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Chapter PW 2

MINIMUM STANDARDS FOR COUNTY MENTAL HOSPITALS

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PW 2.01 Introduction and Definitions. (1) INTRODUCTION. (a) A joint committee on institution standards consisting of 7 members has developed these minimum standards for the care, treatment, health, safety, welfare and comfort of the patients in county mental hospitals, pursuant to chapter 604, laws of 1959.

(b) These minimum standards supplement the statutes and are planned to avoid repetition of them. They will be effective upon publication.

(2) DEFINITIONS. (a) County Mental Hospital means an institution whose primary objective is to provide care to adult mentally ill and certain mentally retarded patients who do not require intensive treatment, but who would benefit from continuing treatment in or near their own community, pursuant to sections 46.17 and 51.25, Wis. Stats.

(b) Department means the State Department of Public Welfare.

(c) Patient means anyone receiving care in a County Mental Hospital.

(d) Board means the County Hospital Board of Trustees.

History: Cr. Register, March, 1961, No. 63, eff. 4–1–61; r. and recr. Register, October, 1964, No. 106, eff. 11–1–64.

PW 2.02 Organization. (1) FUNCTIONS OF THE BOARD. (a) *Required standards.* 1. In the selection of a new superintendent, major consideration shall be given to the applicant's ability to administer a therapeutic hospital program. If untrained in hospital administration, applicants shall have experience in related fields, such as: welfare directors; school administrators; psychologists; social workers; registered professional nurses with psychiatric training, experience or interest; occupational therapists, etc. with hospital and business experience.

2. It shall be the duty of the board to prescribe in writing the responsibilities of the superintendent in accordance with established policies.

3. Personnel practices for the superintendent and employees shall be set forth by written policies covering such things as qualifications for positions, tenure, working hours, salary adjustment, schedules, vacation and sick leave.

4. It shall be the responsibility of the board to notify the department immediately of any planned, expected or unexpected changes in membership of the trustees or the appointment, replacement, resignation or discharge of the superintendent.

(b) *Recommended standards:* 1. It is recommended that an individual trained in hospital administration be selected for superintendent, if possible.

2. It is recommended that in making an appointment to the position of superintendent, other than on a temporary basis, trustees consult with the department in evaluating the qualifications of the applicant.

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

History: Cr. Register, March, 1961, No. 63, eff. 4-1-61; r. and recr. Register, October, 1964, No. 106, eff. 11-1-64.

PW 2.03 Administration. (1) RESPONSIBILITIES OF THE SUPERINTENDENT. (a) *To the board and to the department.* 1. Required standards. a. The superintendent shall be made aware of the responsibilities prescribed by the board and shall perform duties consistent with those responsibilities.

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

c. The superintendent shall be the head of the institution and directly responsible to the board and to the department for the welfare of the patients. He shall be responsible for the developing of a therapeutic program in keeping with modern trends of psychiatric care and shall be expected to follow the orders and recommendations of the medical director insofar as the medical care of the patients is concerned.

(b) **Admission policies.** 1. Direct commitments. a. Statutory requirement. A commitment (direct) shall be in accordance with the requirements of section 51.05, Wis. Stats. (The department has found that under subsections 2 and 3, three elements must be present in order to justify a direct commitment: There must be a county hospital in the committing county, the patient must have legal settlement in the committing county, and the committing court must find the patient's mental illness or infirmity chronic.)

b. Required standards. Each county hospital shall have available one or more single rooms designated for the use of patients admitted to the hospital for temporary detention. Each patient admitted for temporary detention shall receive close observation.

c. Recommended standard. It is recommended that the judge or officer assuming responsibility in commitment proceedings obtain for the person committed: a medical and psychiatric examination, including a chest X-ray and a physician's written report prior to placement in the institution, to prevent spread of communicable disease, and to secure medical recommendations relative to the nature of the medical treatments which may be needed. The physician's report should be transmitted to the superintendent.

2. Temporary detention (By sheriff or police officer). a. Statutory requirement. Temporary detention (by sheriff or police officer) shall be in accordance with section 51.04 (1) and (4), Wis. Stats.

3. Temporary detention by court or other order. a. Statutory requirement. Temporary detention by court or other order shall be in accordance with section 51.04 (2) and (4), Wis. Stats.

4. Temporary detention for observation. a. Statutory requirement. Temporary detention for observation shall be in accordance with section 51.04 (3), Wis. Stats.

5. Voluntary admission. a. Statutory requirement. Voluntary admission shall be in accordance with section 51.10, Wis. Stats.

6. Voluntary admission of an alcoholic (inebriate). a. Statutory requirement. Voluntary admission of an alcoholic (inebriate) shall be in accordance with section 51.09 (3), Wis. Stats.

7. Alcoholic (inebriate) or drug addict commitment. a. Statutory requirement. Alcoholic (inebriate) or drug addict commitment shall be in accordance with section 51.09 (2), Wis. Stats.

8. Transfers. a. Statutory requirement. Transfers shall be made to county hospitals in accordance with section 51.12, Wis. Stats.

(c) *Separation policies.* 1. Death. a. Required standards. Apparent death shall be reported immediately to the attending physician, and the body shall not be removed from the institution without the physician's authorization. Relatives of the deceased shall be notified at once. Any case of death of a patient related to any unusual or suspicious circumstances (such as suicide, accident, physical injury) or whenever the medical director, hospital administration or the relatives of the deceased are not satisfied as to the cause of death of any patient, it is required that the coroner be notified.

b. Recommended standard. It is recommended that a copy of the death certificate be placed in the patient's file.

2. Conditional release. a. Statutory requirement. Conditional releases must be granted to patients pursuant to section 51.13 (2) and (3), Wis. Stats.

3. Temporary discharge. a. Statutory requirement. The superintendent of any county hospital may, upon the written recommendation of the medical director, grant any patient committed as mentally defective, a temporary discharge, pursuant to section 51.22 (4), Wis. Stats.

4. Family care. a. Statutory requirement. The superintendent may place a county hospital patient in a family boarding home in accordance with section 51.18, (2), Wis. Stats. Patients committed under section 957.11 and 957.13, Wis. Stats., sometimes referred to as prisoner-patients, are not eligible for such placement.

5. Direct discharge. a. Statutory requirement. A county hospital patient may be released after temporary detention, pursuant to section 51.04 (1), Wis. Stats. A voluntary patient may be released, pursuant to section 51.10 (2), Wis. Stats. An inebriate (alcoholic) patient may be released pursuant to section 51.09 (2), Wis. Stats.

