

## Chapter PW 1

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

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**PW 1.01 Introduction.** (1) **GENERAL.** (a) These standards were developed pursuant to section 46.165, Wis. Stats. 1959, for the care, treatment, health, safety, welfare and comfort of patients in county institutions and in the Grand Army Home for Veterans at King in accordance with the provisions of sections 49.18 (1) (b), 49.20 (2) \* \* \* and 49.61 (1m), Wis. Stats.

(b) County institutions to which these standards apply are county homes, county hospitals (general) and county infirmaries as severally operated, or as operated jointly. (The word "general" is used in connection with county hospital solely to avoid possible confusion with the county hospital for mentally ill provided under section 51.25, Wis. Stats.)

(c) These standards supplement the statutes and are planned to avoid repetition of them.

(d) These standards are effective upon publication, and replace the standards for the defined institutions, which were effective January 1, 1953, and are hereby expressly repealed.

(2) **DEFINITIONS.** (a) County home means an institution as provided in sections 49.14, 49.15, and 50.02, Wis. Stats.

(b) County infirmary means an institution as provided in sections 49.171, 49.172 and 49.173, Wis. Stats.

(c) County general hospital means a hospital for other than tuberculosis or mental diseases established by a county pursuant to sections 49.16 and 49.17, Wis. Stats.

(d) Public medical institution (for the purposes of these standards) means an institution as defined in subsections (a), (b) or (c) above and the Grand Army Home for Veterans at King, when such institution has received from the division of public assistance, state department of public welfare, a written designation as a public medical institution.

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

(f) Resident or patient means anyone accepted for care in the institution.

(g) Patient status means the need for medical care given pursuant to direction of qualified medical authority to a person in a public medical institution as defined in subsection (d) above.

(h) Board means the trustees of the institution as provided under section 46.18, Wis. Stats.

**History:** 1-2-56; r. and recr. Register, March, 1961, No. 63, eff. 4-1-61.  
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**PW 1.02 Organization.** (1) In planning these standards, it is recognized that some county homes are operated so that persons in need of patient care are not accepted or retained, or so that residents require very minimal care. The department will expect compliance commensurate with the needs of residents as it shall determine from time to time.

(2) It is expected that the provisions of chapters 46, 49 and 50, Wis. Stats., shall be observed with respect to the several kinds of institutions, and that failure to comply implies a failure to comply with these standards.

(3) Any institution covered by these standards may be designated by the director of the division of public assistance as a public medical institution for purposes of obtaining federal reimbursement for aid payable as old age assistance, aid to the blind, and aid to the permanently and totally disabled persons provided that

(a) There is fixed medical responsibility for a suitable regime of medical and nursing care pursuant to these standards.

(b) The nursing regime has adequate staffing and is under continuous professional nursing supervision.

(c) An adequate system of medical and nursing records is maintained to establish the patient status of persons receiving social security aids.

(d) Proper ancillary services and equipment are established as described in these standards to promote the health, comfort and well-being of persons in patient status.

(e) A written request is made by the county director of public welfare and the superintendent of the institution for designation as a public medical institution, and an investigation by the division shows that designation can properly be made.

(f) A designation as a public medical institution may be rescinded after 90 days for failure to comply with the requirements as set forth in writing by the division.

**History:** 1-2-56; r. and recr. Register, March, 1961, No. 63, eff. 4-1-61.

**PW 1.03 Administration.** (1) **ADMISSION POLICIES.** (a) Required standards. 1. The officers responsible for the institution shall develop written procedures to govern admissions, excepting legal requirements, and submit them to the department.

2. Each admission shall be subject to the prior approval of the physician for the institution.

3. Admissions shall be limited where legally possible to the maximum bed capacity which shall not exceed the number permitted by the Wisconsin industrial commission, and which shall allow a minimum of 60 sq. ft. of floor area in all bedrooms.

4. Persons needing medical care shall not be admitted or retained in an institution which does not meet the required standards of medical and nursing care.

5. No child shall be admitted except that a county general hospital as defined in section 1.01 (2) (c) shall be exempt from this provision.

(b) *Recommended standards.* 1. Prior to admission a social study should be made by a qualified person with the following objectives:

a. Acquaint the prospective resident with the institution and its services, and thereby provide a basis for individual adjustment to the change in living arrangements.

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b. Determine whether admission is advisable, or whether some alternative plan is preferable.

c. Work out the plan of payment for services of the institution, if payment should be made by the patient, a responsible relative, or some public or private agency.

