duration curve using the adjusted stream gaging data for the critical drawdown duration. All surface water safe yield analyses shall be performed by an individual with a minimum of five years experience in surface water analysis and a bachelor's or advanced degree from an accredited college or university in hydrology or related engineering field, or a professional engineer licensed in accordance with Chapter 391 of the Connecticut General Statutes with a minimum of five years experience in surface water analysis. For cases where a mass balance analysis cannot be performed due to insufficient usable storage volume, such as run of the river type situations or diversions, the safe yield shall be determined based upon an analysis of the streamflow for a ninety nine percent dry year assuming a seven day average flow duration. Information developed for other sections of the water supply plan may be referenced, if appropriate. The methodology for determining the safe yield of surface water supplies shall include the following:

(1) Inflow into the reservoir shall be based on gaged streamflow data collected from within the watershed or calculated from measured historical reservoir levels. Where such data is not available, unregulated stream gaged data from another watershed (external) which closely approximates the watershed of interest shall be used as determined by a verification analysis of historic inflows or reservoir levels versus the selected gage. Factors to consider when selecting the external gaging station shall include amount of stratified drift, land uses, slope, stream

length, length of record, vegetation and geomorphology. The selected stream gage flow record or historic inflow record shall be of sufficient length and period of record as necessary to perform the required frequency analysis in subdivision (10) of this subsection. In cases where historic reservoir data is insufficient or unavailable for a verification procedure, then the selected gage shall have similar watershed characteristics and worst case low flows.

(2) Operating rules. The operating rules for the movement of water, reservoir conditions, and operation of the reservoir or reservoir system shall be listed and described. Reservoir conditions shall include the total and usable reservoir storage capacity; top and bottom elevation of the reservoir dam; spillway elevation, length and type; elevations and diameters of water supply intakes; and use of flashboards. Operating rules shall address conjunctive use of multiple reservoirs or wells, diversions, alternate release patterns, and operation of reservoirs in series or parallel. Operating rules shall be utilized in performing safe yield calculations.

(3) Computational interval. The mass balance analysis shall utilize a computational interval of no more than one month. Daily flow analysis may be required to appropriately model flood skimming diversions or low flow diversions unless truncated flow hydrographs are developed.

(4) Diversions. The safe yield analysis model shall include any diversions of water into or out of the watershed. The operating characteristics, flow capacity of the diversions and the runoff to the point of diversion shall be provided. Both existing and proposed diversions shall be analyzed, provided such proposed diversions are identified as needed within the five year planning period.

(5) Withdrawal rates. The reservoir outflow due to water withdrawal shall be varied on a monthly basis, based upon historic withdrawals for the last five year period of record. All supportive data shall be provided.

(6) The safe yield analysis shall be extended to determine the time to refill after the critical dry period assuming normal system operation, annual withdrawal rates equal to the calculated safe yield and inflow from the period immediately following the critical dry period.

(7) The safe yield of surface water sources shall be analyzed as a combined multiple reservoir system based upon a flow routing analysis and specified operating rules, unless previously approved by the department.

(8) Safe yield model inflow.

(A) Developing inflow record. The flow record for the chosen streamflow gage shall be adjusted to the watershed being analyzed by a ratio of the watershed area being analyzed to the watershed area of the selected streamflow gage. Further adjustment may be necessary to calibrate the safe yield model based upon verification procedures.

(B) Verification of safe yield model. In cases where an external stream gage is utilized, the inflow data shall be verified by comparing the end of period storage levels predicted from the chosen streamflow gage record against the actual measured historical reservoir levels from a representative dry period. Operating rules indicated to be in use during the chosen dry period shall be used for the verification procedure.

(C) Period of record. The entire period of record using mass balance methodology shall be analyzed to determine the critical dry period.

(D) Usable storage. The reservoir yield shall be developed using usable storage capacity based on bathymetric or topographic surveys and shall factor in sediment deposition. The calculation of usable storage excludes storage based on flashboards and water that cannot be accessed without special use of pumps or other emergency techniques.

(E) Direct precipitation. Direct precipitation on the surface area of the reservoir shall be calculated using the closest representative precipitation gage for the historic critical dry period or the ninety nine

percent exceedance. Published data shall be used where possible. If unpublished data is used the data shall be submitted in support of the analysis. Water companies may choose to use the net impact of the direct precipitation minus the evaporation. The precipitation data shall be based on an interval no greater than one month.

(9) Safe yield model outflow

(A) Evaporation rates. The safe yield analysis shall incorporate monthly evaporation rates computed over the surface area of the reservoir either as calculated at the end of each computational interval or, assuming a constant surface area based upon two-thirds of usable storage capacity. Monthly evaporation rates as listed in this sub-paragraph shall be used in the safe yield analysis:

**Evaporation rates (inches per month)**

| | |
|---|---|
| January | 0.85 |
| February | 0.93 |
| March | 1.51 |
| April | 2.15 |
| May | 4.15 |
| June | 5.10 |
| July | 5.61 |
| August | 5.25 |
| September | 3.64 |
| October | 2.60 |
| November | 1.66 |
| December | 1.34 |

(B) Consumptive losses to the watershed shall be evaluated.

(C) Dam leakage. Leakage rates shall be based upon field measurements or data obtained from the Department of Environmental Protection. If data is not available, then use of an estimated value is acceptable.

(D) Minimum streamflow releases. The minimum streamflow release shall be determined in accordance with Sections 26-141a-1 through 26-141a-26, inclusive, of the Regulations of Connecticut State Agencies and, where applicable, Sections 22a-365 through 22a-378, inclusive, of the Connecticut General Statutes, and the regulations adopted pursuant to Section 22a-377 of the Connecticut General Statutes. This requirement may be met by dam leakage and required riparian releases which equal or exceed the required minimum releases.

(10) 1 in 100 occurrence frequency. A statistical frequency analysis shall be performed using a Log-Pearson Type III distribution analysis to confirm that the average inflows over the critical drawdown duration equal or exceed a 1 in 100 occurrence frequency. A minimum of thirty years of streamflow record is required, unless otherwise approved by the department. The computed 1 in 100 occurrence frequency flow for the specified critical drawdown duration shall then be compared to the average flows for the same historic period. If necessary to meet or exceed the 1 in 100 occurrence frequency requirement, the inflow record shall be modified by a ratio adjustment and the mass balance analysis shall be rerun accordingly.

(A) All low-flow data used in computing Log-Pearson Type III frequencies shall be non-zero values. If zero values have occurred, then the statistical parameters, such as mean, standard deviation, and skew, shall be adjusted as recommended by the United States Geological Survey in technical memorandum number 89.11, available from the

United States Geological Survey.

(B) For critical drawdown durations exceeding three hundred and sixty five days, the data to be used in the frequency analysis shall be non-independent values based upon flow periods equal to the critical drawdown duration within consecutive overlapping years.

(C) If the inflow record utilized in the safe yield analysis exceeds the 1 in 100 occurrence frequency, then, at the water company's option, the inflow record may be modified by a ratio adjustment to exactly meet but not be under the 1 in 100 occurrence frequency requirement and the mass balance analysis rerun accordingly.

(11) Submittal requirements. The water companies required to submit plans shall submit information on the dam leakage quantities, precipitation, riparian releases, minimum streamflow releases or an indication of exemption to such releases, critical drawdown duration, drought duration, 1 in 100 year low flow value, frequency analysis. safe yield computations including input and output, schematic of the reservoir system and stage or storage tables and curves, and the stage or area tables and curves, for approval. All sources of data used in the safe yield analysis shall be referenced. A summary graph of reservoir storage versus time for the critical dry period and extended to refill shall be submitted.

(b) Ground water sources. Safe yield of all active wells shall be computed based upon simultaneous pumping tests of all wells in the wellfield and adjusted for the maximum drawdown available during a critical dry period. The pumping tests shall be performed in accordance with subdivision (3) of this subsection. Ground watersafe yield analyses shall be performed by an individual with a minimum of five years experience in ground water analysis in a glaciated geomorphological setting and a bachelor's or advanced degree from an accredited college or university in a ground water related science or related engineering field, or by a professional engineer licensed in accordance with Chapter 391 of the Connecticut General Statutes with a minimum of five years experience in ground water analysis in a glaciated geomorphological setting.

(1) The standard method of adjusting pumping test data to account for the critical dry period shall be based on one of the following:

(A) For all ground water sources, a multiplier of seventy-five percent, equivalent to an eighteen hour pumping day, shall be applied to the pumping test rate. This adjustment factor shall be applied for calculating and making adjustments for the critical dry period. The resulting safe yield shall be reported in units of both gallons per minute, and gallons or million gallons per day. In addition to the critical dry period adjustment factor, an additional multiplier of ninety percent shall be applied to bedrock or consolidated aquifer ground water sources.

(B) Pumping test data shall be analyzed and adjusted for the critical dry period using methodologies appropriate to the hydrogeologic setting and published methodologies as approved by the department. Analytical methodologies shall include steps to:

(i) correct pumping test data for significant ambient water level variations. The corrections shall be based on precipitation and static water level influences observed prior to and during the pumping test;

(ii) analyze impacts from no-flow boundaries, surface waters, existing pumping wells and any other hydrogeologic influences as evidenced by pumping test data;

(iii) project a 180 day pumping event assuming no precipitation recharge;

(iv) use analytical methodologies or modeling techniques to determine safe yield and adjust for the critical dry period. At ungaged sites, regional equations or baseflow measurements, in conjunction with United States Geological Survey Open-File

Report 9 1-244, available from the United States Geological Survey, or Connecticut Water Resources Bulletin Number 34, available from the State of Connecticut Department of Environmental Protection, or other reference deemed comparable by the commissioner, shall be used to estimate the streamflow condition with a seven day duration and a one in ten year recurrence frequency; and

(v) demonstrate that the water levels at the end of the critical dry period shall be maintained above the intakes.

(2) An alternative method for analyzing pumping test data may be made at the water company's option in cases where stabilized water levels are above the pump intake or water levels did not stabilize and predicted water levels are above the pump intake after an extrapolation of drawdown over180 days of pumping. The alternative method may be used in such cases to indicate the additional yield of the well above the installed pumping capacity at the time of the pumping test and, if stabilzation did not occur, show that the aquifer has sufficient storage to sustain pumping at the higher rate during the critical dry period and is intended to indicate the maximum well yield attainable with pump replacement, modification, or increased capacity. The alternate method shall meet the following criteria:

(A) Analytical methodologies or modeling techniques appropriate to the hydrogeological setting and published methodologies as approved by the department shall be applied to predict water levels at the higher pumping rate.

(B) The analysis technique shall take into account mutual interference effects on all wells located in the same wellfield.

(C) Corrections for the critical dry period shall be performed in accordance with sub-paragraphs (A) or (B) of subdivision (1) of this subsection.

(3) Wellfield pumping tests used in determining safe yield shall satisfy the following criteria:

(A) A pumping test shall be conducted with all wells in the wellfield pumping simultaneously to determine time-drawdown characteristics of the pumped wells. The rate of pumping of all wells shall be constant throughout the pumping test. Each well shall be individually metered. For wellfields with more than one well, existing data from individual, non-simultaneous pumping tests of each well in the wellfield that meet the other pumping test requirements may be utilized, provided corrections are made for mutual interference.

