

## Chapter PW 1

### MINIMUM STANDARDS FOR COUNTY HOMES, INFIRMARIES, GENERAL HOSPITALS AND PUBLIC MEDICAL INSTITUTIONS

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**PW 1.01 Introduction.** (1) **AUTHORITY TO SET STANDARDS.** These minimum standards are adopted by the state board of public welfare on the recommendation of the joint committee on standards as required by section 49.50 (10), Wis. Stats., and under the responsibility conferred on the department by section 46.16 (1), Wis. Stats., to supervise county institutions. B

(2) **THE PURPOSES OF THESE STANDARDS ARE DECLARED TO BE.** (a) Establishment of minimum uniform standards for the care, treatment, health, safety, welfare and comfort of patients in county institutions. BCC

(b) Establishment of a uniform basis for supervision of county institutions.

(3) **ORGANIZATION AND SCOPE OF STANDARDS.** These standards have been planned to apply to the four types of institutions, avoiding as far as possible the repetition of factors common to all. To this end PW 1.03 includes all standards for county homes, and anticipates as far as possible basic standards for county infirmaries, county general hospitals and public medical institutions. PW 1.04 applies only to public medical institutions. PW 1.05 and PW 1.06, when completed, will apply only to county infirmaries and county general hospitals, respectively.

(4) **EFFECTIVE DATE.** These standards shall be effective January 1, 1953.

(5) **REVISION.** Recommendations for changes in these standards shall be submitted by the joint committee and shall be considered by the state board of public welfare annually between January 1 and July 1 of each year, and such changes as are approved shall be effective as of July 1 following.

**PW 1.02 Definitions.** (1) **INSTITUTION** means county home, county infirmary, public medical institution, or county general hospital. R

(2) **COUNTY HOME** means an establishment for the congregate care of persons as provided in sections 49.14 and 49.15, 1951 Wis. Stats. rcc

(3) **COUNTY INFIRMARY** means an establishment for the congregate care of persons as provided in sections 49.171, 49.172 and 49.173, Wis. Stats.

(4) PUBLIC MEDICAL INSTITUTION means a county, municipal or state facility as defined in PW-PA 20, which (pursuant to federal regulations) has been approved for the care of persons eligible for aid under sections 49.18 (1) (b), 49.20 (2) and 49.61 (1m), Wis. Stats.

(5) COUNTY GENERAL HOSPITAL means a hospital for other than tuberculosis or mental diseases established by a county pursuant to sections 49.16 and 49.17, Wis. Stats.

(6) BOARD means county board, trustees, or whatever duly selected and authorized group of persons has legal responsibility for the management of the institution, including the selection of the superintendent and the determination of the policies of the institution.

(7) SUPERINTENDENT means the person responsible for the day-to-day supervision and administration of the institution and for carrying out established policies.

(8) DEPARTMENT means the state department of public welfare.

(9) RESIDENT OR PATIENT means anyone accepted for care in an institution.

(10) PATIENT STATUS means the need for medical care given pursuant to direction of qualified medical authority to a person in a public medical institution as defined in (4) above.

(11) MAXIMUM BED CAPACITY means the exact number of beds to be allowed and specified in the approval of the department for patients or residents in an institution, exclusive of the superintendent, his family and employes, except as it may be exceeded on orders of a court.

#### PW 1.03 General standards for county homes and institutions.

##### (1) ADMINISTRATION.

###### (a) Functions of the board.

###### 1. Statutory requirement

a. The board shall appoint the superintendent and prescribe his duties according to section 46.19, Wis. Stats.

###### 2. Required standards

a. It shall be the responsibility of the board to become familiar with these standards and to comply with them.

b. It shall be the duty of the board to engage a physician or physicians to provide medical care and be responsible for the medical care program of the institution.

###### 3. Recommended standards

a. It is recommended that written policies be formulated setting forth the kinds of care to be offered in the institution. Suggested descriptions are "bedfast care", "semi-ambulatory", and "ambulatory" or "domiciliary".

b. Sound personnel practices for the superintendent and employes should be set forth by written policies covering such things as qualifications for positions, tenure, working hours, salary adjustment schedules, vacations and sick leave.

c. It is recommended that a continuing study committee for the institution be sponsored for such purposes as improving services and making recommendations for changes in these standards.

d. It is recommended that the superintendent and employees be permitted and encouraged, whenever feasible, to attend training courses and educational courses, which aid in increasing the skills essential in their positions.

