

Chapter H 50

JOINT COUNTY HOME AND COUNTY
TUBERCULOSIS SANATORIUM

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APPLICATIONS AND APPROVALS

H 50.01 Application for approval of creation and use of joint county home and tuberculosis sanatorium. Applications to the state board of health for approval of the use of a portion of a county tuberculosis sanatorium jointly as a county home shall be accompanied by:

(1) A certified resolution to such effect by the board of supervisors of the county.

(2) A copy of the building plans.

(3) A concise statement and description concerning the area to be segregated and used for county home purposes.

(4) The names of the county home trustees.

(5) A statement concerning the bed capacity of the portion of the institution to be continued as a tuberculosis sanatorium.

(6) A statement of the methods of accounting to be used for each facility or area of the institution, including those for personnel and operating costs.

History: Cr. eff. 6-1-56

H 50.02 Conditions of approval. (1) Approval for a specific portion of a county tuberculosis sanatorium to be used as a county home shall be made by the state board of health after receipt of proper information and documents specified under "Applications for approval" and after a survey of the institution to determine that the minimum standards of the Board can be adhered to and complied with.

(2) Such approvals shall be granted for a specific area of a tuberculosis hospital, and there shall be no alterations without a prior survey and subsequent approval by the board.

(3) Approvals will be granted on a yearly basis, renewable upon expiration without application and upon compliance with the standards of the board and with the understanding that standards may be changed at the discretion of the board.

History: Cr. eff. 6-1-56

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PHYSICAL PLANT STANDARDS

H 50.03 Separation of areas. (1) Except for specified designated common physical facilities (see section H 50.04) the area used for residents or patients chargeable to the county home shall be physically separated from the area used for the care of tuberculous patients so as not to require use or passage from one area to or through the other for ordinary purposes by residents, patients, employees or visitors.

(2) Each area shall have a separate drug room and storage room.

(3) Separate rest and recreation rooms in each area are recommended. Where not available they are to be considered as joint facilities and used as specified in section H 50.09 (1).

(4) Separate housekeeping and cleaning equipment and supplies shall be maintained and used for each facility.

(5) Separate equipment and supplies for medical care (exclusive of diagnostic equipment) and nursing care shall be maintained and used for each facility and shall not be interchanged unless properly sterilized.

History: Cr. eff. 6-1-56

H 50.04 Designation of common facilities or areas. The following are hereby designated as common facilities or areas:

(1) Such corridors, stairways and elevators which give direct access to both county home and sanatorium areas whether on the same or on different floors.

(2) Dining rooms used by persons domiciled or treated in both portions of the institution.

(3) Kitchens used to prepare food for persons domiciled or treated in both portions of the institution.

(4) Boiler rooms, or other central housekeeping units.

(5) Medical diagnostic and treatment rooms, physical and occupational therapy rooms.

History: Cr. eff. 6-1-56

H 50.05 Alterations. (1) There shall be no structural changes involving the physical facilities of an institution already approved without the prior approval for such changes by the state board of health.

(2) There shall be no changes in the designated function of any portion of a facility without prior notification to, and approval of the state board of health.

(3) Any changes, structural or otherwise, which affect the bed capacity of that portion of the institution used for the care and treatment of the tuberculous, must receive the prior approval of the state board of health.

History: Cr. eff. 6-1-56

STANDARDS FOR OPERATION OF COMMON AND SPECIAL FACILITIES OR AREAS

H 50.06 Dietary facilities. (1) Wherever possible separate dining rooms within each area should be provided. However, where separate dining rooms cannot be provided and where a single dining room serves as a common facility then persons or patients domiciled in both areas shall not use the dining room at the same time.

(2) Under all circumstances separate dishes, silverware, food trays, food conveyors or food carts and linen shall be used for persons in each area and shall be of such type as to be readily distinguishable from each other.

History: Cr. eff. 6-1-56

H 50.07 Kitchens. (1) Kitchen facilities shall meet the standards of the state board of health as required for restaurants, including the requirement for mechanical dishwashing.

(2) Persons engaged in dishwashing shall not handle the sanitized dishes and other implements or engage in the handling or preparation of food.

H 50.08 Laundry. (1) All laundry from either area or facility shall be placed in canvas bags or canvas hampers identified clearly as "soiled" linen or laundry.

(2) Soiled linen carts are not to be used to handle clean linens.

(3) Soiled linen is not to be sorted in the presence of finished laundry or in the same room in which the laundry is finished.

History: Cr. eff. 6-1-56

H 50.09 General provisions. (1) Common facilities such as stairways, corridors, elevators, occupational therapy rooms and medical facilities may be used by persons or patients domiciled or hospitalized in either area providing they are not used by both simultaneously.