6. Permanent discharge. a. Statutory requirement. The superintendent of any county hospital, with the approval of the medical director, may permanently discharge from custody, any mentally defiicient person who has been on temporary discharge for one year or more, pursuant to section 51.22 (5), Wis. Stats.

7. Discharge by lapse of time. a. Statutory requirement. Upon the expiration of one year of the granting of a conditional release, the authority of the superintendent to require the patient's return shall end, and the patient shall be presumed competent. (Section 51.13 (3), Wis. Stats.)

8. Discharge by court. a. Statutory requirement. A county hospital patient may be discharged by the court pursuant to section 51.11, Wis. Stats.

9. Transfers. a. Statutory requirement. Transfers to other county hospitals or to state hospitals may be made pursuant to section 51.12, Wis. Stats.

(d) *Personnel.* 1. Assistant superintedent (matron or other). a. Required standard. In the selection of new assistant superintendents, major consideration shall be given to the applicant's ability to assist in the administration of a therapeutic hospital program. If untrained in hospital administration, applicants shall have experience in related fields, such as: welfare directors; school administrators; psychologists; social workers; registered professional nurses with psychiatric training, experience or interest; occupational therapists; etc. with hospital experience.

2. Medical director. a. Required standard. Each county hospital shall employ a physician who is licensed to practice medicine in Wisconsin to serve as medical director.

3. Nursing supervisor. a. Required standard. Each county hospital shall employ at least one full-time registered nurse certified to practice nursing in Wisconsin, who, under the general supervision of the superintendent, and under the direct supervision of the physician, shall be the supervisor of nursing services.

b. It is recommended that each county hospital employ enough licensed practical nurses or registered nurses to provide a charge nurse for each shift.

4. Activity therapist. a. Required standards. Each county hospital shall employ at least one occupational therapist, recreational therapist or activity therapy aide, who, under the general supervision of the superintendent and/or his assistant, shall be made responsible *on a full-time basis* for the organization and maintenance of an organized activity therapy program. If an activity therapy aide is responsible for supervising part or all of an activity therapy program, he or she shall, *as soon as the course is available,* successfully complete the three months' *Activity Therapy Assistant Training Course* sponsored annually by the Division of Mental Hygiene.

5. Social worker. a. Required standard. A social worker shall be employed to carry out in-hospital services and placement responsibilities under the direction of the superintendent. If untrained, the individual shall have had some related education or experience. The social worker shall be responsible for the development and maintenance of the social service program for the institution, coordinating it with the total therapeutic program. The social worker shall avail himself of opportunities for further training and professional development such as training institutes, conferences and other meetings. Summaries of significant case work activity (placement, in-hospital social service, etc.) shall be prepared and placed in the patient's treatment chart.

b. Recommended standard. Whenever possible, fully qualified social workers should be employed. Full qualification requires a master's degree from an approved school of social work.

6. Visiting dentist. a. Required standard. Each hospital shall engage the services of a licensed dentist.

7. Dietitian. a. Recommended standard. It is recommended that each county hospital have available the consultative services of a dietitian.

8. Oculist or optometrist. a. Required standard. Services shall be provided for the prescription of glasses as necessary, and may be given either by an oculist or by an optometrist. Patients suspected of eye pathology shall be referred to an oculist. Screening for eye disease, such as glaucoma, shall be a part of the routine physical examination.

9. Chiropodist. a. Required standard. Foot care shall be provided as necessary, either by a physician or a licensed chiropodist.

10. Visiting psychiatrist. a. Required standard. Each hospital shall engage the services of a visiting psychiatrist.

11. Attendants. a. Required standards. Sufficient attendants shall be employed by each county hospital to give adequate care to patients during the day and night. There shall be at least one attendant on duty on each ward day and night. In determining adequate care, the state department shall have the authority to determine what constitutes a ward.

12. Housekeeping supervisor. a. Recommended standard. It is recommended that each hospital employ a housekeeping supervisor, who, under the direction of the superintendent and/or his assistant, would be responsible for the housekeeping of the institution.

13. Other staff members. a. Required standard. In addition to the above-mentioned staff, the superintendent shall hire adequate staff to maintain the hospital and to assure the comfort and welfare of the patients.

(e) *Personnel practices.* 1. Health of employees. a. Required standards. Employees hired by county hospitals shall be of sufficient good health to properly discharge their duties. All employees shall receive a physical examination, including a chest X-ray, before beginning employment, at the expense of the institution. All employees shall be given a chest X-ray annually. All physical examination shall be recorded on forms approved by the state department of public welfare. Employees shall be excluded from work who are suspected of having a communicable disease, or whose condition has been diagnosed as a communicable disease, for the duration of the communicability.

b. Recommended standard. It is recommended that all county hospital employees receive a physical examination annually.

2. Working hours for employees. a. Required standards. Except in an emergency, no employee involved in the care of patients shall work in excess of 9 hours in one day for more than 2 consecutive days. Except in an emergency, no employee involved in the care of patients shall work in excess of 96 hours in any 2 week period.

b. Recommended standard. It is recommended that each county hospital adopt a 40-hour week, 8-hour day, as soon as feasible.

(f) *Storage of drugs, gases and medications.* 1. Required standard. a. The superintendent shall be responsible for supervising the handling and storage of drugs, gases and medications in the institution.

(g) *Mechanical restraint and seclusion.* 1. Required standard. a. Acting upon the advice of the medical director, the superintendent shall be responsible for the mechanical restraint and seclusion used in his hospital, and for making the necessary reports to the State Department of Public Welfare.

(h) *Reports to the department.* 1. Required standard. a. The superintendent shall make sure that statistical and other reports required by the department are reported in the appropriate form, and at the times required by the department.

(2) RESPONSIBILITIES OF THE MEDICAL DIRECTOR. (a) *Required standard.* 1. The medical director shall be responsible for directing and supporting the superintendent in the organization and maintenance of a good medical care program, and responsible to the supervisor of nursing services for supporting the nursing program within the hospital.

History: Cr. Register, March, 1961, No. 63, eff. 4–1–61; r. and recr. Register, October, 1964, No. 106, eff. 11–1–64.

PW 2.04 Buildings, furnishings and equipment. (1) ESTABLISHMENT, APPROVAL AND INSPECTION. (a) *Statutory requirement.* 1. Concerning the standards for design, construction, repair and maintenance of buildings; concerning selection and the purchase of the site and the plans, specification 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.

(b) *Required standard.* 1. Buildings used for an institution shall be approved by the Wisconsin Industrial Commission and the State Department of Public Welfare.