*(b) Duties and responsibilities of the superintendent.*

1. Required standards

a. The superintendent shall be responsible for performing the duties prescribed by the Board.

b. It shall be the duty of the superintendent to become familiar with these standards and carry out requirements therein.

c. The superintendent shall be the head of the institution and directly responsible for the welfare of the patients. He shall be expected to follow the orders or recommendations of the institutional physician or the physician in charge insofar as the medical care of patients is concerned.

2. Recommended standard

It is recommended that the superintendent be a person possessed with good health, good moral character, administrative capacity, and a primary interest in the health, safety, welfare and comfort of patients or residents.

*(c) Duties of employees.*

1. Required standards

a. Employees shall perform the duties prescribed by the superintendent.

b. An employee or nurse carrying out the orders of a physician for a resident or patient shall adhere to such directions.

c. Any employee shall be excluded from work who is suspected of having a communicable disease or whose condition has been diagnosed by a physician as a communicable disease.

d. Employees whose work consists of the handling of food or ministering directly to the needs of patients shall be free from communicable diseases. It shall be expected that the physician in charge of medical care for the institution will have the cooperation of the superintendent to enable him to ascertain and to certify from time to time that employees are free from communicable diseases, and physical examination for employees may be given by him, if preferred.

2. Recommended standard

a. It is recommended that new employees have a physical examination as a condition for employment and that all employees obtain yearly physical examinations, including chest x-rays and Wassermann tests.

*(d) Fiscal and accounting policies.*

1. Statutory requirement

a. Fiscal and accounting practices shall be conducted according to the requirements of section 46.18 (8), (9), and (10), Wis. Stats., except as a public medical institution may by law be excluded.

2. Recommended standards

a. Recognizing the desirability of care according to individual needs and the wide variation in costs for different kinds of care, it is recommended that the charge for a patient be based on the expense incurred by the institution for the kind of care given, as it may be legally permissible.

b. It is recommended that the accounts of any institution governed by these standards but not subject to the requirements of 46.18 (8), (9), and (10), Wis. Stats., be audited once each year by the state department of audit or a licensed public accountant.

(e) *Establishment, approval and inspection of buildings.*

1. Statutory requirement

a. Concerning the standards for design, construction, repair and maintenance of buildings; concerning the selection and purchase of the site, and the plans, specifications and erection of buildings; and concerning the safety, sanitation, adequacy and fitness of buildings, the county shall be subject to the requirements of section 46.17, Wis. Stats.

2. Required standard

a. Buildings used for an institution shall comply with the requirements of the state building code of the Wisconsin industrial commission.

(2) **ADMISSION POLICIES FOR COUNTY HOMES.**

(a) *Commitments.*

1. Statutory requirement

a. A commitment to a county home shall be in accordance with the requirements of section 49.15 (1), Wis. Stats.

2. Recommended standard

a. It is recommended that the judge or the relief officer assuming responsibility in commitment proceedings obtain for the person committed a medical examination, including a chest x-ray, and a physician's written report prior to placement in the institution to establish freedom from communicable disease and to secure medical recommendations as to the nature of medical treatments which may be needed. The physician's report should be transmitted to the superintendent.

(b) *Voluntary admissions.*

1. Statutory requirement

a. A voluntary admission shall be governed by section 49.15 (2), Wis. Stats.

2. Required standard

a. Prior to admission on a voluntary basis, a medical examination, including chest x-ray and a physician's written report certifying the patient to be free from communicable disease and making recommendations as to the nature of medical treatment which may be needed shall be obtained. The physician's report should be transmitted to the superintendent.

(c) *Emergency admission without physician's written report.*

1. Required standard

a. If it is not possible prior to admission to obtain a medical examination, including chest x-ray and recommendations regarding treatment, the same shall be obtained as soon as possible, but in any event not later than 10 days following admission.

2. Recommended standard

a. Where a prior physical certification and recommendation are not obtained, it is recommended that precautions, such as isolation, be employed to guard against transmission of possible communicable disease pending a physical examination.

*(d) Maximum bed capacity.*

## 1. Required standards

a. A maximum bed capacity shall be set for each county home, which shall not exceed the standard of the Wisconsin industrial commission.

b. Admission in excess of the maximum bed capacity shall not be permitted, except as it may be necessary to comply with the order of a court.

## 2. Recommended standard

a. It is recommended that admission be limited so that there will be sixty square feet of bed space per bed in all bedrooms.

*(e) Admission of children.*

## 1. Statutory requirement

a. As provided by section 48.05, Wis. Stats., no child under the age of sixteen shall be admitted to a county home.