(B) Pumping test duration. The pumping test shall be conducted for at least the minimum duration as required in Section 19-13-B51k of the Regulations of Connecticut State Agencies.

(C) Stabilization. Stabilization shall be achieved for the last twelve hours prior to completion of the pumping test. If, after the required pumping test duration, stabilization is not achieved then the pumping test shall be extended, or an analysis and extrapolation of pumping test drawdown versus time data shall be performed to show whether there is sufficient storage in the aquifer to sustain the pumping rate for 180 days of continual operation and maintain water levels above the pump intake. If the projection shows the pump intake would be reached, a reduced pumping rate shall be calculated based on specific capacity at the end of the pumping test such that the pumping level at the reduced rate remains above the pump intake.

(D) Interference effects. The drawdown tests shall run simultaneously for all wells located within the same wellfield unless interference effects can be shown to be minimal or can be properly estimated using analytical methodologies or modeling techniques.

(E) Where contaminants can reasonably be expected to be drawn into the

wellfield during the test, the maximum pumping rate may be further limited by the department.

(F) Antecedent conditions

(i) The pumping test shall be conducted following a period of five days during which precipitation does not exceed one-half inch during any twenty-four hour period, and one inch in any seventy-two hour period.

(ii) Precipitation at the site of the pumping test shall be monitored daily beginning one week prior to start-up of pumping through completion of the pumping test, where applicable, using equipment capable of measuring precipitation to within one hundredth (0.01) of one inch.

(iii) Water level measurements in the pumping well or nearby monitoring wells shall be collected at least daily for at least one week prior to the start of testing.

(iv) For currently developed wells, the wellfield shall be shut down for at least three days prior to the start of testing, unless such shut down is not feasible and the department approves pumping at the minimum possible rate for the background shut down period.

(G) Drawdown measurements. Drawdown in each pumping well shall be measured hourly, or at such frequency that accurately measures drawdown to properly document the trend leading up to stabilization, and as necessary for proper analysis of pumping test data.

(H) Ground water level measurement accuracy. Ground water level measurements shall be obtained with a measuring tape, electric line, or pressure transducer accurate to two one hundredths (0.02) of a foot; unless direct access is not feasible without performing major modifications to the well, then airline readings may be utilized.

(I) Discharge of pumped water. The water withdrawn from the well during a pumping test shall be discharged so as not to interfere with the test.

(J) Surface water levels shall be measured to the nearest two one hundredths (0.02) of a foot and recorded at least twice daily during the duration of the pumping test for all surface water bodies within 500 feet of the pumping well.

(K) The criteria in subparagraphs (A) through (I) of this subdivision shall be used in calculating safe yield, unless the water company demonstrates to the department that any variations from these criteria had no noticeable effect or that the effect can be negated through the use of analytical methods. Induced infiltration tests performed in accordance with subparagraph (B) of subdivision (4) of subsection (d) of Section 22a-354b-l of the Regulations of Connecticut State Agencies regarding 4 level A mapping are considered to fully meet the pumping test requirements.

(4) Submittal requirements. The following items shall be submitted in support of the calculated ground water safe yield:

(A) static water level before pumping;

(B) date, time and duration of pump test;

(C) pumping rate in gallons per minute;

(D) drawdown records of time and measured water;

(E) date, time and amounts of precipitation;

(F) location of discharge point;

(G) well driller's log;

(H) physical well data regarding well construction, screen lengths and intervals, well development and diameter;

(I) graphs of drawdown or depth to water versus time plotted arithmetically

if stabilization was achieved, or plotted on semi-logarithmic paper and extrapolated to 180 days if stabilization was not achieved;

(J) static water levels without any pumping and stabilized water levels during continuous pumping;

(K) rated pump capacity and pump curves;

(L) limitations on pumping, if any;

(M) other pertinent ground water modeling or testing data if utilized; and

(N) justification, description and reference information for use of selected methodology.

(c) Where sufficient historical records are available, data on the safe yield of any sources available during a critical dry period may be used if approved by the department.

(1) For existing wells, production records spanning a dry period of low streamflow recharge and below normal precipitation recharge may be used if approved by the department, provided that a sufficient margin of safety is maintained as demonstrated in subdivision (8) of subsection (b) of section 25-32d-3 of the Regulations of Connecticut State Agencies, that a new or expanded source of supply or a new or revised diversion permit is not needed within the five year planning period, and that the well or wells can be shown to have consistently produced the average rate over a multi-year period of record on an annual basis and over the seasonal low water table period extending from July to November. In such cases where historic production records are proposed to be used for calculating groundwater safe yield, the critical period adjustment in subparagraphs (A) and (B) of subdivision (1) of subsection (b) of this section shall be applied.

(2) The average production rate shall be based upon metered production records at each individual source of supply and the approved yield shall not exceed the current installed pump or treatment capacity.

(3) The following data shall be provided to the department:

(A) historic long term production records encompassing a representative dry period, including average day, maximum month average day, and peak day withdrawal rates; and

(B) available information as listed in subdivision (11) of subsection (a) of this section and subdivision (4) of subsection (b) of this section.

(d) Safe yield analyses previously performed that substantially meet the requirements of this section may be submitted in lieu of the study required by this section and shall be reviewed by the department on a case by case basis.

(e) The reduction in safe yield imposed by any constraints such as hydraulic considerations, system losses, treatment limitations, or interference effects shall be considered in the calculation of available water for all active sources.

(f) Other methods may be used provided that they are approved by the Department of Public Health and the Department of Environmental Protection and ensure an adequate water supply.

(Added effective August 10, 2000.)

## 25-32d-5. Submittal, completeness and approval

(a) Plan submittal

(1) The water company shall submit to the department three copies of the initial plan, revised plan or modified plan.

(2) At the time of plan submittal the water company shall also provide four copies of the initial plan, revised plan or modified plan to the commissioner of Environmental Protection, two copies to the executive secretary of the Department of Public Utility Control, one copy to the secretary of the Office of

Policy and Management, and one copy to each regional planning organization covering any portion of the company's existing or proposed source or service area.

(3) The department shall notify each chief elected official, local health official and regional planning organization covering any portion of the company's existing or proposed source or service area of the existence of the plan and the opportunity to comment thereon.

(4) A copy of the initial plan, revised plan or modified plan shall be maintained on file by the water company, at a water company business office located nearest to the sources of supply and service areas considered in the plan, for review by interested persons during normal business hours. The water company shall notify the department at the time of submission as to the location and hours that the plan is available for public review.

(b) Mechanism for determining plan completeness

(1) The Department of Environmental Protection and the Department of Public Utility Control, in the case of any plan which may impact any water company regulated by the Department of Public Utility Control, shall have sixty days upon receipt of the initial plan, revised plan or modified plan to comment to the department on the completeness of the plan. Failure of either the Department of Environmental Protection or the Department of Public Utility Control, in the case of any plan which may impact any water company regulated by the Department of Public Utility Control, to comment within sixty days shall be deemed acceptance that the plan is complete as submitted.

(2) The commissioner shall notify the water company in writing if a plan is deemed to be incomplete and shall request additional information necessary to deem the plan complete. The schedule for submission of modifications shall be determined by the commissioner.

(3) When the commissioner makes a determination and notifies the water company that the plan is complete, the commissioner shall concurrently send notice of the determination of completeness to the Department of Environmental Protection, the Department of Public Utility Control and the Office of Policy and Management.

(c) Process for plan approval, modification, or rejection

(1) The Department of Environmental Protection and the Department of Public Utility Control, in the case of any plan which may impact any water company regulated by the Department of Public Utility Control, shall have ninety (90) days upon notice that a plan is deemed complete to comment on the plan. In the event that either the Department of Environmental Protection or the Department of Public Utility Control, in the case of any plan which may impact any water company regulated by the Department of Public Utility Control, fails to provide written comments within ninety (90) days, the Department of Public Health shall notify, in writing, both department of such failure, and in sixty (60) days from issuance of such notice, the Department of Public Health shall make a determination on approval, modification, or rejection of the plan using all available information. If within sixty (60) days following the issuance of such notice, the Department of Public Utility Control or the Department of Environmental Protection provides written comment son such plan, the Department of Public Health shall approve or reject such plan as appropriate based on such comments. If within sixty (60) days of the issuance of the above notice, the Department of Public Utility Control or the Department of Environmental Protection fails to provide written comments on such plan, such department shall upon expiration of such sixty (60) day period issue a letter concurring with such plan and the Department of Public Health shall approve or reject such plan as the Department of Public Health deems appropriate. Notwithstanding the above, the Department of Public Health may reject any plan deemed acceptable to the Department of Public Utility Control and the Department Environmental Protection.

(2) The department in making a decision to approve, modify or reject a plan shall consider the following:
  (A) the ability of the company to provide a pure, adequate and reliable water supply for present and projected future customers;
  (B) adequate provision for the protection of the quality of future and existing sources;
  (C) comments from state agencies; and
  (D) consistency with state regulations and statutes.

(3) Within sixty days after the Department of Environmental Protection and the Department of Public Utility Control, in the case of a water company regulated by that agency, have commented to the department regarding whether a plan should be approved, or in no case more than one hundred and fifty days after written notice that the plan has been deemed complete, the commissioner shall advise the water company whether the plan is rejected, approved or approved with conditions.

(4) If the commissioner fails to approve or reject the plan within the timeframes required by Section 25-32d(c) of the Connecticut General Statutes and this subsection. the plan shall be deemed approved as submitted.

(5) If the commissioner rejects the plan, he shall advise the water company in writing that the plan is being rejected and the reason the plan cannot be approved as submitted.

(6) Appeal procedures. The water company may appeal to the commissioner the department's determination that a plan is not complete or the department's decision to modify or reject a plan, in accordance with Chapter 54 of the Connecticut General Statutes.

(d) Approved plan distribution. The company shall submit ten copies of the final approved plan or approved modified pages to the department, which shall distribute copies to the Department of Environmental Protection, the Department of Public Utility Control and the Office of Policy and Management. The company shall submit one copy of the approved plan or approved modified pages to each regional planning organization and notice of the approved plan to all local health departments, and municipal planning departments or agencies, covering any portion of the existing or proposed source or service areas. One copy of the approved plan shall be provided by the water company to any such agency requesting a copy.

(Added effective August 10, 2000.)

## 25-32d-6. Failure to submit a plan

Any failure to submit a water supply plan in accordance with Sections 25- 32d-1a through 25-32d-5, inclusive, of the Regulations of Connecticut State Agencies shall be subject to civil penalties in accordance with Section 25- 32e of the Connecticut General Statutes and Section 25-32e-1 of the Regulations of Connecticut State Agencies.

(Added effective August 10, 2000.)

# Civil Penalties for Violation of Certain Drinking Water Laws

## 25-32e-1. Civil penalties

(a) Applicability.
These regulations shall apply to each water company as defined by section 25-32a of the Connecticut General Statutes. The term "commissioner" means commissioner of public health or his designated representative.

(b) A water company serving 10,000 or more persons found in violation of one (1) or more of the following provisions of the Connecticut General Statutes or the Regulations of Connecticut State Agencies may be subject to a penalty of $5000.00 per day per violation. A water company serving fewer than 10,000 persons found in violation of one (1) or more of the following provisions of the Connecticut General Statutes or the Regulations of Connecticut State Agencies may be subject to the penalties indicated in subsection (h) of this section.