2. Upon admission the services of a social worker should be used for the following purposes:

a. Fully acquaint the resident with the staff, other residents, the facilities of the institution, and the rights, privileges and obligations assumed by residents.

b. Assist with adjustment problems which may be at an acute stage.

c. Make a written inventory of money or valuables in the possession of the resident, and arrange for any safeguards of such property that may be necessary.

d. Prepare a written record for the institution containing the following information: full name, address, birthdate and birthplace; father's name and mother's maiden name and their places of birth; name and address, and telephone number of next of kin or person to be notified in event of acute illness; religion and pastor's name; name and address of husband or wife and age, if alive; names and addresses of all children and responsible relatives or as many as may be available; name, address, and telephone number of physician; veteran status; social security number; sex, color, and marital status; occupation, or principal occupation; information on special interests or hobbies and special skills; place of legal settlement.

3. Post admission evaluations should be periodically made by the social worker with appropriate participation of other staff members for the following purposes.

a. Gain understanding of any problems of adjustment to life in the institution, and assist with solutions.

b. Planning and providing social casework services to aid in the total treatment program.

c. Assist with carrying out plans for discharge from the institution.

4. Admissions to the nursing service should be planned to provide the resident with a minimum of 100 sq. ft. of floor space in single bedrooms, and a minimum of 80 sq. ft. in multiple bedrooms.

5. Insofar as possible, each resident should have his or her wishes respected with regard to whom a room is to be shared.

(2) PERSONNEL. (a) *Superintendent*. 1. Required standard. The superintendent shall have good moral character, administrative capacity, and a primary interest in the health, safety and welfare of patients or residents.

2. Recommended standards. a. The person appointed as superintendent should have a minimum of 4 years of college education, and a minimum of 2 years of institutional experience in caring for ill or infirm persons within the past 5 years or similar experience such as welfare administration.

b. 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 qualification of applicants.

(b) *Physician*. 1. Required standards. a. The physician or physicians to provide services shall be licensed to practice medicine in Wisconsin. The physician providing services shall be able-bodied and

physically capable of performing the necessary services; however, minor physical impairments should not be considered as disqualifying.

b. There shall be one physician to assume responsibility for the medical program of the institution and act as chief of staff in the event that services from other physicians are provided.

2. Recommended standards. a. The physician should be a member of the county medical society with an interest in general practice of providing health care for aged persons.

b. The physician should be encouraged to attend special institutes for promoting health services for aging persons.

(c) *Assistant(s) to superintendent (matron, business manager or other)*. 1. Required standards. a. The person(s) selected as assistant(s) to the superintendent shall have character qualifications equivalent to the superintendent, and other qualifications commensurate with the responsibilities assumed.

(d) *Nursing supervisor and nursing staff for institutions accepting persons in need of medical care*. 1. Required standards. a. Where there are 30 or more patients requiring intensive nursing care a full time registered nurse shall be employed on each shift to be in charge of the nursing program, subject to the chief nurse and physician.

b. Where there are less than 30 patients there shall be a registered nurse in charge of the nursing program who is responsible for delegating supervisory responsibility during shifts of the same day.

c. Where patients are located in separated units of a county home not on the same grounds, so that nursing supervision from one location is not feasible, a registered nurse shall be employed in each location.

d. During the absences of the supervising nurse for days off and vacations, a nurse with equal qualifications shall be employed.

e. A sufficient number of nurses aides or attendants shall be employed to give adequate care to patients during the day and night.

2. Recommended standards. a. Nursing aides or attendants should be provided in accordance with the following table:

| Shift     | Degree of Care      | No. of Patients   | No. of Aides |
|-----------|---------------------|---|--------------|
| Morning   | Maximum             | 5   | 1            |
|           | Minimum or Moderate | 15  | 1            |
| Afternoon | Maximum             | 10  | 1            |
|           | Minimum or Moderate | wing or floor<br>(added help may be needed at mealtime and bedtime) | 1            |
| Night     | Maximum             | 10  | 1            |
|           | Minimum or Moderate | wing or floor   | 1            |

b. It should be generally recognized that the primary duties of aides or attendants consist of direct patient care and services, as distinguished from housekeeping functions.

(e) *Activity aide*. 1. Required standard in public medical institution. An activity aide with some experience in group work and leadership in group activities shall, subject to administrative supervision, organize and direct a social program.