## 2. Recommended standard

a. It is recommended that persons under the age of 21 not be admitted unless first referred to a recognized child welfare agency for an alternative care arrangement.

*(f) Promotion of homelike atmosphere.*

## 1. Recommended standard

a. It is recommended that trustees, welfare officials and other concerned county officials cooperate with the superintendent in developing and using other resources to meet the needs of persons for whom adjustment in the home is impracticable, or inadvisable.

*(g) Admission record.*

## 1. Recommended standard

When arrangements are made for admission, a form should be completed for each person admitted containing the following information:

- a. Resident's full name, address, birthdate and birthplace.
- b. Father's name and mother's maiden name and their places of birth.
- c. Name, address, and telephone number of next of kin or person to be notified in event of acute illness.
- d. Name and address of husband or wife and age, if alive.
- e. Names and addresses of all children and responsible relatives or as many as may be available.
- f. Name, address, and telephone number of physician.
- g. Veteran status.
- h. Social security number.
- i. Sex, color, and marital status.
- j. Occupation, or principal occupation.
- k. Information on special interests or hobbies and special skills.
- l. Place of legal settlement.

*(h) Inventory of personal property when person is admitted.*

## 1. Recommended standard

a. An inventory should be made of money or other valuables possessed by the resident at the time of his entrance. A duplicate signed copy should be retained by the superintendent and by the resident.

## (3) MEDICAL CARE IN INSTITUTIONS.

(a) *Required standards.*

1. There shall be some arrangement for obtaining medical care readily in the event of illness of or accident to any resident.
2. It shall be the duty of those in charge to summon a physician in the event of sudden illness or accident of a resident.
3. All medications and treatment shall be administered only upon the order of the attending physician. Written orders are preferable, and verbal orders should be confirmed in writing at the earliest opportunity.

(4) NURSING CARE IN INSTITUTIONS. (Adapted from state board of health standards for nursing homes of Wisconsin put into effect in 1952)

(a) *Standards.* Nursing care according to the following standards is required in an institution which accepts or retains residents in need of such care.

1. Twenty-four hour nursing care
  - a. Required standards

Bedfast and chairfast patients, or persons in any way incapable of moving freely in case of emergency, shall under no circumstances be housed above the second floor in non-fire-resistive buildings, and may be housed on the second floor in such buildings only if an attendant is constantly on duty.

Sufficient personnel shall be employed to give adequate care to patients during the day and night.

2. Care of bedfast patients
  - a. Required standards

Baths shall be given at least every second day for bed patients.

The position of the patient in bed shall be changed frequently when possible.

The person in charge shall observe, record and report to the attending physician symptoms and complaints of the patient, including unusual body marks and bruises.

A chart containing carefully recorded nurses' notes and doctors' orders shall be kept on every resident requiring medical care or supervision.

- b. Recommended standards

It is recommended that incontinent patients have: Daily baths; partial baths after each voiding; cellulapads or diapers to keep the bedding dry and for patients' comfort; soothing and healing lotions or creams applied where the skin is irritated; careful care of the skin to prevent bedsores.

It is recommended that the patient be out of bed as much as possible and removed from the bedroom frequently according to doctor's orders.

When nursing care is not in charge of a registered nurse, or a trained practical nurse, it is recommended that the services of a nurse with such qualifications be obtained on a consultation basis. Public health nurses may be consulted from time to time, as they may be available.

*(b) Care of patients.*

1. Required standards

- a. Patients shall receive kind, considerate care and treatment.
- b. Abuse or inhumane treatment of patients by physical force, confinement to a room, or withholding food and water shall not be permitted. Reasonable disciplinary measures, which may from time to time be necessary, shall be the responsibility of the superintendent.
- c. First aid equipment and supplies for first aid shall be readily available at all times.

*(c) Acute illness or death.*

1. Required standards

- a. In the event of acute illness or death, those in charge shall notify the next of kin, friends, or others interested.
- b. Apparent deaths shall be reported immediately to the attending physician and the patient shall not be removed from the institution without the physician's approval.

(5) HANDLING AND STORAGE OF DRUGS, GASES, AND MEDICATIONS IN INSTITUTIONS.

*(a) Administration only upon physician's order.*

1. Required standard

- a. Drugs, medications and gases shall be administered only on the direction of the attending physician. In administering drugs or medicines, some system should be used to prevent accumulation of drugs by any patient.