(1) Monitoring requirements.
- (A) Untreated water monitoring.
  As used in section 19-13-B102(c) of the Regulations of Connecticut State Agencies.
- (B) Water ready for consumption monitoring.
  As used in sections 19-13-B102(e)(1) through 19-13-B102(e)(10) of the Regulations of Connecticut State Agencies.
- (C) Source meter reading, reservoir, groundwater source and water use monitoring. As used in section 19-13-B102(n) of the Regulations of Connecticut State Agencies.

(2) Reporting requirements.
- (A) Watershed survey. As used in section 19-13-B102(b) of the Regulations of Connecticut State Agencies.
- (B) Reporting test results. As used in section 19-13-B102(h) of the Regulations of Connecticut State Agencies.
- (C) Reporting reservoir status, groundwater status, and water use.
  As used in section 19-13-B102(n) of the Regulations of Connecticut State Agencies.
- (D) Cross connection reporting. As used in section 19-13-B102(f)(2) of the Regulations of Connecticut State Agencies.
- (E) Public notification. As used in section 19-13-B102(i) of the Regulations of Connecticut State Agencies.

(3) Water supply plan requirements.
- (A) Submitting water supply plan. As used in section 25-32d of the Connecticut General Statutes.
- (B) Revising water supply plan. As used in section 25-32d-1a et seq. of the Regulations of Connecticut State Agencies.

(4) Water quality requirements.
- (A) Standards for quality of untreated water prior to treatment.
  As used in section 19-13-B102(c) of the Regulations of Connecticut State Agencies.
- (B) Water ready for consumption. As used in sections 19-13-B102(e)(1) through 19-13-B102(e)(6), 19-13- B102(e)(7)(L) and 19-13-B102(e)(7)(M) of the Regulations of Connecticut State Agencies.
- (C) Treatment techniques. As used in sections 19-13-B102(j) of the Regulations of Connecticut State Agencies.

(5) Operator certification and backflow prevention requirements.
- (A) Requirement for certified operators at all community water systems (CWS) and non-transient non-community (NTNC) treatment plants, as used in section 25-32-9(a) of the Regulations of Connecticut State Agencies.

(B) Requirement for certified operators at all CWS and NTNC distribution systems that serve over 1000 persons, as used in section 25-32-11(a) of the Regulations of Connecticut State Agencies.

(C) Requirement to have devices tested by a person who has met the requirements of section 25-32-11(e) of the Regulations of Connecticut State Agencies, as used in sections 19-13-B38a(f)(6) and 19-13-B38a(f)(7) of the Regulations of Connecticut State Agencies.

(D) Requirement to have consumer premises inspected by a person who has met the requirements of section 25-32-11(h) of the Regulations of Connecticut State Agencies, as used in section 19-13-B102(f)(3) of the Regulations of Connecticut State Agencies.

(6) Permits and approval requirements.

(A) Application for a permit as used in section 25-37d-1 of the Regulations of Connecticut State Agencies.

(B) Submission of plans and specifications for approval of water system improvements as used in sections 19-13-B80 and 19-13-B102(d)(2) of the Regulations of Connecticut State Agencies.

(7) Water supply capacity and sufficiency.

Requirement to meet the water supply capacity and sufficiency as used in sections 19-13-B102(o) and 19-13-B102(p) of the Regulations of Connecticut State Agencies.

(c) Notice of violation.

When the commissioner determines that a violation of any provision of the Connecticut General Statutes or regulations referenced in subsection (b) or (h) of this subsection has occurred or is occurring, the commissioner may so notify the violator and may impose a civil penalty in accordance with section 25- 32e of the Connecticut General Statutes and section 25-32e-1 of the Regulations of Connecticut State Agencies, if compliance is not achieved by the date specified in the notice of violation.

(d) Establishment of civil penalty.

In setting a civil penalty in a particular case, the commissioner shall consider all factors which he deems relevant, including, but not limited to those listed in section 25-32e of the Connecticut General Statutes.

(e) Total penalty assessment calculation.

(1) The amount of the total penalty assessment may be calculated by adding all the applicable penalties specified in subsection (b) or (h) of this section for every violation.

(2) Each day the violation continues may constitute a separate violation, and the total penalty assessment may be calculated as the product of the number of days the water company is in violation and the amount calculated under subsection (b) or (h) of this section.

(3) In setting a civil penalty for a violation, the commissioner shall consider relevant factors, including but not limited to those indicated in subsection (d) of this section and may as a result of considering these factors, adjust the total civil penalty calculated pursuant to subsections (e)(1) and (2) of this section.

(4) The commissioner shall not levy a civil penalty under this section if the owner or operator proves to the commissioner's satisfaction that the violation was caused by strikes or lockouts; riots, wars, or other acts of violence; floods, hurricanes or other Acts of God; or other equally severe, unforeseeable accidents the results of which were unavoidable and uncorrectable, where such acts or events were occasioned directly upon the owner or operator.

(f) Appeals.

(1) A water company in receipt of a notice of violation issued pursuant to section 25-32e of the Connecticut General Statutes may petition the commissioner for a hearing to contest the determination that a violation occurred, the determination a violation has not been corrected, the initial date of the imposition of the penalty,

and the imposition of a penalty within twenty days after such notice is sent by the commissioner, pursuant to section 25-32e of the Connecticut General Statutes.

(2) Any water company aggrieved by an adverse determination in a final order of the commissioner may appeal as set forth in section 25-32e of the Connecticut General Statutes.

(g) Record of adjustment.

The commissioner shall maintain a record of each instance he adjusts a civil penalty pursuant to subsection (f) of this section. The record shall include the name and address of the violator, the amount of the penalty before and after adjustment, and the reasons for adjustment.

(h) Schedules of penalties.

The following schedules of maximum penalties shall be used by the department to calculate penalties.

(1) Monitoring requirements

Any water company serving fewer than 10,000 persons which fails to fulfill a monitoring requirement on or before the established compliance date or fails to provide results from an appropriately certified laboratory or certified operator as required may be found by the commissioner to be in violation of one or more of the provisions of the Regulations of Connecticut State Agencies. Each individual monitoring requirement that is not satisfied at the frequency required for such water company shall be considered a separate violation and may be subject to the applicable penalties per day, per violation indicated below:

| | | |
|---|---|---|
| (A) | Testing for bacteria | $ 100 |
| (B) | Testing for all physical parameters | 60 |
| (C) | Testing for a single physical parameter | 30 |
| (D) | Testing for all inorganic chemicals | 1,000 |
| (E) | Testing for a single inorganic chemical parameter | 100 |
| (F) | Testing for all pesticides, herbicides and PCBs | 5,000 |
| (G) | Testing for a single pesticide, herbicide or PCB | 1,000 |
| (H) | Testing for all organic chemicals | 2,000 |
| (I) | Testing for a single organic chemical parameter | 500 |
| (J) | Testing for all radiological parameters | 1,000 |
| (K) | Testing for a single radiological parameter | 500 |
| (L) | Testing for free chlorine residual | 30 |
| (M) | Testing for corrosion control chemicals | 70 |
| (N) | Reading source meter | 50 |
| (O) | Monitoring reservoir | 75 |
| (P) | Monitoring ground water source | 75 |
| (Q) | Monitoring water use | 75 |

(2) Reporting requirements

Any water company serving fewer than 10,000 persons which fails to fulfill a reporting requirement on or before the established compliance date may be found by the commissioner to be in violation of one or more of the provisions of the Regulations of Connecticut State Agencies. Each individual reporting requirement that is not satisfied at the frequency required for such reporting requirement shall be considered a separate violation and may be subject to the applicable penalties per day, per violation indicated below:

| | | |
|---|---|---|
| (A) | Submitting watershed survey | $ 5000 |
| (B) | Submitting test results | 100 |
| (C) | Submitting reservoir status report | 50 |
| (D) | Submitting ground water status report | 50 |
| (E) | Submitting water use report | 25 |
| (F) | Submitting cross-connection report | 5000 |
| (G) | Making public notice | 1000 |

(3) Water supply plan requirements

Any water company serving fewer than 10,000 persons which fails to submit or revise a water supply plan on or before the established compliance date, may be found by the commissioner to be in violation of one or more of the provisions of the Regulations of Connecticut State Agencies and may be subject to the applicable penalties per day, per violation indicated below:

| | | |
|---|---|---|
| (A) | Submitting water supply plan | $ 5000 |
| (B) | Revising water supply plan | 1000 |

(4) Water quality requirements
Any water company serving fewer than 10,000 persons which is found by the commissioner to be in violation of one (1) or more of the provisions of sections 19-13-B102(c), 19-13-B102(e)(1) through 19-13-B102(e)(6), 19-13-B102(e)(7)(L), 19-13-B102(e)(7)(M) and 19-13-B102(j) of the Regulations of Connecticut State Agencies may be subject to a maximum penalty of $5,000.00 per day per violation.

(5) Certified operator requirements
(A) Any water company serving 3,300 or more persons, and fewer than 10,000 persons which is found by the commissioner to be in violation of one (1) or more of the provisions of section 25-32-9(a) and 25-32-11(a) of the Regulations of Connecticut State Agencies, may be subject to a maximum penalty of $2500.00 per day per violation.
(B) Any water company serving 1,000 or more persons, and fewer than 3,300 persons which is found by the commissioner to be in violation of one (1) or more of the provisions of sections 25-32-9(a) and 25-32-11(a) of the Regulations of Connecticut State Agencies, may be subject to a maximum penalty of $1000.00 per day per violation.
(C) Any water company serving 25 or more persons, and fewer than 1,000 persons which is found by the commissioner to be in violation of one (1) or more of the provisions of sections 25-32-9(a) and 25-32-11(a) of the Regulations of Connecticut State Agencies, may be subject to a maximum penalty of $500.00 per day per violation.

(6) Backflow prevention requirements.
Any water company serving fewer than 10,000 persons which is found by the commissioner to be in violation of one (1) or more of the provisions of sections 25-32-9(a), 25-32-11(a), 25-32-11(e), 25-32-11(h), 25- 32-12(a), 19-13-B38a(f)(6), 19-13-B38a(f)(7) and 19-13-B102(f)(3) of the Regulations of Connecticut State Agencies may be subject to a maximum penalty of $5,000.00 per day per violation.

(7) Permits and approval requirements.
Any water company serving fewer than 10,000 persons which is found by the commissioner to be in violation of one (1) or more of the provisions of sections 19-13-B80, 19-13-B102(d)(2) and 25-37d-1 of the Regulations of Connecticut State Agencies may be subject to a maximum penalty of $5,000.00 per day per violation.

(8) Water supply capacity and sufficiency.
Any water company serving fewer than 10,000 persons which is found by the commissioner to be in violation of one (1) or more of the provisions of sections 19-13-B102(o) and 19-13-B102(p) of the Regulations of Connecticut State Agencies may be subject to a maximum penalty of $5,000.00 per day per violation.

(Effective August 23, 1994; Amended effective October 26, 2001; Amended effective December 5, 2002.)

