

Chapter PW 2

MINIMUM STANDARDS FOR COUNTY MENTAL HOSPITALS

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History: Chapter PW 2 as it existed on December 31, 1965 was repealed, and a new chapter PW 2 was created effective January 1, 1966.

PW 2.01 Introduction and definitions. (1) **INTRODUCTION.** 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.

(2) **DEFINITIONS.** (a) County Mental Hospital means an institution whose primary objective is to provide care and treatment to adult mentally ill and certain mentally retarded patients who would benefit from 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, December, 1965, No. 120, eff. 1-1-66.

PW 2.02 Organization. (1) **REQUIRED PERSONNEL.** (a) *Board.* The board shall prescribe in writing the responsibilities of the superintendent in accordance with established policies. The board shall 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. 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. 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.

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

2. Responsibilities. General. a. The superintendent shall be made aware of the responsibilities prescribed by the board and shall perform duties consistent with those responsibilities.

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

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

d. The superintendent is responsible for supervising the handling and storage of drugs, gases and medications in the institution.

e. Acting upon the advice of the medical director, the superintendent is responsible for the mechanical restraint and seclusion used in his hospital, and for making the necessary reports to the state department of public welfare.

f. The superintendent shall make sure that statistical and other reports required by the department are reported on the appropriate form, and at the times required by the department.

g. 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.

h. The superintendent shall make sure that the orders of the physician, as they pertain to the medical program for patients, are carried out. In addition to the below-mentioned staff, the superintendent shall hire adequate staff to maintain the hospital and to assure the comfort and welfare of the patients.

(c) *Medical director.* Each county hospital shall employ a physician who is licensed to practice medicine in Wisconsin to serve as medical director. The medical director is 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.

(d) *Nursing personnel.* Each county hospital shall employ one full-time registered nurse who is the supervisor of nursing services and enough licensed practical nurses or registered nurses to provide full-time nursing service for each shift. All nurses employed to provide nursing service must have a current Wisconsin certificate to practice nursing.

(e) *Visiting psychiatrist.* Each hospital shall engage the service of a visiting psychiatrist.

(f) *Activity therapist.* 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, is 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 3 months' activity therapy assistant training course sponsored annually by the division of mental hygiene.

(g) *Social worker.* 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. Whenever possible, fully qualified social workers should be employed. Full qualification requires a master's degree from an approved school of social work.

(h) *Visiting dentist.* Each hospital shall engage the services of a licensed dentist.

(i) *Attendants.* 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 has the authority to determine what constitutes a ward.

(2) **RECOMMENDED PERSONNEL.** (a) *Assistant superintendent.* 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.

(b) *Dietitian.* It is recommended that each county hospital have available the consultative services of a dietitian.

(c) *Housekeeping supervisor.* 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.

(3) **PERSONNEL PRACTICES.** (a) *General.* Personnel practices for the superintendent and employes shall be set forth by written policies covering such things as qualifications for positions, job descriptions, tenure, working hours, salary adjustment, work schedules, vacation and sick leave.

(b) *Health of employes.* 1. General. Employes hired by county hospitals shall be of sufficient good health to properly discharge their duties.

2. Physical examinations. All employes shall receive a physical examination, including a chest X-ray, before beginning employment, at the expense of the institution. All employes shall be given a chest X-ray annually. All physical examinations shall be recorded on forms approved by the state department of public welfare. It is recommended that all county hospital employes received a physical examination annually.

3. Communicable diseases. Employes 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.

(c) *Working hours for employes.* Except in an emergency, no employe involved in the care of patients shall work in excess of 9 hours

in one day nor in excess of an average of 48 hours per week in any 4-week period. It is recommended that each county hospital adopt an average of 40 hours per week in any 4-week period, and an 8-hour day, as soon as feasible.

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

PW 2.03 Admission and separation. (1) **ADMISSION POLICIES.** (a) *Direct commitments.* A commitment (direct) shall be in accordance with the requirements of section 51.05, Wis. Stats. 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 medical treatments which may be needed. The physician's report should be transmitted to the superintendent.

(b) *Temporary detention by sheriff or police officer.* Statutory requirement—section 51.04 (1) and (4), Wis. Stats.

(c) *Temporary detention by court or other order.* Statutory requirement—section 51.04 (2) and (4), Wis. Stats.

(d) *Temporary detention for observation.* Statutory requirement—section 51.04 (3), Wis. Stats.