*(b) Narcotics and dangerous drugs (as designated by federal statutes).*

1. Required standards

- a. Narcotics and other dangerous drugs shall be kept in securely locked cabinets and shall be accessible only to a responsible person in charge.
- b. The person administering the narcotics and other dangerous drugs shall be responsible for recording the proper notations in the dispensary record.
- c. A dispensary record (in addition to the individual patient record) shall be kept of all narcotics and other dangerous drugs administered. The dispensary record must show the name of the patient and the amount of the narcotic or drug used.
- d. Any medicines prescribed for an individual patient and not used by that patient shall be destroyed except in the case of narcotic drugs which shall be surrendered to the Federal Narcotic Bureau, Federal Building, Room 203, Madison, Wisconsin.

*(c) Medicine cabinets.*

1. Required standards

- a. All drugs and medicines shall be kept in medicine cabinets which are conveniently located and adequately illuminated for proper identification of drugs.
- b. Patients shall not be allowed to have custody of any medicines or drugs, or to accumulate them.
- c. The medicine cabinets shall be locked at all times, and the keys accessible only to authorized persons. It is recommended that the number of such authorized persons be limited as far as practicable.

## 2. Recommended standard

a. It is suggested that external remedies, poisons, and non-medicinal chemicals be kept either in a separate compartment of the medicine cabinet, or some other secure place to lessen the chance of accidental incorrect usage.

*(d) Labeling of drugs.*

## 1. Required standards

- a. All medicines and poisons shall be plainly labeled.
- b. The contents of all individual prescriptions shall be kept in the original container bearing the original label and prescription number.

*(e) Destruction of drugs.*

## 1. Required standards

- a. Old medications shall be destroyed, including drugs by prescription for patients discharged or deceased.
- b. Narcotic drugs shall be disposed of as previously indicated.

*(f) Use of oxygen or inflammable gases.*

## 1. Required standard

a. Oxygen or any inflammable gas shall not be used in institutions unless there is a person in charge who is qualified to administer it. Signs indicating "No Smoking" or "Do Not Strike Matches" shall be posted in and at the entrances of the room where oxygen or any inflammable gas is in use.

**(6) MECHANICAL RESTRAINT AND SECLUSION IN INSTITUTIONS.***(a) Required standards.*

1. Residents shall not be restrained or secluded, except under the direction of a physician.

2. In emergencies it shall be permissible to employ a minimum of humane restraint, or seclusion, to prevent likely bodily harm to patients. Such expedients may be used only until a physician can be consulted.

## 3. Precautions in restraint or seclusion:

- a. An attendant must be constantly on duty within call.
- b. Care must be taken to avoid injury to the resident.
- c. A physician must be consulted as soon as possible.

4. Alternatives to restraint or seclusion. Various measures which may be considered as alternatives to restraint or seclusion, or which may be employed as expedients in caring for the mentally disturbed, shall be considered as medical treatments to be administered only under the direction of a physician.

**(7) FOOD SERVICE IN INSTITUTIONS.** (Adapted from state board of health standards for nursing homes of Wisconsin put into effect in 1952)

*(a) Personnel*

## 1. Required standard

a. All cooks and food handlers shall wear clean garments and clean hair nets or caps, and shall keep their hands clean at all times while engaged in handling food, drink, utensils or equipment.

## 2. Recommended standard

a. It is recommended that employees be adequately instructed in acceptable and sanitary food handling practices.



(b) *Facilities for food handlers.*

1. Required standards

a. Adequate and convenient hand washing facilities shall be provided for use by food handlers, including hot and cold running water, soap, and approved sanitary towels. Use of a common towel is prohibited.

b. Facilities shall be provided for employees preparing or serving food to eliminate necessity of keeping wraps, purses, and other personal belongings in the preparation and serving rooms.

(c) *Sanitation.*

a. Required standards

Sleeping quarters and toilet rooms shall be separated from the kitchen and it is recommended that no toilet room or bathroom open directly off the kitchen.

All counters, shelves, tables, equipment, and utensils with which food or drink comes in contact shall be maintained in clean condition, good repair, free of breaks, corrosion, open seams, cracks and chipped places.

Surfaces with which food or drink comes in contact shall be constructed of smooth impervious material free of open seams, not readily corrodible, and easily accessible for cleaning.

Food and drink shall be stored in a clean, dry place protected from flies, dust, vermin, overhead leakage, sewage back flow, and other contamination. Foods which require moist storage shall be handled in such a manner as to prevent contamination.

Walls and ceilings of all rooms in which food or drink is stored, prepared, or served shall be kept clean.