(2) FACILITIES, FURNISHINGS AND EQUIPMENT. (a) *Sleeping sections.* 1. Required standards. a. New construction shall allow for 70 square feet of space for each patient in multiple-bed rooms, and 80 square feet of space in single-bed rooms, and the plans shall be submitted to the department for approval.

b. Each patient shall have a bed at least 36 by 78 inches, with springs, a comfortable, clean mattress and a pillow. Each bed shall 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 linens shall be changed promptly whenever soiled or unsanitary. Waterproof coverings shall be used on each mattress where indicated.

c. Side rails for beds shall be made available for the protection of patients, as needed.

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

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

2. Recommended standard. a. It is recommended that in existing facilities, each patient be allotted at least 60 square feet of free space in multiple-bed rooms and 80 square feet of space in single-bed rooms.

(b) *Sanitary sections.* 1. Required standards. a. There shall be separate toilet facilities for male and female patients, with minimum ratios as follows:

In all remodeling and in new building, one toilet and one lavatory for every 8 female patients, one toilet and one lavatory for every 8 male patients ,and one bathtub or shower for every 20 patients. One urinal or sani-stand may be substituted for one toilet for every 24 male patients.

b. Each ward shall be equipped with a utility sink.

c. Common towels shall not be permitted.

(c) *Dayroom furniture.* 1. Required standards. a. Each dayroom shall be equipped with an adequate amount of comfortable furniture.

b. The use of park benches for ward furniture is prohibited, except as they may be used on sunporches.

2. Recommended standards. a. It is recommended that each ward have small tables and chairs to permit the socializing of patients in small groups.

b. It is recommended that ward furniture be arranged in conversational groupings rather than lined against the wall.

c. It is recommended that each ward have a clock, drinking fountain, a blackboard, a bulletin board, adequate reading material and facilities for the storage of patients' personel belongings, accessible to the patient, for patients who are able to handle this privilege.

(d) *Medical equipment.* 1. Required standard. a. Each county hospital shall provide a well-lighted, adequately ventilated, medical working area of adequate size, adequately equipped.

b. Each county hospital shall supply an adequate amount of Gatch frame beds, walkers and wheelchairs.

c. The following equipment shall be available for bedfast patient care: Individual mouthwash cups, washbasins, bedpans and standard urinals shall be provided for each bed patient. This equipment shall be so stored that it cannot be interchanged between patients. There shall be such other nursing equipment as may be required including an adequate supply of rectal and mouth thermometers. Separate sputum receptacles with disposable containers shall be available for use as needed. There shall be adequate facilities for all necessary sterilization. Bedpan covers shall be used and shall not be interchangeable where patients are bedfast. Bedscreens for privacy shall be available for use in multiple-bed rooms by adequate cubical curtains or portable screens for bedfast patients.

(e) *Laundry.* 1. Required standard. a. Adequate facilities shall be provided for the washing, rinsing and cleaning of linen and other washable clothing.

b. If laundry service is provided by the county hospital, the laundry building shall be well-lighted and ventilated. Adequate drainage of the area shall be provided and equipment shall be properly safeguarded.

2. Recommended standard. a. It is recommended that a duct-type ventilating system be utilized.

(f) *Telephone and/or other communication system.* 1. Required standard. a. There shall be at least one telephone at the hospital and such additional telephones or other types of communication as are deemed necessary for emergency.

(g) *Activity therapy area.* 1. Required standard. a. An area of adequate size shall be provided for the activity therapy program with the necessary equipment to reach as many patients as possible in the area. For those patients unable to come to this area, activity therapy shall be provided on the wards.

b. Toilet facilities shall be available to patients in the activity therapy area.

c. There shall be adequate locked storage space for tools, and equipment for which precautionary measures are required.

d. The therapists shall be provided with adequate storage space for written records, etc.

e. There shall be an adequate number of electrical outlets for necessary electric equipment.

f. The activity therapy area shall be well-ventilated and shall have good lighting sufficient for doing close work.

g. All power equipment, such as saws, lathes, etc., shall have guards as required by the industrial commission rules and floors adjacent to machines will be equipped with carborundum abrasive strips to keep patients from falling into machines.

h. There shall be included in the activity therapy work area a sink with hot and cold water necessary for use in various craft activities and for cleanliness.

2. Recommended standards. a. It is recommended that the therapist be provided with a desk, chair and filing cabinet.

b. It is recommended that safety areas around power equipment be thoroughly defined by outlines painted on the floor at least two feet from each machine.

(h) *Religious facilities.* 1. Required standard. a. If clergymen are available, and arrangements can be made, all patients shall have available to them weekly religious services of their faith.

(3) GENERAL SAFETY PRECAUTIONS. (a) *Required standards.* 1. The superintendent shall develop and periodically review with the staff, a pre-arranged, diagrammed plan for the orderly evacuation and/or reception of patients in case of an emergency. This plan shall contain the following information: a. What to do in case of an emergency.

b. Where evacuation equipment is located and what routes are to be taken.

c. How the evacuation and/or reception plan is to operate and who is responsible for each phase.

d. Why each employee is required to know his task in relation to the entire plan.

2. The superintendent shall arrange for semi-annual inspection of the hospital by local fire authorities, and semi-annual certification (by the local fire authorities) as to the adequacy of fire protection and evacuation, shall be required.

3. Smoking shall be allowed only in designated areas or with proper supervision.

4. Electrical apparatus and cords shall be examined periodically, and repaired if necessary, so they do not become a fire hazard.

5. The superintendent shall take such appropriate precautions against fire as is recommended by the fire and safety inspector of the Department of Public Welfare.

6. Flammable material and supplies such as paint, varnish, oil-soaked rags, etc., shall be stored in metal containers or metal cabinets.

7. No patient shall ever be placed in a situation from which he cannot successfully summon help in case of an emergency.

8. There shall be a telephone or some other means of communication between areas where a group of patients congregate and the administration office.

9. Open flame lights shall not be permitted.

10. All fire protection equipment shall be maintained in readily usable condition, and inspected annually. An additional fire extinguisher suitable for grease fires shall be provided in the kitchen.

11. Roads or streets shall be kept passable at all times, and sidewalks shall be shoveled immediately after a snowfall. Precautions shall be taken to prevent accidents due to icing of steps and walks.

12. Every hall and stairway shall be adequately lighted at all times by means of properly located electric light fixtures.