2. Recommended standard. In larger institutions it is recommended that the need for a full time occupational therapist be considered.

(f) *Social worker*. Recommended standard. The services of a social worker should be considered in institutions where there is a need and where the service is not otherwise provided, as by a county welfare department.

(g) *Dentist*. Required standard. A licensed dentist or dentists shall be on call and shall examine all residents annually, giving any indicated dental care, provided that free choice of dentist may be permitted.

(h) *Chiroprapist*. Required standard. Foot care shall be provided as necessary either by a physician or a licensed chiroprapist.

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

(j) *Housekeeping supervisor*. Recommended standard. Each institution should employ a housekeeping supervisor, who, under the supervision of the superintendent or his assistant, shall be responsible for the housekeeping of the institution. In smaller institutions this position may be combined with such a position as matron or other assistant.

(k) *Food service staff*. Required standard. 1. Food service supervisor. The person selected should have knowledge of health hazards, ability to plan menus and supervise the work of others, and knowledge and skill in food preparation. This position may be combined with some other position, such as matron, especially in the smaller institutions. It may also be a part-time position, perhaps with the person having responsibility for other county institutions such as the mental hospital.

2. Food service workers. There shall be a sufficient number to adequately staff food service areas.

(1) *Other staff members*. Required standard. There shall be adequate staff for maintenance, janitoring, laundry and other services as needed.

(3) PERSONNEL PRACTICES. (a) *Working hours for employees*. 1. Required standards. a. Except in an emergency, no employee involved in the care of patients shall work in excess of 10 consecutive hours in one day for more than 2 consecutive days.

b. Except in an emergency, no employee involved in the care of patients shall work more than 96 hours in any 2 week period.

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

(b) *Physical examinations of personnel*. 1. Required standards. a. Employees shall be of sufficient good health to properly discharge their duties.

b. All employees shall receive a physical examination, including chest X-rays, before beginning employment, at the expense of the institution.

c. All employees shall be given a chest X-ray annually.

d. All physical examinations shall be recorded on forms approved by the state department of public welfare.

e. 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.

2. Recommended standards. a. It is recommended that all employees of county homes, infirmaries, general hospitals and public medical institutions receive a physical examination annually.

(c) *Staff development. Recommended standards.* 1. It is recommended that an adequate in-service training program be developed in accordance with recommendations from the department.

2. It is desirable that employees be permitted and encouraged to attend institutes given by educational institutions and governmental organizations to improve program services.

(4) STORAGE OF DRUGS, GASES AND MEDICATIONS. (a) *Required standard.* 1. The superintendent shall be responsible for supervising the handling and storage of drugs, gases and medications in the institution.

2. Use of oxygen or flammable gases. a. Required standard. 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" or "Do Not Strike Matches" shall be posted in and at the entrances of the room where oxygen or flammable gas is in use. Containers of these gases shall be secured so that they will not fall over.

(5) MECHANICAL RESTRAINT AND SECLUSION. (a) *Required standard.* 1. Acting upon the advice of the medical director, the superintendent shall be responsible for the mechanical restraint and seclusion used in the home.

(6) REPORTS TO THE DEPARTMENT. (a) *Required standard.* 1. The superintendent shall make sure that statistical and other reports required by the department are submitted in the appropriate form and at the times required by the department.

**History:** 1-2-56; r. and recr. Register, March, 1961, No. 63, eff. 4-1-61.

**PW 1.04 Facilities, 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) FURNISHINGS AND EQUIPMENT. (a) *Required standards.* 1. There shall be separate toilet facilities for male and female residents, with minimum ratios in all remodeling and in new buildings as follows:

- 1 toilet and 1 lavatory for every 8 female residents
- 1 toilet and 1 lavatory for every 8 male residents
- 1 bathtub or shower for every 20 residents
- 1 urinal or sani-stand may be substituted for 1 toilet for every 24 male residents

2. A utility sink designed for bedpan flushing and a work counter shall be provided on each floor where 10 or more patients are accommodated.

3. A call system shall be provided for helpless patients to summon attendants. Call hand bells are *not* adequate.

4. Wheel chairs shall be provided for those patients who require this service.

5. A sitting room or day room of suitable size attractively furnished shall be provided.

6. Room furnishing shall be provided for use by residents as follows:

a. Each resident shall have at least a 36 inch wide bed with good springs, a comfortable clean mattress and pillow. Cots shall not be used.

b. Each bed shall have sufficient washable bedding and linen for warmth and cleanliness and a good full sized pillow. Bed linen shall be changed promptly wherever it is soiled or unsanitary. All linen shall be changed at least once weekly.

c. Waterproof mattress covers are required on all beds.