The floors of all rooms in which food or drink is stored, prepared, or served, or in which utensils are washed, shall be kept clean. Dustless methods of cleaning shall be used. All except emergency floor cleaning shall be done during those periods when the least amount of food and drink is exposed.

Utensils shall be stored in a clean, dry place protected from flies, splash, dust, overhead leakage and condensation and other contamination. Wherever practicable, utensils shall be covered or inverted.

The use of tainted or spoiled foods is prohibited.

All foods served raw shall be thoroughly washed in clean, safe water.

b. Recommended standard

The kitchen should be convenient to the dining areas.

2. Refrigeration

a. Required standards

All readily perishable food and drink, except when being prepared or served, shall be kept in a refrigerator which shall have a temperature maintained at or below 50° F. This shall include all custard-filled and cream-filled pastries, milk and milk products, meat, fish, shellfish, gravy, poultry stuffing and sauces, dressings, and salads containing meat, fish, eggs, milk or milk products.

All ice used shall be from an approved source, stored and handled in such manner as to prevent contamination.

3. Insect and rodent control

a. Required standards

Adequate means for the elimination of rodents, flies, roaches, bed-bugs, fleas and lice shall be used.

All poisonous compounds used in the extermination of rodents or insects shall be so labeled and colored as to be easily identified. It is recommended that compounds harmless to humans be substituted wherever possible.

Poisonous compounds shall be stored independently and separately from food and kitchenware. Such compounds shall be stored under lock and key.

b. Recommended standard

For the elimination of flies, fly repellent fans, flypaper, fly traps or fly killing sprays or powders may be used. For the elimination of other insects, sprays or powders may be used.

4. Sanitizing chemicals

a. Required standard

All sanitizing or cleaning chemicals shall be stored under lock and key independently and separately from food and kitchenware.

b. Recommended standard

It is important that employees be instructed in the use of such chemicals to avoid accidents to themselves and to patients.

*(d) Cleaning, sanitizing and storage of multi-use eating and drinking utensils.*

1. General practices

Utensils are defined to include any kitchenware, tableware, glassware, cutlery, containers or other equipment with which food or drink comes in contact during storage, preparation, or serving.

a. Required standards

All multi-use eating and drinking utensils shall be thoroughly cleaned and effectively sanitized after each usage.

Washing aids, such as brushes, dish mops, dishcloths and other hand aids, used in dishwashing operations shall be sanitized after each period of use. Drying cloths, if used, shall be clean and shall be used for no other purpose.

b. Recommended standards

It is recommended that pre-washing be made an integral part of both manual and mechanical washing operations.

It is recommended that utensils be allowed to drain and air dry in racks or baskets.

2. Manual cleaning

a. Required standards

A two-compartment sink shall be provided for all establishments, and it is recommended that three-compartment sinks be provided for new installations.

The utensils shall be washed in hot water (temperature suggested 110° to 120° F.) containing an adequate amount of an effective soap or detergent. Water shall be kept clean by changing frequently.

After cleaning and rinsing, all utensils shall be effectively sanitized by either of the following methods or by other approved means:

Submergence for 30 seconds in clean water maintained at a temperature of at least 170° F.

Submergence for two minutes in a hypochlorite solution. This solution shall be made up with a chlorine concentration of at least 100 parts per million and shall be discarded when it reaches 50 parts per

million. Caustic compounds shall not be added to the hypochlorite solution. It is recommended that utensils be racked in baskets so that all surfaces will be wetted during submergence. Sanitizing with any solution containing chloride is not recommended for silverware and plastic utensils.

b. Recommended standard

It is recommended that all utensils following the washing operation be subjected to a hot water rinse (minimum temperature suggested 110° F.) to remove soap or detergent.

3. Mechanical cleaning

a. Required standards

Utensils shall be stacked in racks or trays so as to avoid overcrowding and in such location as to assure complete washing contact with all surfaces of each article.

The wash water temperature of the utensil washing machines shall be held at from 140° to 160° F. The utensils shall be in the washing section for at least 20 seconds.

A detergent shall be used in all utensil washing machines, and it is recommended that they be equipped with automatic detergent dispensers so that the maximum efficiency of the machines can be obtained.

For sanitizing in a spray-type machine, dishes shall be subjected to a rinse period of 10 seconds or more at a temperature of at least 170° F. For sanitizing in an immersion tank-type machine, dishes shall be submerged for 30 seconds or more with water at a temperature of at least 170° F. There shall be a constant change of water through inlet and overflow.