(2) Persons or patients domiciled or hospitalized in either area shall not be permitted in kitchens, laundry, central housekeeping units and storage units.

History: Cr. eff. 6-1-56

STANDARDS FOR PERSONNEL

H 50.10 Employees. (1) Employees of both areas shall have a pre-employment physical examination and chest x-ray, and semi-annual chest x-rays thereafter.

(2) No employee shall be permitted to work in either area until and unless the medical director of the sanatorium is assured that such employee has no infection or disease capable of being transmitted.

(3) Personnel employed part-time by both facilities shall not work in both of the two facilities or areas in the same work day.

History: Cr. eff. 6-1-56

Register, May, 1956, No. 5

H 50.11 Patients. (1) The minimum admission requirement for patients or persons domiciled in, or as a charge of, either area or facility of the jointly used institution shall be a physical examination and chest x-ray.

(2) Semi-annual chest x-rays are required after the original admission chest x-ray.

History: Cr. eff. 6-1-56

H 50 12 Ambulatory patient personnel. Persons who are domiciled or hospitalized in either the county home or tuberculosis areas of the joint institution as a charge of such area shall not be permitted to perform any work or services in the other area or in such areas designated as common facilities in these Standards, or in other commonly used facilities of the institution.

History: Cr. eff. 6-1-56

FISCAL RECORDS

H 50.13 Administrative costs. (1) Where persons are employed by the trustees of both facilities of the institution, then the salary paid such persons by each of the trustees must be reported separately.

(2) In instances such as those above, the state board of health may require for such employees a time study or a fair estimate of time spent on each joint service unit.

(3) All other joint administrative costs shall be based on a fair estimate of services or supplies used.

(4) The following items attributable to administrative costs shall be recorded:

Salaries and wages

Travel

Telephone and telegraph

Materials, supplies & expense (printing, stationery, postage, office supplies)

Freight and express

Repairs—equipment and building

Insurance

Depreciation, building

Depreciation, equipment

(5) Recorded costs shall be distributed among the following other joint service costs in the fashion prescribed and itemized below.

History: Cr. eff. 6-1-56

H 50.14 Other joint service costs. (1) **GENERAL.** Listed below are accounts that should be maintained for all joint services and joint facilities:

Salaries and wages

Travel

Telephone and telegraph

Materials, supplies and expense

Freight and express

Repairs—equipment and building

Administrative cost
 Subsistence (food)
 Fuel (cooking)
 Insurance
 Depreciation, building
 Depreciation, equipment

(2) **JOINT SERVICE UNITS.** Additional accounts of all joint service units should be added as needed.

(3) **FOOD SERVICE.** (Kitchen—bakery—dining room—dishwashing room—refrigeration—store room). Records must be kept of the number of all meals served to patients, employees, and others of the two institutions separately.

(4) **LAUNDRY.** (a) This cost shall be apportioned on a patient or pound basis.

(b) Daily records must be kept to show the total patients being cared for or pounds of laundry handled by each agency.

(c) Consideration must also be made for laundry done for employees.

(d) If laundry is not done by the institution each agency should be billed directly for the work done, or bills apportioned as specified above.

(5) **UTILITIES.** (Light—electricity—water—gas). (a) These costs shall be apportioned on the basis of the total square footage for the area housing each of the agencies.

(b) Floor plans of each building showing area must be available for inspection at all times. These plans must indicate clearly the position assigned to each agency.

(6) **HEAT.** (a) Cost of heating shall be apportioned on the basis of the cubic-footage utilized by each of the agencies.

(b) Floor plans of each building showing area must be available for inspection at all times. These plans must indicate clearly the position assigned to each agency.

(7) **DEPRECIATION.** (On the buildings, areas, facilities or equipment used jointly). Depreciation is an item of cost in the operation of a unit, therefore it should be included under each joint service facility, the value of which should be established on an original cost basis, and apportioned so as to be mutually agreeable to the trustees of the county home and sanatorium.

(8) **INSURANCE.** Insurance is a cost of operation and should be prorated to each joint service facility or considered as a cost by itself. The latter would be the simplest way to handle this cost. The distribution should be made on the basis of the value of the units involved.

(9) **BILLING.** Any payments from the county home authorities to the sanatorium management for the operation of joint facilities shall be accompanied by a statement showing the total cost of operating the joint facilities and the distribution of costs between the agencies for which the payments are made.

(10) **FORMS.** Any special forms needed should be presented to the state board of health for approval before printing.

History: Cr. eff. 6-1-56