13. Handrails in good repair (securely fastened to the wall) shall be installed in all stairwells.

14. Exits shall be clear and not blocked by beds, dressers, chairs, etc.

15. Flammable insecticides, floor dressings and cleaning and sanitizing agents shall not be used unless effective nonflammable agents are not obtainable. If flammable agents are used, they shall be used with the greatest of caution.

16. Each employee shall be taught the correct use of fire extinguishers, fire hose and other fire equipment in his or her work area.

17. Bedfast and chairfast patients, or patients in any way incapable of moving freely in case of emergency shall, under no circumstances, be housed above the first floor in non-fire resistive buildings unless the entire building is protected by an automatic sprinkler system.

18. Some provision shall be made for the lighting of exits, stairs and corridors during a power failure, such as battery powered lanterns or other equally safe, modest, emergency equipment.

19. A quarterly fire drill shall be carried out for employees and ambulatory patients, and shall include the preparation for evacuation for non-ambulatory patients.

(4) GENERAL SANITATION. (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 be approved by the State Board of Health.

b. Common drinking vessels shall not be used.

(b) *Sewage disposal.* 1. Required standard. a. When a municipal sewerage system is not used, the sewage shall be collected, treated and disposed of by means of an independent sewerage system 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 system is available and its use is practicable.

(c) *Garbage disposal.* 1. Required standard. a. Unless a garbage disposal unit is used, 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. Unless a garbage disposal unit is used, it is recommended that garbage be refrigerated where feasible.

(d) *Plumbing.* 1. Required standard. a. The plumbing and drainage for the disposal of excreta, infectious discharge and waste shall be approved by the State Board of Health.

(e) *Incineration.* 1. Required standard. a. Incineration facilities shall be provided for the incineration of soiled dressings and similar waste or refuse for which other suitable methods of disposal are not provided.

(5) HOUSEKEEPING SERVICES. (a) *Required standard.* 1. The principles of good institutional housekeeping shall be applied in each county hospital.

(6) FOOD SERVICE. (a) *Food service personnel.* 1. Required standards. a. Any person with a health history of typhoid, paratyphoid, dysentery or other diarrheal diseases shall not be employed for work in food service areas, unless it has been definitely determined by appropriate tests that such persons are not carriers of these diseases.

b. All persons working in food service areas shall be temporarily relieved of their duties when they show symptoms of illness (colds, elevated temperatures, rash, or when they have open lesions) until such conditions are no longer present.

c. All persons shall refrain from using tobacco in food preparation areas.

d. All persons who are working in food service areas shall wear clean garments and clean caps or hairnets, and shall keep their hands clean at all times when engaged in the handling of food, drink, utensils or equipment. Particular attention shall be given to the cleaning of fingernails.

e. Adequate and convenient hand washing facilities shall be provided for use by persons working in food service areas, including hot and cold running water, soap and approved sanitary towels. Use of the common towel is prohibited. All food service employees and residents shall wash their hands before beginning work, and after each time they use the toilet.

f. Facilities shall be provided for persons preparing or serving food to eliminate the necessity of keeping outdoor clothing, purses and other personal belongings in the work area. Dressing rooms and lockers should be provided.

2. Recommended standards. a. It is recommended that food service personnel wear clean uniforms of washable material when on duty.

b. It is recommended that food service personnel be instructed thoroughly in acceptable and sanitary food handling practices; and that attendance at food handlers' schools, as conducted by the division of hotels and restaurants, State Board of Health, be encouraged and promoted.

(b) *Food management.* 1. Nutritional requirements. a. Required standards. Three balanced meals, suited to the patient's needs shall be served daily at recognized meal times. When a supplemental meal is served as a routine, the nutritive value of the meal shall be considered, and it shall be planned along with the standard three meals of the day to meet the dietary requirements of the patients. Supplemental foods shall be provided and the diets shall be modified, as ordered in writing, by the physician, for those patients who have special needs. Nutritional needs of patients shall be met in accordance with the currently recommended dietary allowances of the State Department of Public Welfare.

b. Recommended standards. It is recommended that the following food groups be served to each person, subject to the approval of the medical director:

Meat Group: Two or more servings daily of lean meat, fish, poultry or eggs. (Dried beans, peas, or peanut buttter may be substituted as an additional serving.)

Vegetable-Fruit Group: Four or more servings daily, including a dark green or deep yellow vegetable, important for vitamin A, at least every other day; a citrus fruit or other fruit or vegetable, important for vitamin C, daily; other fruits and vegetables, including potatoes.

Bread-Cereal Group: Four or more servings of whole grain, enriched or restored breads and cereals.

Milk Group: 1½ pints or more daily of pasteurized fresh milk or its equivalent in evaporated milk, dry milk solids, ice cream or cheese.

Additional foods in the amount to meet the caloric needs and to make foods appetizing and satisfying. Iodized salt in the preparation and seasoning of foods, unless otherwise prescribed by the physician. It is recommended that food be prepared by accepted methods to conserve maximum food value and to produce palatable meals.

2. Meal planning. a. Required standards. Menus shall be planned a week in advance, and for at least a week at a time. Menus shall be kept on file for a period of one year, and shall be made available for departmental evaluation. Changes in the menu from the original planning shall be recorded and signed.

b. Recommended standards. It is recommended that in planning meals, consideration be given to religious practices, to local habits and customs, and to variety in foods supplied. It is recommended that meals served to patients and staff meet the same standards for nutritional requirements, wholesomeness, appetite appeal, sanitation and care in cooking.

3. Food supply. a. Required standards. All milk and milk products served shall be pasteurized and shall be from sources certified as Grade A by the State Board of Health. The use and storage of tainted or spoiled foods is prohibited. All foods, especially vegetables and fruits served raw shall be adequately cleansed in clean, safe water. All foods, if canned, frozen or otherwise preserved at the institution shall be processed under controlled conditions, using recommended processing and sanitary methods. All non-acid vegetables, meat and poultry shall be canned by pressure cooker methods. All ice shall be from an approved source, stored and handled in such a manner as to prevent contamination. It is required that donations of home-canned foods for general use not be accepted for reasons of sanitation and safety. All animals used for meat must either be slaughtered in a licensed slaughter house or in accordance with a plan which has the approval of the Wisconsin Department of Agriculture.