Thermometers shall be located in both the wash and rinse water lines and in such location as to be readily visible. Thermostatic control of the temperature of the wash and rinse water shall be provided in new equipment and is recommended for existing equipment.

The pressure of the water used in spray washing and rinsing shall be 15 to 25 pounds per square inch.

(e) *Nutritional requirements.*

1. Required standard

a. Three balanced meals, suited to the patients, shall be served daily at recognized meal times. Supplementary food and special diets are to be provided as ordered by the physician in charge.

2. Recommended standards

a. It is recommended that the general nutritional needs of residents be met in accordance with the currently recommended dietary allowances of the food and nutrition board, national research council, Washington, D. C.

b. It is recommended that the following foods be served daily for each person.

Milk—1½ pints or more. Fresh fluid milk shall be pasteurized, and it is recommended that Grade A milk be used where available.

Orange, grapefruit, tomato or other vitamin C foods—one or more servings (approximately ½ cup) daily.

Green or yellow vegetables—one or more servings.

Other vegetables and fruits—two or more servings.

Lean meat, poultry, fish, or eggs—two or more servings.

Whole grain or enriched breads and cereals—two or more servings.

Other foods including edible fats in amounts required to meet the resident's caloric needs and to make meals appetizing and satisfying.

*(f) Food preparation, preservation, and donated food.*

1. Required standard

a. If foods are canned or otherwise preserved at the home, they shall be processed under controlled conditions using methods currently recommended by the bureau of home economics, U. S. department of agriculture. All non-acid vegetables, meat, and poultry shall be canned by pressure cooker method.

2. Recommended standards

a. It is recommended that food be prepared by accepted methods to conserve maximum food value and to produce palatable meals.

b. Donation of home canned foods to the institution should be discouraged unless the canning has been done according to methods and subject to precautions followed in the canning of such foods at the institution. Particular caution should be exercised in accepting home canned non-acid foods such as asparagus, peas, beans, spinach, carrots, etc., since incorrect processing may lead to serious health hazards to patients. Individual gifts of jelly or jam to a patient may be permitted. The acceptance of home baked foods shall be at the discretion of the superintendent.

(8) FURNISHINGS AND EQUIPMENT IN INSTITUTIONS. (Adapted from state board of health standards for nursing homes of Wisconsin put into effect in 1952).

*(a) Required standards.*

1. Beds and linens

Each resident shall have at least a standard 36 inch by 78 inch bed with springs, a comfortable clean mattress and pillow. Cots shall not be used. Each bed to have sufficient washable bedding and linen for warmth and cleanliness. Clean sheets and pillow cases shall be furnished at least once a week. The bed linen shall be changed promptly whenever soiled or unsanitary. Waterproof sheets shall be used on each bed where needed.

2. Side rails for beds shall be made available for the protection of patients when needed.

3. Lockers or closets shall be adequately provided for the storage of patients' clothing.

4. Common towels shall not be permitted. Each patient shall have individual towels and wash cloths conveniently located.

5. Bedpan covers shall be used and shall not be interchangeable where patients are bedfast.

6. A comfortable chair shall be available for each patient able to use one.

7. For bedfast patients, bedscreens for privacy shall be made available for use in multiple bedrooms by adequate cubicle curtains or portable screens.

8. Equipment for bedfast patient care

a. Individual mouth wash cups, wash basins, bedpans, and standard urinals shall be provided for each bed patient. This equipment shall be so stored that it cannot be interchanged between patients.

b. There shall be such other nursing equipment as may be required, including an adequate supply of rectal and mouth thermometers.

c. Separate sputum receptacles with disposable containers shall be available for use as needed.

d. There shall be adequate facilities for all necessary sterilization.

9. A call system as a satisfactory means of calling attendants shall be provided for all bedfast patients. Hand bells are acceptable.

*(b) Recommended standard.*

a. A wheel chair is recommended for those patients needing it.

(9) SANITATION REQUIREMENTS FOR INSTITUTIONS. (Adapted from state board of health standards for nursing homes of Wisconsin put into effect in 1952).

*(a) Water Supply.*

1. Required standards

a. The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which shall comply with the standards approved by the state board of health.

b. Common drinking vessels shall not be used.

*(b) Sewage disposal.*

1. Required standard

a. Where a municipal sewerage system is not used, the sewage shall be collected, treated, and disposed of by means of an independent sewerage system which complies with the standards approved by the state board of health.

2. Recommended standard

a. It is recommended that all sewage be discharged into a municipal sewerage system where such a system is available and its use is practicable.