(e) *Voluntary admission.* Statutory requirement—section 51.10, Wis. Stats.

(f) *Voluntary admission of an alcoholic (inebriate).* Statutory requirement—section 51.09 (3), Wis. Stats.

(g) *Alcoholic (inebriate) or drug addict commitment.* Statutory requirement—section 51.09 (2), Wis. Stats.

(h) *Transfers.* Statutory requirement—section 51.12, Wis. Stats.

(2) **SEPARATION POLICIES.** (a) *Death* (Also see Wis. Adm. Code section PW 2.06). 1. General. 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. It is recommended that a copy of the death certificate be placed in the patient's file.

2. Unusual circumstances. In 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) *Conditional release.* Statutory requirement—section 51.13 (2) and (3), Wis. Stats.

(c) *Temporary discharge.* Statutory requirement—section 51.22 (4), Wis. Stats.

(d) *Family care.* 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 sections 957.11 and 957.13, Wis. Stats., sometimes referred to as prisoner-patients, are not eligible for such placement.

(e) *Direct discharge.* 1. A county hospital patient may be released after temporary detention, pursuant to section 51.04 (1), Wis. Stats.

2. A voluntary patient may be released pursuant to section 51.10 (2), Wis. Stats.

3. An inebriate (alcoholic) patient may be released pursuant to 51.22 (5), Wis. Stats.

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

(g) *Discharge by lapse of time.* 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.)

(h) *Discharge by court.* Statutory requirement—section 51.11, Wis. Stats.

(i) *Transfers.* Transfers to other county hospitals or to state hospitals may be made pursuant to section 51.12, Wis. Stats.

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

PW 2.04 Buildings, facilities, furnishings and equipment. (1) ESTABLISHMENT, APPROVAL AND INSPECTION. (a) *Statutory requirement.* 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) *Department approval.* Buildings used for an institution shall be approved by the Wisconsin industrial commission and the state department of public welfare.

(2) GENERAL SANITATION. (a) *Water supply.* As prescribed by Wis. Adm. Code, chapter H 56.

(b) *Sewage disposal.* As prescribed by Wis. Adm. Code, chapter H 56.

(c) *Plumbing.* As prescribed by Wis. Adm. Code, chapter H 56.

(d) *Incineration.* As prescribed by Wis. Adm. Code, chapter H 56.

(e) *Laundry.* As prescribed by Wis. Adm. Code, chapter H 56.

(f) *Housekeeping services.* As prescribed by Wis. Adm. Code, chapter H 56.

(3) FIRE AND SAFETY PRECAUTIONS. (a) *General.* As prescribed by Wis. Adm. Code, chapter H 56.

(b) *Telephone and/or other communication system.* 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. There shall be a telephone or some other means of communication between areas where a group of patients congregate and the administration office.

(c) *Other fire precautions.* 1. 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.

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

3. The superintendent shall take such appropriate precautions against fire as is recommended by the fire and safety inspector of the department of public welfare.

4. Open flame lights shall not be permitted.

5. All fire protection equipment shall be maintained in readily usable condition and inspected annually.

6. Flammable insecticides, floor dressings and cleaning and sanitizing agents shall not be used unless effective non-flammable agents are not obtainable.

7. If flammable agents are used, they shall be used with the greatest of caution.

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

9. 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.

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

(d) *Other safety and evacuation precautions.* 1. The superintendent shall develop and periodically review with the staff a prearranged, diagrammed plan for the orderly evacuation and/or reception of patients in case of an emergency. The 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 employe is required to know his task in relation to the entire plan.

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

3. 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.

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

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

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

7. Some provisions 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.

(4) **WARDS.** (a) *Space requirements in sleeping sections.* As prescribed by Wis. Adm. Code, chapter H 56.

(b) *Facilities and furnishings in sleeping sections.* 1. Beds. 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. Side rails for beds shall be made available for the protection of patients, as needed.

2. Other furnishings. Lockers or closets shall be adequately provided for the storage of patients' clothing. A comfortable chair shall be available for each patient able to use one and a place for his or her personal belongings.

(c) *Sanitary sections.* As prescribed by Wis. Adm. Code, chapter H 56.