(c) *Food service areas and equipment.* 1. Storage and refrigeration of foods. a. Required standards. Food and drink shall be stored, prepared and served in a clean, dry place protected from flies, dust, vermin, overhead leakage, sewage backflow and other contamination. Foods that require moist storage shall be handled in such a manner as to prevent contamination. Poisonous compounds shall be stored independently and separately from foods, food service equipment, drugs and medicines. Such compounds shall be stored under lock and key. Employees must be instructed in the proper use of such chemicals to avoid accidents to themselves and to patients. All readily perishable foods and drink, except when being prepared or served, shall be kept in the refrigerator which shall have a temperature maintained at or below 40 degrees Fahrenheit. This shall include all

custard-filled, cream-filled pastries, milk and milk products, meat, fish, shellfish, gravy, poultry, stuffings, sauces, dressings, salads and sandwich fillings containing meat, fish, eggs, milk and milk products. No custards (pastries, puddings, etc.) over 24 hours old shall be served.

b. Recommended standards. It is recommended that compounds, harmless to humans, be used whenever possible in the extermination of rodents and insects; that these compounds be properly labeled so as to be easily identified, and that these products be stored independently and separately from food, food service equipment, drugs and medicines. It is recommended that soaps, detergents and other cleaning compounds be properly labeled so as to be easily identified, and that they be stored independently from foods, drugs and medicines.

2. Areas and equipment. a. Required standards. The walls, floors and ceilings of all rooms in which food or drink is stored, prepared or served, or which utensils are washed (dishwashing room) shall be kept clean and in good repair. Dustless methods of cleaning shall be used. All except emergency cleaning shall be done during the period when the least amounts of food and drink are exposed. Ventilating fans and ducts shall be kept clean and free of grease. All counters, shelves, tables, equipment and utensils with which food comes in contact shall be maintained in clean condition, good repair, free of breaks, corrosion, open seams, cracks and chipped places. Working surfaces required by bakers, butchers, may be of smooth hardwood materials, if maintained in a clean condition, good repair, free of open joints, cracks and chipped places. All waste shall be properly disposed of, either by use of a waste grinder or by storing in watertight containers with tight fitting lids and shall be disposed of in a manner which shall not permit transmission of disease, create a nuisance, or provide a breeding place for flies. Adequate means for the elimination of rodents, flies, roaches and etc., shall be used.

b. Recommended standard. It is recommended that crevice-free surfaces be used in the preparation of foods.

3. Kitchens. a. Required standards. The kitchen shall be located on the premises or a satisfactory sanitary method of transportation of foods shall be used so that the food can be stored hot or cold, as the case may be. Employees or patients shall not pass through food preparation areas in any established traffic pattern that is not related or essential to providing food services. Kitchen or food preparation areas shall not open into the patients' rooms, toilet rooms or laundry. Cats, dogs and birds in cages, as well as perching birds, shall be kept out of the kitchen, pantry or places where food is being handled or prepared.

4. Dining rooms and tray service. a. Required standards. Milk or fluid milk products, when served as a beverage, shall be in the individual original container in which it is received from the distributor, or from an approved bulk container equipped with a dispensing device. Milk shall be homogenized if a milk dispenser is used. All food and drink shall be handled and served in such a manner as to minimize the opportunities of contamination. All unwrapped or unenclosed food and drink on display shall be protected by glass or otherwise, from public handling or other contamination, except that approved arrangements for self-service shall be permitted on counter fronts. All multi-use utensils and all counters, shelves, tables, refrigerating equipment, sinks and other equipment for utensils used in connection

with the service of food shall be so constructed as to be easily cleaned, and shall be kept in good repair. When using spoons, spatulas, dippers, scoops, etc., for dispensing frozen desserts, they shall not be placed on the counter top when not in active use, but rather, they shall be kept in water maintained at 170 degrees Fahrenheit or in running water. It is required that tongs, spoons, forks or spatulas be used for serving foods. When a food is offered for self-service, provide tongs or a fork or other equipment so that a person may serve himself in a sanitary manner. When meals are served family style, it is required that the tableware be kept in storage places provided for them until time to set the tables for the meal. Until served, hot foods shall be kept about 150 degrees Fahrenheit, and cold foods kept below 40 degrees Fahrenheit until served. It is required that all foods on trays or in bulk for a ward or room service be either transported in covered carts, or have the food protected in transit with covers designated for that purpose. If a cloth is used, it is required that it be used only once before laundering.

b. Recommended standards. It is recommended that consideration be given to the pleasant appearance and congenial atmosphere of the dining room and related areas. Good lighting, attractive colors on walls and in appointments help in the enjoyment of a meal; and a hospitable attitude on the part of the staff creates a friendly relaxed relationship. It is recommended that whenever possible, patients who require bedside tray service, be located so the trays may be brought to them by covered carts.

(d) *Cleaning, sanitizing and storage of multi-use eating and drinking utensils.* 1. Definition: Utensils shall include any kitchenware, tableware, glassware, cutlery, containers or other equipment with which food or drink comes in contact during storage, preparation or serving of food. a. Required standard. All multi-use eating and drinking utensils shall be thoroughly cleaned and effectively sanitized after each usage.

b. Recommended standards. It is recommended that the sorting and manual scraping of utensils be made an integral part of both mechanical and manual washing operations. The preliminary preparation of the utensils for washing facilitates the operation and helps to keep the wash water in usable condition for a longer period of time. It is recommended that prewashing be made an integral part of both mechanical and hand washing operations. The term prewash is applied to the process of water scraping of utensils prior to washing. (Better washing and sanitizing can be done with any utensil-washing set-up, mechanical or manual, if prewashing is practiced.)

2. Mechanical dishwashing. a. Required standards. Utensils shall be stacked in racks or trays so as to avoid overcrowding, and in such a manner as to assure complete washing contact with all surfaces of each article. The wash water temperature of utensil washing machines shall be held at from 140 degrees to 160 degrees Fahrenheit. Utensils shall be in the washing section for at least 20 seconds. A detergent shall be used in all utensil washing machines, unless manual washing with a detergent precedes the machine operation. For sanitizing in a spray-type machine, dishes shall be subjected to a rinse period of 10 seconds or more at a temperature in the line of at least 180 degrees Fahrenheit. For sanitizing in an immersion-type machine, dishes shall be submerged for 30 seconds or more with the water at

the temperature of 170 degrees Fahrenheit or more. There shall be a constant change of water through the inlet and overflow. Thermometers shall be located in both the wash and rinse water line, and in such a location as to be readily visible. Thermostatic control of the temperature of the rinse water shall be provided in the new equipment. The pressure of the water used in spray washing and rinsing should be 15 to 25 pounds per square inch at the machine nozzles. Where the home-type washer is used, the unit shall be limited in use to either 140 degrees Fahrenheit for dishwashing, or 180 degrees Fahrenheit for rinsing and sanitizing dishes, but not for both unless the dishwasher is equipped to provide both wash water at 140 degrees Fahrenheit and rinse water at 180 degrees Fahrenheit.

b. Recommended standard. It is recommended that mechanical dishwashers be equipped with automatic detergent dispensers so that maximum efficiency of the machine can be retained.