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

e. Bed screens for privacy shall be made available for use in multiple bedrooms.

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

g. A bedside stand shall be available for each resident in his room and storage space shall be provided near the bed for a reasonable amount of the patient's possessions.

7. Equipment for bedside patient care. a. Individual mouthwash cups, wash basins, bedpans and urinals shall be provided as needed for each patient.

b. Bedpan covers shall be provided for pans and urinals and shall not be interchangeable. Individual equipment shall be so stored that it cannot be interchanged between patients.

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

d. Separate sputum receptacles with disposable containers shall be available as needed.

e. There shall be adequate facilities for all necessary sterilizations.

f. Each bed patient shall have a hospital Gatch type bed.

8. Every window shall be supplied with a shade or other device which when properly used affords privacy to room inhabitants.

9. All residents' rooms shall be comfortably furnished and suitably decorated to present a homelike atmosphere.

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

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

(b) *Recommended standard.* 1. It is recommended that a duct-type ventilating system be utilized.

(4) TELEPHONE AND/OR OTHER COMMUNICATION SYSTEM. (a) *Required standard.* 1. There shall be at least one telephone at the home, and such additional telephones or other types of communication as are deemed necessary for emergency.

(5) ACTIVITY AND RECREATIONAL SERVICE. (a) *Required standards.* 1. There shall be a written posted schedule for providing recreational services and activities within the capacity of the residents.

2. Although the activity and recreational program may be carried out with volunteer workers, it shall be under the supervision of the superintendent.

(b) *Recommended standards.* 1. The services available through the department in organizing and conducting an activity and recreational program should be used.

2. A staff member should have direct charge of the program.

3. Volunteer services from the community should be utilized as needed upon request of the superintendent.

4. Workshops for the improvement of the program should be held on an annual basis with participation of the department.

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

(7) GENERAL SAFETY PRECAUTIONS. (a) *Required standards.* 1. The superintendent shall develop and periodically review with the staff a pre-arranged, diagrammed plan of evacuation and/or reception in case of an emergency showing duties of each employee, location of equipment, routes to be taken and similar 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 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. Bedfast and chairfast patients or persons in any way incapable of moving freely in case of emergency shall under no circumstances be housed above the first floor in nonfire resistive buildings unless the entire building is protected by an approved automatic sprinkler system.

3. The superintendent shall arrange for semiannual inspection of the institution by local fire authorities, and semiannual certification (by the local fire authorities) as to the adequacy of fire protection and evacuation, shall be required.

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

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

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

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

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



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

10. Open flame lights shall not be permitted.

11. 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. Each employee shall be made acquainted with fire hose and fire extinguishers in their work area.

12. 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.

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

14. Handrails in good repair (securely fastened to the wall) shall be installed in all stair wells.

15. Halls, stairways and exits shall be clear and unobstructed at all times.

16. The use of insecticides, cleaning and sanitizing agents and floor dressings containing flammable material shall be used only with the greatest of caution.

17. Grab-rails shall be provided in patient toilet areas, shower rooms and over the bathtubs. All corridors shall be equipped with handrails.

18. Some provision shall be made for the lighting of exits, stairs and corridors during a power failure.

(b) *Recommended standards.* 1. Urinals, if provided, should have vertical handholds on both sides.

2. Lavatories should be supported on brackets to allow wheel chairs to slide under them.

3. Scatter rugs should not be used in any patient area.

(8) GENERAL SANITATION AND PHYSICAL PLANT SERVICES. (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 standards. 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.

(f) *Insect and rodent control.* 1. All outside openings shall be provided with wire screening of not less than number 16 mesh or its equivalent and shall be properly maintained.

2. Screens for windows shall cover at least one-third of the window area.

3. Screen doors shall be self-closing.

4. Screens shall be completely installed prior to June 1 of each year.

(g) *Physical plant services.* 1. Required standards. a. Heating. A minimum temperature of 75 degrees F. shall be maintained during the day and at least 70 degrees F. during the night in all bedrooms and in all other areas used by patients and residents, except that more or less heat may be provided as it may be possible to meet individual patient preferences without discomfort to others.

b. Ventilation. Kitchens, bathrooms, utility and soiled linen rooms shall be ventilated to prevent objectionable odors from permeating through the building.

c. Lighting. Artificial lighting shall be adequate in all rooms, storerooms, attics, basements and passageways.