*(c) Garbage disposal.*

1. Required standard

a. All garbage shall be stored in water-tight containers with tight fitting covers and shall be disposed of in a manner that will not permit transmission of disease, create a nuisance, or provide a breeding place for flies.

2. Recommended standard

a. Refrigeration of garbage is recommended where feasible.

*(d) Plumbing.*

1. Required standard

a. The plumbing and drainage for the disposal of excreta, infectious discharge and wastes shall be in accordance with the plumbing standards of the state board of health.

*(e) Toilet facilities.*

1. Required standard

a. Indoor toilet facilities are required for the bedfast or semi-ambulatory.

2. Recommended standard

a. Separate toilet facilities are recommended for male and female residents. The recommended minimum ratios are as follows:

1 toilet and 1 lavatory for every 8 female residents

1 toilet and 1 lavatory for every 8 male residents

1 bath tub or shower for every 20 residents

*(f) Incineration.*

## 1. Required standard

a. Incineration facilities shall be provided for the incineration of soiled dressings and similar wastes or refuse for which other suitable methods of disposal are not provided.

## (10) RULES, PRIVILEGES, AND OPPORTUNITIES FOR HOMELIKE EXPERIENCES IN INSTITUTIONS.

*(a) Participation in the work of the institution.*

## 1. Required standard

a. Participation in the work of the institution shall be on a voluntary basis. As residents come to feel at home, they may desire to assume responsibilities or minor chores, and allowing them to do so may provide some of the purposeful activity so essential to well-being.

*(b) Participation in life of community.*

## 1. Recommended standard

a. Participation in the ordinary life of the community outside the institution should be permitted and encouraged. The institution should in no way constitute a barrier to normal community life, except as it may be unavoidable. For example, the resident should attend his or her own church, if that is preferable and possible.

*(c) Schedules, such as for visiting hours.*

## 1. Recommended standard

a. For the benefit of the group under care, some scheduling of activities, like visiting, may be necessary. A reasonable flexibility in any schedule to meet special circumstances is quite essential to make residents feel at home.

*(d) Privacy.*

## 1. Required standard

a. Any restriction in the handling of public assistance checks shall not be permitted.

## 2. Recommended standards

a. The resident should be enabled to choose privacy freely for such activities as reading, visiting with guests, writing letters, and religious expressions.

b. There should be an opportunity to store personal effects, such as money and letters, where they are secure and readily available.

c. Incoming or outgoing mail should be transmitted with proper regard for the wishes of the sender and recipient.

*(e) Recreation.*

## 1. Recommended standard

a. The institution should undertake to provide a reasonable amount of recreational facilities and opportunities for individuals, small groups, and larger groups of residents.

*(f) Vocational opportunities.*

## 1. Recommended standard

a. Regardless of very limited ability and capacity to produce goods or services, residents should have opportunity and encouragement to perform and develop within their limitations. The possibility of employment or rehabilitation for each resident should be studied on an individual basis. The division of vocational rehabilitation of the State Board of Vocational and Adult Education should be requested to supply consultative and rehabilitation service.

*(g) Hobbies and occupational therapy.*

## 1. Recommended standard

a. Such hobbies as residents may prefer should be encouraged and provided for as much as possible. An occupational therapy program may be desirable and feasible in the larger homes or institutions.

(11) OPERATION OF STANDARDS FOR COUNTY HOMES. (a) A copy of these standards shall be transmitted to the clerk of each county in which an institution subject to these standards is maintained, to the chairman of the county board of supervisors, to each member of the trustees, and to the superintendent of each institution.

(b) Written reports on forms to be prescribed by the department shall, from time to time, be required from county officials responsible for county institutions as provided in section 46.16 (8), Wis. Stats., and when certified may constitute a basis for assuming temporarily that the county home is in conformance with these standards.

(c) The department shall inspect and investigate each county home annually, or oftener, as required by section 46.16 (6), Wis. Stats.

(d) If a county home does not comply with these standards, the department shall notify in writing the chairman of the county board of supervisors, each trustee, and the superintendent giving specific instances of the failure to comply and making suggestions as to apparent methods of bringing about compliance. If within 90 days the county fails to comply, or make a reasonable effort to comply, the department may withdraw state aid to such institution.

(e) In order to assist in bringing about improvement in the services given residents in county homes, the department shall be expected to make recommendations for changes and additional provisions as may be apparent from inspection, as provided in section 46.16 (5), Wis. Stats.