3. Manual dishwashing. a. Required standards. A two-compartment sink shall be provided for all county hospitals, and it is recommended that a three-compartment sink be provided in all new installations. The utensils shall be washed in hot water at a temperature of 110 degrees to 120 degrees Fahrenheit, containing an adequate amount of an effective soap or detergent. Water shall be kept clean by changing it frequently. Sanitizing all utensils following hand washing may be done by either of the following two methods, or by other approved methods: Submerge all utensils for 40 seconds in clean water maintained at a temperature of 170 degrees Fahrenheit or more. Submerge all utensils for rinsing in hot water at a minimum temperature of 110 degrees Fahrenheit to remove soap or detergent, then submerge for at least two minutes in a hypochlorite solution. This solution shall be made up with a chlorine solution concentration of at least 100 parts per million, and shall be discarded when the chlorine concentration goes below 50 parts per million. All hypochlorite solutions shall be prepared at least three times each day prior to its use in sanitizing the dishes used at each main meal. Soaps, water softeners, washing compounds and detergents shall not be added to hypochlorite solutions. A suitable thermometer shall be provided for frequent determination of the temperature of the water used for sanitizing, washing and rinsing the utensils. Brushes, dishmops, dish cloths and drying cloths and other hand aids used in dishwashing operations shall be sanitized after each period of use.

b. Recommended standards. It is recommended that utensils be racked in baskets so that all surfaces will be completely under water. It is recommended that utensils following the washing operation be subjected to a hot water rinse (minimum temperature suggested, 110 degrees Fahrenheit) to remove soap or detergent. It is recommended that utensils be allowed to drain and air dry in racks or baskets. Drying cloths, if used, shall be clean,and shall be used for no other purpose. It is recommended that silverware and plastic dishes be sanitized only in hot water as stated above.

4. Utensil storage. a. Required standard. Utensils shall be stored in a clean, dry place, protected from flies, splash, dust, overhead leakage, condensation and other contamination. Whenever practicable, utensils shall be covered or inverted.

b. Recommended standards. It is recommended that shelving in storage units, whether fixed or mobile, be constructed so that the top

of the lowest level be at least 12 inches from the floor. It is recommended that the shelving for pot and pan storage allow for ventilation when utensils are inverted.

History: Cr. Register, March, 1961, No. 63, eff. 4-1-61; r. and recr. Register, October, 1964, No. 106, eff. 11-1-64.

PW 2.05 Patient care. (1) RESPONSIBILITIES OF THE SUPERINTENDENT. (a) *Medical program.* 1. Required standards. a. While it is not expected that the superintendent shall engage in the practice of medicine, it is still his responsibility to see that the medical program of the hospital is a sound and good one, that the physician in charge is so conducting it, and that he is meeting at least the requirements listed under the medical director's responsibilities of these standards.

(*Note:* Directions for special medical programs, such as T.B. control, which are received from time to time from the Department of Public Welfare shall be followed.)

b. The superintendent shall make sure that the orders of the physician, as they pertain to the medical program for patients, are carried out.

(b) *Acute illness and death.* 1. Required standards. a. In the event of acute illness or death, those in charge shall notify the next of kin, guardian, friends or others interested.

b. Apparent death shall be reported immediately to the attending physician, and the patient shall not be moved from the institution without the physician's approval.

c. In the event of serious illness or death, the priest shall be called to attend the patient if he or she is a Catholic; or in case of patients of other faiths, the clergyman shall be called if it is felt advisable.

(c) *Mechanical restraint and seclusion procedure.* 1. Required standards. a. To promote the elimination of unnecessary restraint and seclusion, the following rules shall be observed: Except in emergency, patients shall not be restrained or secluded without an order from the physician in charge. In emergency, it shall be permissible for the superintendent or the individual in charge during his absence, to authorize a minimum amount of humane restraint or seclusion to prevent bodily harm to the patient or others. If the person in charge has any reason to suspect that the need for restraint indicates a change in the patient's condition, or a medical emergency, the doctor shall be notified immediately. In cases of less unexpected or readily explained needs for restraint, notification of the doctor may await his next visit. When a patient is placed in restraint an attendant shall be constantly on duty and within call. All possible care shall be taken to avoid injury to the patient. Patients placed in seclusion rooms shall be checked as to their condition constantly or as often as necessary but not less often than every 30 minutes, unless otherwise specified by *written and signed order of the physician in charge.* A record of the 30 minute checks shall be kept and any changes in the patient's condition recorded. Various measures which may be considered as alternatives to restraint or seclusion, or which may be employed as expedience in caring for the mentally ill, shall be considered as medical treatments to be administered only under the direction of the physician.

(d) *Narcotics and dangerous drugs (as designated by the 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 physician or nurse administering narcotics and other dangerous drugs shall be responsible for recording the proper notations in the dispensary record.

c. Narcotics and other dangerous drugs shall be handled according to the Harrison Narcotic Drug Act. The person administering narcotics and other dangerous drugs shall be responsible for recording the proper notations in the dispensary record. A narcotic record shall be kept of all narcotics and dangerous drugs and must show the name of the patient, the name of the drug, the date and time of administration, the name of the physician ordering the drug and the name of the nurse giving the medicine.

(e) *Adequate diet for patients.* 1. Required standards. a. The superintendent shall see to it that patients receive an adequate diet which, unless otherwise ordered by the physician, shall include: A balanced, palatable and varied diet. Supplementary feeding, if indicated. Special diet, if indicated.

(f) *Personal privileges for patients.* 1. Required standards. a. The superintendent shall see to it that patients have personal privileges which, unless otherwise ordered by the medical director, shall include: Religious services of his or her faith, weekly if possible. Privacy and freedom within the confines of the hospital, insofar as it is possible to grant such privacy and freedom, without losing sight of the patient's well-being. An opportunity to write letters, subject to necessary restriction. A place provided for his or her personal belongings. Social entertainment and occupational and recreational therapy, consistent with the treatment program. Patients shall receive kind, considerate care and treatment. Abuse or inhumane treatment shall not be permitted.