# Program of Loans and Grants to Private and Municipal Water Companies

## 25-33b-1. Purposes and definitions

(a) Purpose.
The purpose of these regulations is to implement the provisions of the following sections of the General Statutes: 25-33a, 25-33b and 22a-471, as amended, establishing a program of loans to investor-owned and municipally owned water companies and grants to municipally-owned water companies for the planning, design, modification or construction of drinking water facilities necessary to enable these companies to comply with the Federal Safe Drinking Water Act of 1974 or with an order of the Department of Health Services deeming the water supplies by such companies to be inadequate and establishing a program of grants to water companies which have less than ten thousand customers and which own, maintain, operate, manage, control or employ a water supply well which is rendered unusable for potable drinking water. Section 25-33a, of the Connecticut General Statutes, also provides for emergency assistance grants to investor-owned water companies where facility or equipment failure has caused the company to be unable to provide water.

(b) Definitions
- (1) "Commissioner" shall mean the commissioner of the Department of Economic Development.
- (2) "Safe Water Act" shall mean the Federal Safe Drinking Water Act of 1974.
- (3) "Applicable order of the Department of Health Services" shall mean an order of the Department of Health Services deeming the water supplied by a municipally-owned or investor-owned water company to be inadequate.
- (4) "Authority" shall mean the Connecticut Development Authority.

(Effective April 27, 1987.)

## 25-33b-2. Loans to investor-owned and municipally-owned water companies

(a) Standards for eligibility
- (1) In order to be eligible for assistance under the drinking water facilities loan program, an applicant must demonstrate that:
  - (A) Either it is an investor-owned water company which supplies water to at least 25 but less than 10,000 customers or it is a municipally-owned water company; and
  - (B) It is subject to either the provisions of the Safe Water Act or an applicable order of the Department of Health Services.
- (2) The proceeds of each loan are to be applied by the water company to pay the costs of the planning, design, modification or construction of drinking water facilities which are approved by the Commissioner of Health Services as necessary and appropriate to enable the water company to comply with the Safe Water Act or an applicable order of the Department of Health Services. Planning costs shall include, but need not be limited to, fees and expenses of architects, engineers, attorneys, accountants and other professional consultants, and costs of preparing surveys, studies, site plans and plans and specifications for eligible drinking water facilities. A portion of the loan proceeds may be applied by the applicant to the reasonable costs of procuring the loan.
- (3) Loans will be made in amounts as determined by the Commissioner. Each loan will
  - (A) have a term not in excess of thirty years;
  - (B) bear interest at a rate of 1% above the interest cost borne by the State with respect to its most recent issue of general obligation bonds;
  - (C) be repaid in regular periodic installments throughout its term; and
  - (D) be subject to prepayment without penalty at any time.

(b) Procedures for determining eligibility and awarding loans

(1) Applications shall be made on forms prescribed by the Commissioner, accompanied by a preliminary cost certificate setting forth the estimated costs of the eligible drinking water facilities. Each loan shall be authorized by the authority or, if the authority so determines, by a committee of the authority consisting of the chairman and either one other member of the authority or its executive director. The authority shall charge reasonable application and other fees to be applied to the administrative expenses incurred in carrying out the provisions of Conn. Gen. Stat. 25-33a, to the extent such expenses are not paid by the authority or from monies appropriated to the Department of Economic Development.

(2) The Commissioner will issue commitments to make loans after determining from each application and performing such other inquiries and investigations as he deems appropriate in the circumstances that the applicant meets the criteria for eligibility set forth in 25-33b-2 (a) of these regulations. Each commitment will specify the amount of the loan the Commissioner commits to make and the period for which the commitment will be valid, taking into consideration the construction schedule and completion date for the eligible drinking water facilities estimated by the Commissioner of Health Services. Each commitment will also set forth such other terms and conditions as are established by the Commissioner for the loan.

(3) The Commissioner will disburse each loan upon receipt of a final cost certificate from the water company accompanied by an independent public accountant's opinion with respect thereto, together with confirmation by the Commissioner of Health Services that the planning, design, modification, or construction of eligible drinking water facilities has been completed satisfactorily by the water company and that the water company is or will be in compliance with the Safe Water Act or an applicable order of the department of health services. The loan will be evidenced by he promissory note of the water company and the water company will also deliver an opinion of counsel as to matters relating to the loan

(4) All proceeds from the repayment of interest and principal on any loan authorized by Conn. Gen. Stat. 25-33a-(1), after payment therefrom of any loan correspondent's service fees property chargeable thereto, shall be paid to the state treasurer for deposit in a fund designated "Investor-owned Water Companies' Revolving Fund." Such fund shall be used to make loans authorized by Conn. Gen. Stat. 25-33a (1).

(5) Loan commitments will terminate on the date specified in the loan commitment. In the event of a termination the amount segregated under the loan commitment for the benefit of a water company will again become available for commitment under the drinking water facilities loan program. The Commissioner may, in his discretion and as necessary to effect the purposes of Conn. Gen. Stat. 25-33a (1), extend the commitment period to take account of construction delays or any other factors which may warrant an extension in particular cases.

(Effective November 9, 1983.)

## 25-33b-3. Grants to municipally-owned water companies

(a) Standards for eligibility

(1) In order to be eligible for assistance under the drinking water facilities grant program, an applicant must demonstrate that it is a water company owned by a Connecticut municipality.

(2) The proceeds of each grant are to be applied by the municipally-owned water company to pay the necessary and appropriate costs of planning, design, modification or construction of such drinking water facilities which are required to enable the company to comply with the Safe Water Act or an applicable order of the Department of Health Services. The necessity and appropriateness of the planned drinking water facilities will be approved by the Commissioner of Health

Services. Planning costs include, but are not limited to, fees and expenses of architects, engineers, attorneys, accountants and other professional consultants, and costs of preparing surveys, studies, site plans and plans and specifications for eligible drinking water facilities.

(b) Procedures for determining eligibility and awarding grants

(1) Applications will be made on forms prescribed by the Commissioner, accompanied by a cost certificate setting forth the estimated eligible drinking water facilities costs and confirmation by the Commissioner of Health Services that the planned drinking water facilities are necessary. Each grant shall be authorized by the Connecticut Development authority or, if the authority so determines, by a committee of the authority consisting of the chairman and either one other member of the authority or its executive director. The Connecticut Development authority shall charge reasonable application and other fees to be applied to the administrative expenses incurred in carrying out the provisions of Conn. Gen. Stat. 25-33a, to the extent such expenses are not paid by the authority or from monies appropriated to the Department of Economic Development.

(2) The Commissioner will evaluate each application and make such inquiries as it deems appropriate in the circumstances in order to determine that the applicant meets the criteria for eligibility set forth in 25-33b-3 (a) of these regulations. Grants will be awarded upon the favorable conclusion of the Commissioner's evaluation and inquiry.

(3) Payment of grant funds may be made as a whole or in lots either in advance of, concurrently with, or in reimbursement to the municipality for the expenditure of amounts for qualified expenses, in each case as the Commissioner determines to be appropriate. In any event, grant funds will be disbursed in a manner which discourages applicants from seeking payment prior to the times moneys are actually required so as to obtain investment earnings on such moneys.

(4) The amount of any grant shall not exceed one hundred thousand dollars or thirty percent of the cost of the project being funded by the grant, whichever is greater.

(Effective November 9, 1983.)

## 25-33b-4. Grants to investor-owned and municipally-owned water companies for potable water

(a) Standards for eligibility. In order to be eligible for assistance under this section, an applicant must demonstrate:

(1) It is a water company, as defined in Section 25-33a of the General Statutes, which has less than ten thousand customers and owns, maintains, operates, manages, controls or employs a water supply well which is rendered unusable for potable drinking water; and

(2) That the Commissioner of Health Services has stated in writing that the extent of pollution creates or can reasonably be expected to create an unacceptable risk of injury to the health or safety of persons using such groundwaters as a public or private source of water for drinking or other personal or domestic uses; and

(3) That the Commissioner of the Department of Environmental Protection has stated in writing that he is unable to determine the person or municipality responsible for rendering the groundwaters unusable for potable drinking water or he determines that the responsible persons have no assets other than land, buildings, business machinery or livestock and are unable to secure a loan at a reasonable rate of interest to provide potable drinking water; and

(4) That the applicant has prepared an engineering report in accordance with all of the applicable requirements specified in Section 22a-471-1 (f) (1) of the Regulations of Connecticut State Agencies which has been approved by the Commissioners of Environmental Protection and Health Services.

(b) Grant application procedures.

(1) Application. A water company may apply for state funding assistance for up to fifty percent of the engineering report and for up to fifty percent of the cost of the most cost effective long term method of rendering the water supply in question usable for potable drinking water. An application for grant assistance shall be on a form prescribed by the Commissioner and shall include but not be limited to:
   (A) Evidence to support the eligibility requirements specified in subsection (a);
   (B) A detailed description of the most cost effective long term method, as determined by the Commissioners of Environmental Protection and Health Services, of rendering the water supply in question usable for potable drinking water.

(2) Upon submittal of all required information deemed necessary by the Commissioner, the application for reimbursement of engineering report costs and for financial assistance in providing the long term method of rendering the water supply usable for potable drinking water shall be processed in accordance with either subsections (c) or (d) of this section, as appropriate.

(c) Grants from the Emergency Spill Response Fund.
If the Commissioner of Environmental Protection, in accordance with section 22a-471 (b) (2) (A) of the general statutes, as amended by public act 85-407, determines that it is appropriate to make a grant to the water company from the Emergency Spill Response Fund, established by Section 22a-451, as amended, then the Commissioner shall transfer all grant application material to the Commissioner of Environmental Protection and award of any grant will, thereafter, be made in accordance with Section 22a-471-1 of the Regulations of Connecticut State Agencies.

(d) Grants approved by the authority.

(1) Each grant for an engineering report and long term method of rendering the water supply usable for potable drinking water shall be authorized by the Connecticut Development authority or, if the authority so determines, by a committee of the authority consisting of the chairman and either one other member of the authority or its executive director. The Connecticut Development authority shall charge reasonable application and other fees to be applied to the administrative expenses incurred in carrying out the provisions of Section 25-33a of the General Statutes, to the extent such expenses are not paid by the authority or from monies appropriated to the Department of Economic Development.

(2) The Commissioner will evaluate each application and make such inquiries as he deems appropriate in the circumstances in order to determine that the applicant meets the applicable criteria for eligibility set forth in Sections 25-33b-4 (a) and (b), of these regulations. Grants will be awarded upon the favorable conclusion of the Commissioner's evaluation and inquiry.

(3) Payment of grant funds may be made as a whole or in lots either in advance of, concurrently with, or in reimbursement to the water company for the expenditure of amounts for qualified expenses, in each case as the Commissioner determines to be appropriate. In any event, grant funds will be disbursed in a manner which discourages applicants from seeking payment prior to the times moneys are actually required so as to obtain investment earnings on such moneys.

(e) If a water company receives funding from any other source or is compensated by a person who or municipality which is responsible for rendering the groundwaters unusable for potable drinking water, then the grants under this section shall be adjusted in accordance with subparagraphs (A) and (B) of Section 22a-471 (b) (3) of the General Statutes, as amended.
(Effective June 27, 1986.)

## 25-33b-5. Emergency assistance grants to investor-owned water companies where equipment or facility failure has resulted in failure to provide water

(a) Standards for Eligibility.

In order to be eligible for assistance under this section, an applicant must demonstrate that:

(1) It is an investor-owned water company which supplies water to at least 25 but less than 1,000 customers.

(2) The company is unable to provide water to its customers as a result of equipment or facility failure.

(3) The company has received a written recommendation from the Department of Health Services in consultation with the Department of Public Utility Control regarding the company's eligibility to file an application for an emergency grant.