(d) *Dayroom furniture.* Each dayroom shall be equipped with an adequate amount of comfortable furniture. The use of park benches for ward furniture is prohibited, except as they may be used on sunporches. It is recommended that each ward have small tables and chairs to permit the socializing of patients in small groups and that ward furniture be arranged in conversational groupings rather than lined against the wall. 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' personal belongings, accessible to the patient, for patients who are able to handle this privilege.

(e) *Seclusion room.* Each county hospital shall have available one or more single rooms designed for the use of patients admitted to the hospital for temporary detention.

(f) *Ventilation.* As prescribed by Wis. Adm. Code, chapter H 56.

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

PW 2.05 Food service. (1) **FOOD SERVICE PERSONNEL.** As prescribed by Wis. Adm. Code, chapter H 56. It is recommended that food service personnel wear clean uniforms of washable material when on duty. 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.

(2) **FOOD PREPARATION AREAS.** As prescribed by Wis. Adm. Code, chapter H 56. Also employes or patients shall not pass through food preparation areas in any established traffic pattern that is not related or essential to providing food services.

(3) **STORAGE AND REFRIGERATION OF FOODS.** (a) *General.* As prescribed by Wis. Adm. Code, chapter H 56.

(b) *Poisonous compounds.* 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. Employes must be instructed in the proper use of such chemicals to avoid accidents to themselves and to patients.

(c) *Cleaning compounds.* Soaps, detergents and other cleaning compounds shall be properly labeled so as to be easily identified, and stored independently from foods, drugs and medicines.

(4) **NUTRITION.** (a) *Nutritional requirements.* The superintendent shall see to it that patients receive an adequate diet which, unless otherwise ordered by the physician, shall include a balanced, palat-

able and varied diet, supplementary feeding and/or special diet if indicated. 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 3 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) *Nutritional recommendations.* It is recommended that the following food groups be served to each person, subject to the approval of the medical director:

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

2. 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.

3. Bread-cereal group. Four or more servings of whole grain, enriched or restored breads and cereals.

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

5. 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.

(5) MEAL PLANNING. (a) *General.* 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.

(b) *Menus.* 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.

(6) FOOD SUPPLY. As prescribed by Wis. Adm. Code, chapter H 56.

(7) SERVING FOOD. As prescribed by Wis. Adm. Code, chapter H 56. 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. (a) *Tray service.* As prescribed by Wis. Adm. Code, chapter H 56. 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.

(8) **CLEANING, SANITIZING AND STORAGE OF MULTI-USE EATING AND DRINKING UTENSILS.** (a) *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.

(b) *Washing and sanitizing of dishes.* As prescribed by Wis. Adm. Code, chapter H 56.

(c) *Storage of utensils.* 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.

(9) **(GARBAGE) DISPOSAL.** As prescribed by Wis. Adm. Code, chapter H 56.

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

PW 2.06 Medical program. (1) **RESPONSIBILITIES OF THE MEDICAL DIRECTOR.** (a) *Physical examination.* The medical director shall be assured that patient 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 3 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 including urinalysis and hemoglobin estimate of each patient shall be repeated at least once a year and oftener if indicated. 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. It shall be the responsibility of the medical director to see that each patient has additional 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 patient's admission. To provide the information asked for on forms approved by the state department of public welfare.

(b) *Hospital visits.* 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 3 times a week. The duration of his regular visits shall be sufficient to allow him to give adequate and proper care to the patients in the hospital. 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.

(c) *Arrangements at another hospital.* 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 shall be arranged if, in the opinion of the medical director, such hospitalization is felt to be indicated.

The hospital shall have access to the necessary laboratory facilities and the medical director shall supervise or approve of the facilities.

(d) *Orders and progress notes.* 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. 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.

(e) *Specialty consultants.* The medical director shall refer patients to specialty consultants if he deems it necessary. Consultation findings shall be recorded.

(f) *Dental examinations.* 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.

(g) *Optical evaluation.* 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. Services shall be provided for the prescription of glasses as necessary. Screening for eye disease such as glaucoma shall be a part of the routine physical examination.

(h) *Foot care.* Foot care shall be provided as necessary, either by a physician or a licensed chiropodist.

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

(3) **RESPONSIBILITIES OF THE SUPERVISOR OF NURSING.** (a) *General.* The nursing supervisor under the general supervision of the superintendent and/or his assistant, and under the medical supervision of the physician is responsible for the over-all nursing care of the patients.