(g) *Organized volunteer services program.* 1. Required standards. a. Each hospital shall develop and maintain an organized volunteer services program, if satisfactory volunteers are available.

b. The superintendent shall delegate a member of his staff to coordinate the efforts of the volunteers.

c. An organized orientation regarding the institution, the patients' needs and the volunteers' duties shall be provided by the hospital for volunteers before they work with patients. The orientation shall be repeated periodically as new volunteers come into the program and shall be repeated for the total group at least once every two years.

d. The hospital shall arrange either through the volunteer organization or through the hospital staff for workshops or meetings to be offered for volunteers periodically, at least twice each year.

(h) *Industrial therapy.* 1. Required standards. a. The assignment of patients to work within the institution shall be made on the basis of what is considered therapeutically valuable to the patient rather than to suit the work needs of the institution.

b. Patient industrial therapy assignments shall be evaluated as often as necessary and at least annually.

(i) *Remotivation.* 1. Required standard. a. No person shall be assigned to work with remotivation unless they have been trained in the use of the technique.

2. Recommended standard. a. It is recommended that each hospital consider having attendants trained in the use of remotivation technique and inaugurate this program as soon as it is feasible.

(2) RESPONSIBILITIES OF THE MEDICAL DIRECTOR. (a) *Adequate medical care.* 1. Required standards. a. The medical director shall be assured that patients receive adequate medical care, which shall include at least the following: A physical examination, including a chest X-ray on admission, unless the patient has had a physical examination within three months at the hospital clinic, or other placement from which he was transferred, and a copy of the findings accompanies him. A routine physical and mental examination once a year, and oftener if indicated. An annual dental examination, and dentures provided if needed, providing the patient has the capacity to care for and cope with the dentures. Each patient shall also receive any indicated emergency dental care. An optical evaluation, when indicated, and eyeglasses provided, if needed, if the patient has the capacity to care for and cope with the eyeglasses. Patients suspected of eye pathology shall be referred to an ophthalmologist. Hospitalization at a local general hospital, at the Winnebago State Hospital or at the Wisconsin University Hospitals, for surgery and for surgical and/or medical evaluation and treatment, if in the opinion of the medical director such hospitalization is felt to be indicated.

(b) *Medical program.* 1. Required standards. a. The medical director shall visit the hospital when called, and in addition, as often as he deems necessary to fulfill his medical responsibility to the patients, but not less frequently than three times a week.

b. The duration of his regular visits shall be sufficient to allow him to give adequate and proper care to the patients in the hospital.

c. Besides seeing patients reported as needing attention, and those on continuous treatment, rounds shall be made on each ward, and the doctor shall regularly visit wards for the purpose of patient observation.

d. An individual record shall be kept for each patient, and shall contain certain basic information as outlined in forms approved by the department. The medical records shall contain sufficient information to justify the tentative and final diagnosis and warrant treatment.

e. It shall be the responsibility of the medical director to see that each patient has physical examinations and laboratory tests adequate and sufficient: To prevent spread of communicable diseases within the hospital. In the case of newly admitted patients, he may accept the findings of other physicians, indicating freedom from disease, if such examinations have been done within 90 days of admission. In the absence of examination prior to admission, this shall be done at the time of the doctor's first visit following the patients admission. To provide the information asked for on forms approved by the State Department of Public Welfare. To justify the tentative and final diagnosis and warrant the treatment.

f. The physical examination, including urinalysis and hemoglobin estimate of each patient shall be repeated at least once a year. The hospital shall have access to the necessary laboratory facilities, and the medical director shall supervise or approve of the facilities.

g. No medication shall be given except on the order of a physician. All orders for medication and treatment shall be clearly recorded in writing *and dated.* The physician making the order shall sign it. Records shall be kept readily accessible for reference and checking. There shall be no standing orders for medication applicable to all

patients. Personal prescriptions of previous phvsicians may be continued until the patient is seen by the attending physician, providing the nature of the drug is known, but the medication given shall be recorded. Automatic stop orders for dangerous drugs: So-called dangerous drugs (narcotics, sedatives, antibiotics) will be automatically discontinued after 72 hours *unless* the original order is so written as to specify a definite period of time or stop order.

h. Orders for nursing treatment may be given verbally by the physician, but such orders shall be written on the patient's chart or other appropriate record by the nurse.

i. Any significant change in the patient's condition, any acute condition complicating the chronic illness, or any symptoms or signs which might suggest a change in diagnosis shall be recorded in the attending physician's progress notes.

j. The medical director shall refer patients to specialty consultants if he deems it necessary. Consultation findings shall be recorded.

(3) RESPONSIBILITIES OF THE DENTIST. (a) *Required standard.* 1. The visiting dentist, or another dentist designated as his replacement, shall be on call and shall examine all patients annually, giving indicated dental care.

(4) RESPONSIBILITIES OF THE SUPERVISOR OF NURSING. (a) *Required standards.* 1. The nursing supervisor under the general supervision of the superintendent and/or his assistant, and under the *medical* supervision of the physician shall be responsible for the over-all nursing care of the patients.

2. She shall be responsible to the superintendent for: a. Carrying out the established administrative policies and practices of the institution.

b. Requisitioning, issuing and caring for medical and nursing equipment.

c. The making and maintaining of individual patient records and reports, as outlined in forms approved by the Department.

d. Effecting good relationships with other personnel.

e. Keeping the superintendent and/or his assistant informed as to the physical, mental and *general condition* of the patients.

f. Assisting the superintendent in maintaining good public relations through her contact with visitors to patients and others.

g. Keeping abreast of modern nursing information and techniques.

h. Teaching the nursing staff, any auxilliary workers, and volunteers the need to follow the hospital's safety and security regulations in regard to patients care.

i. Teaching the nursing staff (nurses and aides) the basic general principles of physical and psychiatric nursing care.

3. She shall be responsible to the medical director for: a. Reporting to the attending physician, symptoms and complaints of the patients, including unusual body marks and bruises.

b. Providing assistance to the physician for examinations, procedures and treatments.

c. Providing and assisting him with records showing orders, conditions and progress of patients.

d. Accompanying him on his rounds.

e. Seeing to it that his orders for patients are carried out.

f. The writing of daily nursing notes on all acutely ill patients.

g. The writing of periodic psychiatric nursing notes on all patients.

h. The maintenance of an adequate T.B. Control program as per instructions from the department.

i. The maintenance of monthly weight records on all patients.

4. Care of bedfast patients. a. Required standards. Each patient shall be bathed daily, and more frequently if indicated. Measures shall be taken to insure the patient's comfort, such as: using soothing and healing lotions or creams for irritated skin, and soft pads for incontinent patients, and such other measures that will tend to prevent bed sores. The position of the patient in bed shall be changed frequently, unless contraindicated.

b. Recommended standard. All possible effort shall be taken to provide an opportunity for chairfast and bedfast patients to spend their time pleasantly.