(4) The company is financially unable to immediately restore service and there is no alternative water company reasonably able to immediately supply water.

(5) The company is not under orders by the Department of Health Services and/or the Department of Public Utility Control to correct problems related to the equipment or facility failure for which emergency grant funds are requested.

(b) Grant Application Procedures.

(1) Application forms shall be provided by the Department of Economic Development and shall be accompanied by a written recommendation of the Department of Health Services.

(2) Upon receipt, review, and approval of all required information identified in Sec. 25-33b-5 (a) deemed necessary by Commissioner, a grant may be made for eligible repair, rehabilitation, interconnection or replacement costs.

(Effective April 27, 1987.)

# Connecticut Plans for Public Water Supply Coordination

## 25-33h-1. Coordinated water system plans

(a) Definitions

(1) "Areawide supplement" means a part of a coordinated water system plan which addresses areawide water system concerns pertaining to the public water supply management area which are not otherwise included in each water company's individual water system plan. The supplement identifies the present and future water system concerns, analyzes alternatives and sets forth a means for meeting those concerns. An areawide supplement consists of a water supply assessment, exclusive service area boundaries, integrated report, and executive summary.

(2) "Commissioner" means the commissioner of the Connecticut department of health services.

(3) "Coordinated water system plan" or "coordinated plan" means (a) the individual water system plans of each public water system within a public water supply management area, filed pursuant to section 25-32d of the Connecticut General Statutes, and (b) an areawide supplement to such plan developed pursuant to public act 85-535 which addresses water system concerns pertaining to the public water supply management area as a whole.

(4) "Department" means the Connecticut department of health services or any duly authorized representative thereof.

(5) "Exclusive service area" means an area where public water is supplied by one system.

(6) "Municipal planning commission" means the municipal planning or planning and zoning commission established under general enabling act or special act.

(7) "Public water supply management area" or "management area" means an area for coordinated water supply planning determined by the commissioner of health services to have similar water supply problems and characteristics.

(8) "Public water system" means any private, municipal or regional utility supplying water to fifteen or more service connections or twenty-five or more persons.

(9) "Regional planning agency" means regional planning agencies as defined in section 8-31a through 8-37b of the Connecticut General Statutes regional councils of elected officials as defined in section 4-124c through 4-124h of the Connecticut General Statutes, where such councils have undertaken to exercise the powers of a regional planning agency and regional councils of governments as defined in section 4-124i through 4-124p of the Connecticut General Statutes.

(10) "Satellite management" means management of a public water supply system by another public water system.

(11) "Shared" or "joint use facility" means water supply facilities, source of supply or equipment developed, funded, managed, owned or utilized by two or more public water systems.

(12) "User category" means metered residential, metered commercial metered industrial, metered public authorities, unmetered residential, unmetered commercial, unmetered industrial, unmetered public authorities, and nonrevenue water. Residential shall include apartments and condominiums.

(13) "Water utility coordinating committee" or "WUCC" means a committee consisting of one representative from each public water system with a source of supply or service area within the public water supply management area and one representative from each regional planning agency within the public water supply management area, elected by majority vote of the chief elected officials of the municipalities that are members of such regional planning agency.

(b) Initiation of the Planning Process

(1) The commissioner of health services, in consultation with the department of public utility control, the commissioner of the department of environmental protection and the secretary of the office of policy and management, shall delineate the preliminary boundaries of public water supply management areas and establish preliminary priorities for initiation of the planning process in accordance with the schedule established in public act 85-535.

(2) In accordance with the schedule established in public act 85-535, the commissioner shall delineate the final public water supply management area boundaries and establish final priorities for initiation of the planning process.

(3) After establishing final priorities, the commissioner shall convene in priority order a WUCC for each management area to implement the planning process.

(4) The department may enter into contracts with consultants to provide services to the WUCC in preparing the coordinated water system plan.

(5) The commissioner shall convene a WUCC by publishing a legal notice in the Connecticut newspaper having the largest daily circulation in the management area stating date, time and place of meeting and eligibility requirements for membership. Based on the department's currently available records, the department shall also mail a notice to each eligible WUCC member as defined in subdivision (6).

(6) Eligible WUCC members are as follows:

(A) One representative of each public water system which has either:

(i) A source of supply within the management area which is a source of potable water approved by the department, including reservoirs, wells, other water bodies and associated watershed land, or

(ii) A service area within the management area including areas where service is currently provided to customers or where a public water system has the authority to provide such service as

determined by legal rights such as legislative franchises, municipal charters, or interlocal agreements for the sale of water.

(B) One representative of each regional planning agency serving at least one municipality within the management area as elected by majority vote of the chief elected officials of the municipalities that are members of such regional planning agency.

(7) The department shall maintain and make available the list of eligible WUCC members developed pursuant to subdivision (6). Any regional planning agency or public water system which is not included on the membership list for a WUCC may petition the department to be included. Such petition shall include the following:

(A) Name and mailing address of the public water system or regional planning agency making the request;

(B) The management area in question; and

(C) A statement of basis for membership.

(8) Once a WUCC has been convened in an area, it is the department's responsibility to inform new public water systems which come to the department's attention of the existence of the WUCC and their eligibility.

(c) Responsibilities of the WUCC

(1) A WUCC shall meet in each public water supply management area to prepare a coordinated water system plan. The coordinated water system plan shall include the individual water system plan of each public water system within the management area, required pursuant to section 25-32d of the Connecticut General Statutes, and an areawide supplement that addresses areawide water system concerns pertaining to the management area which are not otherwise included in each water company's individual water system plan.

(2) The WUCC shall implement the planning process established in public act 85-535. The planning process shall maximize efficient and effective development of public water supply systems and promote public health, safety and welfare.

(3) The work plan, meeting schedule, and committee rules and procedures shall be adopted by the WUCC as required. After the initial meeting convened by the commissioner, meetings of the WUCC shall be convened on a schedule determined by the WUCC which facilitates maximum participation of eligible members.

(4) The WUCC shall publish meeting times and agendas, and shall record and make available for public inspection minutes of meetings.

(5) Prior to beginning work on the water supply assessment, the WUCC shall provide notice to all eligible WUCC members, municipalities within the management area, and other interested persons that a preliminary assessment of water supply conditions and problems within the public water supply management area is being undertaken.

(6) Prior to beginning work on the exclusive service area boundaries, the WUCC shall also provide notice to all eligible WUCC members within the public water supply management area that preliminary exclusive service area boundaries are being developed and of their ability to participate.

(7) The WUCC shall solicit public comment and document responses to comments. The public comment period shall be a minimum of 30 days.

(d) Contents of the Coordinated Water System Plan

The coordinated water system plan shall include, but not be limited to, the following:

(1) The individual water system plan of each public water system within a public water supply management area, required to file such plan pursuant to section 25-32d of the Connecticut General Statutes; and

(2) An areawide supplement that shall address areawide water system concerns pertaining to the public water supply management area which are not otherwise included in each water company's individual water system plan. The areawide supplement consists of a water supply assessment, exclusive service area

boundaries, integrated report, and executive summary. The areawide supplement shall include at least the following:

(A) Water Supply Assessment A water supply assessment shall be developed to evaluate water supply conditions and problems within the public water supply management area. The WUCC shall prepare a preliminary and then a final water supply assessment. The water supply assessment shall be a factual and concise report, including at least the following topics as they relate to public water systems in the public water supply management area:

(i) Description of existing water systems, including

(aa) History of water quality, reliability, service, and supply adequacy;

(bb) General fire fighting capability of the utilities; and

(cc) Identification of major facilities which need to be expanded, altered, or replaced.

(ii) Availability and adequacy of any future water source(s).

(iii) Existing service area boundaries and public water system limits established by statute, special act or administrative decision, including a map of established boundaries, and identification of systems without boundaries.

(iv) Present and projected growth rates, including population data, land use patterns and trends, and identification of lands available for development.

(v) Status of water system planning, land use planning and coordination between public water systems.

(B) Exclusive Service Area Boundaries Based on the final water supply assessment, the WUCC shall establish exclusive service area boundaries within the management area delineating each public water system's future service area. The WUCC shall prepare preliminary and then final exclusive service area boundaries.

(i) In establishing exclusive service area boundaries, the WUCC shall:

(aa) Allow utilities to maintain existing service areas;

(bb) Not leave areas as unserviced islands, unless it can be demonstrated that there is not and will be no future need for public water service; and

(cc) Not allow new service areas or main extensions which create duplication or overlap of services.

(ii) The following factors shall be utilized in determining exclusive service area boundaries:

(aa) Existing water service area;

(bb) Land use plans, zoning regulations, and growth trends;

(cc) Physical limitations to water service;

(dd) Political boundaries;

(ee) Water company rights as established by statute, special act or administrative decisions;

(ff) System hydraulics, including potential elevations or pressure zones; and

(gg) Ability of a water system to provide a pure and adequate supply of water now and into the future.

(iii) A plan for exclusive service areas within the public water supply management area shall be developed, including:

(aa) A map or maps at a scale of 1:50,000 depicting existing and future service areas within the exclusive service area boundaries.

(bb) A reference list of existing service area or supply agreements between public water systems or localities, including charter or enabling act revisions as applicable and a brief description of terms of agreement including dates and length of agreement.

(cc) Description of future service area boundaries.

(C) Integrated Report

An integrated report shall be developed which provides an overview of individual public water systems within the management area; addresses areawide water supply issues, concerns, and needs; and promotes cooperation among public water systems. The integrated report shall contain at least the following:

(i) An areawide overview which integrates individual water system plans. This should include at least the following:

(aa) Population and consumption projections for 5, 20 and 50 year planning periods for the public water supply management area as a whole and for each municipality within the area.

(bb) Projected population, historical and projected water demand by user category for 5, 20 and 50 year planning periods for each public water system's exclusive service area and for the combined service areas.

(cc) Sources of supply, safe yield and amounts of purchased water available for 5, 20, and 50 year planning periods for each public water system's exclusive service area and for the combined service areas.

(dd) Determination of the amount and percentage of projected population within each municipality within the public water supply management area to be serviced by public water supplies for 5, 20 and 50 year planning periods.

(ee) Identification of areas not within exclusive service area boundaries and discussion of water supply alternatives. Attention should be given to existing and potential water quality problems, supply availability, population projections, and development potential.

(ii) Discussion of the relationship and compatibility of the coordinated water system plan with proposed or adopted land use plans and growth policies, as reflected in local, regional and state plans. Consideration should be given to both protection and development of public water supply sources and to availability of public water service.

(iii) Evaluation and identification in priority order of alternative water sources recommended to supply future areawide water system needs. Include appropriate ground or surface water studies, safe yield estimates and arrangement for development and delivery of the water supply.

(iv) Plans for any necessary interconnection of both raw and treated water between public water systems for both daily and emergency water supply use, which shall include:

(aa) A list and description of existing and future interconnections. Specify legal, technical and financial requirements for use and any source, hydraulic or contractual limitations for use. Identify source of supply, size, location, operating controls and management. Include a schedule for facility development, noting

limitations to proposed development, and a schedule for negotiation of any new contract or renewal for sale or purchase of water.

(bb) Assessment of the need for and impact of potential interconnections between public water supply systems within the management area and with adjacent public water supply management areas.

(cc) Discussion and assessment of water quality compatibility between interconnections.