2. Recommended standards. a. Interior decoration. Walls, ceilings and floors throughout the building should be decorated to achieve pleasing and variable effects.

b. Adequate room space should be set aside for individual and group recreation, activity, and religious expression.

(9) **HOUSEKEEPING SERVICES.** (a) *Required standards.* 1. The principles of good institutional housekeeping shall be applied.

2. The rooms, halls and stairways shall be kept clean and tidy at all times.

(3) Bathrooms and utility rooms shall be kept clean and odor free. There shall be sufficient supplies of soap and toilet tissue for residents' needs.

4. Common towels shall not be permitted.

5. Redecorating and repairing of walls and floors in rooms, halls and stairways shall be done when necessary to present an orderly appearance.

(10) **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, (cold, 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, uten-

sils or equipment. Particular attention shall be given to the cleaning of fingernails.

e. Adequate and convenient handwashing 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.

(b) *Food management.* 1. Nutritional requirements. a. Required standards. Three balanced meals, suited to the patients' needs shall be served daily at recognized mealtimes. 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 the 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 butter 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 part of its equivalent in evaporated milk, dry milk solids, ice cream or cheese. Milk with limited butterfat content may be served upon advice of the physician.

*Additional foods* in the amount to meet the caloric needs, and to make meals 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 purchased meats and poultry shall be from sources under federal inspection or equivalent city inspection.

b. Recommended standards. It is recommended that all animals used for meat be slaughtered in a licensed slaughter house, or under the antemortem and postmortem inspection of a licensed veterinarian.

(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, well ventilated 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 material 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, 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. 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 food dispensing device. Milk shall be homogenized if a milk dispenser is used. All food and drink shall be handled 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 countertop 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 type, it is required that the tableware be kept in storage places provided for them until time to set the table for the meal. Until served, hot foods shall be kept about 150 degrees Fahrenheit, and cold foods kept below 40 degrees Fahrenheit. 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 in decoration and furnishings 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 setup, 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 new equipment. The pressure of the water used in the 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, 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 2 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 3 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, dishcloths 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. Wherever 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:** 1-2-56; r. and recr. Register, March, 1961, No. 63, eff. 4-1-61.

**PW 1.05 Medical and nursing care.** (1) **REQUIRED STANDARD.** (a) The medical regime, including admissions, shall be under the supervision of a physician who assumes responsibility for the total medical program. This means that there must be one physician who assumes such regular duties as passing on all admissions, visiting the patients on a planned basis, supervising the nursing staff, setting up the medical record system and similar functions.

1. The nursing supervisor, under the general supervision of the superintendent and/or his assistant, and under the direct supervision of the physician shall be responsible for the over-all nursing care of the patients. She shall be responsible for the following:

a. Carrying out policies and practices prescribed by the superintendent.

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 his assistant informed as to the physical and mental condition of the patient.

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. Reporting to the attending physician symptoms and complaints of the patients, including unusual body marks and bruises.

i. Assisting the physician in all examinations, procedures and treatments.

j. Providing and assisting physician with records showing orders, conditions and progress of patients.

k. Accompanying the physician on his rounds.

l. Seeing to it that the physician's orders for patients are carried out.

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

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

2. Physical examinations. a. Prior to admission a medical examination, including a chest x-ray, shall be made certifying the patient to be free from communicable disease and making recommendations as to the medical treatment needed, except in emergencies.

b. Emergency admissions. Where it is not possible to obtain a medical examination prior to admission, the same shall be obtained within 10 days. Pending physical certification precautions such as isolation should be employed to guard against transmission of disease.

c. Annual physical examinations, including a chest x-ray, shall be completed on each resident in accordance with the form approved by the state department of public welfare.