(b) *To the superintendent.* She is responsible to the superintendent for:

1. Carrying out the established administrative policies and practices of the institution.

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

3. The making and maintaining of individual patient records and reports as outlined in forms approved by the department.

4. Effecting good relationships with other personnel.

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

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

7. Keeping abreast of modern nursing information and techniques.

8. Teaching the nursing staff, any auxiliary workers and volunteers the need to follow the hospitals' safety and security regulations in regard to patients care.

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

(c) *To the medical director.* She is responsible to the medical director for:

1. Reporting to the attending physician symptoms and complaints of the patients, including unusual body marks and bruises.
2. Providing nursing service to the physician for examinations, procedures and treatments and ward rounds.
3. Providing and assisting him with records showing orders, conditions and progress of patients.
4. Seeing to it that his orders for patients are carried out.
5. The writing of daily nursing notes on all acutely ill patients.
6. The writing of periodic psychiatric nursing notes on all patients.
7. The maintenance of an adequate T.B. control program as per instructions from the department.
8. The maintenance of monthly weight records on all patients.

(d) *Care of bedfast patients.* 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. All possible efforts shall be taken to provide an opportunity for chairfast and bedfast patients to spend their time pleasantly.

(e) *Medicine cabinets.* 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 prevent the chance of accidental incorrect usage.

(f) *Narcotics and dangerous drugs (as designated by the federal statutes).* 1. Narcotics and other dangerous drugs shall be kept in securely locked cabinets and shall be accessible only to a responsible person in charge.

2. 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. Narcotic drugs shall be surrendered to the U. S. Treasury, Narcotics Division, 628 East Michigan Avenue, Milwaukee, Wisconsin.

3. 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.

(g) *Medicine.* 1. 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 refer-

ence and checking. There shall be no standing orders for medication applicable to all patients. Personal prescriptions of previous physicians 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.

2. All medicines and poisons shall be plainly labeled.

3. The contents of all individual prescriptions shall be kept in the original container bearing the original label and prescription number.

4. 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.

(h) *Use of oxygen or flammable gases.* 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.

(i) *Adequate physical hygiene.* The supervisor of nurses shall see that patients receive adequate physical hygiene including:

1. 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, fingernails and toenails. Able patients shall have the privilege of bathing as frequently as desired.

2. 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.

3. Male patients shall be shaved often enough to insure neatness (at least twice a week, and in addition when they have company).

4. 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.

5. A comfortable bed with adequate clean linen, blankets and pillows.

(4) OTHER PARTS OF THE MEDICAL PROGRAM. (a) *Acute illness and death.* In the event of acute illness or death, those in charge shall notify the next of kin, guardian, friends or others interested. 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. In the event of serious illness or death, the priest shall be called to attend the patient if he or she is Catholic; or in case of patients of other faiths, the clergyman shall be called if it is felt advisable.

(b) *Mechanical restraint and seclusion procedure.* 1. Each patient admitted for temporary detention shall receive close observation.

2. To promote the elimination of unnecessary restraint and seclusion, the following rules shall be observed:

a. Except in emergency, patients shall not be restrained or secluded without an order from the physician in charge.

b. 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.

c. 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.

d. 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.

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

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

3. 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.

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

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

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

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

8. Bedscreens for privacy shall be available for use in multiple-bedrooms by adequate cubical curtains or portable screens for bedfast patients.

(d) *Responsibilities of attendants.* 1. General. Attendants shall perform the duties prescribed by the superintendent. 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.

2. Ward book. 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 employes who suffer accidents or injuries, describing what happened.

3. Medication sheet. 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, December, 1965, No. 120, eff. 1-1-66.

PW 2.07 Psychiatric program. (1) **SOCIAL SERVICES.** (a) The social worker is responsible for the development and maintenance of the social service program for the institution, coordinating it with the total therapeutic program.

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

(c) Summaries of significant casework activity (placement, in-hospital social services, etc.) shall be prepared and placed in the patient's treatment chart.

(2) **ACTIVITY THERAPY.** (a) *Facilities and equipment.* 1. 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.

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

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

4. The therapist shall be provided with adequate storage space for written records, etc.

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

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

7. 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.

8. 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.

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

10. It is recommended that safety areas around power equipment be thoroughly defined by outlines painted on the floor at least 2 feet from each machine.

(b) *Responsibilities of the activity therapist (or activity therapy aide in charge).* 1. The activity therapist or the activity therapy aide in charge shall organize, maintain a program of treatment through the therapeutic use of such activities 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.

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.

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