(v) A plan for joint use, management or ownership of services, equipment, or facilities, including:

(aa) A list of existing and planned shared or joint use facilities, together with documentation from the utilities involved outlining limitations on and arrangements and schedules for development, use, operation, and maintenance of such facilities.

(bb) Identification of services and equipment which could be made available to other utilities such as but not limited to leak detection and repair, and emergency equipment.

(vi) A plan for satellite management or transfer of ownership which shall include:

(aa) Identification of utilities which have both the ability and willingness to assume satellite management of another system or systems, whether within or outside the public water supply management area, and a map identifying areas within which the respective utilities will provide satellite management.

(bb) Identification of public water systems willing to have satellite management provided by another utility, or willing to transfer ownership to another utility.

(cc) Development of a water system satellite management program and schedule for its implementation.

(vii) Provisions for minimum design standards applicable to all water system improvements and all new public water systems within the management area. Any minimum design standard established by a WUCC shall be at least as stringent as those standards recognized by the department.

(viii) Presentation of financial data as related to areawide issues such as interconnections, shared or joint use facilities, regional projects, and information not included in individual water system plans.

(ix) Consideration of the potential impacts of the plan on other uses of water resources, including water quality, flood management, recreation, hydropower, and aquatic habitat issues.

(D) Executive Summary

An executive summary shall be prepared by the WUCC to serve as an abbreviated overview of the coordinated water system plan for the public water supply management area. It shall be factual and concise, and shall summarize the major elements of the coordinated water system plan. The executive summary shall contain at least the following items:

(i) Maps at a scale of 1:50,000 of existing and potential service areas within exclusive service area boundaries identified in subdivision (d) (2) (B).

(ii) Maps at a scale of 1:50,000 of existing and future sources of public water supply, including watersheds, reservoirs, wells,

stream diversions, treatment facilities, and shared or joint-use facilities including interconnections.

(iii) A brief summary of the water supply assessment for the public water supply management area.

(iv) A summary table of current and projected population, water demand by user category, and safe yield of existing and potential sources of supply for each exclusive service area and the public water supply management area as a whole.

(v) A brief summary of plans for interconnections, joint use facilities, and satellite management.

(vi) A summary of the potential impact of the coordinated water system plan on other uses of water resources.

(vii) Pertinent financial information.

(viii) Other factors deemed relevant.

(ix) A copy of the table of contents and lists of figures, tables, and maps contained in the full coordinated water system plan.

(e) Plan Preparation

In preparing the plan the WUCC shall utilize the following unless otherwise approved by the department:

(1) Population projections prepared by the Connecticut office of policy and management.

(2) The maintenance of an adequate margin of safety between supply and demand as approved by the department.

(3) Gallons as a unit of measure.

(4) Maps and graphs and other supporting materials as necessary.

(5) Five years from the time of plan preparation and 20 to 50 years from the last decennial census as the planning periods for projecting future demand and planning facilities to meet future water supply needs. The WUCC shall consult with the department as to the level of detail required in reference to each planning period.

(6) Safe yield information as calculated in accordance with section 25-32d-1 of the Regulations of Connecticut State Agencies.

(7) Watershed boundaries and drainage areas within basins as defined by the Connecticut department of environmental protection.

(f) Plan Submission

(1) The WUCC shall submit the following documents to the department in accordance with the following schedule:

(A) After soliciting and responding to comments from regional planning agencies, municipalities, state agencies, and other interested persons, a final water supply assessment shall be prepared. The final water supply assessment shall be submitted within 6 months of the first meeting.

(B) Preliminary exclusive service area boundaries shall be submitted within 9 months of the first meeting. The WUCC shall make the preliminary exclusive service area boundaries available for public review and comment.

(C) After soliciting and responding to comments from regional planning agencies, municipalities, state agencies, and other interested persons, final exclusive service area boundaries shall be established. The final exclusive service area boundaries shall be submitted within 12 months of the first meeting.

(D) If exclusive service area boundaries have not been established and submitted to the department within the time schedule established in subdivision (B), the WUCC shall provide to the department documentation that the WUCC has consulted with the department of public utility control, a summary discussion of unresolved issues, identification of persons affected by the conflict, and additional

information as necessary. At the discretion of the commissioner, a hearing may be held to receive comment on exclusive service area boundaries. The department shall then establish exclusive service area boundaries in disputed areas in accordance with public act 85-535.

(E) The WUCC shall prepare a coordinated water system plan and solicit comments thereon in accordance with public act 85-535. The coordinated plan and copies of comments shall be submitted to the commissioner within 24 months of the first meeting.

(2) A request for an extended schedule shall be submitted in writing by the WUCC to the department. The request shall detail reasons for not meeting the required schedule, and propose a revised schedule. The request shall be submitted at least thirty days prior to the scheduled submission date. The department will review the request and may at its discretion approve a revised schedule for plan submission and consideration.

(3) The department shall inform the WUCC of any additional information which is necessary to comply with these regulations and shall develop a schedule for its submission. Copies of any additional information shall be submitted by the WUCC in the same manner as the plan.

(g) Plan Approval

After the WUCC has completed the coordinated water system plan, it shall submit the plan to the department for approval.

(1) The department shall publish legal notice in the Connecticut newspaper having the largest daily circulation within the management area of the existence and availability of the coordinated plan for public comment.

(2) The department in making a decision to approve or reject a coordinated water system plan shall consider at least the following:

(A) Ability to provide pure, adequate and reliable water supplies for present and projected future customers;

(B) Potential conflict over the use of such supplies;

(C) Adherence to public act 85-535;

(D) Extent to which the plan identifies water supply problems within the public water supply management area and provides solutions to those problems;

(E) Consistency with local, regional, and state land use plans and growth policies;

(F) Appropriateness of exclusive service area boundaries in relation to local, regional, and state growth policies, and the extent to which any areas are left as islands or areas isolated outside proposed exclusive service area boundaries;

(G) Integration of public water systems, consistent with the protection and enhancement of public health and well-being;

(F) Impact on other uses of water resources;

(G) Extent to which minimum design standards are sufficient and appropriate;

(H) Public comment;

(I) Availability of alternate sources of water supplies;

(J) Consistency with existing state agency regulatory programs and statutory requirements;

(K) Compatibility with plans of other public water supply management areas;

(L) Comments received from the department of environmental protection, department of public utility control, the office of policy and management, municipalities, regional planning agencies, local and regional health departments, or other interested persons; and

(M) Any other factors deemed relevant.

(3) The department may, at its discretion, schedule a public hearing within the public water supply management area to receive public comment on a coordinated water system plan.

(h) Plan Distribution

The WUCC shall solicit comments and distribute copies of the plan and its components as follows:

(1) Water supply assessment and exclusive service area boundaries

(A) Submit three copies each of the preliminary and final water supply assessment and preliminary and final exclusive service area boundaries to the departments of health services and environmental protection and two copies each to the department of public utilities control and office of policy and management.

(B) Submit one copy each of the preliminary and final water supply assessment and preliminary and final exclusive service area boundaries to each regional planning agency and chief administrative official of municipalities within the management area.

(C) Mail written notice of the existence and availability of the preliminary water supply assessment and preliminary exclusive service area boundaries and the opportunity to comment thereon, to each municipal planning commission, local health official, eligible WUCC member and other interested persons within the management area.

(D) Mail written notice of the existence and availability of the final water supply assessment and final exclusive service area boundaries to the individuals listed in subdivision (1) (C).

(E) Provide one copy for public viewing to the department of health services and each regional planning agency with municipalities within the management area.

(2) Coordinated plan

(A) Submit copies of the coordinated water system plan to agencies listed in subdivision (1) (A).

(B) Distribute one copy of the executive summary of the coordinated plan with notice of the existence and availability of the complete coordinated water system plan and the opportunity to comment thereon to each chief administrative official of municipalities within the management area and to each regional planning agency and chief administrative official with municipalities outside the management area in which a potential source of supply is located.

(C) Mail written notice of the existence and availability of the coordinated plan and the opportunity to comment thereon to the individuals listed in subdivision (1) (C).

(D) Submit three copies of the coordinated plan and copies of all comments received by the WUCC to the department of health services.

(3) Approved coordinated plan

(A) Submit copies of the approved coordinated plan to agencies listed in subdivision (1) (A). In addition three copies shall be submitted to each regional planning agency with a municipality within the management area.

(B) Mail written notice of the existence and availability of the approved coordinated plan to individuals listed in subdivision (1) (C) and to the chief administrative official of each municipality within the management area.

(C) Distribute a copy of the executive summary of the approved coordinated plan to individuals listed in subdivision (2) (B) if the department determines that there have been major modifications since the distribution of the executive summary of the draft plan.

(D) Maintain one copy of the approved coordinated plan for public viewing at the department of health services and each regional planning agency with municipalities within the management area.

(E) Maintain copies of revised sections or amendments to the plans for public viewing as outlined in subdivision (3) (D) and distribute revised sections or amendments in the same manner as the plan.

(i) Plan Updates

(1) The coordinated water system plan shall be reviewed and updated by he WUCC at least every ten years or sooner, if the WUCC or the department deems it necessary. If necessary, the commissioner shall reconvene the WUCC for management area for this purpose. The department shall, inform the WUCC in writing of the section(s) of the plan requiring revisions and of the reasons such revision is necessary. Such revised plan shall be submitted within a reasonable schedule established by the department, and in accordance with procedures for developing a coordinated water system plan.

(2) The WUCC shall submit a revised plan or an amendment to an existing plan whenever the department determines that a significant component of an existing plan is no longer valid. A revised plan or amendment shall be prepared by the WUCC whenever exclusive service area boundaries are revised. A revised plan or an amendment shall be distributed in the same manner as the coordinated water system plan.

(3) If the boundaries of the public water supply management area are altered by the department pursuant to subsection (j) the WUCC shall update the coordinated water system plan accordingly.

(j) Alteration of Public Water Supply Management Area Boundaries and Priorities

(1) Once the final water supply assessment for a public water supply management area has been submitted to the department by the WUCC, the management area boundaries may not be altered until the coordinated water system plan is completed.

(2) Alteration of public water supply management area boundaries or priorities may be initiated by the department in accordance with the procedures and criteria for establishing boundaries and priorities.

(3) The coordinated water system plan shall be revised as necessary, due to alteration of public water supply management area boundaries, within six months of the date of such action, unless an extended schedule is approved by the department.

(k) Plan Implemented

(1) To the extent feasible, any permit issued by the department pursuant to chapter 474 of the Connecticut General Statutes shall be consistent with any approved coordinated water system plan.

(2) Water utilities are responsible for providing adequate service as requested by consumers and under terms otherwise provided by statute, regulation and ordinance within their exclusive service area boundaries within a reasonable time frame. This may include but not be limited to development of supply sources, main extensions, or satellite management.

(3) No public water supply system may be approved within a public water supply management area after the commissioner has convened a WUCC unless an existing public water supply system is unable to provide water service or the WUCC recommends such approval.

(4) All individual public water supply plans submitted pursuant to section 25-32d of the Connecticut General Statutes shall be consistent with all applicable approved coordinated water system plans.

(5) Unless otherwise approved by the department, all new public water systems and system improvements within a management area for which a coordinated water system plan has been approved shall conform to or exceed minimum design provisions developed by the WUCC. (Effective June 24, 1986.)