5. Medicine cabinets. a. Required standards. All drugs and medicines shall be kept in medicine cabinets which are conveniently located and adequately illuminated for proper identification of drugs. Patients shall not be allowed to have custody of any medicines or drugs, or to accumulate them. The medicine cabinets shall be locked at all times, and the keys accessible only to authorized persons. The number of such authorized persons shall be limited as far as is practicable. External remedies, poisons and non-medicinal chemicals shall be kept either in a separate compartment of the medicine cabinet or in some other secure place to lessen the chance of accidental incorrect usage.

6. Labeling of drugs. a. Required standards. All medicines and poisons shall be plainly labeled. The contents of all individual prescriptions shall be kept in the original container bearing the original label and prescription number.

7. Destruction of drugs. a. Required standards. All unused medications in individual prescription containers shall be destroyed, including drugs by prescription for patients discharged or deceased, unless otherwise directed by the physician. Narcotic drugs shall be surrendered to the U.S. Treasury, Narcotics Division, 628 East Michigan Avenue, Milwaukee.

8. Use of oxygen or flammable gases. a. Required standards. Oxygen or any flammable gas shall not be used in an institution unless there is a person in charge who is qualified to administer it. Signs indicating "No Smoking" and "Do Not Strike Matches" shall be posted in and at the entrances of the room where oxygen or flammable gas is in use. Care must also be taken not to use woolen or nylon coverings which may cause static electricity in the room where oxygen is being used. Oxygen and other gas containers shall be secured in such a way that they will not fall over.

9. Adequate physical hygiene. a. Required standards. The supervisor of nurses shall see to it that patients receive adequate physical hygiene, which shall include: A supervised bath, (providing the patient with as much privacy as possible) at least once a week, and more frequently if necessary, with special attention to the care of feet, fiingernails and toenails. Able patients shall have the privilege of bathing as frequently as desired. Special attention to hair: Haircut often enough to insure neatness, if male, but at least once a month; and haircut and beautician service frequently enough to insure neatness, if female. Male patients shall be shaved often enough to insure neatness (at least twice a week, and in addition when they have

company). An opportunity and the equipment necessary to practice good oral hygiene, and to have it done for him or her, if unable to do for self. A comfortable bed with adequate clean linen, blankets and pillows.

(5) RESPONSIBILITIES OF THE ACTIVITY THERAPIST (OR ACTIVITY THERAPY AID IN CHARGE). (a) *Required standards.* 1. The activity therapist or the activity therapy aide in charge shall organize, maintain a program of treatment through the therapeutic use of such actitvities as crafts, recreation, music, dramatics, etc.

2. The therapist shall meet regularly, *at least once a month,* with the administrator and/or the psychiatrist to discuss program or individual patient problems.

3. The organized activity therapy program shall be maintained on a year round, *full-time* basis.

4. Individual records of each patient's response and progress in activity therapy shall be written regularly but at least every 6 months, and such records shall be included in the patient's treatment chart.

(b) *Recommened standard.* 1. It is recommended that when feasible, men and women patients attend activities in mixed groups.

(6) RESPONSIBILITIES OF THE SOCIAL WORKER. (a) *Required standards.* 1. The social worker shall be responsible for the development and maintenance of the hospital social service program, coordinating it with the total therapeutic program.

2. The social worker shall avail himself of opportunities for further training and professional development such as training institutes, conferences and other meetings.

(7) RESPONSIBILITIES OF ATTENDANTS. (a) *Required standards.* 1. Attendants shall perform the duties prescribed by the superintendent.

2. The attendants shall also carry out the orders of the physician and the supervisor of nursing, as such duties pertain to the medical program for the patients.

3. Each ward shall keep a day and night book into which attendants on all shifts shall record: a. The names of patients who become ill, including those who have convulsions, describing the nature of the illness.

b. The names of patients who become disturbed or destructive, describing their behavior and circumstances leading up to their disturbed behavior, if known.

c. The names of patients away from the ward, giving reasons for their absence.

d. The names of patients and employees who suffer accidents or injuries, describing what happened.

4. Each ward shall keep a medication sheet for each patient on which all medications are recorded in a chronological order. (See Nursing Guidelines, Medicine Administration folder for sample.)

History: Cr. Register, March, 1961, No. 63, eff. 4–1–61; r. and recr. Register, October, 1964, No. 106, eff. 11–1–64.

4. Individual records of each patient's response and progress in activity therapy shall be written regularly but at least every 6 months, and such records shall be included in the patient's treatment chart.

5. It is recommended that when feasible, men and women patients attend activities in mixed groups.

(3) INDUSTRIAL THERAPY. The assignment of patients to work within the institution shall be made on the basis of what is considered therapeutically valuable to the patient rather than to suit the work needs of the institution. Patient industrial therapy assignments shall be evaluated as often as necessary and at least annually.

(4) REMOTIVATION. No person shall be assigned to work with remotivation unless they have been trained in the use of the technique. It is recommended that each hospital consider having attendants trained in the use of remotivation techniques and inaugurate this program as soon as it is feasible.

(5) ORGANIZED VOLUNTEER SERVICES PROGRAM. (a) Each hospital shall develop and maintain an organized volunteer services program integrated with the total program.

(b) The superintendent shall delegate a member of his staff to coordinate the volunteer program.

(c) An organized orientation shall be provided by the hospital for volunteers each year. The orientation shall be repeated periodically as new volunteers come into the program.

(d) The hospital shall arrange for organized workshops to be provided for volunteers at least once each year.

(6) RELIGIOUS FACILITIES. If clergymen are available, and arrangements can be made, all patients shall have available to them weekly religious services of their faith.

(7) PERSONAL PRIVILEGES FOR PATIENTS. The superintendent shall see that patients have personal privileges which, unless otherwise ordered by the medical director, shall include:

(a) Religious services of his or her faith, weekly if possible.

(b) Privacy and freedom within the confines of the hospital insofar as it is possible to grant such privacy and freedom without losing sight of the patient's well-being.

(c) An opportunity to write letters, subject to necessary restriction.

(d) Social entertainment and occupational and recreational therapy, consistent with the treatment program.

(e) Patients shall receive kind, considerate care and treatment. Abuse or inhumane treatment is not permitted.

History: Cr. Register, December, 1965, No. 120, eff. 1-1-66.