**PW-1.04 Special standards for public medical institutions. (1) TERMINATION OF PURPOSE OF INSTITUTION.** The purpose of the institution shall be clearly established by official action of the county board of supervisors. 11

(2) **STANDARDS AS APPLIED TO APPROVED HOSPITALS.** Any hospital, excepting hospitals for tuberculosis or mental diseases, approved by the joint committee on hospital accreditation may be considered to meet the standards for a public medical institution. 11

(3) **MEDICAL REGIME.***(a) Required standards.*

1. The medical care program, including admissions, shall be under the supervision of a physician, or physicians, designated by the board as responsible for such function.

2. It shall be the responsibility of the Board to assure the availability of adequate professional medical care for all patients.

(4) **NURSING REGIME.***(a) Required standards.*

1. There shall be one person in charge of the nursing services of the institution. This person should be either a physician, a registered nurse, or a trained practical nurse. Otherwise, this person shall be a nurse who is subject to the supervision of the physician responsible for the medical program. In the selection of a nurse to be in charge,

it is recommended that the physician in charge of medical care be consulted.

2. Adequate medical and nursing records shall be maintained for each person in patient status to promote consistent and continuous care as recommended by the physician, and to make available a means of verification of patient status as may be required by the department. These records shall be retained at the institution.

*(b) Recommended standard.*

1. It is recommended that any nurses, who may temporarily be in charge during the absence of the head nurse, also be registered nurses or trained practical nurses.

**(5) ADMISSION POLICY.**

*(a) Required standards.*

1. Prior to admission, a medical examination, including chest x-ray and a physician's written report certifying the patient to be free from communicable disease and making recommendations as to the nature of medical treatment which may be needed shall be obtained. The physician's report should be transmitted to the superintendent.

2. The medical report shall be available as needed to representatives of the department or the county social security aid agency to establish patient status.

3. Admissions shall be limited according to the bed capacity which is reasonably available for patients in the opinion of the physician in charge of the medical program, except that the occupancy standards of the Wisconsin industrial commission shall not be exceeded.

*(b) Recommended standards.*

1. Upon admission, a record form of social and identifying data should be completed as outlined for county homes in PW-1.03 (2) (g).

2. Upon admission, a written inventory of the valuable personal effects of each patient should be made and signed in duplicate, one copy to be retained by the patient or his agent, and another by the institution.

**(6) FACILITIES.**

*(a) Required standard.*

1. A nursing station or headquarters shall be provided and suitably equipped in a location convenient to needs for patient supervision and care.

*(b) Recommended standards.*

1. A suitably equipped examining and consulting room for physicians is recommended.

2. It is recommended that the advice of the physician and nurse in charge be obtained in planning equipment for the examining room, nursing station, and patients' quarters.

**(7) PROCEDURE FOR APPROVAL OF A PUBLIC MEDICAL INSTITUTION.**

*(a)* An application for approval as a public medical institution may be submitted to the department by any official of the county properly authorized to do so.

*(b)* The department shall make whatever investigation may be necessary in order to determine whether or not the institution qualifies as a public medical institution. Written notices of approval shall be sent to the county welfare director and to the superintendent of



the institution. If approval is not given, a written notice of the action, not including the reasons therefore, shall be sent to the county welfare director. Also, where approval is not given, the superintendent and chairman of the board of trustees for the institution shall be given written statements setting forth the reasons for withholding approval and any possible suggestions to aid them in bringing about compliance with the requirements for a public medical institution.

(c) Approvals shall be subject to review at any time by the department, and at least once each year following the adoption of these standards. If upon review it appears that approval should be withdrawn because of failure to comply with these standards, a written notice setting forth only the fact that approval is being questioned shall be sent to the county welfare director. Also, the superintendent and chairman of the board of trustees for the institution shall receive a written statement setting forth the reasons for the proposed action and a notice that state and/or federal aids may be withheld unless within 60 days the standards are complied with. In the event that approval is actually withdrawn, due notice of the fact shall be sent to the county welfare director.

(8) PROCEDURE FOR VERIFICATION OF PATIENT STATUS. (a) For the purpose of establishing eligibility of any person for old age assistance, aid to the blind, or aid to the totally and permanently disabled while being cared for in a public medical institution, and to facilitate claiming such federal aid as may be available, the superintendent of the institution upon request of the county welfare director shall promptly transmit on a form prescribed by the department a report giving information to establish that the person is in fact a patient.

(b) The patient status of any person receiving any one of these forms of public assistance shall be reviewable at any time by representatives of the county agency or of the department.