3. Handling of medicines. a. No medication shall be given except on the order of a physician. All orders for medicines and treatment shall be clearly written and signed by the physician issuing the order.

b. Physician's orders shall be kept readily accessible to the nurse in charge.

c. There shall be no general standing orders for medications applicable to all patients or residents.

d. There shall be an automatic stop order for all dangerous drugs such as narcotics, sedatives and antibiotics, so that they are discontinued after 72 hours unless the original order is written to clearly specify a definite period of time or stop order.

e. Anticoagulant orders must be written daily until control is established.

f. In the absence of a staff pharmacist, the physician shall be responsible for the procuring and dispensing of any bulk medicines which may be used.

g. Medications and treatments shall be administered according to good nursing techniques and only under the direction of the attending physician.

h. Patients shall not be allowed to have custody of any medications or drugs or to accumulate them.

i. Narcotics and other dangerous drugs shall be handled according to the Harrison Narcotic Act. The person administering narcotics and other dangerous drugs shall be responsible for recording the proper notation in the dispensary record. A narcotic record shall be kept of all narcotics and sedatives and must show the name of the patient, the amount of the drug, the date and time of administration and the name of the nurse giving the medicine. Any medicine prescribed for an individual patient and not used by that patient shall be destroyed



except in the case of narcotics which shall be surrendered to the U. S. Treasury, Narcotics Division, 628 East Michigan Avenue, Milwaukee.

j. External remedies, poisons and nonmedicinal chemicals shall be kept in a separate compartment in the medicine cabinet or some other securely locked place to lessen the chance of accidental administration.

k. All medicines and poisons shall be plainly labeled.

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

m. Unused medications shall be destroyed.

n. Bulk supplies of drugs and medications shall be stored in locked, well lighted, cool storage areas.

o. Oxygen or any inflammable gas shall not be used in the institution unless there is a person in charge who is qualified to administer it.

p. Wherever oxygen or any inflammable gas is being used the area and the entrance to the area shall be posted with signs indicating "No Smoking", or "Do Not Strike Matches". Care must also be taken not to use nylon and woolen coverings which may cause static electricity in the room where oxygen is being used.

q. Bulk supplies of oxygen or inflammable gases shall be stored in a suitable area outside of the institution according to the recommendation of the Wisconsin industrial commission.

4. Nursing care. a. Required standards for institutions accepting and retaining residents in need of nursing care. All nursing care shall be given according to the supervisory instructions of the nurse in charge of the nursing regime.

Complete baths shall be given at least every second day for helpless or bedfast and chairfast patients except where some alternative plan is recommended by the physician. Partial baths shall be given on the intervening days unless contraindicated. The frequency of bathing should depend on the condition of the patient, condition of the skin and nature of the impairment. For bedfast patients skin care shall be given, and the position of the patient in bed shall be changed every three hours. Ambulatory residents shall receive a complete bath at least once each week as a minimum. Incontinent patients shall have daily baths plus partial baths after each incontinent episode. Nursing procedures shall be made effective to keep the bedding dry and the patient comfortable. Soothing and healing lotions or creams shall be applied subject to the doctor's order where the skin is irritated. The patient shall be removed from the bed as soon as possible and from the bedroom frequently according to the doctor's orders. A chart containing carefully recorded nurses' notes and doctor's orders shall be kept on every resident requiring medical care and supervision. The chart shall contain sufficient information to establish the patient's status in the institution. Changes in patients' conditions, diagnoses and progress made shall be recorded as progress notes. 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. Residents shall not be restrained or secluded except upon the order of the physician in writing. In emergencies, with the doctor's approval, it shall be permissible to employ a minimum amount of humane restraint to prevent bodily harm, but such expedients may be used only until a physician can be consulted. When

some temporary restraint is unavoidable to prevent bodily harm, it is required that the following precautions be used: An attendant must be constantly on duty and within view. Care must be taken to avoid injury to the patient. A physician must be notified immediately.

5. Rehabilitation program. The physician shall assume an active interest in the reactivation of patients' daily living activities.

**History:** Cr. Register, March, 1961, No. 63, eff. 4-1-61.

**PW 1.06 Implementation of minimum standards by the department.**

(1) County institution officials are required to provide an opportunity for the representatives of the department to inspect or observe the institution and its services at the convenience of the department.

(a) State aid may be suspended to any county institution which fails to comply with the required standards, in a manner satisfactory to the department, within 90 days.

(b) Procedure for designation of public medical institution. Required standards.

1. A written request is made by the county director of public welfare and the superintendent of the institution for designation as a public medical institution to the Division of Public Assistance, state department of Public Welfare.

2. A representative from the division shall review the medical and nursing regime, and the facilities for providing care, to find that there is actual compliance with the requirements set forth in these standards before a designation is given by the division.

3. Designation (approval) as a public medical institution is issued in writing to the county department of public welfare; such designation to continue until the county department may be notified in writing by the division that it is withdrawn.

**History:** Cr. Register, March, 1961, No. 63, eff. 4-1-61.

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