# Establishment of Criteria and Performance Standards for Classification of Water Company Lands

## 25-37c-1. Definitions

(a) "Applicant" means a water company that proposes to sell, lease, assign or otherwise dispose of or change the use of any water company owned land, or any state department, institution or agency that proposes to sell, lease, assign or otherwise dispose of or change the use of any water company owned land acquired through condemnation.

(b) "Aquifer" means a subsurface water stratum of earth, sand, gravel, porous stone or other material.

(c) "Class 1 land" means all land owned by a water company which is either:
- (1) Within two hundred and fifty feet of high water of a reservoir or one hundred feet of all water courses as defined in this section;
- (2) within the areas along water courses which are covered by any of the critical components of a stream belt;
- (3) land with slopes fifteen percent or greater without significant interception by wetlands, swales and natural depressions between the slopes and the water courses;
- (4) within two hundred feet of ground water wells;
- (5) an identified direct recharge area or outcrop of aquifer now in use or available for future use, or
- (6) an area with shallow depth to bedrock, twenty inches or less, or poorly drained or very poorly drained soils as defined by the United States Soil Conservation Service that is contiguous to land described in subdivisions (3) or (4) of this subsection and that extends to the top of the slope above the receiving water course.

(d) "Class II land" means all land owned by a water company which is either
- (1) on a public drinking supply watershed which is not included in Class 1 or
- (2) completely off a public drinking supply watershed and which is within one hundred and fifty feet of a distribution reservoir or a first-order stream tributary to a distribution reservoir.

(e) "Class III land" means all land owned by a water company which is unimproved land off public drinking supply watersheds and beyond one hundred and fifty feet from a distribution reservoir or first order stream tributary to a distribution reservoir.

(f) "Commissioner" means the Commissioner of Health Services.

(g) "Contested case" means a proceeding in which the legal rights, duties or privileges of a party are required to be determined by the Commissioner after an opportunity for hearing or in which a hearing is in fact held.

(h) "Critical components of a stream belt" means
- (1) the watercourse of a defined stream including banks, beds and water;
- (2) land subject to stream overflow;
- (3) associated wetlands, and
- (4) shorelines of lakes and ponds associated with the stream.

(i) "First-Order Stream" means a stream which directly enters a reservoir.

(j) "Groundwater" means water residing in or flowing through an aquifer.

(k) "Department of Health Services" means the Connecticut Department of Health Services, or any duly authorized representative thereof, including the Commissioner of Health Services.

(l) "Intervenor" means each person admitted as a participant in a hearing in accordance with Section 25-37d-2 who is not a party.

(m) "Party" means the applicant and each person or agency named or admitted as a party in accordance with Section 25-37d-2 who properly seeks and is entitled as of right to be admitted as a party.

(n) "Person" means any individual, partnership, corporation, association, governmental

subdivision, or public or private organization of any character other than an agency.

(o) "Purity and adequacy of public drinking water supply" means the quality and quantity of public drinking water as determined by the Commissioner under subsection (d) of Section 25-32 of the General Statutes.

(p) "Source of water or ice supply" includes all springs, streams, watercourses, brooks, rivers, lakes, ponds, wells, or underground waters from which water or ice is taken, and all springs, streams, watercourses, brooks, rivers, lakes, ponds, wells or underground waters tributary thereto and all lands drained thereby.

(q) "Tract of land," or "Parcel" means a discrete separate unit of land held by one owner or owners in common.

(r) "Water company" means any water company as defined in Section 25-32a of the General Statutes.

(s) "Watercourse" means any river, stream, brook, canal, reservoir, lake, pond, marsh, swamp, bog or other surface body of water.

(t) "Watershed land" means land from which water drains into a public drinking water supply, including land lying underneath watercourses that are tributary to a public drinking water supply.

(u) "Water supply maintenance and improvement" includes normal forest and timber harvesting and planting practices followed by water utilities.

(v) "Well means a structure designed to withdraw groundwater for a public drinking water supply.

(w) "Direct recharge area" means the land surface immediately overlying the aquifer tapped by a well.

(x) "Aquifer outcrop" means an area of ground surface that is intersected by an aquifer.

(y) "Reservoir" means an impoundment of untreated surface water.

(z) "Distribution reservoir" means a reservoir from which water is directly conveyed to treatment facilities which are connected to the water distribution system.

(Effective February 6, 1980.)

## 25-37c-2. Establishment of criteria for classification of water company owned land

The criteria for determining the proper identification and classification of the three classes of water company owned lands set forth in Section 25-37c of the General Statutes are as follows:

(a) Class I land includes all land owned by a water company which is either:

- (1) within two hundred and fifty feet of high water of a reservoir or one hundred feet of all watercourses as defined in agency regulations adopted pursuant to Sec. 25-37c-1 of the General Statutes;
- (2) within the areas along watercourses which are covered by any of the critical components of a stream belt;
- (3) land with slopes fifteen percent (15%) or greater without significant interception by wetlands, swales and natural depressions between the slopes and the watercourses;
- (4) within two hundred feet of groundwater wells;
- (5) an identified direct recharge area or outcrop of aquifer now in use or available for future use; or
- (6) an area with shallow depth to bedrock, twenty inches or less, or poorly drained or very poorly drained soils as defined by the United States Soil Conservation Service that is contiguous to land described in subdivisions (3) or (4) of this subsection and that extends to the top of the slope above the receiving watercourse.

(b) Class II land includes all land owned by a water company which is either

- (1) on a public drinking supply watershed which is not included in Class I or
- (2) completely off a public drinking supply watershed and which is within one hundred and fifty feet of a distribution reservoir or a first-order stream tributary to a distribution reservoir.

The Class II land defined above is characterized by the following criteria:

(1) Category 1. Land which is either:
- i. Not classified in Class I with slopes fifteen percent (15%) or greater with significant interception by wetlands, swales and natural depressions between the slopes and the watercourses; or
- ii. land from which surface runoff directly enters an identified aquifer recharge or outcrop area supplying used or future wells; or
- iii. an area with shallow to bedrock, twenty (20) inches or less, poorly drained, and very poorly drained soils.
- iv. on watersheds for future reservoirs which would fall into category 1 if the watershed were used for drinking water supply.

(2) Category 2. Land which is either:
- i. Not classified in Category 1 with slopes less than fifteen percent (15%) without significant interception by wetlands, swales, and natural depressions, between the slopes and the watercourses; or
- ii. on watersheds for future reservoirs which would fall into Category 2 if the watershed were used for drinking water supply.

(3) Category 3. Land which is either:
- i. Not listed in Categories 1 or 2 with slopes less than fifteen percent (15%) with significant interception by wetlands, swales, and natural depressions between the slopes and the watercourses; or
- ii. on watersheds for future reservoir(s) which would fall into Category 3 if the watershed were used for drinking water supply.

(4) Category 4. Land which is:
- i. Completely off public drinking supply watersheds and which is within 150' of a distribution reservoir or a first-order stream tributary to a distribution reservoir.

(c) Class III land includes all land owned by a water company which is:

(1) Unimproved land off public drinking water supply watersheds and beyond 150' from a distribution reservoir or first-order stream tributary to a distribution reservoir.

(Effective February 6, 1980.)

## Review of Disposition and Use of Such Lands

## 25-37d-1. Application for a permit

(a) No water company shall sell, lease, assign or otherwise dispose of or change the use of any watershed lands, and any off-watershed Class II lands, except as provided in sections 25-37c-1 and 2, and 25-37d-1 through 10, inclusive, of the Regulations of Connecticut State Agencies without a written permit from the Commissioner of Public Health.

(b) An application for a permit shall be made by the water company on forms furnished by the Commissioner. These forms shall be sufficiently complete and shall contain such information as the Commissioner deems necessary for a fair determination of the Commissioner's statutory responsibilities. Such application form shall include but not be limited to: a description of the property, with such site plan and maps as are appropriate; a description of the proposed use of the property upon transfer or change in use; data on the chemical, physical and biological characteristics, where appropriate, of the reservoir, watershed and impact of the proposed use; and documentation of the proposed restrictions to be applicable to property covered by the application.

(c) Upon submission of an application, the Commissioner shall review it to determine whether there is sufficient information therein to determine whether the proposed action will or will not have a significant adverse impact upon the present and future purity and adequacy of the public drinking water supply. In connection therewith, the Commissioner

may require that the applicant provide such additional information as the Commissioner deems necessary on any proposed use restriction, to aid in determining the enforceability thereof against subsequent owners, lessees and assignees.

(d) An application will not be deemed to be complete by the Commissioner until all information, papers and documents required as part of and in support of the application have been submitted in proper form, and the Commissioner may require that the application be supplied in sufficient copies. For the purpose of statutory limitations, the Commissioner shall acknowledge receipt of the completed application. The Commissioner shall notify the applicant and shall notify the chief executive officer of the town or municipality in which the proposed action is to take place of the pendency of the application thereof and may notify such other towns, municipalities, state agencies or persons as deemed appropriate.

(Effective February 6, 1980; Amended effective September 6, 2006.)

## 25-37d-2. Standards of review of application

(a) Once a complete application has been received, the Commissioner shall review the proposed action in accordance with the performance criteria set forth herein in order to determine whether the proposed action may have a significant adverse impact upon the present and future purity and adequacy of the public drinking supply.

(b) The Commissioner shall not grant a permit for the sale, lease or assignment of Class I land.

(c) The Commissioner shall not grant a permit for a change in use of Class I land unless the applicant demonstrates that such change will not have a significant adverse impact upon the present and future purity and adequacy of the public drinking water supply.

(1) The performance criteria which shall be applied in determining whether the proposed change in use of Class I land may have a significant adverse impact upon the present and future purity and adequacy of the public drinking water supply are as follows. The Commissioner shall give due consideration to whether or not the proposed change in use will:

(A) Create an intentional or unintentional point or non-point source of contamination;

(B) disturb ground vegetation on surface public drinking supply watersheds except as required for water supply maintenance and improvement;

(C) create subsurface sewage disposal systems;

(D) create wheeled, tracked or hoofed transport of any kind on surface public drinking supply watersheds except as required to manage the watershed or that which is under water utility control, and except as specifically allowed under section 25-43c (a) of the Connecticut General Statutes.

(d) The Commissioner shall not grant a permit for the sale, lease, assignment or change in use of any land in Class II unless the applicant demonstrates that the proposed sale, lease, assignment or change in use will not have a significant adverse impact upon the purity and adequacy of the public drinking supply, and that any use restrictions which the Commissioner requires as a condition of granting a permit can be enforced against subsequent owners, lessees and assignees.

(1) The performance criteria which shall be applied in determining whether the proposed action with the various categories of Class II lands may have a significant adverse impact upon the present and future purity and adequacy of the public drinking water supply are as follows. The Commissioner shall give due consideration to whether or not the proposed change in use will:

(A) Category 1.

(i) Create an intentional or unintentional point or non-point source of contamination. Adequate man-made interception and control safeguards as approved by the Department of Public Health may be considered;

(ii) prevent maintenance of ground vegetation for more than one

growing season on surface public drinking water supply watersheds except as required for water supply maintenance and improvement or as associated with access to or underlying a habitable structure whose use meets the requirements of (i) above;

(iii) significantly decrease the adequacy of water supply through: loss of aquifer recharge area for infiltration due to impervious land cover; reduction of hydraulic connection between stream and aquifer due to siltation; decrease in stream flow available for induction due to increased surface water run-off rates;

(iv) allow subsurface sewage disposal systems in areas with shallow to bedrock soils, twenty (20) inches or less, poorly drained, and very poorly drained soils. Where subsurface sewage disposal systems are proposed, the design and installation of such systems will be in accord with Department of Public Health regulations and shall use seepage rates that do not exceed that of the existing soils on the site. Seepage rates in fill sections will not be used in the system design.

(B) Category 2.

(i) Create an intentional or unintentional point or non-point source of contamination. Adequate man-made interception and control safeguards approved by the Department of Public Health may be considered;

(ii) permanently disturb ground vegetation in areas with present slopes greater than five percent (5%) except that required for water supply maintenance and improvement, or that associated with access to or underlying a habitable structure whose use meets the requirements of (i) above.

(C) Category 3.

(i) Create an intentional or unintentional point or non-point source of contamination. Adequate man-made interception and control safeguards approved by the Department of Public Health may be considered.

(D) Category 4.

(i) Create interstate, state, or town roadways or mainline railroads except to provide access for allowable uses;

(ii) encourage uncontrolled access by the general public.

(e) In determining the conditions and restrictions in use necessary to maintain the adequacy and purity of the public drinking water supply due consideration must be given to:

(1) the creation of point or non-point sources of contamination;

(2) the disturbance of ground vegetation;

(3) the creation of subsurface sewage disposal systems;

(4) the degree of water treatment provided;

(5) any other significant potential source of contamination of the public drinking water supply;

(6) the decrease in both surface and groundwater supplies resulting from or caused by the increased run-off due to proposed changes in land use;

(7) the legal adequacy of the deed control mechanisms enforceable against subsequent owners, lessees and assignees, together with any other land use control mechanisms available and suitable for such purposes;

(8) the available dilution and the natural purification process of the receiving stream and the residence time and natural purification processes in the receiving reservoir; and

(9) the distance between the proposed change and the beneficial effect of all intervening wetlands.

(Effective February 6, 1980; Amended effective September 6, 2006.)

## 25-37d-3. Summary ruling on proposed actions without significant adverse impact

(a) If the Commissioner upon review of the completed application finds that the applicant has demonstrated that the proposed action will not have a significant adverse impact upon the present and future purity and adequacy of the public drinking water supply, and if the applicant has further demonstrated that the conditions or restrictions in use required by the Commissioner as necessary to maintain the purity and adequacy of the public drinking water supply are fully enforceable against subsequent owners, lessees, and assignees, then the Commissioner may grant a permit at this stage without a public hearing. Nothing herein however shall prevent the Commissioner from scheduling a public hearing on said application in accordance with the procedures set forth in section 25-37d-4 of the Regulations of Connecticut State Agencies.

(b) If the Commissioner makes the findings described in the above subsection and determines not to hold a public hearing on said application, then within sixty (60) days after receipt of the completed application, the Commissioner shall issue a written decision setting forth the reasons for granting the permit with or without conditions.

(c) Within the prescribed time limit of section 25-37-4 of the Regulations of Connecticut State Agencies the Commissioner shall notify the applicant and all parties to the proceeding and the chief executive officer of the town or municipality in which the proposed action is to take place of the pendency of the application and may notify such other town, municipalities, state agencies or persons as the Commissioner determines appropriate by forwarding them a copy of the written decision by certified mail. The Commissioner may also cause notice of the order issuing a permit to be published in a daily newspaper having a general circulation in the community where the proposed action is to take place. (Effective February 6, 1980; Amended effective September 6, 2006.)

## 25-37d-4. Plenary rulings--public hearing

(a) If, upon receipt of a complete permit application, the Commissioner finds that the proposed action does or may have a significant adverse impact upon the present and future purity and adequacy of the public drinking water supply, and if the Commissioner finds that any proposed conditions or restrictions in use are not or may not be sufficient to maintain the purity and adequacy of the public drinking water supply or be sufficiently enforceable against subsequent owners, lessees and assignees, then the Commissioner shall appoint a professional review team as provided by section 25-37d of the Connecticut General Statutes, and docket the application for a public hearing.

(b) The location of the public hearing shall be at the discretion of the Commissioner.

(c) Notice of the hearing shall be published at least once not more than forty-five (45) days and not fewer than fifteen (15) days before the date set for the hearing in a newspaper having a general circulation in the community where the proposed action is to take place. In addition to notification of the general public through newspaper publication, the Commissioner shall give notice to the applicants, all parties and intervenors, and may notify the chief executive officer of the town or municipality in which the proposed action is to take place of the pendency of the application and such other town, municipalities, state agencies or persons as the Commissioner deems appropriate.

(d) The notice of the public hearing shall include:

(1) a statement of the time, place and nature of the hearing;

(2) a statement of the legal authority and jurisdiction under which the hearing is to be held;

(3) a reference to the particular sections of the statutes and regulations involved;

(4) a short and plain statement of the matters asserted. If the Commissioner or other party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a general statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be made available at the Commissioner's office.

(e) The Commissioner may authorize a hearing officer to conduct an inquiry and to preside at the public hearing. The Commissioner may by order of the hearing officer require any party or other participant that proposes to offer substantive, technical or expert testimony to prefile such testimony in written form on such date before or during the hearing as the presiding officer shall direct. Such prefiled written testimony shall be received in evidence with the same force and effect as though it were stated orally by the witnesses who have given the evidence, provided that each witness shall be present at the hearing at which the prefiled testimony is offered, shall adopt the written testimony under oath, and shall be made available for cross examination as directed by the hearing officer. Prior to its admission such written testimony shall be subject to objections by parties. The hearing officer may subpoena witnesses and require the production of records, papers and documents to the record of the public hearing.

(f) Opportunity shall be afforded all parties to respond and present evidence and argument on all issues involved.

(g) Unless precluded by law, informal disposition may be made of any contested case by stipulation, agreed settlement, consent order, or default.

(h) The record of the public hearing shall include:
- (1) all pleadings, motions and intermediate rulings;
- (2) evidence received or considered;
- (3) questions and offers of proof, objections and rulings thereon;
- (4) any decision, opinion, or report by the officer presiding at the hearing.

(i) Oral proceedings or any part thereof shall be transcribed on request of any party or intervenor. The requesting party or intervenor shall pay accordingly the cost of such transcript or part thereof.

(j) Findings of fact shall be based exclusively on the evidence and on matters officially noticed.

(Effective February 6, 1980; Amended effective September 6, 2006.)

## 25-37d-5. Designation of a party or intervenor

(a) Filing of petition. Any person other than the applicant who seeks to be admitted as a party or an Intervenor to any application proceeding shall file a written petition to be so designated not later than fifteen (15) days before the date of the hearing on the application.

(b) Contents of petition. The petitioner shall state:
- (1) the name and address of the petitioner;
- (2) and describe the manner in which the petitioner claims to be substantially and specifically affected by the proceeding;
- (3) the contention of the petitioner concerning the application;
- (4) whether the petitioner seeks admission as a party or intervenor;
- (5) in what way and to what extent the petitioner proposes to participate in the hearing;
- (6) the nature of the evidence, if any, that the petitioner intends to present in the event that the petition is granted.

(c) The Commissioner or designated hearing officer may grant, deny, or grant with such conditions as the Commissioner or hearing officer deems appropriate the petition, taking into account whether or not the participation of the petitioner will furnish assistance to the Commissioner in resolving the disposition of the application for the permit or the participation of such person is necessary to the proper disposition of the application.

(d) No grant of leave to participate as a party or intervenor shall be deemed to be an expression by the Commissioner that the person permitted to participate may be aggrieved if the permit is granted or denied.

(e) The Commissioner or designated hearing officer may, during the hearing on the application, designate additional parties or intervenors upon motion and a showing of good cause for failing to submit a timely petition in accordance with this section when it is determined the participation of such person is necessary to the proper disposition of the

application or the person will furnish substantial assistance in resolving the disposition of the application.
(Effective February 6, 1980; Amended effective September 6, 2006.)

## 25-37d-6. Evidence at the public hearing

(a) Any oral or documentary evidence may be received, but the Commissioner shall, as a matter of policy, provide for the exclusion of irrelevant, immaterial, or unduly repetitious evidence. The Commissioner or hearing officer shall give effect to the rules of privilege recognized by law. Subject to these requirements, when a hearing will be expedited and the interests of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.

(b) Documentary evidence may be received in the form of copies or excerpts, if the original is not readily available. Upon request, parties shall be given an opportunity to compare the copy with the original.

(c) A party or intervenor may conduct cross examinations required for a full and true disclosure of the facts.

(d) Facts noticed, commission records. The Commissioner may take notice of judicially cognizable facts, including prior decisions and orders of the Commissioner. Any exhibit admitted as evidence by the Commissioner in a prior hearing may be offered as evidence in a subsequent hearing and admitted as an exhibit therein; but the Commissioner shall not deem such exhibit to be judicially cognizable in whole or in part and shall not consider any facts set forth therein unless such exhibit is duly admitted as evidence in the proceeding then being heard.

(e) Facts noticed, procedure. The Commissioner may take notice of generally recognized technical or scientific facts within the Commissioner's specialized knowledge. Parties shall be afforded an opportunity to contest the material so noticed by being notified before or during the hearing, or by an appropriate reference in preliminary reports or otherwise of the material noticed. The Commissioner shall nevertheless also employ the Commissioner's experience, technical competence, and specialized knowledge in evaluating the evidence presented at the hearing for the purpose of making the findings of the facts and arriving at a decision.

(f) The evaluation of the professional review team made in accordance with the requirements of Section 25-37d of the Connecticut General Statutes shall become part of the hearing record after its adoption under oath, and the authors thereof shall be subject to cross-examination on its contents.
(Effective February 6, 1980; Amended effective September 6, 2006.)

## 25-37d-7. Decision

(a) The hearing officer shall submit to the Commissioner and to the applicant and the chief executive officer of the town or municipality in which the proposed action is to take place no later than thirty (30) days following the completion of the hearing, written findings and recommendations on whether to grant or deny the application, and setting forth the hearing officer's reasons therefore.

(b) In making a final decision on the application, the Commissioner shall consider the record and evidence submitted in the proceedings in accordance with the standards of review set forth in Section 25-37d-2 of the Regulations of Connecticut State Agencies.

(c) The Commissioner's decision shall be in writing and shall set forth the reasons for the conclusions.

(d) The Commissioner shall issue a decision within one hundred and twenty (120) days of receipt of the completed application, and shall forward a copy of the decision to the applicant, and all other parties to the proceeding and may notify the chief executive officer of the town or municipality in which the proposed action is to take place of the pendency of the application and such other towns, municipalities, state agencies or persons as the Commissioner deems appropriate. Notice of the Commissioner's decision may be published in a newspaper having a general circulation in the community

where the proposed action is to occur.
(Effective February 6, 1980; Amended effective September 6, 2006.)

## 25-37d-8. Signature of applicant

No permit issued under these regulations shall be effective until the applicant or his duly authorized representative shall have signed the permit, which signature shall constitute an agreement to abide by any terms and conditions therein.
(Effective February 6, 1980.)

## 25-37d-9. Severance

The invalidity of any word, clause, sentence, section, part or provision of these regulations shall not affect the validity of any other part.
(Effective February 6, 1980; Amended effective September 6, 2006.)